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TRANSCRIPT: DEPUTY MAYOR ANNE WILLIAMS-ISOM CALLS IN LIVE TO WNYC'S THE BRIAN LEHRER SHOW

Brian Lehrer: Good morning everyone, we will begin today by continuing our coverage of Mayor Adams' new plan to involuntarily hospitalize more New Yorkers who are deemed unable to meet their basic needs. Last week we spoke to New York Times poverty and social services reporter Andy Newman and to New York City Public Advocate Jumaane Williams. Today we're very happy to have representing Mayor Adams, Deputy Mayor Anne Williams-Isom. She is deputy mayor for health and human services and has previously been the CEO of Harlem Children's Zone and Fordham University's chair of the Child Welfare Studies Program at the Graduate School of Social Services. Deputy Mayor, we're very glad to have you on. Welcome to WNYC.

Deputy Mayor Anne Williams-Isom, Health and Human Services: Thank you so much, Brian. So happy to be here with you.

Lehrer: Let me ask you first, to what degree is this policy aimed not just at the wellbeing of the people who would be involuntarily hospitalized, but at the public safety of others? The mayor did not mention that topic at his announcement last Tuesday, but as I'm sure you've seen, all the media coverage from the Times to the Post says it's about that as much as helping the individuals. So how would you put it on the balance of goals?

Deputy Mayor Williams-Isom: I think when we look at this policy, we were laser focused on getting help to our New Yorkers who are unsheltered and who have severe mental illness issues. And I think, I don't know, when I encounter New Yorkers, they look at what has happened. Oh, especially this is a problem that's been around for a long time, but in this post-COVID world that we're in where we realize that people were not getting the services and what they needed to get connected to.

I often say that the Adams administration is an on-the-ground administration and that includes the mayor, but also myself. And so for the past couple of months when I've been going out, Brian, and I've been seeing our brothers and sisters, whether it's in the subway or above ground who look like they are suffering. And so I think this policy was about getting help to those New Yorkers who we think were suffering. We know, and I think you know, that it's just a small amount of population. There's 120,000 folks in New York State who have a serious mental illness and most of them are connected to treatment and are fine and live with their mental

illness. We're talking about a small group of people who, for a lot of different reasons, are not connected to treatment and pose a danger to themselves and who aren't able to meet their basic needs. So that was really our focus, Brian.

Lehrer: And not at all on public safety of others?

Deputy Mayor Williams-Isom: I think it's public safety of all of us to be able to… I don't know about you, I think it does bother me when I walk with my children or my mom and I see somebody that looks like they're suffering. And so I think the focus on the safety piece is so that all of us can thrive and have the lives that we need, but we know that this is a small population, and I wouldn't say that they are people who are committing all of the crime, but I think safety in terms of making sure that all of us have what we need. When I used to work at the Harlem Children's Zone, Brian, I used to say getting it right every single time for every single child. Now as a deputy mayor, I want to get it right for every single New Yorker and individual who needs support every single time. So I think that's what the focus is.

Lehrer: So roughly how many people do you project will be involuntarily hospitalized under this new standard in the coming year?

Deputy Mayor Williams-Isom: So I think one of the tricky things, as I think I said a couple of days ago, is that we know that probably one of the things that we haven't done well as a system for over the past 40 years is really get a good number for how many people we think are unsheltered, and then the subset of those who have severe mental illness, and then on top of that have a severe mental illness where that keeps them from making their basic needs. We think that's just probably going to be a very small amount of people, Brian. So that's why we want to get in there now.

I have seen, when I work with the teams here, our clinicians, our outreach workers, and all of the people that are on our co-response teams, I've seen the confusion that they've had sometimes where they've met people and I've got to tell you, for good or bad, they go and they are trying to do outreach with people over and over again. And many of those people, they've been confused about whether or not it's enough of what they're seeing and whether or not the person is able to meet their basic needs, about whether or not they should have been brought in involuntarily. So I think this is a very important step in clarifying the policy and then giving those clinicians and mental health outreach workers and folks that work for DHS all of the tools that they need in order to make the right decision every single time.

Lehrer: So let me play a clip for you of the mayor at that announcement on Tuesday that you were both at, giving some examples of who he's talking about and then we'll follow up.

Deputy Mayor Williams-Isom: Okay.

(Audio begins.)

Mayor Eric Adams: The man standing all day on the street across from the building he was evicted from 25 years ago, waiting to be let in. The shadow boxer on the street corner in Midtown, mumbling to himself as he jabs at an invisible adversary. The unresponsive man unable to get off the train at the end of the line without assistance from our Mobile Crisis Team.

These New Yorkers and hundreds of others like them are in urgent need of treatment, yet often refused it when offered. The very nature of their illnesses keeps them from realizing they need intervention and support.

(Audio ends.)

Lehrer: The mayor last Tuesday. Deputy Mayor Anne Williams-Isom with us now, she's a deputy mayor for Health and Human Services if you're just joining us. Deputy Mayor, those examples scared some people because someone shadow boxing an imaginary rival or thinking they might get let into their old apartment from 25 years ago may mean a person is kind of off at that moment but doesn't tell you much about their ability to meet their basic needs, which is supposed to be the standard. So, how would that person shadow boxing, for example, be dealt with for a closer look and how would you determine an inability to meet their basic needs? Walk us through that.

Deputy Mayor Williams-Isom: So yes, thank you, Brian. It's funny, when I hear the mayor talk about those people, I hear him saying that we just walk by them, and what I think he's talking about is engagement. So there is a set of questions that you ask people. There's time that you spend with them. Sometimes it's not a one-time engagement, sometimes it's over and over again that you come back and you get more information.

What we've found then, Brian, and I think this is true when I think about medical assessments that need to get made, that my background is in child welfare. And so we oftentimes see things and you have questions and you ask more questions, and then you call a supervisor and you get some help. And then you say, "Okay, what are the circumstances here?" So I think it's really hard to give one example because I think it is a case by case basis, even though there are a set of standards that you have to look at in order to make a determination about whether or not you think this person is a danger to themselves and not able to make their basic needs.

It is not an easy standard and I think that's why the training, the ongoing training, not a one-time training, but being in the field, seeing situations, being able to be with colleagues, right? That's why it's so important sometimes not to just be by yourself so that you can make a determination, take down notes about that person, and no, maybe not the shadow boxing in the moment, but what would happen next? Where's that person the next time you see them? And able to keep that information as you're assessing whether or not that person is able to meet their basic needs?

Lehrer: And as you know, critics of over-policing and also the police union seem to be, ironically, on the same page in at least one respect. The critics say, police are not trained as mental health professionals with the skills to determine if someone needs involuntary commitment or if that would make their condition worse even. And yet, the police are the ones who will often be making that decision and the PBA says they need "extremely clear guidance and training," which they don't apparently believe they've been given. So can you specifically promise the men and women of the NYPD and the people who fear their over involvement in a life altering health decision?

Deputy Mayor Williams-Isom: So I agree with you that these are hard decisions to make, and I think that's, and maybe we haven't been clear that we think that's why these decisions need to be made by a co-response team with a clinician ultimately making the decision. And remember this,

Brian, you know that we're making a decision to have somebody go to a hospital so then they can get a full assessment from a psychiatrist and someone who has the ability to make these very, very difficult decisions.

And so, one of the tools that we want to put into the field so that people can feel like they can have clear guidance, clear standards, and then in addition to that help is access to a telehealth hotline, which will be run by H + H so that people can speak to somebody in the moment and say, "This is what I'm thinking. I'm not really sure." We know that there are people in the field that make these decisions all the time based on the legal authority that we have, but we wanted to really dig deeper and give people the support that they need so that we're not leaving anyone behind. And so I think that is true for our DOHMH clinicians. It's true for our DHS homelessness outreach workers. And it's going to be true for all of our first responders so that everybody has the tools that they need to make the right decisions.

Lehrer: Are you saying that it would always be a health professional and never a police officer who would make the decision to involuntarily commit?

Deputy Mayor Williams-Isom: The decision to involuntary commit always is going to happen at a hospital after a full assessment. What you are talking about is the decision to take somebody to the hospital, and as you know or may not know already, uniform personnel have that right under 941 of the mental health hygiene law and also clinicians at the Department of Health have that right under 958 of the law. What we are doing here, and what Mayor Adams has asked us to do, is to clarify what that means in terms of somebody being unsheltered and not being able to make their basic needs and providing the additional guidance and support and training so that we cannot just walk by people and we're making sure that everyone is getting what they need and the support that they need.

Brian, the other part that I think that sometimes people are missing is we talk about this as being a very small population and there's a much bigger, severe mental illness plan that we will be rolling out because this population, this is a health issue, people need to improve their health. We need to prevent suffering before we get to the point where people are in crisis and we want to improve people's quality of life. So making sure that we have a connection to the treatment that they need and that people don't fall through the cracks, we just didn't think that we wanted to leave things at status quo and we wanted to really dig in a little deeper on this issue.

Lehrer: If you're just joining us, my guest is New York City Deputy Mayor Anne Williams-Isom. She's the deputy mayor for Health and Human Services and we're talking about Mayor Adams's new plan to involuntarily commit more people seen to be incapable of meeting their basic needs because of mental health issues.

I want to ask you next how a person involuntarily hospitalized will be determined to be well enough to be released. And let me play one more clip of the mayor from the announcement last Tuesday and ask you to get more specific about it. Here's the mayor.

Mayor Adams: All too often, a person enters the hospital in crisis and gets discharged prematurely because their current behavior is no longer as alarming as it was when they were admitted. The law should require hospital's evaluators to consider not just how the person is

acting at the moment of evaluation, but also their treatment history, recent behavior in the community, and whether they're ready to adhere to outpatient treatment.

Lehrer: So Deputy Mayor, that signals clearly a longer term involuntary commitment than we often currently see. I believe there's a 72-hour maximum under the law unless the doctors invoke special criteria. So what will lead to involuntary hospitalization for longer than 72 hours? If a person, as the mayor described it there, seems better at the moment after 72 hours, how will that be evaluated differently now?

Deputy Mayor Williams-Isom: So Brian, that doesn't signal to me that. What that singled to me was that we want to make sure, first of all, that people are getting to the hospital because we find right now that sometimes people are getting walked by and not getting to the hospital. So the first step, and I think Dr. Katz, the President of H + H, talked about this so well at the press conference when he said it's really hard in the field on a moving subway, on a dark car to make an assessment. The person goes to the hospital where they are seen by a psychiatrist. And what we know to be true is that sometimes when you get there, your symptoms are a little different, you settle down a little bit, and you get stable. One of the things that we are putting in our legislative agenda is the ability and are asking to see that we can look at people's medical history so that we could say, "Well, Mr. Jones looks all right now in these last 72 hours, but he's come to the hospital over the past month seven times."

And so there will be no change in the standard by which someone has to then go to a longer term system. It is a, what are the tools that we think that we want to be able to use so that a correct assessment can be made? And I think if you speak to any doctors that do this work, they would say that they thought that that would be very helpful in order to do a comprehensive evaluation.

Lehrer: Let me ask you a technical funding question around that. There's something that you're probably familiar with called the IMD exclusion which means Medicaid, federal Medicaid currently doesn't pay what they call institutions for mental diseases, IMDs, with more than 16 beds for treatment and services given to adults ages 21 to 64, which might be one of the reasons that so many hospitals discharge patients who are having a mental health crisis before they're well enough to leave. Is your administration aware of legislation currently in Albany that would have New York State apply for a waiver which would allow institutions to be reimbursed by Medicaid? And do you support that part of this overall effort?

Deputy Mayor Williams-Isom: And so, you know what, Brian? I do believe, and this is not my total area of expertise, that there is a waiver that is happening right now and that we are really looking to that as part of our agenda for what we'll be looking at in the next legislative session. I want to say we've been so grateful to the governor and to the state and to our partners at the Office of Mental Health who've been really working with us arm in arm in order to make sure that each part of this system is working in the way that we need to in order to have the services and the supports that we need for this very sometimes neglected population.

Lehrer: And when you talk about services and support, let's keep going and talk about what happens at the point of release from the hospital. The city doesn't have enough supportive housing now, as I'm sure you'd agree, with the kinds of services to help keep people released from involuntary hospitalization, again, based on inability to meet their basic needs. So how quickly are you building out new supportive housing infrastructure?

Deputy Mayor Williams-Isom: So I think as you said, I think I would agree that we need to make sure that we have enough supportive housing. I think that when we came into the administration, there were over 2,000 units that were offline. The team has been working very hard to make sure that those units get back online and to continue to get the supportive housing bids that we need, again in partnership with the state. So I would agree, Brian, that that's a very important part of what we need.

But we also know that there's many community-based organizations that we could be looking to and making sure that they have the funding that they need and that they have the staffing. We know that there's workforce issues right now, but we want to open more clubhouses as we have, more support centers, all of the things that we know that the evidence shows really works for this population so that we can decrease their social isolation, get them connected more in social and functioning, increase supportive employment opportunities, and educational opportunities. So you are 100 percent right, this is a full system that has been neglected for a long time that we need to really activate each part of that in order to get what we need for this population.

Lehrer: Yeah. But there's so much work to be done in that area, right?

Deputy Mayor Williams-Isom: Yes, yes.

Lehrer: And I want to ask about the social roots of this problem as you see it and how to address those. You were CEO of Harlem Children Zone, as you've mentioned, their website says, "Poverty is often the result of a series of interconnected systemic failures." So how much would you say that also applies to the homeless people on the street who are too mentally ill to meet their basic needs and who are also disproportionately Black and brown?

Deputy Mayor Williams-Isom: So Brian, you are going to have to bring me back and we're going to have to have a longer conversation about that because I think one of the things that I really want to focus on as deputy mayor, and I think the mayor agrees with me, is really reimagining human services and the way that communities and individuals and children and families get support right now. Right? Government tends to be reactionary and that we really don't focus on prevention enough.

As I said, when we were at the Harlem Children Zone, really giving families enough so that they're not just surviving, but they're willing to thrive. And I agree with you, I think the way that structural racism and systemic racism has played out in the design of services and the fact that you have to be struggling or something bad has to happen in order for you to get to it, people have a living wage if they have access to jobs, if they have a good education, we know that poverty and the way that we really look at poverty is a cause for many people who then get into systems which are much more expensive and that we should be putting a lot more focus and resources and have it being designed by people who have lived experiences and who are from these communities so that it is designed in a way to really help and support the folks that need it the most.

Lehrer: Yeah. But I asked it that way because a critic could look at the long view here and say, "We've had 400 years of systemic racism and the mayor wants to lock up the people who it drove crazy instead of the leaders who were crazy enough to perpetuate it." So why is the city throwing resources and this big rollout announcement at restricting the freedom of the individuals, even if

for their own good, rather than making a big, big, big similar deal about addressing the underlying inequities?

Deputy Mayor Williams-Isom: Brian, if someone would say that to me I would say, first of all, it's a very flawed premise. I think that this mayor has talked about upstream interventions in a way that I haven't heard many other people talk about before. I think that we, and now as government, have to deal with the situations the way they are now and make sure that everybody in the system works better, at the same time as we're reimagining what could be different.

And so I would never say that we were spending all of our time and our resources, first of all, we're not talking about locking up people, we're talking about getting people on a path to healing and to treatment and to connection. Okay? At the same time as we're saying, how do we deal with the underlying root causes that cause certain communities to be disenfranchised and not resourced enough and not given the services that they need? I think that we have to hold both of those things, Brian, in order to get us and New Yorkers to a better place and to use this as an example that I think we could look at nationally.

Lehrer: So I know we're out of time. Thank you very much for this conversation. Anne, why don't you come back sometime and let's have that longer term conversation and talk about that other big piece, or those many other big pieces of it that you were just referencing?

Deputy Mayor Williams-Isom: I would love to do that.

Lehrer: I would like to do that if you would like to do that. Thank you so much.

Deputy Mayor Williams-Isom: I would love to do that.

Lehrer: I really appreciated this conversation.

Deputy Mayor Williams-Isom: Okay. Thank you so much, Brian. Bye-bye.

Lehrer: Anne Williams-Isom, New York City deputy mayor for Health and Human Services.

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