

[NYAPRS Enews] DN: Coercion Is Not The Answer To NYC's Mental Health Crisis: Stepping Up Kendra's Law Would Be A Grave Mistake

Nyaprs <nyaprs-bounces@kilakwa.net>

on behalf of

Harvey Rosenthal <harveyr@nyaprs.org>

Thu 2/3/2022 3:54 PM

To: nyaprs@kilakwa.net <nyaprs@kilakwa.net>

NYAPRS Note: In the following Opinion piece that was posted by the Daily News last Sunday, NYAPRS offers strong support for the impressive array of voluntary outreach, engagement and support initiatives that are in various stages of implementation by NYC and NYS governments. In just the last week for example, Governor Hochul and Mayor Adams announced the creation of 20 "Safe Options Support Teams" in NYC and 12 new statewide Crisis Stabilization Centers. In combination with a significant investment in housing and specialized community supports, these approaches will provide true and lasting answers to addressing the acute mental health and homelessness crises faced by the City and many other urban centers across New York.

Our answers will not be found by forcing people to accept services and approaches that have failed them and us in the past. They will not be found via the accelerated use of forced treatment orders and expansions in Kendra's Law. They won't be found in approaches that fail to effectively engage and serve black and brown New Yorkers on a voluntary basis, a pattern made powerfully clear by the highly disproportionate use of Kendra's Law court orders on people of color, especially in New York City. And, in the words of Fountain House, the originator of the internally acclaimed clubhouse model, "we cannot jail, hospitalize, or shelter our way out of the issue of mental illness in our City."

We look forward to the speedy implementation of these and the related 9-8-8 mental health hotline initiatives. It is in innovation not coercion that we'll find our true answers.

Coercion Is Not The Answer To NYC's Mental Health Crisis: Stepping Up Kendra's Law Would Be A Grave Mistake

By Harvey Rosenthal New York Daily News Op-ed January 30, 2022

The New York City mental health community is horrified by the tragic murder of Michelle Go. We abhor such violence, especially since people with mental illness are [11 times more likely than the general population to be the victims of violent crime](#).

In reaching for solutions, we must not make matters worse. Vilifying people with serious mental illnesses as violent individuals who should be swept off of the streets and [forced to accept treatments](#) that have failed them in the past will do more harm than good.

Flawed studies purport to show that Kendra's Law, court-mandated outpatient commitment orders, is responsible for improvements in the lives of people living with serious mental illness. But they [fail to make a scientific comparison](#) between involuntary and alternative voluntary models. Further, as the primary author of [one such study](#) has noted, "people who understand what outpatient commitment is would never say this is a violence prevention strategy."

It is particularly outrageous how Kendra's Law has been levied against people of color — a reactive approach in lieu of more engaging preventative and culturally competent care. Since the program's start in 1999, [77%](#) of Kendra's Law-authorized court orders have involved Black and Hispanic people in New York City, further criminalizing mental illness and disincentivizing people from seeking out community-based supports that could have made a difference before a crisis ever occurs.

We should adamantly reject forced treatment and involuntary confinement in favor of proven strategies of outreach and engagement that promote long-term recovery and respect people's rights and dignity.

A number of real answers can be found in the smart and strong initiatives that Mayor Adams and Gov. Hochul are swiftly rolling out over the next few months. These initiatives include:

- a team of 20 clinicians and case managers that will provide immediate and expanded assistance to connect New Yorkers experiencing homelessness to critical services;
- the establishment of [20 "Safe Options Support" teams](#) to engage and speed referrals to area treatment and support services, as developed in collaboration with city government;
- a [replacement of 911 with a new 988 specialized mental health emergency hotline](#) that will be able to refer people to follow-up mental health and addiction recovery services, including new peer-led crisis stabilization and respite centers that will provide "urgent care" mental health, substance use and medical services.

Further, the state is hoping to implement a policy to restart Medicaid 30 days before jail or prison discharge to ensure that individuals return to the community with health insurance and services already in place. We must also work to end the egregious practice of discharging people from prison directly to shelters.

Voluntary alternatives to court orders work. We need many more of them, including teams of peer counselors and EMTs in place of police first responders, as proposed by Correct Crisis Intervention Today. We have evidence of other successful models right here in New York. The [Project INSET](#) voluntary peer-led model that is currently funded by the state Assembly in Westchester County has [successfully engaged 80%](#) of a cohort of individuals who qualify for and would otherwise get a Kendra's Law court order. Let's expand this model throughout the state.

New York City has recently implemented a number of successful, voluntary alternatives. We need more of them. One such program is [Behavioral Health Emergency Assistance Response Division teams](#) of EMTs/paramedics and mental

health professionals who are providing an effective alternative to police first responders. Another is [Intensive Mobile Treatment teams](#) that provide continuous support to clients who have had frequent contact with the mental health, criminal legal, and homeless services systems and haven't been able to get their needs met by these traditional treatment models.

We also badly need more Clubhouse capacity to permit members from [Fountain House](#) and related programs to conduct outreach and enrollment at soup kitchens, pantries, shelters, justice-related settings and hospitals, Times Square, parks, train and subway stations.

We are very encouraged by Adams' [appointment](#) of former Fountain House CEO Dr. Ashwin Vasan to serve as commissioner of the New York City Department of Health and Mental Hygiene. He understands these issues — and the right way to help people in psychological distress — better than most.

Any effort to seriously address homelessness and promote stability must also include housing and clinical supports. New York State [allocated \\$125 million](#) in housing and case management services back in 1999 to address the needs of this population. The state must direct newly proposed funding to [expand Housing First](#) and other harm reduction initiatives that have successfully engaged untreated and addicted New Yorkers into stable housing and services.

But let's be clear: Expanding involuntary approaches will not address this crisis. We know how to voluntarily engage people with serious mental illness, especially approaches that feature pivotal roles for peer staff. We must recognize their right to receive the best care available without the use of coercion, which infringes on their rights.

Going forward, we must favor a planning process that engages the people who are closest to the issue, establishes clear measurable goals, and uses data to track the effectiveness of the chosen interventions. A truly inclusive process would engage service users, family members, providers, elected officials and subject matter experts to define the core problems to be solved and use their feedback on a continuous basis as policy ideas are developed and refined.

Rosenthal is CEO of the New York Association of Psychiatric Rehabilitation Services.

<https://www.nydailynews.com/opinion/ny-oped-coercion-mental-health-20220130-j7tqo575knab3bwxytcqy3r5gi-story.html>