

# **We Must Address New York City's Mental Health Crisis**

Below are common-sense steps we need to immediately take:

## **1. Reverse the Closure of Inpatient Psychiatric Beds**

According to the New York State Nurses Association (NYSNA), the number of certified inpatient psychiatric beds in New York State dropped 12% between 2000 and 2018, at the same time as the population and the need have mushroomed. New York City accounts for 72% of the decline in inpatient psychiatric beds between 2000 and 2019, a total loss of 459 beds. This loss of clinical space hasn't been replaced by community-based services. Instead, patients have been funneled into the carceral system and shelter system. New York State needs to reverse the decertification of inpatient psychiatric beds. Any closures of beds must be accompanied by an increase in quality services elsewhere that can serve this vulnerable population. Additionally, there must be an infusion of funding for comprehensive hospital discharge planning, which is currently inadequate.

## **2. Immediately Dispatch Mobile Mental Health Crisis Response Teams on the West Side**

In 2020, Mayor de Blasio announced a pilot program in which health professionals and crisis workers would be dispatched to respond to mental health crises. That program is being piloted in Northern Manhattan. Unfortunately, we do not have time to wait for a lengthy pilot program to be completed before expanding this program. There is an immediate need for these response teams citywide.

This program should be accelerated and expanded to other neighborhoods, including those in Council District 3. People experiencing mental health emergencies need to be stabilized, treated and connected to appropriate wrap around services. For too long, armed police officers have

been the default first responders to mental health crises, and this must change.

### **3. Increase Crisis Stabilization Centers**

When unhoused New Yorkers experiencing mental health crises are brought to the hospital, they are released after they are medically stabilized. Frequently, they are not sick enough to stay in the hospital, but are too sick to return to a shelter or the streets. Crisis stabilization centers, also known as medical respite beds, fill this critical need, giving people time and space to recuperate. This provides a critical opportunity to connect them with social services. Unfortunately, there are far too few crisis stabilization centers available in New York City. Therefore, many people experiencing mental health crises are taken to the hospital in ambulances, only to be discharged back to the streets hours later. New York City must expand its medical respite program significantly in all five boroughs.

### **4. Build Supportive Housing with Mental Health Services**

We must greatly accelerate the construction of permanent supportive housing for people with mental illness.

Supportive housing is affordable housing that offers case management and other supportive services. Extensive evidence has shown that permanent supportive housing is the best way for people with mental health challenges to lead full lives outside of hospital settings, the shelter system or criminal justice system.

Unfortunately, New York City has only constructed a fraction of the supportive housing that is needed to meet the growing demand. We must create quality supportive housing in all five boroughs, and this should include the conversion of distressed commercial properties.

### **5. Embrace and Expand the “Clubhouse Model” of Psychosocial Rehabilitation**

The Clubhouse Model, created decades ago by Hell’s Kitchen’s own Fountain House and now used internationally, is a community-based service model that helps people with a history of serious mental illness rejoin society and maintain their place in it. Clubhouses are community centers where people with mental illness can

find opportunities for friendship, employment, housing, education and access to medical and psychiatric services in a caring and safe environment.

This model is also effective for helping people released from congregate care settings rejoin society and sustain a healthier life within the community. Clubhouse members experience significantly lower rates of hospitalization, incarceration, and suicide compared to others with serious mental illness. Unfortunately, the current need far exceeds the capacity of Fountain House and other Clubhouses.

New York City should immediately begin facilitating the creation of at least 10 more Clubhouse locations, distributed across the five boroughs. Clubhouses are sometimes co-located with supportive housing.

I'm hopeful that the appointment of Dr. Ashwin Vasan, the President and CEO of Fountain House, as the 44th Commissioner of Health for the NYC Department of Health and Mental Hygiene by Mayor Adams will lead to the expansion of this community-based service model.

## **6. Revamp Discharge Planning & Services for Formerly Incarcerated New Yorkers - Expand The Fortune Society Model**

Thousands of people with serious mental illness have been funneled into the carceral system because of society's failure to provide adequate behavioral health treatment. Upon release, individuals are discharged with inadequate planning and support services. Those without homes to go to are often released directly into the New York City shelter system, with inadequate case management and few prospects for housing, employment, substance use treatment, and mental health care.

The State should enact A.7593 (Weprin) and S.2792 (Sepulveda), which would require the state to assist people in obtaining housing prior to release from a correctional institution. The bill would also obligate the state to reimburse local social services districts, such as New York City, for each discharge to temporary shelter in that district. These funds could be used to ensure proper supportive services, like behavioral health care.

The Fortune Society and The Osborne Association are examples of community based organizations that work with formerly incarcerated individuals to help them thrive. The city, state, and federal governments should invest more in these programs and help them procure brick-and-mortar transitional housing that will serve as alternatives to the shelter system.

### **7. Increase School Based Behavioral Health**

Serious mental illness often begins to take shape in adolescence. Early diagnosis and treatment are critical, which is why school-based health and social services are essential. At a minimum, schools must have nurses, counselors and social workers on site who are trained to identify warning signs of behavioral health issues and make referrals to behavioral health professionals. Last year's New York State budget appropriated \$37.8 billion in long overdue funding for public schools in New York State, and more of this funding should be used for school based counseling and health services.

### **8. Redirect ThriveNYC Funds to Address Serious Mental Illness**

As of 2019, roughly 10 percent of ThriveNYC's \$250 million annual budget was spent on serving those with serious mental illness. Although the de Blasio administration diverted more funding to this purpose, hundreds of millions of dollars that could have been spent addressing this issue in recent years were not. This was a big missed opportunity.

While some effective programs have been brought under the ThriveNYC umbrella, an overall shift in priorities is needed to address this crisis. The City should redirect mental health funds to the services listed above to help the tens of thousands of New Yorkers who are suffering.

We cannot allow the status quo to continue. I am committed to working with my colleagues in city, state and federal government to stem this crisis and get our fellow New Yorkers the help they need.