



City Council Committee on Mental Health, Addictions and Developmental Disabilities

Oversight Hearing: New York City's Mental Health Emergency Response

February 22, 2021

Chair Louis and distinguished members of the City Council, thank you for the opportunity to testify today. I'm Nadia Chait, the Associate Director of Policy & Advocacy at The Coalition for Behavioral Health. The Coalition represents over 100 community-based mental health and substance use providers, who collectively serve over 600,000 New Yorkers annually.

A key concern for our members is the criminalization of individuals with mental health and substance use challenges. Too often, when an individual is having experiencing a crisis, the response is police, when what individuals need is care. Both Intro 2210 and Intro 2222 take important steps to change this response and ensure that individuals who need care don't receive a public safety response.

We are also deeply committed to reducing mental health and substance use crises by connecting individuals to the appropriate level of care in the community. Intro 2210 and 2222 both take important steps to improve crisis response, however additional action will be necessary to reduce the volume of crisis calls. All too often, individuals seeking mental health or substance use care encounter waitlists and other barriers. The right level of care is not always available, so individuals who need a high intensity of service are sometimes unable to receive that, resulting in unmet needs that can lead to a crisis.

### **Intro 2222**

We strongly support a three digit emergency hotline for individuals experiencing a mental health emergency, as proposed in Intro 2222. For this hotline to be fully successful, we encourage the following:

- **The Three Digit Hotline Should Be 988.** The FCC began the process of creating 988 as a national mental health hotline in July 2020, and federal legislation codifying this was passed in October 2020. The legislation allows states to add a surcharge to phone bills to pay for costs and services associated with 988. At the state level, the Office of Mental Health is currently working on the 988 implementation and identifying areas where services will need to be increase. We encourage the city to work with the state and federal government to make the city's three digit hotline 988.
- **Significant Public Outreach will be Necessary.** A key component of the bill is the public outreach and education campaign. While a three digit number is clearly easier to remember than a 10 digit hotline, it's still a new number. It took years for individuals to get used to 911 and 311. Public outreach should include ads on subways, buses, radio and television. These campaigns can also serve to reduce stigma around mental health and encourage individuals to seek care.
- **Collaboration with 911 and 311.** It will take time for New Yorkers to know to call 988. Additionally, many New Yorkers do not have the knowledge to determine what type of

emergency they are seeing. The bill will ensure that 988 operators are capable of receiving calls originating through 911 and 311, which is critical. We encourage the bill to go farther and mandate significant training and new protocols so that 911 and 311 operators know which calls to transfer to 988 and are able to differentiate between a mental health or substance use emergency and a public safety emergency.

### **Intro 2210**

Mental health emergencies should have a mental health response. Intro 2210 will put NYC at the forefront in developing this response and ensuring that individuals in crisis receive a care response. Too many New Yorkers have died in tragic circumstances, when they or their family members called 911 for help, and instead received an overwhelming police response that ended in the death of a New Yorker with mental illness. This legislation will save lives by creating a care response. By creating this model on a citywide scale, Intro 2210 ensures that all New Yorkers will have access to a care response, rather than just select neighborhoods.

We strongly support the inclusion of peers as stated in the legislation. Peers, who have lived experience with mental illness or substance use disorder, are often the most effective response to a crisis, and can connect with individuals in ways that clinicians are not necessarily able to.

For the newly created mental health unit to meet its potential, the City will need to invest in the full array of services that support individuals in crisis. Many individuals in crisis do not need to go to the hospital, but do need care that can be provided outside of their home. Respite centers, such as the two Support and Connection Centers, can provide this effectively. However, there are currently only two of these centers in the city, which will not be sufficient.

We thank the Committee for your attention to this important issue. The Council has identified two important ways to improve the response to individuals facing a mental health crisis. We look forward to working with you on this critical issue.