

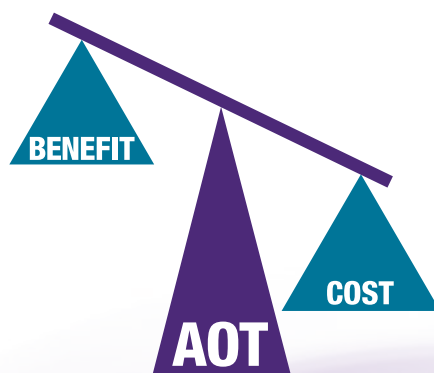
Catalyst

NEW INDEPENDENT STUDY CONFIRMS: *AOT Reduces Taxpayer Costs*

An independent study released earlier this year has confirmed what the Treatment Advocacy Center and common sense have been saying for years: Court-ordered treatment in the community reduces taxpayer costs associated with untreated serious mental illness for individuals stuck in the “revolving door” of hospitalization, incarceration, homelessness and other negative outcomes.

The report prepared by Health Management Associates, a national health consulting firm, reported findings that assisted outpatient treatment (AOT) significantly reduces net taxpayer costs associated with this small but vulnerable population – and that it produces those savings regardless of whether the option is used in New York City or Akron, Ohio. AOT has long been found to improve the quality of life for at-risk individuals with serious mental illness and to decrease their use of high-cost public services.

“The importance of these findings cannot be underestimated,” said Doris A.



Saving Lives – Saving Money

“IN ALL CASES,” THE REVIEW OF DATA FROM THE SEVEN COUNTIES REPORTED THAT TAXPAYER COSTS ... “WERE MORE THAN OFFSET BY THE REDUCTION OF OTHER PUBLIC INVESTMENTS SUCH AS HOSPITALIZATION AND INCARCERATION.”

Fuller, executive director of the Treatment Advocacy Center. “They should put to rest the misconception that AOT ‘won’t work’ outside New York because nobody else can afford to run a program like ‘Kendra’s Law.’”

Opponents of AOT often claim the well-documented life-saving results achieved by New York’s “Kendra’s Law” cannot be replicated elsewhere because New York dedicates significant funding to AOT that other states and communities don’t have. However, the HMA study found cost savings to be consistent across

six urban and suburban New York counties, where AOT receives dedicated state funding, and in Summit County, Ohio, where it is integrated into existing mental illness services.

“In all cases,” the review of data from the seven counties reported that taxpayer costs when individuals stayed in treatment – keeping medical appointments, filling prescriptions and otherwise using mental health services – “were more than offset by the reduction of other public investments such as hospitalization and incarceration.”

The use of AOT produced net cost savings of 47% in New York City, 58% in five outlying New York counties and 50% in Summit County, Ohio, according to “State and Community Considerations for Demonstrating the Cost Effectiveness of AOT Services,” a report presented to the Treatment Advocacy Center. In all places, reduced psychiatric hospitalization produced the greatest cost reductions – from 40% in New York City to 67% in Summit County. Medicaid-paid costs also declined because of reduced hospital costs.

Total public costs for the AOT population fell from \$104,000 in New York’s six surveyed counties to \$56,000 after 24 months in the program in New York City and \$43,000 in five suburban counties. Pre-AOT costs in Summit County fell from \$35,000 to about \$17,500.

The Treatment Advocacy Center commissioned the report from Health Management Associates in response to concerns often expressed by public officials that they “cannot afford” to utilize

CONTINUED ON PAGE 3

WHAT’S INSIDE

- 2.....Executive Director’s Corner
- 3.....Profiles in Advocacy
- 4.....Representative Murphy Honored; Outlines Vision for Mental Health Reform
- 4.....We Need the “Helping Families in Mental Health Crisis Act” Now
- 5.....Government Report Finds Serious Mental Illness Neglected by SAMHSA and Other Federal Agencies
- 6.....Around the States
- 8.....SMRI Update



A MESSAGE FROM THE
Executive Director

On the Up Track of the Mental Health Roller Coaster

Those of us who live with mental illness – whether we are consumers, family members, professionals, advocates – live on a roller coaster. You know the one I mean.

You're on a medication that works without too many side effects – and then your insurance company switches you to generics. Your loved one is symptom-free – and then the paranoia returns. Your patient is on the recovery track – and then he quits his job and won't answer the phone. The state legislation that would fix a bad treatment law is headed for passage – and then falls victim to unrelated partisan crossfire. You're up – until you are not, and somehow the highs don't ever feel as steep as the lows.

That's why this is such a remarkable time for all of us.

When reporters call the Treatment Advocacy Center these days and say, "Are there any signs of improvement in the mental health system?" we are finally saying, "Yes."

So many California counties have embraced the state's assisted outpatient treatment law so fast that we sometimes have to check in with one another about what the current number is. Two of the five states still without AOT laws have moved closer than ever to passing them. Sweeping federal legislation has been proposed to dramatically increase treatment access nationwide. Mass media are publishing and broadcasting more stories on mental illness – and better informed stories – than we have ever seen. Nearly all Americans – 96%! – believe mental health conditions are a serious public health problem in the U.S., and more than 7 in 10 Americans believe "radical" or "significant" changes in the response to mental health problems

MASS MEDIA ARE PUBLISHING AND BROADCASTING MORE STORIES ON MENTAL ILLNESS – AND BETTER INFORMED STORIES – THAN WE HAVE EVER SEEN. NEARLY ALL AMERICANS – 96%! – BELIEVE MENTAL HEALTH CONDITIONS ARE A SERIOUS PUBLIC HEALTH PROBLEM IN THE U.S., AND MORE THAN 7 IN 10 AMERICANS BELIEVE "RADICAL" OR "SIGNIFICANT" CHANGES IN THE RESPONSE TO MENTAL HEALTH PROBLEMS ARE NEEDED. INCREASING TREATMENT OPTIONS IS THE CHANGE THEY MOST WANT TO SEE.

are needed. Increasing treatment options is the change they most want to see.

Since eliminating barriers to treatment has been our mission from the outset, we find this moment exhilarating and deeply satisfying. The momentum for better treatment access is growing, and that means more of those who need help the most – along with their families and communities – will benefit. You'll read about some of these and other breakthroughs in this issue of *Catalyst*. With your support, the Treatment Advocacy Center has played a direct and influential role in making these stories possible.

But the ride is far from over. For every California county with "Laura's Law," there

are more than six without it. The landmark federal bill didn't pass during the last Congress so it's starting all over in the new one. A gubernatorial race darkened the prospects of AOT in Maryland. And so on.

The good news is that more Americans than ever recognize the desperate need for mental illness treatment. The challenge that remains is improving access to it.

Thank you for being there with us as advocates, donors and informed members of the public. Together, we can sustain the momentum that benefits us all.

Onward and upward,

Doris



After Doris wrote this letter and *Catalyst* was in production, Doris's personal roller coaster turned downward and took the life of her beloved daughter, Natalie.

PROFILES IN ADVOCACY:

John Snook

John Snook has re-joined the Treatment Advocacy Center as deputy executive director of government affairs. Snook began his law career as an advocate for the Treatment Advocacy Center nearly 15 years ago. Since then, Snook held leadership positions with the Mortgage Bankers Association and Habitat for Humanity International, focusing on policy advocacy at the federal and state levels.

"This is a homecoming for John, and the timing could not be better," said Doris A. Fuller, executive director. "The contribution of his knowledge and experience to our efforts at a time when so many communities across the country are embracing mental health reform is invaluable."



WHAT ATTRACTED YOU TO THE TREATMENT ADVOCACY CENTER THE FIRST TIME AND WHAT MOTIVATED YOU TO RETURN?

I was attracted to the Treatment Advocacy Center because of its focus on helping those most in need. This is the only organization willing to ask the tough questions about our nation's treatment system and one of the few that achieves results.

Largely as a result of the Treatment Advocacy Center's advocacy, we are in the midst of an unprecedented focus on mental

health reform at both the state and federal levels. The organization is uniquely well-positioned to help shape those solutions. I am so excited to help the Treatment Advocacy Center make a lasting difference for those with severe mental illness and their families.

DURING THE YEARS IN BETWEEN, YOU WERE AN ADVOCATE FIRST FOR HABITAT FOR HUMANITY, THEN FOR THE MORTGAGE BANKERS ASSOCIATION. WHAT MAKES YOU LIKE ADVOCACY WORK SO MUCH?

I appreciate the opportunity that advocacy work provides me to engage in our nation's most important policy questions. I've always had a knack for being involved in issues at moments of major change, and I hope my engagement has had a positive contribution.

WHAT HAS DRAWN YOU TO MENTAL HEALTH POLICY IN PARTICULAR?

I have family experience with mental illness and have seen the devastating impact that results when a person does not receive necessary treatment. But, even more importantly, I've talked to so many families that have told me that the Treatment Advocacy Center is the only organization that gives them a way to help the people they love. To me that is very special.

WHAT DO YOU DO FOR FUN WHEN YOU ARE NOT ADVOCATING?

I have a three-year old son, Will, so he keeps me busy. Otherwise, I enjoy traveling. I've been to almost all of the United States and five continents. I also ran my fastest half-marathon last year, which isn't bad for someone my age!

THANKS, JOHN. WE ARE LUCKY TO HAVE YOU ON OUR TEAM!

Snook received his J.D. from George Mason School of Law in Virginia and his B.A. from Washington & Jefferson College in Pennsylvania.

AOT Reduces Taxpayers Costs

CONTINUED FROM PAGE 1

AOT for citizens with a history of not adhering to mental health treatment and who experience "revolving-door" consequences such as repeated hospitalization, incarceration, suicide attempts or other violent acts as a result.

In addition to reporting the cost impact of AOT in the seven counties, the study analyzed how the counties tracked and quantified their costs and developed concrete recommendations for other jurisdictions to use in projecting or assessing their own costs of implementing court-ordered outpatient treatment.

"An AOT court order improves quality of life for at-risk individuals with a history of suffering significant consequences from non-treatment and safety for the community – all while being far less restrictive than the jails or hospitals where this population too often lands," said the Treatment Advocacy Center's executive director. "We no longer provide an adequate number of hospital beds for people with chronic or acute psychiatric disease. AOT is a cost-effective alternative for promoting the stability they need to begin recovery."

The full study may be read or downloaded at TACReports.org/aot-cost-study.

Representative Murphy Honored, Outlines Vision for Mental Health Reform

Representative Tim Murphy was awarded the Treatment Advocacy Center's highest honor January 27 at a standing-room-only event on Capitol Hill, where the Pennsylvania Congressman outlined his vision for mental illness treatment reform.

Founder E. Fuller Torrey, M.D., presented the Torrey Advocacy Commendation to Rep. Murphy in recognition of the Congressman's courageous efforts to make treatment possible for more people with severe mental illness with his "Helping Families in Mental Health Crisis Act," the most sweeping federal mental health legislation in half a century.

"I MAINTAIN MY COMMITMENT TO THE THOUSANDS OF FAMILIES IN MENTAL HEALTH CRISIS WHOM I'VE MET."

– Representative Tim Murphy

"The mental illness treatment system has gone steadily downhill for the last four decades. Rep. Murphy is the first member of Congress to make a major effort to turn it around. We strongly applaud and support his efforts," said Dr. Torrey at the presentation of the commendation.

"I maintain my commitment to the thousands of families in mental health crisis whom I've met," Rep. Murphy told the audience. "Each day, they battle to help their severely mentally ill loved ones fulfill a right to treatment, to get better and to recover. I will not abandon these families in their fight against a system that is cruel, uncompassionate and immoral."

A panel representing members of the community that would benefit from Murphy's legislation addressed the audience from Congress and the media.

"This bill contains important provisions to send care and treatment of the seri-



Representative Tim Murphy (left) and Treatment Advocacy Center Founder E. Fuller Torrey, M.D.

ously mentally ill back to the mental health system while eliminating the need for law enforcement to co-manage the responsibility," said Chief Margaret Ryan, past

president of the New York State Association of Chiefs of Police.

"If Murphy's bill had been law, my son would have received treatment when he needed it, instead of when it was too late," said Kathy Bruno, the mother of a son with schizoaffective disorder, who lives in Erie, Pennsylvania.

"Every day I see patients backed up, waiting for a medical bed," said Dr. Paul Summergrad, president of the American Psychiatric Association. "We would not tolerate this for any other medical condition. Murphy's bill would help alleviate problems like these."

The luncheon event was underwritten by Jennifer Boone Hayes and Jeffrey Hayes "in honor of Colin Boone and all those who fight severe mental illness with resourcefulness and bravery."

We Need the "Helping Families in Mental Health Crisis Act" Now

By Kathy Bruno

Our son Eric is 24-years-old. He first got sick when he was 18. Even though his first diagnosis was bipolar, a few years later he was diagnosed with schizoaffective disorder.

We spent two years at a loss for how to treat him. He refused treatment and refused to believe he was sick, a condition called anosognosia.

He thought I was poisoning him. He heard voices and would have conversations with himself in the mirror. He thought the TV was sending him messages and believed the government was after him.

Eric's illness affected the whole family. Our youngest son stopped having friends over and spent a lot of his time trying to protect me from Eric's violent outbursts.

Every time we tried to get him into a

hospital he was turned away and was sent home with us again. The hospital would say he wasn't a danger to himself or others.

We called the police several times after he became violent. Every parent of someone with a severe mental illness knows the fear of calling the police. Many of us are reluctant to call the police because we fear that a poorly trained officer will respond and escalate our child's crisis, leading to jail. But often we find we have no other options.

Eric also spent some time homeless during which he had several run-ins with the police for minor infractions like disturbing the peace and disorderly conduct.

Two years ago, Eric was arrested again. He spent months in jail, many of which

CONTINUED ON PAGE 5

Government Report Finds Serious Mental Illness Neglected by SAMHSA and Other Federal Agencies

Echoing years of Treatment Advocacy Center criticism, the nonpartisan U.S. Government Accountability Office (GAO) issued a devastating, 61-page report early this year that found little evidence the federal agency charged with coordinating mental health programs is serving people with the most severe mental illness.

The Substance Abuse and Mental Health Services Administration (SAMHSA) was specifically singled out for failing to serve people whose welfare they are charged with serving. The GAO report said SAMHSA “has shown little leadership in coordinating federal efforts on behalf of those with serious mental illness.”

“Although SAMHSA is charged with promoting coordination across the federal government regarding mental illness, its efforts to lead coordination – specifically

on serious mental illness – across agencies have been lacking,” concluded the report delivered to the House Energy and Commerce Subcommittee on Oversight and Investigations.

“This is a stunning independent validation of what we have been saying for years: The people who need help the most are being neglected by the federal agency responsible for ensuring they get help,” said Doris A. Fuller, executive director of the Treatment Advocacy Center. The GAO found that, of the 30 programs specifically targeted for individuals with a severe mental illness, most of those were in agencies like the Veterans Administration and Department of Justice, whose missions don’t include mental health.

The report was prepared in response to a bipartisan request from subcommittee Chairman Tim Murphy (R-PA) and

Ranking Member Diana DeGette (D-CO). Subcommittee members heard testimony in 2014 at a series of hearings exposing a systematic pattern of focusing federal dollars elsewhere than on those with profound psychiatric diseases such as schizophrenia and severe bipolar disorder. This population, estimated at 10 million by the GAO to include individuals with severe depression, is at significantly greater risk for homelessness, arrest and incarceration, suicide, homicide and a number of other negative results when they do not receive treatment.

“The Oversight subcommittee wanted to know whether the needs of society’s most vulnerable citizens were being addressed by the federal agencies charged with meeting those needs, especially SAMHSA,” said Fuller. “The GAO found they are not.”

Crisis Act

CONTINUED FROM PAGE 4

were in solitary confinement, before finally being admitted to a state psychiatric hospital.

He is at least finally in a state psychiatric hospital – almost six years after our ordeal began. We want to know why he wasn’t in treatment in the first place. What kind of system is this? Where someone with a serious mental illness goes to jail instead of to treatment in a hospital? What kind of system is it that keeps the people who can give help locked out of care?

If the “Helping Families in Mental Health Crisis Act” were enacted, our mental health system would have been able to treat Eric before he ended up in jail.

AMONG THE PROBLEMS IDENTIFIED IN THE REPORT:

- The GAO identified 112 programs spread across eight federal agencies with combined budgets of \$5.7 billion in 2013 that might support individuals with serious mental illness. Only 30 of those programs reported specifically targeting individuals with severe mental illness.
- Of the 30 targeted programs, fewer than half had been evaluated or were scheduled to be evaluated. As an example, a multi-agency committee established to improve coordination for such programs has not met since 2009.
- Few agencies were found to be tracking their programs for serious mental illness, and many were unable to say how much money was actually being spent for the target population or if individuals were actually participating in such programs.

Around the States

WASHINGTON

Assisted outpatient treatment has “always been a good idea – but now there’s evidence that it’s a really good idea,” Representative Laurie Jenkins told the *Yakima Herald-Republic*. Jenkins is the primary sponsor of House Bill 1450, a bill to encourage more effective and wider use of the state’s AOT law.

CALIFORNIA

A new bill in California (AB 1193) will bring Laura’s Law to every California county, unless the county elects not to participate in the program by a resolution. This means that, finally, every Californian who meets criteria would have access to this life-saving treatment option.

In the meantime, the counties below are the latest in a wave of California counties actively considering or enacting Laura’s Law this year. More work remains. There are still 50 California counties where individuals with mental illness, their families and their communities are not benefiting from their AOT laws. Here’s hoping they follow the rest of California and put AOT to work making treatment possible for more of their citizens who need help the most.

Alameda

“Laura’s Law is a compassionate and effective solution to provide care in the community for people with serious mental illnesses who are most likely to end up in jail, homeless, the victim of a crime or in the cycle of repeated short-term hospitalizations,” wrote Alameda Supervisor Wilma Chan in the *San Francisco Chronicle*. Alameda County is expected to vote on Laura’s Law this spring.

Mendocino

“[Adopting Laura’s Law] is definitely a positive first step....There will be people in the homeless population who will qualify,” Sonya Nesch of the National Alliance on Mental Illness told the *Ukiah Daily Journal* in response to Mendocino County’s approval of a one-year pilot of Laura’s Law.

San Diego

“We need to take the next step to bring Laura’s Law to San Diego,” said San Diego Supervisor Dave Roberts at a vote to authorize the Health and Human Services Agency to prepare a plan to implement Laura’s Law. “This affects so many people.” The San Diego County Board of Supervisors voted in January to prepare a plan to implement Laura’s Law.

Contra Costa

“We believe it’s an investment in helping families and people with serious mental illnesses,” said Contra Costa County Supervisor John Gioia at a January vote to authorize AOT. “We’ve heard from many families who want an opportunity to help their own family members.” The Contra Costa Board of Supervisors unanimously authorized Laura’s Law early this year.

NEW MEXICO

“A New Mexico Kendra’s Law comes too late for the people killed or injured by those suffering from an untreated mental illness.... But it is absolutely necessary to help stop this cycle for all involved,” argued an editorial in the *Albuquerque Journal*. “The legislature should make 2015 the year New Mexico embraces compassionate prevention and passes a Kendra’s Law.” Senator Mary Kay Papen introduced SB 53, a bill to authorize AOT in New Mexico. At press time the bill has passed the state Senate and was being heard in the House of Representatives.

PENNSYLVANIA

"This package of legislation will help individuals living with serious mental illnesses in our communities thrive and lead productive lives," according to state Rep. Margo Davidson, who introduced a package of mental health bills, including AOT, following a tragic shooting in her county. "It will also help families financially by requiring the coverage of assisted outpatient treatment, and it will provide peace of mind by putting safeguards in place to protect their loved ones with mental illness."

MASSACHUSETTS

Two bills were introduced in January to improve the mental health treatment system. One bill would authorize assisted outpatient treatment in the Commonwealth. The second bill improves the Rogers Guardianship orders to allow for more effective treatment monitoring of individuals with severe mental illness.

MARYLAND

"There should be some middle ground between the extremes of confinement to a hospital and letting someone simply spin out of control," argued an editorial in the *Baltimore Sun* about legislation proposed by the Maryland Department of Health and Mental Hygiene to authorize AOT in Maryland.

VIRGINIA

"The Treatment Advocacy Center helps families of people with severe mental illness navigate our complex mental health system," State Senator Creigh Deeds has said. The Treatment Advocacy Center was asked to provide policy recommendations at a hearing of the Joint Subcommittee to Study Mental Health Services in the Twenty-First Century, which seeks to address the state's continued mental health failings.

KENTUCKY

HB 65 "will save millions of dollars, save lives and save families like mine," according to GG Burns, a family member and advocate. A bill to strengthen the state's assisted outpatient treatment law unanimously passed the House Health and Welfare Committee on February 12, but the Kentucky legislative session ended before the bill could be voted out of the Appropriations and Revenue Committee.





Treatment Advocacy Center
200 N. Glebe Road, Suite 801
Arlington, VA 22203

TreatmentAdvocacyCenter.org

PRSRT STANDARD
US POSTAGE
PAID
DULLES, VA
PERMIT NO. 273

Stanley Medical Research Institute Update *E. Fuller Torrey, MD*

One of SMRI's most successful approaches to research on schizophrenia and bipolar disorder has been to coordinate collaboration between research programs.

The major network we have developed is a seven-center schizophrenia (SPECTS) program consisting of centers in Baltimore, Pittsburgh, Ann Arbor and the Walter Reed military research group in the United States and centers in Stockholm, Sweden; Aarhus, Denmark; and Cambridge, England.

An example of one of the centers is the Baltimore center run by Dr. Faith Dickerson at Sheppard Pratt Hospital.

Among the most interesting findings from the Sheppard Pratt research group have been several studies showing that individuals who are infected with the herpes simplex virus have selected cognitive deficits, especially for some measures of verbal memory. This is true not only for individuals with schizophrenia

and bipolar disorder but also for people without severe mental illness. This raises the question of whether treatment with antiviral drugs might improve cognition in these individuals.

In addition to such research projects, the Sheppard Pratt group has also carried out several off-label treatment trials. These include trials of allopurinol, a medication used traditionally for gout; azithromycin, an antibiotic; valacyclovir, an antiviral; artemisinin, an anti-malarial; and probiotics. The probiotics change the bacterial array in the intestine, which is thought to have effects on the brain. A probiotics trial for individuals with schizophrenia has been completed, and a trial for individuals with bipolar disorder is underway.

Dr. Torrey serves as associate director of SMRI, where he oversees groundbreaking research on the causes and treatment of schizophrenia and bipolar disorder.