A Message from Our CEO

Dear Friend,

Welcome to a special, commemorative edition of C magazine. As we celebrate 40 years of housing, health and human rights at our 40th Anniversary Good Neighbor Gala, we are pleased to offer some vivid snapshots of our work – stories of growth, courage, and the power of community.

The spirit to defend basic human rights has fueled Community Access’ mission for four decades. And, while we are proud of our history and the programs we’ve created, we’re not resting on our laurels. Much remains to be done to improve the lives of those diagnosed with mental illness. During our 40th Anniversary year, we are launching several strategic initiatives to:

• develop 1,000 new units of supportive housing;
• create crisis respite centers and other alternatives to psychiatric hospitals;
• leverage our 20 years of training experience to assist hundreds of “peers” enter the new healthcare workforce.

We welcome you to partner with us as we strive to protect the rights of all people to lead independent, dignified lives in our community.

Warm regards,

Steve Coe

P.S. The picture of me that accompanies this message was taken at a recent lunch for all Community Access staff. I’m very proud of the work we do and thankful for the hundreds of special people who make it happen every day.
From Confinement to Freedom
Defining Human Rights for All

In the mid 1950s, at the peak of the institutional system, there were over 93,000 patients living in squalid New York State psychiatric hospitals where treatment often included physical restraints, seclusion rooms, and frontal lobotomies.

“The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.”

-U.N. Convention of the Rights of Persons with Disabilities

In December 2006, the United Nations General Assembly adopted the text for a historic treaty that defines the rights of people living with disabilities. It seems that it would be unnecessary to create such a document, given that all nations ratified the U.N. Convention on Human Rights over 60 years ago.

But when it comes to basic rights, many societies, including our own, have continued to distinguish between rights reserved for “normal” people and rights for those deemed to be “disabled.”

For people with emotional and psychiatric problems, there is a long history of physical abuse, confinement, and emotional suffering (such as the loss of decision-making authority) that has been justified as forms of treatment or, in its most paternalistic forms, doing what is “best” for someone. Fortunately, as symbolized by the U.N. Convention of the Rights of Persons with Disabilities (CRPD), today there is a widespread movement to redefine care and treatment as interventions to be negotiated with the person in need, and not imposed.

Community Access embraced a “rights-based” approach in 1993 when it created a senior management position, director of advocacy, and recruited a nationally-known advocate, Howard “Howie the Harp” Geld, to fill the position. At that time, Howie, 41 years old, had already invested 25 years pushing for reforms in the treatment of people labeled mentally ill. The core of his message was simple: that people for whom services are being provided should be part of the process in designing and delivering services, and assessing their value.

Early Reform Efforts

The idea of rights-based treatment is the product of a centuries-long effort to improve the care and treatment of people with disabilities. The first glimmers of enlightenment occurred in the late 18th century when an English Quaker, William Tuke, adopted a philosophy of care known as “moral treatment.” His innovation was...
the establishment of an asylum where people in distress could go for rest and compassionate support.

**From Asylums to Snake Pits**

Unfortunately, over time these peaceful refuges became catchalls for debtors, petty criminals, and anyone else deemed socially unfit. Containment, not recovery and treatment, was paramount, creating dangerous and inhumane conditions.

Determined to do better, New York State, in the early 20th century, adopted a plan to build large, lavishly funded psychiatric hospitals (mostly in rural areas). At its height in 1955, New York’s system had 93,000 patients, many of whom had been confined for decades. Other states had similar systems, but nothing as large and ambitious.

The enormous cost of maintaining such a system, combined with reform efforts, and the passage of the Community Mental Health Act in 1963, led to a new policy called deinstitutionalization. In New York, the patient census dropped to 25,000 in 1980 and to less than 4,000 today.

In New York City, as in many other regions, the default housing options for ex-patients were rooming houses and single room occupancy (SRO) hotels. They typically offered only meager comforts and amenities, and ex-patients were routinely victimized by other tenants: an extremely unstable living arrangement that led frequently to hospital readmissions. And even this housing resource was eventually lost as New York enacted tax incentives to encourage capital improvements in old buildings. SRO owners took advantage by converting low-rent hotels into full-fledged apartment buildings with rents beyond the financial means of low-income tenants. Between 1970 and 1990, an estimated 150,000 SRO units disappeared, leading to a surge in homelessness for the thousands of poor and disabled people who relied on them.

### 1970s

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<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1974</td>
<td>Community Access founded by social activist Fred Hartmann, whose sister was a patient at Manhattan Psychiatric Hospital. Hartmann recruited a hospital director, friends, politicians, and ex-patients to form the board of directors.</td>
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<tr>
<td>1977</td>
<td>Board negotiates the purchase of two occupied but badly disrepaird tenement buildings (44 total units) for $5,000 at 208-210 Stanton Street. Stanton Street becomes the first example of supportive housing in which families and ex-patients are integrated into the same building.</td>
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<tr>
<td>1979</td>
<td>Community Access secures an operating license from the New York State Office of Mental Health to open a community residence.</td>
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<tr>
<td>1981</td>
<td>Treatment Apartment Program (TAP) begins. Agency uses its OMH funds to rent apartments from private landlords and hire staff.</td>
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### 1980s

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<th>Year</th>
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<tr>
<td>1982-1984</td>
<td>Agency expands TAP to 70 individuals and looks to replace the Stanton Street buildings with funds from sale of Stanton Street.</td>
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<tr>
<td>1989</td>
<td>Community Access co-creates database technology that becomes industry standard for behavioral health care organizations.</td>
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<th>Year</th>
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<tr>
<td>1992</td>
<td>Avenue D opens using NYNYY funding.</td>
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<td>1993</td>
<td>Howard “Hovie the Harp” Geld joins Community Access as director of advocacy. Policy established to affirmatively hire peers. 258 East 4th Street opens, the first newly built project in the U.S. to integrate families and former psychiatric patients.</td>
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<tr>
<td>1994</td>
<td>Gouverneur Court opens. Renovation of historic former hospital gains the agency wide visibility and national award for affordable housing development. 551 Warren Street opens and is the recipient of a second national housing award.</td>
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<tr>
<td>2000</td>
<td>Pet Access program begins, encouraging tenants to adopt a pet.</td>
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<td>2001</td>
<td>DeKalb Avenue opens.</td>
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<td>2002</td>
<td>James Polite Avenue opens.</td>
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<td>2003</td>
<td>Tinton Avenue and Franklin Avenue open.</td>
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<tr>
<td>2004</td>
<td>Davidson Avenue opens.</td>
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<tr>
<td>2005</td>
<td>29 East 2nd Street open.</td>
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### 2000s

Community Access houses nearly 1,500 individuals and families in 20 buildings throughout Manhattan, Brooklyn, and the Bronx. Our crisis respite center, pictured here, is among our newest initiatives – offering a home-like alternative to emergency hospitalization, it’s the first of its kind in NYC.
The Birth of Supportive Housing

In 1974, another passionate advocate, Fred Hartmann, had a front row seat to deinstitutionalization when his sister was released from Manhattan Psychiatric Hospital. She was subject to the same cycle experienced by thousands of other ex-patients: squall housing, minimal supports, and frequent hospitalizations.

Fred, a veteran of the Mississippi Freedom March in 1966, took direct action by forming Community Access. By 1977, the agency bought two buildings, containing 44 apartments, which had a mix of units for low-income families and former psychiatric patients referred from local shelters and outpatient clinics. These humble tenement buildings, with one staff person available to assist tenants, were the first example of what would become known as supportive housing.

New York/New York Agreement

For the next decade, housing reform efforts were limited to preserving the few remaining SRO hotels. This state of affairs changed dramatically in 1990 when Governor Mario Cuomo announced a new initiative called the New York/New York Agreement to House Homeless Mentally Ill Individuals. This landmark document resolved years of political gridlock and provided the State over who should take responsibility for mentally ill people on the streets and in the city’s shelters.

The NY/NY agreement committed to develop and fund 5,200 units of supportive housing in New York City and was the foundation for two subsequent agreements to add over 10,000 more units. Combined with the Low Income Housing Tax Credit program—a federal affordable housing initiative created in 1986—a stable source of construction, operating, and support services funding was finally established for non-profit groups to develop new housing. Statewide, there are now over 43,000 units of affordable housing for people with psychiatric conditions.

Looking to the Future

Affordable Housing

Community Access has been an ambitious user of the resources provided by government financing, opening our first supportive housing project in 1991 and our most recent in 2012—over 1,000 units in 18 separate projects stretching from Manhattan’s Lower East Side, to Bedford Stuyvesant in Brooklyn and Morris Heights in the Bronx. More important than volume, however, has been our focus on quality and community integration: many of our projects feature both families and single adult households, as beautifully described in the companion article about 258 East 4th Street in this issue of The C magazine.

Despite the great progress that has been made to create affordable housing, there remains a great need, as evidenced by the growing number of homeless people with psychiatric challenges. Therefore, Community Access has committed itself to put another 1,000 units of housing in development within the next five years.

Alternatives to Hospital Treatment

We believe real reform in the treatment of people with psychiatric conditions will occur when this treatment takes place in non-medical settings. Especially for people experiencing an emotional crisis, there is a growing body of evidence from pilot projects in the U.S. and abroad that non-hospital alternatives to care, such as mobile teams, peer-operated support lines, and crisis response centers can expedite healing and recovery.

Howie the Harp promoted the concept of community-based crisis centers in his early advocacy work, first described at organizing sessions in 1971. He wanted centers to be available in every community and run entirely by former users of mental health services.

Building upon these concepts, Community Access, in partnership with the Department of Health and Mental Hygiene, opened New York City’s first crisis respite center in January 2013—and plans to open more. The model has several key features: it is small, with only eight to 10 guests at a time; the average length of stay is less than 10 days (as opposed to a month or more in the hospital); and the staff are predominately people with a lived experienced in the mental health system.

We believe this approach will lead to more successful long-term outcomes and, because the service is not provided in a hectic ER or locked hospital ward, it will encourage more people to seek treatment sooner. We expect to contract with managed care companies to open more respite centers, serving thousands of people throughout New York City.

Hiring People with a Lived Experience

Finally, we believe the system of care will only fundamentally change when a majority of the people delivering the care are former users of services. For this reason we have set a target to have at least 51% of our staff have a lived experience in the mental health system. For some of our signature programs, the percentage of peer-identified staff now exceeds 90%.

To create more employment opportunities for people with psychiatric histories, we created the Howie the Harp Peer Advocacy Center, an initiative Howie launched just prior to his untimely death in 1995. The Center’s training curriculum and methods are unqualified in the U.S. and have helped hundreds of people secure well-paying jobs in hospitals, clinics, and community-based agencies.

Our Vision

Looking back over our first 40 years, and people and ideas that have inspired our work, we think our vision for the future—high quality housing, humane crisis care, and a talented workforce who have experienced psychiatric treatment—is both compelling and built on concepts that survived the test of time. The most powerful among these is a fundamental “respect for the inherent dignity” of the people we serve and their right to live as neighbors in our communities.
For Ruth Pasillas-Gonzales, born and raised in rural California, encountering Community Access for the first time in 2005 truly was a life-changing moment. And it needed to be. “Moving 3,000 miles to New York City,” Ruth reflects, “had left me very raw and vulnerable and day-in, day-out, I was suffering from serious depression.” Things even got so bad for Ruth that homelessness started to seem all too real of a possibility. Until, that is, she discovered our Howie the Harp Peer Advocacy and Training Center, a cutting-edge program that readies mental health consumers for careers in health and human services. “My life drastically changed,” says Ruth, “as soon as I started my Howie the Harp classes. At last, I was at a place where I could move beyond my symptoms and hopelessness.”

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“At Howie the Harp,” Ruth continues, “I felt unconditional acceptance of who I was—and yet at the same time we were encouraged to strive for a high degree of professionalism. The program was both nurturing and extremely comprehensive, with instructors who were all very knowledgeable and patient.”

“...and now in my job with NYAPRS I get to teach folks that people can and do recover. I see a lot of other Howie the Harp graduates out in the workforce. It’s a special kinship that we share, and I’m always excited by how much we’ve all accomplished. We left the Center well-equipped to work, and now we enjoy the many benefits of that.”

Now certified as an Advanced Level WRAP (Wellness Recovery Action Planning) Facilitator, Ruth provides trainings and technical assistance on recovery-orientated skills for multidisciplinary teams, often including other peer specialists. “It’s incredibly rewarding,” says Ruth, “I get to teach folks the good news that people can and do recover – can, like me, go on to do more in life than just be a good patient.”

“A lot of people have never seen another person with mental illness do anything besides take a pill and be in a program, so it feels pretty good when I can help be that beacon of light that proves otherwise.” Even better, Ruth adds, “I get to see a lot of other Howie the Harp graduates out in the workforce, too. It’s a special kinship that we share, and I’m always excited by how much we’ve all accomplished. We left Howie the Harp well-equipped to work, and now we get to enjoy the many benefits of that.”

Ruth graduated in 2006 and has continued to flourish ever since. Today, she is Assistant Director of the NYAPRS (New York Association of Psychiatric Rehabilitation Services) Collective, a role in which she trains hundreds of mental health providers statewide every month. “It’s hands-on and busy work,” Ruth explains, “from arranging outreach, to creating curricula, to collaborating with coworkers and outside agencies.”

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“Growing up, I felt like I had to keep all my problems to myself. Now I feel like I can share with others and let others share with me. It’s really helped me grow as a person.”

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“Howie the Harp initiatives are largely funded by the New York City Department of Health and Mental Hygiene, the New York State Office of Mental Health, the New York State Education Department Access-VR, Robin Hood Foundation, Oak Foundation, van Ameringen Foundation, and the Order of Malta, American Association.”

The Howie the Harp Peer Advocacy and Training Center is the leading job training and placement program for people with mental illness. Here are just some of the many reasons why:

Comprehensive training program, comprising six months of classroom instruction and a three- to six-month supported internship, makes the Center the most thorough curriculum-based course of study in the United States.

Over 1,000 graduates have prepared for careers in hospitals, criminal justice facilities and human service agencies.

60% of graduates in full-time jobs have earnings of at least $35,000 annually (compared to 95% of incoming participants living below the poverty threshold).

25% of graduates have gone on to earn associate and bachelor degrees or higher (compared to less than 5% of incoming participants who have college credits).

Over 20% of graduates have gone on to earn CASAC (Certified Alcohol and Substance Abuse Counselor) and CPRP (Certified Psychiatric Rehabilitation Practitioner) professional certifications.

* Community Access “HTH Graduate Longitudinal Impact: 1995 to 2009 Survey Results

HOWIE THE HARP: MEASURING SUCCESS

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Community Access, Inc.
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Twenty-one years ago Anthony Charles – who came to live in New York as an adult, having grown up in Trinidad – was working as a security guard at JFK airport when he was given a new assignment. Nearing the end of its construction, a building in the Lower East Side of Manhattan was not yet ready for tenants but was far enough along to protect against intruders. “There were only two of us doing 12-hour shifts,” says Anthony. “We took turns doing overnights.”

Little did Anthony know: that cold, empty building would go on to be his home. In 1995, he became its live-in superintendent as an employee of its owner, Community Access, and, along with his wife and family, he’s stayed there ever since.

As its security guard there wasn’t much to keep him busy. “I don’t drink coffee and no one ever tried to break in,” he says, “so to stay awake, I used to keep walking.” But as its super, helping to make 258 East 4th Street (“258”) a beautiful place to live became Anthony’s pride and joy. “Helping people is what I do. I loved my job: making sure the building is spotless, and everybody’s happy.”

An unoccupied building is for the most part silent. In the 20 years since it opened, however, 258 has been, like the city it belongs to, bustling and busy. Toddlers, school children, hardworking moms and dads, veterans, and seniors have all called it home. A large backyard has hosted scores of birthday parties, and the toddlers who first enjoyed the annual appearance of a Christmas tree in the lobby have all since graduated high school. When Anthony first walked around the building’s six floors, New York’s mayor was David Dinkins, and Bill Clinton was one year into his presidency. Perhaps even harder to recall, “there were no cell phones – to make a call, you had to walk down the block.”

Lower East Side Pride and Joy

Celebrating 20 years of 258 East 4th Street – and the friends, families, and neighbors who make it special. By Jon Curtis
or was the Lower East Side the kind of neighborhood it is today. One of the first buildings in New York City designed to include both low-income families and individuals living with psychiatric disabilities, 258 stood out in other ways as well. Says Anthony, “No other buildings in the area looked as nice. Round here there used to be drugs. And rum. And guns. Now, though, it’s beautiful.”

Capital investments are often the catalyst for change, but there is nothing more nourishing for a neighborhood than landlords and neighbors taking pride in their surroundings. 258 was an attractive building when people first started moving into it. More importantly, though, it never stopped being attractive. Over the last 20 years, its walls and floors have always been immaculate, its community room bright and welcoming, and its backyard landscaping just so, full of plants, flowers, and – thanks to Anthony and some enterprising residents – fruit, vegetables, and herbs.

No wonder that Anthony is just one of many tenants who never left: out of 258’s 51 current leaseholders, 32 have been living in the building at least 15 years. Looking back, no doubt they can all think of occasional grievances and grudges – music played a little too loud or a little too late; laundry outstaying its welcome in the coin-op washers and dryers. Yet visitors to 258 soon notice, instead, something that is by New York standards rather more unusual: all the residents seem to know one another, and everyone seems to get along.

“I never once had an argument with a tenant,” says Anthony. “Everyone is very nice, and we all have a lot of respect for each other.” One resident quick to agree is Hilda Hansen, one of several original tenants still living in the building. “I got divorced,” she explains, “and was almost homeless afterwards, when Community Access took me in.” At the time Hilda simply thought of herself as “ill.” In fact, without fully realizing it she was experiencing the effects of schizophrenia.

Originally from the Upper East Side, Hilda lived with her husband in another New York apartment for 25 years before moving into 258. “I got divorced,” she explains, “and was almost homeless afterwards, when Community Access took me in.” At the time Hilda simply thought of herself as “ill.” In fact, without fully realizing it she was experiencing the effects of schizophrenia.

Sometimes those effects were not unpleasant. “I went to the Lincoln Center once,” Hilda remembers, “and saw a portrait of Enrico Caruso, the famous opera singer, and in my head I heard him singing. It was delightful.” More often, however, Hilda’s undiagnosed schizophrenia took a terrible toll.

As a younger woman, confusion and depression were re-occurring themes in Hilda’s life. “I lost a lot of friends,” she says. “I would insult them without meaning to. That was someone else, though, it wasn’t really me. She was terrible and a bad friend. She didn’t appreciate the good things. I had a wonderful husband, and I put him through a lot of bad things.”
Looking back, it’s clear to Hilda just how big of a difference moving into 258 finally made. “I feel happy and comfortable here,” she says. “I’m on medication that works for me, and I’m well taken care of.” Her life is now characterized by stability and robust networks of support. A worker from Community Access’ supportive housing staff visits her once a month. And Hilda also appreciates being part of a community in which individuals with psychiatric disabilities live alongside working families: “We’re friendly. We’re helpful. We love it here.”

That “we” speaks volumes. While living in a big city can often be an isolating experience, at 258 the opposite is true. Residents have in common an appreciation for Community Access and affection for the long-time super, Anthony. And year-by-year they’ve seen their neighborhood catch up with their building; become safer, cleaner, and more welcoming. Still more crucially, together they’ve witnessed, experienced, and felt the transformative effect of good supportive housing. The doors it can open. The barriers it can overcome.

“I love my apartment, and a lot of my neighbors are more like friends.” —Hilda
Just ask Leticia Rodriguez. When she moved into 258 – like Hilda, in 1993 – she had been living in a New York shelter as the 17 year old single mother of an infant boy. Twenty years later, she has three children who are all thriving (her boy just made the Dean’s List in his third year at the University at Buffalo), and a successful career as an executive administrator at Women In Need, an organization that houses women and children who are homeless. “I really thank Community Access for giving me a chance,” she says. “When I was in trouble they gave me a hand.”

“I grew up in a very religious household,” Leticia explains. “My father was very strict. He said ‘you made your bed and now you need to lie in it,’ so I had to get out of the house. With my baby son, I ended up at a shelter for nine months, sharing a unit with a roommate who was addicted to drugs.” 258 was less than a block away and, at the time, Anthony Charles its security guard. When Leticia finally moved in, a better future for her and her son was suddenly within reach. “I only had a pile of blankets and a little TV,” she remembers, “but I had a roof over my head and that’s what mattered. When I first arrived here, I cried. It was beautiful. It was amazing. Everyone goes through a tough time, but we all stuck together.” (Over the course of several days without heat or power, Leticia helped her building’s “homebound” residents – knocking on doors and distributing blankets and food.)

August 3, 2012, brought an even greater challenge. Leticia had “a massive heart attack.” As all good neighbors understand, you can help others one day and then be greatly in need of help the next. “There’s little chance of surviving what happened to me. They call the artery that got clogged the ‘widower,’ because it kills people. It was the worst pain in the world. The worst.” Nevertheless, medicated with blood thinners and often still in pain – “forty-five percent of my heart is damaged” – Leticia got better. She’s tough, and family, friends, and neighbors all rallied to help. At 258 stories of hope and recovery are behind just about every door – so support and encouragement were never in short supply. It’s an inspiring place to live: where physical, mental, and economic barriers do not prevent stable, happy, and healthy lives.

To hear more 258 stories, visit: www.communityaccess.org/ca-voices
In our last issue of C magazine, a few simple words described a giant undertaking: “Community Access is preparing to open New York City’s first crisis respite center.”

To be the first anything in New York isn’t easy and Superstorm Sandy only added a degree of difficulty to the challenge.

But, thanks to a lot of hard work, resourcefulness, and generous help from partners and supporters, we did it. Our crisis respite center is now fully up and running. Developed in partnership with the New York City Department of Health and Mental Hygiene, it stands proud as a major innovation in behavioral health care: offering a warm, safe, and supportive home-like environment for individuals experiencing psychiatric crises. The facility itself and the services provided are markedly different to emergency room settings at hospitals, which have been the default destination that individuals in crisis have typically experienced.

People can stay at the respite center for up to 14 days, not as patients, but as voluntary guests. Throughout their stay—and beyond it too, via new networks of support and better access to primary health care—guests get to focus on long-term recovery and wellness, rather than (what for too many people is too often the norm) short-term stabilization using medication.

Guests at the center will be joined on the road to recovery by professional peer workers: individuals with personal experiences of mental illness who have been trained to provide support to others. At least two staff members are present 24/7 to support guests in their recovery, which is tailored for each person. Basic services include access to high-quality health care (through a collaboration with Community Healthcare Network) and a range of group and one-on-one activities, such as yoga and stretching, art and poetry, wellness self-management, meditation and diet, and meal planning.
At our Howie the Harp Advocacy Center in Harlem, we’ve been successfully training peers for employment for nearly two decades. Never before, however, have we had a comparable opportunity to demonstrate a core belief that has always informed our work in countless smaller ways: recovery is not only possible, it is also an outstanding qualification for helping others to recover.

Lorraine Maynard, a 2012 Howie the Harp graduate, applied to work at the respite center at the first available opportunity and has been there ever since—both as a peer respite worker and as one of the operators of 646-741-HOPE, a new support line also housed at the center.

“It’s a very supportive environment,” says Lorraine, “where we always try to have each other’s backs. Everyone is very empathetic, sensitive, and understanding… It’s an awesome feeling. Because you’re giving back, you know? I can give hope to people and let them know that, hey, I’ve been where you are.”

After I got sick, Community Access helped me to recover,” Lorraine continues, “and I’m just grateful that they’re giving me the opportunity to help others bounce back and get on their feet. At Howie the Harp, we were all survivors—still there, still trying. And now I feel like I went through everything I went through so that I could be here today… to shine my light so that I can help others.”

Need someone to talk to?

Call

646-741-HOPE

To hear more from Lorraine, visit www.communityaccess.org/ca-voices

Use your phone to take a tour of our new crisis respite center.

Or watch the video from your computer at:
www.communityaccess.org/respite

Community Access now runs New York City’s first peer-operated support line. Open daily from 4 P.M. to midnight, this support line is a contact point for New Yorkers experiencing emotional distress, offering an opportunity to connect with individuals who have had similar experiences.
For most high school students, being called into the Principal’s office usually spells trouble. For Community Access tenant Shareida Spencer, however, it was nothing less than the start of a whole new life.

As he still tries to do at least once a week, School Principal Anthony Lodico was at the front door of the Edward R. Murrow High School in Brooklyn greeting students as they arrived in the morning. It was the usual rustling of sneakers and bags, with some students shuffling and solemn, while others were wide awake and cheery.

When Shareida Spencer sloped by, Anthony knew right away that something was up. Usually such a strong presence, she suddenly looked hesitant, fractured…meek.

Today, though hundreds of mornings and many thousands of students later, it’s a moment that Anthony can still vividly recall. “I brought Shareida into my office,” he explains, “and that’s when she broke down. She told me that she had slept in the park in Coney Island that night, and that she hadn’t done her homework because ‘the street lights weren’t bright enough.’

Anthony already knew about Shareida’s tendency to “blow up” in front of some other teachers, but for the first time he started to hear some of the compelling reasons why. “This wasn’t just someone having a bad week,” he remembers thinking, “it was a bad few years.”

Before Community Access, I was going through a lot of family issues, on the street, homeless…I found it hard to focus.

–Shareida
Shareida’s life had been full of rejection and loss. Foster homes came and went, and adults were seldom, if ever, a source of love and affection – let alone trustworthy or dependable. The one foster mother who had been a positive role model sadly died when Shareida was still only 12.

A seasoned educator, and eager for his large city school – with over 4,000 students – to "feel like a small school where everyone has someone they can connect with," Anthony resolved to do whatever he could to help. Initially, however, Shareida was resistant. She’d heard it all before, and, with each new broken promise and bitter experience, had spent a lifetime building tough, defensive barriers to keep disappointment out.

Good intentions weren’t enough. Shareida was at such a low ebb, she could only afford to count on actions – progress, something concrete to believe in and trust. Thankfully, that’s exactly what she got. Over the coming months, Anthony empowered Shareida by connecting her to support systems for young people aging out of foster care: help that eventually led Shareida to Community Access, where she successfully applied to be a tenant at our housing program for young people aged 18 to 25. She finally got the security of her own lease. Her own key. Her own home.

With ongoing support from Community Access staff, Shareida got a new set of mentors, too: like Anthony before, adults who were ready, willing and able to champion her cause, and who believed in her innate ability to build a better future. Though unaccustomed to having such faith invested in her, somehow Shareida knew instinctively to rise to the challenge. She didn’t want to let anybody down. Not Anthony. Not her new support system. And, most of all, not herself.

Shareida’s days of “blowing up” were over. Sure, there’d still be setbacks and frustrations – but no longer would they win. Instead, Shareida learned how to properly apply herself in class, and how, in a wider sense, to be her own greatest advocate for change. Thanks to generous donations from the staff at her school, Shareida even got to experience the joy of making her new place her own.

“Sometimes you don’t ever get to see the good in you until somebody else sees it first.”
—Shareida

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—Anthony Lodico

Better still, in June 2010, Shareida finished high school – with her Principal giving her the honor of welcoming the audience and introducing him onstage at the graduation ceremony, in front of several thousand people. He couldn’t have been any prouder, and Shareida’s own satisfaction was made all the sweeter by the many hardships leading to it. Looking back, she reflects, “you have to get to unhappiness to see what happiness really is.”

Appreciative of unexpected opportunities and eager to keep them in her grasp, Shareida is, at last, confident and full of purpose. Enrolled at Borough of Manhattan Community College, and majoring in Early Childhood Development, she intends to become a guidance counselor – so that one day she too can help others like herself. From experience, she knows how big a difference other people make.

“Sometimes,” Shareida says, “you don’t ever get to see the good in you until somebody else sees it first.”
The spirit to defend basic human rights has fueled Community Access’ mission for 40 years.

The volunteer founders of Community Access made decent housing their first priority and pooled their own money to rent and repair apartments in the Lower East Side to provide housing for community members struggling with mental illness and homelessness. In 1977 they bought two tenement buildings that were on the verge of foreclosure and created, what would be called a decade later, supportive housing.

Today, Community Access owns and manages over 1,100 units of housing, and the qualities that characterized our first project remain alive today. We continue to believe that access to decent, affordable housing can open doors of opportunity to individuals with psychiatric disabilities. And, in addition to pioneering new housing models, we have developed some of the nation's most innovative job training, education, and recovery programs.

We are proud of our history, traditions, and the programs we've created over the past four decades, and we're not resting on our laurels. We continue to break new ground in housing, health care, and education. Much remains to be done to improve the lives of those diagnosed with mental illness, but the good news is that we know what the solutions are and remain dedicated to fulfilling the vision of our founders.
JOIN OUR TEAM

Marathon slots are now available for Team Community Access

Communityaccess.org/marathon

“Heal. Good dog.”

Pets often matter a lot to people with psychiatric disabilities.

Learn more about how the Pet Access program is helping provide friendship, companionship, and a whole lot of love for CA tenants and their lucky pets.

And, you can help! www.communityaccess.org/PetAccess
1. Nineteen current staff members have worked for CA for 15 or more years.
2. Maynor Alas, a participant in our East Village Access writing workshop, won the prestigious 24 Hour Plays on Broadway Festival in 2012.
3. Following the tragic events of 9/11, our clubhouse location was used by first responders as an emergency triage center.
4. Previous Good Neighbor Gala honorees include TV star Dick Cavett and singer Judy Collins.
5. Fifty-seven tenants have lived in CA apartments for at least 20 years.
6. Eight of our buildings belong to the NYC CoolRoofs program, with roof coatings that reduce cooling costs and decrease carbon emissions.
7. Carl Johnson, program director at our Dekalb Avenue building, started out at CA as a per diem front desk worker.
8. We either own, operate, or provide services in 20 buildings and more than 100 scatter-site apartments throughout Manhattan, Brooklyn, and the Bronx.
10. We once had our own sporting goods store in the Lower East Side, called Mo’s.
11. Our 350+ staff gets through a lot of office supplies. For example, since 2009 we’ve purchased 9,960 pens.
12. Our annual NYC Mental Health Film Festival, now in its tenth year, has so far screened 32 independent feature films and 25 shorts.
13. We put energy management systems in all our buildings in 2013, which are helping to keep the buildings green and save money.
14. To date, our Howie the Harp job training center has graduated more than 1,000 individuals.
15. Recovery Connections, our newest program, connects individuals with histories of mental illness and incarceration with people, opportunities, and activities outside of the mental health system.
16. Our Howie the Harp Director, Lynnae Brown, is a regular storyteller for The Moth, an NYC nonprofit dedicated to the art and craft of storytelling.
17. To date, our biggest development project is 1854 Cedar Avenue — the building cost a total of $37,969,787.
18. The winter of 2013/14 was rough. To keep our sidewalks and pathways clear of snow and ice, we went through 1,750 lbs of salt.
19. We provide on-site social services, counseling, and life skills development for young people aged out of the foster care system and preparing for life on their own.
20. The next CA residence will be our biggest yet: set to open in 2015, 111 East 172nd Street in the Bronx will have a total of 126 units.

For the other half of these 40 Things, visit www.facebook.com/communityaccess — we’ll be posting one a week until the list is complete!
NEW YORK NICE

Help to make our city friendlier, healthier, and happier.

- Mental health advocacy
- Stories of recovery + hope
- Job + volunteer opportunities
- Free local events

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