

Hochul to Unveil a \$1 Billion Plan to Tackle Mental Illness in New York

In a State of the State address, the governor will seek to create new beds for people with severe mental illness and offer more mental health care to children.



Hospitals have fewer inpatient beds for people with severe mental illness. Gov. Kathy Hochul is announcing a plan to push them to open more of them. Dave Sanders for The New York Times

ALBANY, N.Y. — Gov. Kathy Hochul will unveil a far-reaching billion-dollar plan on Tuesday to close some of the many gaps in the care system for New Yorkers with mental illness.

Ms. Hochul, a Democrat, is pledging to drastically change the state's approach to mental health in the wake of the pandemic and its effects on public safety and children's behavior and school performance.

The governor's plan would compel state-licensed hospitals to reopen more than 800

inpatient psychiatric beds that disappeared during the pandemic, create 3,500 units of housing with supportive services and expand mental health services in schools, which have seen steep increases in children with psychological problems.

The plan takes particular aim at helping the hundreds or perhaps thousands of people with serious mental illness who cycle in and out of hospitals, jails, shelters and streets. Hospitals often discharge them after only a few days without coordinating with caregivers on the outside.

The state will require hospitals to follow stricter standards for evaluating and admitting patients, and it will create dozens more teams of outpatient care coordinators so hospitals can hand those patients off and ensure continuity of care.

“We have underinvested in mental health care for so long, and allowed the situation to become so dire, that it has become a public safety crisis as well,” said Ms. Hochul. “This proposal marks a monumental shift to make sure no one falls through the cracks and to finally and fully meet the mental health needs of all New Yorkers.”

Ms. Hochul will make the announcement during her State of the State address in Albany on Tuesday afternoon, her first since being elected to a full four-year term in November. The governor’s agenda is expected to focus heavily on improving public safety, as well as tackling housing affordability by expanding home construction statewide — pressing issues that defined her election.

Several elements of the governor’s mental health plan were requested by Mayor Eric Adams of New York City in November when he announced his own policy to help people with severe, untreated mental illness, by force if necessary. Mr. Adams had asked the state to require hospitals to consider patients’ long-term history and ability to adhere to outpatient treatment when deciding how long to hold them, and to improve coordination between hospitals and community caregivers.

The Adams administration greeted Ms. Hochul’s plan warmly. “We applaud this bold slate of proposals and look forward to continue building on our progress and tackling these issues in partnership with the governor in the months ahead,” Kate Smart, a spokeswoman for Mr. Adams, said in a statement.

One of the most consequential components of Ms. Hochul’s plan seeks to reverse the dire

shortage of hospital beds available to treat people with the most acute cases of mental illness.

Since 2014, the number of inpatient psychiatric hospital beds, which are expensive to operate, has fallen by about 20 percent in New York — in private hospitals and state institutions alike, in New York City and statewide. There were about 6,200 psychiatric beds in community-based hospitals licensed by the state in 2014; in 2022 there were about 5,000, a drop of about 1,200.

The reduction has led to a clogged system without enough beds for all those seeking care, which means strained emergency rooms still coping with a pandemic must often take them in.

Ms. Hochul is planning to order hospitals to reopen 850 beds that have remained offline in part because state officials say it is more profitable for hospitals to redirect resources elsewhere. The governor will also pursue legislation to increase the state’s ability to fine hospitals that don’t comply with the order to \$2,000 per violation, per day.

Micah Lasher, the governor’s policy director, said the proposals “aimed to address the economics of the issue for hospitals” after the state failed to cajole hospitals to open the beds through other incentives last year.

Additionally, the state plans to build 150 new psychiatric beds in state-run hospitals, 100 of which will be in New York City, a significant increase to treat vulnerable patients who sometimes require months of care before being released. (The new beds are in addition to 50 beds Ms. Hochul had already announced last year.)

The president of the Greater New York Hospital Association, Kenneth E. Raske, said hospitals “share the governor’s goal of expanding the number of available inpatient psych beds.”



Ms. Hochul is making mental illness a focus of her State of the State address after being elected to a full four-year term in November.

Cindy Schultz for The New York Times

He added that hospitals looked forward to working with the state “on the challenges this effort presents, including recruiting the necessary work force to staff the beds and the need for additional investments in mental health services.”

For years, operators of shelters for the mentally ill and advocates for the homeless have complained that overwhelmed hospitals provide only the bare minimum of help for people with profound mental illness and fail to connect those patients to the tools they need to function outside a hospital setting. One such patient, Martial Simon, a homeless man with schizophrenia who had been hospitalized at least 20 times, pushed a woman in front of a train last year.

To address this problem, Ms. Hochul’s plan would fund the creation of nearly 100 teams of clinicians and counselors who would deliver “wraparound” outpatient services to more than 5,000 people with serious mental illness statewide, about half of them in New York City. Such teams already exist, but they are in short supply, and many programs have waiting lists.

“They help them if they need housing, they help them if they need groceries and they

give them mental health treatment,” Ann Marie T. Sullivan, the commissioner of the State Office of Mental Health, said in an interview on Monday.

The state will require hospitals to coordinate carefully with the outpatient teams and require hospitals to follow checklists when they discharge patients, under threat of losing their licenses, Dr. Sullivan said.

“It’ll be pretty specific,” she said: “‘Did you contact the provider who was working with this client? Did you talk to his mother?’”

While much of the recent focus has been on the mental health crisis playing out in New York City’s streets, Hochul officials pitched their plan as a comprehensive statewide effort to shore up years of underinvestment in a frayed system plagued with shortcomings at every step of the way.

For example, the state is seeking to help vulnerable youth by increasing the number of school-based clinics. The move is meant to address the dearth of mental health programs for schoolchildren, whose struggles with problems like anxiety and severe depression were exacerbated by pandemic school closures.

To target people with more moderate mental illnesses — such as depression — who may have trouble accessing care, the state is seeking to triple the capacity of community behavioral centers, which provide walk-in services, from 13 to 39.

Hochul officials estimated that their plan, parts of which would need to be approved by the Democrat-controlled State Legislature, would cost at least \$1 billion. Most of the funding, about \$900 million over five years, would be spent on building more residential housing for people with mental illnesses; the rest would be spent in recurring operating expenses of at least \$130 million a year, the officials said.

Jody Rudin, C.E.O. of the Institute for Community Living, a nonprofit that provides

services and housing to people with serious mental illness in New York City, praised Ms. Hochul's coordinated approach, calling it "the best prescription a doctor can write."

"This is a transformational plan that has the power to move us from a fragmented system to a comprehensive one by building on community-based, trauma-informed programs that help people get better," Ms. Rudin said.

But Cal Hedigan, the C.E.O. of Community Access, a nonprofit provider of housing and mental health services, said in a statement that while she applauded Ms. Hochul's investments in outpatient help, she was "troubled" by the fact that most of the housing in the governor's plan — which includes 500 single-room occupancy units and 900 units of medium-stay housing — is temporary or transitional.

"We know, empirically, that what's needed and most effective is permanent, supportive housing," she said.