

Pathways To Home



**Taking Care of our Chronically Gravely Disabled
Homeless**

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Learning Objectives



Webinar attendees will be able to:

- ☞ Discuss the history of deinstitutionalization in the United States.
- ☞ Explain the legal definitions of “gravely disabled.”
- ☞ Discuss the vulnerability of those who are gravely disabled and should be evaluated for guardianship and/or long-term psychiatric treatment.
- ☞ Introduce First Responders’ Check-Off list for the gravely disabled.

State Standards for Involuntary Treatment



<http://www.treatmentadvocacycenter.org/storage/documents/state-standards-for-treatment.pdf>

History of Institutionalization



Institutionalization

- ☞ Mid 1800's Dorothea Dix began the Humane treatment for the Mentally Ill by creating Public Hospitals.
- ☞ The Era of Moral Treatment

Deinstitutionalization

- ☞ Hospital #'s overwhelming
- ☞ Hospital's become a "shame and disgrace" 1946
- ☞ National Movement for Reform

Deinstitutionalization



- ☞ Civil Rights Lawyers get involved and organize for the rights of the Mentally Ill

- ☞ 1964 D.C. changes laws for civil commitment to only include Dangerousness.

- ☞ Spread to other states

- ☞ Late 70's all states focus on Dangerousness as criteria for commitment

- ☞ 1967 LPS ACT Calif

- ☞ Restricts involuntary commitment to Dangerousness and Gravely Disabled

- ☞ Intent to close all State Hospitals

Deinstitutionalization: Economic Factors



- ☞ Single largest cause of Mental Illness Crisis and Failure of DI

- ☞ 1965 – Enactment of Medicaid

- ☞ Help State and Local governments pay for acute medical care costs of low income individuals

- ☞ States shift costs for Mental Illness Treatment to the Feds

- ☞ Medicaid becomes largest source of fund for services for the Severely Mentally Ill.

Deinstitutionalization: Consequences of Payment Shift



- ❧ Inappropriate Discharges
 - ❧ Not asking what the patient needs, but what will the Federal Programs will pay for
- ❧ Using SNFs for long term care
 - ❧ Not trained in caring for SMI
 - ❧ No Full Time Psychiatrist
 - ❧ Rarely have Psych Rehab
- ❧ Using Medical Hospital for Psych Hospitalizations
 - ❧ More expensive
 - ❧ Tend to turn away SMI, homeless, involuntary status
- ❧ Uncoordinated Care
- ❧ Proven Models for Outpatient Care not covered by Medicaid

Results of Deinstitutionalization



- ∞ Homelessness – increased by 300% 1980-88
- ∞ Treatment Advocacy Center: 1/3 of Homeless Population suffers from Mental Illness
- ∞ Incarceration – 20% of LAC Jail Inmates are Mentally Ill
 - ∞ “When Did Prisons Become Acceptable Mental health Care Facilities?” Darrell Steinberg 2014
 - ∞ Police become prime agents of deciding who needs to be hospitalized



California Welf & Inst. Code 5008(h)1: Grave Disability:

A condition in which a person, as a result of a mental disorder is unable to provide for his or her basic personal needs for food, clothing **OR** shelter (not arrested)



Transforming Mental Health Care for the Chronically Gravely Disabled Homeless



- ❧ Include incapable of understanding as part of GD
- ❧ Include Past History
- ❧ Include Need-To-Treat Standard (Treatment Advocacy Center)
 - ❧ Inability to seek needed psychiatric and medical care
 - ❧ Inability to make informed medical decisions
 - ❧ Person's need for intervention to prevent further physical, psychiatric or emotional deterioration

Need-For-Treatment



- ❧ Used in California for Assisted Outpatient Treatment (AOT)
- ❧ AOT-LA Criteria
 - ❧ 18 years or older
 - ❧ Seriously Mentally Ill
 - ❧ Unlikely to survive safely in the community w/o supervision
 - ❧ Non-compliance w treatment
 - ❧ Is substantially deteriorating
 - ❧ Likely to result in Grave Disability or serious harm to self or others w/o treatment
 - ❧ Benefit from AOT-LA which is least restrictive placement to ensure the person's recovery and stability

High Quality, Humane Care



“One measure of a civilized society is the care it provides for its disabled members.”

E.Fuller Torrey, MD *Out of the Shadows: Confronting America's Mental Illness Crisis*



Grave Disability Interpretation: Jewish Family Service



Food

- ☞ Labs which show **malnutrition or dehydration**. Observed, documented behavior showing **inability to consume adequate amounts of food or water** while on the unit, due to a mental illness.

Clothing

- ☞ **Public nudity or inadvertent exhibitionism** which has been observed and documented and is due to a mental illness. **Physical evidence of exposure to environment due mental illness; symptoms which prevent the patient from wearing adequate clothing.**

Shelter

- ☞ **Observed behaviors and symptoms of a mental illness which prevent the patient from utilizing or obtaining adequate shelter. Repeated and recent history of failure to maintain adequate shelter in the community due to behaviors and symptoms of a mental illness. Failure to maintain shelter in a manner that is safe to live in, due to symptoms of mental illness.**

GD Statutory Language

☞ Louisiana

- ☞ ...unable to survive safely in freedom or protect himself from serious harm

☞ Washington

- ☞ ...in danger of serious physical harm resulting from a failure to provide for his essential human needs of health or safety; or manifests severe deterioration...not receiving ...care essential for his health/safety

☞ North Carolina

- ☞ ...there is a reasonable probability of his suffering serious physical debilitation within the near future unless adequate treatment is given...severely impaired insight...unable to care for himself

☞ Hawaii

- ☞ ...unable to make or communicate rational or responsible decisions concerning their personal welfare; lacks the capacity to understand that this is so

GD Statutory Language



☞ Colorado

- ☞ ...incapable making informed decisions about or providing for his essential needs w/o assistance...is at risk of substantial bodily harm, dangerous worsening of any concomitant serious physical illness, significant psychiatric deterioration or mismanagement of their essential needs that could result in substantial bodily harm...

☞ Michigan

- ☞ ...unable to attend to basic physical needs...that must be attended to in order for the individual to avoid serious harm in the near future, and who has demonstrated that inability by failing to attend to those basic physical needs

Interpreting Grave Disability

☞ A condition in which a person, as a result of a mental disorder is unable to provide for his or her basic personal needs for food, clothing OR shelter (not arrested)

☞ **suffering from a severe mental condition**

☞ incapable of making reasonable decisions/lacks insight regarding providing for essential needs (without significant supervision and assistance from others)

☞ persistent lack of ability to care for one's basic needs, such as:

☞ securing food, or

☞ clothing, or

☞ shelter

Interpreting Grave Disability

Food

- ∞ incapable of accessing and consuming life sustaining, adequate and unspoiled food and potable water ON THEIR OWN
- ∞ evidence of malnutrition and/or dehydration

Clothing

- ∞ lack of clothing i.e.; nudity or partial nudity
- ∞ evidence of exposure (e.g., frostbite, trench foot, hypothermia, hyperthermia)

Interpreting Grave Disability



Shelter

incapable of securing adequate and appropriate shelter for the weather and one's safety
shows repeated and recent history of failure to maintain and sustain adequate shelter due to behaviors and symptoms of mental illness

Most Vulnerable Gravely Disabled/Danger to Self



- ☞ At risk for substantial bodily harm as a result of:
 - ☞ Hygiene
 - ☞ covered in feces/vomit/urine/blood
 - ☞ Unable to keep from severe infestations
 - ☞ lice/scabies/vermin/maggots



Vulnerabilities cont'd: Substantial Bodily Harm cont'd

- ☞ Lack of self-care, such that there is a dangerous worsening of serious medical conditions
 - ☞ unintentional substantial weight loss
 - ☞ serious open wounds/serious skin infections
 - ☞ altered mental status/delirium/disorientation
 - ☞ lacks capacity to make medical decisions where no treatment would lead to substantial bodily harm*
 - ☞ imminent harm OR
 - ☞ repeated outreach and persistent refusal of care of severe chronic medical condition



*Lacks Capacity to Make Medical Decisions



- ☞ Lack of insight into medical condition eg.; lacks capacity to make medical decisions where no treatment would leave to substantial bodily harm:
- ☞ Criteria for Decision-Making Capacity (after full disclosure without coercion):
 - ☞ Communicate a choice (Can indicate treatment choice)
 - ☞ Understands the relevant information (can paraphrase what medical discussion was)
 - ☞ Appreciates the situation and its consequences (“What do you believe is wrong with you?”)
 - ☞ Reason about treatment options; Engages in a reasonable process of the information.

Most Vulnerable Gravely Disabled



Showing signs of significant psychiatric deterioration as evidenced by worsening symptoms of psychosis or severe mood disorder and/or highly agitated, physically or verbally aggressive behaviors

Most Vulnerable Gravely Disabled



- ☞ Placing oneself in repeated high risk situations where one could be abused and/or taken advantage of without insight into the danger of these situations
- ☞ Signs or known history of repeated battery/assault/rape

Most Vulnerable Gravely Disabled



Chronicity

Elderly

Crisis Response Check-Off



∞ LPS Standard Summary:

I. Demonstrates a Mental Disorder

II. Danger to Self: (check all that apply-if one box checked off, requires LPS services)

- Attempted physical harm to self
- Did individual use weapon, take pills, jump, attempt hanging?
Other_____
- Date/Time of Event:_____ CPR: Yes/No
- Spoke of harming self with plan or intent
- Gave away belongings with plan for self-harm
- Places self in repeated high risk situations/danger for victimization: assault/rape/robbery, other:_____

Crisis Response cont'd



III. Danger to Others: (check all that apply - if one box checked off, requires LPS services)

- Attempted physical harm to others:
- Did individual use weapon:
 - Knife
 - Gun
 - Other _____
 - Date/Time of Event: _____
- Physically threatening others with intent or plan

- Verbally threatening others with intent or plan

Crisis Response Check-Off Cont'd

IV. Gravely Disabled: (check all that apply)

- Unable to access and consume adequate life-sustaining/unspoiled food/clean and/or potable drinking water on his/her own
- Appears malnourished/cachectic/wasted
- Appears dehydrated
- Nude or partially nude
- Evidence of exposure to the weather
 - Clothing causing profuse sweating in the heat
 - Lack of clothing causing shivering in the cold
 - Frostbite or trench foot
 - Other _____
- Incapable of securing adequate and appropriate shelter for the weather and/or their safety
- Shows repeated and recent history of failure to maintain and sustain adequate shelter

Check-Off List cont'd

☞ NON-LPS but increased risk of morbidity/mortality

V. Evidence of the following vulnerabilities that exacerbate grave disability:
(check all that apply - If boxes I, IV and one in V are checked off, individual should be prioritized for LPS Services)

- Places Self in repeated high risk situations/danger for victimization: assault/rape/robbery, other: _____
- Worsening symptoms of psychosis or severe mood disorder that would result in danger to self: highly agitated, physically aggressive, verbally aggressive, hallucinations, other: _____
- Evidence of severe bodily infestation:
 - lice,
 - scabies,
 - maggots,
 - vermin,
 - other _____

Check-Off List Cont'd



- Significantly covered in bodily fluids:
 - blood,
 - feces,
 - urine,
 - vomit,
 - other _____

- Evidence of an untreated medical condition making individual extremely vulnerable to death:
 - Unintentional substantial weight loss
 - Serious open wound/serious skin infections
 - Altered mental status/delirium/disorientation
 - Other _____

- *Lacking decision-making capacity for medical decisions
 - If individual does not receive medical treatment, they will suffer imminent harm
 - Unduly delays and/or consistently refuses care for severe chronic medical condition that will cause eventual serious harm

