

**Assisted Outpatient Treatment: Recovery-  
Oriented Care for the Severely Mentally Ill**  
*“Laura’s Law”*

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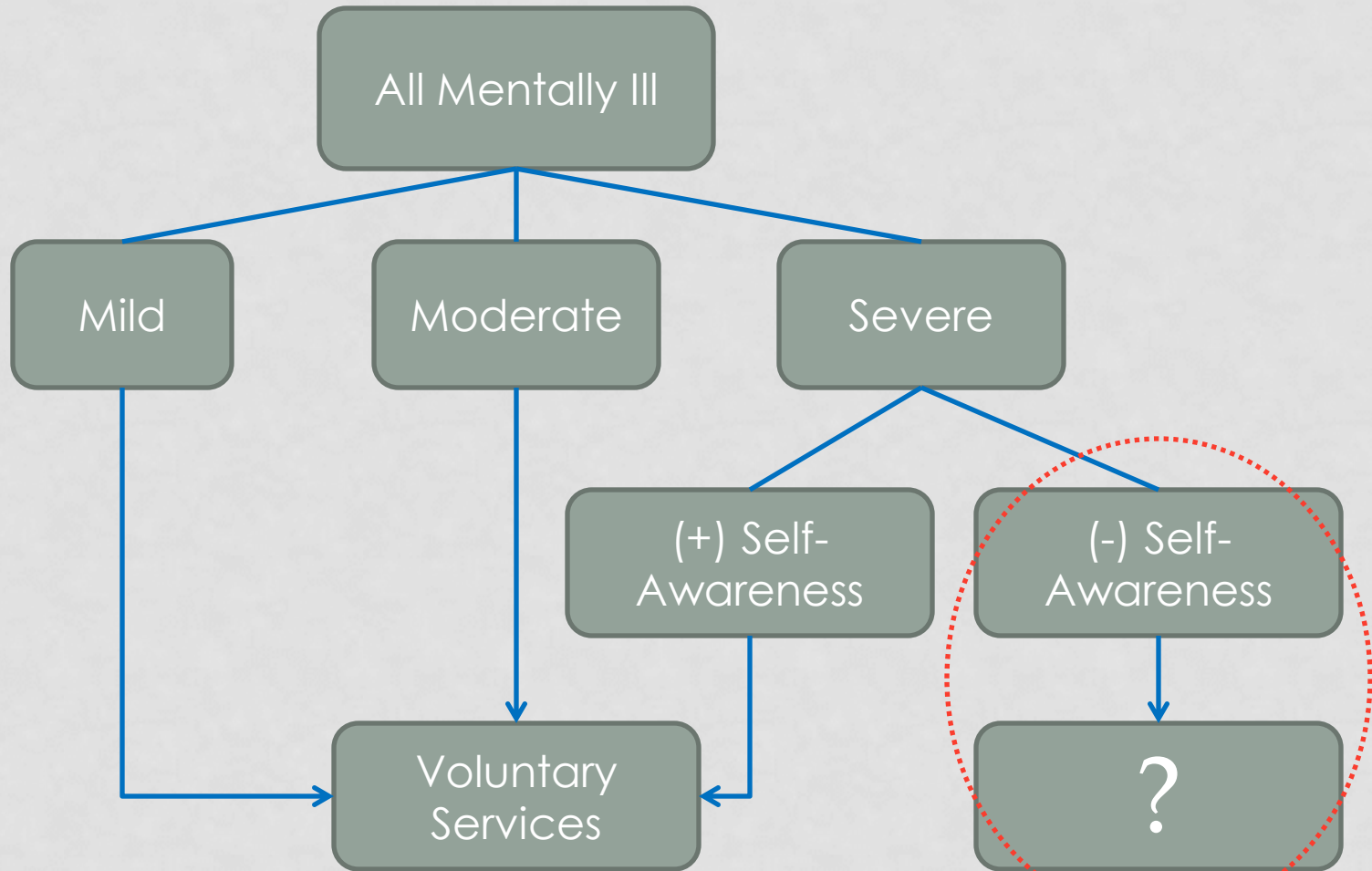


# Outline

- 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



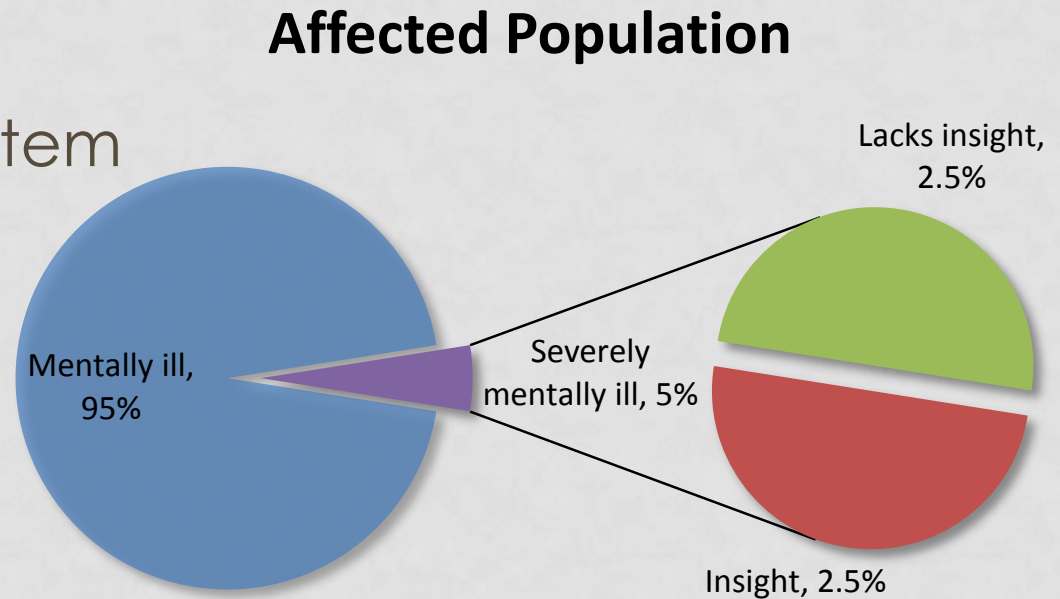
# The Problem

- 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**

# 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 :

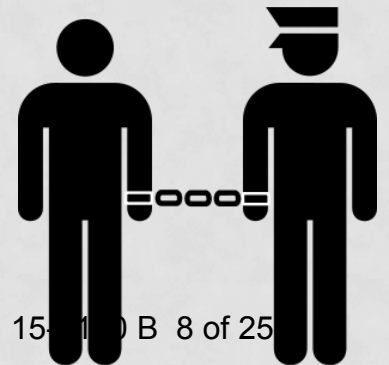
- Restrictive
- Disempowering
- Costly



# 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

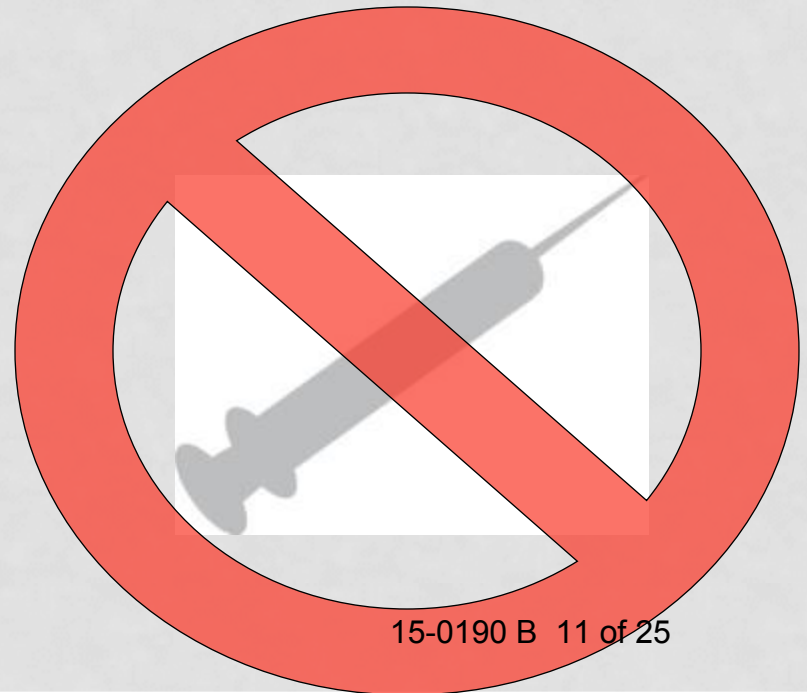
# AOT- Nuts & Bolts

- **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

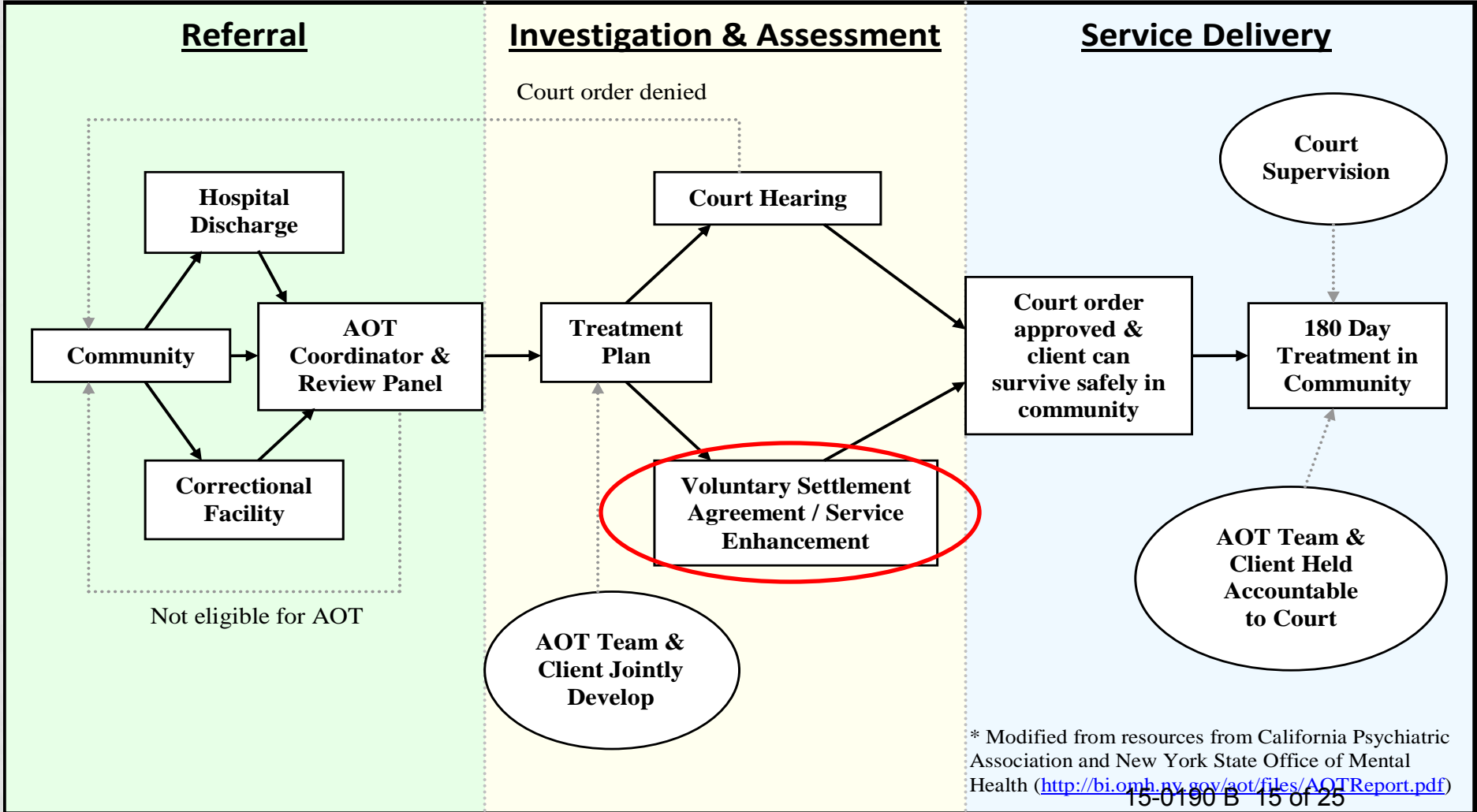
- 5) Unlikely to survive safely in the community without supervision
- 6) Least restrictive measure necessary to ensure recovery and stability
- 7) Substantially deteriorating
- 8) Likely benefit from treatment
- 9) Not being placed in AOT must likely result in the patient being harmful to self/others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



# Process



\* Modified from resources from California Psychiatric Association and New York State Office of Mental Health (<http://bi.omb.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

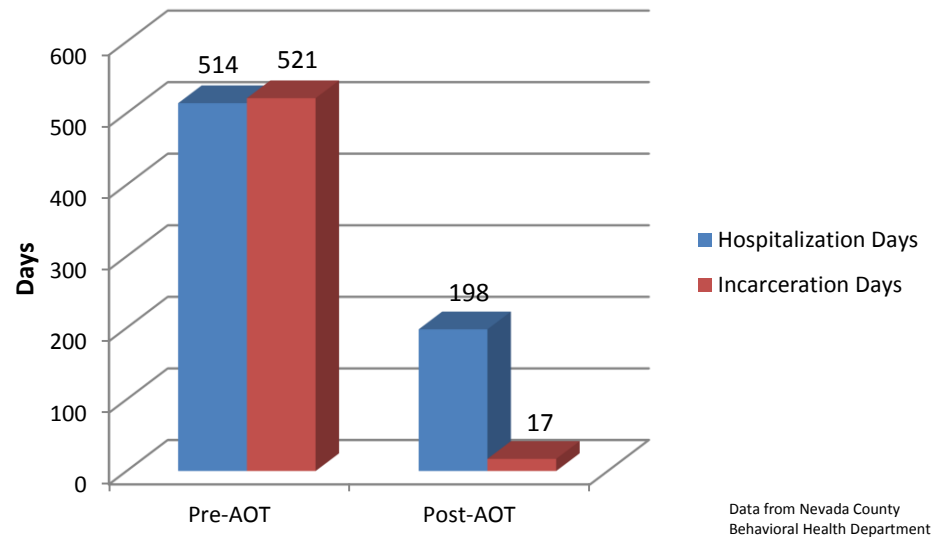


# The Nevada County Experience

- 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



# 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 ...

