

NYC says it has helped 54 chronically homeless people off the streets in year since controversial policy was implemented



Homeless Outreach personnel reach out to a person sleeping on a bench in the Manhattan subway system, Monday, Feb. 21, 2022, in New York. (AP Photo/John Minchillo, File)



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New York City has moved 54 homeless people experiencing severe mental illness into stable housing settings or medical centers in the year [since it announced a contentious program](#) to involuntarily hospitalize homeless people, according to [Mayor Adams' office](#).

The 54 people were on the city's two so-called [Top 50 lists](#), which together include about 100 high-need people who typically stay in the subways or streets, consistently

refuse services, and are considered to be experiencing particularly entrenched cases of homelessness.

Forty have been placed in some form of housing, and 14 are hospitalized, said Kate Smart, a spokeswoman for the mayor. The 54 placements represent a more than 140% increase compared with the previous year, according to City Hall.

The Top 50 lists, which are regularly updated, once [included Jordan Neely](#), the 30-year-old Black man [killed in a white former Marine's chokehold](#) in a Manhattan subway car last spring.



A person asks for money with a sign in a subway station in New York, Monday, Feb. 21, 2022. (AP Photo/Seth Wenig)

Exactly a year ago, [Adams](#), a moderate Democrat, commenced the city's push to force high-need homeless people into hospital care. The program employs a state law dictating when the city can involuntarily place mentally ill New Yorkers into care.

[Brian Stettin](#), Adams' senior adviser on severe mental illness, described the program's initial outcomes as encouraging.

"We have accomplished a lot this year, but this is a problem that is decades in the making," Stettin said. "We are by no means satisfied that we have fully gotten a handle on this problem, and we're going to keep working."

The program was met with a [mix of criticism](#) and praise, and remains controversial. Critics say the city's approach overemphasizes hospital care, insufficiently integrates agencies outside city government and targets only a small subset of people ensnared by the homeless crisis.

[Steve Coe](#), the former head of Community Access, a housing program for people with mental health challenges, said the city's program is at best incomplete. He said the city has [not offered clear metrics for success](#) in combating homelessness or curbing the number of people who call 911 during mental health emergencies.

"There needs to be a really conscious approach to planning and setting some clear targets," Coe said. "Putting somebody in a hospital is not a solution unless it's wrapped up inside of a whole treatment strategy."

"There are approaches where you can engage people, but it's not in a hospital," Coe added, describing approaches to provide services for the mentally ill. He said the state must take a central role in expanding access to services.

The city's homeless challenge has been inflamed by the arrival of more than [130,000 migrants](#) since spring 2022, according to city data, and the [shelter population](#) has roughly [doubled over](#) the last 12 months. In September, the city had more than 4,500 vacant supportive housing beds, according to city data.

[Gary Belkin](#), a former head of the city's mental health department who works out of Columbia University's school of public health, said the current administration's effort to battle homelessness faces "such headwinds against them with this in-migration."

But he said he was worried the city had fallen "back on old habits that just haven't worked — over-medicalizing the problem, just getting people in hospitals quicker, forgetting the fact that that is not a magic bullet."

Still, [Scott Auwarter](#), assistant executive director at the [BronxWorks](#) social services organization, said the city's approach has [streamlined the movement](#) of high-risk homeless people into hospitals. "It's getting them appropriate treatment," Auwarter said.

Stettin argued the city has to "start somewhere" and that the government cannot get a handle on some of the most challenging cases of street homelessness without embracing medical treatment as a tool. He said the city has no interest in "warehousing people in hospitals."

"We are not using hospitalization as an end in itself," Stettin said. "The end is to get that person to the least restrictive setting that is appropriate for them."

With Chris Sommerfeldt

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