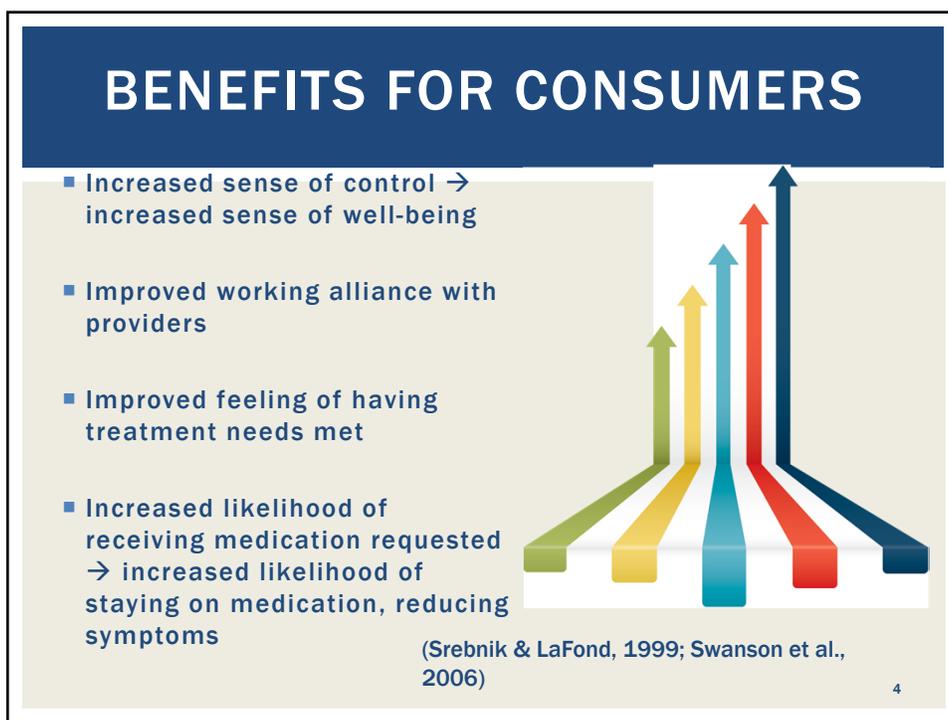
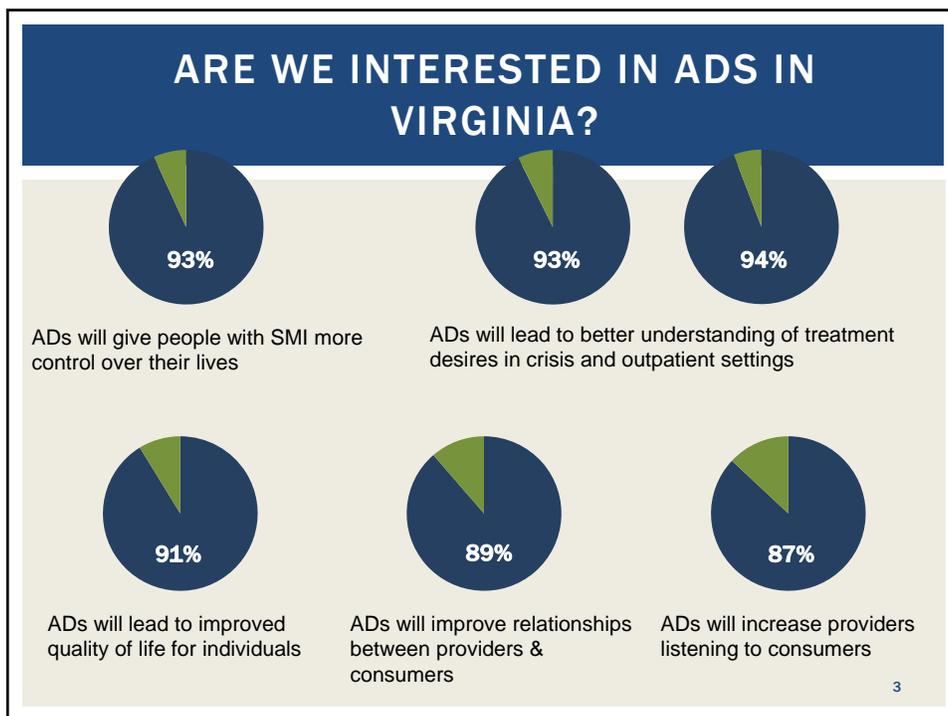


## OVERVIEW OF SOME RELEVANT AD RESEARCH

### ARE WE INTERESTED IN ADS IN VIRGINIA?

- Stakeholder survey in 2010 in anticipation of legislative changes
  - Knowledge of and attitudes about ADs from:
    - Mental health service users,
    - Family members,
    - Administrators of hospitals,
    - CSBs, and
    - Advocates.
  
- Everyone had favorable views of ADs with instructions for mental health care

(Wilder, Swanson et al., 2013)



## BENEFITS FOR CONSUMERS

- Having an AD with instructions for mental health care reduces the incidents of coercive intervention
  - Coercive interventions = Police transport, involuntary commitment, seclusion & restraints, involuntary medications
  
- People with ADs were **HALF** as likely to experience coercive interventions compared to people without ADs
  - Over a 2 year period

(Swanson et al., 2008)

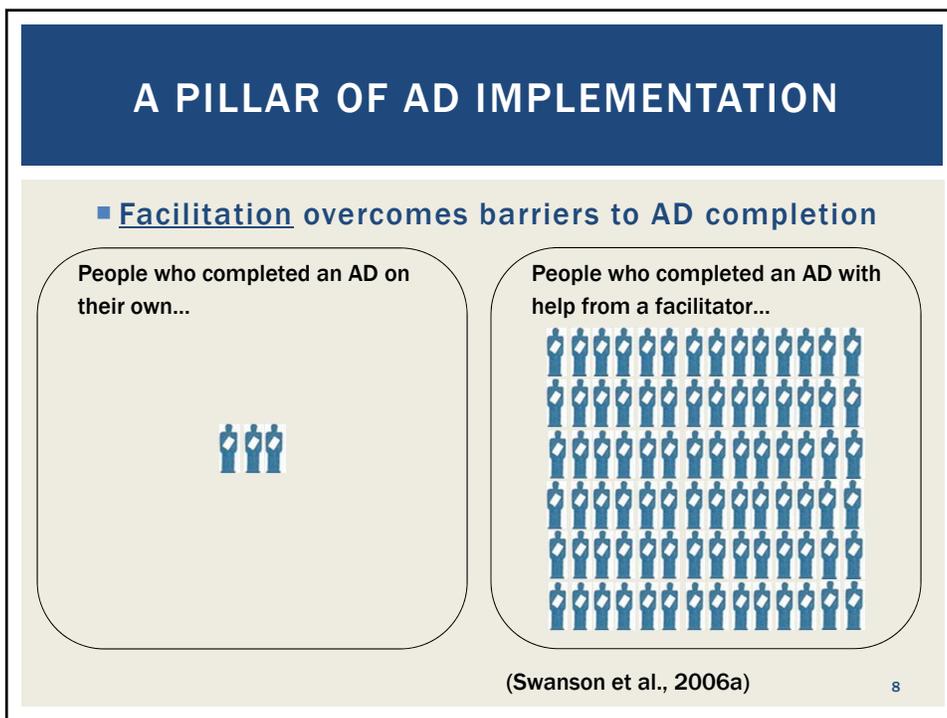
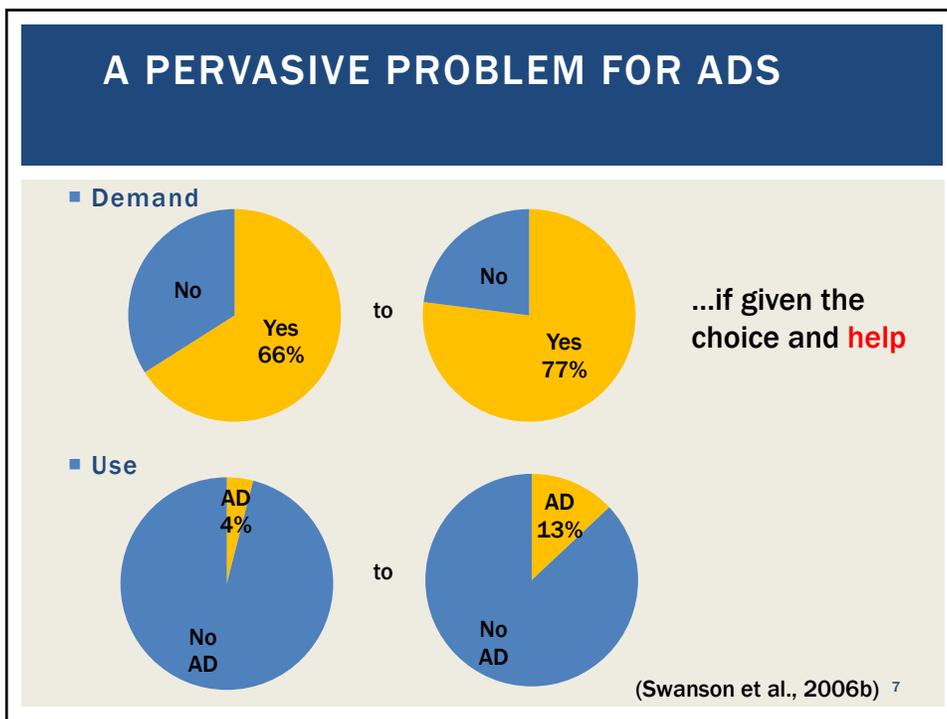
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## EVIDENCE OF THE CLINICAL UTILITY OF ADS

- All ADs were rated as including useful instructions
  - In agreement with clinical practice standards
  
- No one used an AD to reject all treatment
  
- Everyone authorized hospitalization or feasible alternative
  
- When reasons for medication refusal given, doctors more likely to honor that choice

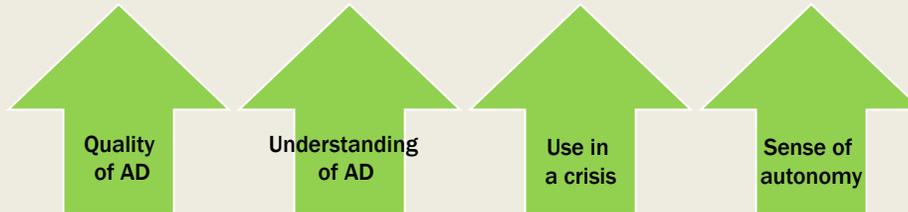
(Srebnik et al., 2005; Swanson et al., 2006; Wilder et al., 2007)

6



## A PILLAR OF AD IMPLEMENTATION

### Other effects of facilitation



(Swanson et al., 2006a)

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## FISCAL CONSIDERATIONS (SREBNIK & LAFOND, 1999; SWANSON & SWARTZ, UNPUBLISHED)

- ADs can reduce costs associated with involuntary hospitalization, court time and costs, and costs of alternatives like guardianship
- Empirically-derived assumptions about costs to create a cost estimator
  - Increases in use of medication management visits, outpatient crisis prevention services
  - Decreases in likelihood of needing inpatient treatment
  - Other factors like training costs, facilitation services, hospital length of stay
- → Increasing the rate of AD completion even modestly resulted in substantial cost savings

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