



Assembly Health and Human Services Committee
Chairwoman: Marilyn Dondero Loop
April 8, 2013

Testimony by Kristina Ragosta, Esq.
Treatment Advocacy Center

Assembly Bill 287 -Authorizes the involuntary court-ordered admission of certain persons with mental illness to programs of community-based or outpatient services under certain circumstances.

Position: Support

Ms. Chairwoman and members of the committee:

I am Kristina Ragosta, director of advocacy for the Treatment Advocacy Center. I am here to testify in support of AB 287.

The Treatment Advocacy Center is a national non-profit organization whose focus and expertise is on civil commitment laws. Our mission is to eliminate barriers to treatment for people with severe mental illnesses such as schizophrenia and bipolar disorder. AB 287 would bring much-needed change to Nevada's civil commitment laws.

The state of Nevada cannot afford to wait any longer to pass AB 287. Based on 2012 U.S. Census data, Nevada is home to roughly 91,044 individuals with schizophrenia and severe bipolar disorder, of whom 41,383 are not treated in any twelve-month period. Given that people with untreated severe mental illness commit 10% of the homicides in this nation, represent 30% of the homeless population, and comprise at least 16% of all the jail and prison inmates, this population represents a risk to public safety and a resource-intensive segment of the state's residents. Nevada currently has one of the most restrictive civil commitment laws in the country. The state forces individuals to deteriorate to the point of dangerousness before help can be provided. In Nevada, there are almost ten seriously mentally ill persons in jails and prisons for every one person in a hospital.ⁱ

If Nevada were to pass a law allowing for assisted outpatient treatment and use it effectively, the state could begin to address some of the problems created by untreated mental illness. Facilitating outpatient treatment before individuals with severe mental illness require more costly services or interventions (e.g., hospitalization, incarceration, homeless services) would be both humane and fiscally responsible.

The Treatment Advocacy Center recognizes the state's concerns about funding services. It is noteworthy that legislatures passing measures for assisted outpatient treatment (AOT, known alternatively as "involuntary outpatient commitment," "court-ordered treatment" or similar terms) have rarely included specific funding allocations with the authorizing legislation. Typical of this practice, no funding was attached in four states that passed AOT laws in the past decade: Florida (2004), Michigan (2005), Louisiana (2008), and Maine (2010).

The decision not to directly fund such laws typically stems from the view that AOT is not a discrete program such as ACT/PACT teams, which require direct funding in order to function. AOT is a legal mechanism that makes *more efficient use of existing services* for those who meet the law's eligibility standard. Virtually all patients in AOT are *already eligible for services*. In most cases, participants already are making use of them, often through periodic and expensive emergency hospitalization.

Studies and data from states using AOT show that it can reduce mental health system and criminal justice system costs. A recent study demonstrated AOT produced a 50% cost savings in the first year of AOT participation in New York.ⁱⁱ

Assisted outpatient treatment has produced measurable results in multiple states, all of them positive. Kendra's Law is New York's program allowing court-ordered community treatment for someone with a severe mental illness is the most-monitored AOT law. Five years after taking effect, the New York Office of Mental Health reported that among participants in the program:ⁱⁱⁱ:

- 74 percent fewer individuals experienced homelessness;
- 77 percent fewer individuals experienced psychiatric hospitalization;
- 83 percent fewer individuals experienced arrest;
- 87 percent fewer individuals experienced incarceration;

Nevada is one of only six states that do not have an outpatient commitment law. The state's only option for mandated treatment is involuntary hospitalization - the most expensive form of mental health treatment.

Opponents may tell you that what Nevada's citizens with mental illness need is not AOT but more mental health services. . Of course, we would all like to see more services and resources dedicated to mental health. But the fact is that individuals who will benefit from AB 287 will not voluntarily utilize psychiatric services— no matter how abundant and attractive those services are— because they do not believe they have an illness (which is the case in about 50 percent of individuals with schizophrenia and 40 percent of individuals with bipolar disorder). The longer someone has to wait for treatment, the more intensive and costly services for them (e.g., jail, prison, hospitalization, ER “boarding”) become, the more they suffer and the more public safety issues arise. Assisted outpatient treatment allows people to get services before they are in crisis.

While we do support AB 287, there are some provisions in the bill that are problematic. It appears that at least some of the problematic sections may have been the result of misunderstanding of New York's law, on which I believe the language in AB 287 is based. We have provided notes and some recommendations on how to address those issues to Assemblyman Stewart and would be happy to share them with the committee.

I thank you for considering this important issue and urge you to support AB 287.

Sincerely,

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ⁱMore Mentally Ill Persons are in Jails and Prisons Than Hospitals: A Survey of the States.
http://www.treatmentadvocacycenter.org/storage/documents/final_jails_v_hospitals_study.pdf

ⁱⁱ Swartz MS, Swanson JW: Can States Implement Involuntary Outpatient Commitment Within Existing State Budgets? *Psychiatric Services* 64: 7-9, 2013

ⁱⁱⁱ These statistics cited in this summary are from the following source: N.Y. State Office of Mental Health (March 2005). [*Kendra's law: Final report on the status of assisted outpatient treatment*](#). New York: Office of Mental Health