

## **Testimony Before the NYS Legislative Joint Fiscal Committees**

### **Mental Hygiene Budget Hearing February 27, 2013**

Presented by  
Harvey Rosenthal      Executive Director  
New York Association of Psychiatric Rehabilitation Services

On Behalf of NYAPRS Members and  
The NYAPRS Public Policy Committee  
Co-Chairs: Ray Schwartz, Carla Rabinowitz

NYAPRS Board of Directors  
Maura Kelley, Steve Coe Co-Presidents

*The New York Association of Psychiatric Rehabilitation Services represents a statewide partnership of tens of thousands of New Yorkers who use and/or provide community mental health services and who are dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their recovery, rehabilitation and rights.*

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I'd like to welcome our new mental health committee chairs and thank them and the other members of the mental hygiene and finance committees for this opportunity to present to you the concerns of the thousands of New Yorkers represented by the New York Association of Psychiatric Rehabilitation Services. NYAPRS is a unique statewide partnership of New Yorkers with psychiatric disabilities and the community mental health professionals who support them in over 100 community-based mental health agencies from every corner of the state.

I'm Harvey Rosenthal, NYAPRS Executive Director. The following testimony that I will present incorporates the direct input of many hundreds of NYAPRS members who gathered at local forums that were conducted this past fall and winter in localities across the state.

State mental health policy is a very personal matter for our NYAPRS community. Most of our members, board members, our staff and I all share a common personal journey of mental health recovery. We believe this strengthens our ability to speak to you on behalf of the thousands of New Yorkers with psychiatric disabilities and their supporters that we represent.

You may have seen our orange capped NYAPRS members out in droves last January 29<sup>th</sup>, urging state legislators and Administration officials to advance policies promoting their recovery, rehabilitation and rights. I've attached some examples of media coverage of those efforts in my materials today.

I'd like to begin my comments by focusing on the other side of media coverage, the horrific kind our community has endured in the past few months. In almost 40 years of work as a community service worker and advocate for people with psychiatric disabilities, I have never seen the level of outrageous vitriol and demonization that we have experienced in the wake of several recent violent tragedies in Newtown and in New York City.

These tragedies are especially abhorrent to those of us in the mental health community, particularly since studies have shown that people with mental illness are 12 times more likely to be victims of violence<sup>1</sup>, and no more likely to be violent unless, like the general public, they are substance abusers<sup>2</sup>.

Nonetheless, horrific acts of violence are often wrongly associated with mental illnesses, often because the motivations for them seem unfathomable.....and they end up getting sensationalized front page coverage.

The most egregious examples of this kind of coverage can be found in the New York Post, which over the past few months has published articles entitled "Here

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<sup>1</sup>**Crime Victimization in Adults With Severe Mental Illness** Linda A. Teplin, PhD; Gary M. McClelland, PhD; Karen M. Abram, PhD; Dana A. Weiner, PhD *Arch Gen Psychiatry*. 2005;

<sup>2</sup>**Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighborhoods** Steadman, H., Mulvey, E., Monahan, J., Robbins, P., Appelbaum, P., Grisso, T., Roth, L., & Silver, E. (1998). . *Archives of General Psychiatry*, 55, 393-401.

Come the Crazyies," "Beware: 11,000 Psychotics on the Streets" and "Scoop the Nuts", all enclosed in my testimony before you.

Such coverage has also been periodically found in the Daily News, which ironically found that an estimated 5 of 494 New York City murders in 2007 were committed by people with mental illnesses. You can be sure that those five tragedies stayed on the front page for weeks in stark contrast to the other 489.<sup>3</sup>

This kind of coverage vilifies conditions that 1 in 5<sup>4</sup> Americans share. It's the sort of profiling that used to be the fate of most racial or religious groups...but is no longer acceptable for them because those groups and good minded citizens demanded an end to these virtual lynchings.

It has also clearly become a key strategy in diverting attention away from gun control and was particularly evident in the words used by the NRA's Wayne LaPierre as he called us "monsters" and "lunatics" just three weeks after Congress overwhelmingly voted to ban the word "lunatic" from federal laws.<sup>5</sup>

**The stark truth is that the public doesn't need protection from people diagnosed with mental illnesses, it is we who need protection from these kinds of outrageous mischaracterizations that assail our dignity, our rights and privacy protections....and from the rush to enact laws that provide false solutions to appease public fears.**

It's important to view New York's SAFE Act in the context of experts' opinions that "the biggest risk for gun violence is possession of a gun....and there's no evidence that the mentally ill possess guns or commit gun violence at any greater rate than the normal population."<sup>6</sup>

The SAFE Act laudably seeks to curb gun related violence but, in requiring mental health clinicians to report clients who disclose impulses to harm themselves or others for potential inclusion in a DCJS registry to cancel their gun licenses and remove their guns, it will have an unintended chilling effect of discouraging people from seeking or fully disclosing in what should be trusting therapeutic relationships.

The law is also vague about how broadly such information can be shared. We call on the legislature and the Governor to ensure that, at minimum, people's names and private psychiatric histories are strictly restricted to gun related purposes.

We appeal to you and your colleagues to stand with us and to protect our essential civil and human rights and our dignity.

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<sup>3</sup> <http://www.nydailynews.com/opinion/curbing-madness-article-1.295260>;

[http://en.wikipedia.org/wiki/Timeline\\_of\\_New\\_York\\_City\\_events\\_crimes\\_and\\_disasters#Murders\\_by\\_year](http://en.wikipedia.org/wiki/Timeline_of_New_York_City_events_crimes_and_disasters#Murders_by_year)

<sup>4</sup> **20 percent of US adults experienced mental illness in the past year** Substance Abuse and Mental Health Services Administration November 2012 report

<sup>5</sup> **Congress Overwhelmingly Votes to Ban the Word 'Lunatic'** Time Magazine December 5, 2012

<sup>6</sup> **Mental Health Gun Laws Unlikely To Reduce Shootings** Jon Hamilton National Public Radio Jan. 16, 2013

NYAPRS is also very troubled about the SAFE Act's expansion in the use of court ordered treatment associated with Kendra's Law. We have opposed such approaches or expansions since the law's inception in 1999 and reject unfounded assertions that court orders rather than increased and improved services and supports are what best engages and helps at risk individuals.

Instead, we urge state legislators to redouble their support for the Governor's Medicaid Redesign and healthcare reform measures, which will appropriately turn our systems on their head, requiring active and persistent outreach and engagement, consistent follow up and support, greatly expanded prevention, crisis and peer supports and housing and employment, and will move us to a payment system that only rewards measurably improved client outcomes.

We also strongly support the Executive's proposal to improve the state and local response to violent incidents involving persons with mental illnesses who either harm others or are themselves harmed through the establishment of mental health incident review panels that are comprised of mental health officials and members from local law enforcement and social service agencies. We want to emphasize the panels' mandate to investigate incidents where people with such conditions are harmed by others; given the 12 to 1 ratio mentioned earlier, proper investigations of how our community members are harmed might help in reducing violence towards us.

**I'd like to also offer the following comments on how the Executive Budget proposal treats the other priority concerns of our NYAPRS community as follows:**

***Protect and Support the Community Mental Health Safety Net***

We strongly support and appreciate the Governor's preservation of our state's community mental health safety net that is comprised of essential community based rehabilitation, clubhouse, residential, peer run, treatment, care management and related support services and his sparing us from damaging cuts, even as our state responds to the loss of over a billion dollars of federal Medicaid funds.

***Reinvest Savings from State Hospital Downsizing to Boost Local Community Based Housing, Employment and Peer Services***

According to national surveys, New York has almost 7 times the national average of state psychiatric hospitals and in doing so spends more money treating fewer people than the next few states combined. Those resources are far better used to boost community services and supports.

Accordingly, NYAPRS strongly supports OMH's plan to reduce the number of hospitals in favor of stronger state of the art regional 'Centers of Excellence.'

We are troubled, however, at the relatively small amount of savings that will be reinvested into boosting our community systems of care. The Executive budget proposal suggests that only 1/5 of the savings, \$5 million out of \$25 million this year, will be reinvested in stark contrast to the 50% formula that was required in the landmark Community Mental Health Reinvestment law this legislature approved

in 1993. **Given all the redoubled attention in shoring up our community mental health system, we urge legislators to return us to that original 50% formula.**

### ***Reinvestment Medicaid Savings to Enhance Medicaid Community Recovery Services and Supports***

As a member of New York's Medicaid Redesign Team, I was especially pleased to see the number of Executive proposals to redirect savings from reduced hospital and emergency services into improving community services and supports. Despite recent cuts or delays caused by the loss of federal Medicaid funds, the budget includes commitment to:

- Boost **integrated 'health home' community networks of mental health, addiction and medical care**
- Promote improved **collaborations and co-location of behavioral health and medical care**
- Create upwards of \$91 million in expanded **community supportive housing**
- Expand a **Medicaid Managed Care Ombuds program** aimed at protecting the rights and responding to grievances of the hundreds of thousands of New Yorkers with disabilities whose care is being turned over to coordination by Medicaid health plans.

New York must keep faith with these essential measures and more properly fund them as soon as our budget circumstances allow.

### ***Medicaid Consolidation within the Health Department***

NYAPRS is very concerned that the unique needs of New Yorkers with serious mental health conditions and the adequacy and appropriateness of the care they need are not compromised by the proposed move of Medicaid services currently overseen by the Office of Mental Health to the Department of Health. We must ensure that the Office of Mental Health continue to play a very strong role in the development of Medicaid program and reimbursement/rate policies, going forward.

### ***Strong and Clear Standards and Oversight for Integration of Behavioral Health Services into Medicaid Managed Care Plans***

Starting in 2014, New York will move an estimated \$2.5 billion of Medicaid mental health and addiction services from fee for service to the control of fully integrated Medicaid managed care plans.

While this may indeed improve the integration, coordination and outcomes of care for people with serious behavioral and physical health conditions, it has the possibility to erode if not evaporate community mental health supports on which hundreds of thousands of New Yorkers have come to rely.

The terms by which plans are expected to incorporate and integrate these benefits and individuals, the services they are expected to offer and the outcomes by which they are judged must be explicitly clear in the state's contracts with the plans as will the strong state oversight role that is essential to their success.

New York must re-convene the MRT's Behavioral Health Work Group several times in the coming months to ensure that sufficient stakeholder input is incorporated into

state standards and oversight of the plans, and regularly reconvene the group to monitor progress in the coming months and years.

### ***Protect Open Access to Anti-Psychotic Medications***

New Yorkers with serious mental health conditions must have access to the appropriate psychiatric medications they want and need, regardless of whether or not they are on the formularies of the 18 Medicaid health plans that now manage the pharmacy benefit.

The legislature has commendably acted to preserve this access by approving 'prescriber prevails' protections as regards managed care atypical anti-psychotic prescriptions. But even this form of prescriber prevails has come with another layer of bureaucratic prior authorization barriers that may undermine its intent.

The Governor seeks to repeal those protections and replace them with a developing proposal that would grant 'goldcard' privileges to psychiatrists and other prescribers who meet defined state standards of good practice and collaboration. Since 'goldcard' status eliminates prior authorization requirements and improves the quality of prescribing, NYAPRS believes this might be an acceptable alternative....provided the proposal is fully developed in the next few weeks and is immediately extended to all managed care and fee for service anti-psychotic prescriptions.

***OMH Community Housing:*** NYAPRS strongly supports proposed 2 year allocations of 1,000 OMH supported housing units for residents of nursing homes, 3,400 beds for NYC homeless housing program and 4,000 OMH supported housing beds for adult home residents with psychiatric disabilities.

### ***Prison Mental Health Initiatives***

As a member of Mental Health Alternatives to Solitary Confinement, NYAPRS members worked strenuously to see legislative passage of 2011's SHU Exclusion Law, which requires that prisoners with serious mental illnesses who could potentially be confined in solitary confinement settings (SHU) be diverted to a residential mental health treatment unit.

A vital component of the SHU Exclusion Law is that the state monitors prison mental health care and ensures compliance with the law.

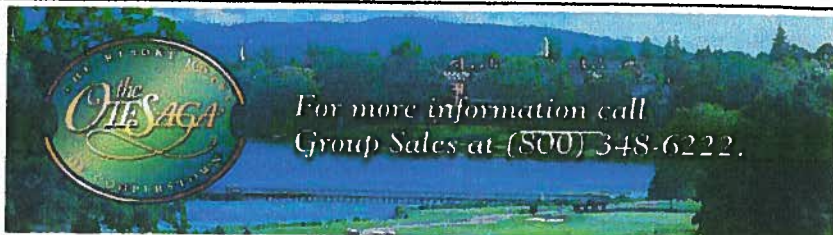
This year the Justice Center for the Protection of People with Special Needs will assume the oversight functions previously assigned to CQCAPD.

We urge state legislators to ensure that these crucial functions are not lost in CQCAPD's incorporation within the Justice Center and to ensure that adequate funding for these crucial monitoring responsibilities is provided. The additional responsibilities imposed by the SHU Exclusion Law were expected to require at least 14 full-time employees to the task. However, only 4 staff members have been assigned to these monitoring duties over the last four years. The Justice Center's funding must provide for additional staffing to carry out these responsibilities.

Thank you for this opportunity to share our community's concerns and recommendations.

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## Mental health community says 'New York is not rising for us'

By Jessica String  
Staff writer

February 04, 2013

Tired of the stigma perpetuated from the public and media in recent months, the New York Association for Psychiatric Rehabilitation Services rallied for the rights of people living with mental illness last week at the Capitol.

"I am offended by the unfounded linkage [of mental illness] with violence," Harvey Rosenthal, executive director of the advocacy group, said to the hundreds of supporters at its annual legislative day in the Empire State Plaza.

After the Sandy Hook school shooting in Newton, Conn. and incidents of people pushed onto subway tracks in New York City, the mental health community said recent media coverage, public opinion and some state legislators are citing mental illness as a predictor of violence.

Though many have come out publicly and emphasized that people with mental illness are in no way more violent than the general public, Rosenthal noticed certain headlines such as "Here Come the Crazyes" and "Psychotics on the Streets" as incriminating.

"That violence card is completely unfounded," said Rosenthal.

Among the issues addressed at the group's lobby day was the new registry system for gun owners and the provision that states if a gun owner is considered to be mentally ill or a threat to themselves or others, their doctor must report it to the authorities.

"Now you're in a big computer if you say (something wrong) or even have been in a hospital involuntarily," said Rosenthal.

New York Association for Psychiatric Rehabilitation Services supporters also noted that they felt stigmatized by the expansion of Kendra's Law which requires court-ordered Assisted Outpatient Treatments for patients with mental illness who are deemed a threat to themselves and others.

Eva Dech, a community organizer for the Mental Health Empowerment Project, was a recipient of forced treatment and feels that it is not as effective as lawmakers believe it is.



The New York Association for Psychiatric Rehabilitation Services marched at the Capitol last Wednesday to voice their outrage at the stigma from the media, public and new legislature that they believe will harm the rights and lives of mentally ill individuals. *Photo by Jess String.*

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I've seen different levels of forced treatment, said Dech, and seen the harm it has done to people and [it] really sets people back instead of moving them forward."

Dech said what people with mental illness need is more peer support and options for assistance programs and medications.

The legislative event also addressed the Executive Budget's proposals and how they will affect the mental health community. Though housing programs will be given additional funding and no cuts will be made to mental health programs, advocates say that, compared to past years, funding levels are not enough.

"We have been receiving cuts every year for the past five years," said Ray Schwartz, chair of the Public Policy Committee at New York Association for Psychiatric Rehabilitation Services. "We appreciate what the governor has done, but it's not enough."

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Kendra's Law  
February 04, 2013 | 07:41 PM

They need to get rid of this law once and for all. Not ever one with a Mental Condition is violent. Stop stigmatizing us. You know there are people in this world of ours who are doing the killings who are not stigmatized and don't have mental conditions but because there are people who do have mental conditions people think the worse of us and want to use us as ginny pigs and shuff harmful medications down are throats whether we need it or. A lot of mental people live productive and successful lives without forced treatment put people for get about that . They only think of the bad things that are done. We should be given a choice whether or not to subject to a lot of the horrible side effects from many off the psych medications we are put on. That's why it's a known fact that we unfortunately die 25 years before our time. I bet you won't catch a lot of the psychiatrist's put themselves on those medications if they needed it for those reasons.

Sandy Brower

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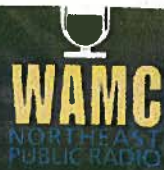
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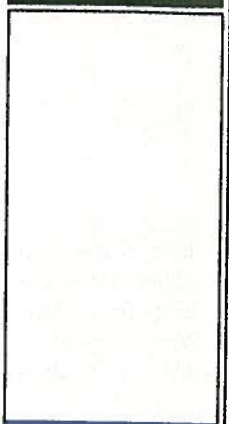
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# It Shouldn't Take a Tragedy to Improve Treatment



Harvey Rosenthal is the executive director of the New York Association of Psychiatric Rehabilitation Services, a member of New York's Medicaid Redesign Team and a person in recovery from a mental illness.

Updated January 17, 2013, 11:56 PM

The recent tragedies in Newtown and elsewhere are especially abhorrent to those of us in the mental health community, particularly since studies have shown that people with mental illness are 12 times more likely to be victims of violence, and no more likely to be violent, if they are not substance abusers.

Nonetheless, horrific acts of violence are inevitably associated with mental illnesses, often because the motivations for them seem unfathomable, and they end up getting sensationalized front page coverage.

This has led to a wholesale vilification of conditions that 1 in 5 Americans share. That's the sort of profiling that has been the fate of some racial or religious groups.

It's sad that almost the only time meaningful public attention turns to our community is in the wake of tragedies. Our systems desperately need attention. We now know so much about how to help people in need, but the use of effective approaches is the exception not the rule.

We need more money. But we can also redirect a lot of money invested in outmoded institutional or office-based approaches into community outreach, engagement, relapse prevention and crisis support services. National and state health care reforms can expand the use of these approaches.

On the other hand, the use of court ordered treatment associated with Kendra's Law has not, on its own, proven to be effective.

And the recently approved New York State gun control law requiring clinicians to tell criminal justice authorities about patients who have expressed suicidal or threatening impulses is troubling. This information will be included in state and national data bases, along with information about people who've sought inpatient psychiatric care. And, given the current environment, clinicians will likely over-report their clients, disclosing otherwise confidential information that will be used in ways we may not fully appreciate now. This approach will have the unintended consequence of deterring people from seeking care or trusting in and disclosing to their therapists.

We're not violent, so controlling us will not make you safer. On the other hand, investing in and improving services, as is being done by long awaited health care reforms, will bring critically needed help to millions. We hope that Governor Cuomo will call for more money for our community service system when he releases his budget proposal next week.

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*We need more money,  
but we can also redirect  
money from outmoded  
approaches into  
community outreach  
and support services.*

Topics: guns, mental illness

11 Comments

Share your thoughts.

## Gun law vs. mental health

Reporting mandate about possible threats of harmful conduct raises privacy issues

By Rick Karlin

Updated 10:06 am, Wednesday, January 30, 2013

ALBANY — Mental health advocates and professionals are pushing back against Gov. Andrew Cuomo's assault weapon ban by questioning whether a new reporting requirement conforms to federal privacy rules.

"That's very alarming to people," Harvey Rosenthal, executive director for the state Association of Psychiatric Rehabilitation Services said of a provision of the Secure Ammunition and Firearms Enforcement Act requiring mental health providers to alert officials if they believe a person is apt to engage in harmful conduct.

The provided names will then be cross-checked against a state database of people who have registered their weapons. Law enforcement officials would then have the option of removing weapons from that individual, and suspending or revoking any gun permits they hold.

Rosenthal said he believes there is always a danger that the information might fall into the wrong hands, or end up prejudicing police or other authorities who come in contact with someone over a non-gun-related issue.

Cuomo administration officials stressed that local mental health officials who receive such lists will be bound by federal privacy rules.

The state Psychiatric Association, in a memo on the new law, offers concerns that the reporting requirement could run afoul of the federal Health Insurance Portability and Accountability Act that safeguards medical records.

While SAFE requires reporting of people when there is reason to believe they could serious harm to themselves or others, HIPAA reserves such actions for an "imminent threat."

Additionally, the Psychiatric Association notes that HIPAA mandates reports go to a person who can reasonably mitigate the immediate threat.

The state law, however, mandates that the initial report go to a "director of community services," who would then pass the information on to state law enforcement authorities.

"By the time this cumbersome process works its way through the levels of bureaucracy, one can easily imagine that a tragedy may have already occurred," the Psychiatric Association memo said.

Cuomo spokesman Richard Azzopardi disagreed, saying the SAFE Act adheres to federal law.

"All reporting will be conducted in the strictest confidence in accordance with state and federal confidentiality requirements — as are current standards regarding the reporting of an imminent threat of physical harm, child abuse or similar circumstance," he said in a statement.

And while the state branch of the National Association of Social Workers has noted that numerous people working in the mental health field for the state are not licensed social workers, Azzopardi said unlicensed employees working on mental health issues are under the supervision of licensees such as psychiatrists or psychologists, who will have to follow the reporting requirement.

As advocates for the mentally ill were detailing their concerns, the law came under a legal challenge in Erie County, where Hamburg lawyer James Tresmond filed an Article 78 proceeding — essentially a lawsuit against the government.

Tresmond acted on behalf of two local gun owners, Richard Dywinski and David Lefkowitz.

"The legal action is now in play," Tresmond said, explaining that he believes the law should be overturned or amended to take out the section that bans possession of high-capacity magazines.

The law mandates owners of high-capacity magazines must within a year sell them out of state, turn them over to authorities or retrofit them in such a way that they can't hold more than seven rounds. Tresmond said he believes that section of the law could violate the Fifth Amendment against unlawful taking of property.

Tresmond stressed that he's not a gun enthusiast, but decided to take the case on a pro bono basis because he disliked the way it was hurried through the Legislature.

"I respect Gov. Cuomo very much, but this onerous gun law is just incredible," he said.

Additionally, the state Rifle and Pistol Association served the attorney general's office with a notice Tuesday that they intend to sue. Tresmond said he received an offer of financial help from gun manufacturers such as Beretta, but stressed he's taking the case at no charge at this point.

rkarlin@timesunion.com • 518-454-5758 • @RickKarlinTU



# Here come the crazies

Last Updated: 12:26 AM, January 1, 2013

Posted: 10:58 PM, December 31, 2012

Here's some scary news: The Cuomo administration is preparing to shove thousands of mentally ill New Yorkers out of supervised settings — where they can be forced to take their medication — into far less restrictive, far more dangerous “community housing.”

This, despite two recent cases of people being fatally shoved from subway platforms — both allegedly by crazy people.

Albany, under pressure from the Obama administration, recently ordered psychiatric facilities not to place any discharged patients in adult homes, where staff can ensure they take their meds.

Instead, they'll be placed in “community housing,” without full-time supervision.

This is part of the state's plan to essentially empty adult homes into community-based “supportive” apartments, leaving up to 6,000 people — including those with schizophrenia — to live on their own, with minimal supervision.

“People with disabilities should have access to community-based services, accessible housing with appropriate supports and employment opportunities,” said Cuomo in an executive order in November.

But as Pat Webdale — whose daughter Kendra was shoved to her death in 1999 by a schizophrenic who'd stopped taking his meds — has warned, “It would be just like deinstitutionalization, the same as putting people on the street.”

And that's *precisely* what led to the massive homeless crisis of the 1970s and '80s.

Indeed, one of those who lives in just such housing — and allegedly receives a whole array of social services — is Jeffrey Hillman, the “homeless” man who roams Midtown and was famously photographed being given a pair of boots by a city cop.

Similarly, according to state Sen. Martin Golden, of 15 residents of Surfside Manor

in Far Rockaway who were put in supportive housing, six went back to the adult home, three wound up in a psychiatric hospital, two died and one is homeless.

Yet the Cuomo administration wants to basically empty adult homes, limiting the mentally ill population living there to 25 percent of total residents.

Granted, the move isn't entirely voluntary: The Obama administration has made clear in numerous states — including New York — that it wants to shut adult homes entirely, saying they illegally segregate the mentally ill. It's prepared to sue to make that happen.

And if Albany doesn't move, it could find itself back in front of none other than the imperious federal Judge Nicholas Garaufis, who in 2011 effectively ordered the immediate dismantling of the adult-home system — summarily rejecting every effort by Albany to reach a compromise.

We understand that Cuomo is stuck between a rock and a hard place. And his spokesman insists that the state intends to “ensure that those who need housing will receive the support they need.”

But history teaches — repeatedly — that moving the mentally ill into situations with reduced supervision invites disaster.

As Assemblyman Philip Goldfeder warns, “My biggest fear is that they rush into something in the name of helping people and ultimately hurt them.”

Not to mention endangering the general public.

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**NEW YORK POST**

# Beware: 11,000 psychotics on streets

By GARY BUIISO

*Last Updated:* 11:31 AM, December 30, 2012

*Posted:* 1:11 AM, December 30, 2012

The city streets are teeming with thousands of mentally ill homeless people capable of psychotic acts of random violence if left untreated, experts warned yesterday.

As many as 11,000 of the city's 33,000 homeless adults have some form of mental illness, said D.J. Jaffe, executive director of the Mental Illness Policy Organization.

Of that number, about 3,300 are potentially violent, Jaffe said.

"When untreated, they're capable of horrific acts," said Jaffe. "The danger is that they're so sick that they don't know they're sick, and their brain is incapable of regulating their own behavior."

He urged New Yorkers to be especially wary of people screaming at voices only they can hear, wearing tons of clothes in the summer or eating out of trash cans.

"But if you're walking down the street, you know who's mentally ill — it doesn't take a nuclear scientist."

Jaffe said steps must be taken to strengthen Kendra's Law — a loophole-ridden 1999 measure intended to allow courts to forcibly treat the dangerously unhinged.

"We want mandatory evaluations of all mentally ill who are being released from jails, prisons or involuntary hospitalizations," he said.

Even Andrew Goldstein, the schizophrenic man who shoved Kendra Webdale to her death in front of a train in 1999, is calling for tougher laws — to keep nuts like himself off the street.

"There should be stricter regulations," he told The Post in his first-ever jailhouse interview.

The city's Department of Homeless Services disputed Jaffe's figures but characterized the number of mentally ill homeless who do not use its shelter system as "significant."

"If people feel that there is someone in the street that's dangerous, they need to call 911," said spokeswoman Barbara Brancaccio.

"The administration has invested unprecedented sums in street outreach to bring those individuals into settings where they can receive the treatment and services they need," she added.

Critics said the city is to blame for the homeless epidemic — for failing to provide permanent supportive housing for a ballooning homeless population.

"This is the highest homeless population in the city's history," said Patrick Markee, a senior policy analyst with the Coalition for the Homeless who noted that when Mayor Bloomberg first took office the number of homeless was about 31,000.

"By any measure, that's a failure," he said.

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# Scoop the nuts

By JAMIE SCHRAM and LARRY CELONA

Last Updated: 3:52 AM, February 18, 2013

Posted: 2:12 AM, February 18, 2013

The city is making a major push to sweep the streets of dangerous, mentally ill New Yorkers — and has even compiled a most-wanted list, The Post has learned.

The measure follows a pair of high-profile subway-shove fatalities from December allegedly involving mentally ill individuals.

The city has already drawn up a list of 25 targets, sources said.

“After the Queens subway attack [of immigrant Sunando Sen], the [city] decided to take a proactive approach to track down the most dangerous mental-health patients that currently have mental-hygiene warrants” out for them, a law-enforcement source said.

Those warrants mean that the patients are not wanted for a crime but instead are being sought because they are not getting their court-ordered treatment.

There are a handful of cops assigned to the detail, which began working in the past few weeks, the source said.

Cops in the NYPD’s Real Time Crime Center are using high-tech methods to first track down the individuals, and detectives on the street have been assigned to then go after them and take them to hospitals, law-enforcement sources said.

In the past, the city Department of Health would ask cops for help finding mentally ill people who aren’t taking their court-mandated meds so they could be taken to clinics. But that only applied to those who had known addresses — and patients who went off the grid were rarely pursued, the sources said.

The city is now concerned it could be liable if one of those people goes off the rails and hurts someone — or themselves, the sources said.

And that’s prompted the Health Department to seek more help from the NYPD.

