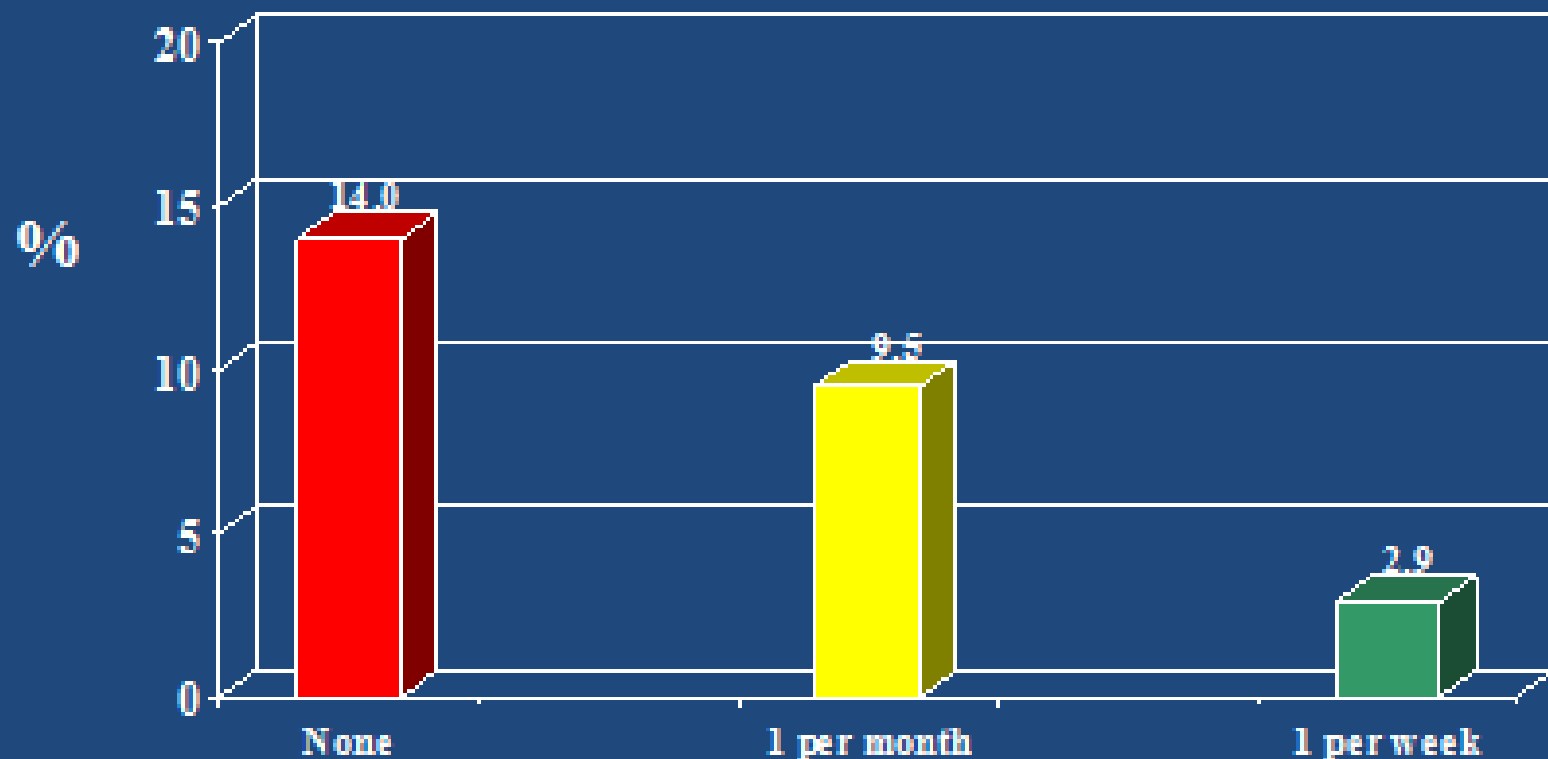


Part 2: Mandated Community Treatment

Can *Voluntary* Community Treatment Reduce Violence?

Violence in 2nd 10-Weeks After Discharge, by Outpatient Treatment Sessions Attended in 1st 10 Weeks



$p < .0001$, controlling for age, gender, race, education, marital status, substance use, diagnosis, and prior violence. Community comparison group = 4.6% violent.

KENDRA'S LAW (NY, 1999)



Views on Outpatient Commitment and Mental Health Services

Bazelon Center

“[O]utpatient commitment penalizes the individual for what is essentially a systems problem. Lack of appropriate and acceptable community mental health services is the issue.”

Treatment Advocacy Center

“For [a] small subset of the most mentally ill, *no amount of money* spent on services will ever be enough to induce their compliance with treatment.”

HOSPITAL ≠ COMMUNITY

	Mandated Institutional Tx	Mandated Community Tx
Housing	Hospital	
Disability benefits	Hospital	
Order maintenance	Hospital	
Treatment	Hospital	

HOSPITAL ≠ COMMUNITY

	Mandated Institutional Tx	Mandated Community Tx
Housing	Hospital	Housing agency
Disability benefits	Hospital	
Order maintenance	Hospital	
Treatment	Hospital	

HOSPITAL ≠ COMMUNITY

	Mandated Institutional Tx	Mandated Community Tx
Housing	Hospital	Housing agency
Disability benefits	Hospital	Welfare agency
Order maintenance	Hospital	
Treatment	Hospital	

HOSPITAL ≠ COMMUNITY

	Mandated Institutional Tx	Mandated Community Tx
Housing	Hospital	Housing agency
Disability benefits	Hospital	Welfare agency
Order maintenance	Hospital	Criminal justice system
Treatment	Hospital	

HOSPITAL ≠ COMMUNITY

	Mandated Institutional Tx	Mandated Community Tx
Housing	Hospital	Housing agency
Disability benefits	Hospital	Welfare agency
Order maintenance	Hospital	Criminal justice system
Treatment	Hospital	Mental health system

Housing as “Leverage”

A standard lease for a subsidized apartment for a person with mental illness

“Refusing to continue with mental health treatment means that I do not believe I need mental health services. I understand that since I am no longer a consumer of mental health services, it is expected that I will find alternative housing. I understand that if I do not, I may face eviction.”

In 41 states, the mean rent for a 1-bedroom apartment exceeds 100% of federal disability benefits.

Money as “Leverage”

Money managers (“Representative payees”)

“You are receiving benefits based on the mental health problems that you have. The Social Security Administration *requires* that you be involved in mental health services so that you will feel better. [Otherwise,] you may lose your benefits.”

~ 1,000,000 people in the U.S. receive benefits for psychiatric disability through a “rep payee”

Jail as “Leverage”

Treatment as a condition of probation

“The court may provide, as further conditions of a sentence of probation...that the defendant ... undergo available medical, psychiatric, or psychological treatment.” 18 U.S. Code § 3563.

In addition, ~400 mental health courts are now in operation in the U.S.

Hospitalization as “Leverage”

“Outpatient Commitment”

A civil court-order requiring a person to accept mental health services in the community.

- *Conditional discharge*: meets inpatient commitment criteria
- *Alternative to hospitalization*: meets inpatient commitment criteria
- *Preventive commitment*: does not meet inpatient commitment criteria.

The Prevalence of Mandated Treatment in the Community

Prevalence of Mandated Community Treatment

Form of Leverage	% with Leverage
Obtaining Housing	32

Prevalence of Mandated Community Treatment

Form of Leverage	% with Leverage
Obtaining Housing	32
Avoiding Jail	23

Prevalence of Mandated Community Treatment

Form of Leverage	% with Leverage
Obtaining Housing	32
Avoiding Jail	23
Avoiding Hospital	15

Prevalence of Mandated Community Treatment

Form of Leverage	% with Leverage
Obtaining Housing	32
Avoiding Jail	23
Avoiding Hospital	15
Obtaining Money	12

Prevalence of Mandated Community Treatment

Form of Leverage	% with Leverage
Obtaining Housing	32
Avoiding Jail	23
Avoiding Hospital	15
Obtaining Money	12
At Least 1 Form	51

Outpatient Commitment: The Mixed State of the Evidence

- *Cochrane Collaboration* (2012), Compulsory community and involuntary outpatient treatment for people with severe mental disorders: “The evidence found in this review suggests that compulsory community treatment may not be an effective alternative to standard care.”
- Burns et al, *The Lancet* (March 2013): “In well coordinated mental health services the imposition of compulsory supervision does not reduce the rate of readmission of psychotic patients. We found no support in terms of any reduction in overall hospital admission to justify the significant curtailment of patients’ personal liberty.”



NEW YORK STATE ASSISTED OUTPATIENT TREATMENT PROGRAM EVALUATION

Submitted under Contract with the New York State Office of Mental Health

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Outpatient Commitment in New York: “Assisted Outpatient Treatment” (AOT)

- adult with mental illness, who has
- a history of lack of compliance with treatment:
 - hospitalized $\geq 2x$ within past 3 years; or
 - ≥ 1 acts of serious violence toward self or others within past 4 years; and
- “is unlikely to voluntarily participate in the outpatient treatment that would enable him or her to live safely in the community.”

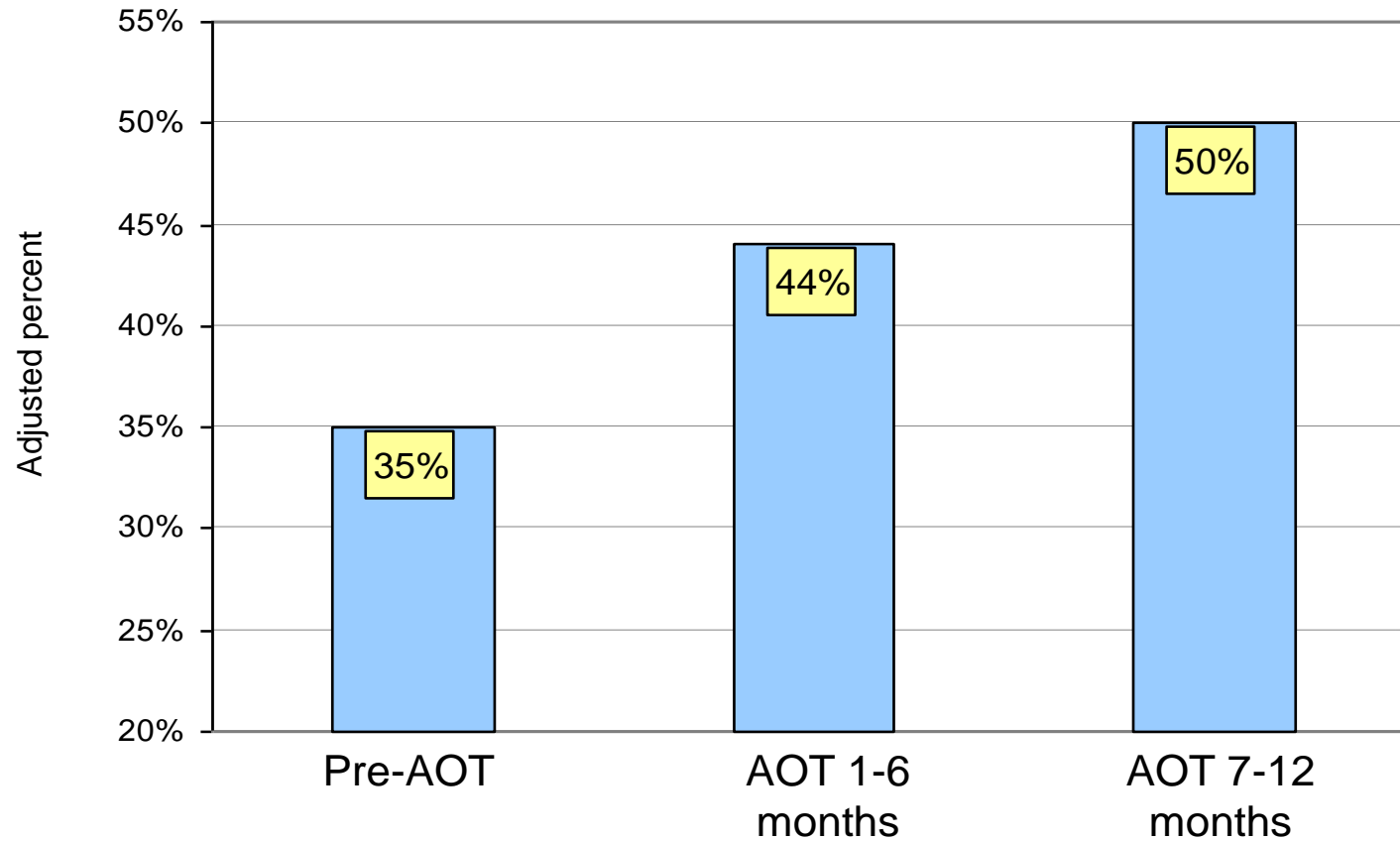
Outpatient Commitment in New York: “Assisted Outpatient Treatment”

- People on an AOT Order (in past year)
 - New York State = 3,073
 - New York City = 1,877
- Length on AOT:
 - < 12 months = 46%
 - >12 months = 54%
- “Removals” by police:
 - New York State = 479
 - New York City = 345

Main Findings of the NYS AOT Study

- Increased medication possession rates

Exhibit 3.10 Adjusted percent* with at least 80% medication possession in month by AOT status



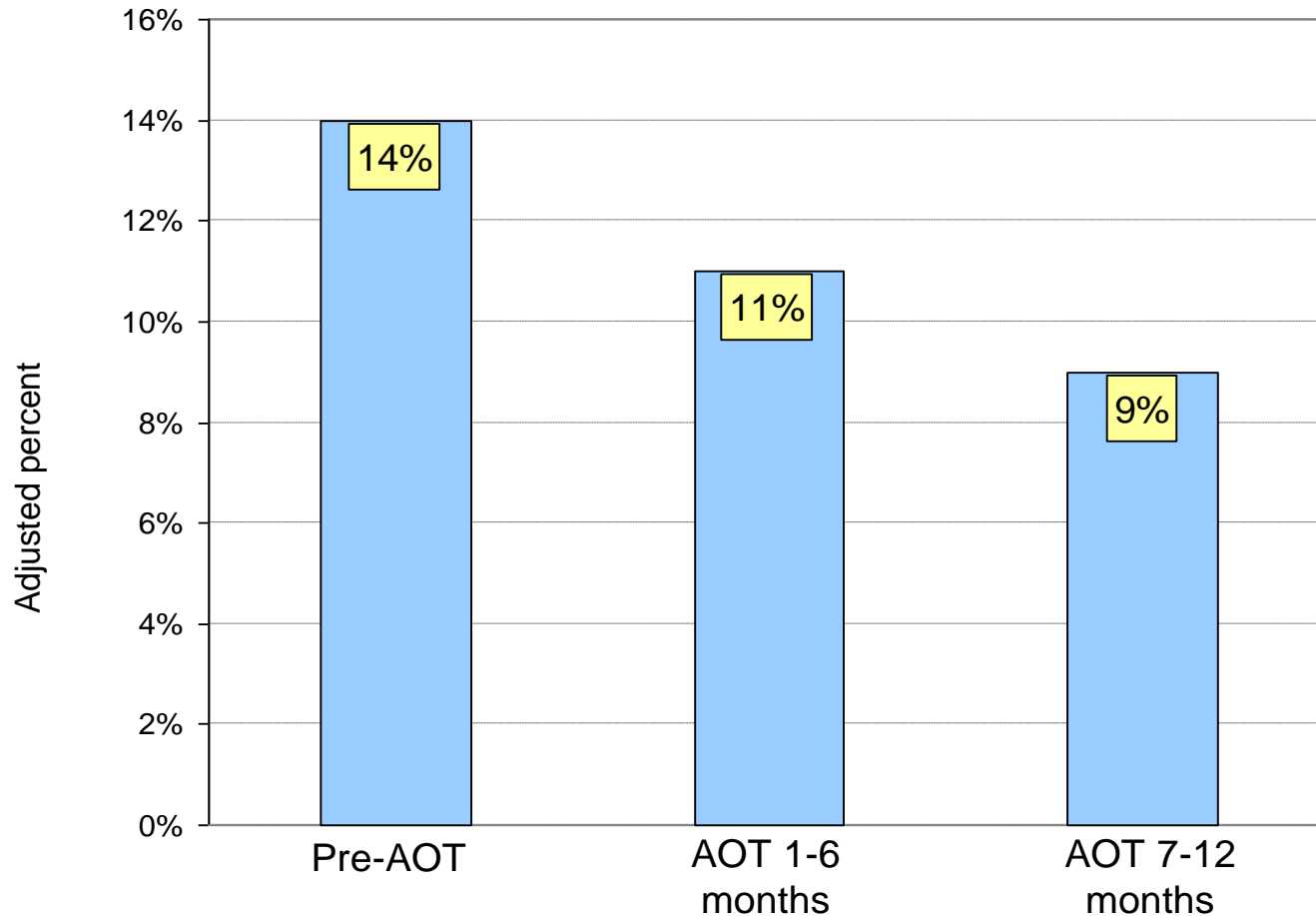
*Adjusted probability estimates were generated from repeated measures regression models controlled for time, region, race, age, sex, diagnosis, and co-insurance status. Models were also weighted for propensity to initially receive AOT and to receive more than 6 months of AOT.

Source: Medicaid and OMH records.

Main Findings of the NYS AOT Study

- Increased medication possession rates
- Reduced inpatient admissions

Exhibit 3.8 Adjusted percent* with psychiatric inpatient admission in month, by AOT status



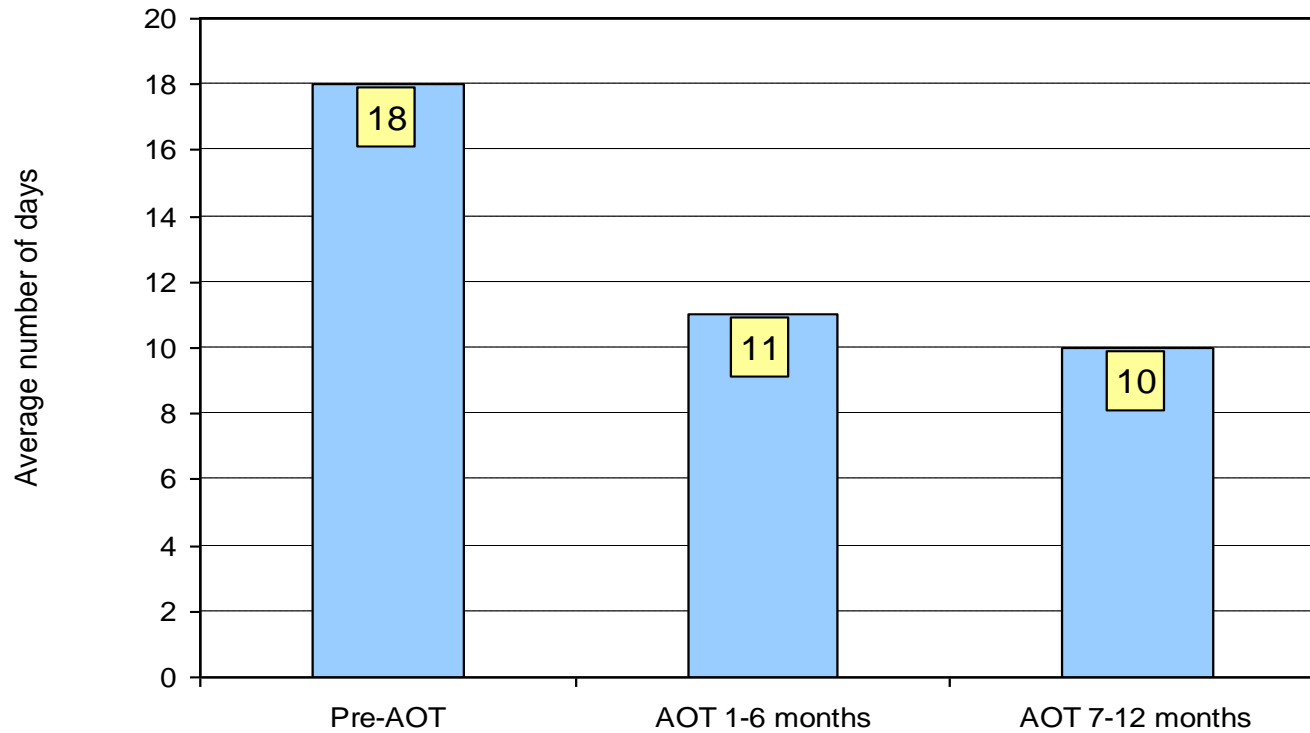
*Adjusted probability estimates were generated from repeated measures regression models controlled for time, region, race, age, sex, diagnosis, and co-insurance status. Models were also weighted for propensity to initially receive AOT and to receive more than 6 months of AOT.

Source: Medicaid claims and OMH admissions data.

Main Findings of the NYS AOT Study

- Increased medication possession rates
- Reduced inpatient admissions
- Reduced inpatient days

Exhibit 3.9. Adjusted* average inpatient days during any 6 month period, by AOT status



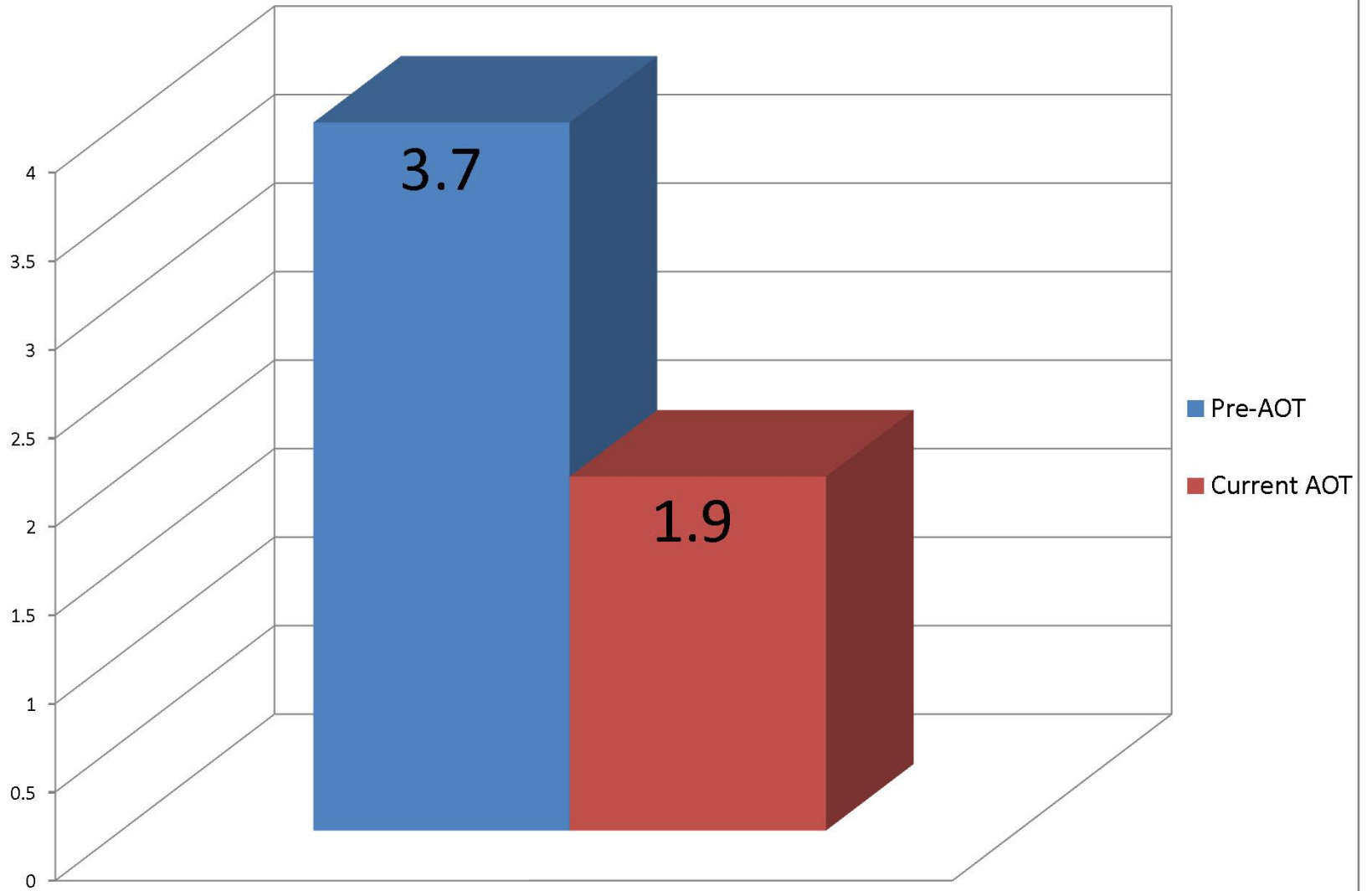
*Adjusted mean estimates were generated from repeated measures regression models controlled for time, region, race, age, sex, diagnosis, and co-insurance status. Models were also weighted for propensity to initially receive AOT and to receive more than 6 months of AOT.

Source: Medicaid claims and AOT Evaluation database.

Main Findings of the NYS AOT Study

- Increased medication possession rates
- Reduced inpatient admissions
- Reduced inpatient days
- Reduced arrests

% Arrested Per Month



Adjusted for time, age, sex, race, region, education, and diagnosis

Main Findings of the NYS AOT Study

- Increased medication possession rates
- Reduced inpatient admissions
- Reduced inpatient days
- Reduced arrests
- No significant differences between AOT and non-AOT recipients in perceived coercion, working alliance, treatment satisfaction, or life satisfaction

Main Findings of the NYS AOT Study

- Increased medication possession rates
- Reduced inpatient admissions
- Reduced inpatient days
- Reduced arrests
- No significant differences between AOT and non-AOT recipients in perceived coercion, working alliance, treatment satisfaction, or life satisfaction
- If on AOT > 12 months, benefits continue after AOT order ends.

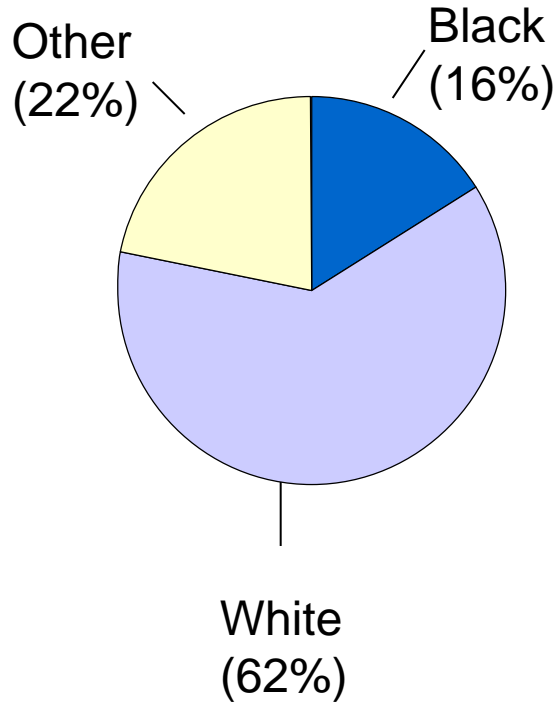
Outpatient Commitment: Racially Discriminatory?

Swanson et al. (2009). Racial disparities in
involuntary outpatient commitment: Are they real?
Health Affairs, 28, 816-826

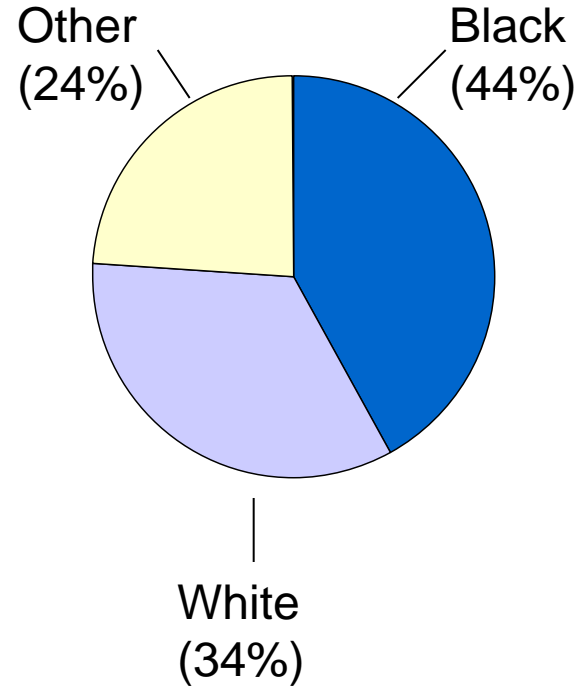
New York Lawyers for the Public Interest (2005)

- “Blacks were nearly five times as likely as whites to be the subject of court orders stemming from Kendra’s Law.”
- "It’s important to know if our mental health policy is disproportionately taking away the freedom of groups of people who have historically been oppressed."

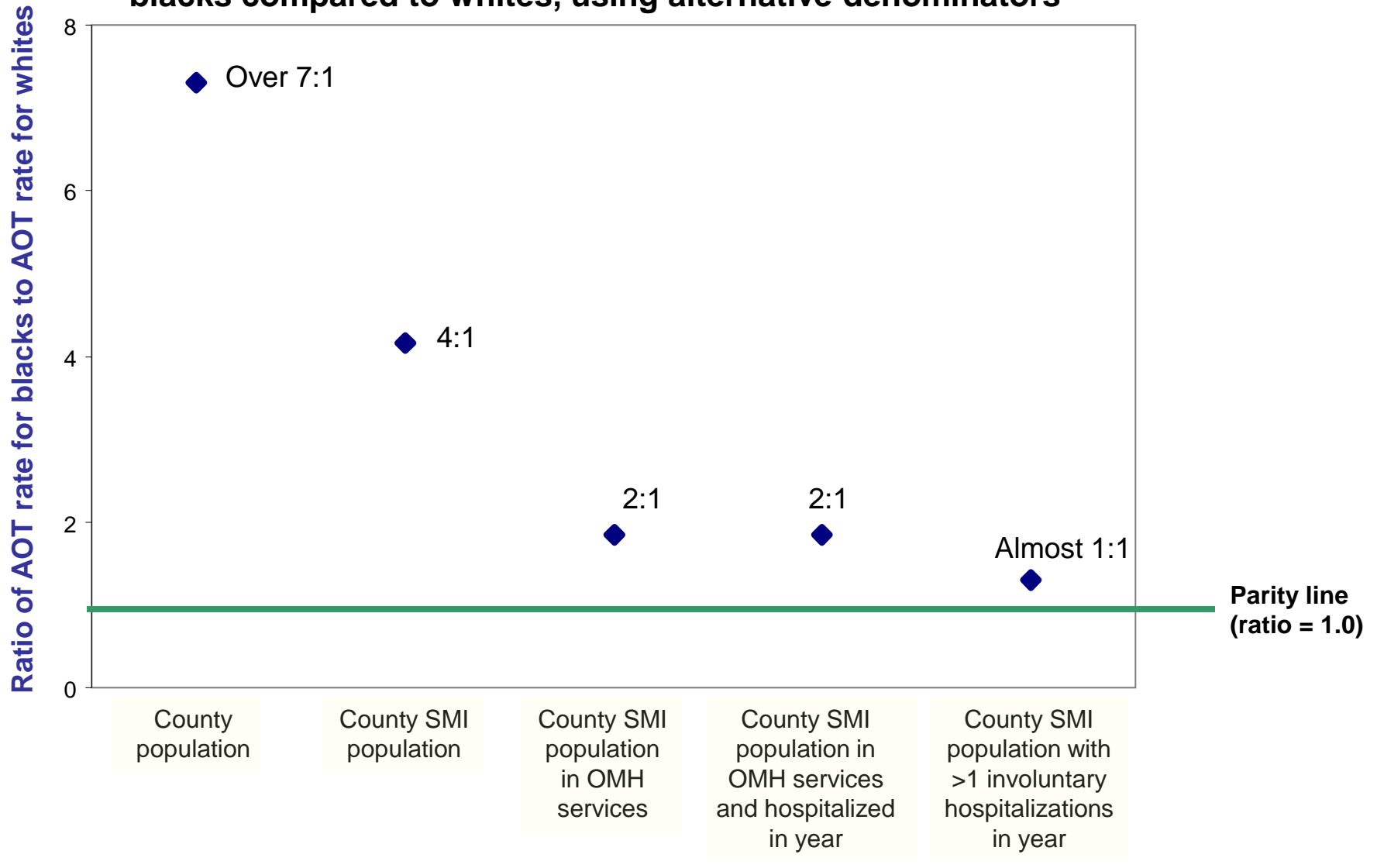
**New York State Population
(N=19,262,545)**



**Kendra's Law (AOT) Orders
(N=3,958)**



AOT racial disparity indices in **New York County**: Ratios of AOT rates* for blacks compared to whites, using alternative denominators



Alternative AOT case rate denominators

* Period-prevalence of AOT cases active at any time during 2003, by selected denominators.

Conclusions on Outpatient Commitment and Race

- **Question of racial disparity in OPC is ambiguous:**
 - Disparity in access to treatment (a public “good”) OR disparity in limitations on personal liberty (a public “bad”)?
- **Interpretation may depend on the assumed baseline situation:**
 - Hospitalization → OPC as less restrictive alternative
 - Community → OPC as initiating coercion
- **Findings suggest that the source of overrepresentation of African Americans on OPC in New York may...**
 - Lie “upstream” from the OPC referral decision point
 - Be nested within the organization and financing of care in the public mental health system.

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References:

www.macarthur.virginia.edu