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KENTUCKY CABINET FOR  
HEALTH AND FAMILY SERVICES

**Budget Review Subcommittee on Health and Family Services**

**Tim's Law**

**Pilot Project & Proposed Expansion**

**Department for Behavioral Health, Developmental & Intellectual Disabilities**

**January 19, 2022**

# SAMHSA Award to DBHDID for AOT Pilot Project Grant

- Tim's Law provides for involuntary assisted outpatient treatment (AOT) as part of KRS 202A
- Competitive grant, awarded July 2020
  - \$4M award, \$1M per year for four years (2020-2024)
  - Services initiated December 2020
- Projected to serve 192 clients across two regions
- Implement in 2 phases:
  - Phase 1 – Central State Hospital Region (2020-2024)  
Communicare and Seven Counties Services community mental health center (CMHC) regions
  - Phase 2 – Western Kentucky Hospital Region (2022-2024)  
Pennyroyal Center and River Valley Behavioral Health CMHC regions

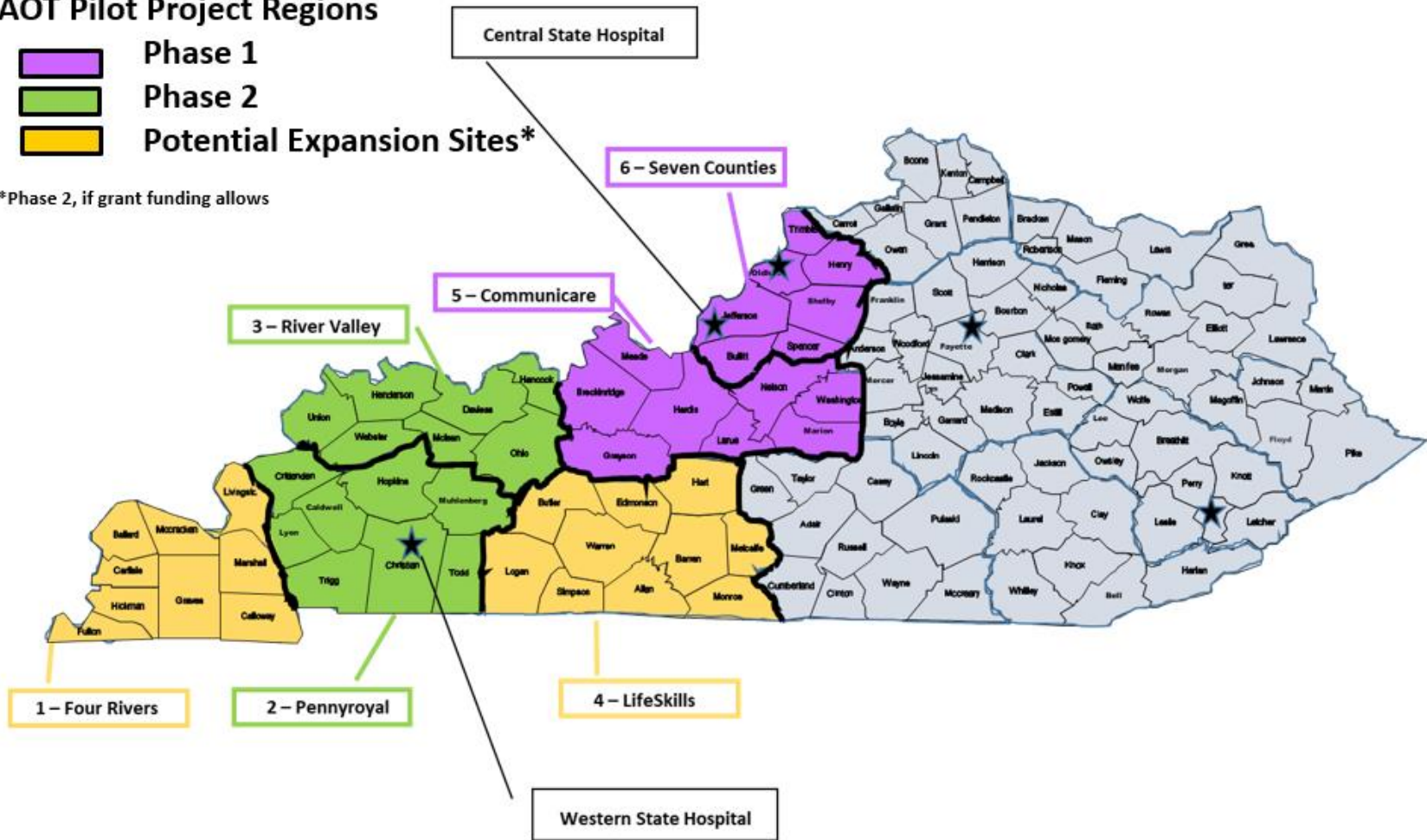
# Grant AOT Pilot Project Service Area

## Kentucky State Psychiatric Hospital/Community Mental Health Center Regions

### AOT Pilot Project Regions

- Phase 1
- Phase 2
- Potential Expansion Sites\*

\*Phase 2, if grant funding allows



# Grant Objectives

- **Improve outcomes** for individuals with serious mental illness (SMI) who qualify in specified regions
- Demonstrate **cost savings**
- Develop a **sustainable model** for statewide implementation through collaboration, evaluation, and experience

# Costs Covered by Grant

- CMHC staff and limited client support funds (e.g., transportation, personal needs)
- Training
- Materials development and publishing
- Evaluation

Note: Treatment providers bill third party payors for qualifying services

# Pilot Project AOT Treatment Services

- State psychiatric hospital initiates AOT petition with District Court; judge determines probable cause and orders evaluation/ treatment plan
- After completed evaluation, judge may order AOT for up to 360 days with regular reviews during term of order
- CMHC provides services specified in treatment plan, including therapy, medication, and supportive services
- CMHC staff collaborate with law enforcement, family, and other stakeholders to promote the individual's community success



# Evaluation Measures

- Individual:
  - Impact rather than participation measures
  - Psychiatric hospitalization days
  - Jail days
  - Homeless days
  - Substance Use
  - Emergency department utilization
  - Medicaid utilization
  - Reported satisfaction
  - Progress in assessment/6-month reassessment

# Evaluation Measures

- Programmatic:
  - Psychiatric hospitalization days
  - Jail days
  - Homeless days
  - Emergency department utilization
  - Medicaid utilization
- Cost/benefit analysis



# Grant Year 1

(20 Clients Referred, 19 Served, 12/2020-7/2021)



**19 KENTUCKIANS SERVED BY KY-AOT<sup>2</sup>**



## MOST COMMON DIAGNOSIS

- ✓ **63.2%** Schizophrenia
- ✓ **15.8%** Bipolar
- ✓ **21.1%** Secondary Substance Use Disorder



## DEMOGRAPHICS

### GENDER

- ✓ **73.7%** Male
- ✓ **26.3%** Female

### RACE/ETHNICITY

- ✓ **57.9%** White
- ✓ **36.8%** Black

## MAIN AGE GROUPS

- ✓ **52.6%** 26-34 yo
- ✓ **31.6%** 35-44 yo

## EDUCATION

- ✓ **15.8%** Reported attending or completing college
- ✓ **36.8%** Completed HS or GED
- ✓ **26.3%** Reported having less than a 12 grade education

## EMPLOYMENT

- ✓ **47.4%** Reported being unemployed and not seeking work
- ✓ **31.6%** Reported they were disabled
- ✓ **5.3%** Reported unemployed and seeking work

# Grant Year 1



## OVERALL HEALTH

- ✓ **47.4%** Reported having excellent or good health
- ✓ **10.5%** Reported having fair or poor health
- ✓ **31.6%** Rated their quality of life (QoL) as poor or very poor
- ✓ **15.8%** Rated their QoL as good or very good



## COPING AND MANAGING STRESSFUL EVENTS AND MENTAL HEALTH SYMPTOMS

- ✓ **31.6%** Agreed they effectively deal with daily problems
- ✓ **31.6%** Agreed they are able to deal with crises
- ✓ **26.3%** Were bothered by their symptoms



## MEDICATION ADHERENCE<sup>4</sup>

- ✓ **31.6%** Reported Always or usually taking prescribed medications in past 30 days



## ALCOHOL AND OTHER (NON-PRESCRIBED) SUBSTANCE USE<sup>3,4</sup>

### ALCOHOL USE

- ✓ **5.3%** Reported using at least once
- ✓ **63.1%** Reported no use

### CANNABIS USE

- ✓ **26.3%** Reported using at least once
- ✓ **42.1%** Reported no use

### COCAINE USE

- ✓ **10.5%** Reported using at least once
- ✓ **63.2%** Reported no use

### METHAMPHETAMINE USE

- ✓ **10.5%** Reported using at least once
- ✓ **63.2%** Reported no use



## SUPPORT

- ✓ **31.6%** Reported having support from friends or family in the event of a crisis
- ✓ **26.3%** Reported having friends or family who would support their recovery



## EXPERIENCING OR WITNESSING VIOLENCE

- ✓ **31.6%** Reported experiencing trauma or violence in their lifetime



## MEDICAL AND CORRECTIONS INTERVENTIONS<sup>4</sup>

- ✓ **23.17 DAYS<sup>3</sup>** On average, consumers reported being psychiatrically hospitalized
- ✓ **26.3%** Reported going to the ER for psychiatric help at least once
- ✓ **15.8%** Reported spending at least 1 day in a correctional facility/jail

# Grant Year 1 Report Notes

- 1 The annual report only includes baseline client data as there were an insufficient number of consumers at the 6 month re-assessment to draw conclusions. Re-assessment and cost/benefit data will be reported in the 2022 annual report.
- 2 A 20th AOT petition was filed but the consumer did not receive a court order and was not enrolled. 18 of the 19 surveys had full or partial data, 1 survey was missing all data because the consumer declined to participate in the assessment.
- 3 These measures entail self-reports of consumers who received their assessment while at the end of a period of psychiatric hospitalization. Participants were asked to report use over the last 30 days.
- 4 Timeframe indicates within the last 30 days.

Source: University of Kentucky, College of Social Work. *Kentucky Assisted Outpatient Treatment: Programmatic Overview Brief*. 2021.

# AOT Costs

Each CMHC serves a 7-17 county area, encompassing multiple judicial districts. CMHC expenses include:

- **AOT team:**
  - Staff costs including AOT coordinator, targeted case manager, peer support specialist, other clinicians/clinical support
  - Operating costs such as reporting and oversight
  - Office space/supplies
  - Administrative support (human resource, fiscal, information technology)
  - Training and certification

# AOT Costs

- **Client support funds** are the most challenging to identify and many are not covered by third party payors, including:
  - Housing
  - Transportation
  - Certain medications and medical services
  - Personal items

# AOT Costs

BHDID costs include:

- Oversight through a project director for fidelity and accountability
- Psychiatric hospital staff referrals and coordination
- Evaluation by the University of Kentucky (federally-required for the grant)
- Provision of training and support

# Fiscal Biennium 2022-2024

## AOT Expansion -BHDID Budget Proposal

SFY 2022-2023 - \$500,000

- Initiate in Eastern State Hospital catchment area

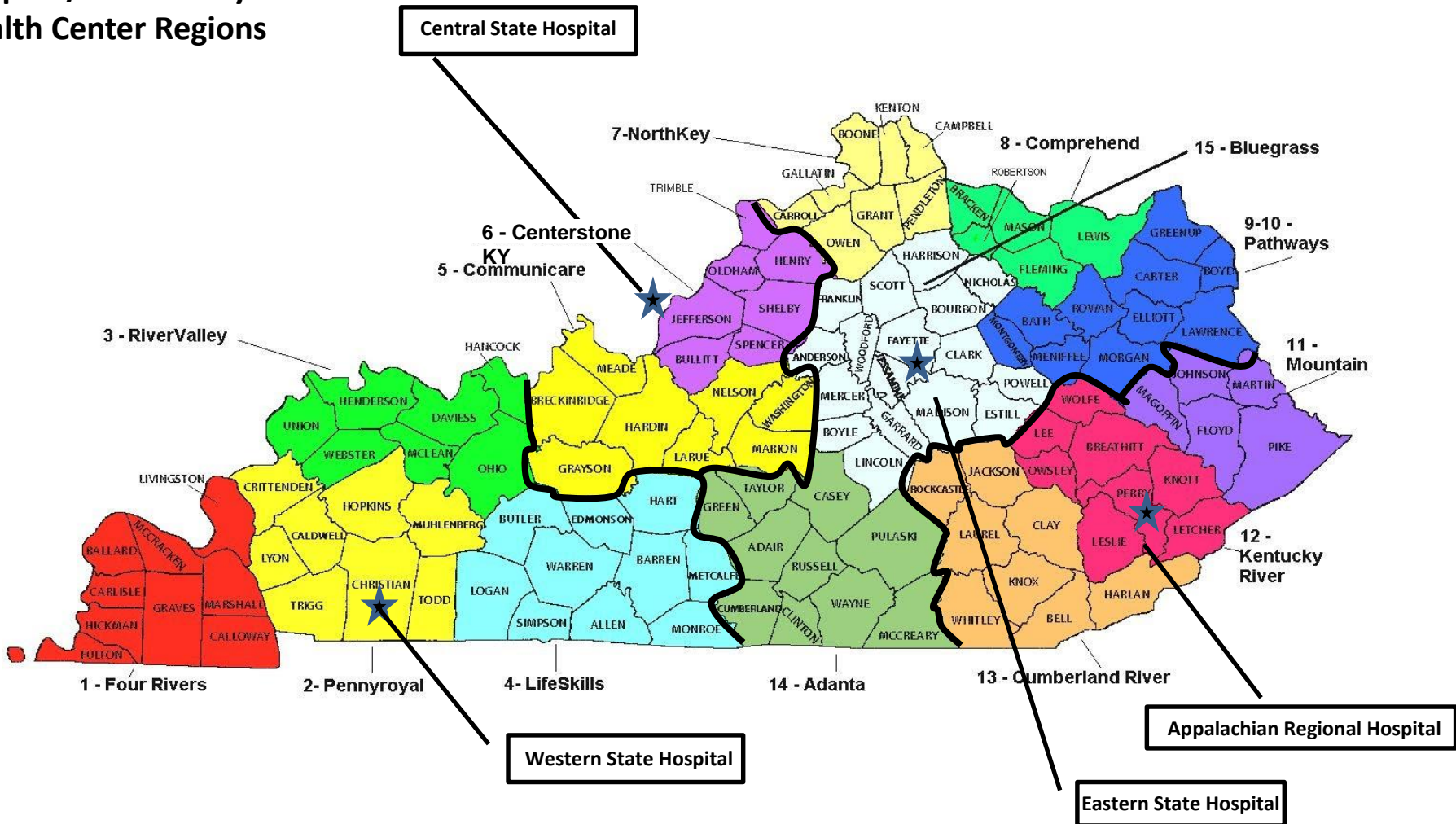
SFY 2023-2024 - \$1,000,000

- Continue Eastern State Hospital catchment area
- Initiate Appalachian Regional Hospital

Note: Federal grant funds expire July 30, 2024, and an additional \$1M will be required to continue current services in Central and Western State Hospital areas

# Statewide AOT Pilot Project Service Areas

Kentucky State Psychiatric  
Hospital/Community Mental  
Health Center Regions





***Thank You!***