June 8, 2020

New York City Council’s 8th District Office
105 East 116th Street
New York, NY 10029

Dear Councilmember Diana Ayala,

Thank you for your leadership as Chair of the Committee on Mental Health, Addiction, and Disabilities. We are deeply concerned by the Mayor's proposed budget that includes $10M in planned cuts for Assertive Community Treatment teams, and 40% cuts to funding for the development of supportive and affordable housing. These cuts, if implemented, will have absolutely tragic results for people with mental health concerns, and for our City overall.

Assertive Community Treatment provides ongoing, mobile treatment, rehabilitation, and treatment for people with mental health needs. This support is crucial, and prevents episodes of crisis that can result in interaction with law enforcement. Rather than cutting funding, the City should be investing an additional $10.5M annually, to fund 10 additional teams, which could address the currently waiting list of over 600 people. This is certainly much less expensive, and more principled, than jailing people with mental health concerns, as is often the result. There are still approximately 600 people with serious mental health needs held in New York City jails, even during this pandemic.

Supportive housing, and the stability it provides, is similarly essential for people with mental health needs and addiction. People who are unstably housed also cannot regularly practice social distancing, regular hand washing or otherwise keep themselves safe from COVID19. The City should be moving to accelerate development of supportive housing and expand support for existing providers who were already struggling with unworkable funding rates.

As we have seen so often, the gaps left by our mental health and treatment systems are filled - poorly, and dangerously - by law enforcement. The Mayor's proposal to maintain $12B combined funding for NYPD and DOC while cutting funding to ACT teams and supportive housing is a concerning indication of plans to double-down on the failed strategies of the past.

We ask for your leadership and support in fighting to restore this funding, and to support all of the funding priorities outlined in the #buildCOMMUNITIES platform, particularly in the areas of Public Health (pages 8-11) and Supportive Housing (page 15).

#buildCOMMUNITIES Public Health Demands:

1. Provide free, quality, community-based mental health services that are preventative and responsive to mental health crises. Services should be provided both in brick-and-mortar centers (like community trauma or healing centers), and in ways that proactively reach the
community through canvassing, training, and meeting people where they are at. Mental health treatment and services must be provided outside of the carceral system, should engage peers (people with lived experience) and local community members in paid roles, and should prioritize non-mandated and non-coercive approaches.³

a. Expand site-based treatment
- Build the two diversion centers already planned, and provide additional funding for a minimum of two centers in each borough.
- Sustain funding for peer-run mental health Crisis Respite Centers,⁴ and create two more
  - Eight Crisis Respite Centers⁵ currently serve New York City, with a total capacity for 64 people.
  - Queens and Manhattan each need at least one more Crisis Respite Center. The Queens respite center should be in Jamaica, well-served by transportation. The Manhattan respite center should be in an area of upper Manhattan well-served by public transportation.
  - Each center must be ADA compliant. Only one existing center is.
  - The referral process for Crisis Respite Centers should be changed to remove barriers to access. Anyone, including a family member, peer, program staff, therapist, doctor, should be able to refer a person who would like to utilize a respite center. The Crisis Respite Center will then do its intake as normal.
- Create five Mental Health Urgent Care clinics
  - Open one mental health urgent care stand-alone clinic in each borough. While these clinics exist for those with private insurance,⁶ there is currently no public option.
  - Clinics should offer 24 hour, walk-in, mental and behavioral health services.
  - Clinics should be staffed at any given time by a psychiatrist, a nurse, a therapist, and a couple of peers.
  - The City should convene a group of Health and Hospitals Corporation staff, mental health advocates, and people with lived experience to develop specific plans for the urgent care centers.
- Create four more Support and Connection Centers (previously called Health Diversion Centers) with expanded eligibility
  - After many delays, two Support and Connection Centers (with a total of 40-50 beds, serving up to 2,400 people per year)⁷ will open in February 2020 in the Bronx and upper Manhattan, each serving three precincts. When police interact with people in crisis or people for whom mental health needs appear to be the cause of unusual behavior, police can bring them to these 24-hour diversion centers to receive services, and they will not be arrested or booked.
  - While New York City is just starting to develop these centers, they have been an important part of the mental health and crisis management landscape in Los Angeles for a long time.


- The City should create four more diversion centers in the short term - with centers sited in the precincts that log the highest numbers of mental health calls for people in crisis.\(^8\)
- The current guidelines give police discretion over who is brought to a diversion center, and allow them to exclude people whose behavior could be grounds for a felony charge.
  - Police discretion should be minimized, given the well-documented patterns of racial bias\(^9\) in policing. These biases, and police discretion, could lead to Black and Brown people being perceived as more threatening and less deserving of diversion.
  - Eligibility should not exclude people who could be charged with a felony, but should rather be based on an observation of symptoms of mental distress, with criteria informed by peer specialist and mental health professionals.
- If Emergency Medical Services (EMS) arrives on the scene, they should transport people to diversion centers rather than police, if this does not delay transportation to a diversion center.
- Staffing for these centers should ensure that there are peer specialists on staff during every shift (twenty-four hours per day, seven days per week).
- This would require an investment of approximately $20 million annually ($5 million per center x 4 centers).
- The City can utilize existing, vacant Department of Health buildings, or invest in existing community-based organizations, to develop the above-mentioned centers.

b. Expand field-based treatment
- Fund more mobile, intensive case management, modeled on Assertive Community Treatment (ACT) teams,\(^10\) with expanded eligibility.
  - Eligibility should include those currently eligible for ACT and people with substance use disorders, personality disorders, cognitive and developmental disabilities, and history of severe trauma.
  - With the flexibility of City (rather than State funding) clients can also keep their ACT team assignment even if they are incarcerated or unreachable for a period of more than 90 days.
  - The City should fund at least 10 additional teams with capacity to serve 680 people. This expanded capacity could address the current waiting list (approximately 500) and some of the additional demand that would come from expanded eligibility.
  - This would require an investment of $10.5 million ($1,055,000 per team x 10 teams), plus additional funds to build capacity at the Department of Health and Mental Hygiene to manage a larger number of teams.
- Continue support for Intensive Mobile Treatment (IMT) teams.\(^11\)
- IMT teams have been very effective in meeting the needs of clients who are often hardest to reach, including people who live in unstable housing or are unsheltered.

- Address recruitment and retention challenges among field-based treatment teams
  - Fund pathways for workforce development, with a focus on recruiting more people of color and people with lived experience.
  - Assess salaries and increase compensation (and total budget per team) to ensure salaries competitive enough to attract and retain skilled people.
  - Offer resources for self-care, including addressing vicarious trauma, burnout, and workplace environment

  c. Expand investment in **Mobile Crisis Teams** to a level sufficient to enable them to replace the police as first-responders to calls involving mental health crises, as recommended by the Mayor’s Behavioral Health Task Force and the Office of the Public Advocate.

2. Expand effective housing options for people with mental health concerns and other supportive housing needs [see ‘Housing’ section for more detail].

3. Support and expand prosocial programs like clubhouses with supportive employment, which do not require individuals to be in active recovery.

4. Further invest in harm reduction.
   a. Fully fund the implementation of Local Law 225 to provide naloxone training to shelter staff and residents.
   b. Pass and fully fund Intro 1190 to provide Medication-Assisted Treatment (MAT) in shelters.
   c. Fund mobile medical teams to provide MAT to people living on the streets.
   d. Establish at least one safer injection site in each borough, and limit law enforcement interaction around them. Pilot sites are currently planned in Brooklyn, Manhattan, and two in the Bronx, and should be expanded in the future, building on lessons from these sites.
   e. Continue and expand support for community education campaigns to de-stigmatize substance use, people who use substances, treatment, and harm reduction services. Include education across a spectrum of safer use, managed use, and abstinence. Also include education on the details of the **911 Good Samaritan Law**.
   f. Create funding streams to promote focus groups and one-on-one interviews with participants/clients of harm reduction and treatment programs (and other people who use drugs), to learn what they need in order to avoid law enforcement interaction and build trust with community members and providers.
   g. Create funding streams specific to harm reduction programs, including funding that allows for the hiring and professional development of directly impacted people.
   h. Expand funding to harm reduction services including health hubs, drop-in and on-demand treatment services, and low-barrier community healthcare clinics that prioritize non-mandated and non-coercive approaches.
   i. Expand, improve, and destigmatize methadone clinics and reduce law
enforcement interaction around them. Support initiatives that help methadone clinics to be seen as clinical providers, such as including them in referral networks and health-resource directories, and dedicate funding for additional services at methadone clinics, including drop-in space for clients.

5. Invest in workforce development to appropriately staff all supportive or treatment facilities, including recruiting Black and Brown leaders in the healthcare industry.
   a. Negotiate with payers (State Medicaid and insurance companies) to reimburse for the work of community health workers and peers at a higher rate.
   b. Support initiatives to provide Black and Brown leaders with the necessary education and training to attain leadership positions in the healthcare industry.

6. Provide access to low- or no-cost healthcare at a community level, offering a holistic range of services including mental health, sexual health, dental health, wellness (including mindfulness and mediation), and preventative services.
   a. Expand **Neighborhood Health Action Centers**, including the three pending (in Central Harlem, Morrisania, and Bedford-Stuyvesant), and establish one each in Queens and Staten Island as well.
   b. Expand school-based wellness centers.
   c. Invest in mobile health clinics, and more and improved hospitals throughout the City.

7. Remove and address environmental burdens.
   a. Pass the package of Renewable Rikers bills (Intros 1591, 1592, and 1593) that would transfer Rikers Island to the Department of Environmental Protection and initiate studies on how best to use the island for green infrastructure. Re-use of Rikers could include the following projects:
      - Redesign the water treatment system so the South Bronx plant can be relocated on Rikers Island.
      - Build a large anaerobic digester to work in tandem with a water treatment plant, expanding the City’s capacity to process organic waste without burdening any community. No other waste-to-energy facility should be sited at Rikers Island other than the anaerobic digester.
      - Build a marine transfer station at Rikers, and modernize Hunts Point Marine Transfer Station, so barges can bring organic waste directly from Hunts Point market, and from other municipal marine transfer stations, to Rikers Island without use of trucks.
      - Expand existing composting on Rikers Island.
      - Build a solar farm on Rikers Island.
      - Where land in the South Bronx is made available by closing The Boat and relocating its water treatment plant, invest in developing this land as parks or green space that adds to physical activity opportunities and overall wellness.
      - In all living wage green jobs created by these initiatives, prioritize hiring residents of communities most impacted by mass incarceration and most excluded from employment.

8. Improve access to fresh food, water, and health promoting resources.
   a. Further invest in community gardens by halting all sales of gardens for private development, expanding supports available through the New York City Parks Department’s **Green Thumb Program** (infrastructure, supplies, and technical assistance), and establishing a land trust to purchase land for active gardens that
are operating on privately owned land.

b. Expand economic assistance and incentive programs for bodegas and family owned stores to offer healthier options, such as establishing a subsidized delivery service to help small stores source healthier options.

#buildCOMMUNITIES Housing Demands:

1. Create, preserve, and maintain true affordable housing.
   a. Invest at least $1 billion in crucial improvements in NYCHA, including fixing elevators and lighting, upgrading heating equipment, and addressing lead contamination. These investments must be matched by additional State and Federal investments.
   b. Double the number of permanent affordable housing units set aside for homeless New Yorkers in the Mayor’s Housing New York 2.0 Plan, from 15,000 to 30,000, with 24,000 of these units created through new construction. This plan set forth by the House Our Future NY campaign will require the City to build roughly 2,500 new units of homeless housing each year between now and 2026.
   c. Expand construction of housing which is not owned by for-profit entities, and without restrictions that exclude people with prior convictions.
      i. Renew and increase funding for the Community Land Trust Citywide Budget Initiative, to provide start-up funding to a group of organizations to establish and manage community land trusts.
      ii. Create a housing trust fund with a dedicated revenue stream to support the creation and preservation of permanently affordable housing for the lowest income New Yorkers. This fund could be supported by a dedicated revenue stream generated by increasing the property taxes on vacant and luxury properties.
   d. Develop programs to restore vacant properties to active uses that contribute to the supply of affordable housing for low-income New Yorkers, as called for in the Housing Not Warehousing Act.
   e. Every development, new or renovated, regardless of subsidies, should have a portion of low-income housing available. Affordability levels should reflect the Area Median Income of the neighborhood in which the buildings exist (not the City as a whole or the NY metro area). Intro 1211, passed by the City Council in December 2019, will require developers who receive City financial assistance for new construction of housing development projects to set aside for homeless individuals and families at least 15 percent of dwelling units offered for rent in each housing development project. Development projects that do not receive City subsidies should also be required to include affordable units.
   f. Barriers to housing for people with records must be removed.
      i. New York City must pass a Fair Chance Housing Act, similar to what Seattle has implemented. Questions regarding prior convictions should be removed from Housing Connect applications, and HPD’s Marketing Handbook: Policies and Procedures for Resident Selection and Occupancy, Section C4b (page 28) must be amended to remove “Criminal history” as a justifiable cause for rejecting an application.
ii. NYCHA policies should be amended to ensure that less people are excluded from public housing, and to expand eligibility for the NYCHA Family Reentry Program for people who have been previously excluded. Speaker Corey Johnson’s report, *Our Homelessness Crisis: The Case for Change*, outlines a number of ways to reform NYCHA’s exclusion and reentry policies.

2. Expand and improve services that help people to stay in their homes, such as representation in housing court, rental assistance and arrears programs, and programs to help property owners make repairs & prevent foreclosure

3. For people with mental and behavioral health needs, substance dependencies, personality disorders, cognitive and developmental disabilities, and history of severe trauma, prioritize long-term Supportive Housing
   a. Develop all Supportive Housing using a Housing First approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements.
   b. To accelerate the development of units under the 15/15 Supportive Housing Initiative:
      i. Improve flexibility of funding to allow providers to apply for either congregate or scattered site development
      ii. Conduct a thorough survey of available and underutilized public land, in order to allocate more public land for supportive housing development
      iii. The City should amend NYC 15/15 to allow people who are homeless who have been incarcerated for 90 days or more to be eligible for these units (assuming they meet other NYC 15/15 eligibility requirements). Currently, the initiative only targets people who meet the Department of Housing and Urban Development’s definition of chronically homeless, thereby disqualifying those incarcerated for 90 days or more.
   c. Fund at least 1,000 Justice-Involved Supportive Housing Units. For this funding to be most effective, the City should standardize services and operations funding for all JISH contracts, and increase funding levels for scatter-site housing, or provide for central-site housing, as the current vouchers are insufficient to find housing in the private market.
   d. Continue to expand housing options for runaway and abandoned youth, by continuing the development of the 1,700 supportive housing units for youth through the 15/15 Supportive Housing Initiative.
   e. Increase funding rates across all supportive housing programs to match fair market rents.
   f. Allocate increased funding to expand training for staff to use harm reduction, trauma-informed and motivational interviewing approaches in supportive housing residences, so that providers do not screen out higher-needs individuals in the interview stage, and also increase oversight of the interview and screening process for supportive housing clients.
   g. Allocate increased funding to attract and retain staff in supportive housing residences.
   h. Provide funding and training for 24-hour crisis-response staff at supportive housing sites to prevent unnecessary calls to 911 and involvement of police.
must invest in facilities with the capacity to serve clients refusing to take medication and actively demonstrating aggressive and violent behaviors. 
i. Include childcare and income support as part of supportive housing arrangements.

Thank you for your leadership and we hope to continue working with you,

JustLeadershipUSA
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Urban Justice Center - Mental Health Project