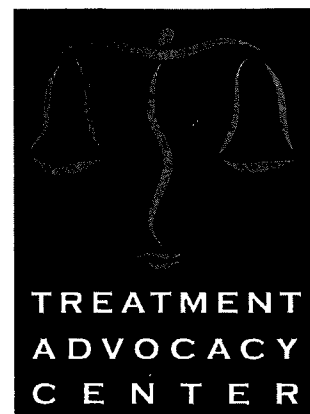


**NATIONAL  
SHATTERING  
SILENCE  
COALITION**  
Speaking Out • Inspiring Change



**P T A**

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## Press Conference

March 31, 2022

12:30 PM

Maine State House, Augusta

SAVES  
LIVES

Location: The fountain between the Museum and the Capitol

RE: LD 1993, "An Act To Establish A Progressive Treatment Program Monitor" and LD 1994, "An Act To Establish the Progressive Treatment Program Fund." Promoting passage and funding of those two bills, as a result of a legislative study.

### Speakers:

- Jeanne Gore - Shapleigh - Coordinator & Co-Chair Steering Committee, National Shattering Silence Coalition (NSSC)
- Dr. Henry Skinner- Lewiston - President Elect, Maine Association of Psychiatric Physicians
- Dale Hamilton- Bangor - Executive Director, Community Health and Counseling Services (CHCS)
- Juliana L'Heureux - Topsham - President elect American Nurses Association Maine (ANA-Maine)
- Michael Gray, - Arlington, VA -Legislative and Policy Counsel, Treatment Advocacy Center (TAC)
- Senator John Nutting - Leeds - Progressive treatment Plan sponsor 207-754-3941



# 130th MAINE LEGISLATURE

## SECOND REGULAR SESSION-2022

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Legislative Document

No. 1994

H.P. 1480

House of Representatives, February 16, 2022

### **An Act To Establish the Progressive Treatment Program Fund**

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Reported by Representative MEYER of Eliot for the Joint Standing Committee on Health and Human Services pursuant to Resolve 2021, chapter 60, section 3.

Reference to the Committee on Health and Human Services suggested and ordered printed pursuant to Joint Rule 218.

*Robert B. Hunt*

ROBERT B. HUNT  
Clerk

1 Be it enacted by the People of the State of Maine as follows:

2 Sec. 1. 34-B MRSA §3873-B is enacted to read:

3 **§3873-B. Progressive Treatment Program Fund**

4 **1. Progressive Treatment Program Fund established.** The Progressive Treatment  
5 Program Fund, referred to in this section as "the fund," is established as a nonlapsing fund  
6 under the administration of the department.

7 **2. Application of fund.** The department shall use the money in the fund to reimburse  
8 the legal costs incurred by private entities to initiate and maintain progressive treatment  
9 programs in accordance with section 3873-A.

10 **3. Sources of fund.** The following must be paid into the fund:

11 **A. All money appropriated for inclusion in the fund;**

12 **B. Subject to any pledge, contract or other obligation, any money that the department**  
13 **receives in repayment of loans or advances from the fund;**

14 **C. Subject to any pledge, contract or other obligation, all interest, dividends or other**  
15 **income from investment of the fund; and**

16 **D. Any other money, including federal money, deposited in the fund.**

17 **4. Rulemaking.** The department may adopt rules as necessary to implement this  
18 section. Rules adopted pursuant to this subsection are routine technical rules as defined in  
19 Title 5, chapter 375, subchapter 2-A.

20 **SUMMARY**

21 This bill establishes the Progressive Treatment Program Fund as a nonlapsing fund  
22 under the administration of the Department of Health and Human Services. The purpose of  
23 the fund is to reimburse the legal costs incurred by private entities for initiation and  
24 maintenance of progressive treatment programs.

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L.D. 1994

Date: 3-24-22

(Filing No. H-834)

**HEALTH AND HUMAN SERVICES**

Reproduced and distributed under the direction of the Clerk of the House.

**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
130TH LEGISLATURE  
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 1480, L.D. 1994, "An Act To Establish the Progressive Treatment Program Fund"

Amend the bill in section 1 in §3873-B in subsection 2 in the 2nd line (page 1, line 8 in L.D.) by striking out the following: "and maintain"

Amend the bill in section 1 in §3873-B in subsection 2 in the last line (page 1, line 9 in L.D.) by inserting after the following: "3873-A." the following: 'A private entity seeking reimbursement must submit to the department an itemized bill of legal costs incurred to initiate the progressive treatment program. The maximum amount the department may reimburse a private entity for the legal costs to initiate a progressive treatment program is \$800.'

Amend the bill by inserting after section 1 the following:

'Sec. 2. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF  
Progressive Treatment Program Fund N948**

Initiative: Provides funding for the Progressive Treatment Program Fund.

GENERAL FUND	2021-22	2022-23
All Other	\$0	\$160,000
GENERAL FUND TOTAL	\$0	\$160,000

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

ROFS

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**SUMMARY**

This amendment limits use of the Progressive Treatment Program Fund to legal costs incurred to initiate a progressive treatment program. It requires a private entity seeking reimbursement to submit to the Department of Health and Human Services an itemized bill of legal costs incurred to initiate the progressive treatment program. It limits the amount the department may reimburse a private entity for the legal costs to initiate a progressive treatment program to a maximum of \$800. It adds an appropriations and allocations section, appropriating \$160,000 to the fund in fiscal year 2022-23.

**FISCAL NOTE REQUIRED**

(See attached)



# 130th MAINE LEGISLATURE

## SECOND REGULAR SESSION-2022

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Legislative Document

No. 1993

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H.P. 1479

House of Representatives, February 16, 2022

### **An Act To Establish a Progressive Treatment Program Monitor**

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Reported by Representative MEYER of Eliot for the Joint Standing Committee on Health and Human Services pursuant to Resolve 2021, chapter 60, section 3.

Reference to the Committee on Health and Human Services suggested and ordered printed pursuant to Joint Rule 218.

*Robert B. Hunt*

ROBERT B. HUNT  
Clerk

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 34-B MRSA §3873-A, sub-§11 is enacted to read:**

**11. Progressive treatment program monitor.** The commissioner shall designate a progressive treatment program monitor within the department. The duties of the monitor include, but are not limited to, the following:

A. Developing and delivering standardized training to progressive treatment program stakeholders, including but not limited to hospitals, ACT teams and members of law enforcement. The training must include the following:

(1) A review of the requirements of this section;

(2) Information on assisting private hospitals in the initiation of progressive treatment programs:

(3) Information on identifying appropriate progressive treatment program candidates;

(4) Information on establishing enforceable progressive treatment program goals, with a focus on known risks for developing psychiatric decompensation; and

(5) Instruction that progressive treatment program enforcement is focused on previously established, judicially endorsed goals;

B. Ensuring that patients' rights are maintained, that progressive treatment programs are based on adequate risk assessment and that treatment is appropriate and coordinated;

C. Collecting and reviewing data on progressive treatment program outcomes statewide; and

D. Making recommendations to the Legislature regarding needed changes to this section and submitting an annual report regarding progressive treatment programs to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

**Sec. 2. Renewal of progressive treatment program.** The Department of Health and Human Services shall establish mechanisms to ensure that an existing progressive treatment program can be maintained during an involuntary hospitalization pursuant to the Maine Revised Statutes, Title 34-B, chapter 3, subchapter 4, article 3 or to ensure that an existing progressive treatment program can be expeditiously renewed or amended following such a commitment, if the commitment is determined to be clinically appropriate, necessary to maintain safety and in accordance with patient rights. By November 1, 2023, the department shall make recommendations to the joint standing committee of the Legislature having jurisdiction over health and human services matters with any suggested legislation necessary to achieve the requirements of this section.

## SUMMARY

This bill establishes a progressive treatment program monitor position within the Department of Health and Human Services. The monitor's duties include developing and delivering standardized training to progressive treatment program stakeholders; ensuring that patients' rights are maintained, that progressive treatment programs are based on

1 adequate risk assessment and that treatment is appropriate and coordinated; collecting and  
2 reviewing data on progressive treatment program outcomes statewide; and submitting  
3 recommendations to the Legislature regarding needed changes to laws governing the  
4 progressive treatment program. The bill also directs the department to establish  
5 mechanisms by which an existing progressive treatment program can be maintained during  
6 an involuntary hospitalization ordered by a court or by which an existing progressive  
7 treatment program can be expeditiously renewed or amended following such a  
8 commitment, if determined clinically appropriate, necessary to maintain safety and in  
9 accordance with patient rights. By November 1, 2023, the department must make  
10 recommendations to the joint standing committee of the Legislature having jurisdiction  
11 over health and human services matters with legislation necessary to achieve these goals.



SAK  
ROS

L.D. 1993

Date: 4-6-22

(Filing No. H-946)

**HEALTH AND HUMAN SERVICES**

Reproduced and distributed under the direction of the Clerk of the House.

**STATE OF MAINE**

**HOUSE OF REPRESENTATIVES**

**130TH LEGISLATURE**

**SECOND REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 1479, L.D. 1993, "An Act To Establish a Progressive Treatment Program Monitor"

Amend the bill by striking out the title and substituting the following:

'An Act To Establish a Progressive Treatment Program Liaison'

Amend the bill by striking out everything after the enacting clause and inserting the following:

'Sec. 1. 34-B MRSA §3873-A, sub-§11 is enacted to read:

11. Progressive treatment program liaison. The commissioner shall designate a progressive treatment program liaison within the department. The duties of the liaison include, but are not limited to, the following:

A. Developing and delivering standardized training to progressive treatment program stakeholders, including but not limited to hospitals, ACT teams and members of law enforcement;

B. Providing information regarding the progressive treatment program and the process for initiating a progressive treatment program to progressive treatment program stakeholders as described in paragraph A and members of the public; and

C. Making recommendations to the Legislature regarding needed changes to the progressive treatment program process and providing an annual report, beginning February 1, 2025, regarding progressive treatment programs to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

**Sec. 2. Reporting.** By February 1, 2023, the Department of Health and Human Services shall submit a written update regarding the designation and activities of the progressive treatment program liaison pursuant to the Maine Revised Statutes, Title 34-B, section 3873-A, subsection 11 to the joint standing committee of the Legislature having jurisdiction over health and human services matters. By February 1, 2024, the department

**COMMITTEE AMENDMENT**

shall submit a written report to the joint standing committee of the Legislature having jurisdiction over health and human services matters that includes:

1. An update on the liaison's activities and any related findings of the department;
2. Recommendations for additional legislation regarding the liaison, including additional recommended duties of the liaison;
3. Recommendations as to what, if any, data should be reported to the department regarding the progressive treatment program, who should report such data and what confidentiality protections should apply to such data; and
4. Recommendations regarding the need for legislation to ensure that an existing progressive treatment program can be expeditiously renewed or amended following an involuntary hospitalization pursuant to Title 34-B, chapter 3, subchapter 4, article 3.

The report must be submitted to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The committee may report out legislation relating to the report to the 131st Legislature in 2024.

**Sec. 3. Appropriations and allocations.** The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

**Office of Substance Abuse and Mental Health Services Z199**

Initiative: Provides funding to establish one Public Service Executive III position to be the progressive treatment program liaison.

<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
<b>POSITIONS - LEGISLATIVE COUNT</b>	<b>0.000</b>	<b>1.000</b>
Personal Services	\$0	\$168,762
All Other	\$0	\$9,937
<b>GENERAL FUND TOTAL</b>	<b>\$0</b>	<b>\$178,699</b>

**Office of Substance Abuse and Mental Health Services Z199**

Initiative: Provides funding for one-time technology and training costs.

<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
All Other	\$0	\$93,500
<b>GENERAL FUND TOTAL</b>	<b>\$0</b>	<b>\$93,500</b>

**HEALTH AND HUMAN SERVICES,  
DEPARTMENT OF  
DEPARTMENT TOTALS**

	<b>2021-22</b>	<b>2022-23</b>
<b>GENERAL FUND</b>	<b>\$0</b>	<b>\$272,199</b>
<b>DEPARTMENT TOTAL - ALL FUNDS</b>	<b>\$0</b>	<b>\$272,199</b>



# 130th MAINE LEGISLATURE

LD 1993

LR 2624(02)

## An Act To Establish a Progressive Treatment Program Monitor

Fiscal Note for Bill as Amended by Committee Amendment *A/H-946*

Committee: Health and Human Services

Fiscal Note Required: Yes

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### Fiscal Note

	FY 2021-22	FY 2022-23	Projections FY 2023-24	Projections FY 2024-25
<b>Net Cost (Savings)</b>				
General Fund	\$0	\$272,199	\$194,674	\$202,310
<b>Appropriations/Allocations</b>				
General Fund	\$0	\$272,199	\$194,674	\$202,310

#### Fiscal Detail and Notes

The bill includes General Fund appropriations to the Department of Health and Human Services of \$272,199 in fiscal year 2022-23 to establish one Public Service Executive III position to be the progressive treatment program liason and for one-time technology and training costs.

1 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section  
2 number to read consecutively.

### 3 SUMMARY

4 This amendment replaces the bill. It establishes a progressive treatment program  
5 liaison within the Department of Health and Human Services. The liaison's duties include  
6 developing and delivering standardized training to progressive treatment program  
7 stakeholders, providing information regarding the progressive treatment program and the  
8 process for initiating a progressive treatment program to progressive treatment program  
9 stakeholders and members of the public and making recommendations to the Legislature  
10 regarding needed changes to the progressive treatment program process and providing an  
11 annual report regarding progressive treatment programs to the joint standing committee of  
12 the Legislature having jurisdiction over health and human services matters.

13 The amendment also requires that, by February 1, 2023, the department submit a  
14 written update to the joint standing committee of the Legislature having jurisdiction over  
15 health and human services matters. The update must include information on the  
16 designation and activities of the liaison. The amendment also requires that, by February 1,  
17 2024, the department submit a report to the joint standing committee of the Legislature  
18 having jurisdiction over health and human services matters. The report must include a  
19 review of the liaison's activities, findings and recommendations for additional legislation,  
20 including additional recommended duties of the liaison. The report must include  
21 recommendations regarding data reporting and recommendations regarding the need for  
22 legislation to ensure that an existing progressive treatment program can be expeditiously  
23 renewed or amended following an involuntary hospitalization. The committee is  
24 authorized to report out legislation relating to the report to the 131st Legislature in 2024.  
25 The department is required to submit an annual report by February 1st of each year  
26 thereafter. The amendment also adds an appropriations and allocations section.

### 27 FISCAL NOTE REQUIRED

28 (See attached)

STATE OF MAINE  
APPLICATION TO DISTRICT COURT FOR AN ORDER OF ADMISSION  
TO THE PROGRESSIVE TREATMENT PROGRAM

TO THE DISTRICT COURT, (Location) \_\_\_\_\_:

1. Application is made pursuant to 34-B M.R.S.A. § 3873-A for a hearing to determine whether \_\_\_\_\_ (the "proposed client"), whose current mailing address is \_\_\_\_\_, shall be ordered admitted to the progressive treatment program.
2. The basis for seeking an order admitting this proposed client to the progressive treatment program is as follows:
  - A. The proposed client suffers from a severe and persistent mental illness;
  - B. The proposed client poses a likelihood of serious harm;
  - C. The proposed client has a suitable individualized treatment plan;
  - D. Licensed qualified community providers are available to support the plan;
  - E. The proposed client is unlikely to follow the plan voluntarily;
  - F. Court-ordered compliance will help to protect the proposed client from interruptions in treatment, relapses, or deterioration of mental health; and
  - G. Compliance will enable to proposed client to survive more safely in the community without posing a likelihood of serious harm.
3. The Applicant requests that the District Court:
  - A. Cause written notice of hearing to be mailed within two days to
    - i. the proposed client;
    - ii. the applicant;
    - iii. the proposed client's guardian, if any. Notice to the guardian may be sent to \_\_\_\_\_ [or "N/A"] at the following address \_\_\_\_\_; and
    - iv. the proposed client's spouse, parent, adult child, next of kin or friend [circle one]. Notice may be sent to \_\_\_\_\_ at the following address \_\_\_\_\_.
  - B. At least three days after this application is filed, appoint legal counsel for the proposed client, if the proposed client is not represented by counsel;
  - C. At least three days after this application is filed, cause the proposed client to be examined by a licensed physician, registered physician assistant, certified psychiatric clinical nurse specialist, certified nurse practitioner or licensed clinical psychologist; and
  - D. Schedule a hearing to be held not later than fourteen days from the date of this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

- ☐ State Hospital superintendent or designee  
☐ Psychiatric hospital CAO or designee  
☐ ACT team director or designee  
☒ DHHS Commissioner or designee  
☐ Medical practitioner  
☐ Law enforcement officer  
☐ Proposed client's guardian  
(check one)

\_\_\_\_\_  
[legibly printed name and address of applicant]

Former Attorney General Mills convened a Task Force in 2017 to look at the issue of deadly force incidents by the police. Three months ago, that Task Force released its report.

That Task Force looked at 10 cases where the police used deadly force. In eight, it appeared that the deceased exhibited signs of mental illness.

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One of the primary recommendations from that task force is greater utilization of the PTP. It reads:

*2. State mental health facilities, ACT teams (multidisciplinary teams that provide intensive support and supervision of individuals with serious and persistent mental illness), and other medical or mental health practitioners, law enforcement officers, and legal guardians of those affected by serious and persistent mental illness at risk of harm to self or others, should consider the more frequent use of Progressive Treatment Programs (hereafter referred to as "PTP"). A PTP is a treatment plan that includes intensive treatment and supervision of an individual living with a severe and persistent mental illness that poses a risk of harm to self or others, but that does not rise to the level of requiring an involuntary commitment. A PTP is court-ordered and typically includes treatment requirements and restrictions. Once in place, a PTP plan may be enforced if the individual is not in compliance with its conditions, and the individual may immediately be placed in a psychiatric facility.*

What the Task Force report does not analyze is why PTP is not utilized more often. We believe it is because of the significant legal resources necessary to be the moving party on a PTP.

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COURTESY OF THE OFFICE OF STATE FIRE MARSHAL  
A firefighter walks toward the debris of an Arnie Drive home that was destroyed in a suspected act of arson Jan. 4 in Richmond. Robert Jolly, 40, has been charged in connection with the incident.

## Police: Richmond man attempted to flee to Kansas days before he allegedly set mom's house on fire

By JESSICA LOWELL  
KENNEBEC JOURNAL

RICHMOND — Days before Robert Jolly was arrested for allegedly setting his mother's house on fire in Richmond, the 40-year-old was taken into custody in upstate New York for psychiatric treatment.

He had been attempting to drive to Kansas with his daughter, in a car he was not authorized to use, after sending texts threatening to kill himself or engage in a deadly confrontation with police, according to court records.

Once he returned to Maine, police say, Jolly traveled to the home of his mother on the morning of Jan. 4 to demand the return of money he said she had withdrawn from his account. When he could not speak to her, he poured gasoline over the hood of a pickup truck parked in the garage at 6 Arnie Lane and lit it on fire.

The house was destroyed in the blaze and one cat was killed, but Jolly's mother, her husband and their dogs survived.

According to the criminal complaint on file in a Sagadahoc County court, Jolly is charged with arson, assault and violating a condition of his release on bail in another criminal matter.

Attempts to reach Christopher Ledwick, Jolly's court-appointed attorney, were unsuccessful Wednesday.

Jolly had been forbidden to have contact with

*The house was destroyed in the blaze and one cat was killed, but Robert Jolly's mother, her husband and their dogs survived.*

Richmond town employees; his mother, Laurie Boucher, is the town's finance director.

In his probable cause affidavit for the warrantless arrest and detention of Jolly, Jeremy Damren, an investigator with the Office of State Fire Marshal, recapped information from other law enforcement officials as well as his own interview with Jolly to describe what happened on the morning of the fire.

According to the affidavit, Jolly had traveled by taxi from MaineGeneral Medical Center in Augusta, where had been taken the night before for a health evaluation, to his mother's home in Richmond.

Once there, Jolly was met by his mother's husband, John Boucher, and asked him to get his mother so he could get his money back. After Boucher refused, Jolly went into the unlocked garage and started the blaze.

Jolly told Damren during the interview that Boucher knocked the gas container away from Jolly, causing more gas to be spilled in the garage. Damren wrote that Jolly said the fire grew quickly, and Jolly walked out of the garage and off the property.

Damren interviewed Jolly at the Richmond Police Department, where he had been detained by Richmond police.

A second affidavit on file, by Sgt. Aaron Skofield, details the out-of-state trip which police said also violated the conditions of Jolly's bail.

In the document, Skofield said Jolly was able to convince his mother to allow him to use her car to go to a doctor's appointment in Brunswick, while his daughter was visiting him. But rather than go to the doctor's, Jolly initially took his daughter to Boston to see a wrestling show. Instead of attending the show, they traveled west through New York state until they reached Buffalo, where they apparently ran out of gas.

New York State Police sergeants told Skofield that Jolly was taken into custody for psychiatric treatment after sending texts under his alias, Rob Todd, threatening to take his life in front of his mother or spur a fatal confrontation with police.

Attempts by the Kennebec Journal to independently confirm Jolly's detention and details of his release were unsuccessful Wednesday, as the public information officer for the Buffalo-area troop of the New York State Police was out of the office.

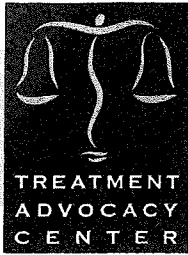
Skofield wrote that Boucher wanted to press charges for not returning her car, and she filled out a stolen car affidavit, which was entered into the National Crime Information Center. Skofield said Jolly was charged criminally for New York's equivalent of unauthorized use of a motor vehicle.

The affidavits in various court cases show that Jolly has a long history with police agencies.

In 2017, Jolly pleaded guilty to a charge of domestic violence criminal threatening after he stabbed the wall of his Randolph residence with a butcher knife following an argument over food.

In one document, Deputy Chad Carleton wrote that Jolly is well known to law enforcement in Sagadahoc County and noted that since 2004, police had documented 183 involvements in the county's law enforcement record keeping system having to do with his mental health.

In September, he was issued a trespass notice, preventing him from visiting the Richmond Town Office or his mother's home on Arnie Drive. The following month, he was banned from all town properties, according to Richmond police Chief James Donnell.



## Assisted Outpatient Treatment: Improving Outcomes and Saving Money

### WHAT IS AOT?

Assisted outpatient treatment (AOT) is a tool in the toolbox for civil courts and mental health systems to work collaboratively to help individuals with serious mental illness caught in a cycle of repeat hospitalizations, homelessness and incarcerations. Individuals who benefit from AOT have a history of inconsistent engagement with treatment often due to diminished awareness of the need for treatment. AOT aims to motivate and assist individuals with serious mental illness to engage in treatment and ensure that the mental health system is attentive to their needs.

### HOW DOES AOT WORK?

A judge usually orders AOT upon discharge from a hospital or jail, but in many states, a judge can order it for individuals who are living in the community if they have a recent history of cycling in and out of the hospital or jail. The AOT participant is court-ordered to follow an individualized treatment plan in the community for a specific period and the local mental health system monitors adherence to the treatment plan. If the AOT participant does not adhere to treatment, the court has several options including modifying the treatment plan, ordering the participant to appear in court, and ordering the participant to be evaluated for possible hospitalization. Once the participant demonstrates voluntary engagement in treatment, the court dismisses the AOT order or allows it to expire and care continues.

### IS AOT EFFECTIVE?

Studies show that AOT can dramatically improve treatment outcomes and substantially reduce the likelihood of repeat hospitalization and criminal justice involvement for its target population. Following is a summary of those findings.

### AOT RESEARCH HIGHLIGHTS



Hospitalizations  
**DOWN 77%** in New York<sup>1</sup>

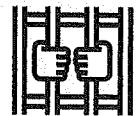
Length of hospital  
stays **DOWN 43%**

in Florida<sup>2</sup>



Incidence of arrests  
**DOWN 83%**  
in New York<sup>3</sup>

Incarceration rates  
**DOWN 87%** in New York<sup>4</sup>



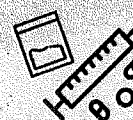
Homeless nights  
**DOWN 49%**  
among AOT participants Nationwide<sup>5</sup>

Violent behavior  
**DOWN 47%** in New York<sup>6</sup>



Victimization rates  
**DOWN 52%** in North Carolina<sup>7</sup>

**40% Cost Savings**  
in Summit County, Ohio<sup>8</sup>



Illegal substance  
use **DOWN** Nationwide<sup>9</sup>

**92% satisfied  
with AOT services**  
Nationwide<sup>10</sup>







## HOSPITALIZATIONS

### ▶ In New York:

- AOT recipients saw a 77% decrease in the incidence of psychiatric hospitalizations for current AOT recipients compared to the three-year period prior to joining AOT.<sup>11</sup>
- In a 6-month study period, AOT recipients were hospitalized at a rate less than 50% compared to the six-month period prior to AOT.<sup>12</sup>
- Intensive outpatient services combined with long-term AOT reduced hospital admissions by 57% compared to individuals receiving services without AOT.<sup>13</sup>
  - For individuals with schizophrenia and other psychotic disorders, long-term AOT plus intensive outpatient services reduced hospital admissions by 72%.<sup>14</sup>

### ▶ In Summit County, Ohio:

- During the first 12 months of AOT, recipients experienced reductions in:
  - Hospital admissions – decreased from an average of 1.5 admissions pre-AOT to .4 admissions during AOT.
  - 24-hour emergency psychiatric services – decreased from an average of 2.4 visits pre-AOT to .7 visits during AOT.<sup>15</sup>

### ▶ In Washington:

- AOT decreased hospitalizations for recipients by 30% over two years.<sup>16</sup>

### ▶ Nationwide:

- AOT program participants who reported spending at least one day in the hospital for mental health care in the past 30 days decreased from 65.3% at intake down to 9.8% at the most recent reassessment.<sup>17</sup>
- AOT program participants who reported spending at least one day in the emergency department for a psychiatric or emotional problem in the past 30 days decreased from 33.2% at intake down to 7.3% at most recent reassessment.<sup>18</sup>



## LENGTH OF STAY

### ▶ In Seminole County, Fla.:

- AOT reduced hospital length of stay by 43%, from 64 days to 37 days, over 18 months for AOT recipients.<sup>19</sup>

### ▶ In New York:

- Of AOT participants hospitalized for psychiatric reasons, the average length of hospitalization decreased from 18 days prior to AOT to 11 days during first 6 months of AOT. The length of stay decreased to 10 days for months 7-12 of AOT participation.<sup>20</sup>
- Intensive outpatient services combined with long-term AOT reduced the length of hospital stay by 20 days compared to individuals receiving the same services without AOT.<sup>21</sup>
  - For individuals with schizophrenia and other psychotic disorders, long-term AOT reduced length of stay by 28 days compared to services alone.<sup>22</sup>

### ▶ In Summit County, Ohio:

- During the first 12 months of AOT, recipients experienced reductions in length of stay, down from an average of 133 days to 44.3 days.<sup>23</sup>

### ▶ In Tucson, Ariz.:

- AOT recipients' length of inpatient hospital stay decreased from 21 days down to 8 days.<sup>24</sup>



## ARREST RATES

### In New York:

- There was an 83% reduction in the incidence of arrest for current AOT recipients compared to three-year period prior to joining AOT.<sup>25</sup>
- For current AOT participants, the odds of arrest were almost two-thirds lower compared to individuals not receiving AOT.<sup>26</sup>
- For AOT recipients with multiple hospitalizations, arrests and/or violence in the past year, long-term AOT reduced the risk of arrest by 74% compared to individuals who did not receive AOT.<sup>27</sup>



## INCARCERATION RATES AND DAYS INCARCERATED

### In New York:

- There was an 87% decline in incarceration for current AOT recipients compared to the three-year period prior to joining AOT.<sup>28</sup>

### In Seminole County, Fla.:

- AOT reduced days spent in jail for recipients from 16.1 days to 4.5 days.<sup>29</sup>

### Nationwide:

- AOT program participants who reported spending one or more nights in a correctional facility in the past 30 days decreased from 12.7% at intake down to 7.1% at most recent reassessment.<sup>30</sup>



## HOMELESSNESS

### Nationwide:

- AOT program participants who reported spending one or more nights homeless in the past 30 days decreased from 13.6% at intake to 7% at most recent reassessment.<sup>31</sup>

### In New York:

- There was a 74% decline in the incidence of homelessness for current AOT recipients compared to the three-year period prior to joining AOT.<sup>32</sup>
- Just 6% of AOT recipients experienced homelessness in the past six-months while on AOT compared to 13% of individuals not on AOT.<sup>33</sup>



## VIOLENT BEHAVIOR

### In New York:

- Following six months of AOT:
  - 55% fewer recipients engaged in suicide attempts or harm to self,
  - 47% fewer recipients physically harmed others,
  - 46% fewer recipients damaged or destroyed property, and
  - 43% fewer recipients threatened physical harm to others.<sup>34</sup>
- Over a three-year period, AOT recipients were four times less likely to commit acts of serious violence compared to the non-AOT control group, despite being historically more violent than the control group.<sup>35</sup>
- Just 10.4% of AOT recipients engaged in violent behavior in the past six-months while on AOT compared to 15.7% of individuals not on AOT.<sup>36</sup>

### In North Carolina:

- Among individuals labeled as seriously violent, 63.3% of those not in long-term AOT repeated violent acts, compared to 37.5% of those in long-term AOT.<sup>37</sup>



## VICTIMIZATION



- ▶ In North Carolina:
  - Individuals with severe mental illness not receiving AOT were almost twice as likely to be victimized compared to participants in AOT.<sup>38</sup>



## COSTS



- ▶ In Summit County, Ohio:
  - The state saw an average of about 40% in cost savings:<sup>39</sup>
    - The mean cost per person for all services were \$35,103.98 before, \$26,136.93 during and \$17,540.43 after AOT participation.
    - For a sample of 45 AOT participants, there was a decline in total costs over the span of their participation. For the period of pre-AOT to during AOT, total costs declined by 25% and for the period of pre-AOT to post-AOT, total costs declined by 50%.
- ▶ In New York City:
  - Average costs per person, including cost of mental health services, medical treatment and criminal justice involvement, declined 50% the first year after assisted outpatient treatment began and an additional 13% in the second year.<sup>40</sup>
- ▶ In New York State:
  - Average costs declined 62% in the first year and an additional 27% in the second year.<sup>41</sup>
- ▶ In Nevada County, Calif.:<sup>42</sup>
  - AOT resulted in a net savings of \$503,621 over 31 months of the program.
  - For every dollar spent on AOT, the county saves \$1.81 in reduced hospitalization and incarceration costs.
- ▶ In Washington:
  - AOT decreased hospital costs over two years by \$1.3 million.<sup>43</sup>
- ▶ In Seminole County, Fla.:
  - Over an 18-month period, AOT reduced hospital costs by an average of \$4,463 per patient.<sup>44</sup>



## ILLEGAL SUBSTANCE USE



- ▶ Nationwide:
  - AOT program participants who reported using illegal substances in the past 30 days decreased from 33.3% at intake to 25% at their most recent reassessment.<sup>45</sup>



## PARTICIPANT SATISFACTION



- ▶ Nationwide:
  - 91.8% of AOT program participants agreed or strongly agreed with the statement "I liked the services I received here" at their most recent reassessment.<sup>46</sup>
- ▶ In New York:
  - 90% of recent AOT participants perceived AOT to be effective compared to 60% of those surveyed who had not recently participated in AOT.<sup>47</sup>

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