



STAFF ANALYSIS— FRESNO COUNTY

Innovation (INN) Project Name:	Psychiatric Advance Directive - Supportive Decision Making
Total INN Funding Requested:	\$950,000
Duration of Innovative Project:	Three (3) Years

Review History:

Approved by the County Board of Supervisors:	June 18, 2019
County submitted INN Project:	May 31, 2019
MHSOAC consideration of INN Project:	Delegated Authority

Project Introduction:

Fresno County is seeking to use up to \$950,000 of Innovation funding over 3 years to participate in a Multi-County Innovation Project - Psychiatric Advance Directive (PAD) - Supportive Decision Making.

The project is intended to explore and assess strategies to use psychiatric advance directives, combined with supported decision-making, to improve the effectiveness of community mental health services for people with serious mental illness who are at risk of needing involuntary care, criminal justice involvement and involuntary hospitalization.

Advance directives are commonly used in health care. They typically are a legal document that allows an individual to communicate their wishes with regards to treatment decisions in anticipation of a situation where they are not able to participate in health care decision-making. An advance directive generally has two components, one related to treatment decisions, and a second that is used to designate someone to serve as a decision-making proxy in the event the individual is unable to participate in health care decision-making.

Advance directives are typically used for individuals who are at risk of losing their capacity to consent to treatment or to make treatment decisions. Advance directives are often used in end-of-life situations where an individual is making decisions for their care in “advance” of needing that care. Advance directives thus allow the individual to have a

central role in caregiving decisions when their decision-making capacity is limited by their health condition.

Psychiatric advance directives (PADs) are advance directives used to support treatment decisions for individuals who may not be able to consent to or participate in treatment decisions because of a mental health condition. They generally are used to support decision-making for people at risk of a mental health crisis where decision-making capacity can be impaired. The psychiatric advance directive allows the individual's wishes and priorities to inform mental health treatment. Like their general health care counterpart, psychiatric advance directives also can allow an individual to designate proxy decision-makers to act on their behalf in the event the individual loses capacity to make informed decisions.

There is widespread support for the use of Psychiatric Advanced Directives to empower people to participate in their care, even during times of limited decision-making capacity. PADs are a recognizing strategy to improve the quality of the caregiver-client relationship and to improve health care outcomes (Swanson, et al., 2006). More than half of the states have explicitly authorized some form of a psychiatric advance directive and standard health care power of attorney statutes extends that authorization throughout the U.S. (Appelbaum, 2004). The Joint Commission on the Accreditation of Healthcare Organizations recognizes the value of psychiatric advance directives for treatment decisions when an individual is unable to make decisions for themselves (JCAHO, Revised Standard CTS.01.04.01).

While psychiatric advance directives were first put into use in the U.S. in the 1990s, and have widespread support, research suggests their use is limited by lack of awareness, and challenges with implementation. Some barriers involve working to establish PADs for individuals with persistent mental health needs and other relate to reluctance on the part of clinicians to follow an advance directive (SAMHSA, 2019).

Consistent with the goals of psychiatric advance directives, this project also intends to explore the role of supported decision making as a strategy to support the development and utilization of the psychiatric advance directive. Supported decision making (SDM) is a strategy that allows people to receive support in their decision-making, typically through a trusted colleague or family member, without relinquishing their legal rights. Supported decision making is commonly used with persons who have a developmental or intellectual disability but who retain their individual decision-making authority. Supported decision making is recognized as a flexible process where the level of support an individual receives can change over time as the individual's needs evolve. A key component of supported decision making is ensuring that people have control over the types of support they receive and who supports them in the decision-making process.

Recognizing those challenges, this project is intended to explore the use of psychiatric advance directives – with supported decision making where appropriate – as a strategy to improve health care outcomes for people with mental health needs.

The project is being led by Fresno County with technical assistance and support from the USC Gould School of Law / Saks Institute for Mental Health, Law, Policy and Ethics. The

project is intended to support a multi-county innovation approach that can improve access to care, the effectiveness of that care and the outcomes achieved for individuals and the community.

This project was developed, in part, through the work of the Commission to identify opportunities to reduce criminal justice involvement of mental health consumers through improved access to community mental health services. The Commission is providing financial support to the Saks Institute for Mental Health, Law, Policy and Ethics to assist with the project, including facilitating participation from other counties, providing technical assistance on the development and deployment of psychiatric advance directives, and the development of an evaluation strategy. Monterey and San Bernardino County have expressed interest in participating in the project but have not confirmed their participation.

The Commission's support for this project recognizes that many individuals at risk for involuntary care come in contact with the criminal justice system through a mental health crisis. Research conducted by the California Department of State Hospitals indicates that nearly half of persons sent to a state hospital under Incompetent to Stand Trial statutes for a felony arrest had multiple prior contacts with law enforcement with little or no access to community based mental health care. This project is an innovation to explore the utility of psychiatric advance directives as a strategy to improve the effectiveness of community-based care for persons at risk of involuntary care, hospitalization and criminal justice involvement.

The Need

Fresno County is leading this project as part of their effort to focus on wellness and recovery throughout their county mental health system. The County actively trains in and uses the client-driven process of creating a Wellness Recovery Action Plan (WRAP) as part of crisis planning. While this is an empowering, evidence-based practice, the county recognizes that Wellness Recovery Action Plans lack legal standing with regards to the crisis system of care. Fresno County is proposing to deploy psychiatric advance directives to strengthen its commitment to client-driven planning, care provision and enhance the recovery-focus of the county mental health system. The County states that developing a legal process for the design, deployment and recognition of psychiatric advance directives will normalize recognition of a client's wishes during times of mental health crisis.

Fresno County reports that approximately 300 individuals in conservatorship in the county may benefit from the development of a psychiatric advance directive.

The Response

People with mental health needs, during times of crisis, can face challenges in communicating their needs, preferences and collaborating with service providers. Conflict in how care is delivered can lead to distrust, frustration and resistance to on-going participation in a care delivery plan. Similarly, research suggests that care providers can be resistant to client-driven care planning, particularly during the stress of a mental health crisis (SAMHSA, 2019). Compounding these challenges, behavior exhibited by a person in crisis may draw the attention of law enforcement, thereby initiating a path into the criminal justice system.

Practices that establish care standards and approaches in responding to a crisis, when directed by the person with mental health needs, show promise in improving the quality of care, trust between clients and caregivers and preventing disruption of community-based services.

This multi-county innovation project is intended to support counties in the implementation and evaluation of the feasibility of using PADs and other forms of SDM to improve access to care, the appropriateness and quality of care and to improve outcomes for consumers at risk of involuntary care and criminal justice involvement. Research indicates that individuals are more than receptive to creating a directive but that system level barriers prevent the routine adherence to directives (SAMHSA, 2019, Zelle, Kemp, & Bonnie, 2015).

While medical directives are mostly aimed at end of life care, psychiatric directives are used in times of crisis that can be episodic with the likelihood of individuals stabilizing and retaining their immediate decision-making authority. The episodic nature of mental health crises suggests the use of an advance directive can be dynamic, evolving based on an individual's experiences and changes in their needs. This difference between uses of end of life directives and psychiatric directives may requires a different approach at each level of the crisis system so that care providers and other responders understand and support the utility of an advance directive and adhere to the terms it includes.

Monterey County reports that it has explored uses of psychiatric advance directives in the past, with limited success, but county leadership recognizes the opportunity for a more strategic approach to their deployment that can benefit from technical assistance and cross-county collaboration.

The potential to add a supported decision-making component to the use of psychiatric advance directives may address implementation challenges and lends an added benefit to this innovation project proposal as supported decision-making can increase the utility of the directive for both the client and the caregiving team.

The Community Planning Process

The Commission's criminal justice and mental health project included a robust public engagement process and highlighted several areas of potential investment to reduce criminal justice involvement for people with mental health needs. One such area was to develop prevention strategies to reduce criminal justice involvement. The utilization of psychiatric advance directives, with supportive decision-making, is a potential strategy to prevent mental health consumers from becoming justice involved by strengthening alignment between individual needs and mental health system response. As such, this proposal is consistent with the Commission's work and is aligned with its efforts to support criminal justice diversion through innovation.

The use of advance directives also is consistent with the Commission's focus on recovery, consumer empowerment and community engagement.

This proposal is aligned with the Commission goals for supporting innovation that can lead to statewide transformational change that reduce costs and improves outcomes.

Fresno County became aware of this opportunity in April 2019. The County's Annual update had been posted for its 30-day public comment period and did not include this project initially. After becoming aware of the opportunity, Fresno County amended their Annual Update and added a summary of this project on May 1, 2019. The project proposal was presented at a Public Hearing on May 15, 2019 and then again at the subsequent Behavioral Health Board meeting. Fresno County reports that their local NAMI chapter and Local Mental Health Board support the project and there was no reported opposition.

The project plan was approved by the Fresno County Board of Supervisors on June 18, 2019.

This proposal was shared with Commission stakeholders on June 3, 2019. The Commission has not received letters of support or opposition as of the preparation of this analysis.

Learning Objectives and Evaluation

Fresno County seeks to join a cohort of counties attempting to implement and evaluate the feasibility of using psychiatric advance directives with supported decision making. This project will meet the primary purpose of increasing the quality of mental health services through measured outcomes within the county, and to also promote interagency collaboration. Psychiatric advance directives are proposed to be developed with individuals in the county who use the emergency department for crisis services as well as those who are under a conservatorship. Fresno County indicates there are approximately 300 people on a conservatorship and 700 enrolled in Full-Service Partnerships who may be good candidates for an advance directive and to engage in the supported decision-making model.

Overall, the County seeks to determine if the implementation of psychiatric advance directives can result in reduced instances of crisis and lead to the improved quality of care among those with serious mental illness. Specifically, the county will focus on quantitative measures in evaluating the extent to which PADs can lead to:

1. Improved compliance.
2. Increase in adherence to treatment requests.
3. Increase in individual wellness scores: measured through various screening tools, such as the Recovery Needs Level (RNL) of individuals as well as through individual participation in services.
4. Reduction in incarceration/criminal justice involvement: measured through a reduction in arrests and incarcerations among those experiencing psychiatric crisis who have are provided with care according to their wishes.
5. Reduction in long term hospitalization.

A number of envisioned activities and deliverables have been identified by the County, such as developing trainings, monitoring and evaluating the implementation of the PAD,

creating means to have the PADs accessible, and to also assess the progress, effectiveness, and fidelity of the PAD among individuals, families, and advocates.

Without the full scope of the Psychiatric Advance Directive project, it is difficult to determine whether Fresno County's evaluation plan matches that which will be established in other county plans. For example, while the County has identified outcomes that will be evaluated after implementation the ways in which each outcome will be measured are not specifically outlined.

The Budget

Fresno County proposes to invest up to \$950,000 of Innovation funds over three years to support this project.

Much of the budget will be allocated to the USC Gould School of Law/Saks Institute as the lead entity for the project to develop and support implementation of the PAD.

Evaluation will be contracted out and is budgeted at approximately \$150,000 (16 percent) with the County retaining \$200,311 (19 percent) for administration and indirect costs. Fresno County will leverage existing clinical and medical personnel to support portions of the project.

Comments:

As part of its contract with the Saks Institute for Mental Health, Law, Policy and Ethics, the Commission is supporting the development of an evaluation strategy for this project. The County is encouraged to participate in the development of that evaluation strategy to better understand how a psychiatric advance directive can support participation in community based care, reduce the need for involuntary care, hospitalization, criminal justice involvement and related outcomes, including the development of specific measures that can be compared against other counties.

Consistent with available research on psychiatric advance directives, the county is encouraged to better understand how this approach can support improved client-system interactions, trust and outcomes associated with service utilization, housing stability and other key goals included in the Mental Health Services Act. For the supported decision-making component, it would be helpful to understand how the selection of supporter can enhance the effectiveness of this approach, particularly for individuals from diverse, racial, ethnic, language, cultural, spiritual and LGBTQ populations.

The County is encouraged to engage consumers, providers and others as part of an advisory body to support the design and deployment of advance directives, and better understand their impact on the ability of the County to respond to persons in crisis and how the work might be sustained if the approach demonstrates effectiveness.

References

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