



PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

Jumaane D. Williams

**STATEMENT OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS
TO THE NEW YORK CITY COUNCIL HEALTH COMMITTEE JOINT WITH
COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION
MAY 15, 2023**

Good morning,

My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. Thank you to Chair Linda Lee and the members of the Committee on Mental Health, Disabilities, and Addiction for holding this hearing today.

In a given year, one in five New Yorkers experiences psychiatric illness, and hundreds of thousands of those are not connected to care or support.¹ Those who are not receiving treatment or services for their psychiatric disabilities are more likely to be low-income people of more color. Many cities and states across the country are stretched thin with the number of people requiring behavioral health services, and New York City is no exception—and in addition to this, our city is also experiencing an affordable housing crisis, forcing more and more people into the shelter system and the streets, making people experiencing homelessness and/or symptoms of psychiatric disabilities even more visible.

This increase in visibility and decrease in resources can have devastating consequences, illustrated most recently by the death of Jordan Neely, an unhoused person experiencing a mental health crisis, at the hands of a subway passenger. While people with psychiatric disabilities are far more likely to be the victims of violence than perpetrators, the mayor's rhetoric that New Yorkers are under constant threat from people experiencing mental health crises only further stigmatizes and dehumanizes our vulnerable neighbors. Instead of investing in community-based mental health supports and services, the administration is attempting to police its way out of this mental health crisis. This includes his controversial directive to NYPD and FDNY to involuntarily take people perceived as being unable to take care of themselves to hospitals, regardless of whether they pose any threat of harm to themselves or others.

In October of 2019, my office released a report, "Improving New York City's Responses to Individuals in Mental Health Crisis," which was both a condemnation of the city's mental health crisis response and a guide for restructuring and reforming those systems. This report was informed by conversations with and the work of mental health and justice advocates, and was crafted in response to the number of avoidable deaths at the hands of an inadequate,

¹ <https://mentalhealth.cityofnewyork.us/dashboard/>

insufficiently trained crisis response system. The recommendations made in our original 2019 report as well as our updated reissue in November 2022 focus on reducing the number of mental health crises requiring emergency response, non-police responses to non-criminal emergencies, and improving crisis intervention training.

It is abundantly clear that New Yorkers need a number to call for assistance in a non-criminal crisis without the fear that the police will respond. Currently, dialing 988 connects the caller to the National Suicide Prevention Lifeline. In New York City, calls to 988 are answered by NYC Well, which is operated by Vibrant Emotional Health, a nonprofit organization with whom the city has contracted to provide this service. According to a report published last week by Fountain House, an organization that connects people living with serious mental illness to clinical support and housing, some 988 callers must wait several minutes before their call is answered, and, if dispatched, a mobile crisis team may take hours to arrive. If a mobile crisis team connects a person to care, the person may have to wait weeks or months before they can be served.² People who call 988 are likely in crisis, needing an immediate response and connection to stabilization services, and a delay in care can have catastrophic outcomes, either as the result of self-harm or police contact.

Mayor Adams plans to continue to expand B-HEARD into the remainder of the Bronx as well as additional high-need neighborhoods in other boroughs. While B-HEARD intends to respond to mental health crises with mental health workers, not police, the NYPD responded to the vast majority—84 percent—of mental health crisis calls in the first three months of 2022. The administration must clearly define how and when 911 calls for mental health crises are redirected to the B-HEARD team. I am concerned that the city does not have the staff needed to truly provide an effective, efficient non-police response to people in mental health crisis, and any expansion of B-HEARD should include training for dispatchers to prevent unnecessary transfers of calls to police.

In December of 2021, New York City became the first municipality in the country to establish Overdose Prevention Centers (OPCs) to allow people with substance use disorders to safely use drugs under medical supervision while receiving services such as medical care, mental health treatment, and more. In just six months, these two centers prevented more than 300 potentially fatal overdoses. Further, OPCs organize and participate in syringe cleanups. Last year, New York State's Opioid Settlement Fund Advisory Board proposed using the funds procured through legal settlements with pharmaceutical companies that have been accused of perpetuating the opioid crisis. About \$129 million of the \$2 billion New York has received will be allocated through the state this fiscal year to address issues related to opioid use, but that does not include OPCs. I echo the Progressive Caucus's request for \$20 million to shift the city's two existing OPCs in

² <https://www.fountainhouse.org/reports/rebuilding-mental-health-crisis-response-nyc>

Manhattan to 24/7 operations and open four additional centers, one in each borough that does not have an OPC.

Similar to OPCs, clubhouses are one-stop spaces where people with serious mental illness can receive access to services, peer support, and socialize in a safe, supportive setting. Clubhouses prevent justice involvement and hospitalizations, and fill a gap in a system that often leaves people waiting for weeks or months for appointments with mental health providers. They are especially important in the Bronx, which has one of the highest rates of psychiatric hospitalization of any county in the state. The Mental Health Agenda Mayor Adams released in March calls for \$7 million in city funds to expand clubhouses; however, in the mayor's Executive Budget, only \$2 million is designated for increasing clubhouse capacity.

In New York City, schools are the main provider of youth mental health services. In the last two years, my office published two reports, "On Reimagining School Safety," and "Invest in Education 2.0." Both reports called on the city to increase mental health supports and services in schools, including increasing the ratio of guidance counselors and social workers to students and adopting a healing-centered framework. I applaud the City Council's commitment to advocating for adequate funding to expand school-based mental health services and to move towards the ratio of 1 social worker per 250 students. While the mayor's Executive Budget includes \$9 million for a School Tele-Mental Health program, it cuts funding for the Mental Health Continuum, a multi-agency collaboration which supports students with significant mental health needs and connects them with services. In FY23, the city allocated \$5 million for this program for one year, and it was not extended in the FY24 Executive Budget. Tele-mental health services are a great resource for students, but many students have mental health needs that cannot be met by tele-health services alone.

In announcing the involuntary removal plan, Mayor Adams said that the city has a "moral obligation" to help those who have acute psychiatric disabilities, and I agree. However, we cannot police our way out of this crisis. We need robust, accessible, culturally responsive community-based mental health services and non-police crisis intervention resources. We should fund mental health support and services, not weaponize them.

Thank you.