



THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 7

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Steven Brown, Board Chair

Michelle P. Booker, District Manager

RESOLUTION

Date: March 1, 2022

Committee of Origin: Health & Human Services

Re: Initiatives Supporting the Mental Health and Wellness of Our Community

Full Board Vote: 41 In Favor 0 Against 0 Abstentions 0 Present

Committee: 5-0-0-0. Non-committee Board members: 3-0-0-0.

Over the past two years, there has been an increase in mental health problems in our community and across the city. Consequently, there is an urgency for all levels of government to approve initiatives that support the mental health and wellness of New Yorkers. We cannot allow the status quo to continue.

We must stem the crisis and get our fellow community members and all New Yorkers the help that they need. Councilman Erik Bottcher has proposed the following initiatives that will address the mental health crisis:

1. Reverse the closure of inpatient psychiatric beds.

According to the Nurses Association of New York (NYSNA), the number of certified inpatient psychiatric beds statewide dropped 12% between 2000 and 2018, At the same time as the population and the need have grown. New York City alone accounts for 72% of that decline. This loss of clinical space hasn't been replaced by community-based services as promised. Instead, patients have been funneled into the carceral system — our jails and prisons — and homeless shelters.

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. Expand mobile mental health crisis response teams.

Last year, Mayor de Blasio initiated a pilot program in Northern Manhattan in which crisis response teams with social workers and psychiatric professionals, instead of just NYPD officers, are dispatched to respond to mental health crises. We do not have time to wait for a lengthy pilot program to be completed before expanding this program. It must grow quickly to reach neighborhoods throughout the five boroughs. People experiencing mental health emergencies need to be stabilized and connected to appropriate wrap-around services.

3. Increase crisis stabilization centers.

When unhoused New Yorkers experiencing mental health crises are brought to the hospital, they are typically released after they are medically stabilized. Frequently, while they may not be sick enough to stay in the hospital, they are too sick — meaning psychologically sick — to return to shelter or the streets.

Crisis stabilization centers, also known as medical respite beds, can fill this critical need, giving people time and space to recuperate.

The four crisis centers in all of New York City serve only a fraction of the demand.

4. Build more supportive housing with mental health services.

Supportive housing is the best way for people with mental health challenges to lead full lives outside of hospital settings, the shelter system, or the criminal justice system.

Unfortunately, the city has only constructed a fraction of the supportive housing that is needed. We must create quality supportive housing across the city. It's not cheap, but it's essential. New York City currently has more than 32,000 units and advocates have said we need nearly double that number to meet the need.

5. Embrace and expand the "clubhouse model" of rehabilitation.

Clubhouses, like Fountain House in Hell's Kitchen, 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. These are great resources that are proven to help get people back on the right track. New York City should immediately begin facilitating the creation of at least 10 more such locations, distributed across the five boroughs.

6. Revamp discharge planning for formerly incarcerated New Yorkers.

Upon release from prison or jail, people are frequently cut loose without adequate planning and support services. Those without homes to go to are often released directly into the shelter system, with inadequate case management and few prospects for housing, employment, substance use treatment and mental health care.

We need a quality statewide program that connects the formerly incarcerated, especially those with mental illness, with the housing and services they need to re-enter society.

7. Increase school-based behavioral health.

Serious mental illness often begins to take shape in adolescence. Schools must have more 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.

8. Redirect ThriveNYC funds to address serious mental illness.

As of 2019, only 10% of ThriveNYC's \$250 million annual budget was spent on serving those with serious mental illness. This was a big, missed opportunity.

THEREFORE, BE IT RESOLVED THAT Community Board 7/Manhattan urges our Mayor, Manhattan Borough President, Council Members and other City and State elected officials, to advocate for these initiatives and to support legislation and other means of securing the funding and resources needed to implement these initiatives.