SUM NY

Assembling resources to address

Substance Use Disorder | Unhoused Populations | Mental Illness

Report on the intersecting crises of Substance Use, Homelessness, and Mental Illness

January 7, 2025

SUM NY

ASSEMBLYMEMBER
TONY SIMONE

EXECUTIVE SUMMARY

I walk the streets of Manhattan every day. I see with my own eyes the lives, families and communities that have been devastated by the intersection of addiction, homelessness, and mental health crises on our streets. While many people and organizations are working day and night to help people suffering on the streets and those whose community is harmed by the externalities of suffering, the results are not enough.

I constantly hear from community members who tell me they are appalled that we have allowed this much human suffering to occur on our streets. They are scared for their safety on their own block. Some parents are scared to take their children to certain parks because they fear for their child's safety. Many recognize those suffering on our streets are rendered helpless by their mental illness to care for themselves. If you are my constituent reading this report, I don't need to tell you how broken our streets feel; you live it everyday.

While many efforts are being made to help people, they too often occur in silos, and sometimes by failing to work together and communicate, they fail to provide the necessary help that people need.

The goal of SUM NY is to present solutions to address these problems, by identifying the intersectionality of substance use disorder, unhoused populations, and mental illness and unifying the efforts of all actors working to make our city and state a safer and healthier place to live. The approach can not be piecemeal, it must be summative. We must work together at all levels of government and with our communities to apply reality based solutions that will bring measurable results.

From expanding housing, to strengthening on the ground care, and re-examining our laws surrounding involuntary commitment and how mental health is handled in our courts, there is so much we can do to make the improvements that New Yorkers have been asking for and deserve. We cannot wait any longer to take meaningful action. The time is now to right the course in New York, and deliver a safer, healthier, more liveable state for all.

I ask all who read this report to come in with an open mind, an understanding that our city and state government can help, and a recognition that we all have different lived experiences. While we cannot fix these issues overnight, I believe that by relentlessly working together we can help all negatively impacted by this crisis.

Assemblymember Tony Simone

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ASSEMBLYMEMBER TONY SIMONE

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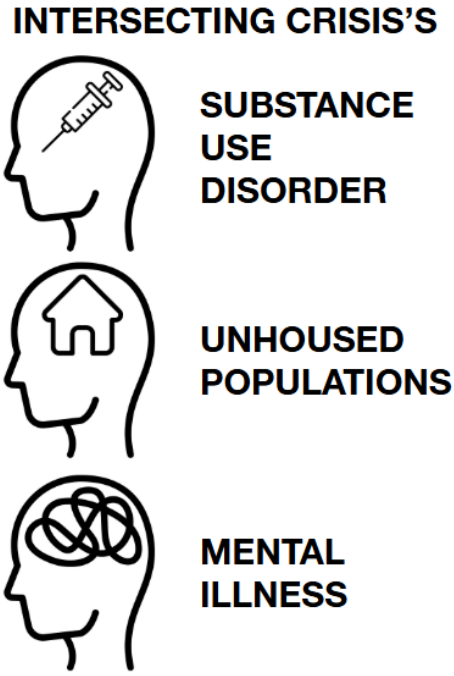
HOUSING FIRST



The problems identified in this report are not unique to New York. This crisis is national. The nationwide scope allows us to see how different factors influence the problems. One underlying factor that has been shown to greatly improve outcomes for homeless individuals, people in the depths of addiction, and those suffering from severe mental illness is housing.

Many blame the crisis of homelessness on the crises of mental illness and substance use. If this were the case, states that rank the worst in these areas, such as West Virginia would also rank among the worst in homelessness. However, this is not the case.[1] The strongest variable attributed to the rate of homelessness is the cost of housing.[2]

The homelessness crisis is clearly following our housing crisis[3]. New York stands along with California as having the worst housing crisis in the country. Rents have soared as housing production has lagged far behind demand. It should come as no surprise that both states are also at the forefront of the homeless crisis. This can be compared to locations such as Minneapolis which has seen housing production soar and rents stabilized, after a zoning overhaul. Between 2017 and 2022, Minneapolis increased its housing supply by 12% while there was only a 4% increase across the state. Rent in Minneapolis only increased by 1% over that period while it rose 14% statewide.[4] Accordingly, homelessness fell by 12% in Minneapolis but rose by 14% statewide.

Unhoused single adults within the New York City shelter system have been recorded as having higher rates of substance use disorder, severe mental illness, and

[1] https://truthout.org/articles/media-blame-homelessness-on-substance-abuse-the-data-tell-a-different-story/#:~:text=States%20with%20the%20highest%20rates,for%20the%20lowest%2Dincome%20households

[2] https://homelessnesshousingproblem.com/

[3] https://www.pewtrusts.org/en/research-and-analysis/articles/2023/08/22/how-housing-costs-drive-levels-of-homelessness

[4] https://www.pewtrusts.org/en/research-and-analysis/articles/2024/01/04/minneapolis-land-use-reforms-offer-a-blueprint-for-housing-affordability

other serious health problems. The majority of unsheltered persons living in New York City suffer from serious mental illness[5].

A randomized controlled trial in Denver comparing two groups, one who received services on the street, and a second that received supportive housing services found far better outcomes for the group in supportive housing. Over the first year, 86% of participants remained stably housed (81% over 2 years and 77% over 3 years), they required 40% less emergency shelter stays, a 34% reduction in police contacts and a 40% reduction in arrests, a 27% reduction in overall time spent in incarceration, and a 65% reduction in need for detoxification services[6].

Beyond being more effective, supportive housing is far more cost effective than any other method of treating unhoused individuals. Data compiled by the NYC Comptroller has found the average cost to keep someone in supportive housing for 30 days to be $2,040. This is compared to $4,080 to keep someone in a shelter, $42,420 to incarcerate them at Rikers Island, and $108,270 for hospitalization.[7]

	Daily Cost per person	30 day cost per person
Supportive Housing	$68	$2,040
Shelter	$136	$4,080
Incarceration at Rikers Island	$1,414	$42,420
Hospitalization	$3,609	$108,270

New York State must take immediate action to stabilize our existing supportive housing network. In the 1980s, the State created a then innovative program called the New York State Supportive Housing Program (NYSSHP) that brought services into housing for homeless people in need. Later, a successor program was started, the Empire State Supportive Housing Initiative (ESSHI). While both programs fund supportive housing, NYSSHP units receive $2,736 for individuals and $3,672 for families annually while ESSHI units receive $25,000 annually. The majority of NYSSHP tenants are aging, black and brown people living with multiple barriers to housing stability. Converting these severely underfunded contracts to ESSHI would deliver results for thousands of vulnerable tenants.

[5] https://www.coalitionforthehomeless.org/basic-facts-about-homelessness-new-york-city/
[6] https://www.urban.org/sites/default/files/publication/104501/breaking-the-homelessness-jail-cycle-with-housing-first_1.pdf
[7] https://comptroller.nyc.gov/reports/housing-first/

On the Ground Care

Walk the streets of midtown and it does not take long to see the intersecting crises of substance abuse, homelessness, and severe mental illness playing out. What is not always as clear to see, is the hardworking teams of outreach workers spending every day offering services to those afflicted.

These teams bring success stories every day, but often a lack of highly trained professionals on the teams that can provide desperately needed specialized care, leave a subset of the population unreachable. We have all seen a person with damaged feet exposed to the cold, open wounds festering, and experiencing medical issues that require immediate attention. The city and state must fund full-time nurses to join the outreach teams so medical attention can be provided on the spot. This helps the person on the street immediately and opens a bridge of trust that can be used to voluntarily move the person into a hospital setting and accept greater services to address underlying issues.

Additionally, outreach teams need staff with clinical psychiatric backgrounds who have the authority to recommend someone into psychiatric care. These professionals can make the determinations when involuntary commitment into psychiatric care is necessary.

The NYC Mayor's Office and the Manhattan District Attorney have made significant strides over the past year through community-based "hubs" such as the Midtown Community Improvement Coalition that bring together community members, local business leaders, the NYPD, government agencies, and service providers.[8] The hubs bring all our resources together, breaking down silos, to focus on individuals on our streets one by one, ensuring every case gets the attention of the appropriate agency. These hubs now need greater investment and expansion, particularly the higher level staff discussed above, so that their efforts can reach the next level.

[8] https://garmentdistrict.nyc/news/midtown-community-improvement-coalition

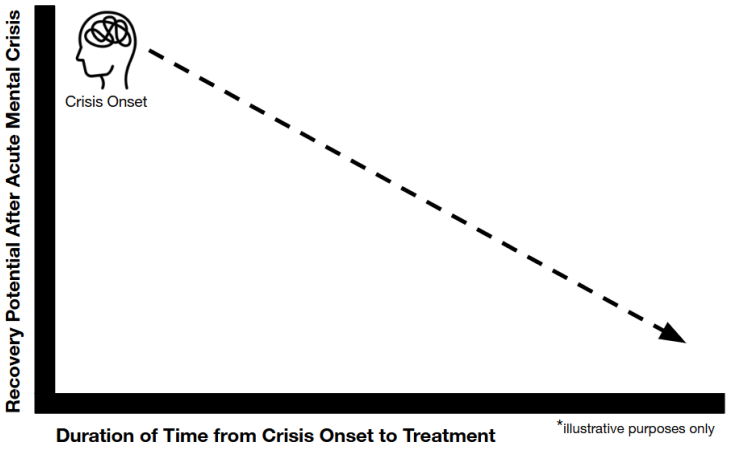
Involuntary Commitment

Our efforts to solve the issues of substance abuse, homelessness, and mental illness have always been rooted in compassion. We have long thought that if we offer the right services at the right time, they will eventually be accepted, no matter how long it takes. But looking at the state of our streets, it is time we ask ourselves, are we truly being compassionate?

A person living on the street with deep levels of severe mental illness will often deny services not because of free will, but because their illness blocks them from realizing they need psychiatric or medical care. Allowing a person to continue on this path, is leaving them a victim of their illness, and in a constantly worsening state. This is not compassion.

A truly compassionate approach requires the hard discussion on involuntary commitment laws. There are two significant proposals this year to address this issue.

The Supportive Interventions Act



Introduced by Assemblymember Ed Braunstein, this bill recognizes that New York is one of a very few states that does not recognize one's abilities to meet basic needs as a danger to oneself. It is clear that the longer a person suffers from an untreated mental illness, the lower their prospects for recovery become. By clarifying the law to define harm to oneself as an inability to meet their own basic needs for food, clothing, shelter or medical care, as a result of mental illness, and authorizing involuntary interventions in these situations, we would ensure that our mental health system recognizes that compassion means helping those who cannot help themselves.

H.E.L.P. ("Harness Expertise of Licensed Professionals") Act

Introduced by State Senator Brad Hoylman-Sigal and Assemblymember Micah Lasher, this bill expands the authority of which professionals can perform clinical evaluations for involuntary hospitalization and assisted outpatient treatment, and mandates care coordination for people with mental illness. Currently, only physicians

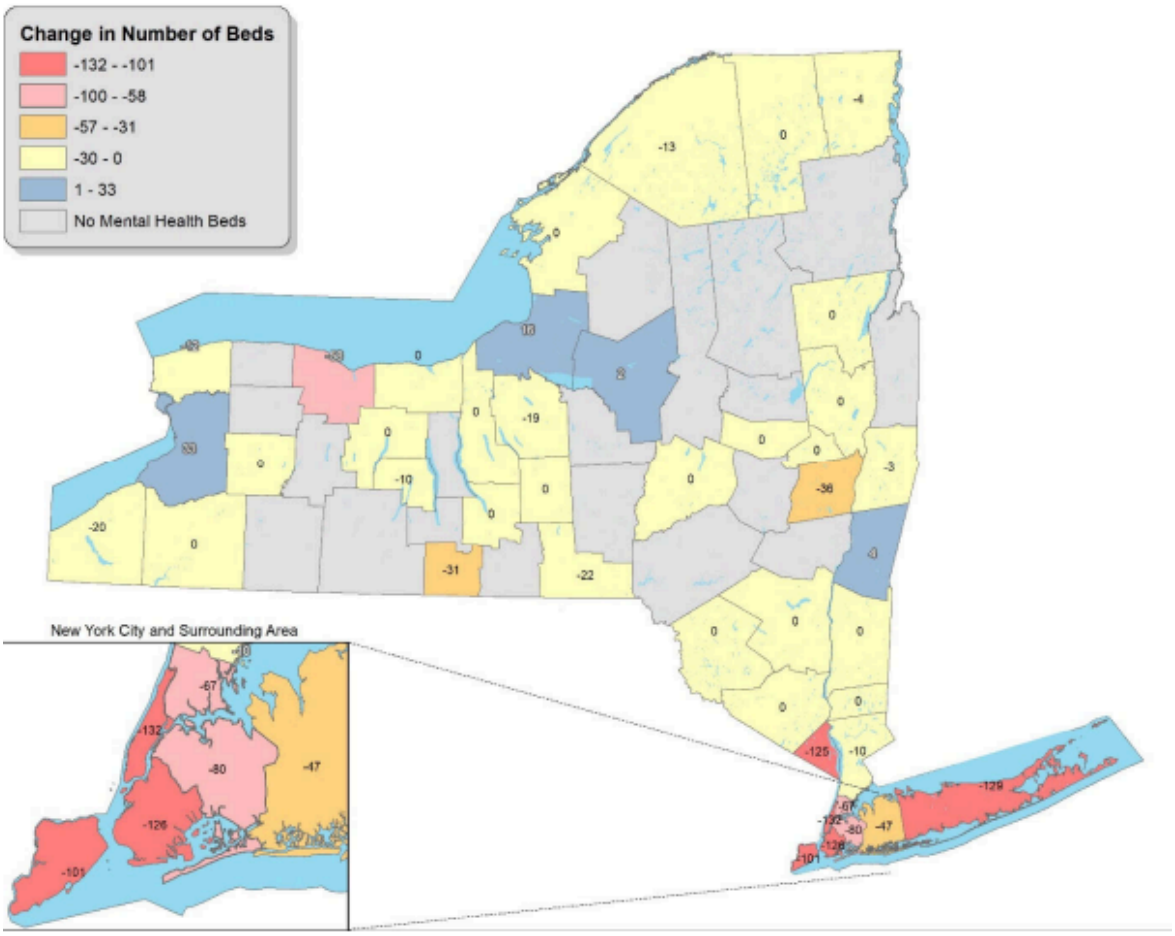
can perform these evaluations. By allowing psychiatric nurse practitioners, psychologists, and clinical social workers to also conduct them, we can ensure evaluations are completed expediently, getting people into desperately needed care faster.

Long Term Care Infrastructure

We can only truly tackle this crisis with the proper infrastructure in place to provide long term treatment. Helping those who need care the most off the street is the first step, but treatment, recovery and growth takes a long time. Just think about when a doctor prescribes you a new medication. It takes time to take effect, dosages often have to be adjusted, sometimes multiple types of medications must be tried to have an impact. The first step of medical stabilization can take weeks to months, followed by long periods of therapy, rehabilitation and further medical care.

Inpatient psychiatric bed capacity was in decline from 2014 until 2023, dropping by 990 beds, 10.5% of total capacity. The biggest driver of this decrease was among State psychiatric centers which lost 609 beds.

Change in Psychiatric Inpatient Bed Capacity, April 2014 to December 2023



Source: OMH Transformation Plan Status Reports for April 2014 and December 2023. OSC Report: Mental Health: Inpatient Service Capacity, March 2024[9]

[9] https://www.osc.ny.gov/files/reports/pdf/mental-health-inpatient-service-capacity.pdf

The State Fiscal Year 2023-24 Enacted Budget included $1 billion of new funding to support the State's system of mental health care. Ensuring that these beds return not only to operational status as rapidly as possible, but that we invest in extended care units so that all who require mental health treatment can enter care immediately and stay for the long term as needed.

Re-opening and investing in beds at hospitals across the city and state will greatly help alleviate the crisis in care capacity. However the scope and depth of this crisis requires the state to think big. The Manhattan Psychiatric Center (MPC) on Randall's Island is an already built public hospital that is operating far under capacity. By investing in capital improvements now, we can greatly expand a secure, centrally located facility with access to outdoor space and fresh air that aids in rehabilitation. New York State already began a new program at MPC in 2022, called Transition to Home (THU) for chronically homeless patients experiencing severe mental illness. Manhattan Borough President Mark Levine recently called for an expansion of THU beds from 50 to 400 and allowing for transfers from private hospitals.[10] This is an investment that should be built upon, creating a facility that can efficiently provide high levels of care to large numbers of people in desperate need of mental health care.

Manhattan Psychiatric Center on Randall's Island

[10] https://www.manhattanbp.nyc.gov/initiatives/breaking-the-cycle/

Mental Health in the Justice System

Untreated mental illness issues too often lead to tragedy and those afflicted by these issues find themselves in our criminal justice system. Care should be found long before someone finds themselves in a courtroom, but when an individual reaches this point, it is critical we utilize the system to do all in our power to make that the least time someone finds themselves in court.

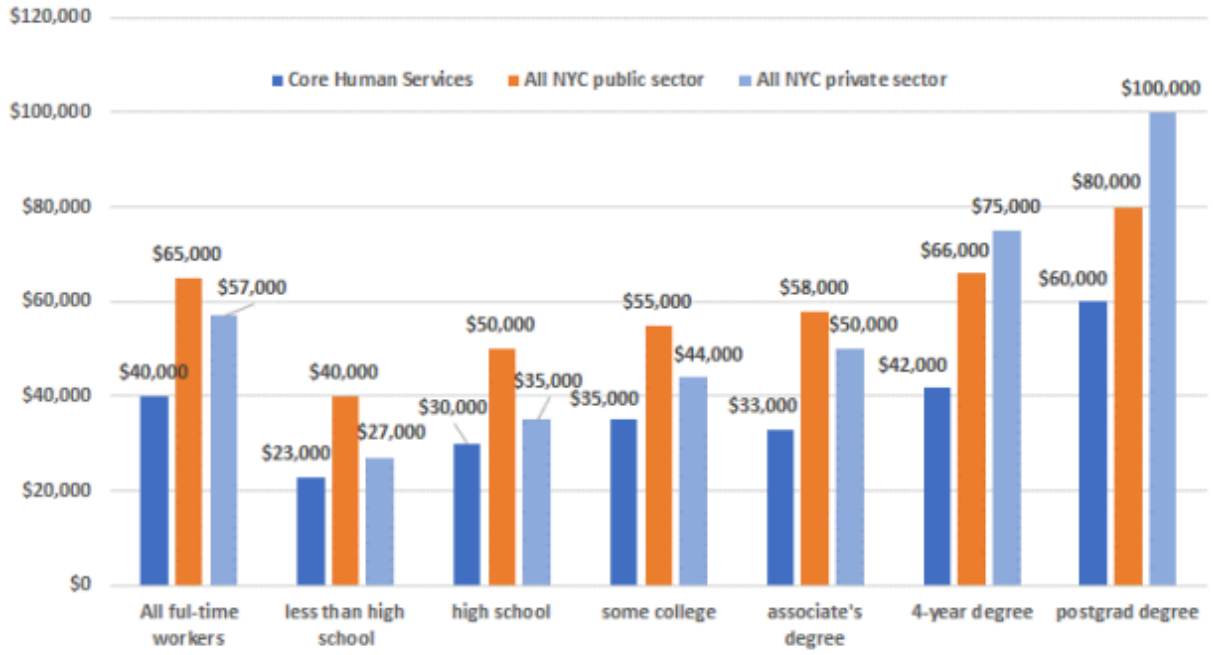
Misdemeanor-level violent assaults (assaults that do not cause serious physical disfigurement of the victim) are commonly caused by untreated severe mental illness. When a defendant is found unfit to stand trial, meaning the person lacks the mental capacity to understand the charges and participate in their defense, through what is known as a 730 evaluation, the charges are dismissed and they are transferred to a hospital. Worryingly, there is concern that the perpetrator is frequently later discharged without necessary long term mental health supports, such as Assertive Community Treatment[11], Assisted Outpatient Treatment[12], or Crisis Intervention Teams[13]. New York State must take steps to mandate participation in a mental health treatment plan when a case is discharged as a condition of release. Without that care, the case of an untreated perpetrator of a misdemeanor can lead to future tragedy. There are too many cases of individuals with severe mental illness who come to our attention after committing major violence and we learn that their previous violent cases were misdemeanors, and were dismissed when they were found not competent to stand trial. This was the case in the horrifying death of Michelle Go in 2022[14]. We must seriously consider how to use the justice system as leverage to deliver treatment to these individuals before their criminal history escalates to a tragedy. I will be introducing legislation this session on this issue.

[11] https://omh.ny.gov/omhweb/act/#:~:text=Assertive%20Community%20Treatment%20(ACT)%20takes,recovery%2Dbased%20approach%20to%20care.
[12] https://my.omh.ny.gov/analyticsRes1/files/aot/Outpatient_Treatment_Brochure_Revised.pdf
[13] https://omh.ny.gov/omhweb/bho/crisis-intervention.html
[14] https://www.nytimes.com/2022/04/19/nyregion/martial-simon-michelle-go-trial.html

Strengthening the Workforce

We can have the best services in the world, but without an experienced workforce that stays for the long term, even the best program will fail. Jobs in social services and behavioral health are historically underpaid, leading to high turnover and a loss of institutional knowledge. Human service workers make between 20-35 percent less in median annual wages and benefits than workers in comparable positions in the public and private sector. That has left many of them relying on the same services they provide for others; one in every five human service workers received SNAP benefits from 2015 to 2019. Human services workers include social workers, case managers, community outreach workers, and substance abuse counselors who directly provide support and assistance to individuals and communities facing challenges related to substance abuse, homelessness and mental health.

Median pay for full-time core human services workers significantly lags median pay for all NYC public sector and all private sector workers at all education attainment levels



Source: Center for New York City Affairs, The Case for Ending Poverty Wages For New York City's Human Services Workers[15]

[15] https://www.centernyc.org/reports-briefs/the-case-for-ending-poverty-wages-for-new-york-citys-human-services-workers#:~:text=The%20City%20should%20phase%20in,the%20contracted%20human%20services%20workforce.

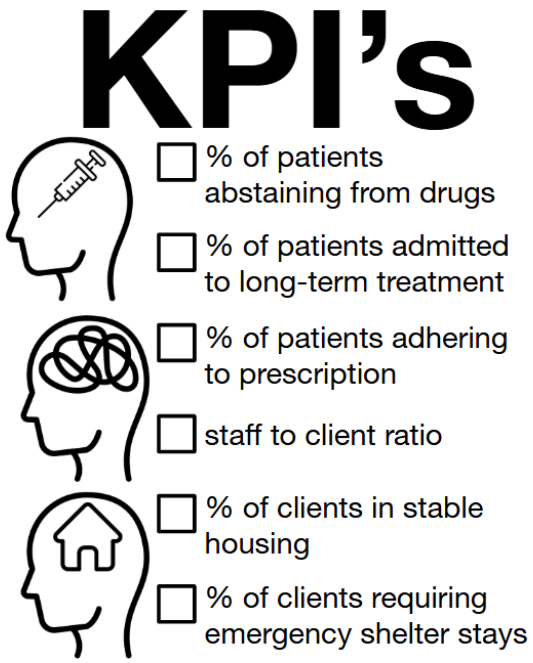
After many years without a pay increase, New York State has passed cost of living adjustments (COLA) for these workers the last two years. However, the base pay was so low, that many of these workers are still struggling, weakening our response forces to the mental health and substance abuse crises. We must have a permanent annual COLA for these workers based on inflation in addition to an overall base wage increase to retain an educated and experienced workforce. New York State must pass legislation carried by Assemblymember Harry Bronson and State Senator Jessaica Ramos creating a Human Services Employee Wage Board. This board would be required to issue a report recommending an appropriate wage for human services employees, which the State would be required to implement.

Despite the low pay, many of these jobs require or realistically need college educated professionals. Often faced with crushing student loan debt, attracting qualified professionals to these roles is incredibly difficult. The city and State should provide funding for student loan forgiveness for graduates who enter high demand roles that significantly impact the safety of our communities and the health of those affected by substance abuse and mental health issues.

Accountability

The city and state deliver a significant amount of outreach services through contracted providers. While providers are deeply dedicated to uplifting some of the most vulnerable in our state, the ecosystem in which they operate has structural flaws that facilitate inefficiency. On Manhattan's west side, there are many contracted providers with proximate geographic areas they canvass. The transient nature of unhoused individuals means that a single client is often seen by multiple providers as they move between catchment areas. A lack of communication between providers leads to a fragmented provision of services. The progress made by one provider is not known by the next a client sees and so the personalized best practices for that client are not utilized. When service providers operate in silos, progress for patients is inhibited.

The StreetSmart app was developed and implemented with the intent for the New York City Department of Homeless Services and its contracted providers to effectively share data and key information about unsheltered and homeless clients they engage.[16] The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) is a HIPAA compliant data sharing tool developed by the NYS Office of Mental Health to support care coordination and clinical decision-making with individual client information.[17] Both systems have incredible potential to break down the care silos we currently see and facilitate better patient outcomes. Mandating use and compliance by applicable providers would immediately address the issue.



Beyond improving communication to facilitate success, it is critical to ensure the metrics used to define success are holistic. While metrics that quantify building trust and relationships with clients are important, they are not enough. Metrics should be outcome-based. When contracts are up for renewal the effectiveness of contracted providers should be taken into consideration when renewal determinations are made. I am working on new legislation to address both issues of data sharing and accountable results in contracts.

[16] https://www.nyc.gov/assets/opportunity/pdf/evidence/dhs-integrated-case-management-overview.pdf
[17] https://omh.ny.gov/omhweb/psyckes_medicaid/about/