Assisted outpatient treatment

Impacts and opportunities for hospital emergency departments

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Panelists

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Assisted outpatient treatment (AOT)

- Assisted outpatient treatment (AOT), also known as Kevin's Law, is a legal mechanism for providing outpatient treatment to individuals living with serious mental illness (SMI) whose non-adherence places them at risk for negative outcomes.
- Many individuals living with SMI do not adhere with outpatient treatment for a variety of reasons, increasing their risk for suicide and self-harm, violent behavior, substance misuse, insecure housing, high utilization. These behaviors and vulnerabilities lead to high rates of inpatient psychiatric hospitalization and incarceration.
- AOT orders work by compelling the recipient to receive specific treatment that will prevent their condition from worsening and by committing the mental health system to provide treatment.

Why AOT matters to emergency departments

Overview of assisted outpatient treatment

AOT is available to **adults** living with SMI who:

- Do not understand they are ill and need treatment (e.g., anosognosia).
- Are unlikely to voluntarily participate in, or adhere to, treatment to keep them from harm.
- Have a mental illness, not substance use disorder, not dementia (including Alzheimer's).
- Without treatment are likely to deteriorate, resulting in harm to themselves or others.

Why does AOT matter to EDs?

Untreated SMI is a significant contributor to increased rates of:

- Suicidal and self-harming behaviors.
- Homelessness and housing insecurity.
- Violent behaviors.
- Contact with law enforcement.
- Frequent inpatient psychiatric hospitalization.
- **High utilization of EDs.**

Why does AOT matter to EDs?

Emergency departments become the de-facto treatment facility for many individuals living with SMI:

- High rates of housing instability – increases ED utilization (e.g., malingering, “B&B,” no PCP).
- Increased exposure to violence, substance use leads to more ED visits overall.
- Those with Medicare as their primary insurance fall through the cracks in terms of outpatient treatment (i.e., they need CMH programs, ineligible for CMH services), learn to use EDs for psychiatric care.
- EDs are the default location for law enforcement to drop individuals who are dealing with a mental health crisis.

Why does AOT matter to EDs?

Individuals living with SMI have huge cost expenditures in EDs:

- High ED utilization overall.
- Extended ED stays.
- Additional ED staffing often required (e.g., security, sitters/1-1s, increased nursing staff to adhere with best practices).
- Increased staff burn-out & decreased employee retention.
- Challenges in registering patients can impair billing.
- Increased bad debt/charity care.

Why does AOT matter to EDs?

AOT can help address the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) increasing requirements to address health disparities because mental health problems are considered one of the largest factors resulting in health disparities, notably via:

- Housing instability.
- High rate of co-occurring SUDs.
- Limited social support.
- Poor access to care.
- Impaired judgement/recognition of illness.
- Paranoia related to treatment (e.g., "the meds are poison," "they want to hurt me").

What issues can AOT help EDs address?

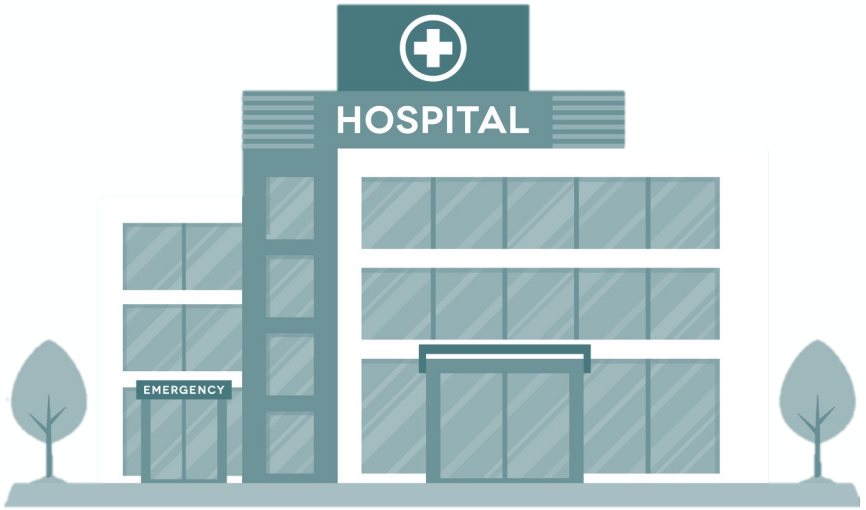
AOT is designed to address many of the problems that result in high ED utilization, most notably:

- Lack of established outpatient treatment, leading to reliance on EDs for both physical and behavioral health care.
- Increased contact with law enforcement, resulting in ED drop-offs.
- High rates of SUDs, resulting in increased exposure to violence, injuries, contact with law enforcement, and infectious disease.
- Frequent mental health crises.
- Unstable housing, leading to use of the ED for shelter.
- Poor management of behavioral health contributing to increased morbidity and mortality overall.

What issues can AOT help EDs address?

Beyond the direct benefits, use of AOT can help with many other challenges facing EDs:

- Improved staff retention and satisfaction when “familiar faces” are less familiar.
- More effective allocation of existing staff (e.g., techs, security, RNs).
- Less unreimbursed care – Fewer long waits in the ED for IP psychiatric placement (boarding).



Why EDs are Essential in the Process

EDs play a significant role in identifying individuals who are not receiving/adhering to treatment:

- New onset of SMI.
- SUD that masks SMI.
- Individuals with Medicare (again, not on CMH's radar).

AOT in action

Services available via AOT

- Case management.
- Medication (often via long-acting injectable [LAI] formularies).
- Lab tests to determine medication adherence/ efficacy.
- Outpatient therapy (individual and/or group).
- Day or partial-day programs.
- Educational or vocational training.
- Supervised living (e.g., group homes).
- Assertive Community Treatment (ACT, FACT teams).
- SUD testing and/or treatment.
- Other services at the court's discretion that can prevent relapse or deterioration of the individual's mental health.

Best candidates for AOT

AOT tends to work best for individuals who:

- Are younger vs. older (emerging evidence that AOT shortly after onset of SMI has best overall effect, LAIs appear to be a very good but underutilized option at onset).
- Are living with a psychotic disorder or frequently have psychotic features.
- Do not have awareness of their illness and/or symptoms impair treatment seeking/adherence.
- Do not have drug allergies to anti-psychotics available in long acting injectable (LAI) formularies.
- Have the life-skills to sustain housing and employment.

Benefits of AOT

Of the states with AOT laws, New York is one of the most studied. In the studies, individuals receiving AOT:

- Were diagnosed with psychotic disorder (**71%**).
- Had **3** inpatient psychiatric hospitalizations in the previous 6 months.
- Were not adhering to psychotropic medications (**47%**).
- Had co-occurring substance abuse disorder (**52%**).
- Were arrested (**30%**) and/or incarcerated (**23%**).
- Had experienced recent homelessness (**19%**).

Benefits of AOT – mental health & social

During the first 5 years of AOT in New York there were reductions in the rates of:

- Suicidal behavior: 55%
- Homelessness: 74%
- Inpatient psychiatric hospitalization: 77%
- Alcohol use (6 months into AOT): 49%
- Drug use (6 months into AOT): 48%

Benefits of AOT – criminal behaviors

During the first 5 years of AOT in New York there were reductions in the rates of:

- Arrests: 83%
- Violence: 47%
- Threatened violence: 43%
- Property destruction: 46%

AOT considerations for emergency departments

Considerations for EDs

EDs who want to consider AOT may have to adjust some practices, but it is likely these will not be significant system changes. Three of the main steps are creating processes to:

- Identify familiar faces and consider appropriateness of AOT.
- When they present next, petition for AOT only or a combined order (AOT & hospitalization) as appropriate.
- File petitions directly with the court.

Final Notes

Final points to note:

- You are not doing the AOT evaluation – you are recommending an evaluation for AOT.
- The “familiar faces” to you may not be familiar to anyone else in the mental health community – this is a great place to start!
- For individuals you frequently see who are intoxicated, AOT without hospitalization may be an option if there is a co-occurring mental illness.
- You are not likely to have to testify, but if you do, the practice is to have the testimony occur via zoom so there will be minimal intrusion.

Discussion panel and Q&A

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Michigan Mental Health Diversion Council

MDHHS

Visit the assisted outpatient treatment toolkit at:

behaviorhealthjustice.wayne.edu/aot

Thank you

WAYNE STATE UNIVERSITY

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