Assisted Outpatient Treatment Program

PRESENTATION TO THE SENATE JUDICIARY COMMITTEE

Drew Adkins, Commissioner, Behavioral Health Services Kansas Department for Aging & Disability Services January 10, 2024



Kansas AOT

Assisted Outpatient Treatment

the practice of delivering outpatient treatment under court order to adults with severe mental illness who meet specific criteria, such as a prior history of repeated hospitalizations or arrest. It is a tool for assisting those individuals most at risk for the negative consequences of not receiving treatment.



What is AOT

Assisted Outpatient Treatment (AOT) is the practice of providing community-based mental health treatment under civil court commitment, as a means of:

motivating an adult with mental illness who struggles with voluntary treatment adherence to engage fully with their treatment plan;

and

focusing the attention of treatment providers on the need to work diligently to keep the person engaged in effective treatment.

Who is AOT for?

Adults with:



Usually: Schizophrenia, Bipolar Disorder, or Schizoaffective Disorder

✓ Difficulty adhering to treatment

Generally, have been in and out of treatment or hospitalization

✓ Anosognosia

(lack an understanding that their illness requires ongoing treatment)

Does not exclude someone with substance abuse disorder.

Who is AOT for?

0.2% of the population

- Dual Diagnosis
 - Substance use
- Positive trauma &/or suicide screens
- Homeless or precariously housed
- Repeat hospitalizations
- Repeat law enforcement contact

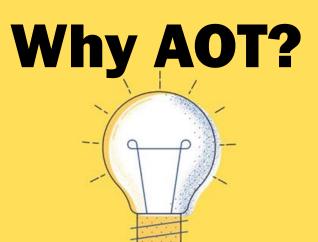


Key Leadership for AOT:

AOT Stakeholders are at the heart of any AOT program. Bringing community involvement and buy in, to the program.

- Public mental health authority: State, regional, or county
- Civil court judge & other court personnel
- Mental health professionals representing communitybased, inpatient and psychiatric crisis services
- Attorney representing petitioner or District Attorney
- Attorney representing respondents or Public Defender
- ☐ Sheriff and/or local police
- Peer mentors and consumer/family advocates





AOT Stops the Revolving Door!

Hospitalizations DOWN 77%

Length of hospital stays DOWN 43%

Arrests DOWN 83%

Incarceration Rates DOWN 87%

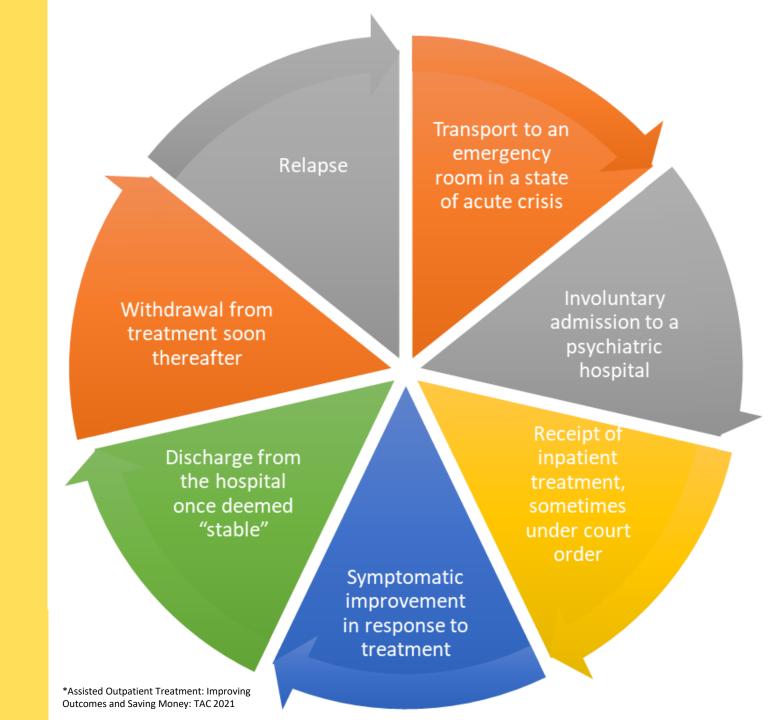
Homeless nights DOWN 49%

Victimization rates DOWN 52%

40% Cost Savings

Illegal substance use DOWN

92% Satisfied with AOT Services



Kansas AOT Program Overview

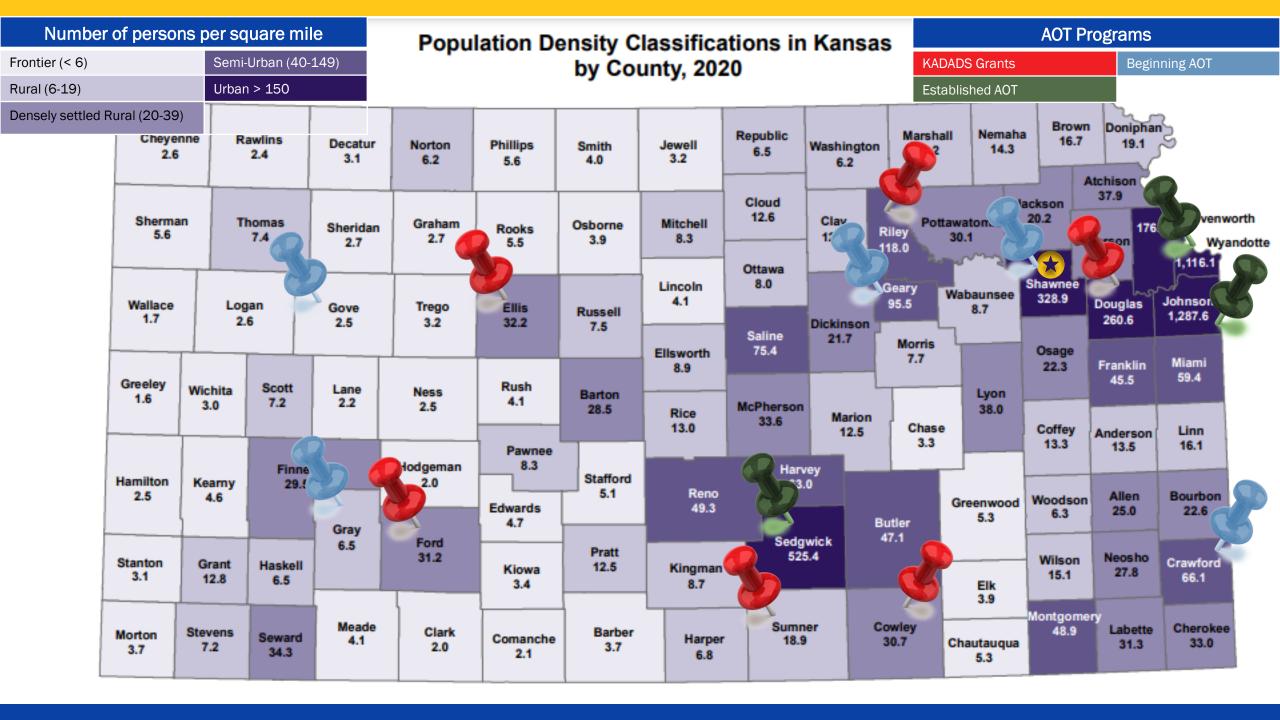
Under the SAMHSA grant Kansas has five pilot sites across the state

First Participant:
March 2022
First Graduate:
May 2023

- Douglas County
- Ford County
- Cowley County
- Ellis County
- Riley County
- Sumner County*

March 2021-March 2025 \$4,000,000

*Sumner is paid for using different Federal dollars



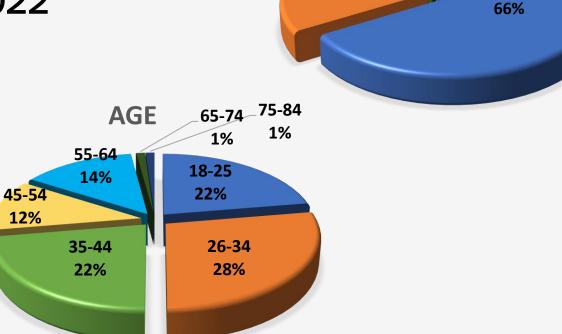
Kansas AOT Program Overview

	Kansas	Johnson	Wyandotte	Sedgwick	Cowley	Douglas	Ellis	Ford	Riley	Sumner
Population	2,937,150	616,195	165,746	525,525	34,453	119,964	28,941	33,848	71,108	22,473
Population per sq Mile	35.9	1,287.6	1,116.1	525.4	30.7	260.6	32.2	31.2	118	18.9
Median Age	36.9	37.8	33.9	35.5	38.7	32.3	33.2	32.5	25.4	42.1
White	74.7%	78.7%	39.6%	66.9%	78.3%	78.31%	88.7%	37.9%	76.5%	88.3%
Hispanic	12.7%	8.2%	30.8%	15.7%	11.7%	6.7%	6.6%	57%	8.7%	6.1%
Black	6.2%	5.1%	22.1%	9.2%	2.9%	4.7%	1.9%	3.0%	6.8%	1.5%
Asian	3.2%	5.4%	5.6%	4.6%	2.0%	4.7%	1.5%	1.5%	4.7%	0.6%
Two +	3.3%	2.7	3.4%	4.1%	3.8%	4.4%	1.9%	1.6%	3.8%	3.0%
Veterans	167,573	26,454	7,908	29,325	2,062	5,468	1,195	822	4,711	1,465
Bachelor's Degree	34.4%	56.3%	19.3%	31.2%	24.1%	52.3%	37.4%	20.5%	48.2%	25.4%
Median HH Income	\$64,521	\$96,059	\$52,366	\$60,593	\$51,732	\$62,594	\$54,848	\$59,578	\$53,296	\$54,854
In Poverty	11.7%	5.9%	16.9%	13.3%	13.9%	15.9%	12.5%	11.8%	17.6%	12.2%
No Health insurance < 65	10.9%	12.0%	15.7%	6.0%	11.3%	9.3%	9.6%	19.1%	10.4%	10.4%
On Disability < 65	9.4%	5.6%	10.2%	11.1%	13.5%	8.4%	8.3%	7.6%	10.7%	11.5%
Provider per 100k	224	272	179	250	159	328	316	111	289	98

Kansas Overview

KDADS Grantees

- AOT Participants to Date: 98 (as of 1/5/24)
 - First Participant: March 2022
 - Discharges: 33
 - Graduates: 18 = 54%
 - 15 Varying Reasons



White

■ Black

Asian

Multiple

Missing

Other

■ American Indian

RACE

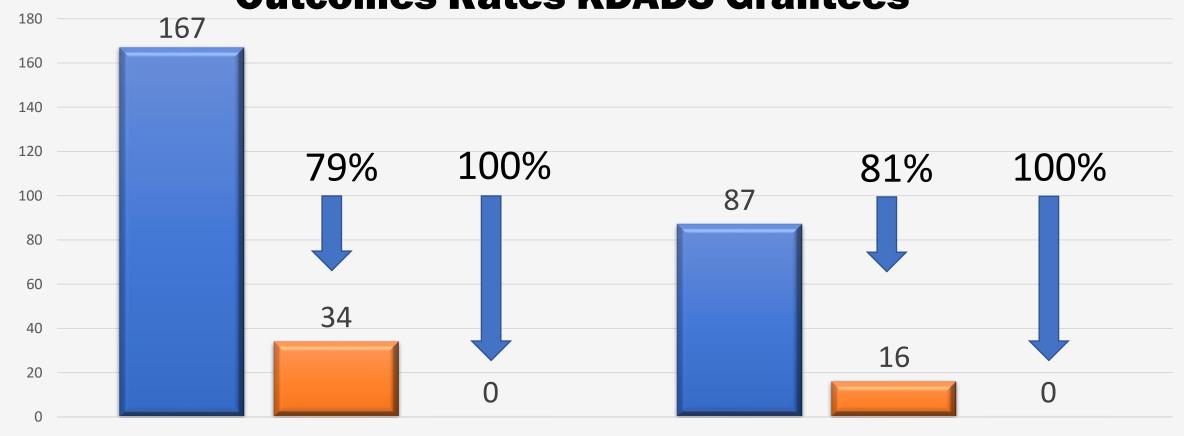
1%

5%

17%

Kansas Overview

Outcomes Rates KDADS Grantees



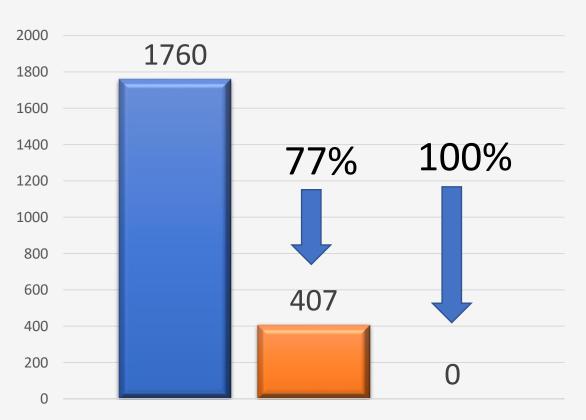
Hospitalizations

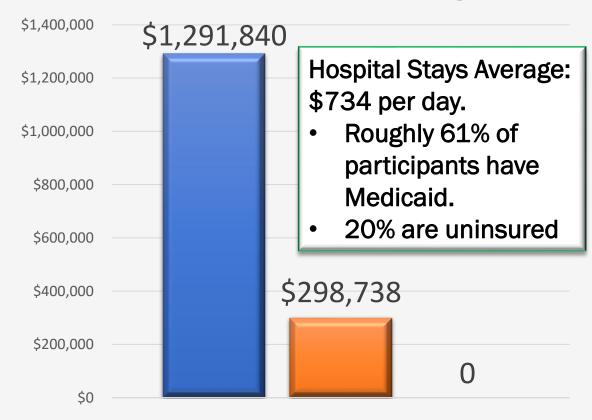
Known Arrests

■ Pre AOT
■ During AOT
■ Post AOT

Kansas Overview

*Days in Hospital/cost for only 56 participants or 57% of total program.





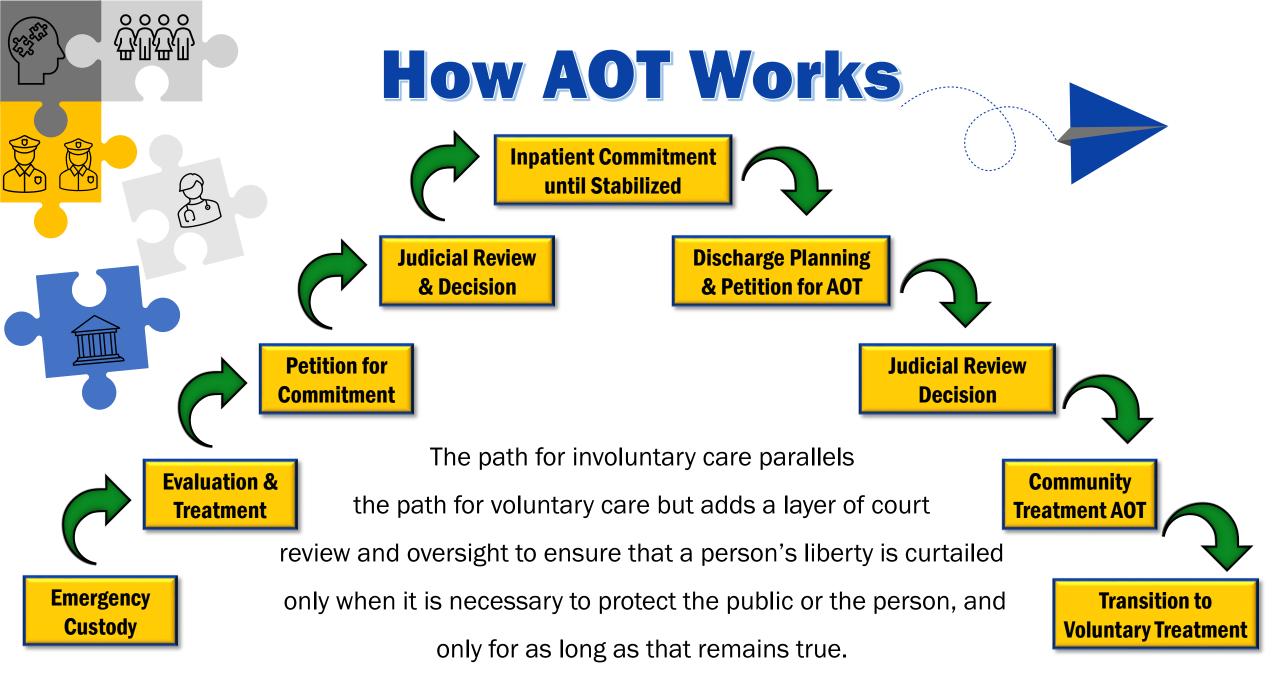
Days in Hospital*

■ Pre AOT ■ During AOT ■ Post AOT

Days in Hospital Cost*

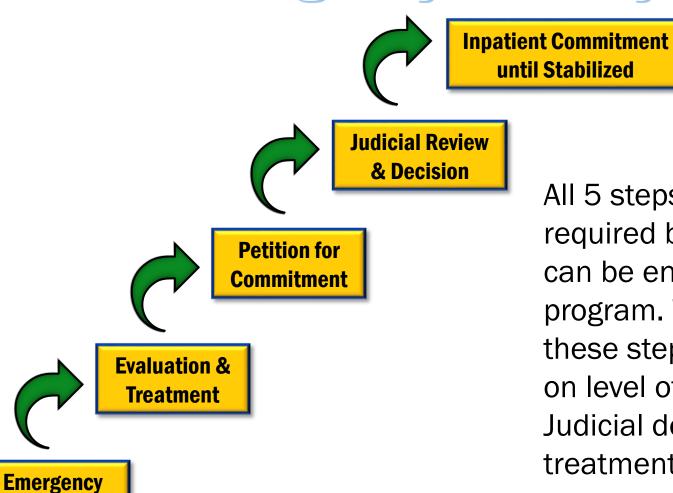
■ Pre AOT ■ During AOT ■ Post AOT

Average stay for 56 participants = 31.43 days. If average is used 98 participants = 3,080 days



Steps 1-5 KSA 59-2958 & 59-2954

Emergency Custody & Treatment

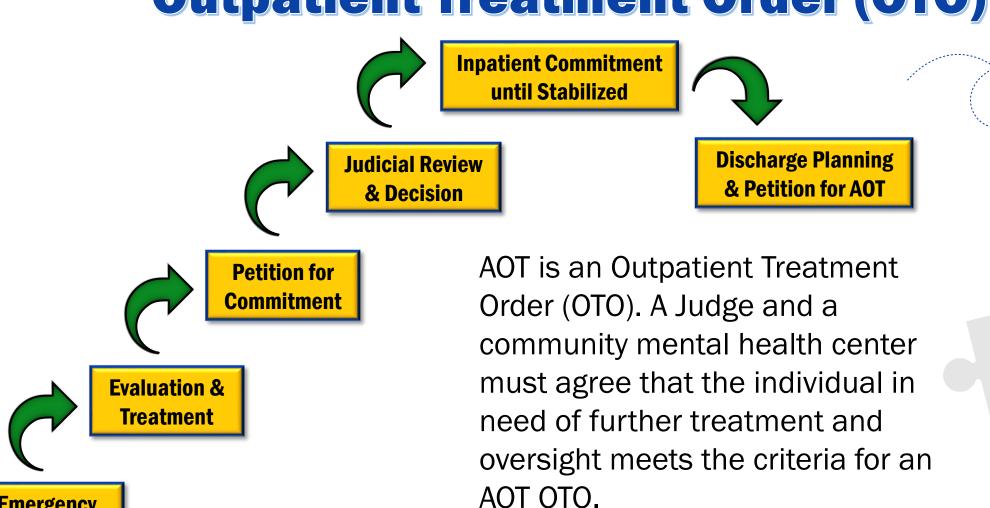


Custody

All 5 steps are currently required before a person can be entered into an AOT program. The timeline for these steps vary dependent on level of help needed, Judicial decision, and treatment effectiveness.

Step 6 KSA 59-2967 & 59-2946

Outpatient Treatment Order (OTO)



Emergency

Custody

Step 6 KSA 59-2967 & 59-2946

Outpatient Treatment Order (OTO)

Criteria for Inpatient or Outpatient Commitment in Kansas

✓ Mentally ill person

✓ Lacks capacity to make an informed decision concerning their treatment,
✓ Is likely to cause harm to self or others,



whose diagnosis is not solely: Alcohol or substance abuse; antisocial personality disorder; intellectual disability; organic personality syndrome; or an organic mental disorder.

KSA 59-2946 (f)(1)

Step 6Outpatient Treatment Order (OTO)

Order for Outpatient Treatment in Kansas

KSA 59-2967

An order for outpatient treatment may be entered by the court at any time in lieu of any type of order which would have required inpatient care and treatment if the court finds that the patient:

1. is likely to comply with an outpatient treatment order

and

2. that the patient will not likely be a danger to the community or be <u>likely to cause harm to self or others</u> while subject to an outpatient treatment order.

Step 6Outpatient Treatment Order (OTO)

Criteria for AOT Program

Once an individual is stable enough for an OTO if they meet the following criteria, they may be eligible for an AOT program.

Adults with:

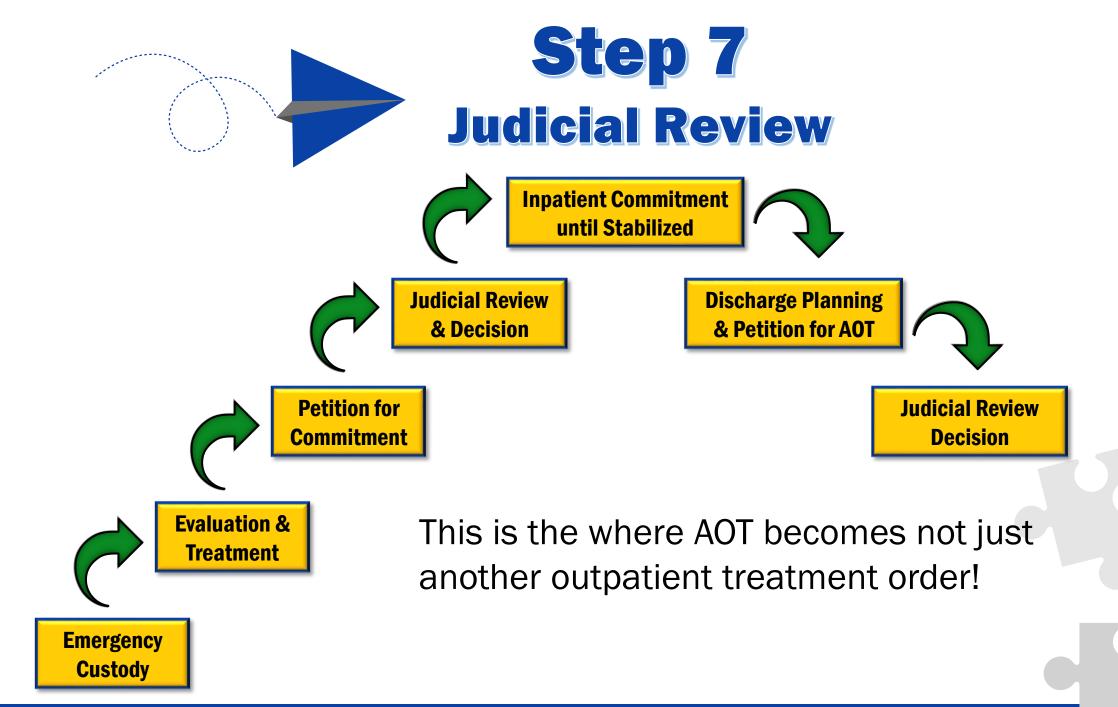
✓ A Severe Mental Illness (SMI):

Usually: Schizophrenia, Bipolar Disorder, or Schizoaffective Disorder

- ✓ Difficulty adhering to treatment
 - Generally, have been in and out of treatment or hospitalization
- ✓ Anosognosia

(lack an understanding that their illness requires ongoing treatment)

Does not exclude someone with substance abuse disorder



Step 7Judicial Review

One of the keys to AOT participant success is Judicial involvement. Judges and court staff play a crucial role in the success of each individual.

The Black Robe Effect

Motivates an adult with mental illness who struggles with voluntary treatment adherence to engage fully with their treatment plan



Focus the attention of treatment providers on the need to work diligently to keep the person engaged in effective treatment.

Step 7 Judicial Review

AOT Judges are Civil Court Judges

AOT non-compliance is penalized only with a new ex parte emergency custody hold

The Black Robe Effect

AOT hearings are conversations not traditional hearings. The Judge is concerned about the participant's success, viewpoint, and what is in their best interest.









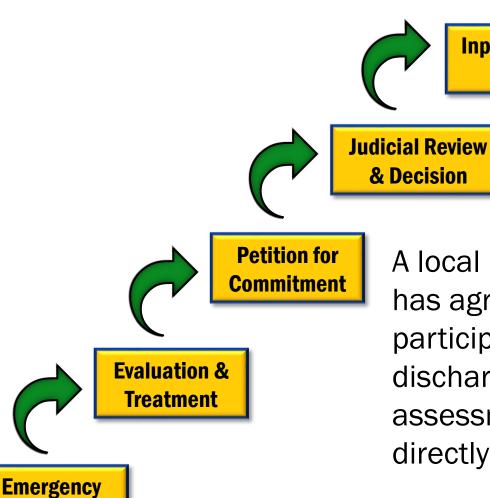
Step 7Judicial Review

AOT Judicial Process

- After the initial competency hearing the Judge will set the first AOT hearing.
- 2. Judge will meet with participant at least every 30 days until progress is shown.
- 3. The length between hearings will increase with participant's progress.
- 4. Participant will graduate from AOT when the Judge and the treatment team feel that the participant will voluntarily continue with treatment.

Step 8

Community Treatment AOT



Custody

Inpatient Commitment until Stabilized



A local mental health facility has agreed to accept AOT participants prior to hospital discharge and begins assessment and treatment directly after release.

Judicial Review Decision



Treatment AOT



Step 8 Community Treatment AOT

AOT Wrap Around Services

Every AOT treatment plan must be tailored to the specific individual needs of the participant, which may vary greatly in intensity.

- AOT case managers must carry caseloads small enough to allow significant, frequent contact with each participant.
- The treatment team members, must monitor the participant's adherence to treatment and observe for behavior changes similar to previous behavior that preceded a psychiatric crisis.

Step 8Community Treatment AOT



Core Services

- Screening
- Assessment
- Treatment Planning or Review
- Psychopharmacological Services
- Mental Health Services
- Co-Occuring Services
- Case Management
- Trauma-specific Services

Support Services

- Medical Care
- **□** Employment Services
- ☐ Family Services
- Childcare
- ☐ <u>Transportation</u>
- Education Services
- Housing Support
- Social Recreational Activities
- ☐ Peer Support Services
- ☐ Client Operated Services

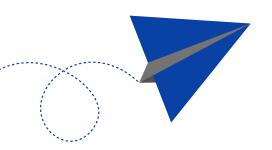
Step 9 **Transition to Voluntary Treatment Inpatient Commitment** until Stabilized **Judicial Review Discharge Planning & Petition for AOT & Decision Petition for Judicial Review Commitment Decision Evaluation & Community Treatment Treatment AOT Emergency Transition to** Custody **Voluntary Treatment**



Step 9 Transition to Voluntary Treatment

AOT Graduation!

Release from AOT is not about time in the program but progress made. Like all things AOT this is determined by the participant, treatment team, and the Judge.



Criteria for Release

- Treatment plan adherence
- Progress in quality of life
- Commitment to continuing care

Step 9

Transition to Voluntary Treatment

Where to go from here

Each participant is different!

The care and treatment team will develop a treatment plan with the participant prior to graduation. The treatment plan is specific to that participant. Each case is handled as an individual and varies in level of services needed.





HB 2353

- Extending the ex parte emergency custody order from two days to three days
- Adding decompensation standards to the outpatient treatment order criteria
- Centers providing the directives and treatment plans to the court
- Extending initial outpatient treatment order from three to six months

Questions

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