



Testimony

of

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New York City Department of Health and Mental Hygiene

before the

**New York City Council Committee on Mental Health, Developmental Disability,
Alcoholism, Drug Abuse & Disability Services and the Subcommittee on Drug Abuse**

on

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Good morning Chairmen Cohen and Wills and members of the Committee and Subcommittee. I am Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined today by Dr. Hillary Kunins, Acting Executive Deputy Commissioner for Mental Hygiene. Thank you for the opportunity to testify on the Department's Preliminary Budget for Fiscal Year 2015.

Before I discuss programmatic highlights and plans for the coming fiscal year, I want to acknowledge that this is my first time addressing this Committee, and I would like to take the opportunity to tell you a little bit about myself and my ambitions for the Department.

I am thrilled to return to the premier urban health department in the United States, both because of its long and distinguished history of innovation and excellence, and also because I am a New Yorker. I grew up in Washington Heights, received my medical degree from Columbia, and completed my medical residency at Harlem Hospital Center. From 1985 to 2002, I was a member of the medical faculty at the University of Zimbabwe in Harare, Zimbabwe. In 2002, I returned to New York City as a Deputy Commissioner at the Health Department, a position I held until 2009.

My overarching goal as Commissioner is to reduce health disparities in New York City and to address the needs of our most at-risk communities. New Yorkers with behavioral health conditions are affected by both mental and physical health issues, and experience worse health outcomes – dying from preventable illnesses earlier – than those without these conditions. I want to work effectively with the Council – leveraging government and its unique resources and abilities, including legislation, regulation, and procurement – to support these New Yorkers and reduce health-related disparities.

I will focus on partnering with communities and actively engaging with the people, organizations and institutions in neighborhoods that disproportionately experience poor physical and mental health. Furthermore, I strongly believe we must continue to expand programs and policies that reduce health disparities for people with behavioral health conditions. I am also committed to promoting children's social and emotional wellbeing and health. It will improve their lives and our future.

The Department of Health and Mental Hygiene is responsible for protecting and promoting both the physical and behavioral health of all New Yorkers. The Division of Mental Hygiene oversees programs and services regarding mental health, substance use, and developmental delays and disabilities. We contract with approximately 1,000 community-based programs, advance policies that benefit the people we serve, and work in collaboration with City and State partners to prevent or reduce the burden of these conditions and to promote recovery. The Division also provides post-disaster mental health services to help alleviate the distress, anxiety, and other psychological effects of emergencies such as Hurricane Sandy and the tragic explosion in East Harlem two weeks ago. Finally, the Division of Mental Hygiene administers Early Intervention, a program that provides evaluations and care coordination, as well as services such as speech, physical, and occupational therapy to infants and toddlers with developmental delays. This is the single largest program in the Department and, as part of the New York State effort to increase administrative efficiency there have recently been some changes in its structure.

As Commissioner I promise to continue the Department's commitment to the individuals and families who have mental health, developmental disability and substance use issues. I am excited to learn from and to work with you to help promote recovery and reduce the adverse health outcomes among New Yorkers who face these challenges.

City Budget and State Activities

Before we discuss some of the health issues specific to this Committee, I'd like to provide a few updates on the broader budget for the Agency as well as on some activities at the State level that are relevant to the Department.

I would like to thank the Council and this Committee in particular for your funding restorations of mental health programs in recent years. Unfortunately, however, since I was last with the Department, we have absorbed over \$200 million in City cuts. Of these reductions, \$50 million were absorbed by Mental Hygiene services. The Health Department has approximately 6,000 employees and a current operating budget of \$1.3 billion, of which \$563 million is City Tax Levy and the remainder is Federal, State and private dollars. Although this may seem substantial, much of the funding is tied to programs we are mandated to provide by law. This includes three of our biggest programs: Early Intervention, School Health, and Correctional Health. These programs, when combined, make up a third of the Agency's budget. If you include these with initiatives that are primarily State and federally funded — such as those for mental health and HIV — less than one-third of the Department's budget is available for other health programs. This budget reality, unfortunately, means we are forced to make difficult decisions and strategic investments.

At the State level, we are deeply involved in planning the behavioral health care system under the State's implementation of the Affordable Care Act (ACA) and its Medicaid Redesign process. These changes aim to make our system more integrated, more accountable, and better focused on improving health and promoting recovery. One way we will integrate and coordinate care is through the establishment of 'Health and Recovery Plans', or HARPs, for New Yorkers with a high level of behavioral health needs. HARPs are managed care plans that integrate the financing and accountability for both behavioral and physical health services. HARPs will provide an important opportunity to provide better integration of both behavioral and physical health services.

Programmatic Highlights

I would also like to discuss some of the key activities and initiatives the Department has undertaken over the past year to better serve New Yorkers with mental illnesses, substance use disorders, and developmental delays and disabilities.

The adverse health consequences related to prescription opioids and heroin is a City and national problem; the numbers of opioid prescriptions, the number of people misusing these drugs, and the number who have died due to an overdose from these drugs have all been increasing over the past several years. In 2012, prescription opioids were involved in 201 unintentional overdose deaths Citywide, an increase of 233 percent since 2000. Since people obtain these drugs primarily from physicians for the treatment of pain, the Department has promoted appropriate and safe prescribing practices. With the help of colleagues from the Health and Hospitals Corporation and other experts, our opioid prescribing guidelines for emergency departments have now been adopted by 35 emergency departments across the City. In addition,

last summer Health Department representatives visited more than 800 providers in Staten Island, where opioid overdoses are highest, to educate them on ways to address and reduce misuse.

Heroin-associated overdoses have also been increasing since 2010; there was an 84 percent increase in these deaths between 2010 and 2012. To address this growing problem, the Department supports expanding the availability of naloxone, a medication that reverses the effects of opioids, both prescription painkillers and heroin. I would like to ask for the Council's support in advancing a bill in Albany that would further expand naloxone distribution by permitting its dispensing without an on-site prescriber. Most overdoses are observed. This legislation would make it easier for family and friends of a person caught up in opioid addiction to access this life-saving medication. Naloxone is safe, does not promote drug use, and saves lives, and I hope you will join us in advocating for this important legislation.

As I mentioned earlier, protecting the health of the younger generation of New Yorkers, including ensuring they have access to quality mental health services, is a priority for the Department. We continue to work in schools and the community setting to deliver mental health services to youth via the Department's Division of Mental Hygiene and the Office of School Health. Over 400 schools currently offer mental health services, either as part of school-based health centers or through mental health clinics. In addition, we are building the capacity of school personnel to recognize and respond to students with mental health problems. Some of these efforts include: training school nurses to identify at-risk students; providing online mental health training for teachers; and disseminating a mental health resource package. We have also implemented a school-based mental health response team program, which offers schools training, assessments and crisis services. On the community front, we are piloting a rapid response children's mobile crisis team; these teams will respond to crisis calls within two hours.

I know this Committee has been interested in ensuring that people with mental illness and substance use disorders have adequate housing opportunities, and I thank you for your efforts to site supportive housing. As you are aware, the Department funds and oversees supportive housing through New York/New York III, a City/State partnership that will add 9,000 new units of housing by 2016 and includes cross-agency collaboration between the City's Human Resources Administration (HRA), the Department of Homeless Services (DHS), the Administration for Children's Services (ACS) and the Department of Housing Preservation and Development (HPD). We consider this program to be a great success; it has provided housing to people who desperately need it, and is proven to result in cost-savings. However, additional housing for these populations is still needed - there are nearly six people eligible for each unit available under New York/New York III.

Recent events have prompted a focus on the treatment of inmates with mental health disorders in the City's correctional system. The Department provides behavioral health services to Rikers Island inmates through our Division of Health Care Access and Improvement. Providing individuals at Rikers with the mental health and substance disorder treatment they need is very important to me personally, and to the Department. We are looking forward to working with Joseph Ponte, the new Department of Corrections Commissioner, to address the treatment of inmates with mental health and substance use disorders. In addition, the Department is launching a new program to facilitate linkages to treatment and support the re-integration of low-risk individuals with mental illness into the community. Programs such as these save money, but more importantly they help people recover, reducing the likelihood they will re-enter the correctional system.

Finally, I want to talk to you about a very recent initiative — and one I believe will be crucial in potentially changing the course of disease for the roughly 2,000 New Yorkers who develop a psychotic illness each year — the NYC Supportive Transition and Recovery Team Program, also known as “START”. Last December, the Board of Health passed a groundbreaking measure that requires hospitals to report to the Health Department when someone age 18-30 is admitted with a first episode of psychotic illness, such as schizophrenia. Through the START program, the Department will deploy a specialized team of social workers and peers to link these individuals to care and community-based treatment services. START promotes the early care that evidence shows can change the course of a potentially severely debilitating illness.

Mental health, developmental disability, and substance use issues are medical conditions that affect our neighbors, colleagues, relatives and friends. Despite how widespread they are, unfortunately, they still carry with them a great deal of stigma. The work that this Committee continues to undertake has made strides to help address that stigma, and I am grateful for your efforts and ongoing commitment to support New Yorkers living with these conditions. Thank you again for the opportunity to testify. Dr. Kunins and I are happy to answer any questions.