

## Fact Check on Homelessness and Mental Health Care

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***“...it is the standing inadequacy of resources proven to work that is the most morally culpable lapse of all.”***

*- Kim Hopper, Columbia University*

*“When the Mental Health System Breaks Down,” Spring 2000<sup>1</sup>*

### False Claims vs. Facts

#### 1. Claims that the way to solve homelessness in the subways is to deploy the police to remove people sleeping there are false.

- Policing homeless individuals, especially those with psychiatric disabilities, is counterproductive. It pushes people out into the elements where they are in *greater* peril, and engenders fear of uniformed personnel who often feature prominently in the delusional thinking of some individuals struggling with mental illnesses.
- The solution to homelessness in the subways lies in offering people *a better place to stay*.
- Safe havens, or low threshold shelters, are effective because they have fewer rules and are generally smaller and *more supportive* of those with psychiatric disabilities.
- Private *single-occupancy hotel rooms have helped* those at high risk during the pandemic, and are favored by many who fear for their health and safety in congregate shelters.
- Permanent low-threshold supportive apartments paired with mobile mental health teams are *the most effective permanent housing solution proven to work* for those who opt to stay in public places instead of shelters. This type of harm reduction housing does not require sobriety or use of psychotropic medications, and is sometimes referred to as “housing first” or the “Pathways” model. New York State ceased funding this model, but should reinstate it and immediately provide at least 1,000 beds in New York City, adequately funded to get the job done at \$50,000 per unit per year for housing and services.

#### 2. Claims that Kendra's Law solves or reduces homelessness are false.

- Andrew Goldstein, who pushed Kendra Webdale, was *not* homeless, and like many others with mental illnesses, repeatedly sought help he did not receive before he encountered Ms. Webdale.
- Only 27 percent of people with an AOT order under Kendra's Law in NYC have *any* history of homelessness in their entire lives.

- Six months after people receive an AOT order in NYC, 13 percent are homeless: The court order has *not* housed them.
- Comparing the experience of homelessness at any time in one's lifetime with the experience of homelessness six months after a court order proves nothing except that *people are left homeless even with a court order* for outpatient treatment.
- Kendra's Law *disproportionately affects Black and Latinx New Yorkers*: NYS Office of Mental Health data show that 77 percent of those with AOT orders in NYC are Black or Latinx.

**3. Claims that Kendra's Law is more effective than helping people get the same services on a voluntary basis are false.**

- The only study examining this question directly in NYC (the “Bellevue Study” preceding Kendra's Law) proved that no better outcomes are achieved when one group is provided services under court order compared with a similar group receiving the same exact services without a court order. *It is the availability of services that matters, not the existence of court orders.*

**4. Claims that the legal criteria for Kendra's Law and involuntary commitment are too narrow are false.**

- Nearly all applications for AOT court orders (95 percent) are *approved*.
- Recent guidance by OMH underscores not only the authority, but also the "duty" of police officers to involuntarily transport individuals who may be mentally ill and present a danger to themselves or others to a hospital for a psychiatric evaluation under *current* law.
- Likewise, hospitals have ample authority under *current* law to admit people for evaluation and treatment.
- It is not the legal authority that is lacking, it is the capacity to admit both voluntary and involuntary patients. About 600 inpatient psychiatric beds in NYC hospitals were repurposed for COVID-19 care *and have yet to be restored to psychiatric service*.

**5. Claims that police paired with outreach teams can solve homelessness in the subways are false.**

- This approach has repeatedly been attempted *without* success, most recently with the “end of line” offers of shelter initiated in May 2020 with the adoption of the requirement that people leave the subway during the overnight pandemic-related closures.
- Of the 241 individuals accepting shelter referrals as part of the “end of line” initiative in January 2022, just 94 accepted the placement once transported, and *only 29 individuals* (12 percent of those accepting transportation) *remained in their shelter placement* by mid-February.
- Since May 2020, 9,231 unique individuals have accepted transportation to shelters, safe havens, stabilization beds, or drop-in centers through the “end of line” initiative, but *only a third* (3,105 unique individuals) *accepted the placement once transported*, and just 8.6 percent of those transported remained in their placements as of mid-February 2022.

- As of January 2022, the retention rate after people accepted placements was 63 percent for the rarely offered safe havens, 38 percent for those in stabilization placements, and 24 percent for those sleeping in shelters, *but most people are still transported to shelters*.

**6. Claims that care management for all in the Medicaid program improves access to care are false.**

- Of the 93,925 adults eligible in December 2021 to receive enhanced mental health services in NYC under the State’s Medicaid managed care program for those with serious mental illnesses, only 2,179 — a meager 2.3 percent — actually [received](#) such care in the prior 12 months.

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<sup>1</sup> Hopper, K. (2000). When the Mental Health System Breaks Down. *Social Policy*, 30(3), 20. (Comment on the events leading to the adoption of Kendra's Law in which Andrew Goldstein was failed by the mental health system.)