Assisted Outpatient Treatment

Understanding the needs for implementation of AOT in Oklahoma

Oklahoma has among the highest rates of mental illness in the country

* Approximately 22% of Oklahomans report having a mental illness
* 60% of adults reporting mental illness are not receiving services (this includes both public and private sectors)
* That leaves hundreds of thousands of Oklahomans in need of appropriate care

Treatment works, but getting people to appropriate care is difficult

* There are a variety of reasons why people do not access treatment, including:
  - Insurance limits on care options and access
  - The public system is overcrowded and underfunded
  - People don't know where to find care, or are afraid of discrimination if they do seek help
  - Lack of early identification and diagnosis leads to disease progression/inhibited decisions regarding care
  - Personal stigma that inhibits compliance even after services have been made available, or difficulty in remaining compliant due to illness and other issues

Assisted Outpatient Treatment (AOT) helps with compliance

* AOT supports adherence to treatment plans for persons who have difficulty remaining compliant
  - It can help to reduce hospitalizations and other negative consequences at the community level
  - It can further recovery
* **The key is matching the right person (appropriateness for AOT) to the correct treatment/funding source**
* Without resources and appropriate identification for who can benefit from AOT, the influx of persons court-ordered could break an already fragile system and leave thousands of more Oklahomans without care (and could cause a backlog of court orders potentially placing the State in contempt)

Opportunities associated with AOT implementation in Oklahoma

* The most researched example of AOT is Kendra's Law (New York) which has been proven to work for persons with a history of rehospitalization that is associated with going off of medications
* It can positively impact frequency of law enforcement engagement, demand on hospital ER services and other costs borne by state, community and families

Opportunities associated with AOT implementation in Oklahoma

* Mental Illness Policy Org reports study results that point to Kendra's Law outcomes including:
  - reduced homelessness (74%);
  - reduced hospitalization (77%);
  - reduced arrests (83%);
  - reduced incarceration (87%).

How do we manage and pay for AOT?

* We need to expand and maximize outpatient service capabilities and utilize evidence-based initiatives that work with these populations
* We need to ensure the link to community services and monitor progress/outcomes, and partner with local stakeholders to coordinate engagement
* Additionally, there should be a process of regular review to ensure appropriateness of AOT placement

Implementation of AOT means investment of state resources

* "Assisted outpatient treatment requires a substantial investment of state resources but can reduce overall service costs for persons with serious mental illness"

American Journal of Psychiatry

The cost of assisted outpatient treatment: can it save states money?

2013 Dec 1; 1423-32

Even with resources, there are challenges

* Persons ordered to AOT should be there due to appropriateness of placement and because they meet the criteria for inclusion
* There are still significant questions related to private pay and persons already engaged with private providers
* The public system is obligated through statute to deliver specific services that in turn impact availability of early intervention opportunities
* Must determine what AOT means to an individual's civil rights and their right to own firearms

High rates of SMI mean possible great demand for AOT

* Example 1: Estimated AOT admissions based on criteria in current version of HB1697

1,825	Number who met inpatient criteria and had no outpatient relationship with ODMHSAS *Private pay or third-party pay could have received services elsewhere
2,357	DOC SMI discharges in a year (DOC MH classification levels B-D)
?	Serious acts of violent behavior
4,182	AOT admissions
Cost: $2,600 to $5,400 per person/per year Annual Investment: $10.9 Million to $22.6 Million	

High rates of SMI mean possible great demand for AOT

* Example 2: Based on adult population with SMI and experiences of NY and study of Kendra's Law

144,510	Oklahoma adults with SMI
1.7%	Applied from study (% of SMI appropriate for AOT)
2,457	AOT admissions
Cost: $2,600 to $5,400 per person/per year Annual Investment: $6.4 Million to $13.3 Million	

Cost for AOT will be more than the average cost for treatment

* In most cases AOT will be a heightened level of care
* Currently the department spends $5,400 per person annually for mental health court participants (a possible starting point for estimating costs)
* NY's Kendra's Law initially invested $32 million annually into the program, and later increased that investment to $121 million annually

There are other things that can help the current situation

* Already addressed in statute are advanced psychiatric directives and the appointment of treatment advocates
* Primary care screenings can help to identify issues earlier and lessen negative consequences that lead to AOT engagement
* Additional early intervention opportunities and treatment services can lessen the need for AOT and subsequent cost

Conclusion

* AOT is a program that has been shown to work, but it needs investment in additional services
* The program works best when decisions are made based on medical need and assessment for potential benefits, something ODMHSAS does now in partnership with the courts
* A large number of participants, without appropriate resources, will break an already fragile system and push more Oklahomans out of services
* AOT services for all who may need it will require additional resources and/or tightly regulated admission protocol