



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Testimony

of

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before the

New York City Council
Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and
Disability Services, and Committee on Aging

on

Are Mentally Impaired Individuals in New York City receiving the appropriate
services to maintain stability for themselves and to safeguard the health and welfare
within our communities?

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Council Chambers, City Hall
New York City

Good afternoon Chairman Koppell and members of the Committee. I am David A. Rosin, MD, Executive Deputy Commissioner for Mental Hygiene at the New York City Department of Health and Mental Hygiene. On behalf of Commissioner Frieden, I appreciate the opportunity to discuss this important issue.

The issue of mental illness and community safety is a complex one that is too often misunderstood. High-profile incidents involving individuals with mental health disorders are often sensationalized by the press. In the wake of recent events, we hope that our descriptions of the supports available to people with mental illness in New York City, in conjunction with the testimony of other witnesses, will begin to address some of the misperceptions that exist about people with mental illness.

The City funds and monitors a host of programs to identify individuals who may pose a threat to themselves or others, and connect them with the services they need. Services include both crisis intervention and longer term services to ensure that people with mental illness have the supports they need to live safely and independently in the community.

Article 9 of the New York State Mental Hygiene law allows the City to take a proactive approach to helping people who might pose a danger to themselves or to others. In 1999, the State enacted the Assisted Outpatient Treatment (AOT) law, also known as "Kendra's Law", to provide for court-ordered outpatient services to individuals whose prior histories of non-compliance with treatment resulted in either repeated hospitalizations or violent behavior. The goal of the AOT program is to permit such individuals to live safely in the community and to prevent relapse or deterioration which would be likely to result in serious harm to themselves or others. The court-ordered

treatment plan is designed to better engage consumers in treatment and help them graduate to less restrictive mental health rehabilitation services.

DOHMH funds and monitors the New York City AOT program, which consists of five AOT teams staffed by mental health professionals from the New York City Health and Hospitals Corporation.

A person may be referred to AOT by a relative or acquaintance, by a mental health provider, by a hospital, or by a City agency such as DOHMH or NYPD. If after investigation the mental health professionals on the AOT team find that the person meets certain criteria, the team recommends a treatment plan and files a court petition seeking an order to mandate that the person receive specific outpatient services, based upon the recommendations of the mental health professionals testifying in support of the petition. If the court order is granted, the AOT team assigns a case manager or assertive community treatment team and matches the client with mental health providers to ensure that the client receives appropriate services and supports, such as medication, mental health treatment, substance abuse treatment, mental health housing or other mandated services.

New York State law also authorizes the City to intervene on behalf of people with mental illness who appear to pose a more immediate threat to themselves or others. DOHMH contracts with 23 Mobile Crisis Teams, each consisting of a variety of mental health professionals, which may include nurses, social workers, psychiatrists and/or psychologists. Teams operate under the auspices of voluntary agencies and hospitals and respond to persons in the community, usually visiting them at home.

State law also permits peace officers, including New York City police officers, to involuntarily transport an Emotionally Disturbed Person (EDP) to a hospital emergency room for psychiatric evaluation. The hospital may keep an EDP for observation for up to 72 hours. After this time, if medical personnel believe the person needs further treatment, they can admit the individual to a psychiatric hospital for longer-term care. If the person does not want to stay in the hospital, he or she has the right to challenge this determination in the courts. Similarly, if a person is refusing to take medication, the hospital can petition the courts to order treatment.

Individuals seeking help for themselves or for others in their community may call our LIFENET information and referral hotline 24 hours, 7 days per week. If the caller suspects imminent danger, LIFENET operators contact 911. If the individual is in need of help but not judged to be in imminent danger to themselves or others, LIFENET contacts a Mobile Crisis Team, which then conducts an assessment to determine whether the individual should be transported, voluntarily or involuntarily, to a hospital for emergency care.

In addition to these programs, DOHMH contracts with hundreds of agencies and organizations to provide long term community based and recovery oriented mental health services. We work to provide people with mental illness with access to case management, psychiatric medication, counseling and therapy, substance abuse services, and peer support. Our services promote community integration, stability, and recovery with the goal of helping individuals manage their mental illness and live independently.

Thank you, again, for your interest in this issue. I am happy to answer your questions.

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