Assisted Outpatient Treatment: Recovery-Oriented Care for the Severely Mentally Ill

“Laura’s Law”

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Outline

• The Problem
• Current alternatives
  • Voluntary intensive outpatient services (ACT/ICM/FSP)
  • Conservatorships
  • Mental Health Courts
• History of Assisted Outpatient Treatment (AOT)
• AOT- Nuts & bolts
• Results- Nevada County, CA & NY
• Concerns
• Summary
• Q & A

* Disclaimer: The views expressed in this presentation are solely those of the presenters
The Problem

All Mentally Ill

Mild

Moderate

(+) Self-Awareness

Severe

(-) Self-Awareness

Voluntary Services

?
The Problem

• 5150 criteria
  • Imminent danger to self/others or gravely disabled

• Many individuals do not meet the criteria for 5150, yet are clearly suffering & in need of care → gap in current treatment continuum
  • Key factor- Lack of self-awareness

Oftentimes, current system is REACTIVE rather than PROACTIVE for those who are most vulnerable
Consequences

- Serious consequences:
  - Affected individuals
  - Family
  - MH system
  - Criminal justice system
  - Society

- Preventable bad outcomes

Affected Population

- Mentally ill, 95%
- Severe mentally ill, 5%
- Lacks insight, 2.5%
- Insight, 2.5%
Current Alternatives

• Voluntary intensive outpatient services
  • Assertive Community Treatment (ACT)
  • Intensive Case Management (ICM)
  • Full Service Partnership (FSP)

• Limitations:
  • Engaging the subset of the SMI who lack self-awareness & consistently refuse voluntary care
Current Alternatives

- **Conservatorships**
  - Court gives conservator legal authority to make medical/financial/placement decisions for the SMI

- **Limitations**:
  - Restrictive
  - Disempowering
  - Costly
Current Alternatives

• **Mental Health Courts**
  • Court-ordered treatment for individuals within the criminal justice system

• **Limitations:**
  • Criminalization → Intervention requires that individuals already have committed a crime

Other options?
History

- **Jan 2001-**
  - Untreated mentally ill man kills 3 ppl in Nevada County, CA
    - Laura Wilcox- “Laura’s Law”
- **Jan 2003-**
  - California enacted court-ordered outpatient treatment, known as Assisted Outpatient Treatment (AOT), as an option for Counties
AOT- Nuts & Bolts

• What is Assisted Outpatient Treatment?
  • Preventative form of court-ordered intensive outpatient services (ACT/ICM/FSP) targeting SMI individuals w/ history of repeatedly declining voluntary care and subsequent decompensation
  • Designed to intervene before severe illness exacerbation which would likely result in involuntary inpatient treatment

Patient-centered & Recovery-oriented
Patients are involved in their care, empowering their sense of self & independence
AOT- Nuts & Bolts

**YES:**
- Community-based
- Multi-disciplinary
- 24/7 on-call outreach & support
- Individualized service plans
- Low client-to-staff ratios → no more than 10:1
- Least restrictive housing options
- Comprehensive wrap-around mental health, physical health, social, and housing services

**NO:**
- Forced medications
- Restraints
- Locked placement in institutions
Eligibility Criteria

1. Seriously mentally ill
2. At least 18 years old
3. History of poor treatment compliance leading to:
   - 2 hospitalizations or incarcerations in the last 36 months... **OR**
   - Violent behavior at least once in the last 48 months
4. Offered and declined voluntary treatment in the past
Eligibility Criteria

• 5) Unlikely to survive safely in the community without supervision
• 6) Least restrictive measure necessary to ensure recovery and stability
• 7) Substantially deteriorating
• 8) Likely benefit from treatment
• 9) Not being placed in AOT must likely result in the patient being harmful to self/others and/or gravely disabled
Who Can Refer for AOT?

- Any person 18 and older with whom the person resides
  - Parents, spouse, sibling, child, etc
- Mental health provider
- Law enforcement
Referral

- Hospital Discharge
- Community
- Correctional Facility

Investigation & Assessment

- AOT Coordinator & Review Panel
- Treatment Plan
- Court Hearing
- Voluntary Settlement Agreement / Service Enhancement

Service Delivery

- Court Supervision
- 180 Day Treatment in Community
- AOT Team & Client Held Accountable to Court

Process

* Modified from resources from California Psychiatric Association and New York State Office of Mental Health (http://bi.omh.ny.gov/aot/files/AOTReport.pdf)
Enforcement

• If clients defy court-order → providers may bring individual to emergency room for evaluation of necessity of 5150
  • Therapeutic jurisprudence- “black robe effect”
Results - The Nevada County Experience

- Fewer hospital days - 61% ↓
- Fewer incarceration days - 97% ↓
- Better treatment engagement w/ providers
- Higher employment rates
- Less homelessness
- Higher Milestones of Recovery Scale scores
The Nevada County Experience

- Overall cost savings from decreased hospitalizations & incarcerations
  - Saved $1.81 for every $1 invested

State & National Recognition:
- 2011 National Association of Counties Achievement Award
- 2010 Challenge Award for Innovation, California State Association of Counties

Data from Nevada County Behavioral Health Department
The New York Experience

- Kendra’s Law - passed after similar tragedy involving untreated SMI individual
- > 9000 AOT orders since 1999

**Findings:**
- Reduced hospitalization rate & days in hospital
- Reduced arrests
- Reduced violent behavior to self & others
- Increased medication compliance
- Reduced homelessness
- Increased service engagement (case management, substance abuse & housing support services)

- No significant differences in subjective experiences btw voluntary ACT & AOT in terms of perceived coercion, satisfaction, or personal empowerment
Commonly Cited Concerns

- Lack of forced medications- will it still work?
- Can procedures in existing MH system be modified to replicate the results of AOT?
- Funding
- Patient rights
Summary

- AOT fills a critical gap in the treatment continuum for the SMI who lack self-awareness.
- In the current system, not treating SMI individuals who lack self-awareness is frequently more restrictive of rights than compelling treatment.
- Rooted in evidence-based ACT/ICM/FSP, AOT programs are inherently patient-centered and recovery-oriented.
Summary

• Preventative
  • Provides treatment before an individual is imminently dangerous to self/others or becomes gravely disabled
  • Prevents criminalization of the mentally ill before entering the criminal justice system (unlike MH courts)

• Early intervention
  • Improves prognosis & response to medications
  • Less restrictive outcomes (avoids hospitalizations, conservatorships, and incarcerations) protects consumer rights
Summary

- Clinically effective
  - ↓ hospitalizations & incarceration
  - ↑ engagement with providers
  - ↑ medication compliance
  - ↓ violent behavior
  - Improves quality of life
- Cost-savings - in MH & criminal justice systems
- Improves public safety - prevents tragedies & saves lives
  → decreases stigma
Summary

- AOT is not a cure for all the ills of MH systems, but does successfully engage a very high-risk & difficult-to-treat population in care, in a manner that would not otherwise be possible

** Compels SMI individuals to accept care, but also holds the MH system accountable to provide necessary services
The End

• Thanks for your time!

• Q & A ...