



**Testimony**  
of  
**Adam Karpati, MD, MPH**  
**Executive Deputy Commissioner for the Division of Mental Hygiene**  
**New York City Department of Health and Mental Hygiene**

before the

**New York City Council Committee on Mental Health, Mental Retardation, Alcoholism,  
Drug Abuse, and Disability Services**

regarding

**Oversight: Kendra's Law**  
November 19, 2010

250 Broadway, Hearing Room, 14th Floor  
New York, NY

Good morning Chairperson Koppell and members of the Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse, and Disability Services. I am Adam Karpati, Executive Deputy Commissioner for the Division of Mental Hygiene at the Department of Health and Mental Hygiene (DOHMH). I am joined at the table this afternoon by Joyce Wale, Senior Assistant Vice President for Behavioral Health at the New York City Health and Hospitals Corporation (HHC), and Nancy Hulbrock, Director of Assisted Outpatient Treatment at DOHMH. On behalf of Commissioner Farley, I would like to thank you for the opportunity to present updates on the implementation and outcomes of court-ordered Assisted Outpatient Treatment (AOT), or Kendra's Law.

In 1999, New York State enacted legislation that provides for assisted outpatient treatment for certain people with mental illness who, in light of their treatment history and present circumstances, are unlikely to live safely in the community without supervision. This law is commonly referred to as "Kendra's Law," named after Kendra Webdale, a young woman who died in January 1999 after being pushed in front of a New York City subway train by Andrew Goldstein, who was not receiving treatment for his mental illness. The law was initially enacted for five years and extended twice: in 2005 and again in 2010.

Kendra's Law establishes a procedure for obtaining orders of outpatient civil commitment for certain individuals with mental illness to receive and accept treatment in the community. The law authorizes seven categories of persons who may initiate a petition for AOT, including adult members of the immediate family and mental health providers. Eligibility criteria include a series of factual and clinical determinations. Factually, the petitioner must demonstrate that the subject of the petition has been hospitalized at least twice in the last three years as a result of noncompliance with treatment for a mental illness, or has made an act,

attempt or threat of serious harm to self or others at least once within the last four years, also within the context of noncompliance with treatment for a mental illness. Clinically, a psychiatrist must testify that AOT is the least restrictive alternative available to ensure that the individual receives treatment sufficient to allow him or her to live safely in the community.

The prescribed treatment is outlined in a written treatment plan prepared by a physician who has examined the individual. The procedure involves a court hearing in which all the evidence, including testimony from the physician, and, if desired, from the individual alleged to need treatment, is presented to the court. If the court determines that the individual meets the criteria for AOT, an order is granted to require the provision of services described in the written treatment plan that the court finds necessary. Initial court orders are effective for up to six months and can be renewed for successive periods up to one year. The legislation also establishes a procedure for evaluation in cases where the individual fails to comply with the ordered treatment or may be in need of hospitalization.

The law stipulates that the local government unit - here in New York City, the Department of Health and Mental Hygiene - is responsible for monitoring and oversight of the implementation of Kendra's Law. At program inception, DOHMH designated the Health and Hospitals Corporation as the operator of AOT and established programs for each of the five boroughs, as well as one focusing exclusively on Riker's Island. Each AOT team is housed in an HHC facility. There are two AOT teams at Bellevue Hospital that serve Manhattan and Riker's Island; a team at Woodhull Hospital that serves Brooklyn and Staten Island; a team at Elmhurst Hospital that serves the borough of Queens; and a team at North Central Bronx Hospital that serves the Bronx. The teams include psychiatrists, lawyers, social workers, peer counselors and data coordinators. The psychiatrists examine individuals for eligibility and testify in court with

the lawyers. Social workers and peer counselors monitor the implementation of court orders that have been granted and address issues of compliance if and when they arise. Data coordinators ensure that we have sufficient information to monitor program performance and evaluate the efficacy of our interventions.

DOHMH is currently in the process of assuming direct responsibility for operating AOT. This transfer of function from HHC to DOHMH will result in a single AOT program for all of New York City. The unified program will investigate, petition and monitor AOT court orders in much the same way they have since the program's inception. The main advantage of the new organization will be DOHMH's enhanced capacity to ensure that consumers and providers across New York City interface with a single AOT program that is capable of applying resources more flexibly and efficiently across the boroughs.

The decision to merge the five AOT teams into a single program was also guided in part by the recommendation of the New York State/New York City Mental Health-Criminal Justice Panel to standardize AOT procedures across the five boroughs. This recommendation was part of the Panel's larger work to identify opportunities to improve services for the subset of individuals with serious mental illness who are at risk of poor treatment outcomes, involvement with the justice system and potential acts of violence. The panel published its findings and recommendations in June 2008.

Every consumer for whom an AOT order is granted is assigned to either an Assertive Community Treatment (ACT) team or an Intensive Case Management (ICM) program. Other services, ranging from housing to outpatient to chemical dependency, are provided as needed for each specific consumer. AOT status grants consumers priority access to all the services on their

court order. The AOT team monitors these services through weekly contact with the individual's case manager or ACT team. In the event that a consumer is not accepting court ordered services or the provider is not adequately serving the consumer, the AOT team works with the consumer and the providers to promote engagement by identifying and removing barriers to treatment. If problems persist, AOT may consider adjusting the treatment plan, or in certain cases, may issue a removal order for the consumer to be transported to an emergency room for evaluation and possible admission. This removal process is carried out by a team of clinicians who work with a specialized unit of the New York City Department of Finance's Office of the Sheriff to transport individuals to the nearest hospital.

Toward the end of each period of assisted outpatient treatment, the AOT psychiatrist reviews reports of the consumer's adherence to the court ordered treatment plan and conducts a face-to-face evaluation of the consumer. The consumer is entitled to legal representation during this evaluation and may also invite a significant other to attend. Based on the information collected, the AOT psychiatrist will pursue one of three main course of action. First, the psychiatrist may conclude that an AOT court order remains the least restrictive alternative for treating the consumer in the community, in which case he/she will file a renewal petition with the court; another hearing will occur in the same fashion as the initial hearing. Second, the AOT psychiatrist may determine that a court order is no longer the least restrictive alternative for treating the individual in the community and he/she will recommend that the individual graduate from AOT monitoring. And third, the AOT psychiatrist may determine that, while the individual has begun to more actively engage in outpatient mental health services, he/she would benefit from some ongoing monitoring by AOT. If this is the case, the psychiatrist will offer the consumer the opportunity to enter into a voluntary agreement with AOT. Voluntary agreements

are signed by the consumer and provide consent for the AOT team to continue communicating with the consumer's providers to monitor participation in treatment for a defined period of time. While used at the end of an involuntary order in New York City, voluntary agreements can be used at the beginning of the process as well.

Approximately 1,300 people are currently on AOT orders in the City. This represents around 70% of all individuals on AOT orders in New York State. During the previous year, from October 2009 through September 2010, 598 initial court orders were granted, 1,267 court orders were renewed and 359 court orders were re-petitioned. Re-petitions refer to cases in which an individual previously had an initial order that expired. During this same period from October 2009 through September 2010, 33% of court orders expired because the individual graduated from AOT monitoring and another 27% expired in order to be stepped down to a period of voluntary monitoring.

The 2005 reauthorization of the AOT Program required an independent evaluation of its implementation and effectiveness. The Department of Psychiatry and Behavioral Sciences at Duke University was contracted by the State Office of Mental Health to conduct the evaluation and the results of the study were published in June 2009. The study evaluated service engagement, outcomes during AOT, and outcomes after AOT for all counties in New York State.

The study's results on service engagement showed that after 12 months or more on AOT, individuals were more actively engaged in treatment than those who were not on AOT. Results on outcomes during AOT showed that individuals' probabilities of hospitalization and lengths of hospitalization are reduced. Additionally, substantial increases were found in the receipt of intensive case management and psychotropic medications while they were on AOT. The study

also found evidence that AOT reduces the likelihood of being arrested. In terms of outcomes after AOT, the study found that reduced hospitalizations and improvements in medication use persisted after the end of the AOT order, particularly when the order had been in effect for at least 12 months

Thank you for the opportunity to present updates on this important program. We look forward to continuing our work to provide AOT to eligible New Yorkers with access to the services they need to live safely in the community and make progress toward recovery.