

Testimony of Celina Trowell, VOCAL-NY

City Council Joint Oversight Hearing on Mental Health Involuntary Removals
*Committee on Hospitals, Committee on Emergency Management, Committee on Mental Health,
Disabilities, and Addiction, Committee on Public Safety*

Good morning/afternoon, my name is Celina Trowell and I am testifying on behalf of VOCAL-NY's Homelessness Union, who is a member of Communities United for Police Reform.

My role at VOCAL-NY is that of the Homelessness Union organizer where I do street outreach, engage and build collective power among those who are actively and formerly homeless through membership. In addition to my role as an organizer, I am also a licensed social worker and a lifelong resident of District 41 Brownsville, BK where the rate of adult psychiatric hospitalization is nearly triple the citywide rate.

The administration has yet to provide the public with a plan of transparency and accountability and provide proof that we are not wasting time reinventing the broken wheel of the 80s.

For decades, the treatment-first approach has failed hundreds of New Yorkers and today, will continue to perpetuate the cycle of involuntary confinements, short term treatments and discarding of human beings right back to the street because the city has refused to prioritize the utilization of available housing stock as a public health approach to this housing and mental health crisis.

A study done in 2019 showed that housing, when connected to supportive services specifically for those with severe mental health complexities, was extremely cost effective. So one should question, if we have an administration that has identified 2,000 empty supportive units and thousands on the street, why did the city opt to only cherry pick 80 individuals for a copycat pilot program?!

In 2020, 26 studies in the United States and Canada compared treatment first vs housing first models. It found that housing first programs decreased homelessness by 88% and improved housing stability by 41%. And for those with immunocompromised health, it reduced homelessness by 37%, viral load by 22%, depression by 13%, emergency departments use by 41%, hospitalization by 36%, and mortality by 37%.

Coercive mental health treatment is a form of carceral institutionalization that further exacerbates the health and trauma of those on the street. The answer according to DECADES of research has and will always be HOUSING FIRST. Why do we continue to ignore decades of evidence-based, empirical data that tells us housing is, in fact, mental, physical and emotional healthcare.

The Mayor's directive is antithetical to providing a solid infrastructure of trust, housing, services and community support. New Yorkers need a public health based approach to addressing mental health and

homelessness that puts public health workers and peers at the forefront of engagement and expands voluntary mental health care, services and supports.

The trauma of police guns, garbage trucks and involuntary removals are being touted under the pretense of care and compassion and housing. It is deeply concerning to see police be used to fill in gaps in the public sector while there are simultaneous cuts from critical infrastructure such as the Department of Health and Mental Hygiene, the Department of Social Services, the Department of Homeless Services and the Department of Housing and Community Development.

We are calling on the Mayor and this administration to end all considerations and any implementation of this harmful and socially irresponsible directive and to invest in housing and care that is de-carcerated, trauma-informed and evidenced based.
