

Kendra's Law

Elizabeth Mair

Southern Adventist University

June 2020

Introduction

Life for Kendra Webdale came to abrupt end on January 3, 1999 when she was pushed into the path of the oncoming N train in New York City. Andrew Goldstein, 29 and off the medication for diagnosed schizophrenia, was not the only individual to act violently on account of their mental illness. Though shocking and unexpected, the case of a mental ill individual acting violently toward another person was not an isolated incident. In 1999 alone there were a series of similar violent encounters. Following the death of their daughter, the Webdale family joined Governor Pataki, the Treatment Advocacy Center, and DJ Jaffe, in advocating for a law to be passed protecting the public and providing treatment for the mentally ill in the community. The City of New York passed the assisted outpatient treatment (AOT) law, and dubbed it Kendra's Law, in honor of the family who helped the city create a safer network for residents. Similarly, 47 states have adopted the assisted outpatient treatment law.

Addressing the Issue

At the time of the law's introduction, New York City had no law in place that provided preventative or extended voluntary care to seriously mentally ill individuals released into a community setting. In order to receive treatment, individuals with mental illnesses were required to demonstrate physical violence to self or others before being taken into state involuntary custody (Office of Mental Health 2020). The process of waiting until the last possible second for intervention was a poor model for outpatient care. By doing so, the system was declaring how little they valued the safety of the client and community in which they lived.

Law Description and Population Served

Kendra's Law was drafted by families of individuals with serious mental illnesses who wished to provide a network of safety and security for their family and community. The law provides extended outpatient services for individuals with history of multiple arrests, incarceration, and/or involuntary hospitalization as a means to accept treatment in order to return to living in the community. Prior to the law being enacted, mentally ill individuals were required to exhibit violent, dangerous behavior toward themselves or others in order to be eligible for treatment. Kendra's Law allows a more just way of servicing individuals who require outpatient treatment; this is in direct opposition to the system selecting individuals with easily treatable illnesses (Mental Illness Policy 2020).

Individuals who are covered under this bill are those who are seriously mentally ill and pose a risk to themselves and others within the community. The medical and mental health professional overseeing patient care must conclusively state the client is "unlikely to survive safely in the community without supervision" (Office of Mental Health 2020). Under the direct supervision of community health professionals, qualifying individuals are permitted to return to the community as long as they adhere to treatment plans.

Kendra's Law has done much in the way of improving social and communal functioning in mentally ill individuals treated. The best method to determine success of New York's assisted outpatient treatment programs is to take a look at the numbers. New York City reported a marked decrease in these areas: homelessness (74%), suicide attempts (55%), substance abuse (48%), arrests (83%), and incarceration (87%) (Kisely 2017, Mental Illness Policy 2020).

Recommended Improvements

Though Kendra's Law has already done so much for its community, there are still improvements which can be made. The first gap identified is an evaluation technique which assesses whether mental health patients in an inpatient facility or incarceration require further assisted outpatient treatment upon release. The second recommendation follows closely behind the first: improve communication between inpatient facilities and community mental health professionals. Strengthening communication allows time for community health care workers to prepare a patient treatment plan, while also developing a safety plan for the community (Mental Illness Policy 2020).

The final improvement to be made upon this law comes in the form of creating a standard discharge procedure. Though each client's ability to manage mental illness may vary, the standard of care should not. As each client is discharged from assisted outpatient treatment, facilities can set up a monthly check in plan following the first six months of their release from services. This may sound like a costly venture but considering the narrow criteria which must be met in order to receive treatment, it is unlikely that the cost will exceed budget. The purpose of establishing check-in plans is to ensure clients are maintaining medication regimen, attending counseling services (depending on individual treatment goals), and no longer pose a significant threat to themselves or society. In the long run it is cheaper to check-in with clients and assess their needs in an outpatient setting.

Conclusion

There is no question the circumstances which necessitated the issuing of Kendra's Law are devastating. Through this unfortunate incident, Kendra's Law has paved the way for mentally ill individuals to receive outpatient care as they transition to community living. The law is a

living document which has the ability to be amended as each city sees fit. In order for the law to function at optimum efficiency, it requires the input of families, law makers, and the community.

APPENDIX A

Mayor Demmings,

I write to you not as a passive observer, but as a young professional looking to advocate on behalf of unwell community individuals who cannot do so for themselves. The population whose cause I am championing is one which faces the task of managing the most severe forms of mental illness, the individuals whom our society deems as ‘broken’ and ‘maladjusted’. These are members of our community and nation who are not viewed as a priority, but an inconvenience—a drag on our resources and a menace to others. This caricature of mentally ill individuals could not be further from the truth. These people are our brothers and sisters, our friends, the people whom we love and wish to support. By making revisions to our assisted outpatient treatment law we are ensuring the safety of all.

By improving the line of communication between inpatient facilities and outpatient treatment centers, we can ensure the standard of patient care never wavers. Without spending precious time and money on intake screenings or repeated services, the care remains constant throughout the treatment process. Without services being repeated, we have the opportunity to reallocate money for necessary community projects.

I am willing and able to partner with you, Mayor Demmings, to make lasting changes by prioritizing outpatient mental health services for our community. Already New York City has a law in place, Kendra’s Law, which provides strict criteria for individuals to meet before they are accepted into an outpatient treatment program. Those who qualify are provided with effective interventions to ease integration into regular living conditions by creating a place to receive medical and mental health care. As proven in the City of New York, this intervention has

drastically reduced the rate of future incarceration by 87%, homelessness by 74%, substance abuse by 48%, among many other things. By improving communication, collaboration, and access to services, the city was able to save money and redistribute it for other necessary community improvement projects.

I understand this is a large task to undertake; I am more than willing to stand by you as you seek to promote justice for this marginalized section of our community. I am not asking you to reform the nation's belief about mental illness, neither am I asking you to single-handedly reconstruct the way our elected officials spend tax dollars. What I propose is we create a stable, safe future for the people who make up Orange County. Through close collaboration and commitment to serving others, I believe we can make this a reality. Help me, help others.

Sincerely,

Elizabeth Mair

References

- Kisely, S. R., & Campbell, L. A. (2015). Compulsory community and involuntary outpatient treatment for people with severe mental disorders. *Schizophrenia bulletin*, 41(3), 542–543. <https://doi.org/10.1093/schbul/sbv021>
- Mental Illness Policy (2020). Kendra's law: New york's law for assisted outpatient treatment (AOT). Retrieved from: <https://mentalillnesspolicy.org/kendras-law/kendras-law-overview.html>
- Office of Mental Health (2020). Assisted outpatient treatment in new york. Retrieved from: https://omh.ny.gov/omhweb/kendra_web/interimreport/appendix2.htm
- Young, C. (2018). Senator young urges NYS assembly to strengthen and make permanent kendra's law. Retrieved from: <https://www.nysenate.gov/newsroom/press-releases/catharine-young/senator-young-urges-nys-assembly-strengthen-and-make>