



Statement in Response to the Mayor's Policy Regarding the Homeless

The Coalition for Behavioral Health agrees with Mayor Adams that people with mental illness who are homeless deserve better than living untreated and unsheltered on New York City's streets and subways. As the advocacy and policy organization for over 100 New York behavioral health provider organizations, however, The Coalition strongly objects to the Mayor's proposed solution to this problem. Unhoused people with mental illness are the result of inadequate housing and mental health care. We have failed to address their needs for decades. It's time we rethink how New York City approaches such problems, and not just do the things we've tried over and over again without success.

Having police take homeless people they suspect of having a mental illness (many will be Black and Hispanic), who are not at imminent risk of harm to themselves or others, to the hospital against their wishes, will unnecessarily traumatize them. Even if the evaluation shows involuntary hospitalization is warranted, NYC's desperate lack of inpatient psychiatric capacity and incomplete continuum of services guarantees that they are off the streets for only a few hours, days or weeks. When they leave the hospital, most will end up right back on the street or in shelters without ongoing mental health care to maintain any progress made during their hospitalization. They will also be much more wary, taking greater care to hide from street outreach teams and law enforcement to avoid once again being forcibly hospitalized.

The paperwork and patience required to access compassionate care and an affordable place to live with services is simply beyond the capacity of most of the people we pass in our streets and subways. We therefore urge Mayor Adams and Governor Hochul to immediately implement a more effective approach that builds trust with vulnerable New Yorkers who need our help, and facilitates easy access to essential services.

- Expand New York City's supply of supportive housing that combines homes with behavioral healthcare
- Develop more intensive community-based treatment opportunities like Assertive Community Treatment and Intensive Mobile Treatment, which have a waiting list of over 1,000 people
- Streamline City processes that keep people from accessing the services they need. It can take many months to access supportive housing and intensive treatment, with many homeless people giving up after long delays
- Expand the City's mobile crisis capacity that enables people in psychiatric crisis to access support specific for their needs. Enhanced federal support is available, which makes this model exceptionally cost effective.

- Increase outpatient treatment capacity, especially the new federally developed Certified Community Behavioral Health Clinic (CCBHC) model. NYS has an opportunity to expand the number of CCBHCs receiving enhanced payments that support comprehensive care. Access to on-demand, person-centered, evidence-based and trauma-informed mental health treatment can prevent people from getting so sick they end up on the street.
- Create and support additional psychosocial rehabilitation services to help people with serious mental illnesses remain engaged in care and working toward lives of productivity and dignity
- Add on-site mental health care to the homeless shelter system. Only 71 of 554 New York City homeless shelters have on-site mental health services, including only one of the 55 domestic violence shelters. This is an immediate, direct and cost-effective way to increase access to mental health care for people who are homeless.
- Address the workforce crisis that is preventing community behavioral health providers from expanding their service capacity

The crisis on our streets did not result from a grey area in the interpretation of the mental hygiene law. It is a result of a decades-long failure of successive City administrations to develop and implement a plan to scale up the services that we know work to end homelessness, engage people with severe mental illness in treatment, and address the historic economic and health care access disparities faced by Black and Latino New Yorkers, who are disproportionately represented in NYC's homeless population.

Mayor Adam's proposal, while not accompanied by a budget, will cost New York City heavily. In addition to the training and other costs of law enforcement removing people involuntarily, there will be significant costs associated with increased EMS and hospital services, plus police involvement will likely lead to more jailing of homeless people. These dollars would be much better spent on solutions that would positively impact the lives of people who are both homeless and have a serious mental illness.

We agree with Mayor Adams that "it is not acceptable for us to see someone who clearly needs help and walk past them." He has an historic opportunity to forge a better, more thoughtful and sustainable approach than past Mayors, who failed to create a comprehensive plan and fund the housing and healthcare that will address the problem at its roots. We urge Mayor Adams to collaborate with NYC's mental health professionals and community agencies to develop a thoughtful and comprehensive plan to transform lives, while reducing the numbers of people forced to live in our public spaces because they lack a better option.