

Southern Tier Independence Center, Inc.

**EXECUTIVE SUMMARY Response To
NYC Mayor Eric Adams' Recent Statements on
Homeless People with Mental Health Disabilities**

December 14, 2022

Most people with mental health disabilities want treatment and supports but are never offered them; it is a myth that resistance to treatment is widespread. But Mayor Adams' initiative represents a move forward to address homelessness in the very near term. This is an opportunity for advocates to redirect that forward motion in a better direction.

Cross-Disability Approach

We acknowledge a strong relationship between homelessness and mental health disabilities, broadly construed. Mental health disabilities that contribute to homelessness are not limited to so-called "psychiatric" or "serious and persistent" mental "illness". They include trauma-induced conditions such as PTSD and various personality disorders resulting from abuse, and substance use disorder. While not mental health disabilities, other disabilities affecting cognitive and/or intellectual functioning, such as intellectual disability, traumatic brain injury, and dementia, can also result in homelessness. A high number of wounded war veterans are among this population. This is not a problem exclusively for mental health treatment systems, or for advocates for psychiatric survivors. This is a much larger and broader issue.

Emphasis on Short Term Responses

There is a critical need to take substantive steps within the next 30 to 60 days to try to alleviate the misery of thousands of homeless people this winter. An advocacy response that doesn't offer ways to immediately address this problem is incomplete.

- We oppose forced inpatient commitment for people who aren't an immediate threat to themselves or others. Coerced inpatient treatment is, at best, a bandaid; the literature shows that it is less likely to lead to permanent improvement in people's lives than voluntary outpatient services and supports.
- STIC opposes use of police as first responders to mental health crises in all cases; specialty mobile crisis response teams should be used instead.
- STIC opposes any efforts to "strengthen" Kendra's Law, which is a racially-biased effort to exert a higher level of social control over people of color.
- STIC supports reforms to stop residential treatment programs from discharging voluntarily-admitted people before they have safe housing and adequate supports in place. This should include expanding the criteria for admission and treatment beyond acute psychiatric symptoms or violent behavior to include seriously limited ability to maintain safe housing, food, and warm clothing. Clear, unambiguous, culturally-competent definitions of these terms should be issued quickly.
- STIC calls for a rapid infusion of funds (which Adams says are available for forced inpatient treatment) for disability rights advocacy and community-based service providers to hire and quickly train peers to conduct outreach and provide follow-along support to all homeless people in New York City. People should be offered temporary safe housing (not homeless shelters) and support on a voluntary basis. Hotel rooms recently vacated by pandemic patients should be used, as well as any

other available safe housing, including vacant supportive housing units. Only when such options are exhausted should general hospital psychiatric treatment wings be used—but for safe housing with peer support only, with all treatment to be voluntary. Such treatment must include daily therapy or training; medication-plus-monitoring as the sole treatment is not acceptable. This housing must be maintained until permanent low-threshold (“housing first”) supportive housing becomes available.

- No action should be taken until funds are ready for draw-down by providers of peer supports, temporary housing, and treatment. The project may begin on an emergency basis with public comment pending, but must be approved by representatives of the people served within six months.

Long-Term Responses

In the long term, STIC supports:

- Expansion of walk-in crisis stabilization housing with supports.
- Expansion of temporary “step-down” housing for people leaving crisis stabilization centers and other inpatient treatment programs as a bridge for people waiting for permanent supportive housing.
- Reform of existing regulations, and/or provider changes, for supportive housing programs that have high rates of vacancy: Most units should be converted to low-threshold housing, all support services should be voluntary, tenants should be able to choose their service providers, and the housing application process should be streamlined and simplified.
- Acceptance that the need among people with mental health disabilities for ongoing indefinitely long-term supports and services is much greater than previously supposed, with a long-range plan to develop and provide those supports to meet 100% of the documented need within ten years.
- Relaxation of excessive training and certification requirements for peer support workers; they are unnecessary and make it harder to provide an adequately-sized workforce.
- A long-range plan to increase the availability of low-threshold supportive housing to meet 100% of the documented need within ten years.
- A long-range plan to increase the availability of subsidized housing for people with low or very-low incomes (not “affordable housing” directed at people with median-level incomes) to meet 100% of the documented need within ten years.