

IGNORING NY'S MOST ILL

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 letting 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 Ken-

dra'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,I-Olean) and Assembly Member Aileen Gunther (D,C-Monticello) are the chief sponsors of the Kendra's Law Improvement Act.

**CATHARINE YOUNG
& AILEEN GUNTHER**

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