



CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD FOUR

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JEFFREY LEFRANCOIS
Chair

JESSE R. BODINE
District Manager

May 9th, 2023

Hon. Eric Adams
Mayor
City Hall
New York, New York 10007

Dr. Ashwin Vasani
Commissioner
Department of Health and Mental Hygiene
42-09 28th Street
Long Island City NY, 11101

Re: Potential Solutions to Serious Mental Illness

Dear Mayor Adams and Commissioner Vasani,

On April 27th, 2023, Manhattan Community Boards 4, along with Manhattan Community Boards (MCB) 2 and 5, hosted a meeting supported by MCB 1, 3 and 6. The agenda item was a discussion with mental health experts that work with those who struggle with serious or severe and persistent mental illness (SMI¹), and was a regularly scheduled meeting for MCB2 and 5. Our discussion sought to identify one or two solutions that could be implemented on a short timeline to address the needs of this population and, as a result, have an impact on the community overall. This work is a continuation of the Mental Health Forum that was hosted by MCB4 and 5 in October of 2021.

During the course of this discussion the experts identified many solutions that would address the needs of those suffering from SMI. These ideas were presented as potential solutions, not necessarily short timeline solutions. Most common identified by the panelists included:

- Increase the number of and access to stable beds.
- Expand Intensive Mobile Treatment and Assertive Community Teams.
- Expand crisis mental health interventions such as B-HEARD.
- Increase staffing and fill vacancies in the mental health field.

¹ NYS Office of Mental Health definition of Serious Mental Illness
https://omh.ny.gov/omhweb/guidance/serious_mental_illness.html

- Expand harm reduction programs.
- Increase access to care for personal hygiene.

At its regularly scheduled Full Board meeting on May 3rd, 2023, MCB4 voted 38 in favor, 0 opposed, 0 abstaining, and 0 present but not eligible, to vote the potential solutions above, most noted by the panel, to support those suffering with SMI - be seriously considered.

Background

New York began to empty state psychiatric hospitals in the 1970s in light of increasingly inhumane conditions². As a result, the city and state’s public health systems lack a comprehensive network of services and the process for accessing services to treat individuals living with SMI lacks clarity. The result is that many of our neighbors are unconnected with the services they need to live stable, healthy lives.

The most recently available data, from 2015, shows that 39% of individuals with SMI are not engaged in treatment.³ Even after receiving treatment in hospital or jail, many sufferers of SMI lack continuing treatment to assist with medicine adherence and stability.

Poverty, instability, and a dire housing shortage has resulted in many individuals with SMI living unhoused on New York City streets. In 2020, approximately 13,000 New Yorkers with SMI were unhoused or living in shelters, 15,000 calls to 911 each month were for mental health emergencies and 23% of jail admissions were referred to mental health care.⁴ New York City has insufficient capacity to treat those suffering from SMI. Additionally, 41% of those with SMI want treatment but can’t obtain it and 12% of New Yorkers are uninsured, and even for those with health insurance, finding affordable mental health services is a challenge.⁵

In the wake of the Covid-19 pandemic there appeared to be more individuals suffering with SMI on the streets and possibly unhoused. To better understand the issue, MCB4 and 5 put together a forum in October of 2021 to identify services and gaps that existed. The panelists noted several things, but most consistent were 1) Housing solutions, be it

² For background, see New York State Nurses Association, “A Crisis in Inpatient Psychiatric Services in New York State Hospitals” p.4

<https://www.nysna.org/sites/default/files/attach/ajax/2020/08/Psych%20Whitepaper%20NYSNA.pdf>

³ Serious mental illness among New York City adults. NYC Vital Signs. NYC Department of Health and Mental Hygiene. 2015;14(2) p.2

<https://www.nyc.gov/assets/doh/downloads/pdf/survey/survey-2015serious-mental-illness.pdf>

⁴ Care, Community, Action: A Mental Health Plan for NYC p.33

<https://www.nyc.gov/assets/doh/downloads/pdf/mh/care-community-action-mental-health-plan.pdf>

⁵ Care, Community, Action: A Mental Health Plan for NYC p.36

<https://www.nyc.gov/assets/doh/downloads/pdf/mh/care-community-action-mental-health-plan.pdf>

supportive housing or independent affordable housing; 2) Access and Coordination of Services and 3) Treatment Capacity which includes reimbursement rates for services and the impact that it has on what is currently provided.

In the past several months those struggling with SMI have become a heightened priority for the country, the state, and the city. Governor Kathy Hochul has pledged \$1 billion to address behavioral health needs in New York State. According to Mayor Eric Adams's 2023 plan "[Care, Community, Action: A Mental Health Plan for New York City](#)," SMI is an urgent concern for the city. Additionally, City Council released a Mental Health Roadmap which focuses on four areas, expanding prevention and support services, investing in mental health workforce, reduce criminal justice interactions, and increase awareness and interagency coordination.⁶

Interventions

Long Timeline Interventions

Though supportive housing is widely recognized as the most comprehensive tool to address SMI, many units remain vacant⁷ and, even if filled, demand would exceed supply. Other longer timeline solutions include safe havens and stabilization beds, which are low barrier programs, and diversion centers, which allow criminal defendants with mental illness, who are alleged to have committed specific crimes, to get mental health treatment in lieu of incarceration. The Governor and the Mayor have committed to increase the supply of supportive housing in NYC, which will require significant capital investment and political commitment over the years required for building it. The Governor and the Mayor have also expressed a commitment to expanding additional services, such as clubhouses and psychiatric hospital beds, which are additional comprehensive approaches that will require time to reach full development. They are also committed to closing the gap in insurance coverage for these services.

Short Timeline Interventions

Given the time required for long timeline interventions, there is a pressing need for interventions that can be implemented on a shorter timeline of one-to-three-years; that require a lower level of public investment; and that can be expanded or retracted in response to the city's needs. While the city and state have funded programs in traditionally high-need areas in our city, we see a dire need for these programs to expand to the area below 59th Street in Manhattan. Manhattan's Central Business District, as well its downtown neighborhoods, include parks, transit hubs, tourist areas and busy streets frequented by apparently homeless individuals, many of whom appear to suffer from SMI that has gone untreated.

⁶ New York City Mental Health Roadmap

<https://council.nyc.gov/mental-health-road-map/>

⁷ Nearly 2,600 Apartments for Mentally Ill and Homeless People Sit Vacant

<https://www.nytimes.com/2022/11/04/nyregion/nearly-2600-apartments-for-mentally-ill-and-homeless-people-sit-vacant.html>

Manhattan Outreach Consortium & Crisis Interventions

The Manhattan Outreach Consortium is led by Goddard Riverside and provides homeless street outreach teams through the Center for Urban Community Services (CUCS) and Breaking Ground. The purpose of this city funded consortium is to engage individuals south of 59th Street and connect them to services including psychiatric care and shelters. However, they are not equipped to provide on-going mental healthcare or treatment. Additionally, there are various kinds of crisis interventions that exist from texting or calling NYC WELL to requesting a Mobile Crisis Team. This includes contacting 911 and triggering the pilot B-HEARD⁸ teams to respond to a mental health crisis however, currently is employed during 9am through 1am only.

Existing Treatment Options

For individuals with SMI there are different treatment options, however, for the individuals who suffer the most and are resistant to treatment there are certain programs that exist. These programs are governed by different funding streams and vary somewhat. Two examples include:

- Assertive Community Treatment (ACT) is a New York state program that provides Medicaid reimbursement for outpatient treatment of individuals who have an SMI diagnosis and a history of psychiatric hospitalizations. ACT teams generally include a psychiatrist or psychiatric nurse practitioner; a registered nurse; social worker and mental health counselors; and peer support. Staff of 8-9 professionals carry a total caseload of about 68 clients, who are mostly housed, and meet them wherever clients are most comfortable. Clients work with an ACT Team from about one to five years. There are currently 71 ACT teams operating in New York City, of which 7 serve Manhattan. ACT has a waitlist of 1,000 people. The Governor recently announced funding for 22 new ACT teams in NYC.⁹
- Intensive Mobile Treatment (IMT) is a New York City program administered by the Department of Health and Mental Hygiene that contracts not-for-profit organizations to provide ongoing continued care to eligible individuals, often forensic involved and is more intense than ACT Teams. The staffing of IMT teams is similar to that for ACT, but the caseload is capped at 27 clients per team. There are currently 31 IMT teams in New York City, of which about 12 serve Manhattan. IMT has a waitlist of 600 people.

Both ACT and IMT are flexible, intensive treatment programs that have led to reductions in incarceration and hospitalization for their clients including the high costs involved in

⁸ B-HEARD Frequently Asked Questions

https://www.nyc.gov/assets/nypd/downloads/pdf/public_information/b-heard-public-faqs-5-27-2021.pdf

⁹ Governor Hochul Announces Comprehensive Plan 1/10/23

<https://www.governor.ny.gov/news/governor-hochul-announces-comprehensive-plan-fix-new-york-states-continuum-mental-health-care>

institutional stays and, if funding were increased, could be a scalable model for addressing the issues in our district.

Feedback from the event

The panel of experts on the evening of April 27th were Dr. Ellen Tabor, Associate Chief Medical Officer at Institute for Community Leadership, ICL; Dr. Van Yu Center, Medical Director of Janian Medical services at Center for Urban Community Services, CUCS. Brianna Thompson Nurse Practitioner & Abby Boynton from Center for Alternative Sentencing and Employment Strategies, CASES. The main question to be resolved was what could be implemented over a short timeline, such as one to three years, to serve people with SMI in our community.

One of the major points the panelists described were the difficulties and need to build connection, rapport, and trust of those with SMI in order to connect them to services. Panelists explained mental illness itself may produce a distrust of treatment and care givers, which creates challenges for service providers. “People often decline what they’re being offered,” said Dr. Van Yu. “One of the ways to address that is building trust with a care provider, and that takes time.” IMT Team lead Abby Boynton says it took eight months for her team to earn one client’s trust until he said, “I’ll do anything you want. Just don’t leave me alone in this.” “Every single one of them has suffered severe psychological trauma,” says Dr. Ellen Tabor. They may also have aggregating issues such as substance abuse, recent incarceration, or violent behavior. For the most critically unstable, getting them into treatment requires intense individual attention and several attempts for relationship building.

Other most common needs identified by the panelists and potential solutions were:

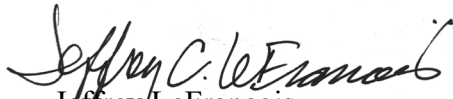
- 1) Being unhoused.
 - Increase supportive housing, drop-in centers, and safe haven beds.
- 2) Access to treatment.
 - Bring treatment to where the individuals are.
 - Expand IMT and ACT, to eliminate waitlist.
- 3) Mental health crisis.
 - Expand interventions such as street outreach teams and more specifically B-HEARD and expand the hours of this program to 24/7.
- 4) Mental health field staffing shortage.
 - Increase loan forgiveness, budgets, and cost of living adjustment, incentivize entry into the mental health field.
- 5) The connection between SMI and substance abuse issues
 - Expand harm reduction programs and distribution of suboxone and naran

- 6) Lack of basic needs
- Increase the number of mobile showers, access to cut hair, clothing distribution.


Conclusion

MCB4 requests that the ideas most identified as potential solutions by the panel to support those suffering with SMI be seriously considered. The Board looks forward to continued collaboration with other Community Boards and experts in the field. Finally, MCB4 commends the Governor of New York, the Mayor of New York City and our City Council for their commitment and attention to SMI.


Sincerely,



Jeffrey C. LeFrancois
Chair
Manhattan
Community Board 4



Joe Restuccia
Chair
Housing, Health, Human Services
Committee



Maria Ortiz
Chair
Housing, Health, Human Services
Committee

cc: Hon. Jerry Nadler, U.S. Congress
Hon. Brad Lander, New York City Comptroller
Hon. Alvin Brag, Manhattan District Attorney
Hon. Mark Levine, Manhattan Borough President
Hon. Brad Hoylman-Sigal, New York State Senate
Hon. Tony Simone, New York State Assembly
Hon. Linda B. Rosenthal, New York State Assembly
Hon. Erik Bottcher, New York City Council
Hon. Gale A. Brewer, New York City Council