Involuntary Outpatient Commitment
(aka Assisted Outpatient Treatment)

What is it? Can it reduce adverse outcomes?

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House Select Committee on Involuntary Commitment and Public Safety
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OBJECTIVES

1. Discuss the origins of and criteria for involuntary outpatient commitment (OPC) in NC and other states.
2. Briefly discuss data on OPC's effectiveness.
3. Discuss how and for whom it can be effective.

Basic facts about Involuntary Outpatient Commitment

- Outpatient version of involuntary commitment to a psychiatric hospital
  - Civil court order that requires the patient to comply with recommended treatment and receive services,
  - Non-compliance: law enforcement transport to a mental health facility for evaluation
  - Involuntary hospitalization, only if criteria met
  - No forced medication permitted under OPC

Origins of Involuntary Outpatient Commitment in NC

- **Before 1983 OPC was only permitted for persons who met criteria for involuntary inpatient commitment**
- **In 1984 NC became one of the first states to pass a 'preventative' form of OPC**
  - Court-ordered treatment authorized at a lower threshold than inpatient commitment criteria with the purpose of preventing further deterioration
  - Area programs were reimbursed $2000/yr for each OPC case.
  - NC became the national model for what was called 'assisted outpatient treatment' in NY and elsewhere

Criteria for OPC in N.C.

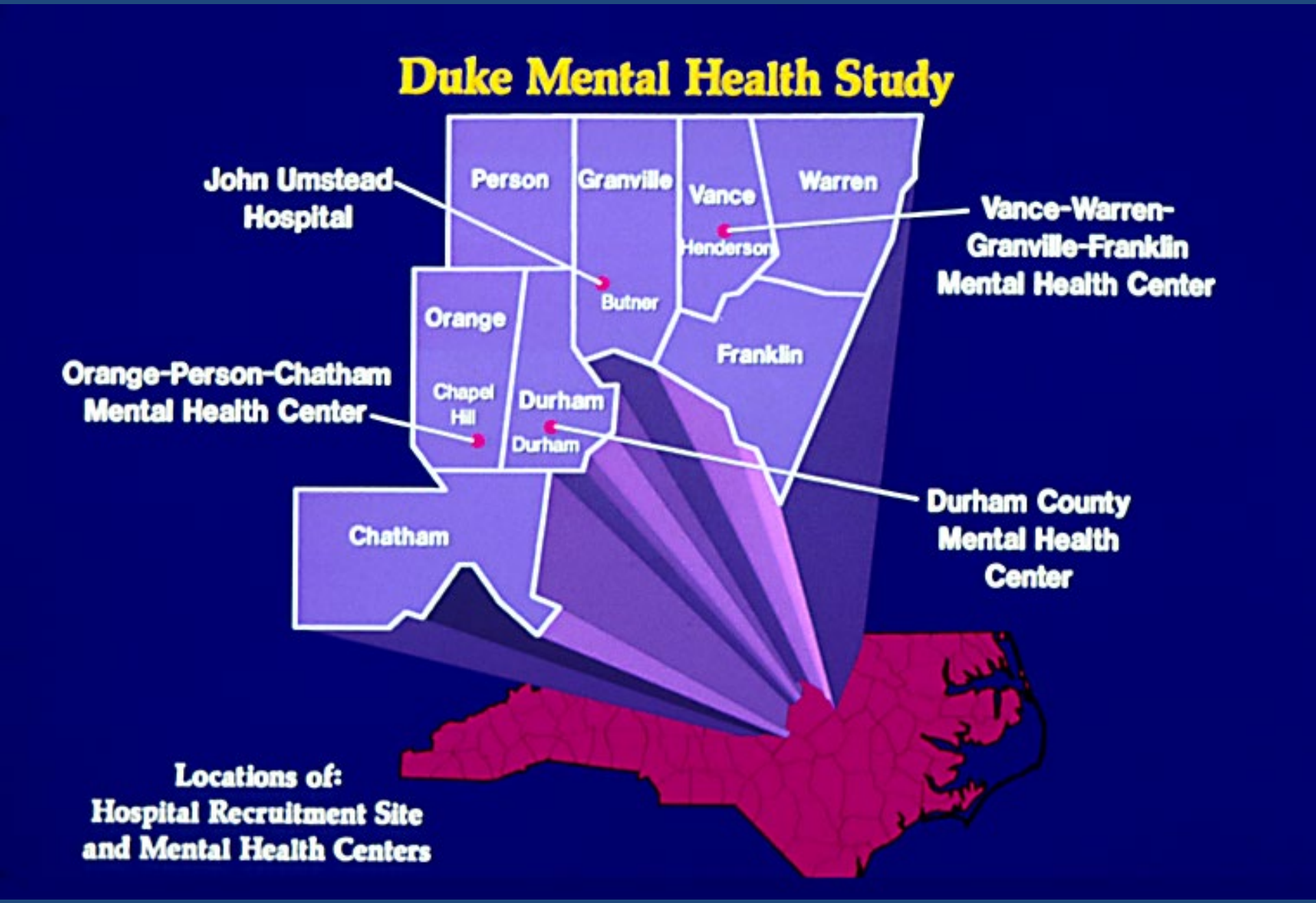
Presence of a serious mental illness

Capacity to survive in the community with available supports

Clinical history indicating a need for treatment to prevent deterioration that would predictably result in dangerousness

Mental status that limits or negates the individual's ability to make informed decisions to seek or comply voluntarily with recommended treatment

Duke Mental Health Study



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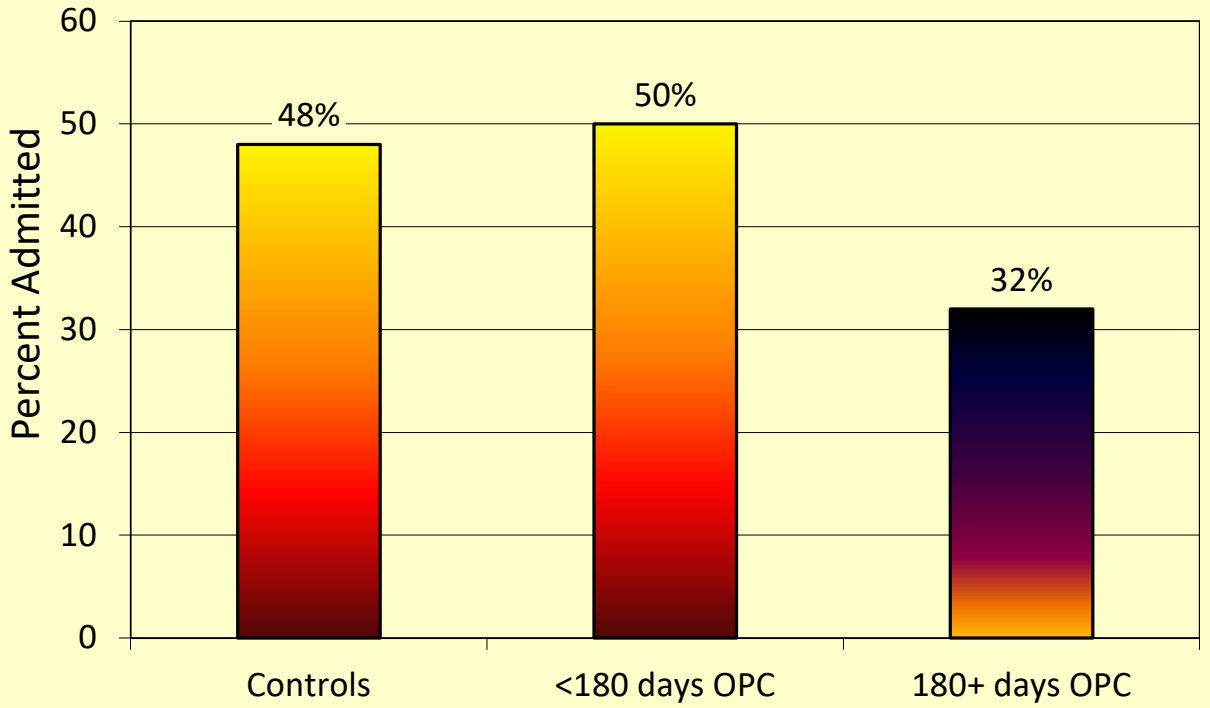
SUBGROUP ANALYSIS: Percent of participants rehospitalized in 12 months, **by days of outpatient commitment received**



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OPC group **0.64** **(0.46 – 0.88)** **p<0.01**

Swartz MS, Swanson JW, Wagner HR, Burns BJ, Hiday VA, Borum WR (1999). Can involuntary outpatient commitment reduce hospital recidivism? Findings from a randomized trial in severely mentally ill individuals. *American Journal of Psychiatry,* 156(12), 1968-1975

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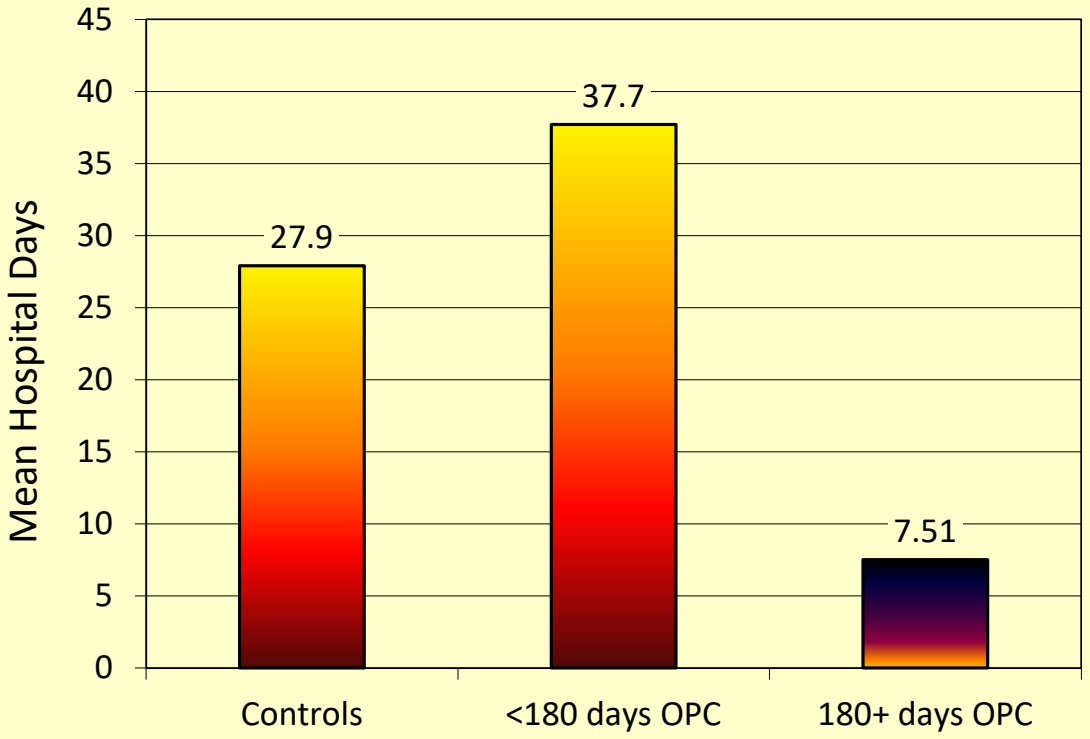
Mean psychiatric **hospital days** in 12 months by days of OPC



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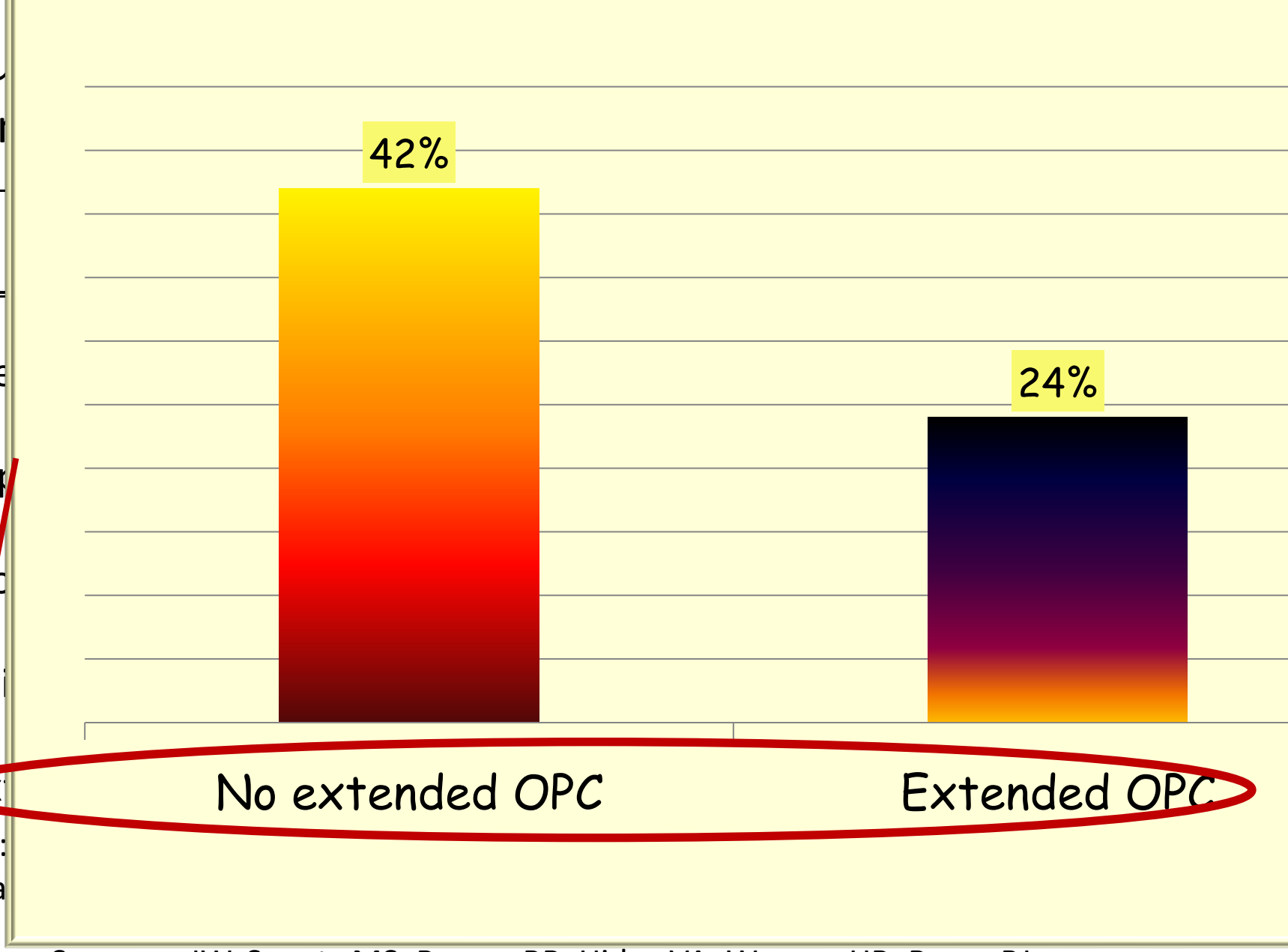
Reduced odds of any violent behavior in 1 year associated with extended outpatient commitment (Duke Mental Health Study)

	Odd Ratio	95% CI	P value
Baseline history of violence	1.915	(1.262 - 2.906)	<0.01
Outpatient commitment			
None	1.000	(1.000 - 1.000)	
Brief (<179 days)	0.986	(0.500 - 1.945)	
Extended (180 days or more)	0.347	(0.152 - 0.792)	<0.05

Note: logistic regression model controlled for demographic, social, and clinical characteristics including substance misuse.

Source: Swanson JW, Swartz MS, Borum RB, Hiday VA, Wagner HR, Burns BJ (2000). Involuntary out-patient commitment and reduction of violent behaviour in persons with severe mental illness. British Journal of Psychiatry, 176, 324-331.



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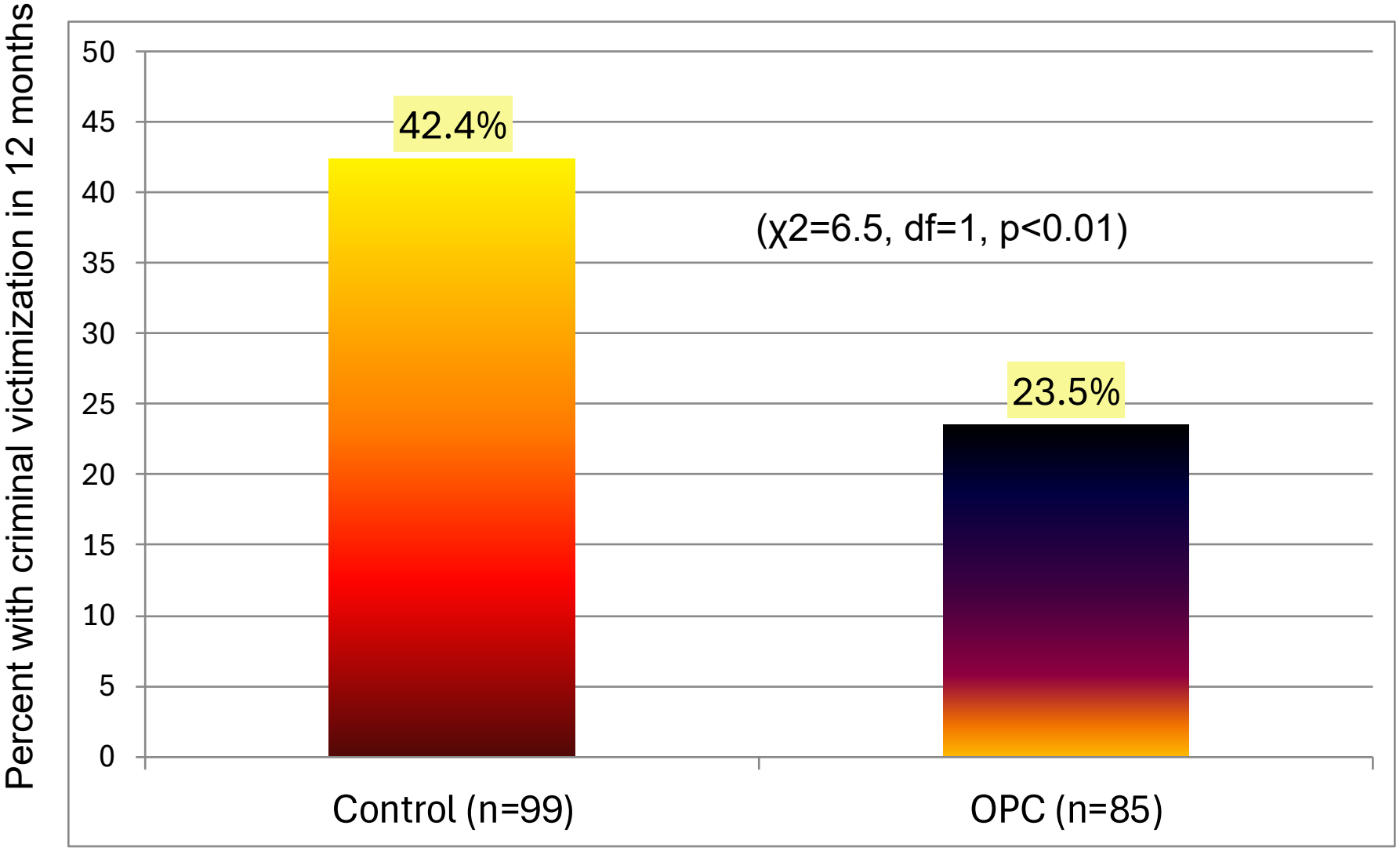
Percent who were crime victims in 12 months, by randomized study group assignment



Hiday VA, Swanson JW, Swartz MS, Wagner HR, Borum WR (2002). The impact of outpatient commitment on victimization of persons with severe mental illness. *American Journal of Psychiatry,* Vol 159(8), 1403-1411.

What happened to OPC in N.C.?

- Mental Health Reform in 2001
  - Shift away from area programs made responsibility and accountability for OPC by LME/MCOs ambiguous
  - In the newly privatized system payment for OPC was not addressed
  - OPC seemed to fall into disuse
- In 2018 (SB 630) attempted to require LME/MCO designation of 'outpatient commitment providers' but had unclear effects

March 23, 2000 (New York Times)

"Kendra Webdale was killed in January 1999 when Andrew Goldstein, a 30-year-old schizophrenic, picked her up on the platform of a 23rd Street subway station and threw her into the path of an oncoming train."

New York passed an AOT statute named "Kendra's Law"

Criteria for AOT in N.C.

- **Suffer from a mental illness**
- **Be unlikely to survive in the community without supervision based on a clinical determination**
- **Have a history of lack of compliance with treatment for mental illness which has led to:**
  - **Two hospitalizations for mental illness in the preceding three years *or***
  - **One act of violence towards self or others, or threats of serious physical harm to self or others, within the preceding four years (time period may be extended in the event of current or recent hospitalizations)**
- **Be unlikely to voluntarily participate in outpatient treatment that would enable him or her to live safely in the community as a result of the individual's mental illness**
- **Based on treatment history and current behavior, be in need of outpatient treatment to prevent a relapse or deterioration likely to result in serious harm to self or others *and***
- **Likely benefit from Assisted Outpatient Treatment**

NY Kendra's Law Fiscal Changes

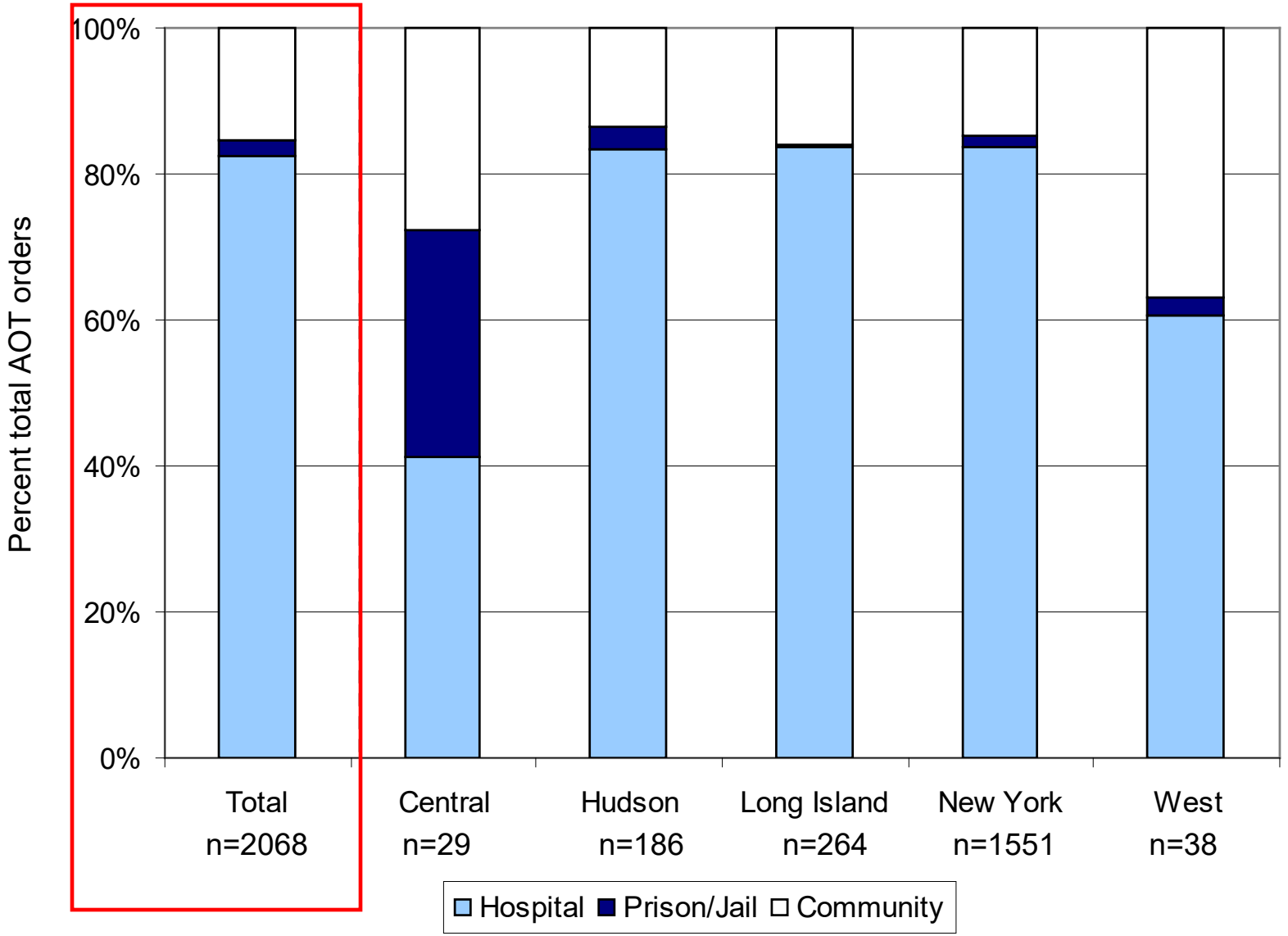
$32 million directly allocated yearly in support of the OPC program

- $15 million -- medication grant program
- $4.4 million -- prison and jail discharge managers
- $2.4 million -- oversight programs
- $9.55 million -- new case management slots
- $0.65 million -- drug monitoring

$125 million yearly for enhanced community services

- Used to increase supply of Intensive Services

Exhibit 1.3. Origin of AOT orders, 2002-2007, for various regions of New York.



Source: OMH evaluation data

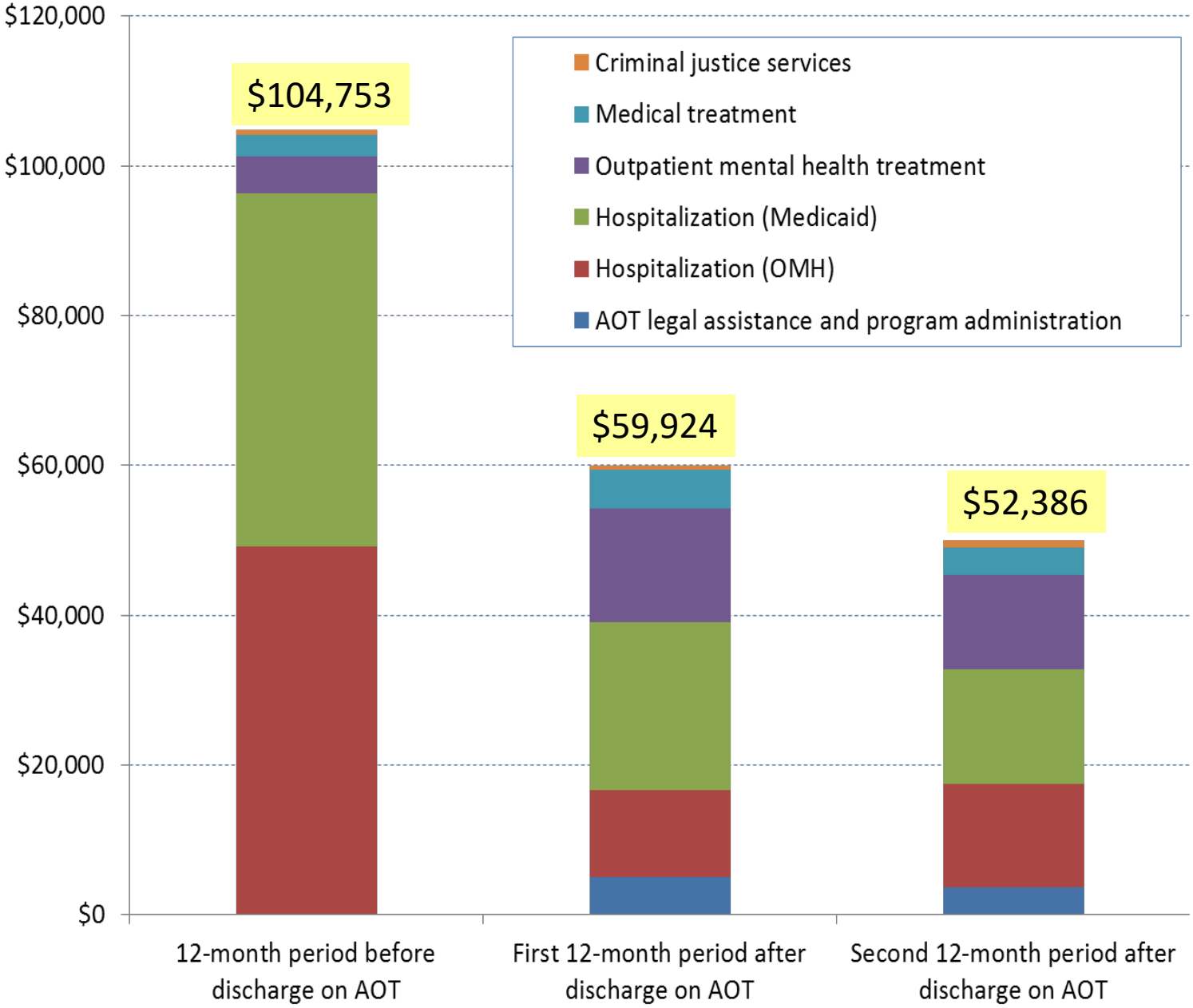
New York State Assisted Outpatient Treatment **(AOT) Evaluation Study**

	First 180 days	181 days or more (renewed period)
Receipt of ACT/ICM	242%	282%
Medication possession	47%	88%
Hospital admission	**-23%**	**-41%**
Days hospitalized	**-10%**	**-16%**

Overall Summary of NYS Findings

- NYS's AOT Program improves a range of important outcomes for its recipients.
- Improvements are more likely sustained for those who receive AOT for 6 months or longer.
- The increased services available under AOT clearly improve recipient outcomes,
- The AOT court order and its monitoring do appear to offer additional benefits in improving outcomes.
- The AOT order also exerts a critical effect on service providers.

Cost of AOT, mental health and criminal justice services before and after AOT in NYC



Is OPC a Remedy for Acts of Severe Violence?

- Data available from NC and NY indicate OPC can reduce minor acts of violence
- Acts of serious violence are far too infrequent to study accurately
- Improving treatment compliance may reduce serious violence
- OPC law should be considered on merits of improving treatment compliance and reducing relapse not as violence prevention per se.

APA Official Actions

Position Statement on Involuntary Outpatient Commitment and Related Programs of Assisted Outpatient Treatment

- Involuntary outpatient commitment, if systematically implemented and resourced, can be a useful tool to promote recovery through a program of intensive outpatient services
  - designed to improve treatment adherence,
  - reduce relapse and re-hospitalization,
  - and decrease the likelihood of dangerous behavior or severe deterioration
  - among a sub-population of patients with severe mental illness.

APA Official Actions

Position Statement on Involuntary Outpatient Commitment and Related Programs of Assisted Outpatient Treatment

- The goal of involuntary outpatient commitment is to:
  - mobilize appropriate treatment resources,
  - enhance their effectiveness and improve an individual's adherence to the treatment plan.
- Involuntary outpatient commitment should not be considered as a primary tool to prevent acts of violence.

APA Official Actions

Position Statement on Involuntary Outpatient Commitment and Related Programs of Assisted Outpatient Treatment

- Studies have shown that involuntary outpatient commitment is most effective:
  - when it includes a range of medication management and psychosocial services equivalent in intensity to those provided in assertive community treatment or intensive case management programs.
- States adopting involuntary outpatient commitment statutes should assure that adequate resources are available to provide such intensive treatment to those under commitment.

Thanks!

Questions?

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