

# Provisions of S2225-D Introduced by Sen. Catherine Young

On June 9, 2014, this passed the NYS Rules Committee and can now go to a vote of the full Senate.

Prepared by Mental Illness Policy Org

<http://mentalillnesspolicy.org>. <http://kendraslaw.org>

## SUMMARY OF SPECIFIC PROVISIONS:

- Sets up a mechanism so that expiring court orders are proactively reviewed to see if they need renewing and that the rationale is documented and those that need renewing are renewed.
- Takes steps to ensure that judges and court personnel are properly trained in the law.
- Requires OMH to prepare educational materials on how families and others can submit reports to mental health officials of people who may need and can benefit from AOT.
- Helps facilitate continuing treatment when someone on AOT in one county moves to another.
- Clarifies that tests for substance abuse may be random.
- Allows parties to stipulate that an examining physician need not appear in court.
- Requires the appointed physician to make a reasonable effort to gather relevant information from the family of the person being considered for AOT.
- Clarifies that directors of hospitals or superintendents of correctional facilities may initiate a petition.
- Requires OMH to establish a procedure to ensure that reports of persons who may be in need of AOT that are made by family and community members are, if warranted, investigated and that if appropriate, AOT petitions are filed.
- Allows the person who originally brought the petition to petition for continued AOT, in the event that the appropriate director or current petitioner does not petition for continued AOT.
- Provides that when a patient is missing when the order expires, the order shall be extended until sixty days after the patient is found.
- Provides that if the director of the hospital does not petition for AOT upon the discharge of an involuntarily committed inpatient, the hospital director will report that to the county mental health director for his or her consideration.
- Requires that before discharging an inmate who is still mentally ill, the director shall, where appropriate, either apply for the person's admission to a hospital for care and treatment, initiate a petition for an order authorizing assisted outpatient treatment, or apply for the person's admission to a secure treatment facility.
- Requires that when OMH discharges an inmate from a forensic facility, they assess the

individual for AOT or continuing treatment and give the AOT assessment to the mental health director of the county where the inmate will reside. It requires that the mental health director conduct an investigation to see if Kendra's Law or other treatment is needed.

- Makes Kendra's Law permanent.

## **JUSTIFICATION:**

On June 30, 2009, a team of independent researchers released the report of their long term study of AOT throughout New York State and in October, 2010 Psychiatric Services published six peer reviewed studies on the AOT program. These reports confirm the earlier OMH data.

These studies found patients given mandatory outpatient treatment who were more violent to begin with, were nevertheless four times less likely than members of the control group to perpetrate serious violence after undergoing assisted outpatient treatment. The studies also found less frequent psychiatric hospitalizations, shorter length of hospitalizations, reduction in the likelihood of arrest, higher social functioning, slightly less stigma and no increase in perceived coercion. These studies confirmed that AOT stimulates service provider's efforts to prioritize care for AOT recipients; judges hearing AOT cases could benefit from additional AOT training; counties favored increasing the availability of stipulations to reduce the court burden, costs, and transportation burdens; recipients are far more likely than other patients to consistently receive psychotropic medications appropriate to their psychiatric condition; that those who receive AOT for periods of at least one year are more likely than those who receive AOT for shorter periods to sustain gains after leaving the program; that the law has been applied in a non-discriminatory manner; and that the court order itself, in addition to high quality services, is a significant factor in the program's success.

Although the New York SAFE Act addresses many of these concerns, loopholes still exist in the law. The amendments included in this act are intended to close these loopholes and maximize the unique potential of this legislation, while simultaneously serving the goals of compassionate care, fiscal responsibility, and public safety.