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KENTUCKY CABINET FOR  
HEALTH AND FAMILY SERVICES

**Severe Mental Illness (SMI) Task Force**

**TIM'S LAW**

**Wendy Morris, Commissioner**

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

**September 21, 2021**

# **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 (2020-2025)
  - Services initiated December 2020
- Required to serve 192 clients across two regions
- Implement in 2 phases:
  - Phase 1 – Central State Hospital Region (2020-2025)  
Communicare and Seven Counties Services community mental health center (CMHC) regions
  - Phase 2 – Western Kentucky Hospital Region (2022-2025)  
Pennyroyal Center and River Valley Behavioral Health CMHC regions



# Grant Objectives

- **Improve outcomes** for qualifying SMI population in regions served
- Create a **sustainable model** for statewide implementation through collaboration, evaluation, and experience
- Demonstrate **cost savings**

# 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 must bill third party payors for qualifying services

# Kentucky AOT Grant Services Partners



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KENTUCKY CABINET FOR  
HEALTH AND FAMILY SERVICES

***SAMHSA***

Substance Abuse and Mental Health  
Services Administration



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Seven Counties Services

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**UK** College of  
Social Work

# Pilot Project AOT Treatment Services

- The state psychiatric hospital initiates AOT petition with District Court; judge determines probable cause and orders evaluation with individualized treatment plan
- After completion of the evaluation, judge may order AOT for up to 360 days (or release, if not found appropriate) with regular reviews during term of order
- CMHC provides services specified in treatment plan, including therapy and medication; housing support; physical health; and vocational skills development. CMHC staff also 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 (per diem \$1,026.44), jail days (per diem \$50), homeless days, emergency department (ED) utilization, Medicaid utilization, reported satisfaction, reported substance use, progress in assessment/6 month re-assessment
- Programmatic:
  - Psychiatric hospitalization days, jail days, homeless days, ED utilization, Medicaid utilization
- Cost/Benefit analysis



# FY2021 Client Data

## Initial Assessment

### Gender:

13 – Male  
5 – Female

### Age:

5.6% – 16 to 25 Years  
50% – 26 to 34 Years  
33.3% – 35 to 54 Years  
11.1% – 55 to 64 Years

### Race/Ethnic Identity:

33.3% – Black  
61.1% – White

### Primary Diagnosis at Baseline:

61% Schizophrenia  
16.7% Bipolar Disorder  
11.1% Schizoaffective Disorder  
5.6% Unspecified Psychosis  
5.6% N/A

### Initial Assessment:

Note: "In previous 30 days . . ."

- 22.67 – Days hospitalized prior to AOT assessment
- 2 – Arrested, 0.59 – Nights in jail

## Six Month Re-Assessment

### Gender:

3 – Male  
1 – Female

### Age:

2 – 26 to 34 Years  
1 – 35 to 54 Years  
1 – 55 to 64 Years

### Race/Ethnic Identity:

Note: more than one race may be selected

2 – Black  
3 – White

### Diagnosis at Re-Assessment:

50% Schizophrenia  
25% Bipolar Disorder  
25% Schizoaffective Disorder

### Client Status at 6 Month Re-Assessment

Note: one incarcerated on prior charges with no responses provided

- **0 days hospitalized prior to AOT re-assessment**
- **1 arrested, with 2.67 nights in jail**
- **All respondents indicated: improved crisis and recovery support and effectively dealing with problems; always or usually medication compliant; staff believe in their recovery**

\*Not all year 1 clients' data included due to up to 30 day lag in data entry from date of assessment and grant year end date of 7/31/2021

# AOT Costs

- **AOT teams** and related expenses:
  - Teams generally include: AOT coordinator, targeted case manager, peer support specialist, other clinicians/clinical support
  - Operating costs such as reporting and oversight
  - Office space/supplies
  - HR and fiscal support
  - Training and certification
- **Client support funds** are the most challenging to identify, and include:
  - Housing
  - Transportation
  - Certain medications and medical services
  - Personal items

# Future Implementation Recommendations

- Expand to all CMHC/state hospital regions
  - Incremental growth to assure quality
  - Pilot project designed to reveal path forward
- Resources needed for expansion
  - DBHDID
    - ❖ Oversight and technical assistance to assure fidelity
    - ❖ Monitor outcomes
  - CMHC
    - ❖ Components not covered by Medicaid or other payors
  - Other stakeholders
    - ❖ Administrative Office of the Courts
    - ❖ Department of Public Advocacy
    - ❖ Prosecution
- Stakeholders may suggest KRS scheduling language changes

For further  
information and  
materials, please  
see:  
<https://dbhdid.ky.gov/dbh/aot.aspx>

**Ky.gov** An Official Website of the Commonwealth of Kentucky

For the latest on Coronavirus in KY, visit [kycovid19.ky.gov](https://kycovid19.ky.gov)  
Provider Guidance: Phased Reduction of Restrictions for Long Term Care Facilities

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CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR BEHAVIORAL HEALTH,  
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Kentucky Assisted Outpatient Treatment (AOT) Pilot Project Grant

  


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**Kentucky Assisted Outpatient Treatment (AOT) Pilot Project Grant**

**About Us**

In 2017, the General Assembly passed Kentucky's first AOT statute. Tim's Law, named for Tim Morton, a Lexington man with schizophrenia who was unable to acknowledge his own diagnosis and illness. During his lifetime, he was committed to inpatient treatment dozens of times, resisted attempts at outpatient treatment, and ultimately died in 2014 at age 56 from neglected health problems. Thanks to the efforts of his parents, advocacy groups, mental health agencies, and many others, Kentucky took a significant step toward stopping "the revolving door of jails, hospitals and homelessness with little benefit for such individuals." (Courier-Journal, 6/24/2016)

In July 2020, KY Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) received a federal grant to fund a pilot project for 192 Assisted Outpatient Treatment (AOT) cases in Kentucky. The project coordinates the work of Community Mental Health Centers and state psychiatric hospitals in filing Tim's Law petitions and providing treatment to individuals under court order. The project is currently operating in the region served by Central State Hospital (CSH), and will begin operating in Western State Hospital's (WSH) region in 2022. In the CSH region, Communicare, Inc., and Seven Counties Services perform initial evaluations and provide community-based treatment; in the WSH, region Pennyroyal Center and River Valley Behavioral Health will provide these services. Working with University of Kentucky's College of Social Work, evaluation efforts are also funded by the grant, and part of a larger national review of AOT effectiveness.

**Contact Information**

275 E. Main Street 4WG  
Frankfort, KY 40621  
Phone: (502) 564-4456  
Fax: (502) 564-9010  
Hours: Monday-Friday  
8:00 am-4:30 pm ET

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**Contact Us**

Grant Project Director  
Tanya Dickinson  
(502) 782-6238

**Related Links**

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[Provider Directory](#)

[AOT Brochure](#)  
[Client Rights Flyer](#)  
[Client Rights Pamphlet](#)  
[AOT Flow Chart](#)  
[Assisted Outpatient Treatment/Tim's Law Online Resource](#)

***Thank You!***