



# Assisted Outpatient Treatment Considerations for Courts

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This training is presented as a part of the  
Michigan Assisted Outpatient Treatment Toolkit  
To learn more visit:

<http://behaviorhealthjustice.wayne.edu/aot>

# Agenda

This training will cover:

- Overview of AOT
- Benefits of AOT
- Eligibility for AOT
- Process for Pursuing AOT
- Final Notes



# Overview of assisted outpatient treatment

# Kevin's Law

Kevin Heisinger, a 24-year-old student at U of M, was killed in a Kalamazoo bus station by Brian Williams, an individual living with schizophrenia (paranoid type) in 2000.

- Prior to killing Kevin, Williams had repeated contact with law enforcement and numerous psychiatric hospitalizations due to his non-adherence with psychiatric treatment.
- In response, the Michigan Legislature passed assisted outpatient legislation dubbed “Kevin’s Law” which went into effect in 2005.
- The law was revised in 2017 & 2019, bringing the law up to date with best practices for AOT.



# Serious mental illness (SMI)

Individuals living with a serious mental illness (SMI) are more likely than others living with a mental illness to:

- Fail to seek treatment.
- Fail to adhere to existing treatment.
- Avoid those who point out the individual's illness.
- Recognize they have an illness at all.



# Outcomes of untreated serious mental illness

Untreated SMI is a significant contributor to increased rates of:

- Suicidal and self-harming behaviors.
- Violent behaviors.
- Homelessness and housing insecurity.
- High utilization of ER's and inpatient psychiatric hospitalization.
- Contact with law enforcement.



# Reasons for treatment non-adherence

There are many reasons why individuals living with an SMI do not treat their illness, AOT is especially well-suited to address the following:

- Poor access to care.
- Housing instability.
- Co-occurring substance use disorders (SUDs).
- Paranoia related to treatment (e.g., “the meds are poison” “they want to hurt me”).
- Anosognosia (Impairment in the ability to recognize one’s illness.)



# Anosognosia

**Anosognosia** – Impairment in the ability to recognize one's illness.

Very common among individuals with SMI:

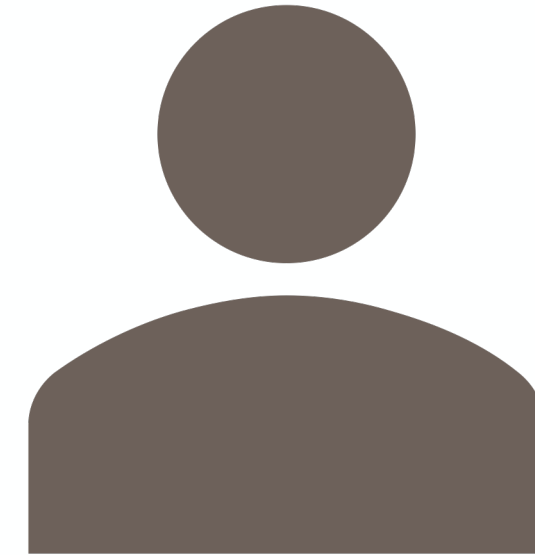
- Approximately **50%-98%** of individuals living with schizophrenia.
- Approximately **40%** of individuals living with bipolar disorder.



# Two directions of AOT

Assisted Outpatient Treatment (AOT) addresses the problem of treatment non-adherence from **two directions**:

- **The individual** - Compelling, via court order, individuals to receive mental health treatment.
- **The mental health system** - Committing the mental health system to provide treatment.



# Goal of AOT

The goal of AOT is to reduce the negative consequences associated with untreated SMI, especially:

- Suicidal behavior.
- Homelessness.
- Inpatient psychiatric hospitalization.
- High emergency room utilization.
- Co-occurring SUDs.
- Criminal behavior.



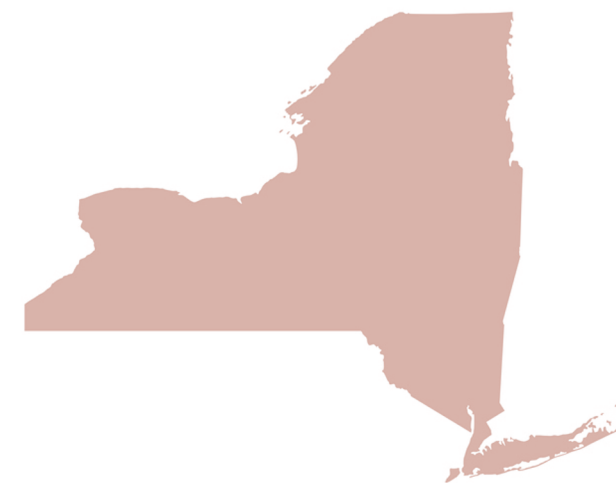


# Benefits of assisted outpatient treatment

# AOT in action – New York State

Of the states with AOT laws, New York is one of the most studied. In New York, individuals who were placed on an AOT:

- Were diagnosed with psychotic disorder (**71%**).
- Had an average of **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%**).



# AOT in Action – New York State

People receiving AOT in New York experienced reductions in many harmful consequences associated with SMI:

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



# AOT in Action – New York State

Of the 44 states with AOT laws, New York is one of the most studied. 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%**



# Cost benefits of AOT

AOT has a low program cost but results in huge savings:

- Urban AOT program cost per person: **\$5,239\***
- Suburban AOT program per person: **\$6,284\***
- Urban post-AOT savings per person: **47%**
- Suburban post-AOT savings per person: **58%**

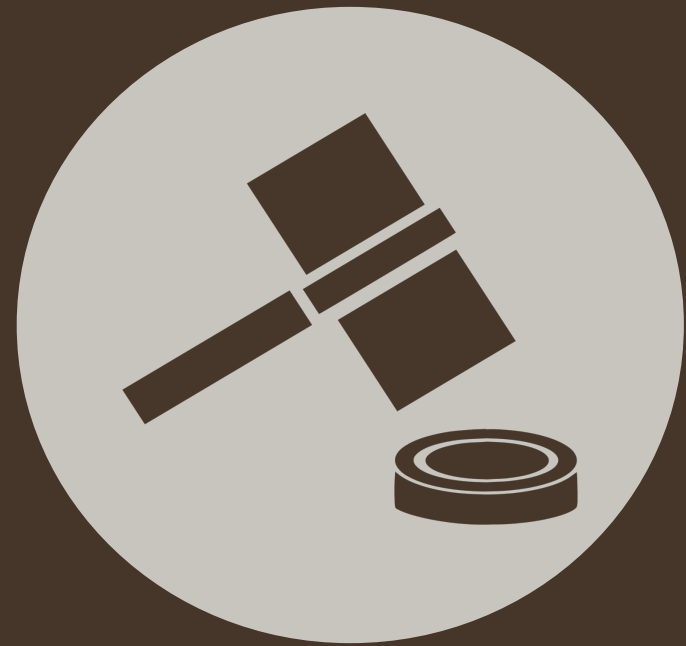


\*Adjusted for inflation.



# Services available via AOT

- Case management.
- Medication (often via long-acting injectable [LIA] 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 health.



# Eligibility for AOT

# Overview of eligibility

AOT is available to adults who:

- Do not understand they need treatment due to impaired judgement as a result of their illness (e.g., anosognosia).
- Are unlikely to voluntarily participate in, or adhere to, treatment to keep them from harm.
- Have a mental illness, not exclusively a substance use disorder (SUD) or neurological condition (e.g., dementia).

# Guardianship vs AOT

## The best candidates for guardianship...

- Unlikely, even with treatment, to be able to make sound, independent decisions.
- Limited history of autonomously functioning.
- Has medication allergies, contraindications, or their condition is treatment resistant.

## The best candidates for AOT...

- Likely, with treatment, to be able to make sound, independent decisions.
- Has history of autonomously functioning.
- Medications not contraindicated.

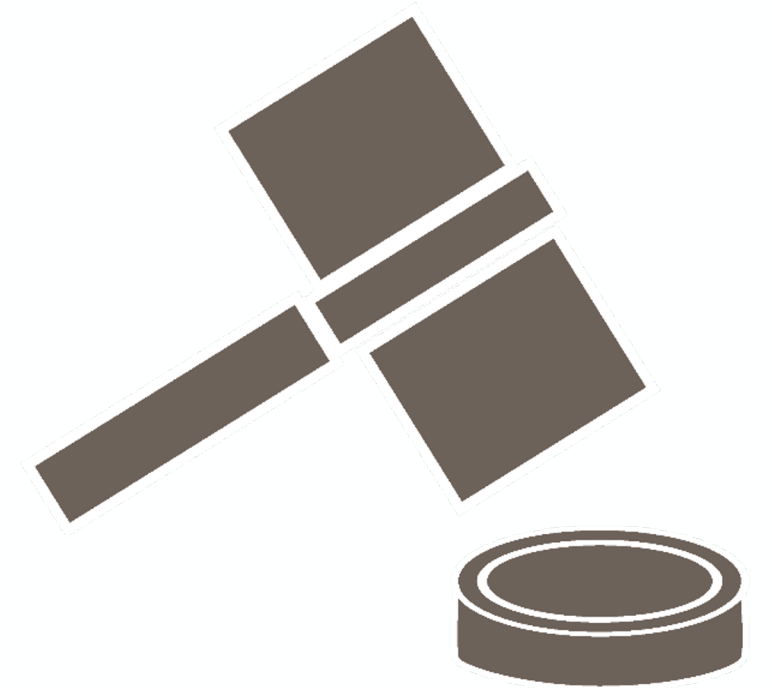


# Process for pursuing AOT

# Process for seeking AOT for an individual

The process to obtain an initial order for AOT is:

1. An adult (over age 18) files a petition with the probate court.
2. The probate court reviews the petition and schedules a hearing. The subject of the petition may be hospitalized while awaiting a hearing.
3. The petitioned individual receives a psychiatric evaluation if necessary.
4. Clinicians testify to the individual's condition and need for AOT.
5. Recommendations for AOT provided by clinicians.
6. If the court feels there is compelling evidence an initial AOT order is issued (max 180 days).



# Process for Seeking AOT for an Individual

When a clinical evaluation is necessary, it is:

- The responsibility of the CMH of the county in which the individual resides for Medicaid and uninsured individuals.
- Court arranged for individuals with only private insurance (including Medicare).





# Final notes



# Final Notes on AOT

- AOT is designed to prevent incarceration. As such, using it for inmates is to be limited to extreme situations (e.g., medication non-compliance resulting in inability to attend court or be released).
- AOT is not a replacement for a forensic evaluation.
- AOT is time-limited, proper evaluation of whether guardianship is a better option should be considered first.

*Thank you*