

- **Jail and Prison Diversion:** Our jails and prisons are filled with people with psychiatric disabilities. We need to quadruple the outreach and alternatives we offer people at risk for criminal acts, especially those with co-occurring psychiatric and substance abuse disorders.
- **Police Training and Policy:** Currently, NYC police policy response to 'emotionally disturbed persons' is to perfunctorily handcuff all individuals in need of psychiatric care. Our systems need to incentivize people in need to ask for help and to offer them an open hand...not handcuffs.

Thank you very much for the opportunity to speak before you today.

Together, state and City leadership must forge strong partnerships to advance the health, safety, housing and employment of people with psychiatric disabilities.

The recent tragedy that has helped prompt this discussion calls out for some specific expansions in the following areas:

- **Outreach and Engagement:**

- We need to step up efforts to better **publicize the services and supports** that are currently available, in ways that overcome barriers associated with stigma.
- Given our poor success rate in engaging people of diverse cultural and linguistic backgrounds (as evidenced by their vastly disproportionate involvement with the criminal justice and Assisted Outpatient Treatment systems), we must step up our training and new service development in areas of cultural and linguistic competence.
- Enhance **voluntary** models of engagement and service like Pathways to Housing's 'harm reduction' housing and support program model, which was able to achieve an 88% service retention rate and general stability among a group of primarily young men of color with psychotic disorders and previous histories of homelessness and non-participation with services...**the very same group** of those who have been "incapable of living and maintaining treatment in the community" that Kendra's Law proponents would have us believe can only be served via court order. This is achieved without mandating treatment adherence or abstinence but by offering 'housing first' via a model that merges supported housing and ACT team services.
<http://ps.psychiatryonline.org/cgi/content/abstract/51/4/487>
- NYAPRS members feel strongly that the component of Assisted Outpatient Treatment that's working is the strong focus on **individualized follow up, coordination and priority access to housing, treatment and rehabilitation**. New York City is unique in its reliance on 'force first' approaches; most other counties have used their Kendra's Law funding to boost their coordination and outreach: New York should do the same!

- **Crisis Diversion:** New York City should be a national leader in this area, but is not. It relies on more reactive approaches. Why not pilot a host of innovative on-the-street mobile crisis services, featuring strong involvement by peer staff who have unique abilities to engage people at times of distress by relating on a person basis, rather than trying to convince someone that they're ill, need to take medicine and accept psychiatric admission? Dutchess County has a particularly impressive model that should be tested here.

- **Intensive Family Support:** Lee Coleman's uncle didn't get the help he needed in figuring out how best to get help for his nephew. Family members need a specialized service they can call and a team that can go out and provide the assessment and family mediation services that are often needed to achieve a positive outcome.

- In the past, the New York City Department of Health and Mental Health operated more like a contract manager of largely state funded projects, ceding most responsibility for the care of City residents with psychiatric disabilities to the state. Over the last 5 years, it has taken a ***strong leadership role***, taking on many of the challenges articulated in the New Freedom Commission report as they present themselves here in the City. It has launched initiatives in many of these areas, with an impressive focus on consumer outcomes.
- A number of New York City providers have developed program and service models that have set the standard for the nation and world. These include:
 - **Fountain House, Venture House, Skylight Center**: the City is home to the clubhouse model of psychiatric rehabilitation and the International Center for Clubhouse Development that promotes it to hundreds of similar program around the world. These landmark programs offer members participation in a strong community amidst a unique blend of support, empowerment, health and recovery promotion and employment services.
 - **Pathways to Housing** has pioneered a much replicated 'Housing First' approach that removes traditional barriers and provides prompt access to housing and recovery supports, according to each individual's choices.
 - **Community Access** has a long history of providing a broad array of innovative housing services while supporting a number of historic consumer run initiatives including the **Howie The Harp Center**, a nationally acclaimed peer run agency that has specialized in advancing peer employment, disaster and prison re-entry services.
 - **Services for the Underserved** is a statewide leader in the development of wellness based person-centered housing and rehabilitation services.
 - **FEGS** is the largest agency of its kind in the state and is widely respected for its unique array of progressive housing, treatment and rehabilitation services.
 - **Institute for Community Living** has long led the way in the areas of housing, employment and, most recently, integrated behavioral and physical health services.
 - **Center for Urban Community Services** has developed an impressive array of housing services, especially as relates to formerly homeless individuals.

We need the Council's assistance to maximize existing funding and seek significantly more funding to ensure that programs and services like these are greatly increased to address the ever growing unmet need that exists in both the City and the State.

- New York State's mental health community has been re-energized by the dynamic leadership of our new mental health commissioner, former Chair of the President's Mental Health Commission **Michael Hogan**.

serious mental illnesses had been victims of a violent crime in the past year, a rate more than 11 times higher than the general population rates."

"Crime Victimization in Adults With Severe Mental Illness" study Teplin et al Archives of General Psychiatry. <http://archpsyc.ama-assn.org/cgi/content/abstract/62/8/911>

Accordingly, as a community who is far more often the victim not the perpetrator of violent acts, you can well understand that we are as concerned about public safety as any other group.

You can also appreciate how alarmed and outraged our community gets when, instead, we are characterized as "violent wackos" and "deranged madmen" who should be ever more forced into treatment the vast majority of us seek and either cannot find or that, despite all of the science available, does not offer the evidence based recovery promoting practices we deserve.

Tragically, that was the finding of the Commission on Quality of Care for People with Disabilities in its review of Andrew Goldstein's terrible murder of Kendra Webdale: "This fragmented series of services was insufficient to meet the complex needs of Mr. (Goldstein) and to protect those around him."

And as a community who is all too often failed by what the President's New Freedom Commission termed a fragmented mental health service system that is in "shambles," we strongly welcome your interest in strengthening our local service systems.

As then Commission Chairman Michael Hogan said in 2003,

- "We know that when mental illness is diagnosed early and treated appropriately, quality of life is tremendously improved. Yet, half of all people who need treatment for mental illness do not receive it. The rate is even lower for racial and ethnic minorities and the quality of care they receive is poorer."
- "Many more individuals could recover - from even the most serious mental illnesses - if they had access to effective treatments tailored to their needs, to supports and to services in their communities. State-of-the-art treatments, based on decades of scientific inquiry, are not being transferred from research to community settings. At the same time, many outdated and ineffective treatments are still used."
- "The commission finds that the current system is unintentionally focused on managing the disabilities associated with mental illness rather than promoting recovery, and that this limited approach is due to fragmentation, gaps in care, and uneven quality. These systems problems frustrate the work of many dedicated staff, and make it much harder for people with mental illness and their families to access needed care."

While I hope that these comments may provide a sobering context from which to view the challenges that we currently face, I'd like to turn my remarks to some findings and recommendations I hope the Committee will find encouraging and helpful.

Good afternoon. I want to thank Chairman Koppell and the members of the Committee for this opportunity to provide comment and recommendations in response to the Committee's inquiry into the adequacy of our community mental health and related systems to best support New Yorkers with psychiatric disabilities to recover and live productively and safely in their home communities.

I speak today on behalf of the thousands of New York State and City residents with psychiatric disabilities and the progressive community mental health professionals who support them who jointly make up the partnership NYAPRS is proud to represent. Over the past 26 years, we have worked together to improve services and social conditions to advance the recovery, rehabilitation and rights of New Yorkers with psychiatric disabilities through a variety of state, national and local advocacy, education, training and service demonstration initiatives.

It appears that, taken as a whole, you are seeking information on 3 areas: the needs and challenges faced by people with psychiatric disabilities, the adequacy of current services and systemic mechanisms to address those needs and, more specifically, how successful we are or can be in helping those at risk before preventable tragedies occur.

While all of these questions are very personal to us, I'd like to respond not with feelings but facts.

1. Thanks to advances in our understanding and response to the various psychiatric disabilities (especially those affecting thinking, judgment and mood), we now know that **even the most severely disabled individual can achieve significant levels of recovery**, when they are offered the choice of the right kind and mix of modern services, supports and medications. (1997 Harding et al British Journal of Psychiatry). <http://akmhweb.org/ncarticles/Vocational%20Rehab.htm>
2. However, prestigious national studies like the 1998 Patient Outcomes Research Team (PORT) Study conducted by the Agency for Health Care Policy and Research and the National Institute of Mental Health (NIMH) found that "**Fewer than Half of Schizophrenia Patients Get Proper Treatment.**" www.ahrq.gov/news/press/schizpr4.htm
3. 1998 McArthur Study conducted by a former top OMH researcher who has gone on to be one of the nation's experts in criminal justice issues relating to those with psychiatric disabilities found that "**there was no significant difference between the prevalence of violence by (mental) patients" and their neighbors** unless, like those neighbors, they were engaged in patterns of substance abuse. http://archpsyc.ama-assn.org/cgi/content/abstract/55/5/393?maxtoshow=&HITS=10&hits=10&RESULTFORMA T=&fulltext=Steadman&searchid=1139212828284_30&FIRSTINDEX=0&journalcode=archpsyc
4. In fact, a 2005 study recently found that, contrary to public opinion fanned by tabloid exploitation, "**more than one quarter of persons with**



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