



## **MEMORANDUM IN SUPPORT**

### **S.5389 (Young)**

*AN ACT to amend the mental hygiene law in relation to disclosure of information necessary to file a petition for assisted outpatient treatment; and to amend Kendra's Law, in relation to extending the provisions thereof*

The Conference of Local Mental Hygiene Directors (the Conference) **supports S.5389** which makes two changes in the NYS Assisted Outpatient Treatment law and extends it for another 5 years.

The Conference is a statutory organization established pursuant to Section 41.10 of the Mental Hygiene law consisting of the Directors of Community Services (DCS) for the 57 counties and the City of New York. Chapter 408 of the Laws of 1999 creates a statutory framework for court-ordered Assisted Outpatient Treatment (AOT), to ensure that individuals with mental illness and a history of hospitalizations and difficulties following a treatment plan participate in community-based services appropriate to their needs. This law establishes a procedure for obtaining court orders for certain individuals with mental illness to receive and accept outpatient treatment. Our members are in a unique position to judge the effectiveness of AOT since it is our members, the Directors of Community Services who are charged with the front-line duty of helping to create and oversee the treatment plans which are the backbone of the law.

While the Conference have some concerns about the future of AOT, the Conference supports a five-year extension of this law and the changes proposed in this bill.

Studies have indicated that the AOT program has successfully helped many people during the 17 years of its existence. However, one major concern from the county viewpoint is that while the numbers of AOT referrals continues to increase, especially from State prisons, the state aid to the counties which was promised at the time of passage, has decreased or disappeared causing a major cost to counties, which is becoming more and more of a burden to local taxpayers. We are also uncertain of how the changes in funding of behavioral health due to the transition to Medicaid managed care and potential cuts from the federal government due to the possible repeal and replacement of the Affordable Care Act (ACA) might affect the program. For these reasons, we do not feel that the time is right to consider permanency for the AOT program and believe that a five-year extension is appropriate.

The Conference does support the other changes this bill would make in the law. They would make obtaining information for filing the AOT petition easier for the DCS and would allow the re-imposition of the AOT order within six months of expiration upon a subject, who decompensates

during that time, without having to reprove the elements of hospitalization and dangerousness which were proven at the hearing on the original petition. This would give the subject greater flexibility to try maintaining him or herself without an order while preserving the ability to reinstitute the order if it is in the subject's interest to do so.

For these reasons the Conference **supports the passage of S.5389.**

*Any questions on this memo can be referred to Debbie Holland, Director of Governmental Relations  
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