

Title of Presentation: Assisted Outpatient Treatment As A Mechanism For Enhancing Treatment Engagement In New York State

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Involuntary outpatient commitment (IOC) remains a controversial approach to engaging individuals in treatment. Much attention regarding IOC tends to focus on the impact of the court order on improved outcomes for recipients. Although, this is a key issue, the effectiveness of IOC in engaging individuals in services that were previously not well-engaged in services is too often overlooked. The proposed panel presentation presents findings from two studies of individuals receiving court-ordered outpatient treatment in New York State on the impact of IOC on engagement in mental health services.

In 1999, New York State joined more than 40 other states in establishing a mechanism for IOC through the enactment of Kendra's Law's. Kendra's Law established Assisted Outpatient Treatment (AOT) as the means through which court-ordered outpatient treatment is delivered to certain individuals with mental illness and a history of hospitalizations or violence. The goal of AOT is to ensure that persons at risk for harm to themselves or others participate in mental health treatment needed to survive safely in the community.

Longitudinal data from two evaluation studies of AOT recipients will be presented to examine engagement in treatment. The proposed panel will provide a unique opportunity to examine perceptions of engagement from both the provider and recipient perspective. In study 1, we examine a broad range of outcomes as they relate to engagement for court-ordered individuals using data collected from providers through a statewide evaluation of AOT. In addition to longitudinal analyses across a broad sample, this study permitted comparisons of a matched sample of clients with an AOT order (n=120) and those without an AOT order (n=120) on Assertive Community Treatment (ACT) teams. In study 2, we report on a smaller sample of AOT court-ordered individuals in two boroughs of New York City, who were assessed using a rigorous questionnaire administered to recipients. The proposed panel presentation will highlight findings on AOT's impact on engagement from both evaluation studies, which we describe below.

Study 1: Treatment Engagement: Findings from the Evaluation of Assisted Outpatient Treatment in New York State

Steve Huz, PhD., Anthony Mancini, PhD., Chip Felton, MSW, and Jacob Stowell, PhD.

Evaluation findings from the statewide study of AOT recipients (n=2713) show that case managers report that 41% of recipients can be described as having good or excellent engagement in services at the onset of their court order. After 6 months under an AOT court order, 62% of recipients are reported as having good or excellent engagement. Analyses of Medicaid claims data also show that individuals under court order show increased use of either ACT or intensive case management both during AOT and following the expiration of their court order compared to use prior to the onset of their court order. In addition, individuals who move from poor levels of engagement to good or excellent levels demonstrate positive outcomes in areas of functioning, decreased incidence of harmful behaviors toward self and others and reduced incidence of hospitalization, homelessness, arrest and incarceration. Finally, using a matched sample

of clients on ACT teams with AOT orders and without AOT orders, we found that AOT status predicted improved engagement over time.

Study 2: AOT and Treatment Engagement: The Consumer Perspective

Bruce Link, PhD and Dorothy Castille, PhD

Recipients receiving AOT orders and clients without AOT orders participating in the New York City study (n=187) report improved relationships with their case managers and greater insight into their illness over time. Recipients also report an increased participation in services, a decrease in some forms of perceived stigma and coercion, and improved quality of life over time. Qualitative interviews illustrate the pivotal role of the individual's relationship with the case manager in more actively engaging the individual in making choices about his own treatment. This study provides a unique examination of outpatient commitment from the recipient's perspective.

Evaluation research in New York State that focused on AOT has important implications for mental health policy. Findings suggest that IOC can be a successful strategy for enhancing engagement of recipients who, prior to their outpatient commitment order, had difficulty becoming engaged. Successful engagement in treatment, therefore, allowed these recipients to benefit from positive outcomes associated with participation in intensive community-based services.