



Treatment Advocacy Center Briefing Paper

Key changes to New York's Kendra's Law

A joint New York Senate and Assembly bill (A8954/S5876) will renew Kendra's Law for five years while making some needed improvements to the current law.

Kendra's Law is a proven program of intensive, court-ordered treatment in the community for individuals with mental illness who are, because of the symptoms of their illness, least able to help themselves or most likely to present a risk to others. A five-year evaluation by the New York State Office of Mental Health showed that of those in the program, 74 percent fewer experienced homelessness, 77 percent less psychiatric hospitalization, 83 percent fewer arrest, and 87 percent less incarceration. Moreover, 47 percent fewer physically harmed others and 55 percent fewer recipients engaged in suicide attempts or physical harm to themselves. Individuals in Kendra's Law were also more likely to regularly participate in services and take prescribed medication. Three out of every four of the program participants reported that Kendra's Law had helped them regain control of their lives.

By themselves, few of the changes to Kendra's Law will have a major impact on the assisted outpatient treatment (AOT) process. Taken together, however, they will make a more streamlined and efficient Kendra's Law.

The Governor signed the legislation June 30, 2005, the expiration date of the former version of the law, thus ensuring that those currently on orders could receive uninterrupted service.

Specifically, the most significant changes in A8954/S5876 are as follows.

- Renews Kendra's Law for 5 years.
- To encourage county utilization of the program, adds new responsibilities for County Community Services Directors:
 - Coordination of delivery of ordered services with AOT Program Coordinators
 - Investigations now must be "timely"
 - "Timely notice" of investigation results must be given to person initiating assessment and AOT Program Coordinators
 - Document date delivery of AOT services commences
- Under certain circumstances will expand the "look back" period of incidents of hospitalization/violence necessary to qualify for the program by excluding all current periods in hospital or while receiving treatment in a correctional facility and those ending less than six months prior to the filing of the petition
- Increases number of people who can make use of Kendra's Law to help someone overcome by mental illness by creating new classes of eligible petitioners:
 - Organizations providing mental health care and those "in whose institution the person resides" are now eligible AOT petitioners (currently an organization must do both)
 - Treating licensed psychologists and social workers
- To help the law be used in rural areas with few psychiatrists, allows OMH physicians, at OMH's cost, to be the examining doctor for petitions in counties with less than 75,000 in population.

- To facilitate the delivery of court-ordered services, provides that service providers must get written notice of their inclusion in a treatment plan.
- Clarifies and tightens procedures for private petitions, in two places removing the “catch 22” that a treatment plan be considered at the initial hearing. A treatment plan is not developed until after that first hearing in private petitions.
- To ensure that attention is given to previously expressed preferences for psychiatric care, requires that the physician developing the treatment plan not only consider any Health Care Proxy but state the consideration given to it to the court.
- Prevents judicial delays creating service lapses by extending initial order past the expiration date if the court has not ruled on a filed renewal petition.
- Minimizes court modifications to an order, by allowing anticipated material changes to be authorized in initial order.
- Guarantees statewide enforceability of Kendra’s Law orders by permitting Community Services Directors to initiate enforcement procedure on any individual under AOT in their county, regardless of where the order was issued.
- To facilitate continued program oversight, requires OMH to each year submit data and a fiscal report on Kendra’s Law to the Governor, Senate, and Assembly.
- Promotes efficient and appropriate judicial administration by creating a judicial education program about Kendra’s Law and mental illnesses for judges and court personnel.
- Calls for an external evaluation to be completed by June 30, 2009.