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TREATMENT B4 CRISIS

A Plan to Help New York City's Seriously Mentally Ill Population

Paid for by Nicole for New York City

Current programs designed to help mentally ill individuals do not target the severely mentally ill who are most likely to become [homeless](#), hospitalized, [incarcerated](#) and create a danger for themselves, the public and the police.

The Malliotakis administration will correct the focus of current mental health programs to rigorously target the seriously mentally ill and will audit ThriveNYC to determine which of the components serving the “high functioning” mentally ill should be retained.

CURRENT SITUATION

- [18% of the NYC adult population suffer with a mental disorder](#) listed in the DSM (Diagnostic and Statistical Manual of Mental Disorders)
- Half of them, 9%, are considered mild forms of mental illness.
- [According to a report by the New York City Department of Health and Mental Hygiene](#), 4% or 239,000 people are considered to have serious forms of mental illness including the 1.1% with schizophrenia and the 2.2% with severe bipolar disorder.
 - This segment is prone to suicidal tendencies, homelessness, hospitalization, and violence.
 - 40-50% of the 4% who are seriously mentally ill have [anosognosia](#) meaning they are so sick, they often don't know they are sick so they will not accept voluntary treatment. They are the most likely to become homeless, hospitalized, incarcerated and create a danger for themselves, the public and the police.
- 40% of New Yorkers with a serious mental illness have not received health treatment in the past year.
- Most hospitalizations were for individuals' ages 45-54 suffering from schizophrenia or bipolar disorder.

WHERE DE BLASIO IS FAILING

- Mayor de Blasio is spending [\\$800 million on a mental health plan](#) (“ThriveNYC”) which focuses on “high functioning” individuals with mental illness and early intervention but largely ignores the seriously mentally ill.

- [With regards to “early intervention”](#) for mental illness, serious mental illness cannot be prevented since we do not always know what causes it.
- [Many mentally ill individuals who the de Blasio administration has refused to treat](#) end up incarcerated in city jails. While the number of people incarcerated in city jails has gone down, the number of mentally ill who have been incarcerated has increased by 30% from 2010-2014.
- [Police are being forced to run a shadow mental health system](#) for those who are being refused mental health treatment. Calls for NYPD assistance in cases of mentally disturbed persons (EDP) are up 10%. 143k in 2014 to 157k in 2016.
- [Costs to taxpayers is skyrocketing](#). Of the 400 people jailed more than 18 times in the five years prior to 2014, 67% have a mental health need; 21% have a serious mental illness. The 400 accounted for over 10,000 jail admissions and 300,000 days in jail.
- At a [Manhattan Institute Forum in 2015, Former Police Commissioner William Bratton](#) cited lack of beds or facilities and doctors who are reluctant to commit as two of the biggest problems facing the NYPD when attempting to help the mentally ill.
- While approximately 4,000 NYC residents over 18 could benefit from Kendra’s law, it is being underutilized. Kendra’s Law allows judges to order someone with serious mental illness and a history of noncompliance that led to their incarceration or needless hospitalization to stay in mandated and monitored outpatient treatment while in the community.

EXAMPLES OF DE BLASIO’S FAILURES

- Veteran Police Officer Familia was assassinated by Alexander Bonds who was known to suffer from mental illness and who had been discharged from a hospital following a voluntary psychiatric exam. Bonds had been previously incarcerated. ([Source](#))
- Jose Gonzalez, the man accused of carjacking EMT Yadiro Arroyo’s vehicle then running her over with it, was arrested 31 times and had been in psychiatric facilities on six occasions due to schizophrenia and depression. ([Source](#))

- On the morning of May 28th a homeless woman slashed the face of a young mother while her 1-year-old daughter sat beside her on the 5 train. The wound required 30 stitches and left the mother with nerve damage. According to news reports, the suspect had been arrested more than 60 times for crimes including trespassing, prostitution, and drug offenses¹. ([Source](#))
- On July 9th, a man with a mental health history, including homicidal and suicidal thoughts, walked into a Brooklyn police station and tried to take a police officer's gun. A judge released him back into the community without bail. ([Source](#))
- On August 10, 2017, Police Officer Hart Nguyen was shot by [Andy Sookdeo](#) who has a history of mental illness.

TREATMENT B4 CRISIS

The Malliotakis administration will expand the focus of existing mental health resources to robustly target the seriously mentally ill since these individuals are responsible for a disproportionate percentage of violence and harmful behavior leading to costly hospitalizations and incarcerations.

Utilizing available laws and operational tools, the Malliotakis administration's goal will be to reduce the number of mentally ill in our jails and on our streets by accurately measuring success and reallocating resources from programs that lack evidence of effectiveness such as Mental Health First Aid and stigma campaigns to programs that actually reduce crimes committed by severely mentally ill individuals and save taxpayer money in the long run.

More robustly implement Kendra's Law

Kendra's Law allows judges to order someone with serious mental illness and a history of noncompliance leading to incarceration or needless hospitalization to be transferred to mandated and monitored outpatient treatment. Studies collected by [Mental Illness Policy Org](#) shows that the proper use of Kendra's Law reduces arrest by 83%; incarceration, 87%; homelessness, 74%; and psychiatric hospitalization, 77%. It also [reduces violent or harmful behaviors by 44%](#). By replacing involuntary in-patient hospitalization and incarceration with less expensive outpatient care, it cuts costs to taxpayers in by nearly half.

¹ Tina Moore, Nuck Fugallo, and Max Jaeger, Homeless woman accused of rage-filled subway slashing, N.Y. POST, May 28, 2017 (<http://nypost.com/2017/05/28/woman-slashed-on-subway-platform-at-grand-central/>).

Increase the number of Kendra's Law petitions filed by corrections authorities

Corrections officials may petition for Assisted Outpatient Treatment (AOT), but to date there is no record of a petition being filed or executed. The Malliotakis administration will implement training so corrections officials will be encouraged to file petitions when warranted.

Put a Kendra's Law evaluator in all city hospitals

New York City moved evaluators out of hospitals, to a central office making it difficult for hospital administrators who want to file a petition to do so. The Malliotakis administration will place evaluators in all city hospitals.

Establish a mechanism so expiring court orders are proactively reviewed

Currently court orders expire without review. The Malliotakis administration will require a review of court orders and the filing of a petition for renewal when warranted.

Require mental health office to receive and investigate reports from family and community members

As we learned from both the Arroyo and Familia murders, loved ones had reported that Gonzalez and Bonds needed mental health treatment prior to the murders. The Malliotakis administration will require DOHMH to develop a protocol to investigate reports from both family and members of the community and assess whether a Kendra's Law petition should be filed.

Evaluate mentally ill inmates for Forensic Parole eligibility prior to release

Our current corrections system releases known mentally ill persons without provisions for continued treatment which almost guarantees recidivism. The Malliotakis administration will mandate the evaluation of mentally ill inmates before their release to determine if they should be released under Forensic Parole. Forensic Parole requires released mentally ill to remain in treatment during parole. Parolees/Probationers will be assigned to Forensic Assertive Community Treatment (FACT) teams (case managers trained in mental illness). Under NYCSafe, the de Blasio administration has created only four new FACT teams. The Malliotakis administration will add at least 12 new FACT teams to reduce the caseload of each team.

Provide greater scrutiny of patients involuntarily admitted to hospitals before they are discharged

An individual is “involuntarily” admitted to a hospital when they are believed to be a ‘danger to self or others.’ To ensure public safety, the Malliotakis administration will require that these individuals be evaluated and given an individual treatment plan prior to release.

Work on Establishing a New York/New York IV agreement with Governor Cuomo

Nicole Malliotakis will work toward creating 30,000 supportive housing units in New York City to reduce our record homeless population, relieve our reliance on shelters, and save taxpayers hundreds of millions of dollars in avoidable expenses. In the first five years of the “NY/NY III Agreement”, signed in 2005, chronic homelessness among adults was reduced by 47%. [A 2013 study of that agreement](#) also found that providing a unit to an individual exiting a psychiatric institution saved nearly \$80,000 annually.

Robustly Support Mental Health Courts with Resources and Housing Options

Nicole Malliotakis recognizes that judges assigned to mental health courts have great difficulty placing patient/offenders into permanent housing because there is a lack of supportive housing units. The Malliotakis administration will work with non-profit organizations and private developers to increase the number of supportive housing units throughout New York City. Supportive housing will be responsibly dispersed to avoid clustering and warehousing of mentally ill. Mayor de Blasio issued press releases saying he will create 15,000 new units of supportive housing but no details have been provided about how they will be allocated.

Expand psychiatric capacity of city hospitals

As Chief Michael Biasotti, past president of the New York State Association of Chiefs of Police wrote, [“When psychiatric beds go down, incarceration goes up.”](#) NYC should oppose state plans to close psychiatric hospitals and HHC should expand the number of psychiatric beds in their hospitals to provide those mentally ill living on the street an opportunity for treatment instead of incarceration.

Validate hospital discharge plans and make a greater effort to obtain information from friends and family.

Require physicians to make a reasonable effort to gather relevant information from the family of admitted patients to prevent inadequate treatment or the discharge of patients who would be a danger to him/herself or the public. Often, to secure release, patients will say they are going to live with family even if their family can no longer house them. HIPAA prevents physicians from disclosing information to families but does not prohibit physicians from receiving information that would aid them in prescribed treatment. Physicians who rely solely on information provided to them by the seriously mentally ill are doing a disservice to the patient because the seriously mentally ill are not always capable of advocating for themselves. By acquiring information from loved ones, physicians can better serve the patient and achieve greater success with prescribed treatment.

Support non-profit organizations that will accept severely mentally ill

New York City lacks credible non-profits willing to accept severely mentally ill. Fountain House is one organization that accepts the most seriously mentally ill and see they receive needed treatment. The Malliotakis administration will work with the non- profit community to expand services for the severely mentally ill.