



CITY OF NEW YORK  
**MANHATTAN COMMUNITY BOARD FOUR**

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**JEFFREY LEFRANCOIS**  
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**JESSE R. BODINE**  
District Manager

January 25, 2024

Mayor Eric Adams

City Hall

New York, NY 10007

Dear Mayor Adams,

On May 4, 2023, Brian Stettin, your Senior Advisor on Severe Mental Illness, presented to Manhattan Community Board 4's (MCB4) Housing, Health and Human Services Committee (HH&HS) an overview of your proposed initiatives to address the ongoing crisis of unsheltered individuals experiencing severe mental illnesses.<sup>1</sup>

Mr. Stettin, as an assistant attorney general in 1999, significantly contributed to drafting the legislation that became Kendra's Law, after a young journalist, Kendra Webdale, was shoved into an oncoming train by Andrew Goldstein, a young man from Queens with a long history of mental illness. The legislation established court ordered outpatient mental health treatment known as Assisted Outpatient Treatment (AOT) in New York.<sup>2</sup>

At its regularly scheduled full board meeting on June 7, 2023, MCB4, with 39 in favor, 0 opposed, 0 present but not eligible to vote, and 1 abstaining, voted to thank Mr. Stettin for his nuanced and timely presentation and for addressing the committee's questions forthrightly and thoroughly. We look forward to working with your office to develop and call attention to these initiatives so they benefit not just the community but especially those who may be dealing with severe issues of mental health.

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<sup>1</sup> Mayor Adams Psychiatric Crisis Care Legislative Agenda  
<https://www.nyc.gov/assets/home/downloads/pdf/press-releases/2022/Psychiatric-Crisis-Care.pdf>

<sup>2</sup> New York State Office of Mental Health: Assisted Outpatient Treatment  
<https://my.omh.ny.gov/analytics/saw.dll?dashboard>

## **A Culture of Engagement**

The initiatives are focused on a small but highly visible population of the unsheltered on city streets who are in acute psychiatric crisis and need help. The initiatives aim to address their needs with new clinical co-response teams as well as enhanced training for all first responders.

Mr. Stettin said the initiatives seeks to foster a “culture of engagement” for unsheltered people with severe mental illness. They include the following proposals:

1. Make the law explicit that a person requires care when their mental illness prevents them from meeting their own basic needs,
2. Mandate that hospital clinicians consider a range of factors when assessing a patient’s need for involuntary admission or retention, including known treatment history and current ability to adhere to outpatient treatment,
3. Require hospitals to screen all psychiatric patients prior to discharge for their need to receive Assisted Outpatient Treatment (AOT),
4. Allow a broader range of trained mental health professionals to perform evaluations and community removals of individuals in crisis; and,
5. Require hospitals to notify known community providers when their clients are admitted or released and collaborate with community providers in preparing patients for discharge.

## **Legal Authority to Provide Care**

“What we're trying to recognize with these initiatives,” Mr. Stettin said, “is that if you encounter somebody who's in acute psychiatric crisis, our choice should be to try to bring that person in for the medical care they desperately need and try and get them the help that they require.”

Mr. Stettin noted that it is a “persistent myth” that the legal standard for involuntary intervention requires an “overt act” demonstrating that the person is violent, suicidal, or engaging in outrageously dangerous behavior likely to result in imminent harm. In fact, he said, City personnel themselves may have had a very limited notion of what the law actually allows them to do.

Accordingly, one of the initiatives is to clarify that outreach workers, city-operated hospitals, and first responders have the legal authority, in accordance with state law and court precedent, to provide care to New Yorkers when severe mental illness prevents

them from meeting *their own basic human needs* to the extent that they are a danger to themselves.

### **Involuntary Removal: A Last Resort**

“This is an authority under Section 941” of the State Mental Hygiene Law,” Mr. Stettin said, “that is granted to police officers and to certain types of clinicians who receive mobile crisis training and are certified by our Department Health and Mental Hygiene, to engage with and try to persuade people to accept services voluntarily. And, as a last resort, in recognizing people who are in crisis in the community, to use their authority to bring them to a hospital for an evaluation.”

However, Mr. Stetting pointed out, before deciding an involuntary removal is appropriate, it’s important to explore other avenues. Would the person refusing transport to a hospital be willing to accept transport to one of the City’s Support and Connection Centers where people can get respite? “That may be a lot less daunting than going to a hospital,” Mr. Stettin said. He added “Or if perhaps this is somebody whose whereabouts are reasonably predictable, in a day or two a mobile crisis outreach team could be sent, take time to establish some rapport, and, over time, get to a point where the person would accept the voluntary transport.”

### **Doctors Make Decision to Admit**

Mr. Stettin emphasized that nothing in the initiatives calls for “sweeps” of people with mental illness. Nor is there anything about expanding the powers of the police. Rather, it is about interpreting the law as it has long existed but has not clearly been understood. He stressed that the person deciding to take someone to a hospital is not deciding that someone is *admitted* to a hospital. The determination is made *only* that someone should go to a hospital *to be evaluated by a physician* who will then make the decision whether to admit them, or not.

### **Police Officer/Clinician Teams**

To better facilitate making the determination that someone should be taken to a hospital, the City will be deploying new teams of mental health professionals partnered with police officers. It will also be providing training on the new guidelines to relevant personnel and developing a new tele-communication system to provide police officers in the field with direct access to clinicians when they cannot be accompanied by health professionals.

In this new communication support line, police officers will be able to call in and speak to a clinician from the health system who will give that officer advice as to what can be

done about the situation they're describing. The officer can share visual information, then turn the phone around and get the clinician's opinion as to whether there are grounds under the law to bring the person to a hospital for evaluation.

Enhanced training materials will include a section on what it means to be unable to meet your basic needs as a form of being dangerous to oneself.

### **Notify Community-Based Providers**

Mr. Stettin noted that there is nothing in the law requiring a hospital to inform community-based providers that it has admitted — or discharged — one of the provider's clients. Providers are often completely in the dark as to what has happened to their client. Language in the Mayor's proposed Mental Health legislation would require any admission or discharge be noted in the Health Department's database, to make it easier for community-based providers to find one of its clients.

Additionally, Mr. Stettin said, there should be a requirement that not only will the hospital inform a community-based provider that a client is being discharged, the hospital also will work with the provider to plan that discharge.

### **More Must Be Done**

As welcome as the initiatives may be, they are not, as Mr. Stettin rightly pointed out, the complete answer to fixing our "dysfunctional, long neglected public mental health system." "We're not going to solve this problem simply by bringing people off the street into hospitals if we don't have that continuum of care to meet their needs and get them to the back to living their best lives as we all want."

MCB4 agrees. More must be done.

These include developing a plan for recruiting more health and human service workers and paying them more. The City needs to expand access to voluntary inpatient and outpatient psychiatric care and increase the number of hospital beds. It's also critical to provide more thorough and effective follow-through care and treatment. And bias and anti-racist training should be a part of educating health professionals and first responders.

The larger public may need some education as well. MCB4 is mindful of the fact that most unsheltered people experiencing mental health issues are not violent and do not represent an outweighed risk to their fellow New Yorkers. In fact, unsheltered people are more likely to be the victims of crimes than the perpetrators. An awareness campaign to demystify some of the alarming but false perceptions about unsheltered people might help support your initiatives to get help for the people who need it most.

In the meantime, the Board echoes your, and Mr. Stettin's, entreaty:

“We have to end this practice of walking away from people who we encounter in severe psychiatric crisis.” Again, we look forward to working with your office to develop and call attention to these initiatives, so they benefit all in our community.

Sincerely,



Jeffrey LeFrancois  
Chair  
Manhattan  
Community Board 4



Joe Restuccia  
Chair  
Housing, Health, Human Services  
Committee



Maria Ortiz  
Chair  
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cc:

Brian Stettin, Senior Advisor on Serious Mental Illness

Eric Adam, Mayor

Mark Levine, Manhattan Borough President

Erik Bottcher, City Councilmember

Gale Brewer, City Councilmember

Jerry Nadler, Congressmember

Brad Hoylman, NYS State Senator

Linda B. Rosenthal, NYS Assemblymember

Tony Simone, NYS Assemblymember