Bridging the Gap in Care for the Severely Mentally Ill in Nevada County, California

Although the seriously ill make up a minority of those diagnosed with psychiatric disorders, individuals with severe mental illness (SMI) and their families suffer disproportionately, and require the most resource-intensive services in terms of both psychiatric care and law enforcement intervention. Yet, despite the demonstrated benefits of antipsychotic and mood-stabilizing medications, almost half of the seriously mentally ill individuals in the United States with schizophrenia and bipolar disorder do not receive treatment. The human and financial costs of this "treatment gap" are enormous.

One of the primary reasons for this oversight is that many of those with SMI have neurobiological deficits in their self-awareness as a result of their disorder, and are subsequently unable to recognize that they are ill or would benefit from psychiatric medications. They therefore often decline care when it is offered. Although psychoeducational interventions and intensive support can improve treatment engagement and adherence, the difficult reality is that many people suffering from serious psychiatric disability do not take their medications unless they are compelled to do so. In most states, individuals with serious mental disorders who do not accept voluntary treatment must meet very strict legal criteria for involuntary care. As a result, only a fraction of severely ill individuals who decline care are compelled to take their medicines. Too ill to request help themselves, but not ill enough to meet the legal criteria for care, many of these individuals do not receive care until they require hospitalization, become dangerous, or enter the criminal justice system. Then, in a tragic paradox often called the "revolving door" of the mental health system, treatment succeeds to the point that they no longer meet criteria for involuntary care and they stop taking their medications. This destructive cycle of nonadherence, decompensation, improvement during brief institutional treatment, and return to the community only to again become nonadherent, is the inevitable result. Considering its impact on our social, economic, medical, and criminal justice systems, this is a public health issue that merits both attention and action.

The current reactive approach to treatment adherence has serious, negative prognostic implications for the severely mentally ill and some localities have responded with new laws and programs to ensure sustained care. These pioneering efforts demonstrate that community support and carefully tailored legislation can have a dramatic and positive impact on the course of serious mental illness. In California, Assembly Bill 1421 (AB-1421) sets up a legal framework for promoting ongoing adherence in the community through a rich network of supportive services and strong protections for individual rights. Also called Laura's Law, AB-1421 permits, but does not require, California counties to implement its provisions.

In May 2008, however, Nevada County launched their assisted outpatient treatment (AOT) program in order to bridge the gap in care for the seriously psychiatrically ill. As a result, Nevada County became the first and only county in California to fully implement AOT under Laura's Law. Assisted outpatient treatment (also known as "outpatient commitment") is court-ordered intensive outpatient services for SMI individuals who have a history of dangerousness and/or repeated hospitalizations or incarcerations, in addition to a history of refusing

voluntary treatment. What differentiates AOT in Nevada County from other programs is the high level of multidisciplinary services that are offered and the ability to rapidly mobilize the AOT team, law enforcement, and the court system. This integrated and individualized approach goes above and beyond the requirements of Laura's Law, emphasizing voluntary compliance and engaging those who are historically the most difficult to engage in intensive, wrap-around mental health services.

The Nevada County Assisted Outpatient Treatment Program

The Nevada County AOT program offers a unique solution to the dilemma of providing care for the severely mentally ill who decline treatment. Rather than waiting until patients are acutely ill and dangerous, the goal of AOT is to decrease dangerous behaviors and avert hospitalization or imprisonment through earlier and less restrictive community-based treatment. Working with Turning Point Providence Center, a nonprofit organization with extensive experience providing evidence-based Assertive Community Treatment (ACT), the program takes a client-centered, recovery-oriented, and multidisciplinary approach to provide comprehensive services to eligible individuals and their families. Intensive outpatient services are offered 24/7 at a clinician-to-consumer ratio of 1:10. Service plan goals are concrete and highly individualized, and every effort is made to involve patients in their care, empowering their sense of self and independence. Provided services include psychotherapy, medication management, crisis intervention, nursing, rehabilitation and substance abuse counseling, and support for housing, benefits, education, and employment. Flexible funding also allows for the purchase of food, shelter, clothing, and other personal needs that help patients meet their goals. Although patients are assigned a Personal Services Coordinator, any member of the treatment team including psychiatrists, psychologists, therapists, and case workers, can provide services and support. The treatment team is a mobile unit and the location of services varies from the office, to patient homes, to any other locations where clients may need support. Nevada County's AOT program meets patients where they are, both physically and in spirit.

Initiating the AOT process begins with a referral submitted by family members, relatives, cohabitants, treatment providers or their supervisors, or peace officers. A rapid initial intervention and offer of voluntary court-supervised care is offered at this time to prevent further deterioration and avoid the need to file a petition. Individuals must meet strict AOT eligibility criteria, including all of the following: 1) be mentally ill and at least 18 years old, 2) have a history of poor treatment compliance leading to at least two hospitalizations or incarcerations in the last 36 months, or violent behavior at least once in the last 48 months, 3) they need to have been offered and to have declined voluntary treatment in the past, 4) a clinical determination needs to indicate that they are unlikely to survive safely in the community without supervision, 5) participation in AOT needs to be the least restrictive measure necessary to ensure recovery and stability, 6) their condition needs to be substantially deteriorating and must likely benefit from treatment, and 7) not being placed in AOT must likely result in the patient being harmful to self/others and/or gravely disabled.

Once it is determined that the patient meets the eligibility criteria, the treatment team develops a preliminary care plan which is strategically revised throughout the process to meet the needs and desires of clients in the event that they waive the right to a hearing and voluntarily engage with court-supervised treatment. If the individual voluntarily engages with treatment after initial contact, a petition is no longer necessary and the patient no longer meets criteria for AOT referral. If the client declines and the AOT team proceeds with a petition, a public defender is assigned to the client and the court must be notified within 10 days of the intervention, though this generally occurs much sooner. The hearing must be set within 5 days of the filing of the petition and the judge either grants or rejects the AOT petition, typically within days of its filing. If ordered, AOT is valid for up to 180 days. Law enforcement performs a "civil standby" if the patient's condition is thought to pose a risk at any point during this process.

Establishing a trusting, flexible, and therapeutic relationship with clients is at the center of effective AOT. Creative engagement with home visits, medication deliveries, and help with daily activities and social outings are commonly employed to highlight the benefits of collaboration. The treatment team often maintains contact with clients on a daily basis and status hearings are held as often as needed to ensure engagement. Importantly, AOT does not affect patient rights or existing laws regulating the administration of involuntary medications. If patients decline to engage with the treatment team despite its best efforts, they may be assessed for the appropriateness of a 72-hour hold for further evaluation, which would remain an option even without the AOT program in place. Proactive interventions by the AOT team and efficient communication between systems generally ensure adequate engagement with patients and prevent their decompensation to the point of requiring hospitalization, reducing the risk to both patient and community.

Various outcome and quality control measures ensure that the Nevada County AOT program is efficient, effective, and operating within legal statutes. The AOT team utilizes the following four tools to measure and document progress: 1) Milestones of Recovery Scale (MORS) to assess various levels of mental health recovery, 2) Partnership Assessment Form to identify important considerations in the establishment of a client-provider alliance, 3) Key Event Tracking Form to recognize significant changes in patients' lives, and 4) Client Satisfaction Surveys to measure consumer satisfaction. Quarterly group meetings with involved constituencies and regular training sessions focusing on legal, hospital, and service aspects of AOT review how well the program is working for clients. The criteria for AOT eligibility, required paperwork, patient rights, case scenarios, and patient treatment plans are also reiterated at these meetings. Regular status hearings for each client, held at least every 60 days, are a way for the court to ensure that the AOT team is providing the necessary support and services, and an annual report documenting progress and outcomes is submitted to the California Department of Mental Health. Finally, the Nevada County Behavioral Health Department's Compliance Officer oversees that all service documentation and billing are fully compliant with local, state, and federal standards.

Performance outcomes

Given the difficult target population, one of the most compelling measures of the success of Nevada County's AOT program is the number of people who voluntarily engage in treatment and avoid court-ordered intervention. There have been 24 referrals to Nevada County's AOT program; 19 met eligibility criteria. The vast majority of referrals (15 of 19) voluntarily engaged with their AOT team and a majority remained in treatment even after their AOT term expired. The MORS is used to assess markers of mental health recovery, both pre- and post-AOT. The MORS uses an 8 point scale to broadly categorize individuals into a "struggling" or "succeeding" group based on three key dimensions: 1) dimensions of risk, 2) levels of engagement with the mental health system, and 3) levels of skills and support. Due to out-of-county incarceration or an inability to locate individuals, pre- and post-AOT MORS data were only available for 16 of the 19 individuals who received services. Of these 16 patients, 14 had pre-AOT MORS scores in the 'struggling' category, compared to only eight individuals post-AOT. This represented a 43% reduction in the number of individuals classified as 'struggling' according to their MORS scores. While five of the 19 clients engaged in treatment were employed prior to AOT, six are currently employed, further demonstrating their improved functional status.

Assisted outpatient treatment has also produced significant cost savings for the county during difficult economic times. The year prior to AOT implementation, the 19 patients receiving services accounted for 514 days of psychiatric hospitalization. With daily hospitalization costs averaging $675 per day, this amounted to a total estimated cost of $346,950. After initiation of AOT, the number of inpatient days for these individuals decreased to 198 days, representing a 61% reduction in hospitalization days and a total cost savings of $213,300. The data for incarcerations was even more significant, as 521 days of pre-AOT incarcerations fell to just 17 days post-AOT. This represented a 97% reduction in incarceration days. With the cost amounting to approximately $150 per day, the cost savings from decreased incarcerations amounted to $75,600. Overall, AOT costs were $483,443, in addition to the $136,200 of actual costs for hospitalizations and incarcerations, amounting to $618,643 in total. Utilization data from 12 months prior to the start of the program was used to extrapolate pre-AOT costs totaling $1,122,264 for the 31-month period of this assessment. In summary, AOT resulted in a 45% net savings ($503,621) for Nevada County and saved $1.81 for every $1 invested.

Beyond the financial benefits, AOT is also less restrictive than other alternatives for the SMI. Assisted outpatient treatment provides care in an unlocked setting in the community, often in patient homes, and avoids other more constraining options such as emergency involuntary hospitalization, placement in long-term locked psychiatric facilities, imprisonment, or court-ordered guardianships. Homelessness, which is another common end result of untreated SMI, is arguably more restrictive because it is often extremely difficult to help a seriously mentally ill individual who lacks insight harness the resources necessary to climb the socioeconomic ladder back to stable housing.

Objective measures of Nevada County's AOT program demonstrate that it is cost-efficient and has resulted in overall improvement in clinical functioning, fewer hospitalization and incarceration days, and improvements in employment rates for the seriously mentally ill in Nevada County. Most importantly, none of the clients in the

program were actively engaged in treatment prior to AOT, but a majority continue to accept care and show steady improvement today.

Obstacles Overcome

Nevada County confronted and overcame initial resistance and numerous barriers prior to the successful implementation of its AOT program. A major cultural shift in the treatment of the SMI required addressing the concerns of various involved stakeholders (ie: representatives from the local Mental Health Board, Superior Court, County Counsel, the Public Defender's office, local law enforcement including the Sheriff's Department, advocacy groups such as the National Alliance for the Mentally Ill, and members of the community). Initial concerns about patient and civil rights were appeased after meetings communicated the fact that these rights remained unaffected and stressed the voluntary focus of the program. Educational sessions discussed the patient-centered nature of interventions, the fact that forced medications were not a part of the program, and the eligibility requirements which only target the most severely ill with a history of poor treatment engagement. A better understanding of the common life trajectory and socioeconomic decline of many of the SMI provided the perspective that AOT may actually be the least restrictive option for this population. Data from other AOT programs around the nation showing improvements in various measures of quality of life also garnered support.

Administrative and legal concerns were also addressed with stakeholders. Educational conferences prevented implementation problems related to incomplete or inconsistent understanding of AOT requirements, particularly in the law enforcement community. These sessions provided an opportunity to analyze the successes and challenges of AOT programs in other states in order to better anticipate potential challenges. One of these complications became apparent at the onset of the program when the AOT teams realized that given the severity of the targeted patient population, referrals and execution needed to be streamlined and expedited in order to accomplish the goal of preventing hospitalizations, incarcerations, and dangerous behaviors. In response, AOT leadership worked closely with the court system and law enforcement to decrease the time between petition and status hearings, often holding hearings within days rather than weeks. The AOT process was thus individualized to the needs of each client, again emphasizing the flexibility of the program and its ability to meet patients wherever they were in the recovery process. Concerns about the costs of AOT-associated legal proceedings were minimized once it was realized that many individuals eligible for AOT would incur legal costs as a result of untreated mental illness in the form of criminal proceedings or court-ordered guardianships, regardless of their involvement in the AOT program.

As with many county programs, funding for AOT was a primary consideration. Thirty of the 58 counties in California do not have any adult inpatient psychiatric beds, including Nevada County. As a result, SMI adults from Nevada County need to be transferred and treated at an outside hospital, which is costly. While results from AOT programs in other states showed they were cost-efficient, county leadership were still understandably concerned about the upfront costs of the program. After financial review, Nevada County took a unique funding

approach. While the State Department of Mental Health discourages the use of Mental Health Services Act (MHSA) funds for involuntary services, Nevada County successfully contended that AOT was in fact a "voluntary in nature" court-ordered program. Similar to other types of accepted court-ordered treatment such as probation or wards of the court, court-ordered services and voluntary treatment are not necessarily mutually exclusive. Patients can, and often do, agree to court-ordered treatment. No force or mechanical/chemical restraints are used throughout the course of AOT, no forced medications are administered, and the setting is unlocked. The AOT program is subsequently fully financed by Medicaid with matching MHSA funds, without using general county funds or impacting existing voluntary programs. In the end, collaborative communication during numerous stakeholder meetings successfully integrated the AOT program into the mental health, judicial, and legal systems already in place, and won the support of the community as well.

Implications for the future

The unfortunate irony of psychiatric care today is that oftentimes the patients who are most in need of services either refuse them or are too disorganized and ill to seek out services themselves. At higher risk of decompensating in the community, the SMI often receive mental health treatment only after entering the criminal justice system or a locked treatment facility. The Nevada County AOT program is an innovative and highly effective program that takes a patient-oriented, multidisciplinary approach to provide community-based intensive services for the seriously mentally ill who have traditionally declined treatment in the past. At its core, the AOT program empowers and advocates for those who are too ill to advocate for themselves. Results have demonstrated improved quality of life as measured by increased clinical functioning and decreased rates of hospitalization and incarceration. These findings are attributable to effective collaboration between county systems, evidence-based clinical practices, and intensive, individualized care management. Not only do clients benefit from the AOT program, but the mental health system, judicial system, law enforcement, and community also benefit from cost savings and improved public safety. After the success of Nevada County's AOT program, and increased awareness of similar programs such as mental health and drug courts, several larger California counties have shown an interest in implementing similar programs and replicating these results. In the current era of health reform and decreased medical spending, health systems must recognize that effective treatment for the severely mentally ill will be instrumental in preserving the balance between providing necessary care and controlling rising mental health costs. Nevada County's AOT program provides an example of a cost-efficient model of service delivery for the seriously ill which is preventative, outcome- and evidence-based, and which integrates the mental health system into the social fabric of the community.

For more information about the Nevada County AOT program, please contact Carol Stanchfield, Program Director for Turning Point Providence Center; 500 Crown Point Circle, Suite #100; Grass Valley, CA 95945 (email: carolstanchfield@tpcp.org).