

Subject: SB226 Testimony

Attachments: Kendra's Law 5yr results.doc

NAMI Pennsylvania York County

Pennsylvania's Voice on Mental Illness

An affiliate of the National Alliance on *Mental Illness*

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As the Director of National Alliance on Mental Illness (NAMI) York County and also the mother of a son with a mental illness, I would like to express my support of the following bill:

Senate Bill 226- Assisted Outpatient Treatment (AOT)

This bill addresses the need for court ordered outpatient treatment for people with mental illness who 1) have a history of non-compliance with treatment, 2) would be unlikely to live safely in the community without supervision, and 3) would be resistant to, or refuse to, voluntarily participate in a recommended treatment plan. This bill is patterned after New York State's Kendra's Law, which has proven that AOT dramatically reduces psychiatric hospitalizations, homelessness and incarceration. It has also been shown to have significantly INCREASED the percentage of persons who continue to receive services even after the assisted outpatient treatment is over. (See attached.) In light of the recent tragedy at Virginia Tech, which may have been avoided if there had been this type of legislation in effect, I think it is important that you support this bill in Pennsylvania.

If AOT had been available when my son was severely mentally ill from 1990 through 2003, I am certain that he would have been able to avoid at least some of his multiple stays in York Hospital, and his 3 long-term hospitalizations at Harrisburg State Hospital. As it was, without being made accountable to some type of treatment plan when he was released from the hospital, he would gradually discontinue taking his medications and eventually end up back in the hospital. Each time his brain was allowed to deteriorate while his illness took hold of him, and although he is now in recovery, each prior relapse has affected his brain's level of functioning so that he will never be able to recapture the level of functioning before the relapse occurred. This same story has been repeated by many who have come to our NAMI support group meetings. They would see their family member stabilized by a hospital stay and then relapse because they didn't comply with treatment and/or medication after they were discharged.

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Having this bill in effect would not only be positive for the person with the illness, but also for society, in general. Although the vast majority of those with mental illness are not violent, research has shown that of the small percentage of those with severe mental illness who do commit violent crimes, the majority of them were not in any type of treatment. From a financial standpoint, AOT would also save money because there would be fewer hospitalizations, fewer people in prison.

My only complaint about the bill is that it doesn't go far enough. Our Inpatient Involuntary Commitment law in Pennsylvania is one of the most restrictive in the nation. A family should not be forced to watch their family member deteriorate to a point where they are "a danger to themselves or others". I can't tell you how heartbreaking and frustrating it is see your family member in this state and not be able to do anything about it. Hopefully, if SB226 is passed, the need for involuntary inpatient commitment will be greatly reduced.

Allowing a person whose brain functioning and reasoning skills are so dramatically impaired by their mental illness that they are unable to realize that they need help, to make the decision to seek treatment is like letting a toddler decide whether he wants to have an operation. It doesn't make any sense. **Mental illness is a brain disorder**, interfering with the brain's normal functioning and reasoning skills so it's only logical, when the illness is at its worst, that it would interfere with a person's judgment and decision making. Letting a person get sicker and sicker until the only choice is hospitalization...or homelessness...or prison...or, in the worse case scenario, resulting in suicide is like denying someone cancer treatment until the cancer metastasizes or until they are on their death bed. People with severe, untreated mental illness are suffering and we allow them to continue to suffer because we give them the "right" to make their own choices-no matter how detrimental they may be- about their treatment.

Assisted outpatient treatment will give a person with mental illness, who already has a tough road ahead of him, the best chance for recovery and the ability to live a normal life. That's not too much to ask. Isn't that what all of us want?

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ASSISTED OUTPATIENT TREATMENT: RESULTS FROM NEW YORK'S KENDRA'S LAW

SUMMARY: Kendra's Law is New York's law for assisted outpatient treatment. The New York State Office of Mental Health released its "Final Report on the Status of Assisted Outpatient Treatment" on March 1, 2005, which details the outcomes for the first five years of Kendra's Law. Assisted outpatient treatment drastically reduced hospitalization, homelessness, arrest, and incarceration among the people with severe psychiatric disorders in the program, while at the same time increasing their adherence to treatment and overall quality of life. The adoption of assisted outpatient treatment also resulted in fundamental changes to the overall New York mental health system, leading to enhanced accountability and improved treatment plan collaboration for all service recipients – effectively committing the system to the patient, not just the patient to the system.

READ THE REPORT: N.Y. State Office of Mental Health (March 2005). *Kendra's Law: Final report on the status of assisted outpatient treatment.* New York: Office of Mental Health.

READ TAC's PRESS RELEASE

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Kendra's Law helps those who need it most

As of March 1, 2005, 3,908 individuals received treatment orders under Kendra's Law.¹ An average of 62 individuals per month, or 747 individuals per year, were ordered to maintain treatment under the program.² That is approximately 39 per year per million people in the state population.³

As intended, the individuals placed in assisted outpatient treatment (AOT) were among the most severely ill. In the three years prior to the court order, almost every participant – 97 percent – had at least one psychiatric hospitalization (with an average of three hospitalizations per recipient). When compared with a similar population of mental health service recipients, those placed in AOT had been twice as likely to have been homeless, 50 percent more likely to have had contact with the criminal justice system, and 58 percent more likely to have a co-occurring mental illness and substance abuse condition.

Kendra's Law reduces the severest consequences from lack of treatment

During the course of court-ordered treatment⁴, when compared to the three years prior to participation in the program, AOT recipients experienced far less hospitalization, homelessness, arrest, and incarceration. Specifically, for those in the AOT program:

- 74 percent fewer experienced homelessness;
- 77 percent fewer experienced psychiatric hospitalization;
- 83 percent fewer experienced arrest; and
- 87 percent fewer experienced incarceration.

Kendra's Law reduces costs for the most expensive services

Inpatient hospitalization is by far the most expensive form of psychiatric treatment available today. One of the most dramatic benefits to individuals participating in the Kendra's Law program was a marked reduction in the total number of days spent hospitalized. On average, AOT recipients spent 50 days in the hospital for psychiatric care during the six months prior to AOT, a

number that was reduced 56 percent for participants during a matched period. Even after the termination of the court order, the decline continued – during the first six months following the end of the AOT order, total hospital days were reduced to an average of 13, a 73 percent reduction from the pre-AOT total. Individuals who meet Kendra's Law strict eligibility standard typically already consume significant inpatient and outpatient treatment dollars. The majority received case management, medication management, and/or individual or group therapy prior to AOT. Assisted outpatient treatment can reduce costs by reducing the ineffective use of existing services.

Kendra's Law reduces harmful behavior

Kendra's Law also resulted in dramatic reductions in the incidence of harmful behaviors for AOT recipients at six months in AOT as compared to a similar period of time prior to the court order:

- 55 percent fewer recipients engaged in suicide attempts or physical harm to self;
- 49 percent fewer abused alcohol;
- 48 percent fewer abused drugs;
- 47 percent fewer physically harmed others;
- 46 percent fewer damaged or destroyed property; and
- 43 percent fewer threatened physical harm to others.

Overall, the average decrease in harmful behavior was 44 percent.

Kendra's Law improves treatment compliance

Individuals in the Kendra's Law program were also much more likely to regularly participate in services and take medication as prescribed by the treating physician.

- The number of individuals exhibiting good adherence to medication increased by 103 percent (from only 34 percent to 69 percent).
- The number of individuals exhibiting good service engagement increased by 51 percent (from 41 percent to 62 percent).

Kendra's Law recipients value the program

Researchers with the New York State Psychiatric Institute and Columbia University conducted face-to-face interviews with 76 AOT recipients to assess their opinions about the program, perceptions of coercion or stigma associated with the court order and, most importantly, quality of life as a result of AOT. While the interviews showed that the experience of being court-ordered into treatment made about half of recipients feel angry or embarrassed, after they received treatment, AOT recipients overwhelmingly endorsed the effect of the program on their lives:

- 75 percent reported that AOT helped them gain control over their lives;
- 81 percent said that AOT helped them to get and stay well; and
- 90 percent said AOT made them more likely to keep appointments and take medication.

Additionally, 87 percent said they were confident in their case manager's ability to help them – and 88 percent said that they and their case manager agreed on what is important for them to

work on. AOT had a positive effect on the therapeutic alliance.

Kendra's Law improves the system's ability to help those in need

Not only is Kendra's Law helping the individuals in the program, it is also helping the system better provide treatment to all those in need. The New York Office of Mental Health detailed some of these systemic benefits in its final report: "Counties and stakeholder groups statewide have reported that the implementation of processes to provide AOT to individuals under court orders has resulted in beneficial structural changes to local mental health service delivery systems... The implementation of AOT has also supported the development of more collaborative relationships between the mental health and court systems. AOT has been instrumental in increasing accountability at all system levels regarding delivery of services to high need individuals."

The increased accountability led to a shift in the manner in which treatment to high need individuals was viewed: "Local mental health systems began to identify the potential risk posed by not responding to individuals in need, and as a result, those systems improved their ability to respond more efficiently and effectively."

ENDNOTES

¹ This statistic and all others cited in this summary, unless otherwise noted, are from the following source: N.Y. State Office of Mental Health (March 2005). *Kendra's law: Final report on the status of assisted outpatient treatment*. New York: Office of Mental Health.

² 3,908 individuals over the first 5.23 years of the program (11/8/99 – 2/1/05) = 747.7 individuals per year, or 62.3 per month. This is notably fewer people than the 10,000 people per year that Kendra's Law opponents predicted would be swept into the "dragnet" of the law.

³ New York's population is approximately 19 million. See <http://quickfacts.census.gov/qfd/states/36000.html>.

⁴ The average timeframe for court orders was 16 months, and ranged from six months to more than 30 months.