

Volume 7

HEALING NYC:

A 22-POINT PLAN FOR STRENGTHENING OUR PUBLIC HEALTH, HEALTHCARE,
AND MENTAL HEALTH SYSTEMS

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EXECUTIVE SUMMARY

Scott Stringer will make New York City the healthiest city in the world, a task that begins by leading New York in its recovery from the COVID-19 pandemic.

In a Stringer administration, that recovery will begin – must begin – with a robust, science-driven public health response that directly confronts the ongoing public health challenge posed by COVID-19 as well as the long-term well-being of all New Yorkers.

Scott also understands that vanquishing COVID is only the first step towards creating a healthier, more equitable city. New York is a deeply unequal city, and this manifests in health as much as any other indicator. Taking the subway from the Upper East Side down to Central Brooklyn corresponds to an 11 year drop in life expectancy. Chronic illness, obesity, substance use, mental health, healthcare access and healthcare quality are all unequally distributed, accessed, and experienced in our city, and our communities of color consistently face unnecessary obstacles to living healthy lives.

We know the causes of these disparities. They are the legacy of chronic underinvestment, structural racism and our continued reliance on outdated healthcare systems to solve public health and community challenges. We must

fundamentally change the way we approach our collective health if we are to live up to the ideal that New York City is a place where the opportunity to live a healthy life is a right, shared equally by every New Yorker.

Success will require that the City, for the first time, take a genuinely holistic approach to how we define and address health and mental health. The truth is that good health doesn't just mean access to quality healthcare. It also means good housing, access to healthy food, clean air, safe and reliable transit, excellent schools, vibrant open spaces and a commitment to look at every major challenge and every major city responsibility through the lens of health, and Scott will operationalize City Hall to do that.

The goal should be making New York City the public health capital of the world. Scott's vision is for every New Yorker to have access to affordable primary health and mental health services; for every NYC neighborhood to have community health and telehealth access locations; for health disparities that cut short the lives of our Black, Brown and low-income communities to be eliminated; and for all New Yorkers to feel safe and healthy in how they live, work and move about the city.

That will require not just deep investments in and coordination between our public hospital and public health infrastructure, but also leveraging the enormous assets of our world-class private institutions by making it easier for them to grow and innovate, while creating good-paying jobs in the process. With our vast network of world-class universities, hospitals and research labs, New York City is already well-positioned to become a global leader in public health and life sciences, and city government should lead that effort with targeted investments to build out the sector and make New York City – and its economy – healthier and more resilient than ever. For now, addressing the COVID crisis remains New York's most pressing challenge, and there can be no higher priority than implementing a comprehensive, well-managed city-wide vaccination program in every neighborhood.

Scott's healthcare agenda includes the following:

Part I: Stamp out COVID-19, and better prepare New York City for the next

emergency. While there will hopefully be much progress in eliminating COVID-19 in the coming months, Scott will continue to fight for equity and giving vaccine priority to communities hit hardest by COVID-19; for community-led outreach campaigns to combat vaccine hesitancy; and to ensure that COVID-19 relief funding is distributed equitably, accelerating the economic recovery along with the health response. As mayor, Scott will strengthen our disease surveillance, expand our emergency stockpiles and create the NYC Public Health Corps, a network of trained professionals able to respond quickly to any mass casualty event. And he will honor our healthcare heroes by actually listening to them – by hosting an annual Health Care Heroes Conference aimed at hearing directly from frontline healthcare workers on current problems and potential solutions.

Part II: Create a Chief Health Officer to help consolidate our health leadership, and take a multi-agency approach to tackling pressing health challenges.

The pandemic has underscored the clear need to better coordinate the city's public health resources and preparation, eliminate bureaucratic infighting, and break down silos that have only served to fracture the city's response to both immediate and long-term public health priorities. Scott will create the office of Chief Health Officer (CHO) to oversee the day-to-day operations of both the Department of Health and Mental Hygiene (DOHMH) and New York City Health + Hospitals (H+H), and to maximize coordination between our world-class public health and hospital systems. At the same time, the CHO will help to drive a multi-agency approach to tackling everything from mental health to lead poisoning, recognizing that progress on many public health issues will require efforts not just by H+H and DOHMH, but also NYCHA, the NYPD, the Department of Homeless Services, Department of Education, Department of Environmental Protection and many other agencies, all of which will be required under Scott's leadership to create agency-specific public health plans, in line with city-wide public health priorities established under the leadership of the CHO.

Part III: Make sure no New Yorker has to travel more than 20 minutes to access high-quality, primary health care, and invest in community-based programs, especially in communities of color. Scott will eliminate “healthcare deserts” and strengthen the primary care system to encourage routine health and preventive care and promote community-level health programs across the city; advocate for measures to expand health care access, move to a single-payer health care system, and ensure healthcare is treated as a human right; fight chronic obesity and metabolic diseases in disproportionately impacted communities; tackle the shameful maternal mortality crisis that disproportionately threatens the lives of Black women; and strengthen HIV and sexual and reproductive health services for all New Yorkers. He will also double to \$500,000 the City’s commitment to the New York City Abortion Access Fund, which helps provide free abortion services to low income and undocumented women. He will develop a debt forgiveness program for young healthcare professionals who commit to practicing in under-served neighborhoods. And most importantly, he will make sure high-quality, affordable care is no more than a 20 minute trip for every single New Yorker.

Part IV: Confront our unprecedented mental health and substance use crises. Scott will dismantle the ineffective ThriveNYC structure and build a true, world-class program that can support the mental health needs of all New Yorkers; invest more in programs for those struggling with serious mental illness; expand access to mental health care by redesigning the Mental Health Services Corp; expand early prevention and intervention programs for mental health, including through investment in school-based mental health services across the city; reduce barriers to entry for New Yorkers who need behavioral health supportive housing, in collaboration with the state; and fight the opioid epidemic by investing in the Healing NYC overdose death prevention program.

PART I

STAMP OUT COVID-19 AND BETTER PREPARE FOR THE NEXT EMERGENCY BY MAKING NYC A LEADER IN PUBLIC HEALTH INNOVATION

Our city is recovering from a mass casualty event. We have all been impacted and traumatized, in ways large and small, by the COVID-19 pandemic. More than 30,000 New Yorkers have died, tens of thousands more have been hospitalized, and nearly 900,000 residents have received a positive diagnosis.

Despite the urgency of the situation, the City has dropped the ball time and again in its COVID response. Communities of color and low-income New Yorkers have carried the overwhelming burden of the pandemic, overrepresented in both infections and deaths from COVID-19. And sadly, the city's vaccine roll-out reflects those disparities: [Right now](#), 36 percent of vaccines have gone to White New Yorkers, compared to 13 percent of shots given to Black residents.

For as long as we are dealing with the pandemic, Scott will work to improve the City's approach to COVID-19 so that we can limit transmission and loss of life, and reopen our economy safely. As mayor, he will continue to fight for the changes necessary to ensure that we are better prepared for the next crisis.

1. Accelerate the ongoing City response to COVID-19

While the city is making progress in vaccinating all New Yorkers, only about 34 percent of the city's adult population has been vaccinated as of the release of this report on April 15, 2021 – meaning we still have a long way to go. Going forward, the City's efforts to vaccinate all New Yorkers must be transparent, efficient and equitable, beginning with those most at risk. As part of his Fair Shot NYC agenda, Scott has already demanded that the City:

- ➔ **Remove all barriers to vaccination.** With the federal government set to lift all restrictions on who can be vaccinated by April 19, and new variants increasingly driving the spread of COVID-19, New York City needs to move aggressively to vaccinate as many people as possible, as quickly as possible, especially in the hardest hit communities.

- ➔ **Massively ramp up culturally competent outreach and public education** about the vaccine. People have questions, and we should answer them – in their own neighborhoods, and in their own language.
- ➔ **Make public on a rolling basis all demographic data on vaccinations**, disaggregated by zip code and community district, so that we can better target interventions.
- ➔ **Mandate that all businesses provide paid time off for all employees who need to get a vaccination** or recover from temporary vaccine side effects, because no one should have to choose between getting paid and getting a shot.
- ➔ **Expand mobile vaccination teams** that prioritize communities with highest Covid burden, greatest needs and disparities in access to care. These should be rolling, walk-in clinics that require no appointments and have no restrictions on who gets vaccinated.
- ➔ **Support after-care efforts for New Yorkers struggling with “long-haul” COVID ailments**, by ensuring continued access to long-term care for those who are uninsured, building a network of New Yorkers experiencing “long COVID” impacts, and addressing the disparities in care for BIPOC New Yorkers which have been highlighted during the pandemic.

2. **Make sure we are better prepared for the next public health crisis.**

- ➔ COVID-19 has shown us that public health is too important to our city to be ignored. We have learned many painful lessons together as a city, and they must never be forgotten. To ensure we are better prepared for the next public health crisis, we must strengthen the City’s approach to public health emergency management and preparedness. As mayor Scott will:
- ➔ **Build culturally- and linguistically-competent outreach campaigns** to address vaccine hesitancy, misinformation, and a history of well-earned mistrust of healthcare by marginalized communities. That means identifying and investing in credible messengers and trained peer workers before the next emergency, ensuring that information about the vaccines or other important health

precautions is delivered in every neighborhood and in every language, swiftly and accurately.

- ➔ **Strengthen our disease surveillance and epidemiological systems**, especially around flu-like and febrile illnesses, hospitalizations and ICU-bed capacity, mental health, substance use, and other relatively overlooked health indicators. New York City’s “early warning” systems will be state-of-the-art in a Stringer administration, and the city will have robust vaccination programs in every neighborhood.
- ➔ **Expand our public health laboratory capacity and emergency stockpiles**, so that we are never again caught flat-footed. It took months instead of weeks to ramp up our testing capacity and to outfit our frontline workers and medical staff with the protective gear they needed to do their jobs safely.
- ➔ **Ensure safe staffing levels and minimum staffing ratio requirements in healthcare institutions**, to reduce stressors on our healthcare system and better enable our hospitals and facilities to provide high-quality care to patients, with more time and individual attention. Scott supports the New York State Safe Staffing for Quality Care Act (A108/S1168), a necessary and urgent reform to ensure our healthcare system has the adequate resources to serve our city’s healthcare needs, and would save lives, improve patient outcomes, and provide critical support to the overburdened healthcare workers who have brought New York City through the COVID-19 pandemic.
- ➔ **Triple the number of health and mental health professionals in schools** to help our kids deal with the social and emotional fall-out of the pandemic, and to build healthier school communities. Scott has already detailed a plan to increase by 2,300 the number of school-based social workers and guidance counsellors, to bring New York City into line with national standards and make sure kids have trusted adults they can turn to in school.

3. Create the NYC Public Health Corps.

In partnership with the Federal Public Health Workforce program recently created by the Biden administration, New York City must expand its capacity to rapidly deploy large numbers of public health workers in response to the next epidemic or emergency in our city. The City's all-volunteer Medical Reserve Corps has done an admirable job of buttressing the City's response to COVID-19, but its reach has proven limited. We need to permanently expand the City's ranks of contact tracers, outreach workers, vaccinators, community health workers and public health nurses and physicians, while also providing incentives for trained medical professionals outside of government to be rapidly "called up" in the event of a mass emergency. People are at the heart of preparedness, and we need a *permanent* solution that invests in public health at a scale and readiness to match the challenges we face.

4. Establish New York as the global center for urban primary care innovation

Primary care access and quality is increasingly the centerpiece of local and national health strategies around the world, and New York City, with its leading health care research institutions and expansive network of providers, has the opportunity to lead innovation and research in this field. To help drive innovation in a way that can be hard to fund with public dollars, Scott will direct the Mayor's Fund to Advance New York City, which raises private dollars for City priorities, to establish a new \$30 million grant program to develop on-the-ground solutions to eliminate health care disparities and expand access to preventative care.

At the same time, Scott will work with private hospitals to help streamline and support the construction of new, neighborhood-based facilities. Just as the city uses its bonding and zoning authority to spur housing and economic development, those same tools should be used to help our world class hospitals expand their community health infrastructure. Part of that mission will be streamlining the construction process by cutting red tape for hospitals and all other entities looking to build or remodel facilities in the city.

5. Honor our healthcare heroes – by listening to them with an annual Health Care Heroes conference dedicated to lessons learned.

- ➔ Our frontline healthcare workers deserve more than applause. Scott will launch an annual Health Care Heroes conference where physicians, nurses, social workers and public health experts serving New York City's most under-resourced communities can be celebrated for their critical work, but also share their observations and recommendations with other public health experts, practitioners, and City officials. As Mayor, Scott will chair this event each year and use the opportunity to honor health care heroes long after the COVID-19 crisis has been vanquished.

6. Take a “health first” approach to community safety by transitioning responsibilities away from NYPD and investing in alternative responses and services

As Comptroller, [Scott has been vocal](#) about the need to transition homelessness, substance use, mental health issues, disconnected youth and other social service challenges away from the NYPD and into the hands of trained professionals in other agencies and community-based organizations with greater expertise. That effort should include a deep historical analysis of 911 calls to better understand the nature, needs, and outcomes of all calls, and to determine which ones would be better served by a non-police response, and coordinated investments in drop-in centers, respite care, safe havens, and other emergency and non-emergency services to serve people in need. In reforming 911, Scott has also committed to centering the needs of 911 call-takers and EMS professionals by increasing salaries, capping hours and improving benefits for these critical frontline workers.

PART II

COORDINATE OUR HEALTHCARE LEADERSHIP AND TAKE A MULTI-AGENCY APPROACH TO TACKLING PERSISTENT HEALTH CARE CHALLENGES

New York City boasts two large institutions dedicated to health: our world class NYC Department of Health and Mental Hygiene, and our extensive network of 11 public H+H hospitals and associated outpatient clinics across the city. Both have enormous resources to help combat illness and improve health, yet never has City Hall undertaken any serious effort to coordinate the operations of each entity in a strategic manner. The results of this bifurcation and lack of alignment were made painfully clear to all New Yorkers in recent months. In the early days of COVID-19 in March 2020, we watched as unnecessary delays, poor strategic decisions, and petty turf wars consumed our pandemic response and allowed the virus to overrun our healthcare system. More recently, DOH and H+H built separate websites to help New Yorkers book vaccination appointments, neither of them very effective, adding a sense of confusion to an already anxious time for many.

Scott believes that our ability to tackle New York City greatest health challenges – from pandemic and emergency preparedness, to closing deep, structural racialized health disparities, to tackling our mental health crisis – rests largely on coordinating our public health and healthcare systems across these priorities, while also working more closely with our many private hospitals to help share the challenges of caring for the under- and uninsured. This alignment recognizes that our health is improved only when we strengthen both downstream care and treatment, and upstream drivers and determinants of health in our communities that can cause (or prevent, if addressed) disease in the first place.

From Day 1, Scott will strengthen health leadership at the highest levels of city government, and finally resource public health at a level commensurate with its importance. COVID-19 has shown us clearly that this cannot wait, and the time is now to make public health a core part of 21st century public administration in our great city. Scott will take the following actions on public health leadership and coordination:

7. Create the role of Chief Health Officer of the City of New York to fully align our healthcare and public health leadership

Under a Stringer administration, the newly created Chief Health Officer (CHO) will serve as both the CEO of Health + Hospitals Corp (H+H), and commissioner of the Department of Health and Mental Hygiene (DOHMH). The pandemic has underscored the clear need to better coordinate the city's public health and hospital system, eliminate bureaucratic infighting, and break down silos that have only served to fracture the city's response to public health. Beyond that, if we are truly going to tackle the underlying social determinants of health – from poverty and race, to the food we eat and the air we breathe – we need a management structure that reflects this more holistic approach, and with the authority necessary to coordinate priorities across agencies. A CHO whose authority is fully embedded within the management structure of both agencies is the best way to accomplish that goal.

The CHO, who will report directly to the Deputy Mayor for Health and Human Services, will be responsible for leveraging the full resources of our world-class public health and healthcare agencies, ensuring that efforts to tackle top city-wide health priorities are done in close collaboration, and with a clear view of both the distinct and the overlapping areas of work and expertise of each agency. Each agency will bring their own comparative strengths to bear to achieve comprehensive strategic objectives and meet key performance indicators, with an emphasis on health equity, COVID recovery and emergency preparedness, and mental health. This kind of coordination will not happen on its own. It must be led and driven from the highest levels of government. In addition to creating the new CHO post, Scott will:

- ➔ **Establish the NYC Public Health Leadership Council**, to be composed of Commissioners and other senior representatives of all City agencies, ensuring their alignment and coordination on city-wide health priorities, with a specific focus on health equity, closing key health disparities, public health preparedness and mental health. The Council will be independent from, but

draw expert guidance from the city’s Board of Health, the state’s Public Health Council, frontline workers from relevant city agencies, as well as the city’s many schools of public health, to ensure that New Yorkers receive the best and brightest guidance on emerging public health issues.

- ➔ **Require that every City agency create its own Public Health Masterplan**, under the guidance of and in coordination with the Chief Health Officer and a newly-established NYC Public Health Leadership Council, and in support of the key city-wide health priorities established at the Mayoral level. Every agency must contribute and has an important role to play in improving the health of New Yorkers, whether it is taking specific action to help drive down persistent challenges connected to food, air, water, lead paint or pollution, or simply reducing an agency’s carbon footprint.
- ➔ **Undertake an in-depth analysis of DOH and H+H resources, programs and facilities with any eye toward maximizing reach**, driving efficiencies and eliminating needless duplication, such as community health worker programs, health education and prevention programs, and other activities outside of healthcare facilities, which should be principally led by DOHMH where possible.

8. Protect communities from losing healthcare access and stabilize H+H’s finances

Our safety net public hospital system, H+H, is the largest and best in the nation, and yet consistently operates at an annual deficit of roughly \$3 billion before subsidies. This is because of barriers to access, lower quality care (especially primary care), and poor billing and cost recovery infrastructure. We need to put H+H on a more stable footing and transform it into an efficient healthcare system that provides the highest quality care and incentivizes people to choose, and to remain, with H+H providers. With his deep experience in financial management and systems accountability, as mayor Scott will:

- ➔ **Use city zoning codes to create “Health Care Only” zones to protect hospitals from speculation.** As Mayor, Scott will work with the local communities to propose a new zoning district exclusively for “health care” facilities. Such

districts would give the city more control in the event of a proposed hospital closure and remove the financial incentive to convert the hospital to luxury housing. Further, by making this change, the environmental review process will be able to consider the potential loss of services.

- ➔ **Support efforts to improve the City’s publicly-funded managed Medicaid health plan, MetroPlus,** and efforts to ensure that MetroPlus members receive their care at H+H facilities. Currently, significant revenue is lost due to MetroPlus members seeking care at non-H+H health systems. Scott will invest in improving the member experience, and providing streamlined access to care; improving wait times and call center quality; expanding access to care navigator services and community health workers and; continued investment into quality of care and digital technology that will encourage MetroPlus members to seek and maintain their care at H+H, thereby retaining reimbursement revenue within the public hospital system, thus moving towards balancing H+H’s overall budget.
- ➔ **Improve internal billing and cost recovery infrastructure at H+H,** especially for outpatient services that are driving the majority H+H’s deficit due to lost revenue. Scott will also work with State Medicaid and directly with managed care providers and other plans to improve reimbursement rates and payment efficiency, which drives 79% of the [H+H deficit](#). He will also work with state and federal officials to increase our Disproportionate Share Payments (DSH) from Medicaid and Medicare for uncompensated care.

9. Make New York City a leader in primary care provider recruitment, and provide debt forgiveness for health care professionals in under-served neighborhoods

In 2019, the number of fourth year U.S. medical school students opting for primary care residencies was the lowest on record - despite the highest-ever demand for such positions. These two trends point to an expected shortage of primary care physicians in the U.S., and presumably a worsening primary care crisis in our low-income communities, which lack consistent, quality access to affordable primary care services.

To start reversing this trend and make the New York City the leader in both primary care physician recruitment, Scott will direct H+H to triple the size of its Clinical Leadership Fellowship program, and work with NYC's private research hospitals to explore expanding similar post-residency fellowship programs across their systems, and convene a panel of early career primary care physicians to identify how to encourage more medical and nursing students to enter the primary care field. At the same time, Scott will create a city-funded debt forgiveness program, modeled after National Health Service Corp (NHSC), to help repay the medical school loans of health care practitioners who commit to practicing in underserved neighborhoods for three or more years. Under the federal American Rescue Plan,

the NHSC recently received some \$800 million to buttress its Loan Repayment Program, which helps medical, dental, and mental and behavioral health clinicians pay off their student loan debt in exchange for working in a defined geographic area with too few providers. Scott will work to leverage those federal dollars and build upon those resources with additional city funds to incentivize primary care physicians and others to commit to serving the city's neediest neighborhoods.

PART III

ADDRESS HEALTH DISPARITIES BY PROVIDING HIGH QUALITY, AFFORDABLE CARE TO ALL NEW YORKERS

Health equity, and closing health disparities – especially those by race, ethnicity, gender, and sexual orientation – will be a top priority under Scott's leadership, and led at the highest levels by the Deputy Mayor for Health & Human Services and the Chief Health Officer. Centering health equity within our executive team recognizes that closing health disparities requires approaches that focus on upstream social determinants of health, as well as changes to healthcare delivery – especially within our public hospital and healthcare system.

It also requires close coordination with multiple agencies that influence social needs and social determinants of health, including housing (NYCHA and HPD), education (DOE), criminal/legal and public safety (NYPD, DOC), and transportation (DOT, MTA), to name just a few. Health equity priorities often get lost in the shuffle in discussions about our economy, our budgets, our subways and our public housing system, and we must change this by centering it in our leadership. We will focus on health equity as a priority not only because poor outcomes are products of systemic and intergenerational privilege of certain communities over others, but because they are also measurable and discrete ways to hold ourselves accountable to improving the health of New Yorkers in most need.

10. Make sure no New Yorker has to travel more than 20 minutes to reach a primary care facility by expanding access to care, especially in communities of color

We know that communities with [more primary care facilities](#) have better overall health outcomes. This recognizes the crucial role of primary care as the front-door to the health system, but also a trusted, community resource that can encourage routine health engagement and preventive care.

We also know that [more than half of adult New Yorkers](#) are overweight (34%) or obese (25%), one in eight has been diagnosed with asthma, 28 percent of New Yorkers have uncontrolled high blood pressure, and nearly [1 million New Yorkers have type 2 diabetes](#), with almost one in five not knowing they have it.

These smoldering and intersecting epidemics disproportionately impact communities of color and lower income New Yorkers, as was made devastatingly clear during the COVID-19 pandemic. Scott will ensure that we embrace a multi-sector approach to our chronic metabolic disease crisis, with an emphasis on closing the gaps in access to care in our communities of color.

Of the 1,300 health care facilities in NYC, only about 450 are classified as primary care facilities, and 52% of those are in Manhattan and Brooklyn. The Bronx has about 25% of the average number of [general practitioners per capita](#) as in Manhattan,

which has more than double the next highest borough, Staten Island. We have primary care deserts in our city that can no longer stand, if we seek not only to close health disparities and advance health equity, but also tackle core city-wide public health challenges of our time. As mayor Scott will expand access to primary care and affordable healthcare and:

- ➔ **Expand the number of community-based health clinics by building on the 2015 launch of Gotham Health**, H+H's federally qualified health center (FQHC) primary care services unit, so that every low-income New Yorker has access to affordable primary and preventive care services, with priority given to the 50 most underserved neighborhoods. He will also expand the DOH's **Neighborhood Health Action Centers** which are neighborhood-based hubs for health education, preventive services, referrals to community and social services, and basic healthcare services. Currently there are only three functioning Neighborhood Health Action Centers— in Brownsville, East Harlem and Tremont. Scott will expand that number to at least 10, including Staten Island, building off of, but beyond, the defunct District Public Health Offices (DPHOs) established under prior administrations.
- ➔ **Provide culturally and linguistically competent community outreach** to encourage open enrollment into insurance through the state marketplace, and make our public hospital system and federally-qualified health centers fully and financially accessible to all, regardless of documentation status.
- ➔ **Invest in H+H's NYC Care, which guarantees low-cost and no-cost services to New Yorkers who do not qualify for or cannot afford health insurance**, which will continue to ensure that our public hospital system and federally-qualified health centers, including Gotham Health, are accessible to all, regardless of documentation status and eligibility for federal insurance programs.
- ➔ **Push the State to expand access to its Essential Plan to all New Yorkers**, regardless of documentation, and continue to expand [Get Covered NYC](#), which helps New Yorkers enroll in subsidized care, to ensure culturally and linguistically competent community outreach, and encourage open enrollment into insurance via the state marketplace.

- ➔ **Ensure greater transparency in hospital pricing.** Over the last two decades, New York City’s healthcare economy has consolidated into an oligopoly where a handful of major hospital systems now dominate the market. Hospital pricing is notoriously opaque, with huge divergences in charges for similar procedures and services. All this impedes competition and contributes to the unaffordability of health care. Scott will work to ensure that pricing is transparent and readily available system wide to ensure that consumers, providers, and healthcare workers alike are playing on a level field, have access to the information needed on costs, patient outcomes, legal resolutions and the general healthcare trends of the communities they serve, to make informed decisions, and ensure that healthcare is provided at a fair and equitable cost. Frontline health care workers should be given a voice in addressing challenges that arise.
- ➔ **Advocate for the New York Health Act (A.6058/S.5474) in the State legislature and Medicare-for-All on the Federal level** to guarantee comprehensive healthcare coverage to all, and ensure that no New Yorker forgoes healthcare due to fear about cost or coverage.
- ➔ **Work to expand access to fresh foods and greenmarkets through increased investment in GrowNYC,** and food justice initiatives that focus on communities of color. Healthy food is medicine, period. Scott will use every lever at his disposal to expand access to fresh, healthy foods and stamp out food “swamps” across the five boroughs.

11. Make New York City a world leader in telehealth services

We have seen an [explosion in telehealth utilization](#) during COVID-19, which has been instrumental in maintaining access to care during the pandemic and stay-at-home orders. These advances offer the promise of expanding access to care, especially for elderly and disabled patients for whom a trip to the doctors can be a challenging journey; reducing disease exposure for staff and patients; and providing more culturally and linguistically competent care for those whose first language is not English. As mayor, Scott will:

- ➔ Push the State and Federal governments to make permanent, telehealth reimbursement flexibilities, which have been established temporarily during the pandemic.
- ➔ Expand investment in telehealth services in H+H facilities, especially for behavioral health services which is a main driver of telehealth demand during the pandemic.

12. Make every city library a tele-health hotspot

Despite the promise of telehealth, significant barriers remain – especially for the estimated 29 percent of New York City households who lack a high speed broadband connection at home. As mayor, Scott will leverage all city libraries as potential telehealth “hotspots” where neighborhood residents can connect in privacy to a healthcare professional, either employed by the City or through an established Community Based Organization, to conduct rudimentary screenings, offer medical advice, provide prescriptions, and coordinate follow-up care.

13. Improve quality of care for vulnerable populations

New York City is America’s front door, and we welcome people from all over the world to come and make their home, without fear and in an environment that recognizes the hardships and traumas they may have faced prior to arrival. This must include healthcare, where systems must be inviting and receptive to their needs, and where they feel safe, dignified, and empowered, allowing them to engage proactively in healthcare, rather than waiting until they are acutely ill or deferring care altogether. As Mayor, Scott will:

- ➔ Expand models of culturally competent, trauma-informed care for marginalized populations across NYC, including new immigrants, refugees and asylees, and victims of trafficking and/or domestic or other forms of violence, and people involved in our criminal legal system.

- ➔ Support state and federal efforts to provide Medicaid benefits to incarcerated people and those leaving correctional facilities, and expand funding for access to primary care for people released from custody in city jails.
- ➔ Build a functioning medical respite system to break the cycle of discharge from hospital to shelter or the street for homeless or unstably housed New Yorkers.

14. Strengthen culturally competent healthcare for LGBTQIA populations, especially transgender New Yorkers.

Expand and invest in LGBTQ+ affirming health care facilities, especially outside of Manhattan. A large majority of the city's health clinics targeted to serve the needs of LGBTQ+ New Yorkers are located in Manhattan. That must change if we are serious about addressing health disparities in the LGBTQ+ community and ensuring everyone regardless of their zip code has access to comprehensive care that they are comfortable accessing. As Mayor, Scott will increase access to and the number of LGBTQ+ health care facilities in boroughs outside of Manhattan in partnership with DOHMH and H+H to ensure these facilities are available to everyone in transit-accessible locations in every borough. This will include a tripling of the four existing DOHMH Sexual Health Clinics (Jamaica, Morrisania, Fort Greene, Chelsea), with continued priority on the outer boroughs and Staten Island.

Expand transgender healthcare services citywide. TGNCNB New Yorkers often avoid interactions with healthcare institutions due to a lack of gender and cultural competency from institutions, providers, and professionals that can be deeply alienating, harmful, and even dangerous. As a result, many forgo routine medical care, allowing underlying medical conditions and urgent healthcare needs to go unaddressed. As Mayor, Scott will provide training to physicians and mental health providers on the specific service needs of transgender, non-binary and gender non-conforming patients.

Create a citywide Transgender Family and Medicine Center by replicating the success of the Mount Sinai Center for Transgender Medicine and Surgery. Transgender, non-binary, and gender non-conforming youth have their own challenges in terms of health care access and mental wellness. Trans youth often lack access to gender-affirming care, including puberty blockers and mental health support for themselves and their families.

15. End our maternal mortality crisis

Black women giving birth in New York City are [eight times more likely to die](#) in childbirth than white women, and 70% of all women who died in childbirth in New York City were on Medicaid.. They are more likely than white women in New York City to be disconnected from prenatal care, to have pregnancy-related complications and morbidity, and to experience non-fatal complications due to childbirth. This is a direct result of racism and bias, both explicit and implicit, within our healthcare delivery systems, working in toxic concert with risk factors created by social stressors and community conditions. The recently passed federal American Rescue Plan commits new resources to tackling maternal mortality, which Scott will leverage to help:

- ➔ Create a city workforce of doulas, birth coaches and community midwives that not only provide home-based and alternative services but can serve as childbirth advocates for women of color receiving obstetric care through conventional hospital systems in NYC.
- ➔ Expand prenatal outreach programming for at-risk mothers like [GrowingUp NYC](#) and [Healthy Start](#).
- ➔ Invest in a workforce of community maternal health workers who can connect women to prenatal and obstetric care, follow them throughout their pregnancy and provide continuity of care for a year postpartum.
- ➔ Invest in improved maternal health surveillance and data collection from our public and private hospital systems, along with a system of accountability and performance monitoring and incentives for hospitals based on these metrics.

16. Make historic investments in reproductive and sexual health

As states across the country turn back the clock on reproductive rights, New York City must lead the way forward and provide a first-in-the-nation investment to ensure access to safe, compassionate abortion care. At the same time, we must provide continued support for confronting the HIV/AIDS crisis, and educating our young people about sexual health. As Mayor, Scott will:

- ➔ **Double the City's direct funding to supporting New Yorkers' access to abortion care**, making a historic commitment to reproductive freedom. Scott's proposal builds on his early support for the #FundAbortionNYC campaign which made New York City the first city in the nation to directly support abortion care through the City's budget – a \$250,000 allocation to the New York Abortion Access Fund. As Mayor, he will double City funding for abortion care to ensure that safe abortion care remains accessible to all people, regardless of immigration status or ability to pay.
- ➔ **Strengthen education around sex and healthy relationships in schools**, with special emphasis on LGBTQIA youth, and invest in stronger and more accessible healthcare for transgender New Yorkers through H+H and DOHMH sexual health clinics.
- ➔ **Expand access to contraception in schools and in school-based health centers**, including long-acting forms, as well as access to PrEP and PEP to prevent new HIV infections, especially focusing on youth. And Scott will advocate for policies that protect and expand New Yorkers' access to a variety of contraception methods without copays, allow for increased dispensing and make emergency contraception easier to access.
- ➔ **Expand NYC Health + Hospitals policy to integrate abortion care into standard residency training at public hospitals**, move DOHMH to make FDA-approved methods of non-surgical and long-acting reversible contraception (LARC) available at health centers and facilities across the city, and expand cultural competency and anti-bias trainings at DOHMH and H+H.

- ➔ **Protect reproductive health care access by fighting fake clinics and enforcing NYC’s Clinic Access Law.** As Mayor, Scott would strengthen public education on the deceptive practices of fake clinics and take action against those who illegally harass and harm New Yorkers seeking to enter reproductive health care facilities, including patients, physicians, staff, and clinic escorts.
- ➔ **Advocate at the federal level for national policies to protect abortion rights including ending the Hyde Amendment,** which bans federal funding for abortion; restoring and expanding Title X after four years of attacks from the Trump-Pence administration; fighting against TRAP laws; and advocating for policies to require insurance coverage for contraceptive and abortion care.
- ➔ **Enhance community-based education and outreach with a focus on the highest-need communities,** especially Black and Latino men-who-have-sex-with-men (MSM) and people of Trans experience.
- ➔ Work with federal government and NYC Commission on Human Rights to ensure enforcement of anti-discrimination laws for LGBTQIA seeking healthcare services.
- ➔ **Help New Yorkers parent with dignity if they choose to.** Scott has the most ambitious and far-reaching plan to bring affordable childcare to all families in-need – his “NYC Under 3” plan – and as Mayor will expand support for parents and families, from addressing diaper need, to healthy food for our youngest.

PART IV

TRULY PRIORITIZE THE CITY’S MENTAL HEALTH AND SUBSTANCE USE CRISES

We have had a mental health crisis in the US, and in New York City, for years. Deaths of despair – due to suicide, drug overdose, or the effects of alcoholism – have been on the rise for the last two decades. The opioid epidemic has created exponential growth in these deaths over the past 6 to 7 years. The result has been a plateauing of life expectancy over recent years, reversing decades of upwards progress.

The mental health crisis began before Covid-19 struck, and now we are witnessing the start of a “second pandemic” of mental health and substance use worsened by Covid. [According to the CDC](#), 41% of Americans report symptoms of depression and anxiety, serious thoughts of suicide, or increased or new substance use, during the pandemic. Depression symptoms are [three times as high now](#) as immediately before COVID-19 hit. Calls to crisis helplines and suicide hotlines are at [unprecedented levels](#).

New Yorkers are no exception. Eighty percent of New Yorkers reported symptoms of depression or anxiety in the two weeks prior to a recent [DOHMH survey](#). Thirty five percent report a negative impact on their child’s emotional wellbeing, and significantly more Latinx and Black New Yorkers report feeling the toll of financial insecurity or social isolation due to COVID, than their white counterparts.

New Yorkers are traumatized from COVID, from direct loss of loved ones, to witnessed tragedies by our frontline health workers, to the indirect stress and cumulative trauma of job loss, school closures, and threatened eviction. We have another crisis on our hands, and this “long tail” of the pandemic is one that we will be dealing with long after we’ve resumed our normal lives. We must center mental health in New York City as a part of our recovery, and that means taking on a public health approach to our mental health crisis.

17. Dismantle THRIVE to expand access to comprehensive mental health care

Make no mistake, a world-class city like New York must take mental health seriously, and should have a program that makes mental health a priority at the highest levels. But the crisis at hand makes it all the more clear that ThriveNYC has failed to meet basic standards from the perspective of program effectiveness, as well as fiscal and administrative accountability. This issue is too important to all New Yorkers to have ineffective leadership and programs. Scott will dismantle the ThriveNYC structure and rebuild mental health programs under the auspices of the Chief Health Officer, who will make improving mental health services one of the key strategic health priorities of the city, coordinating all city agencies around common goals, with

strict accountability built in for monies spent and outcomes achieved. We need to make getting mental health care easy, by expanding access to care in our front line healthcare system:

- ➔ **Revitalize the Mental Health Service Corps (MHSC) program.** In its current form, MHSC workers are relatively inexperienced, poorly supported, and poorly integrated into primary care and other front-line teams, due to flawed program design and execution. A redesign of the program in early 2020, a significant cut to its budget, and a transition to H+H from DOHMH control has not served to expand access nor provide strengthened mentorship and supervision of our essential MHSC workforce. Scott will ensure that these vital, early-career social workers and other behavioral health professionals get the support they need to serve more New Yorkers, by incentivizing team based care and collaborative care models, and expanding MHSC placements beyond H+H to community based health, mental health, and social services organizations. Leadership of the program will fall under the new CHO, with joint coordination between DOHMH and H+H in their respective roles.
- ➔ **Advocate to make permanent State and Federal regulations on tele-mental health** adopted during the pandemic, including reimbursement parity between in-person and telehealth services, as well as between telehealth and tele-mental health services, in line with federal parity laws.
- ➔ **Expand availability of telemental health services in the H+H system.** Scott will ensure that every H+H facility is able to provide a full range of telehealth and tele-mental health services, to complement their in-person services, and will create a central Office of Telehealth Coordination at H+H that will ensure telehealth and tele-mental health services are standardized throughout the H+H system, with a focus on equity and accessibility for communities with lower access to primary care facilities.
- ➔ **Provide mental health services through the H+H system for all frontline healthcare workers and other essential workers** who have been impacted by COVID-19. We must ensure that the short- and long-term trauma inflicted on our healthcare heroes is addressed by making mental health care freely

and universally accessible to them. We will ensure that every H+H healthcare worker is offered free mental health care that they can either accept or decline at their choice.

- ➔ **Expand the licensed behavioral health peer workforce within H+H** and community based organizations. Peers with lived experience of mental health and substance use challenges have been shown to increase engagement and retention into care, increase quality, and facilitate medication adherence, as well as serving a critical function in mental health crisis response. Scott will invest in expansion of this permanent workforce in the H+H system, and create city incentives for the hiring of peers in non-profit community-based organizations.

18. Refocus on serious mental illness (SMI).

[Less than 13% of Thrive funding](#) has gone to people with serious mental illness, who are one of the most vulnerable, marginalized, and socially isolated communities in New York City. There are nearly 240,000 people living with serious mental health challenges in NYC, and [approximately 40% receive no known treatment at all](#).

As a result, we leave them to cycle in and out of our jails, our emergency rooms and hospitals, our shelters, and our streets and subways. This is inhumane and unconscionable. Rikers Island is one of the largest mental health treatment facilities in the United States. We cannot continue to criminalize and punish people with SMI, who need a health-first approach to care.

People living with SMI not only have the greatest mental health needs, they also represent the greatest costs to our correctional, shelter, homeless service, and law enforcement systems. We must invest in access to community psychiatrists and supportive behavioral health housing, in partnership with the state, but also by committing to long-term models of community recovery and rehabilitation, like [Fountain House](#), which has a proven, 70+ year track record of success in allowing people with serious mental health challenges to recover in the community and rebuild their lives. To start, Scott will build and expand Fountain House clubhouse

programs in all five boroughs, targeting communities with the greatest needs and rates of psychiatric hospitalizations, homelessness, and incarceration.

19. Address the social and emotional health needs of students with real, on-the-ground professionals in every school

Every school in New York City should be a supportive environment that encourages students to flourish and grow. When conditions in schools cause students to feel threatened, treated unfairly, or even criminalized, it has a devastating effect on students' learning and emotional wellness. It has been well-documented that the disciplinary system in schools disproportionately targets students of color, including interactions with school safety agents and NYPD officers in schools.

Many students whose lives and families have been impacted by COVID-19 have experienced serious emotional trauma, particularly those who had significant mental health needs prior to the pandemic disruption. As the City emerges from the effects of this time of crisis, it will be more important than ever to ensure that robust mental health services are in place across all schools, and that there is a rich continuum of supports available specifically for students with significant mental health needs. And yet most schools across the City either do not have a dedicated full-time social worker, or the social worker on staff has a caseload that far exceeds professional recommendations.

To address this, Scott has already laid out an expansive agenda on creating healthy, safe schools that includes dramatic increases in the ranks of full-time mental health professionals in city schools, and ensure that their caseloads are limited to 250 or fewer students, in line with national standards. As mayor Scott would:

- ➔ **Significantly expand school-based mental health services.** Mental health is part of good health, period. It is important that our approach to mental health is not limited only to those experiencing a crisis, and part of this is normalizing access to mental health care in school. When mental health professionals are

available in schools, it increases the chances students will seek out and accept help when they need it most.

- ➔ **Staff every public school with full-time mental health professionals, including social workers and school psychologists, to achieve the national-standard ratios of 1:250.** Scott will ensure schools are equipped with professionals who are dedicated and trained to guide behavioral interventions, respond to crisis events in a trauma-informed way, and work one-on-one with students as needed.
- ➔ **Expand small social emotional learning advisories in all middle and high schools.** Students who have a trusted group of peers and at least one adult to confide in have greater academic outcomes, as well as more positive social attitudes and behaviors. Many smaller schools already offer an advisory program and understand the benefits of a small group dynamic. These should be expanded to every middle and high school in the city.
- ➔ **Regular training for school-based staff and students** about early warning signs of self-harm and suicide, and who to talk to about a student in need of help.
- ➔ **Invest in suicide awareness and prevention programs,** with a specific emphasis on teens and young adults, LGBTQIA youth, expansion of telehealth crisis response and prevention services, and expanded suicide prevention education and awareness programming in schools.

20. Transform our mental health crisis response system

Too many of the nearly 200,000 New Yorkers annually who experience mental health crises and call 911 are not getting the help they need when the police department responds. Eighteen people living with mental health challenges, in crisis, have lost their lives at the hands of the NYPD over the last five years. Sixteen of those 18, were people of color. This must end:

- ➔ **Move the responsibility for responding to mental health crises away from the NYPD** to trained health-first crisis response teams, quickly expanding B-HEARD city pilot beyond its initial three precincts and expand to include licensed peer mental health workers as part of crisis response teams.

- ➔ **Make New York City a leader in implementation, education and awareness of the federal 988 suicide prevention program coming in 2022.**
- ➔ **Expand funding for pre-crisis preventive and post-crisis recovery programs,** such as crisis respite services, and [Fountain House/clubhouse psychosocial rehabilitation centers](#) and their associated [digital/telehealth](#) analogs.

21. Expand behavioral health supportive housing

Up to 40% of New York City’s chronically homeless population lives with serious mental health and/or substance use challenges. We don’t have enough supportive housing overall, and yet our existing supply remains underused, every night, because of practical and regulatory obstacles to placing clients. That must change. As Mayor, Scott will:

- ➔ **Work with the state to expand our supportive housing network by an additional 30,000 beds over the next 10 years to meet the growing need.** As Mayor, Scott will review existing supportive housing contracts and ensure that the system has the wealth of services necessary to serve homeless individuals who need supportive services. Scott’s housing plan also includes opening up more low-barrier, Safe Haven beds and offering housing vouchers for those living on the streets; building a new generation of low-income affordable housing, and investing in programs to prevent domestic violence, which is now the leading cause of homelessness in the city.
- ➔ **Create single points of access for individuals who need supportive housing** and adopt a rapid-rehousing system.
- ➔ **Change regulations that create unrealistic demands and litmus tests for vulnerable people who just need a roof over their heads.** This includes expanding the number of mental health and homeless agencies/CBOs that can certify someone as eligible for NY/NY III housing.
- ➔ **Work with state and federal partners to create a new local supportive housing plan** which will prioritize expanded behavioral health housing and services.

22. Fight the opioid epidemic

A New Yorker dies of an overdose every seven hours. While much progress has been made, we must go further to stem this tide, which is likely to increase further in the wake of COVID-19. Our opioid epidemic reflects not only the pernicious and widespread availability of pharmaceutical and non-pharmaceutical synthetic opioids, but also the devastation laid by the failed War on Drugs and the underlying community conditions, leading to social and economic isolation and despair, that are driving New Yorkers to turn to substance use. As a key strategic public health priority for the City, we must invest in public health approaches that not only influence the supply and demand of opioids, but that make safe, evidence-based prevention, harm reduction, and treatment widely available in the community — while moving away from the over-criminalization of substance use that can prevent New Yorkers from seeking medical help.

- ➔ **Invest in evidence-based prevention and harm reduction programs in schools, hospitals and communities**, centered around education, awareness, and access to and use of naloxone, along with preventive education and mental health services. Scott will also push to expand naloxone distribution to pharmacies without prescription.
- ➔ **Enhance education and awareness programs focused on fentanyl**, a main driver of increased opioid overdoses and deaths.
- ➔ **Develop multilingual, culturally-competent education campaigns** to ensure that linguistic and cultural minorities and non-EFL New Yorkers understand the risk of opioid addiction as well as naloxone use.
- ➔ **Improve data sharing, education and guidelines to influence opioid prescribing practices**. Scott will partner with the state and federal government to ensure that provider training is scaled up, ensuring that all relevant H+H practitioners are trained in safe, responsible, and evidence based opioid prescription.

- ➔ **Expand Healing NYC**, DOHMH's opioid overdose prevention and treatment program, a multifaceted effort that emphasizes both supply- and demand-side interventions to reduce opioids in the community.
- ➔ **Expand NYC Relay program to all hospitals in New York City**, to provide people with 1:1 peer community health workers services after non-fatal overdoses.
- ➔ **Work closely with State authorities to expand access to medication-assisted therapy (MAT) for opioid dependence**, such as buprenorphine and methadone in the primary care system. Scott will ensure that all H+H primary care sites offer MAT by the end of his first term.
- ➔ **Build safe consumption sites in south Bronx, Manhattan, and Staten Island**, where opioid deaths are increasing, despite an overall drop in opioid-related deaths in NYC. And work to decriminalize possession of syringes and drug paraphernalia.
- ➔ **Expand access to treatment, housing and supportive services** to help New Yorkers on the path to recovery and ensure abstinence is not a condition for getting care and stably housed.