

## Assisted Outpatient Treatment

Nevada County, California

### **1. Abstract of the Program**

In 2008, Nevada County Behavioral Health faced a tough task: convincing some individuals with untreated mental illnesses that they were in need of treatment. The Nevada County Assisted Outpatient Treatment (AOT) Program offered a unique solution that bridged the gap for people that are dangerous and in need of treatment, but do not meet criteria for emergency involuntary hospitalization. Nevada County was the first, and is currently the only California County to fully implement this program. Of 24 eligible referrals over the past 31 months, 19 met program selection criteria in varying degrees and continue to receive AOT. Data from the Milestones of Recovery Scale indicates that 50% of the candidates succeeded with recovery, and are stable and receiving voluntary intensive mental health treatment. Program costs of \$482,443 were offset by savings estimated at \$986,064, based on decreased hospitalization costs and reduced incarcerations in local county jail. This represents a total net savings to the county of \$503,621.

### **2. The Problem/Need for the Program**

Individuals with untreated mental illnesses sometimes do not believe they need treatment. Lack of insight, or anosognosia, is a condition in which a person who has a mental illness seems unaware of or denies the existence of his or her illness. When the person also has a history of violence and prior incarceration or hospitalization, they may present a significant safety risk to either themselves and/or the community. California Welfare & Institution Code (WIC) Section 5150 offers one strategy to provide involuntary treatment for these individuals, but the threshold for meeting these criteria includes an imminent and immediate danger to self or others, or grave disability. If the individual poses a risk, but fails to pose an imminent and immediate danger to self or others, there remains no way for a treatment provider to provide treatment to the person without their full and voluntary participation. If the individual has committed a crime, then the courts can provide some level of persuasion to enter into treatment utilizing probation and intensive monitoring. Similarly, if the person is gravely disabled, treatment may be provided through the courts via conservatorship proceedings (California WIC Section 5350).

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Consequently, without implementation of court ordered AOT, dangerous individuals with untreated mental illnesses are left without medically necessary treatment. These individuals pose a significant risk to both public safety and their own individual harm.

### **3. Description of the Program**

AOT, based on specific criteria described in WIC Section 5346, offers a unique solution to this dilemma and bridges the gap for individuals that are dangerous and needing treatment, but may not be on probation, are not gravely disabled, or do not meet criteria for emergency involuntary hospitalization via WIC 5150.

Assertive Community Treatment (ACT) is an evidenced based treatment modality recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) to treat individuals with serious mental illnesses. ACT involves intensive outpatient treatment offered 24 hours per day, 7 days per week. Services are provided by a multi-disciplinary team with a clinician to consumer caseload ratio of 1:10. Although each consumer is assigned a Personal Services Coordinator, any member of the treatment team may provide services to the consumers. The team adopts a “no wrong door” approach to service delivery, and wraps services around the consumer and their family utilizing a “whatever it takes” attitude to assist the consumer in achieving service plan goals. The Service Plan is strength based, and highly individualized, created with full participation of the consumer and significant support person’s in the consumer’s life. Most services are provided out of the office, in individual’s homes, place of employment or school, or wherever the person may be engaged in the community. Services include psychotherapy, psychiatric medication support, nursing, rehabilitation counseling, substance abuse counseling, employment support, and housing support. Flexible funding allows for the purchase of food, clothing, shelter, and other personal needs as necessary to support service plan goals and objectives.

Although treatment is court ordered, it is not forced. The treatment is provided in an open, unlocked setting, and every attempt is made to provide a welcoming and warm environment. There is no use of forced medication, restraints, isolation, or security staff.

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Individuals in the AOT program are receiving services in concert with other consumers who are not part of the AOT program. The majority of referred individuals receive treatment without a court order, 15 out of the 19 individuals who qualified for AOT were in the program with no court order, the result of successful outreach and engagement by the ACT Team staff.

Nevada County was the first California County to fully implement AOT beginning in May 2008, in collaboration with the Behavioral Health Department, Superior Court, County Counsel, Sheriff, and the Public Defender's office. The county contracted with a private non-profit, Turning Point Providence Center (the County's current ACT provider serving a total caseload of 85), to be the treatment provider for AOT candidates referred for assessment and treatment. Once individuals are assessed and determined to be candidates for the program, the majority of them agree to voluntarily engage in treatment, avoiding court proceedings and other more restrictive and coercive treatment models. Some candidates enter into a voluntary Agreement with the court, eliminating the need for a court order. Those candidates who do not voluntarily engage in treatment or an Agreement are taken to court to pursue court ordered treatment.

#### **4. Use of Technology**

Technology was utilized by treatment staff, mental health administration, the judiciary, and consumers and family members throughout the development of this program. The Internet was widely accessed during planning and implementation phases to conduct research and download best practice guidelines from other states and databases. The local County Intranet was accessed to share and facilitate access to documents, policies and procedures. Personal computers and associated word processing programs, scanning, faxing, and spreadsheets were utilized to facilitate referrals, communication, create documents, and review policy and procedures. Finally, cell phones, email, and conference telephone calls were used throughout the project both by the AOT treatment staff and the AOT Steering Committee.

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### 5. The Cost of the Program

Total outpatient AOT treatment program costs for 31 months for the 24 referred individuals, of which 19 were eligible and received AOT treatment was \$482,443. This represents an actual annualized cost per individual of \$10,750. This was calculated by multiplying the number of individuals in AOT multiplied by the total number of service minutes provided multiplied by the actual cost per minute (\$2.61), for the period of time the individual received AOT treatment. These costs include all associated costs for service delivery, as per the Medicaid cost report standards and practices. Whenever possible, Medicaid was claimed for covered mental health treatment services. The match requirement to draw down Medicaid was California State Mental Health Services Act (MHSA), Proposition 63, funds. There were no county general funds dollars included or required in the funding stream.

### 6. The Results/Success of the Program

A total of 24 candidates have been referred to Turning Point Providence Center for AOT since its implementation in May of 2008. All 24 individuals had been in hospitals and/or jail with a history of violence or threats of violence toward individuals or the community. Due to the community based, client centered approach only 5 court orders have been necessary to support candidates in agreeing to treatment or in being evaluated in a more restrictive hospital setting. The majority of candidates agreed to voluntarily engage in treatment, avoiding the court proceedings and other more restrictive and coercive treatment models. Data collected since May of 2008, when AOT was first implemented, includes ratings from the Milestones of Recovery Scale (MORS) which reflects measurements of mental health "recovery". The components of MORS include Levels of Risk, Engagement, and Skills and Supports. The ratings score individuals on how they are doing in recovery using an 8 point scale ranging from #1 Extreme Risk to #8 Advanced Recovery.

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Of the 24 referred candidates, 19 consumers initially met program selection criteria and continue to receive AOT to date. However, Pre-AOT and Post-AOT MORS data was collected for only 16 of these 19 individuals. Some data could not be obtained due to incarceration out of County, inability to locate individuals, or other reasons.

Of the 16 individuals with valid MORS scores, 14 had initial MORS scores in the Struggling category, ranging from Extreme Risk to Poorly Coping. 2 individuals were in the Succeeding category, ranging from Coping to Advanced Recovery. However, Post-AOT, or most recent scores, only 8 individuals remained in the Struggling category, and 8 are in the Succeeding category. These positive clinical outcomes, coupled with a treatment resistant initial target population, are indicative of a very successful mental health treatment program.

There were 514 days of hospitalization for the 19 individuals prior to initiating AOT, with a per day cost of \$675, or a total of \$346,950. There were 198 days of hospitalization for all 19 individuals since AOT program inception in May 2008, representing a total of \$133,650. This constitutes a reduction in actual hospital costs of \$213,300.

There were 521 days of incarceration for the 19 individuals prior to initiating AOT, with a per day cost of \$150, or a total of \$78,150. There were 17 days of incarceration for all 19 individuals since AOT program inception in May 2008, representing a total of \$2,550. This constitutes a reduction in actual incarceration costs of \$75,600.

The total AOT program costs of \$483,443, plus the actual hospital and jail costs for 31 months of \$136,200, was \$618,643. Based on utilization data from 12 months to implementation of AOT, the projected hospital plus jail costs without AOT for the same 31 months would be \$1,122,264, representing a net savings to the County of \$503,621.

Five of 19 individuals were employed prior to AOT, 6 are currently employed after AOT.

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In summary, objective data indicate overall improvement in clinical functioning, fewer hospital days, fewer days of incarceration, a significant cost savings to the County, and a small improvement in employment for a very difficult to engage group of individuals. None of these individuals were actively engaged in treatment prior to initiation of AOT. Most remain in treatment to date and are showing steady and continual improvement.

#### **7. Worthiness of an Award**

While AOT not only offers a new service to Nevada County residents, it is the only service of its kind in the State of California. AOT fills gaps in the availability of existing services, providing court ordered intensive outpatient treatment to individuals who are in urgent need of treatment, but fall short of meeting criteria for emergency involuntary hospitalization. By definition in statute, court ordered AOT may only be imposed for individuals who were offered and refused similar treatment on a voluntary basis.

Nevada County displayed a creative funding approach to implementing AOT by using MHSA funds to match Medicaid and redefining "voluntary services". MHSA funds are proscribed by the State Department of Mental Health from being used for "involuntary" treatment. Nevada County argued that AOT was completely voluntary, even though it was ordered by the courts. Nevada County stated that AOT court ordered treatment was similar to other types of accepted court order treatment; such as individuals on probation, court wards, and court dependents. There is no force or compulsion to participate in treatment. The setting is unlocked, there are no restraints, and the individual is free to live at home with family and participate in normal work or school activities throughout the day. The individual's decision to participate in AOT, or not, is within their control.

Several measureable objectives were included in this project, including cost savings, costs for hospital days, employment, costs for incarceration, and functional skills as indicated by the MORS.

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AOT is highly innovative for California, as Nevada County is both the first and only County in California to implement AOT. Further, Nevada County is a relatively small, rural County with very limited resources.

This program is under the oversight of the Nevada County Behavioral Health Department's Compliance Officer. All service documentation and billing are fully compliant with local, state, and federal statutes. Service provision and medical records are consistent with Medicaid and Medicare standards. The AOT program has high fidelity to SAMHSA guidelines for Assertive Community Treatment.