Our daughter did not die in vain

Thursday, Jan. 3, is the 14th anniversary of the death of our daughter Kendra Webdale, who was pushed off a subway platform into the path of an oncoming train by a man who was diagnosed with a mental illness. A question we have been asked recently is whether the two subway pushes occurring over the past month in New York City—the killings of Ki-Suk Han and Sanam Sen—have "brought it all back" for us.

The answer is, we have long understood that we cannot bring Kendra back. The memory of that day is forever in our hearts and in our minds. Nobody has to remind us of our tragedy. We live with it.

What the recent events do confirm, however, is our belief that although the Assisted Outpatient Treatment Law named after Kendra has saved lives and improved the quality of many lives, it does indeed need to be improved—immediately—to prevent further death and grief.

The common thread in each tragic story is all too familiar. A person has a severe mental illness. A friend or family member seeks help for that person. The person receives initial treatment, if they are lucky enough to access the system. The person seems to be doing better. But then the person stops taking medication or "gets lost in the system."

BY PATRICIA and RALPH WEBDALE

BE OUR GUEST

In other words, there is no followup or monitoring of the patient and, tragically, this person hurts someone.

Andrew Goldstein had lashed out at several victims before he pushed Kendra. The most recent accused pusher, Erika Menendez, had attacked a retired fireman. There are almost always warning signs, if only we are paying attention.

In one recent report, a city hospital's spokeswoman was quoted as saying that "people get well and then they get sick again." This statement is like a land mine. People who are on a treatment plan or taking medication need to stay in treatment and stay on medication. For a person to be showing improvement and then suddenly be without a support system is equivalent to them having a ladder pulled out from under them.

In these times of economic hardship, it may seem that cutting services is a practical course of action—but in terms of humane rights, it is a travesty. It is also a threat to public safety. And it's not even cost-effective; providing care to potentially dangerous people who need treatment saves taxpayers thousands of dollars as compared with the cost of trials, incarceration and repeated hospitalizations.

A 2009 independent evaluation of Kendra's Law by Duke University and a 2005 report to the governor by the state Office of Mental Health show that the law is working. It has dramatically reduced hospitalizations, incarcerations, homelessness and danger to self and others. It has helped countless people who, because of the nature of brain disease, may not even recognize that they have a mental illness.

We have heard countless wrenching stories over these past 14 years. Only the names and locations change. The illness, the worry, the begging for help, the struggle and, finally, the heartbreak, are all the same.

It was very unnerving for us to read a recent newspaper interview with Goldstein, who received a sentence of 23 years for pushing Kendra. Now medicated, he was surprisingly lucid and thoughtful. He now says that he believes that Kendra's Law needs to be strengthened.

"If only" was our first thought. If only he had received followup from a caseworker. If only he had been able to stick with his medication without supervision. If only Kendra would be alive and he would not be in prison.

Strengthen Kendra's Law without delay

State Sen. Catharine Young (R-Orleans) has proposed legislation to correct deficiencies in Kendra's Law. The loopholes to be closed would correct several oversights:
- Orders for outpatient treatment could be lengthened from six months, the current limit, up to one year, as a longer treatment period is required for many people.
- An evaluation would be required when a person with a mental illness is released from jail or discharged from a hospital in order to know whether further treatment is required.
- When a person moves from county to county, the order for treatment would follow them. This would address cases of a patient moving in order to "escape" from their treatment plan.

There have been great strides made in education and treatment of mental illness since Kendra's Law was signed in 1999—but there is much more to do. It may be your loved one that can be saved. In memory of Kendra, we will do all we can to promote access to treatment for people who might be a danger to themselves and others, and we ask that you join us.

In 1995, the Webdales' daughter Kendra was pushed to her death in front of an oncoming train by Andrew Goldstein.
Once New York state lawmakers settle on a desperately overdue budget, they can move on to other important legislation.

One of those is the renewal of Kendra's Law, a measure approved in 1999 that allows judges to order seriously mentally ill patients to undergo outpatient treatment in their communities if they want to continue to live there. Often those being treated are so ill, they don't know it, and thus the law gives courts the right to insist on state-monitored treatment without having them committed.

It's a law that makes sense and protects the mentally ill as well as those whom they might harm through their potentially violent behavior.

The catch is that the law was enacted with a sunset provision, meaning that it expires after a certain time period unless the Legislature acts to extend the law. For new laws that have some concerns, the sunset provision is a good safety valve. In the case of Kendra's Law, there have been two such safety valves. One in 2005, when the Legislature extended the law and another impending one this year, on June 30, when Kendra's Law is set to expire.

Advocates want to make Kendra's Law permanent, and they have studies to back up its effectiveness. Skeptics want another five-year extension, which adds an unneeded layer of bureaucracy to a law that has proved its effectiveness.

The law was named after Kendra Webdale, a 32-year-old woman originally from western New York, who died Jan. 3, 1999, after being pushed off a subway platform in New York City into the path of a train by a man who had sought help for severe mental illness and who reportedly had not taken his medicine. He was later convicted and sent to prison.

The state Legislature didn't wait for a guilty verdict though. Lawmakers were concerned enough about the incident that they approved Kendra's Law in the 1999 session. The law went into effect in November that year and has since survived legal challenges all the way to the state's highest court.

Having passed the legislative and legal tests in New York, it needed to prove its worth to the state, and the extension for another five years in 2005 indicates that lawmakers didn't think they made a mistake. If future experience reveals weaknesses in the law, state lawmakers can amend it, just as they update bills. In fact, the bill to make Kendra's law permanent, introduced by Democratic Assemblywoman Aileen Gunther of Sullivan County and Republican state Sen. Catharine Young of Olean, closes a loophole whereby patients could dodge the law by moving from one county to another.

Meanwhile, studies that the Treatment Advocacy Center cites from the past 10 years show that the law has reduced homelessness, suicide attempts and substance abuse among mentally ill people in the state while reducing violence to people and property. It also has cut hospitalization, arrests and incarceration, costly services often shouldered by taxpayers.

Groups endorsing a permanent Kendra's Law include those involved with mental health and law enforcement. They see the permanent value of Kendra's Law. Lawmakers should, too.
Close loopholes in Kendra’s Law

By Vanessa Bellucci

On Oct. 13, I found both my parents dead inside their New York home. They were stabbed multiple times.

Unlike most people, I didn’t have to wonder who did it. I knew instantly: My brother Eric.

The brother I grew up with was a smart, attractive, well-educated, fun-loving person who had always been my role model. However, as he reached his mid-20s, we began to realize that he had the misfortune of suffering from schizophrenia. He had, at one point, received treatment following an involuntary hospital stay but refused to comply with the recommended treatment upon discharge. The person we loved retreated into his psychosis, acting bizarrely and causing our family to walk on eggshells, fearful of his next outburst. Psychotic and delusional, he thought our loving parents became living Satans, conspiring against him and holding him back by standing in the way of his every move and opportunity. That’s what mental illness did to him.

This is the first time I’m writing about what happened. But it is important to do so, to call attention to a bill in Albany that could prevent what happened to me, what happened to my parents and what happened to my brother from happening to others. I want Albany to pass that bill.

It’s called the Kendra’s Law Improvement Act (A6987/S4881) and it was introduced by state Sen. Catharine Young, R-Olean, and Assemblywoman Aileen Gunther, D-Forestburgh. Kendra’s Law was originally passed in 1999 after Andrew Goldstein pushed Kendra Webdale in front of a subway train. Andrew was a lot like my brother. They both had schizophrenia, both did very well when on treatment, both frequently rejected treatment and both were between 29 and 30 years old when they killed. Both had loving families with no ability to ensure they stayed on the medications that could help them get better.

Kendra’s Law allows courts to order them to stay in treatment even if they are not staying in a hospital. If after being court-ordered to accept treatment, they go off it, they can be hospitalized for an evaluation to see if they need inpatient treatment to prevent them from becoming dangerous.

Kendra’s Law was a tremendous advance for people like my brother. It’s only for seriously mentally ill people who have a prior history of violence or multiple re-hospitalizations that could have been prevented had they stayed in treatment.

New York State Office of Mental Health research shows Kendra’s Law has cut down on the number of people with mental illness who kill themselves, get arrested, go to jail, become homeless or hospitalized, and hurt others.

Research even shows 81 percent of the mentally ill people in the program like it. And why not? Being psychotic and delusional is not an exercise of civil liberties, it’s the exact opposite. When psychotic, people with mental illness can be hijacked by fearful hallucinations and voices telling them to reject treatment or harm others. Medication can help restore their sanity. It’s certainly a better alternative than impatient commitment, or jail. That’s where Andrew and Eric are now.

But like many people, my brother didn’t fall under the current parameters of Kendra’s Law. And some who do get into treatment are forced out prematurely because of dangerous loopholes. The Kendra’s Law Improvement Act would close them and make sure more people who could benefit from Kendra’s Law gain access and that fewer are kicked out prematurely.

The expanded Kendra’s Law would require mental health officials to evaluate people who are involuntarily committed — those who were a danger to self or others — before they release them. It would also require that mentally ill prisoners be evaluated before release, to determine if a court order is needed to ensure the safety of the released prisoner and the community. The updated law would also close a loophole that allows court orders to expire without anyone proactively reviewing them to see if they should be renewed.

The bill would also make it harder for authorities to simply ignore family members’ reports of mentally ill people who need treatment. Oh, how that would have helped my family!

If my brother had been part of Kendra’s Law, he would have had a case manager to make sure he took his medications. And if he didn’t, my brother would have been hospitalized to determine if he was becoming danger to self or others.

Instead, he was left free to go off medications, free to deteriorate … and we were powerless to stop it.

The writer, a Staten Island resident, is a law student at New York Law School. Eric Bellucci was recently found incompetent to stand trial and is in a secure psychiatric facility.
Stop the madness

Off his psychiatric medications, a dangerously deranged schizophrenic plunged a knife into the temple of NYPD Officer Eder Loor, forcing the 28-year-old husband and father into a fight for his life.

The Daily News hopes fervently for Loor’s full recovery while demanding to know: Who set him up to be attacked?

Because that’s what happened here. It is certain that doctors and social workers and mental health aides knew that knife-wielding Terrence Hale of East Harlem required powerful drugs to keep his demons under control. Yet, according to his mother, Hale stopped taking medications a month ago.

He became a menace to all around him, including his mother. When the madness became too terrifying, she called 911 to report, in police parlance, an EDP – an emotionally disturbed person.

Loor, who has a young daughter and a son on the way in July, responded with his partner and soon was on the verge of death. Most EDP runs end without incident, but every cop knows how unpredictably dangerous it is to take the measure of a madman while using, as the rules require, the least force necessary.

The risks are enormous, and it is criminal that the mental health system heightens the perils by allowing troubled individuals like Hale to be free on the streets without proper medication.

Less than two weeks ago, Officer William Fair was set up to be attacked just as Loor was. He was summoned to deal with Benny Abreu of the Bronx, who had stayed under control while in a program of forced, court-ordered medications. Then that stopped, his family called 911 and he pummeled Fair with a knife in his fist.

This kind of violence is a threat not only to the police, but also to civilians who wander into the path of the deranged and to the mentally ill themselves. The episodes are needless, all too predictable and were not supposed to happen anymore.

New York has a statute called Kendra’s Law, named for a woman pushed in front of a subway train by a mentally ill man. It authorizes judges to order the forced medication of people who are dangers to themselves and others – but too many supposed advocates for the troubled resist its applications, asserting a violation of civil rights.

At the same time, the safety net of mental health programs remains tattered despite the work of a city-state task force on violent psychiatric patients. And professionals hide behind patient confidentiality, so no one is ever held to account for failings.

And cops like Fair and Loor – and their families – are left to pay the horrendous price.
Make Kendra’s Law permanent

System for treating the mentally ill has proven itself over last decade

Kendra’s Law—designed to keep people who really need it on their violence-prevention medication—was passed about 10 years ago. It’s up for renewal, again. Just make it permanent.

The law has proven itself. When it was first proposed, in response to the death of a young Western New York woman pushed to her death in front of a New York City subway train, it drew support from this page despite concerns about possible coercion of the mentally ill. But in the decade since it was passed in 1999, a decade during which it passed one five-year renewal, the system of court orders with safeguards has worked—and, more importantly, the law has proven effective.

The law allows judges to order certain mentally ill people to remain on violence-prevention medication as a condition of release and, if that doesn’t work, to order involuntary commitals to mental hospitals if shown to be a danger to themselves or others. The orders stem from a request by close family members or care providers and need a psychiatrist’s approval, and the hospitalization is only long enough to re-establish medication.

It was a difficult call for many to make at the time, but it’s becoming easier to endorse once again as time has proven the benefits of the law to the families of those mentally ill individuals who cannot recognize their need for medication, and to the communities in which they live. Erie County continues to use the law effectively, and to outpace other communities with the number of people voluntarily entering the program or doing so by court order.

The State Legislature, which chose in 2005 to renew the law instead of make it permanent, should go a step further and make the law permanent. The information sought at the inception of the program and at its renewal have been answered adequately. But in any case, the law should not be allowed to expire—another long renewal is the only acceptable alternative to a non-sunsetted law that could, after all, be repealed or amended if a flaw, rather than a special-interest objection, somehow turns up late in its track record.

New York State Commissioner of Mental Health Michael Hogan is on record in support of the law, but has reduced the number of people entering the program.

One mother who supports Kendra’s Law recently gave a detailed heart-wrenching description of what it had been like to go through the mental health system maze in a struggle to get help for a son who seemed on the brink. Her relief in the service eventually provided as a consequence of the legislation was plain, and so was her concern that the legal safeguards keeping her son stable would soon disappear.

But perhaps there’s no stronger advocate for the legislation than Pat Webdale of Fredonia, mother of Kendra Webdale, who was pushed to her death by Andrew Goldstein, a man with a history of mental illness and hospitalizations. Pat Webdale, has worked tirelessly over the years to make sure courts can order someone with a severe psychiatric disorder, and a recent history of hospitalization or violence, into what is known as an assertive community treatment program or assisted outpatient treatment.

By all accounts, the numbers of mentally ill individuals being left homeless, attempting suicide and falling into substance abuse has decreased. That also seems true for related arrests and destruction of property.

This law continues to protect individuals and communities, help get treatment for those who need it and bring some peace of mind to families who might otherwise be at a loss to ensure a mentally ill loved one was being kept safe. Why should the Legislature hesitate to make permanent this important legislation?
Make Kendra’s Law permanent

System for treating the mentally ill has proven itself over last decade

Kendra’s Law—designed to keep people who really need it on their violence-prevention medication—was passed about 10 years ago. It’s up for renewal, again. Just make it permanent.

The law has proven itself. When it was first proposed, in response to the death of a young Western New York woman pushed to her death in front of a New York City subway train, it drew support from this page despite concerns about possible coercion of the mentally ill. But in the decade since it was passed in 1999, a decade during which it passed one five-year renewal, the system of court orders with safeguards has worked—and, more importantly, the law has proven effective.

The law allows judges to order certain mentally ill people to remain on violence-prevention medication as a condition of release and, if that doesn’t work, to order involuntary committal to mental hospitals if shown to be a danger to themselves or others. The orders stem from a request by close family members or care providers and need a psychiatrist’s approval, and the hospitalization is only long enough to re-establish medication.

It was a difficult call for many to make at the time, but it’s becoming easier to endorse once again as time has proven the benefits of the law to the families of those mentally ill individuals who cannot recognize their need for medication, and to the communities in which they live. Erie County continues to use the law effectively, and to outpace other communities with the number of people voluntarily entering the program or doing so by court order.

The State Legislature, which chose in 2005 to renew the law instead of make it permanent, should go a step further and make the law permanent. The information sought at the inception of the program and at its renewal have been answered adequately. But in any case, the law should not be allowed to expire—another long renewal is the only acceptable alternative to a non-sunsetted law that could, after all, be repealed or amended if a flaw, rather than a special-interest objection, somehow turns up this late in its track record.

New York State Commissioner of Mental Health Michael Hogan is on record in support of the law, but has reduced the number of people entering the program.

One mother who supports Kendra’s Law recently gave a detailed heart-wrenching description of what it had been like to go through the mental health system maze in a struggle to get help for a son who seemed on the brink. Her relief in the service eventually provided as a consequence of the legislation was plain, and so was her concern that the legal safeguards keeping her son stable would soon disappear.

But perhaps there’s no stronger advocate for the legislation than Pat Webdale of Fredonia, mother of Kendra Webdale, who was pushed to her death by Andrew Goldstein, a man with a history of mental illness and hospitalizations. Pat Webdale, has worked tirelessly over the years to make sure courts can order someone with a severe psychiatric disorder, and a recent history of hospitalization or violence, into what is known as an assertive community treatment program or assisted outpatient treatment.

By all accounts, the numbers of mentally ill individuals being left homeless, attempting suicide and falling into substance abuse has decreased. That also seems true for related arrests and destruction of property.

This law continues to protect individuals and communities, help get treatment for those who need it and bring some peace of mind to families who might otherwise be at a loss to ensure a mentally ill loved one was being kept safe. Why should the Legislature hesitate to make permanent this important legislation?
A law that allows courts to force people to take mind-altering medication would seem to violate the notion of a free society. But Kendra's Law has proven itself to be the exception to the rule.

Now, after more than a decade of experience with the law and several studies that have documented its effectiveness, the Legislature has a chance to both improve it and make it permanent before it expires this month. The Assembly, however, prefers another five-year extension. That's a half-measure. Those who are mentally ill, their families and society deserve better.

The law is named for Kendra Webdale, a young woman who was pushed to her death from a New York City subway platform by a mentally ill man who was off his medication. It allows courts to order people, under strictly regulated conditions, to take psychiatric drugs, undergo treatment, or both. Passed in 1999, it was renewed for five more years in 2005.

Unlike the many gratuitous laws that the Legislature passes that promise to solve everything from sex crimes to obesity, Kendra's Law has been proven to make a difference in the lives of thousands of mentally ill people. Follow-up studies have found a marked decline in hospitalization, imprisonment and homelessness among people who were subject to court-ordered outpatient treatment.

Those affected by Kendra's law are a tiny subset -- less than one percent -- of the mentally ill population. Many could function in society if they stuck to their medication and treatment, but refuse to, often because their mental illness convinces them that they aren't ill. Without treatment, they are a danger to themselves and to others. Without the law, no one can force treatment on them until it is too late.

On the table now are three options: Extend Kendra's Law for another five years; make it permanent as is; or make it permanent with certain sensible changes. They would, for example, cover people as they move from one county to another; subject those released from prison or a mental institution to review; and allow courts to order treatment for a full year rather than six months at a time, which studies have found to be more effective over the long term.
The Office of Mental Health argues against making the law permanent, saying that the state needs more mental health services and can't afford them right now. Yet Kendra's Law has been in force for more than 10 years, and it has worked. It arguably grows only more affordable as more people are helped by it, costing the social services, medical, and criminal justice systems less as its beneficiaries lead more stable lives.

As for outright opponents of the law, we have to wonder what they are really fighting for. The right of a severely mentally ill person to destroy his or her life? The right to follow a path toward imprisonment, homelessness or death?

Another extension would only leave courts, the mentally ill, the people who care about them and the rest of society uncertain whether a law that has been proven to work will always be there to help. The Senate should do the right thing: Adopt an improved, permanent Kendra's Law and get the Assembly to follow its lead.

The issue:

Kendra's Law is about to expire.

The Stakes:

What is the reluctance to make permanent a law that has improved so many lives?

To comment: tuletters@timesunion.com, or at http://blogs.timesunion.com/opinion
Strengthen Kendra's Law

State Legislature needs to act now to close loopholes in treatment

Published: May 25, 2011, 3:16 AM
0 Comments

Updated: May 25, 2011, 12:33 PM

Kendra's Law works. That's the first thing to know. But there are significant loopholes in it that bipartisan legislation could fix. That legislation has been introduced in the State Legislature, but is languishing in committee in each chamber. Lawmakers need to move the measure forward.

The law is named for Kendra Webdale, a Western New Yorker who was pushed to her death from a New York City subway platform by a mentally ill man. It is designed to keep people who need violence-prevention medication on their prescriptions. The law allows judges to order certain mentally ill people to take their medications as a condition of release and, if that doesn't work, to order involuntary committal to mental hospitals if they are shown to be a danger to others or themselves.

Researchers at Duke University studied the effects of Kendra's Law, officially known as Assisted Outpatient Treatment, in 2009. The researchers said, "We find that New York State's AOT Program improves a range of important outcomes for its recipients, apparently without feared negative consequences to recipients. The increased services available under AOT clearly improve recipient outcomes." But there are problems. As matters stand, mentally ill criminals and people involuntarily committed are released from jails and hospitals without first being evaluated to see if they need mandatory treatment.

The pending bill fixes that problem. It would also ensure that court orders are reviewed before they expire -- not now the case -- while also saving money, improving care and enhancing public safety.

These are sensible reforms that should be adopted before the legislative session expires. They do not need to be permanent. Kendra's Law, itself, expires in four years, when it is expected to be renewed or, better yet, made permanent.

At that time, with four years' evaluation time, lawmakers can extend these amendments or drop them, if needed. In that sense, this is an ideal time to authorize these changes.

The amendments are supported by families of the mentally ill (they are the most likely victims), law enforcement and, backers say, even 81 percent of those who have been subject to Kendra's Law.

Opposition is centered mainly in the Office of Mental Health, community health providers and their trade associations, according to D.J. Jaffe, a supporter of the amendments and founder of mentalillnesspolicy.org. That, Jaffe says, is at least in part because community programs lose the ability to "cherry-pick" the easiest patients to treat.

Regardless, the statistics show that this law is important and that it works. Given the stakes, it is incumbent on the Legislature to ensure that it operates as efficiently and effectively as possible. These measures will help to do that.

Members of the Senate and Assembly need to move the bill out of committee and to a floor vote. The session ends next month. It's time to move.
Good reasons to widen Kendra’s Law

There’s one compelling reason for Albany to extend the reach of Kendra’s Law, which uses court-ordered, intensive outpatient supervision to make sure the chronically mentally ill keep taking their medication. It works.

Tragedies like the death of Kendra Webdale — who was pushed in front of a subway train in 1999 by a man with a long psychiatric history — have declined dramatically since the law was enacted later that year. So have homelessness and suicide attempts involving those receiving assisted outpatient treatment.

Kendra’s Law allows case-workers, relatives and others to seek a court order requiring a patient to comply with outpatient treatment. Critics object to the use of coercive orders and instead credit intensive case management for the improved outcomes. Those services need to be maintained in this era of tight budgets. But legislation now in the State Assembly and Senate would help ensure patients who could benefit won’t fall through the cracks.

For instance, prisons would be required to notify state mental health officials when a mentally ill inmate is released. So would hospitals when they discharge patients who were committed involuntarily. The bill would also help ensure that outpatient treatment orders remain enforceable if a patient moves from one county to another.

These are common sense additions to the law to make sure people who need intensive supervision get it. And that should mean even fewer tragedies like Webdale’s.
Kendra's killer: Law too weak

EXCLUSIVE

By JENNIFER BAIN
Post Correspondent

FALLSBURG, NY — The schizophrenic who shoved Kendra Webdale to her death in front of a subway train in 1999 expressed outrage yesterday that riders are still being murdered on the tracks — and lamented that the law created to keep people like him off the streets lacks any teeth.

"There should be stricter regulations," infamous subway pusher Andrew Goldstein, 41, told The Post in his first-ever interview since the crime that shocked New York City nearly 14 years ago.

"They need to restructure Kendra's Law."

"Should you let a mental patient like myself be in freedom so an incident like train-pushing can occur? If you are a harm to anyone, even yourself, you should be hospitalized," said Goldstein, who is now lucid because he's forced to take his medication.

"The court has the right to hospitalize and medicate. Each and every homicide is a terrible thing."

Goldstein, padgy, balding and dressed in a green prison jumpsuit, spoke extensively at his detention center, the Sullivan Correctional Institute, just hours after learning that a Queens man had been pushed to his death in front of a 7 train — the second deadly train-shoving incident this month.

"When I heard on the radio that someone else was pushed, I couldn't believe it happened again," he said. "They're so soon, back to back."

In 2006, Goldstein pleaded guilty and was sentenced to 23 years behind bars for shoving Webdale, a 22-year-old photographer and aspiring screenwriter, in front of an oncoming N train on the 23rd Street platform on Jan. 3, 1999.

Webdale's murder spurred her mother, Patricia, to lobby lawmakers to pass the landmark mental-health law that bears Kendra's name.

But the 1999 law, which is supposed to allow courts to forcibly administer treatment to the dangerously disturbed, must be renewed every five years.

And loopholes in the law have allowed unmedicated, mentally ill people to remain on the streets.

Mentally ill prisoners are charged without alerting local mental-health officials, who could evaluate whether the prisoners may need continued, mandatory treatment.

And individuals who are involuntarily committed to inpatient treatment as a "danger" can also be released without alerting mental-health authorities.

Additionally, court orders are allowed to expire without a review of whether they should be renewed, and if a person under a court order moves to a different county, the new county isn't informed.

The loopholes have sparked a growing call for permanent, tighter legislation.

Even Goldstein now says it was a blessing that he was locked up and forced to take his medication.

"Because of what I did, there is a law. My name is in thousands of history books," he said. "Mental patients need to be supervised."

Goldstein, who was diagnosed as schizophrenic as a teen but had gone on and off his medication, still recalls the mental demons that caused him to kill Webdale.

"I remember the push on her shoulders," he said. "I'm walking to the train. I see the train coming, I see a shimmering on the right of me. I put my hands up. It was an out-of-body thing."

"It was the same sensation I got each and every time I got violent — the urge to hit, kick, push. I'm trying to outwalk my urge."

"I was behind Kendra as the train came. I pushed her. It was like with a voodoo doll, how you can control them. I was trying to hold myself back."

"I never ran from the scene," he recalled.

"I sat down in a kneeling position and said, 'Take me to the hospital. I had a psychotic attack. I killed a person.'"
AMI/NYS Memo of Support for A6987 to Improve Kendra’s Law

To: Assemblyman, Felix Ortiz, Chair, Assembly Mental Health Committee
CC: Assembly Mental Health Committee Members
From: National Alliance on Mental Illness, New York State (NAMI-NYS)
Re: Assembly Bill A6987-The Enhanced Version of Kendra’s Law
Date: May 24, 2011

Chairman Ortiz,

The National Alliance on Mental Illness-New York State (NAMI-NYS) supports Assembly Bill A6987, introduced by Assemblywoman Gunther, which would enhance the assisted outpatient treatment program known as Kendra’s Law.

NAMI-NYS represents New York’s families who have loved ones living with mental illness. A major concern we hear almost daily from families around the state is: what can be done when their loved ones stop taking their prescribed medication and reject treatment? Sometimes, our families are helpless once their loved ones begin to decompensate due to noncompliance with treatment. They fear the potential tragic results that could occur as their loved one’s mental illness sometimes makes them a danger to themselves and others.

The enhanced version of Kendra’s Law would close some of the loopholes that exist as the law is currently constituted. The new bill will require mental-health officials to examine the records of those with mental illness who are being released from the criminal justice system and those discharged from hospitals and treatment facilities who have demonstrated past behavior that can be considered a danger to them or others, to determine if they need court-ordered treatment. The bill would also require officials to investigate when concerned families provide credible information that a loved one is mentally ill and in need of treatment to prevent deterioration.

NAMI-NYS asks you to listen to the concerned pleas from families who love their relatives with mental illness and only wish to maintain their well-being and safety, by supporting bill A6987 and improving Kendra’s Law.
Kendra's Law helps the mentally ill and protects us — make it permanent

by MICHAEL BIASOTTI

Society has taken responsibility for the mentally ill away from the doctors and handed it to the criminal justice system. As a police chief, I see it every day — the homeless, psychotic and disturbed taken to jail more frequently than anyone would want.

According to a soon-to-be-released study of all 50 states by Dr. E. Fuller Torrey of the Treatment Advocacy Center, as of 2005 there were approximately 15,000 mentally ill New Yorkers in jails and state prisons and only 12,000 hospitalized. So in New York, you are more likely to be jailed for serious mental illness than treated.

That scares me, and not just professionally. I have a family member with schizophrenia. I would like her to be treated for her illness, not jailed because of lack of treatment. Right now, the main thing keeping her safe in the community is her participation in “Kendra’s Law,” a vital state program that unfortunately is due to expire on June 30.

Kendra’s Law allows courts to require individuals with serious mental illness — who have a past history of violence or hospitalization caused by going off treatment — to accept treatment as a condition for living in the community. That treatment likely includes medications and always a case manager to ensure compliance.

Kendra’s Law was enacted in 1999 and named after Kendra Webdale, who was pushed to her death in front of a subway car by Andrew Goldstein, an untreated mentally ill man. It was conceived by families of the mentally ill, like mine, who didn’t want their treatment-resistant relatives to become another Goldstein (now serving 25 years to life).

Being court-ordered to accept treatment — and having the mental health system ordered to deliver it — has been at minimum a dream come true, and possibly a life-saving experience for my family. It lifted a seriously mentally ill young woman from being isolated and psychotic as a result of not believing she’s ill and refusing treatment, to being in school, learning a trade and living semi-independently. And she is not the exception.

A study by Columbia University found individuals under court orders were four times less likely to become violent than those in a control group. Other studies found Kendra’s Law:

■ Keeps the public safer by reducing physical harm to others (47%) and property destruction (43%)
■ Helps the mentally ill by reducing homelessness (24%); suicide attempts (59%); and substance abuse (48%)
■ Saves money by reducing hospitalization (77%); arrests (83%); and incarceration (87%)

With such a track record, you might think that making Kendra’s Law permanent is a no-brainer for Albany. Think again. In deference to groups who claim falsely to represent the “rights” of patients to reject treatment, the state Office of Mental Health has proposed only to postpone the expiration date to 2015, leaving families like mine to continue to worry about the day they decide to pull the plug. That’s dangerous for the public and dangerous for the police and my family.

Kendra’s Law should be made permanent and improved. It is the only law that I know of that protects the public, cares for the severely mentally ill and saves the taxpayers money to boot (i.e., in avoided costs of jailing, prosecuting and hospitalizing people).

Kendra’s Law is supported by organizations I admire: the National Alliance on Mental Illness, District Attorney’s Association of the State of New York, National Sheriff’s Association, Greater New York Hospital Association, Public Employees Federation, my own NYS Association of Chiefs of Police and others. I can’t understand how the Office of Mental Health does not see permanency of this law as a priority.

Fortunately, Democratic Assembly member Aileen Gunther, a former nurse, and Republican state Sen. Catherine Young have introduced a bill to make Kendra’s Law permanent and even improve it. Their bill eliminates the loophole in the current law, whereby someone can avoid mandated treatment simply by moving to a different county. They close the crack in the system that allows individuals who are voluntarily committed to inpatient treatment because they are “dangerous to self or others” to be released before determining whether they are in need of court-ordered outpatient treatment. By contrast, OMH proposes that the law be left unchanged.

Kendra’s Law is not a draconian rule that forces our will on the mentally ill. In fact, of the 650,000 individuals OMH treats for mental health issues, only the sickest of the sick — 1,800 individuals — are affected by it. And of those, 81% reported that the law helps them get and stay well.

Kendra’s Law works. When this issue is discussed in Albany, I hope our legislators will invite the police, sheriffs, district attorneys, and correctional officials who now deal more with severely mentally ill persons than OMH does.

In 1999, Sheldon Silver and Republican leaders gathered a combined vote in the Assembly and Senate of 191 to 6 in favor of enacting the law. I hope before it expires they can get the votes to make it permanent and improve it. Do it for the sake of law enforcement, the severely mentally ill, their families and the safety of the general public.

Michael C. Biasotti is the chief of police for the Town of New Windsor, and vice president of the New York State Association of Chiefs of Police.
Pass Kendra's Law Improvement Act, says vice president of New York State Association of Chiefs of Police

Wednesday, June 15, 2011, 5:00 AM

The last thing any police officer wants to do is pull out a gun. It's a sign that something has gone terribly wrong. But increasingly officers are being forced to pull out their guns, and often it's to protect the public from someone with untreated mental illness. In Syracuse last month, police justifiably shot and killed mentally ill Benjamin Campione. He was pointing what turned out to be a pellet gun at them. On Long Island police justifiably shot mentally ill Thomas Scimone in November after he started a fire and ran away, brandishing a shotgun. Both these incidents were predictable and could have been avoided, had Campione and Scimone been receiving treatment.

That's why I urge the state Legislature to pass the Kendra’s Law Improvement Act (S4881/A6987). Most people with mental illness are not violent. But there is a readily identifiable subset, well-known to both police and the mental health system, that does have a greater potential for violence. They are individuals with the most serious mental illnesses, often schizophrenia, who have a history of violence and are not taking their medication.

Kendra’s Law allows courts to order certain mentally ill people who are likely to deteriorate without medication to stay on medication. Compliance is monitored by mental health professionals. In the unlikely event someone ordered to accept treatment goes off it, mental health officials can have him or her hospitalized to see if he or she is becoming dangerous again. The patient remains in the medical system, rather than the police system.

A study published in May's Psychiatric Services journal found that mentally ill people receiving care under Kendra’s Law were 8.6 times less likely to be arrested for a violent offense. People treated under Kendra’s Law were half as likely to be arrested as those who weren't. Reducing the arrest, trial and incarceration of the mentally ill saves officers time and money they can better use elsewhere.

Equally important, research shows Kendra’s Law helps the patients themselves by reducing homelessness, hospitalization and suicide. Unfortunately, only 1,900 individuals receive treatment under Kendra’s Law. Many others could benefit from it. The Kendra’s Law Improvement Act would help see that those who need it are identified and those who are enrolled are not inappropriately discharged. It would:

• Require mental health authorities to take seriously reports from family members about relatives who are mentally ill and deteriorating.
• Require mental health officials be notified so they can conduct an examination to see if court-ordered treatment is needed whenever a hospital releases someone who was judged a danger to self or others; or prisons release people who were receiving mental health services while incarcerated.
• Ensure that court orders are not allowed to expire without a review of whether they should be renewed.
• Make the program easier and more economical to administer.

The bill is supported by virtually all law enforcement officials, including the New York State Association of Chiefs of Police. It is also supported by families of the mentally ill who are members of the Alliance for the Mentally Ill of New York State. It is even supported by 81 percent of the mentally ill people who have been in the program.

No officer wants to be in the position of having to shoot anyone, least of all a suspect who is later found to have untreated mental illness. Improving Kendra’s Law could lessen the odds of that happening and reduce the odds that another police officer is killed responding to the acts of the untreated mentally ill.

The only opposition comes from those who want to maintain the status quo. That's a dangerous option, indeed.

Michael Biasotti is vice president of the New York State Association of Chiefs of Police and chief of police for the New Windsor Police Department.
Firearms and mental care - fix both

Limiting size of ammunition clips, and limiting right to refuse treatment are good places to start

BY MICHAEL BIASOTTI / NEW YORK DAILY NEWS

MONDAY, DECEMBER 17, 2012, 11:08 PM

As a police chief, I have a strong interest in the nationwide debate that is inevitably rekindled whenever a mentally ill individual uses an assault rifle to commit mass murder.

Each time, the question becomes which is more dangerous: Untreated serious mental illness or unrestricted access to any type of gun? As a law enforcement officer, I know they are both dangerous.

The police chiefs don’t have a left or right political agenda; our stance on these issues is based purely upon what we believe to be in the interest of public safety. We support the rights allotted under the Second Amendment, within reason, and we support an individual’s right to choose or reject treatment, within reason.

The vast majority of persons with serious mental illness are not dangerous. But there is a readily identifiable subset of the most severely mentally ill who do become more violent.

Today, the Daily News is launching a petition to call for the ban of assault weapons. To participate, print and send in the form at the bottom of this page, or SIGN ONLINE HERE.

There are two common sense solutions. The National Sheriff’s Association and The New York State Association of Chiefs of Police call on the mental health system to increase use of Assisted Outpatient Treatment (AOT) for mentally ill people who have a history of violence or incarceration.

AOT allows courts to order seriously mentally ill people who have a history of violence or hospitalizations caused by refusing treatment to stay in treatment as a condition of living in the community.

The second common sense approach is to limit the capacity of assault rifle magazines. Limiting the rounds that an assault rifle can spew out allows time for potential victims to run and police to return fire. It also reduces the chances that an officer will be outgunned. It allows those who use guns for sport or to protect themselves to continue to do so.

An individual with mental illness can harm himself or others without a gun. An individual with a gun can harm himself or others without mental illness. Only by placing reasonable limits on guns and reasonable limits on the right to refuse treatment can we improve the safety of all.

Michael C. Biasotti is president of The New York State Association of Chiefs of Police and Chief of Police in New Windsor, N.Y.
Make Kendra's Law permanent

By MICHAEL BIASOTTI

Society has taken responsibility for the mentally ill away from the doctors and handed it to the criminal justice system. As a police chief, I see it everyday — the homeless, psychotic and disturbed taken to jail more frequently than anyone would want.

According to a soon-to-be-released study of all 50 states by Dr. E. Fuller Torrey of the Treatment Advocacy Center, as of 2005 there were approximately 15,000 mentally ill New Yorkers in jails and state prisons and only 12,000 hospitalized. So in New York, you are more likely to be jailed for serious mental illness than treated.

That scares me, and not just professionally. I have a family member with schizophrenia. I would like her to be treated for her illness, not jailed because of lack of treatment. Right now, the main thing keeping her safe in the community is her participation in "Kendra's Law," a vital state program that unfortunately is due to expire on June 30.

Kendra's Law allows courts to require individuals with serious mental illness — who have a past history of violence or hospitalization caused by going off treatment — to accept treatment as a condition for living in the community. That treatment likely includes medications and always a case manager to ensure compliance.

Kendra's Law was enacted in 1999 and named after Kendra Webdale, who was pushed to her death in front of a subway car by Andrew Goldstein, an untreated mentally ill man. It was conceived by families of the mentally ill, like mine, who didn’t want their treatment-resistant relatives to become another Goldstein (now serving 25 years to life).

Being court-ordered to accept treatment — and having the mental health system ordered to deliver it — has been at minimum a dream come true, and possibly a life-saving experience for my family. It lifted a seriously mentally ill young woman from being isolated and psychotic as a result of not believing she’s ill and refusing treatment, to being in school, learning a trade and living semi-independently. And she is not the exception.

A study by Columbia University found individuals under court orders were four times less likely to become violent than those in a control group. Other studies found Kendra’s Law:

* Keeps the public safer by reducing physical harm to others (47%) and property destruction (43%)
* Helps the mentally ill by reducing homelessness (74%); suicide attempts (55%); and substance abuse (48%)
* Saves money by reducing hospitalization (77%); arrests (83%); and incarceration (87%).

With such a track record, you might think that making Kendra’s Law permanent is a no-brainer for Albany. Think again. In deference to groups who claim (falsely) to represent the “rights” of patients to reject treatment, the state Office of Mental Health has proposed only to postpone the expiration date to 2015, leaving families like mine to continue to worry about the day they decide to pull the plug. That’s dangerous for the public and dangerous for the police and my family. Kendra’s Law should be made permanent and improved. It is the only law that I know of that protects the public, cares for the severely mentally ill and saves the taxpayers money to boot (i.e., in avoided costs of jailing, prosecuting and hospitalizing people).

Kendra’s Law is supported by organizations I admire: the National Alliance on Mental Illness, District Attorney’s Association of the State of New York, National Sheriff’s Association, Greater New York Hospital Association, Public Employees Federation, my own NYS Association of Chiefs of Police and others. I can’t understand how the Office of Mental Health does not see permanency of this law as a priority.

Fortunately, Democratic Assembly member Aileen Gunther, a former nurse, and Republican state Sen. Catherine Young have introduced a bill to make Kendra’s Law permanent and even improve it. Their bill eliminates the loophole in the current law, whereby someone can avoid mandated treatment simply by moving to a different county. They close the crack in the system that allows individuals who are involuntarily committed to inpatient treatment because they are “dangerous to self or others” to be released before determining whether they are in need of court-ordered outpatient treatment. By contrast, OMH proposes that the law be left unchanged.

Kendra’s Law is not a draconian rule that forces our will on the mentally ill. In fact, of the 650,000 individuals OMH treats for mental-health issues, only the sickest of the sick — 1,800 individuals — are affected by it. And of those, 81% reported that the law helps them get and stay well.

Kendra’s Law works. When this issue is discussed in Albany, I hope our legislators will invite the police, sheriffs, district attorneys, and correctional officials who now deal more with severely mentally ill persons than OMH does.
In 1999, Sheldon Silver and Republican leaders gathered a combined vote in the Assembly and Senate of 191 to 6 in favor of enacting the law. I hope before it expires they can get the votes to make it permanent and improve it. Do it for the sake of law enforcement, the severely mentally ill, their families and the safety of the general public.

*Michael C. Biasotti is the chief of police for the Town of New Windsor, and vice president of the New York State Association of Chiefs of Police.*
Wednesday's Readers' Page centerpiece: Pass Kendra's Law Improvement Act, says vice president of New York State Association of Chiefs of Police

Published: Wednesday, June 15, 2011, 5:00 AM

By Michael Biasotti

The last thing any police officer wants to do is pull out a gun. It’s a sign that something has gone terribly wrong. But increasingly officers are being forced to pull out their guns, and often it’s to protect the public from someone with untreated mental illness.

In Syracuse last month, police justifiably shot and killed mentally ill Benjamin Campione. He was pointing what turned out to be a pellet gun at them. On Long Island police justifiably shot mentally ill Thomas Scimone in November after he started a fire and ran away, brandishing a shotgun. Both these incidents were predictable and could have been avoided, had Campione and Scimone been receiving treatment.

That’s why I urge the state Legislature to pass the Kendra’s Law Improvement Act (S4881/A6987). Most people with mental illness are not violent. But there is a readily identifiable subset, well-known to both police and the mental health system, that does have a greater potential for violence. They are individuals with the most serious mental illnesses, often schizophrenia, who have a history of violence and are not taking their medication.

Kendra’s Law allows courts to order certain mentally ill people who are likely to deteriorate without medication to stay on medication. Compliance is monitored by mental health professionals. In the unlikely event someone ordered to accept treatment goes off it, mental health officials can have him or her hospitalized to see if he or she is.
becoming dangerous again. The patient remains in the medical system, rather than the police system.

A study published in May’s Psychiatric Services journal found that mentally ill people receiving care under Kendra’s Law were 8.6 times less likely to be arrested for a violent offense. People treated under Kendra’s Law were half as likely to be arrested as those who weren’t. Reducing the arrest, trial and incarceration of the mentally ill saves officers time and money they can better use elsewhere. Equally important, research shows Kendra’s Law helps the patients themselves by reducing homelessness, hospitalization and suicide.

Unfortunately, only 1,900 individuals receive treatment under Kendra’s Law. Many others could benefit from it. The Kendra’s Law Improvement Act would help see that those who need it are identified and those who are enrolled are not inappropriately discharged. It would:

- Require mental health authorities to take seriously reports from family members about relatives who are mentally ill and deteriorating.
- Require mental health officials be notified so they can conduct an examination to see if court-ordered treatment is needed whenever a hospital releases someone who was judged a danger to self or others; or prisons release people who were receiving mental health services while incarcerated.
- Ensure that court orders are not allowed to expire without a review of whether they should be renewed.
- Make the program easier and more economical to administer.

The bill is supported by virtually all law enforcement officials, including the New York State Association of Chiefs of Police. It is also supported by families of the mentally ill who are members of the Alliance for the Mentally Ill of New York State. It is even supported by 81 percent of the mentally ill people who have been in the program.

No officer wants to be in the position of having to shoot anyone, least of all a suspect who is later found to have untreated mental illness. Improving Kendra’s Law could lessen the odds of that happening and reduce the odds that another police officer is killed responding to the acts of the untreated mentally ill.

The only opposition comes from those who want to maintain the status quo. That’s a dangerous option, indeed.

Michael Biasotti is vice president of the New York State Association of Chiefs of Police and chief of police for the New Windsor Police Department.

© syracuse.com. All rights reserved.
Commit to helping the mentally ill

By D.J. Jaffe

As a family member of someone with mental illness, I just can't accept the fact that New York, even after spending over $3 billion annually on mental health services, has more people incarcerated for mental illness than hospitalized. Headlines scream about the deeds of the untreated mentally ill, like the two who stabbed three police officers, the one who stabbed her baby, the other who might be responsible for Etan Patz's murder.

The problem is that New York inversely prioritizes services. The least ill go to the head of the line while the most seriously ill are offloaded to shelters, jails, prisons, and nursing homes — off the mental health budget and onto the more expensive criminal justice budget. The mental health industry knows this is happening, but don't worry about it.

Take Kendra's Law. Introduced in 1999, it allows judges to order people with serious mental illness and a history of violence who are likely to refuse treatment to accept treatment. But because it also allows courts to order mental health programs to provide the treatment, the industry opposed it and the Legislature had to pass it over their objections.

Twelve years of research proves the legislators were right and the "experts" wrong. Kendra's Law reduces violence, arrest, homelessness, incarceration, hospitalization, suicide attempts and length of hospitalization. Those in Kendra's Law who were more violent to begin with were nevertheless four times less likely than a control group to become violent.

The mental health establishment is loath to admit any association between mental illness and violence. While it is true that most people with mental illness are not violent, Kendra's Law is not intended for most people with mental illness. It is only for a subset of a subset of a subset: only the most seriously ill, only the subset with a history of violence or needless hospitalizations, only the subset of that subset that refuses treatment and only the subset of the subset of the subset that is likely to deteriorate without that treatment.

As good as Kendra's Law is, it has dangerous cracks in it. State Sen. Catherine Young and Assemblywoman Aileen Gunther proposed the bipartisan Kendra's Law Improvement Act to close the cracks, but the mental health complex is lobbying to preserve them.

They want to preserve the ability to discharge involuntarily committed mentally ill patients and mentally ill prisoners to the community without first informing mental health directors so they can determine if enrollment in Kendra's Law or other treatment is needed to keep the community safer. They want to preserve the ability of mental health directors not to review expiring court orders and to ignore reports of mentally ill people who are becoming dangerous when those reports are received from family members.

To the extent they will admit there is a problem, the mental health industry's position is that Medicaid reform and more voluntary services will solve it. But Kendra's Law is only for those who refuse treatment. Changing Medicaid rates or offering more services does not affect the ability to refuse treatment. It is disingenuous of them to use the plight of the seriously ill who they won't treat to justify higher rates on treating all others.

The bipartisan improvement act is supported by the Alliance on Mental Illness of New York State and the criminal justice community because it is families of the mentally ill and police who bear the burden of the system's failures.

If the mental health system won't voluntarily focus on the most seriously mentally ill, the Legislature should pass the bill to involuntarily commit them.

> D.J. Jaffe is executive director of Mental Illness Policy Org. http://mentalillnesspolicy.org. His email address is djaffe@mentalillnesspolicy.org.
Kendra’s Law forever

Why does the Paterson administration — particularly the state commissioner of mental health — oppose making Kendra’s Law permanent?

Enacted in 1999, that groundbreaking law authorizes court-ordered outpatient treatment for people with serious mental illness who have a history of violence when they go off their meds.

Specifically, it allows a judge to compel a person with serious mentally illness who refuses either to take medication or submit to supervised psychiatric treatment to do so as a condition for continuing to live in the general community.

The law was named for Kendra Webdale, the 32-year-old photographer and aspiring screenwriter who was pushed to her death in front of an oncoming N train by Andrew Goldstein, a schizophrenic who had stopped taking his medication.

With vigorous support from mental-health groups, victims’ families and law-enforcement agencies, the law was enacted in 2000 — initially for a five-year trial period, because skeptics insisted it wouldn’t work.

Then it was renewed for another five years in 2005, after the same skeptics dismissed research showing it did work.

It’s set to expire again next month.

Yet, despite repeated studies showing the many benefits of the law for the mentally ill — not to mention for the general public, which is much safer when dangerously ill people receive treatment — the state still doesn’t want to make it permanent.

Mental Health Commissioner Michael Hogan, incredibly, cites “the state’s current budget crisis” to argue that “this is not the time to expand services.”

So he and the governor are backing a Senate bill that would extend the bill for yet another five years — and set a new “sunset” date of June 2015.

But why not make permanent a law that even Hogan admits is working?

A bill introduced by two upstate legislators, Democratic Assemblywoman Aileen Gunther and GOP Sen. Catharine Young, would do just that — but even they concede that its chances for passage are slim.

Advocacy groups argue that people shouldn’t be medicated against their will. And the aggressively clueless New York Civil Liberties Union argues, disingenuously, that Kendra’s Law “has been used disparately against men of color.”

But, as more responsible advocates note, the fact that the law is working ensures increased access to medical care for minority patients.

Would the NYCLU prefer to see those patients remain untreated — and then sent to prison for 25 to life, as was Andrew Goldstein, when someone else is pushed off a subway platform?

It’s time for Albany to show some common sense for a change — and make Kendra’s Law permanent.
OUR state's mental-health system is creating dangers not just for New Yorkers with serious mental illness, but also for the public and police.

Last month, a mentally ill man stabbed NYPD Officer Eder Loor. Authorities found that the attacker had been released from prison without an evaluation to determine whether he needed further treatment. This followed the Easter Sunday stabbings of Police Officers William Fair and Philip White in The Bronx by a schizophrenic who had stopped taking medications.

At the root of such tragedies are flaws in New York's mental-health system, which all too often ignores the most seriously ill. The status quo is too dangerous not to fix.

We need to ensure that seriously ill and potentially dangerous people undergo the proper treatment. The bipartisan passage of Kendra's Law in 2000 was a start. It allows the courts to order a mentally ill person with a history of noncompliance and violence or needless hospitalization to accept treatment as a condition for living in the community.

Under that law, courts can also order the mental-health system to start treating the most seriously ill into its programs — a reform that may account for the opposition to Kendra's Law by certain "providers," who would rather collect state money for treating less-severe cases.

Peer-reviewed studies show the Legislature was right to embrace Kendra's Law. For example, patients in treatment under the law, although more violent to begin with, are four times less likely than the control group to perpetrate serious violence. They experience less frequent psychiatric hospitalizations, shorter hospital stays and fewer arrests.

But research (and the attacks on Officers Loor, Fair and White) also shows Kendra's Law has cracks that need closing:

- The system is releasing people who've been involuntarily committed due to severe mental illness — individuals who are "a danger to self or others" — back into the community without determining if mandated treatment is necessary to prevent further hospitalization, or worse.
- When a Kendra's Law subject moves to another county, there is no procedure to see that he or she stays in treatment.
- Parents being abused by someone with mental illness have to call police, because the mental-health system often ignore such calls.

We know this is happening, and we know how to stop it. If the system won't meet its responsibilities on its own, then the Legislature must provide guidance.

We've proposed a bipartisan Kendra's Law Improvement Act to close these cracks and help refocus the system to pay greater attention to the most seriously ill.

Yes, there are funding issues. We must help our counties with costs related to supporting Kendra's Law so that we never have to choose between funding and safety. But the cracks in the law need repair, too.

Our bill asks hospitals to evaluate involuntarily committed patients, and corrections officials to evaluate mentally ill prisoners, before discharging them to the community. They'd report their actions to the mental-hygiene director who oversees services in the county where the patient or prisoner is expected to reside.

It also requires the state Office of Mental Health to oversee this process and develop a mechanism to ensure family reports of deterioration in loved ones with serious mental illness are brought to local officials' attention.

These changes are supported by the Alliance on Mental Illness of New York State and the NYS Association of Chiefs of Police. We hope our colleagues will support it, too.

Anything less is a failure to meet our core responsibility as lawmakers: ensuring the safety and welfare of all New Yorkers.

State Sen. Catharine Young (R,C,J-Olean) and Assembly Member Aileen Gunther (D,C-Monticello) are the chief sponsors of the Kendra's Law Improvement Act.
Fill big holes in Kendra’s Law

As the former president of the New York State Alliance on Mental Illness, there was always one helpline call I dreaded. It would come from a parent: “My son went off his treatment for schizophrenia. He thinks someone is reading his mind and sending him messages, and he is getting increasingly psychotic. I’m afraid he’s going to hurt me or his sister.” Family members are powerless to do anything; firm requests to “take your medicine” are useless. Many people don’t realize that police cannot become involved until after the individual has actually demonstrated they are dangerous, and, of course, this is often too late.

In 1999, Kendra’s Law was passed, allowing courts to order certain seriously mentally ill individuals to stay in assisted outpatient treatment, even when they are not hospitalized or incarcerated.

The results have been outstanding. According to Mental Illness Policy Org., a May 2011 study showed an 800 percent reduction in the likelihood of arrest for violent crimes once individuals are enrolled in Kendra’s Law. But research also shows Kendra’s Law has gaping cracks that are putting both patients and the public at risk. A new bill, the Kendra’s Law Improvement Act (A987/S4981) would close those cracks. For example, currently, mentally ill inmates and individuals who were hospitalized because they were “danger to self or others” can be released from jails, prisons and hospitals without notifying mental health officials or anyone evaluating whether they need court-ordered treatment to remain safe in the community. The bill closes those cracks. It also allows mental health officials to receive information from family members, usually the most knowledgeable about changes in a patient’s condition. The bill also reduces cost and administrative burdens.

Rochester Assemblyman Mark Johns and state Sen. James Alesi joined 52 other legislators in co-sponsoring the bill. Other members of the Rochester delegation have not. Why?

For the sake of the entire community, I urge them to co-sponsor and vigorously support this legislation.

Christian is a Penfield resident and former president of the Alliance on Mental Illness of NYS.
Strengthen Kendra’s Law

State Legislature needs to act now to close loopholes in treatment

Kendra’s Law works. That’s the first thing to know. But there are significant loopholes in it that bipartisan legislation could fix. That legislation has been introduced in the State Legislature, but is languishing in committee in each chamber. Lawmakers need to move the measure forward.

The law is named for Kendra Webdale, a Western New Yorker who was pushed to her death from a New York City subway platform by a mentally ill man. It is designed to keep people who need violence-prevention medication on their prescriptions. The law allows judges to order certain mentally ill people to take their medications as a condition of release and, if that doesn’t work, to order involuntary commitment to mental hospitals if they are shown to be a danger to others or themselves.

Researchers at Duke University studied the effects of Kendra’s Law, officially known as Assisted Outpatient Treatment, in 2009. The researchers said, “We find that New York State’s AOT Program improves a range of important outcomes for its recipients, apparently without feared negative consequences to recipients. The increased services available under AOT clearly improve recipient outcomes.”

But there are problems. As matters stand, mentally ill criminals and people involuntarily committed are released from jails and hospitals without first being evaluated to see if they need mandatory treatment.

The pending bill fixes that problem. It would also ensure that court orders are reviewed before they expire — not now the case — while also saving money, improving care and enhancing public safety.

These are sensible reforms that should be adopted before the legislative session expires. They do not need to be permanent. Kendra’s Law, itself, expires in four years, when it is expected to be renewed or, better yet, made permanent.

At that time, with four years’ evaluation time, lawmakers can extend these amendments or drop them, if needed. In that sense, this is an ideal time to authorize these changes.

The amendments are supported by families of the mentally ill (they are the most likely victims), law enforcement and, backers say, even 81 percent of those who have been subject to Kendra’s Law.

Opposition is centered mainly in the Office of Mental

Kendra Webdale, 32, of Fredonia was an aspiring screenwriter living in New York City when she was killed in 1999.

Health, community health providers and their trade associations, according to D.J. Jaffe, a supporter of the amendments and a board member of the Treatment Advocacy Center (www.kendralaw.org). That, Jaffe says, is at least in part because community programs lose the ability to “cherry-pick” the easiest patients to treat.

Regardless, the statistics show that this law is important and that it works. Given the stakes, it is incumbent on the Legislature to ensure that it operates as efficiently and effectively as possible. These measures will help to do that.

Members of the Senate and Assembly need to move the bill out of committee and to a floor vote. The session ends next month. It’s time to move.
Chief Michael Biasotti
Town of New Windsor Police Department
555 Union Ave
New Windsor, New York 12553

Subject: Support of Kendra’s Law

The Mid-Hudson Association of Chiefs of Police joins law enforcement officials from across New York State in support of making Kendra’s Law (New York Mental Hygiene Law §9.60) permanent. There is over-whelming evidence that Kendra’s Law has been effective in providing greater care for patients, reducing public and private costs associated with the lack of proper treatment and diminishing involvement of law enforcement personnel. Under the law, our communities are much safer because those who need outpatient assistance are getting the supervised services that they require. The law has helped alleviate the ‘re-volving door’ of patients, particularly those with a propensity for violence and who fail to comply with their prescribed treatment. The success of Kendra’s Law has significantly helped many patients while diverting them from the criminal justice system. Studies in New York show greater patient satisfaction, reduced violence and improved mental health outcomes.

Again, please make Kendra’s Law permanent.

Sincerely,

Ronald J. Knapp
President
EDITORIAL: Make Kendra's Law permanent
February 23, 2010

Tragedies like the death of Kendra Webdale, who was pushed in front of a subway train by a man with a history of psychiatric illness, have declined dramatically since involuntary outpatient treatment of the mentally ill was authorized in New York State in 1999. So has homelessness and suicide for those receiving the intensive case management the law provided. Those are good outcomes all around.

So Kendra's Law, which will expire soon, should be made permanent. The legislature shouldn't lose sight of that as it returns to work this week, no matter how full its agenda. The law addresses the dilemma of mentally ill people who function well while on medication, but deteriorate badly when not. It empowers relatives and caregivers to petition a court to order that a patient be provided - and accept - intensive outpatient supervision.

The law was reauthorized temporarily in 2005, amid questions about geographical and racial disparities in its application. Blacks were disproportionately under court orders, and the majority of the orders were issued in New York City and Nassau and Suffolk counties. Studies since then have attributed the disparity to the greater likelihood that blacks would be poor, uninsured and in the public system. And there seems little difference in the impact of intensive case management whether court ordered, as it was downstate, or provided "voluntarily," under threat of court order, as it was upstate.

Either way, the result is fewer needless deaths like Webdale's.
Memorandum in SUPPORT of Bill

THIS MEMORANDUM IS IN RESPONSE TO SEVERAL INQUIRIES BY MEMBERS OF THE LEGISLATURE REQUESTING OUR OPINION OF THIS BILL.

A. 08477

TITLE OF BILL: AN ACT TO AMEND THE MENTAL HYGIENE LAW AND THE SOCIAL SERVICES LAW, IN RELATION TO ENACTING THE ASSISTED OUTPATIENT TREATMENT ACT AND AUTHORIZING COURT ORDERS TO REQUIRE MENTALLY ILL OUTPATIENTS TO COMPLY WITH PRESCRIBED TREATMENT, AND EXPANDING MEDICAL ASSISTANCE PRESumptive Eligibility: AND PROVIDING FOR THE REPEAL OF CERTAIN PROVISIONS UPON EXPIRATION THEREOF

UNDER KENDRA'S LAW, TREATMENT WOULD BE REQUIRED BY COURT ORDER FOR INDIVIDUALS WHO HAVE A SERIOUS MENTAL ILLNESS AND HAVE A HISTORY OF VIOLENCE OR REPEATED HOSPITALIZATIONS. IF AN INDIVIDUAL DOES NOT COMPLY WITH TREATMENT, THE INDIVIDUAL CAN BE BROUGHT TO A HOSPITAL FOR EVALUATION BY ANY OF THE FOLLOWING PEACE OFFICERS, POLICE OFFICERS SHERIFF'S AMBULANCE SERVICE OR AN APPROVED MOBILE CRISIS OUTREACH TEAM. IT IS IMPORTANT TO NOTE THAT IT IS NOT JUST POLICE OFFICERS WHO ARE DESIGNATED FOR THIS FUNCTION.

CURRENTLY POLICE ARE REQUIRED TO TRANSPORT MENTALLY ILL INDIVIDUALS TO HOSPITALS WHEN THEY BECOME IMMINENTLY DANGEROUS. KENDRA'S LAW WILL ALLEVIATE THE BURDEN ON POLICEPOSED BY THE CURRENT LAW IN THE FOLLOWING WAYS:

1. POLICE WILL BE TRANSPORTING PATIENTS WHO ARE LESS DANGEROUS--INDIVIDUALS WILL BE TRANSPORTED TO THE HOSPITAL BEFORE THEY BECOME DANGEROUS.

2. THE NEED FOR POLICE TO TRANSPORT PATIENTS WILL BE REDUCED--STUDIES SHOW THAT ASSISTED OUTPATIENT TREATMENT REDUCES THE FREQUENCY OF HOSPITALIZATIONS;

3. THE NUMBER OF PATIENTS TRANSPORTED BY POLICE WILL NOT INCREASE--NONE OF THE INDIVIDUALS IN THE BELLEVUE ASSISTED OUTPATIENT PILOT TREATMENT PROGRAM WERE EVER TRANSPORTED BY LAW ENFORCEMENT OFFICERS: AND

4. THE NUMBER OF MENTALLY ILL IN JAILS WILL BE REDUCED--INDIVIDUALS WILL BE TREATED IN THE COMMUNITY TO PREVENT THEM FROM BECOMING DANGEROUS AND IN NEED OF INCARCERATION.

THE NEW YORK STATE ASSOCIATION OF CHIEFS OF POLICE WHOSE MEMBERSHIP CONSISTS OF MORE THAN 900 CHIEFS OF POLICE AND OTHER TOP LAW ENFORCEMENT OFFICIALS SUPPORTS THIS LEGISLATION.
Make Kendra's Law Permanent

By E. Fuller Torrey

Eleven years ago, when the New York Legislature passed Kendra's Law, few could have foretold what a resounding success it would be. At the time lawmakers were searching for a useful response to the tragic death of 32-year-old Kendra Webdale, who was pushed in front of a subway train in Manhattan by a stranger who had untreated schizophrenia.

The law, initially intended for a trial period of five years, permits state judges to order closely monitored outpatient treatment for a small subset of seriously mentally ill people who have records of failing to take medication, and who have consequently been rehospitalized or jailed or have exhibited violent behavior.

In 2005, Kendra's Law was extended for another five years. In all, more than 8,000 people have been treated under its provisions, and the results have been striking. A 2005 study of more than 2,700 people to whom the law was applied found that, after treatment, the rate of homelessness in the population fell by 74 percent, the number who needed to be rehospitalized dropped by 77 percent and the number arrested fell by 83 percent. And a study published this year found that people receiving treatment under Kendra's Law were only one-fourth as likely to commit violent acts, had a reduced risk of suicide and were functioning better socially than members of a control group.

It's hard to imagine a stronger argument for making the law permanent. And yet, as it comes up for renewal this month, the state Office of Mental Health is recommending only a five-year extension. Why the hesitation? Apparently, the people who could be treated under Kendra's Law account for only one in 10 seriously ill psychiatric patients. But when these people are untreated, they also make up one-third of the homeless population, and at least 16 percent of the jail and prison population. These people are ubiquitous in city parks, public libraries and train stations. And a small percentage become dangerous, even homicidal.

The law has been a model of success, not only in New York but also in 44 other states that now have similar laws (including, most recently, New Jersey and Maine). Unfortunately, these laws are too rarely used. California, for example, has passed an equivalent to Kendra's Law known as Laura's Law, but has not enforced it. If it had, it might have prevented 36-year-old John Patrick Bedell from wandering the country last March, taking orders from his psychotic brain, despite his family's frantic attempts to get treatment for him. Mr. Bedell ultimately shot two security guards at the Pentagon, and was shot and killed by the officers he injured.

Kendra's Law saves lives. By keeping patients on medication, it also saves money that might otherwise be spent on rehospitalization, prosecution and incarceration. New York should take lasting advantage of both benefits by making the law permanent.
For Families' Sake, Fix 'Kendra's Law'

My kindhearted brother, Thomas Scimone, was shot dead by Suffolk County police on Thanksgiving of last year. He was diagnosed 16 years ago with bipolar disorder. Like many people with serious mental illness, he was not to go off stabilizing treatments, deteriorate and act out — leading to that fatal encounter.

It is too late for my brother, who is like so many others a victim of the New York's broken mental-health system. But a bill — a strengthening of "Kendra's Law" — would help individuals like Thomas. Held up by the Legislature's mental-health committee, it must move forward.

When Thomas predictably would go off treatment or reduce his medications and start to deteriorate, the mental-health system failed to help or involuntarily hospitalize him despite my family's begging, pleading and cajoling. The system would defend his right to go off treatment or say that he couldn't be hospitalized because he was not "there" yet. If Thomas admitted himself to a mental hospital voluntarily, he'd be discharged prematurely, free to go off medications and needlessly deteriorate again.

Kendra's Law, passed in 1999 after Kendra Webdale was pushed in front of a subway train by a mentally ill man gives courts the power to require our relatives who are seriously ill and have a history of violence or noncompliance with treatment to stay in treatment as a condition for living in the community.

As Assembly Speaker Sheldon Silver wrote at the time, "While families witness firsthand the personal destruction of mental illness, they frequently have no power to stop or control it." That's me. When used, Kendra's Law dramatically reduces hospitalization, incarceration, arrests, homelessness and suicide. It keeps our mentally ill loved ones, our families and the public safer.

But Kendra's Law has giant loopholes that prevent some who could benefit from getting into the program. State Sen. Catherine Young (R-Olean) and Assembly Member Aileen Gunther (D-Forestburgh) have proposed a bill that would strengthen Kendra's Law and close some of the loopholes, but the Senate and Assembly mental-health committees haven't moved the bill forward.

Why? Instead of listening to families of the mentally ill, legislators are listening to mental-health-service providers and the state Office of Mental Health, who fear courts will require them to treat people they've historically rejected — the most ill.

Families know that the seriously mentally ill who were violent in the past are those most likely to become violent in the future. The Young-Gunther bill smartly requires mental-health officials to look at the records of the mentally ill who are being discharged from jails and prisons and those of hospital patients who were "danger to self or others" to determine if they need court-ordered treatment. That might have helped my brother.

The bill would also require officials to investigate when families like mine provide credible information that a loved one is mentally ill and in need of treatment to prevent deterioration.

No one can ever understand the challenges faced daily by families of the seriously mentally ill as we struggle to keep our relatives in treatment. Although each of our family situations is slightly different, the results are often the same.

In Syracuse, police shot and killed Victor Campione's mentally ill brother, Benjamin. Benjamin thought he was Jesus and was threatening people with a pellet gun. Benjamin wouldn't take medications because, as Jesus, he didn't think he needed them.

Vanessa and Brian Bellucci on Staten Island have a slightly different story. Their brother Eric wouldn't stay on his antipsychotic medications. Despite their many pleas, mental-health officials failed to help them. The police did come — after Eric killed his parents, as the Belluccis had feared would happen.

The Legislature passed a bill to prevent the mentally ill from gaining access to guns; it should pass this bill to help them get access to treatment. Otherwise, people with serious mental illness will be sent to the back of the line rather than to the front.

Or in the case of my brother, the morgue.

Pat Scimone advocates for the mentally ill and their families. patscimone@aol.com
Bill would fix dangerous cracks in Kendra's Law

By Vanessa Bellucci

On Oct. 13, 2010, after years of unsuccessful efforts to get the New York state mental-health system to treat my brother for schizophrenia, cracks in the system led him to kill both our parents in our own home. My brave, caring, beloved parents and my brother Eric, who in earlier years could be described as intelligent, funny, athletic and loving, are now gone.

The same cracks in the mental-health system that allowed my brother to go untreated then are allowing thousands of others to go untreated now. Assemblywoman Alleen Gunther, D-Forestburgh, and state Sen. Catharine Young, R-Olean, wrote the bipartisan Kendra's Law Improvement Act to close these cracks, but the mental-health system is resisting change. Gov. Andrew Cuomo, Assembly Speaker Sheldon Silver and Senate Majority Leader Dean Skelos should join together to ensure the bill passes.

Kendra's Law is New York's most successful program for the most seriously ill.

It was passed in 1999 with bipartisan support over the objections of the mental-health system. It allows courts to require a very small, narrowly defined group of historically dangerous patients to stay in treatment while in the community, and orders the mental-health system to provide the treatment.

The law has ensured the most serious of mental-health system failures, like the ones who visited our parents' home in 2010.

As a result of the cracks in Kendra's Law, my parents are dead and my brother remains in prison, adjudged as incompetent to stand trial. Perhaps with the proper support from the mental-health system, all this could have been avoided and I could have had parents to give me away at my wedding next year, and my nephew could have had his uncle and grandparents around to watch him grow up. It's too late for my family, but not too late for others. Pass the Kendra's Law Improvement Act.

The writer is a Staten Island resident. Her brother, Eric Bellucci, has been found mentally incompetent to stand trial in the deaths of his parents and remains in a psychiatric facility.

SEE THE LEGISLATION

To read the proposed Kendra's Law Improvement Act, go to the Assembly's website, http://assembly.state.ny.us and type in the bill number — A4937 or S6811 — in the Quick Bill Search window.

Close the cracks

The Kendra's Law Improvement Act would close many cracks by improving the information flow. It would require hospitals to inform local mental-health directors when releasing involuntarily committed patients to the community and jails and prisons to notify mental-health directors when releasing mentally ill prisoners. It would require mental-health directors to accept reports of dangerous mentally ill individuals even when these reports come from family members. It would also require the state Office of Mental Health to monitor compliance.

It all makes sense, and could have prevented the situation my brother is in today.

The community-based mental-health system is fighting back. Incredulously, they don't want to know about seriously mentally ill in the community. I think they should be required to know. The improvement act has support from the New York State Alliance on Mental Illness representing families of people with serious mental illness like mine. It also has the support of the New York State Chiefs of Police, who have to visit scenes of the mental-health system's failures, like the ones who visited my parents' home in 2010.

The Kendra's Law Improvement Act would close many cracks by improving the information flow. It would require hospitals to inform local mental-health directors when releasing involuntarily committed patients to the community and jails and prisons to notify mental-health directors when releasing mentally ill prisoners.
Byline: SHELDON SILVER Assembly Speaker Albany

The profound sadness and many difficulties that surround mental illness are too often exacerbated by an individual's refusal to follow a prescribed medical treatment plan. This reluctance is not only harmful to the noncompliant patient, but also to their families and potentially dangerous to the public.

Such was the case earlier this year when Kendra Webdale was allegedly pushed in front of an oncoming subway train by a diagnosed schizophrenic who had stopped taking medication.

This incident was nothing short of tragic. Unfortunately, it is not isolated. For too long, many families have been forced to stand helplessly by as mentally ill loved ones... refusing to adhere to physician-prescribed treatment plans, spun through a revolving door of care. While these families witness firsthand the personal destruction of mental illness, they frequently have no power to stop or control it.

In an effort to prevent future tragedies and aid families as they seek to protect relatives, I have been joined by state Attorney General Elliot Spitzer in advocating for the enactment of "Kendra's Law."

While the specific incident that inspired "Kendra's Law" accurately depicts this as a public safety issue, we cannot overlook or minimize the importance of this bill for those struggling every day with mental illness. My bill will provide assistance and comfort to individuals living with mental illness and to the thousands of families who have nowhere to turn when a loved one is refusing to participate in medical treatment plans.

Under the bill, family members and caregivers could, with the support of a physician, obtain a court order to ensure that a mentally ill person takes his or her prescribed medication. If the mentally ill person violates the court order by going off medication, he or she could then be held for a 72-hour emergency evaluation to determine the need for more serious intervention.

It is unconscionable that under current law, a helpless family has to wait for a crisis or in extreme cases, terrible violence, before a loved one will access necessary treatment. The pain of mental illness is hard enough without forcing family members to go to sleep every night praying that their child, brother or sister will not turn violent and end up hurting themselves, a friend or a total stranger.
Strengthen Kendra's Law

Published: Thursday, May 24, 2012, 7:39 AM     Updated: Thursday, May 24, 2012, 7:40 AM

By Staten Island Advance Editorial

Kendra’s Law goes only so far to protect the mentally ill found to be potentially violent from harming themselves and others. More needs to be done.

The state law, which was passed in 1999, requires a small group of individuals to accept court-ordered outpatient treatment as a condition for living in the community.

It was approved following the death of Kendra Webdale, a woman who was pushed in front of a Manhattan subway train. She was the victim of a mentally ill man who had stopped taking his prescribed medication.

Kendra’s Law has been shown to protect the public while reducing incarcerations and hospitalizations. It has helped the mentally ill by reducing homelessness, substance abuse and suicide attempts.

According to a 2010 Columbia University study, those people who are under Kendra’s Law orders were found, despite greater histories of violence, to be four times less likely to engage in future violence.

But there are loopholes that need to be eliminated.

A typical example is the case of Eric Bellucci, the Staten Island man who once again last month was deemed to be mentally incompetent to stand trial for the 2010 killing of his parents. His family had been unable to convince officials to order him into assisted outpatient treatment.

This is one of the issues addressed by the Kendra’s Law Improvement Act, a bipartisan proposal that lawmakers in Albany ought to enact. Assemblyman Mike Cusick (D-Mid-Island), who is on the mental health committee, has been a supporter of reforming the law.

Beyond the matter of fully evaluating family concerns, reform is needed to prevent seriously mentally ill prisoners from being discharged into communities without determining if they require treatment to stay safe.

Kendra’s Law already allows courts to order community programs to treat the mentally ill who are determined to be potentially dangerous.
But reforms are necessary to prevent those court orders for treatment from expiring without the appropriate reviews; or to prevent the orders from being nullified because the outpatient moves to another county.

Under the reform legislation, county mental health commissioners would be required to review such cases.

Incredibly, many public officials - including those in the state Office of Mental Health - oppose the Kendra’s Law Improvement Act. They prefer to treat less seriously ill patients and claim they have no funds to do much more.

According to D.J. Jaffe, executive director of Mental Illness Policy Org, opponents of reform have great sway over the Assembly’s mental health committee. He says they have used their political clout to block the legislation.

Proponents of closing the gaps in Kendra’s Law include the National Alliance on Mental Illness of New York State and the State Association of Chiefs of Police.

We urge our legislators in Albany to make the public safer by closing the loopholes in Kendra’s Law.

It’s vital to make this good law better.

© SILive.com. All rights reserved.
December 30, 2012, 4:45 PM ET

Subway Suspect’s Past Allegedly Includes Mental Health Problems, Violence

By Pervaiz Shallwani

Long before she was accused of pushing a Queens man to his death on the subway tracks, Erika Menendez was arrested at least twice on misdemeanor charges related to violence and had a history of family members calling police to report erratic behavior related to her mental health, a law-enforcement official said.

Over the past 12 years, police have records of 14 encounters with Ms. Menendez, 31 years old, who has been charged with murder as a hate crime in last Thursday’s subway death. In at least four of those instances, the official said, Ms. Menendez’s mother, Maricela Mera, told police that Ms. Menendez had been diagnosed with bipolar disorder, an illness marked by extreme shifts in mood, and was acting violently.

Ms. Menendez, of the Rego Park section of Queens, has nine prior arrests on charges that include cocaine and marijuana possession, harassment and assault, the official said. Two of the arrests in 2003 resulted in charges of assault for allegedly punching men, the official said. In five of the nine cases, Ms. Menendez received a conditional discharge without jail time. Four of the cases have been sealed, and no details were available Sunday.

Ms. Menendez’s previous run-ins with police emerged Sunday after she was arraigned on a murder charge in connection with the death of Sunando Sen, a 46-year-old Indian immigrant. Prosecutors said Ms. Menendez shoved Mr. Sen in front of an oncoming 7 train at the 40th Street-Lowery Street station in Sunnyside, Queens. Just before the incident, witnesses saw her speaking incoherently to herself, authorities said.

Ms. Menendez was arrested on Saturday and admitted she pushed Mr. Sen, who is Hindu, because of his ethnicity, said Queens District Attorney Richard Brown. Paraphrasing Ms. Menendez’s statement to investigators, Mr. Brown said that she said: “I pushed a Muslim off the train tracks because I hate Hindus and Muslims ever since 2001 when they put down the Twin Towers I’ve been beating them up.”

Queens Criminal Court Judge Gia Morris ordered that Ms. Menendez be held without bail. Judge Morris
ordered a psychiatric examination for Ms. Menendez before Jan. 14. She didn’t enter a plea.

Reached by email, Ms. Menendez’s court-appointed attorney Dietrich Epperson declined to comment. Mr. Epperson said he was given the case because he happened to be working a shift and said a new “homicide defense attorney” would likely be appointed for Ms. Menendez at her next court date.

A man who answered the phone at the home of Ms. Menendez’s mother Maricela Mera, said: “The family is too distraught to talk about it.”

A wake was scheduled Sunday afternoon for Mr. Sen, who had recently opened his own printing store on the Upper West Side. A funeral director said Mr. Sen had no known family.

Ms. Menendez’s encounters with police date back to 2000, when she was arrested on a charge of using a stolen credit card number to make a purchase, the law-enforcement official said. She received a conditional discharge, the official said.

In April 2003, Ms. Menendez was charged with misdemeanor assault and harassment. She allegedly “punched, slapped and scratched” a 28-year-old man in the face and neck, the official said.

About two months later, Ms. Menendez was arrested on the same charges after she allegedly punched a 55-year-old man in the face as he was taking out his garbage on Palmetto Street in the Woodside section of Queens, the official said. Neighbors said the Ms. Menendez briefly lived with her sister on the block. She received a conditional discharge in both instances.

In February 2005, police responded to a report of Ms. Menendez becoming “violent toward her family,” the official said. The police report said Ms. Menendez hadn’t taken medication for her bipolar disorder for five months. It isn’t clear if she was arrested.

In May 2007, police responded to a report of Ms. Menendez digesting “various amounts of medication pills, causing her to become disoriented and drowsy,” the official said. She was taken to Elmhurst Hospital Center.

In September 2008, Ms. Menendez’s mother reported to police that her daughter was “threatening to harm herself and others,” the official said. Ms. Menendez was again taken to Elmhurst Hospital Center.

In January 2010, the NYPD has a report of Ms. Menendez throwing a radio at a police officer and making threats. “She appeared confused and irritated,” the official said. It wasn’t clear if Ms. Menendez was arrested.

In the most recent call to police about Ms. Menendez, her mother reported her missing on Feb. 27, saying she hadn’t been taking her medication, the official said. That day, she and her mother had an argument, and Ms. Menendez “broke several items inside the family’s home,” the official said.

Ms. Menendez then left the house, something she “had done numerous times in the past and always returned home a few hours later,” the official said.
It remained unclear what brought Ms. Menendez and Mr. Sen together on the Flushing-bound 7 train platform. Authorities said Mr. Sen was trying to stay warm in an enclosed area of the elevated station and didn’t notice his attacker before he fell on the tracks.

—Alison Fox and Danny Gold contributed to this article
Subway Suspect's Past
Mental-Health Issues, Violent Tendencies Allegedly Plagued Her Before Pushing

By PERVAIZ SHALLWANI

Long before Erika Menendez was accused of pushing a Queens man to his death on the subway tracks, her mother had called police at least five times over the past seven years to report erratic, sometimes violent behavior related to her daughter's mental health, a law-enforcement official said.

Over the past 12 years, New York City police have records of 14 encounters with Ms. Menendez, 31 years old, including nine arrests separate from the calls for help from her mother, the official said.

Two of the arrests—both in 2003—resulted in assault charges on accusations of attacking men, the official said, adding that she pleaded guilty but received no jail time.

Ms. Menendez's mother, Maricela Mera, told police on four separate occasions between 2005 and 2012 that her daughter was acting violently and had been diagnosed with bipolar disorder, an illness marked by extreme shifts in mood. One police record said Ms. Menendez was diagnosed with schizophrenia, the official said.

In a January 2010 incident, Ms. Menendez allegedly threw a radio at a police officer, the official said. In another in February, Ms. Menendez's mother called police and reported her daughter hadn't been taking her medication, had destroyed items in the house and had then gone missing. Ms. Menendez wasn't arrested.
The new details about Ms. Menendez's mental-health and criminal history emerged Sunday after she was arraigned on a murder charge in connection with the death of Sunando Sen, a 46-year-old Indian immigrant. Prosecutors said Ms. Menendez shoved Mr. Sen in front of an oncoming No. 7 train at the 40th Street-Lowery Street station in Sunnyside, Queens. Just before the incident, witnesses saw her speaking incoherently to herself, authorities said.

Ms. Menendez allegedly told investigators that she targeted Mr. Sen, who was Hindu, because of his religion, said Queens District Attorney Richard Brown. Paraphrasing Ms. Menendez's statement to investigators, Mr. Brown said she admitted pushing "a Muslim off the train tracks because I hate Hindus and Muslims ever since 2001 when they put down the Twin Towers I've been beating them up."

Queens Criminal Court Judge Gia Morris on Sunday ordered that Ms. Menendez undergo a psychiatric examination. The suspect didn't enter a plea and was being held without bail.

Reached by email, Ms. Menendez's court-appointed attorney Dietrich Epperson declined to comment. Mr. Epperson said he was given the case because he happened to be working a shift and said a new "homicide defense attorney" would likely be appointed for Ms. Menendez at her next court date, on Jan. 14.

Relatives of Ms. Menendez declined to comment Sunday, saying they were too distraught to speak publicly. Friends of Ms. Menendez said she had never expressed anti-Muslim or Hindu sentiments.

"That whole story about her not liking Muslims is insane," said a friend, Denise Henriquez, of Bellerose, who recalled Ms. Menendez saying recently that she was doing well and studying the Koran.

According to the law-enforcement official, Ms. Menendez had received treatment at Elmhurst Hospital Center, which has an inpatient psychiatric unit. It wasn't clear whether Ms. Menendez's family petitioned a court to force her into a treatment program, an option available under a New York statute known as Kendra's Law. It was named for Kendra Webdale, a 32-year-old journalist pushed to her death in front of an N train in 1999 by a schizophrenic man.

At Mr. Sen's wake near his home in Corona, Queens, on Sunday afternoon, friends and family walked past an open casket adorned with flowers. A poster with his picture and a newspaper story recounting his death was propped up nearby. Mourners recalled an introverted and intelligent man who moved to New York in the late 1980s to attend New York University.
Mr. Sen recently opened his own print shop on the Upper West Side after 16 years working at NY Copy & Printing in the East Village. His former boss, Bidyut Sarker, 55, described Mr. Sen as an honest, hard worker who taught himself computer graphics and design, spending "hours and hours" learning.

"I don't know why it happened with him," said Mr. Sarker's wife, Mousume Sarker.

It remained unclear what brought Ms. Menendez and Mr. Sen together on the Flushing-bound No. 7 train platform. Authorities said Mr. Sen was trying to stay warm in an enclosed area of the elevated station and didn't notice his attacker before he fell on the tracks.

Ms. Menendez's run-ins with police dated back to 2000, when she was arrested on a charge of using a stolen credit-card number to make a purchase, the law-enforcement official said. She received a sentence of conditional discharge, meaning she pleaded guilty and would receive no jail time if she complied with conditions set by the judge.

In all, Ms. Menendez has nine prior arrests on charges that include cocaine and marijuana possession, harassment and assault, the law-enforcement official said. In five of the cases, Ms. Menendez received a conditional discharge, the official said. Four cases had been sealed, and no details were available Sunday.

In April 2003, Ms. Menendez was charged with misdemeanor assault and harassment. She allegedly "punched, slapped and scratched" a 28-year-old man, the official said. About two months later, Ms. Menendez was arrested on the same charges after she allegedly punched a 55-year-old man in the face as he was taking out his garbage in Woodside, Queens, the official said. She received a conditional discharge in both cases.

Police records cited by the official show Ms. Menendez had a rocky relationship with her family. In February 2005, police responded to a report of Ms. Menendez becoming "violent toward her family," the official said, adding that the police report said Ms. Menendez hadn't taken medication for her bipolar disorder for five months.

In May 2007, police responded to a report of Ms. Menendez digesting "various amounts of medication pills, causing her to become disoriented and drowsy," the official said. She was taken to Elmhurst Hospital Center.

In September 2008, Ms. Menendez's mother reported to police that her daughter was "threatening to harm herself and others," the official said. Ms. Menendez was again taken to Elmhurst Hospital Center.

In the most recent call, Ms. Menendez's mother reported her missing on Feb. 27, saying she hadn't been taking her medication, the official said. Ms. Menendez had argued with her mother...
and "broke several items inside the family's home," the official said. Ms. Menendez then fled, the official said, something she "had done numerous times in the past and always returned home a few hours later."

—Alison Fox, Anjali Athavaley and Danny Gold contributed to this article.

A version of this article appeared December 31, 2012, on page A17 in the U.S. edition of The Wall Street Journal, with the headline: Subway Suspect's Past.
SUPPORTERS OF KENDRA'S LAW

NATIONAL SUPPORTERS
Mental Illness Policy Org
Treatment Advocacy Center (TAC)
National Alliance on Mental Illness (NAMI)
American Psychiatric Association (APA)
American Psychiatric Nurses Association
National Sheriffs Association (NSA)
National Crime Prevention Council (NCPC)

NYS STATE SUPPORTERS
NYS Association of Chiefs of Police (NYSACOP)
NYS Sheriff's Association
NYS Alliance on Mental Illness (NAMI-NYS)
Public Employees Federation
District Attorney's Association of State of NY (DAASNY)
Harlem Alliance for the Mentally Ill
NAMI/Familya of Rockland County
NAMI Orange County
NAMI Madison County
NAMI of Buffalo and Erie County
NAMI of Montgomery, Fulton, Hamilton Counties
NAMI Chataqua County
Albany Forensic Task Force
NAMI Schenectady
NAMI/Albany Relatives
Friends of NYS Psychiatric Institute
NAMI Champlain Valley
NAMI of NYC/Staten Island
NAMI Huntington
NAMI North Country
Citizen's Crime Commission NYC
Westchester County Police Chiefs
Orange County Police Chiefs
Mid-Hudson Chiefs of Police
New Windsor Police Department
Chester, NY Police Department
Mechanicville, Police Department
Cornwall Police Department
Village of Trumansburg Police
Town of Lloyd Police Department
Lowville Police Department
Port Washington Police District
Elmira Heights Police Department
City of Olean Police Department
Highland Falls Police Department
City of Cohoes Police Department
Ardlesy Police Department
Plattsburg Police Department
Niagara Police Department
Colonie Police Department
Skaneateles Police Department
Webster Police Department
Cambridge-Greenwich Police
West Seneca, NY Police
Franklin County Probation Dept.
Broome County District Attorney

PAST EDITORIAL SUPPORTERS
New York Times
Newsday
New York Post
New York Daily News
Albany Times Union
Buffalo News
Troy News
Oneonta Daily Star
Gannett Ithaca
Gannett Elmira
Gannett Binghamton
Gannett Westchester
Gannett Rockland

ASSEMBLY SUPPORTERS
Abbate
Abinanti
Arroyo
Boyland
Castelli
Calhoun (2012)
Ceretto
Cook
Conte
Crouch
DenDekker, Dinowitz
Englebright
Gabrysazk
Goodell
Jaffee
Johns
Jordan
Lupardo
Maisel
Markey
McDonough
Millman
Palmesano
Perry
Pfeffer
Pretlow
Paulin
Rabbit
Raia
Roberts
Robinson
Saladino
Schimel
Thiele
Tenne
Titone
Weisenberg
Zebrowski

SENATE SUPPORTERS
Addabbo
Alesi (2012)
Avella
Bonacic
DeFrancisco
Golden
Lanza
Larkin
Libous
Maziarz
Mcdonald (2012)
Parker
Skelos
Young

SELECTED INDIVIDUAS
Pat Webdale
Mother of Kendra Webdale
Andrew Goldstein
Pushed Kendra Webdale

Prepared by Mental Illness Policy Org http://kendras-law.org
1/1/13