



NEW YORK STATE CONFERENCE OF LOCAL MENTAL HYGIENE DIRECTORS, INC.

An Affiliate of the New York State Association of Counties

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IN SENATE RULES COMMITTEE

Memorandum in Support – A.1116 – Destito

An act to amend the mental hygiene law, in relation to examination of persons ordered to obtain assisted outpatient treatment in counties with a population of less than seventy-five thousand

The Conference of Local Mental Hygiene Directors **supports A.1116**, which would amend section 9.60 of the Mental Hygiene Law (*Kendra's Law*) by requiring the State Office of Mental Health to provide a psychiatrist to assist during court proceedings for an Assisted Outpatient Treatment (AOT) order in a county with less than seventy-five thousand persons.

The current statute for Assisted Outpatient Treatment orders provides that the State Office of Mental Health is "authorized to make available, at no cost to the county" a psychiatrist for AOT hearing pursuant to Section 9.60(h) of Mental Hygiene Law, however there is currently no requirement that they do so; A.1116 would rectify this problem. AOT hearings must take place within three days of the court's receipt of an AOT petition, requiring the prompt scheduling of a psychiatrist to attend the hearing, despite the significant demands on the time of this profession- particularly in rural and isolated areas of New York State. This bill recognizes that problem and gives counties a degree of relief in administering an already significant program that has received no dedicated funding from the state for a number of years.

The Conference is a statutorily incorporated organization established under Section 41.10 of Mental Hygiene Law, consisting of the Directors of Community Services for the 57 counties and the City of New York. Each of our members is responsible for the administration and oversight of AOT petitions and orders within their county, including the allocation of a psychiatrist to participate in the petition and court proceedings. Over a third of the state, or **twenty-seven counties** have populations under seventy-five thousand people, and the majority of these counties have overseen the petition and order process since the inception of the AOT statute. While the State Office of Mental Health is agreeable to providing a psychiatrist for the purposes of an AOT hearing in smaller counties if needed; state and local governments are experiencing a severe contraction in their workforce due to budget reductions, early retirement incentives, and the simple aging-out of the mental health workforce. These shifts will have a lasting impact on the availability of professionals such as physicians and psychiatrists who may become less available to serve as an affiant and be present in court pursuant to requirements under Section 9.60.

Without codifying the *requirement* for the State OMH to make a psychiatrist available for such proceedings upon request of the county, we jeopardize the ability of the court to issue an AOT order, particularly to the detriment of smaller counties which may be unable to secure the time of a psychiatrist to attend an AOT court proceeding upon three days notice. Moreover, this bill does not impose any additional costs to the state, but simply relieves small counties of an unfunded mandate should they opt for the services of an OMH staff psychiatrist when the county is unable to secure one independently. For all of these reasons, and ultimately to preserve the viability and strength of the AOT statute as a whole, the Conference recommends passage of A.1116.

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