What workshop should I attend?

WORKSHOP A: Judicial Officers and Court Personnel
Location: *Polaris A & D*

WORKSHOP B: Mental Health Providers
Location: *Gemini B &C*

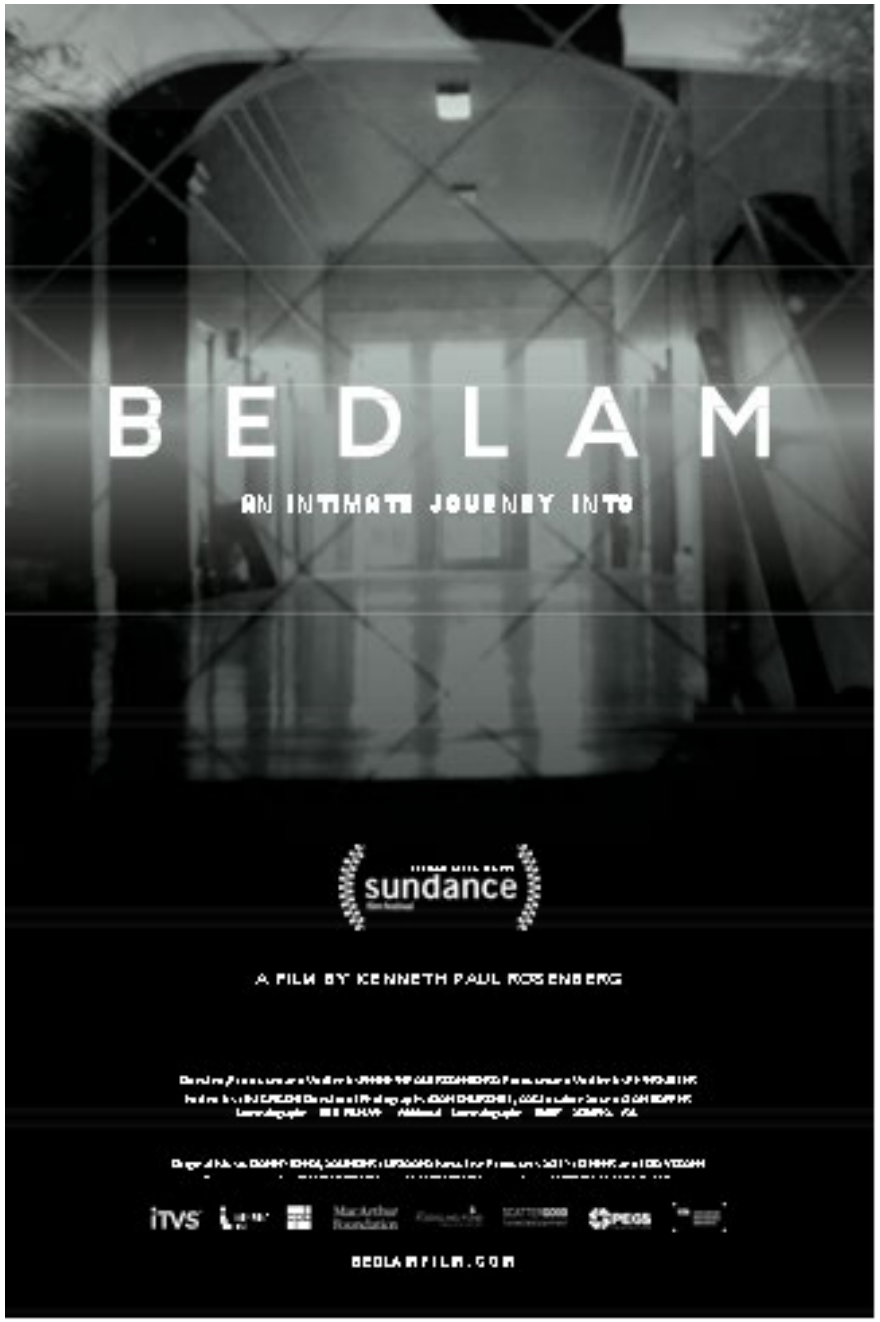
WORKSHOP C: Advocates, Peers and Family Members
Location: *Polaris Ballroom C*

Don’t Miss the Reception, Networking and Table Topics

Immediately Following Workshops!

What the heck is a table topic?

Beats me, but I plan to find out!



Join Us for Movie Night Tonight at 7:30 p.m.!

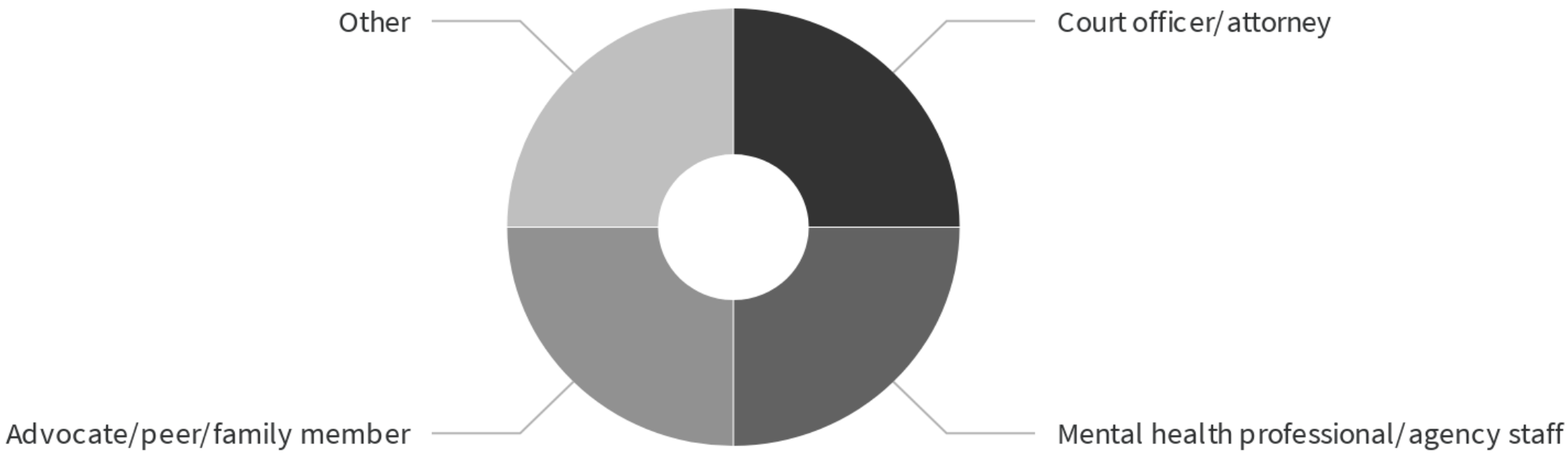
Thank You to Our Sponsor!

Welcome! In one word, describe how you are feeling right now.

What state are you from? (Please do not abbreviate.)

What best describes your role in your community?

Court officer/attorney **A** Mental health professional/age... **B** Advocate/peer/family member **C** Other **D**



How would you rate your knowledge of AOT?

Very low | Somewhat low | Moderate | Somewhat high | Very high

How would you rate your understanding of how to implement or improve an AOT program in your community?

Very low | Somewhat low | Moderate | Somewhat high | Very high

0

How AOT Fits Into the Big Picture

Anita Everett, M.D., D.F.A.P.A.
Center for Mental Health Services

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How AOT Saved My Life

Eric Smith

AOT Graduate

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Welcome to Ohio!

Lori Criss, Director

Ohio Department of Mental Health and Addiction Services

2019 National Assisted Outpatient Treatment Symposium and Learning Collaborative

Thursday, October 10, 2019

Lori Criss, Director
Ohio Department of Mental Health & Addiction Services

Governor DeWine's Directives

Addressing Ohio's public health crisis:

- RecoveryOhio
- Elevating Prevention
- Children's Initiatives

INVESTING IN

Ohio's FUTURE

BUDGET OF THE STATE OF OHIO | FISCAL YEARS 2020 - 2021

- Crisis services
- K-12 Prevention
- OhioSTART
- Statewide media campaigns
- Expanded specialty dockets
- Workforce development
- Licensure & Certification

SAMHSA's Definition of Recovery

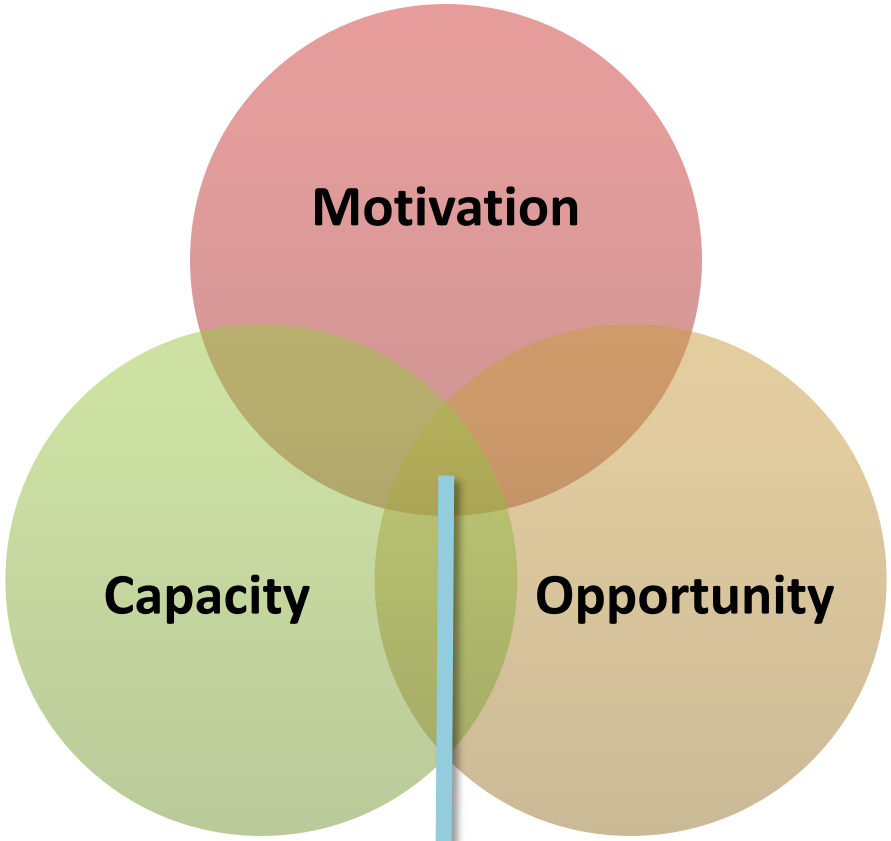
Health

Home

Purpose

Community

Analytical thinking and emotional responses that direct behavior



An individual's psychological and physical ability to engage in the activity concerned

All factors outside of the individual that make the behavior possible or prompt it

OhioMHAS Priorities

- Prevention and treatment across the lifespan
- Children, youth, and families
- Trauma-informed care
- Building Ohio's behavioral health workforce
- Quality care in integrated settings
- Helping adults with SPMI thrive in communities
- Preventing overdose deaths and suicides
- Long-term responses and support
- Delivering excellent care in our state psychiatric hospitals
- Transferring research into practice to support communities
- Ensuring safe and quality care in Ohio's behavioral health system

RECOVERY Ohio

75 actionable recommendations to improve mental health and substance use prevention, treatment, and recovery support services in Ohio.

RECOVERY Ohio

Advisory Council Recommendations:

1. Stigma
2. Parity
3. Workforce
4. Prevention
5. Harm Reduction
6. Treatment and Recovery
7. Specialty Populations
   - *Criminal Justice-Involved*
   - *Youth*
   - *Other*
8. Data Measurement and System Linkage

RecoveryOhio Recommendation Highlight

38. Review and expand the civil commitment process and the role of involuntary treatment in helping individuals and families experiencing mental health and addiction crises to access services. Educate professionals on the full definition and processes and provide community education on accessing emergency services, including the use of medication assisted outpatient treatment.

STRONG OHIO

S Safety Protection Orders
T Thorough Background Checks
R Rigorous Due Process
O Ongoing Help to Those in Crisis
N New State Background Checks
G Greater Penalties for Gun Crimes

The STRONG Ohio bill will give hospitals and courts a better ability to help those who are legally declared to be a danger to themselves or others due to drug dependency or chronic alcoholism, and will give family members of those individuals the ability to more easily petition the probate court for court-ordered treatment.

Other initiatives that do not require legislative changes:

- Early Intervention
- Access to Behavioral Health Services
- Risk Factor and Resource Identification
- Ohio School Safety Center
- SaferOH Tip Line
- Community Safety
- School Safety & Intervention Programs

Early Identification & Intervention


Better Connecting Ohio's
Institutions and Communities

More information

Find us on:

http://www.mha.ohio.gov/

Join our OhioMHAS e-news listserv
for all of the latest updates

MENTAL HEALTH & ADDICTION SERVICES
Ohio

Welcome back! What was your favorite part about lunch?

The food

Meeting someone new

Getting a brain break

Receiving a copy of the white paper

Other

Which best describes your jurisdiction's current stage of AOT implementation?

Just starting to learn about AOT

Actively contemplating how an AOT program could benefit our community

In the early stages of implementation: obtaining buy-in and gathering key stakeholders

Still in the planning stage, but with launch date in sight

Operational, but still taking "baby-steps"

In full swing with an operational, sustainable AOT program

Maximizing Results: Tips from AOT Experts

Moderator:

- Brian Stettin, Treatment Advocacy Center

Panel:

- Dr. LaTricia Coffey, M.D.
- Judge Oscar Kazen
- Judge Cynthia Lu
- Dr. Mark Munetz, M.D.
- Judge Elinore Marsh Stormer

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Location: *Polaris Ballroom C*

Good morning! What was your favorite part of yesterday's events?

Panel discussion	**A**
Q&A	**B**
Minds on the Edge video clip	**C**
Bedlam screening	**D**
Reception	**E**
Workshops	**F**

What has been the biggest challenge in starting or implementing an AOT program?

Funding

Buy-in

Competing priorities

Lack of understanding of SMI/anosognosia

Compassion: Key to an Effective AOT Program

Judge Randy Rogers

Butler County Probate Court

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Gaining Insight: My Journey

Kevin Earley

Certified Peer Specialist

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Personally Speaking: The Role of AOT in the Continuum of Care

Ron Honberg, J.D.
Mental Health Consultant

Role of AOT in the Continuum of Care

Presentation by Ron Honberg, J.D.

2019 National AOT Symposium and Learning Collaborative

Columbus, Ohio

October 11, 2019

Presentation Topics

- Underlying assumptions and principles of AOT
- Characteristics of good care
- Key services for AOT recipients
- Challenges in implementing AOT
- Some issues to consider moving forward

AOT – Underlying Assumptions

- AOT used to help people who:
  - Have a diagnosis of serious mental illness;
  - Are unwilling or unable to participate in needed treatment and services due to severity of symptoms (e.g. anosognosia);
  - Experience adverse consequences due to non-participation in treatment and services, including repeated hospitalizations, arrests, incarceration, homelessness, etc.
- AOT should not be used as a proxy for care that is otherwise unavailable.

Four principles of medical ethics

- Autonomy – Strive to help people make independent, fully informed decisions
- Justice - Fairness, equality in how the program or policy is administered, keeping in mind factors such as scarce resources, unequal access to services, etc.
- Beneficence – Intent must be to do good for the person/patient
- Non-Maleficence – Do no harm

Underlying principles of AOT

- Prevent harms to individuals due to lack of treatment and services (non-maleficence);
- Support recovery (autonomy);
- Protect individual rights (justice);
- Involve individuals and their families and/or other supporters in the process (beneficence);
- Promote ongoing engagement in services after AOT orders are no longer in place (beneficence).

Characteristics of good care for people with serious mental illness

- Coordinated (across systems and providers).
- Assertive
- Continuous
- Personalized
- Early intervention

Key Services for AOT Recipients

Note – These services are not exclusive. Others may be needed.

- Psychiatric and medical treatment;
- Assertive Community Treatment (ACT) and/or intensive case management;
- 24/7 crisis services;
- Supported housing;
- Coordinated treatment for mental illness and substance use disorders;
- Peer supports;
- Supported employment/supported education (“meaningful days”).

Challenges in implementing AOT

- Engaging the individual in his/her own care, both while the AOT order is in effect and afterwards
- Maintaining a focus on recovery as the ultimate goal
- Adequate funding
- Alignment of funding streams
- Involving key supporters (e.g. families) whenever possible
  - Legal barriers to communications (e.g. HIPAA) are often more perceived than real

Issues to consider moving forward

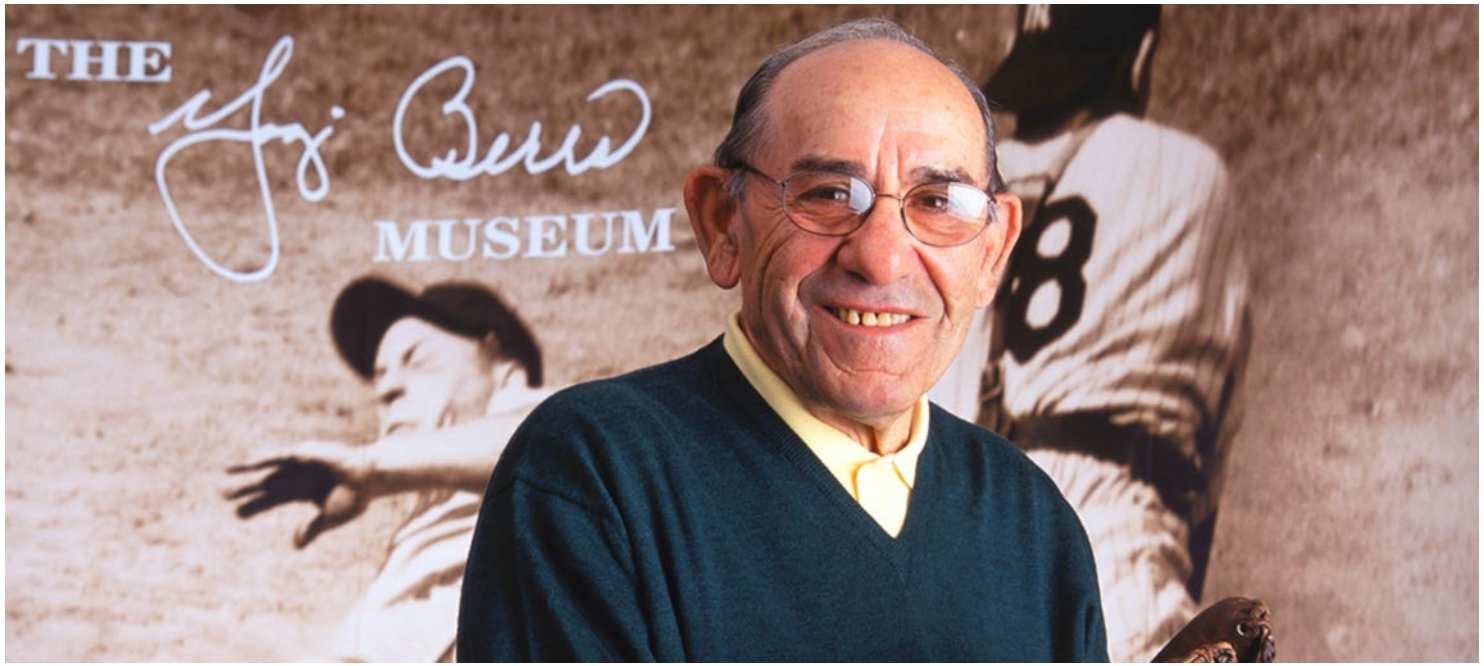
- Should AOT be implemented when the full array of service are not available?
- Should AOT be implemented without new or additional funding?
- Is AOT the same as ‘forced treatment?’
- Should families and other supporters be involved in developing AOT treatment plans and in ongoing reviews?

And more issues!

- Is AOT incompatible with the goal of self directed care and shared decision making?
- What can be done to promote continuing participation in treatment and services after the AOT order expires?
- Should AOT be available as a mechanism for jail diversion?

Questions?

“I wish I had an answer to that because I’m tired of answering that question”
- Yogi Berra



Thank You!

Ron Honberg, J.D.

HonbergR@gmail.com

301-502-1796

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SAMHSA AOT Grantees' Outcome Experience

Moderator: Brian Stettin

Treatment Advocacy Center

Jenny Bayer

Director for Continuity of Care;
Tarrant County MHMR (Fort Worth, TX)

Assisted Outpatient Treatment
Overview of Client Demographics and Outcome Data

October 2016 to September 2019

Jenny Bayer

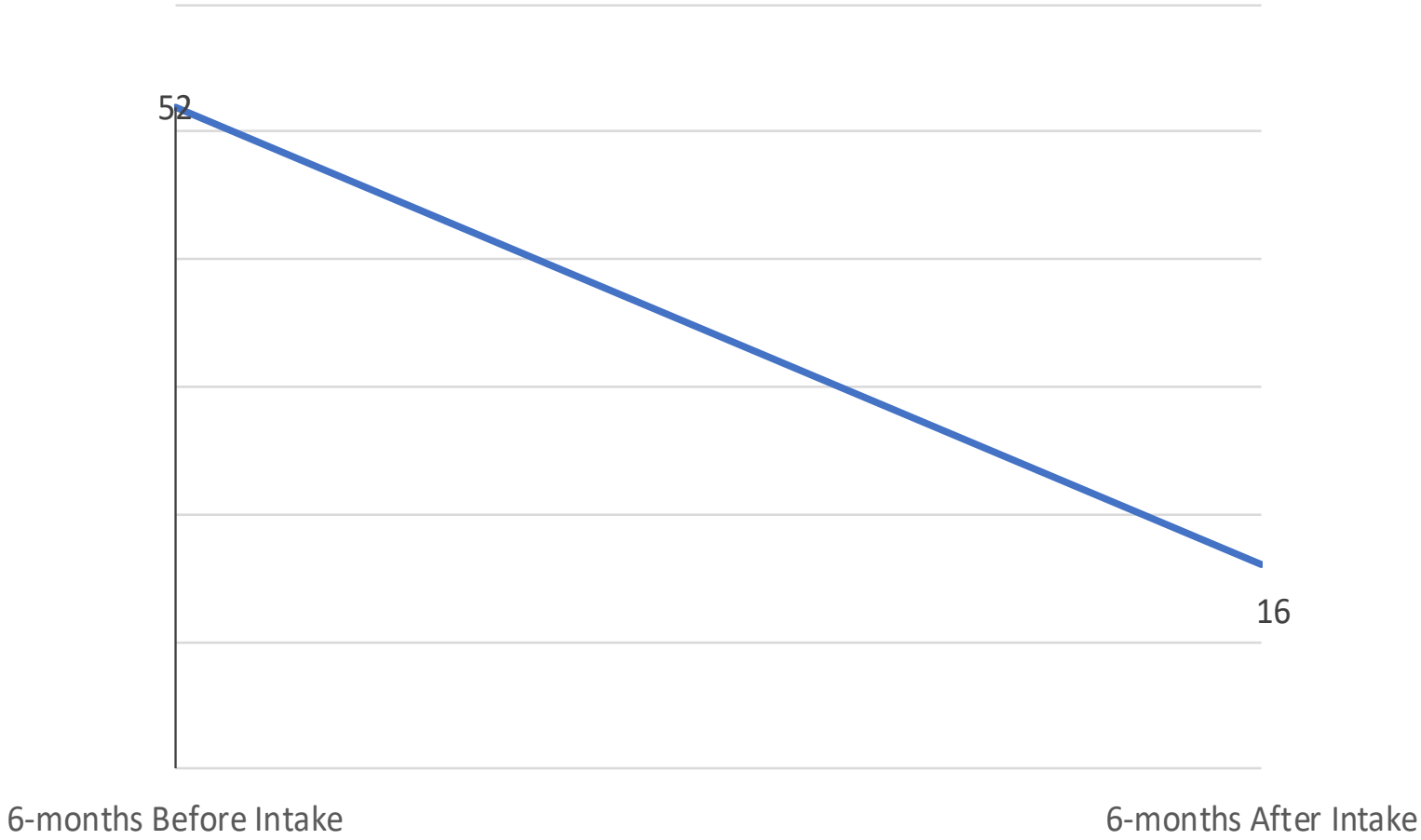
mhmrtarrant
WE CHANGE LIVES

Enrollment & Completion Rates

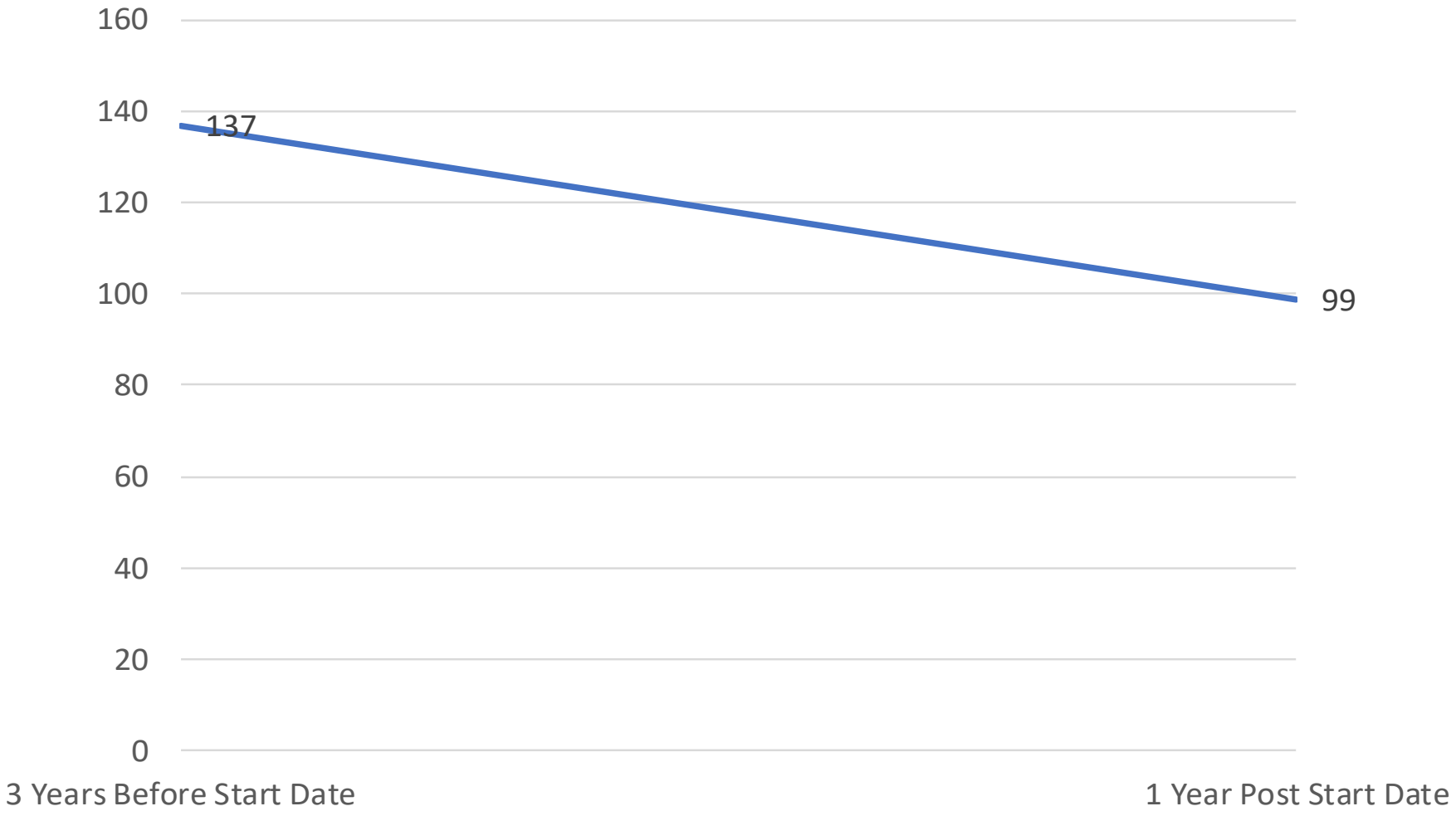
	Individuals Admitted	
	Expected	Enrolled and Participated
Year 1 (Oct 2016 to Sept 2017)	70	71
Year 2 (Oct 2017 to Sept 2018)	120	114
Year 3 (Oct 2018 to Sept 2019)	110	107
Year 4 (Oct 2019 to Sept 2020)	100	N/A
Total	400	292

	Number	Percentage
Graduation	225	88%
Unsuccessful Discharge Reason		
Lack of Contact	13	5%
Administrative Closure	8	3%
Failure to Comply	6	2%
Client Moved Out of Service Area	2	1%
Other	3	1%
Total	257	100%

Hospitalizations
N= 146



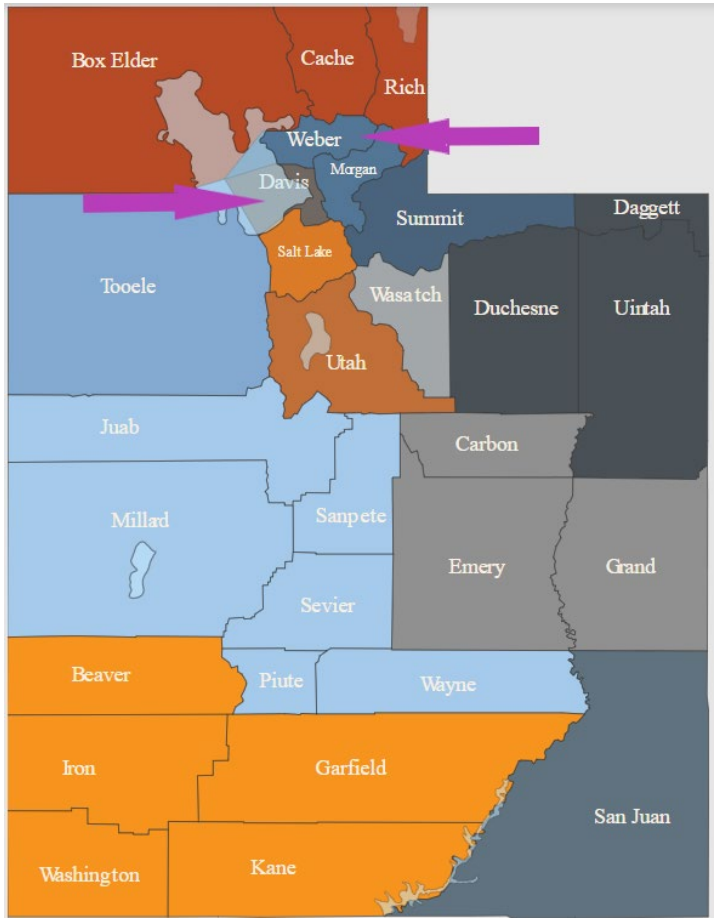
Arrests
N = 152



Pam Bennett, L.C.S.W.

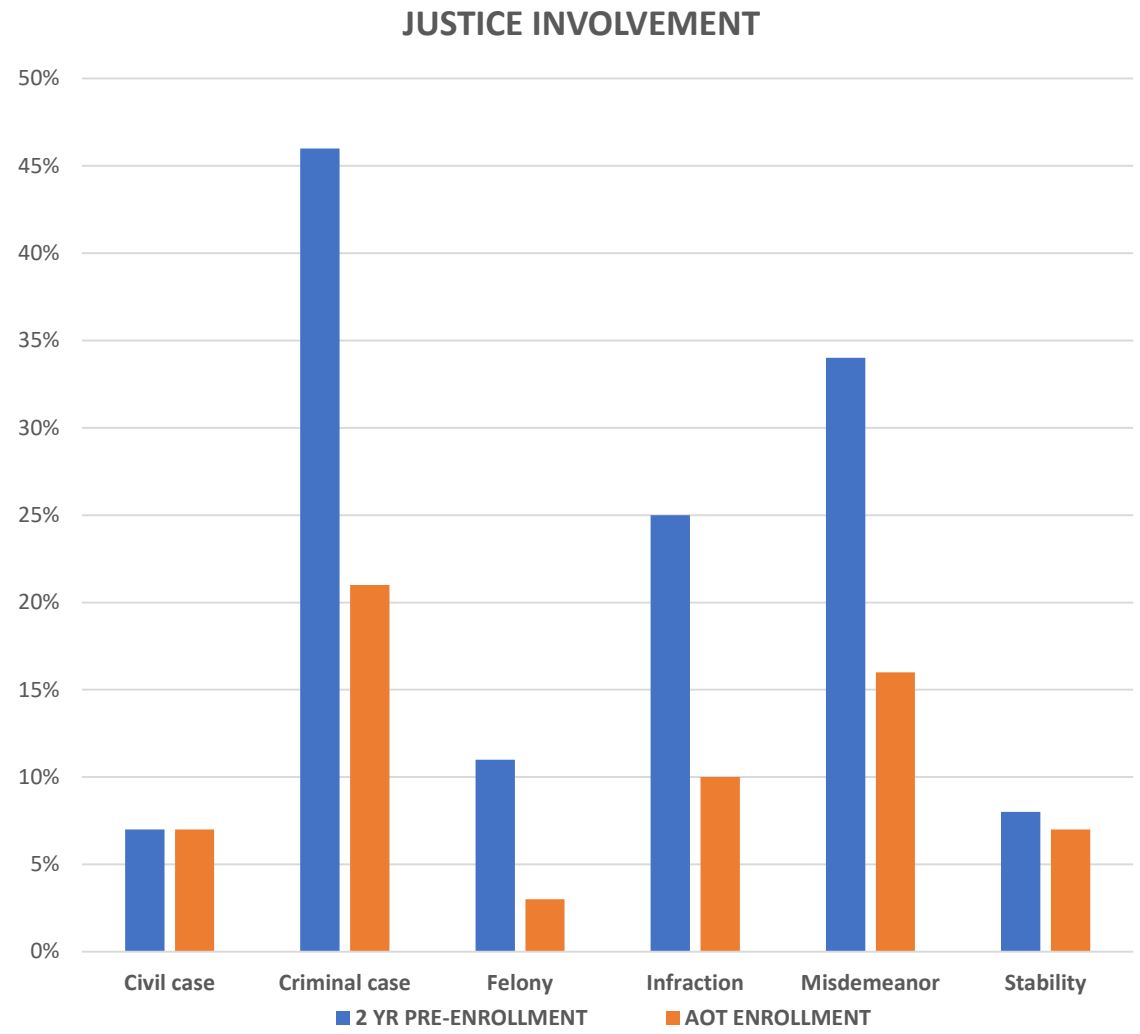
Program Administrator II;
Utah Department of Human Services
(Salt Lake City, UT)

Utah Assisted Outpatient Treatment

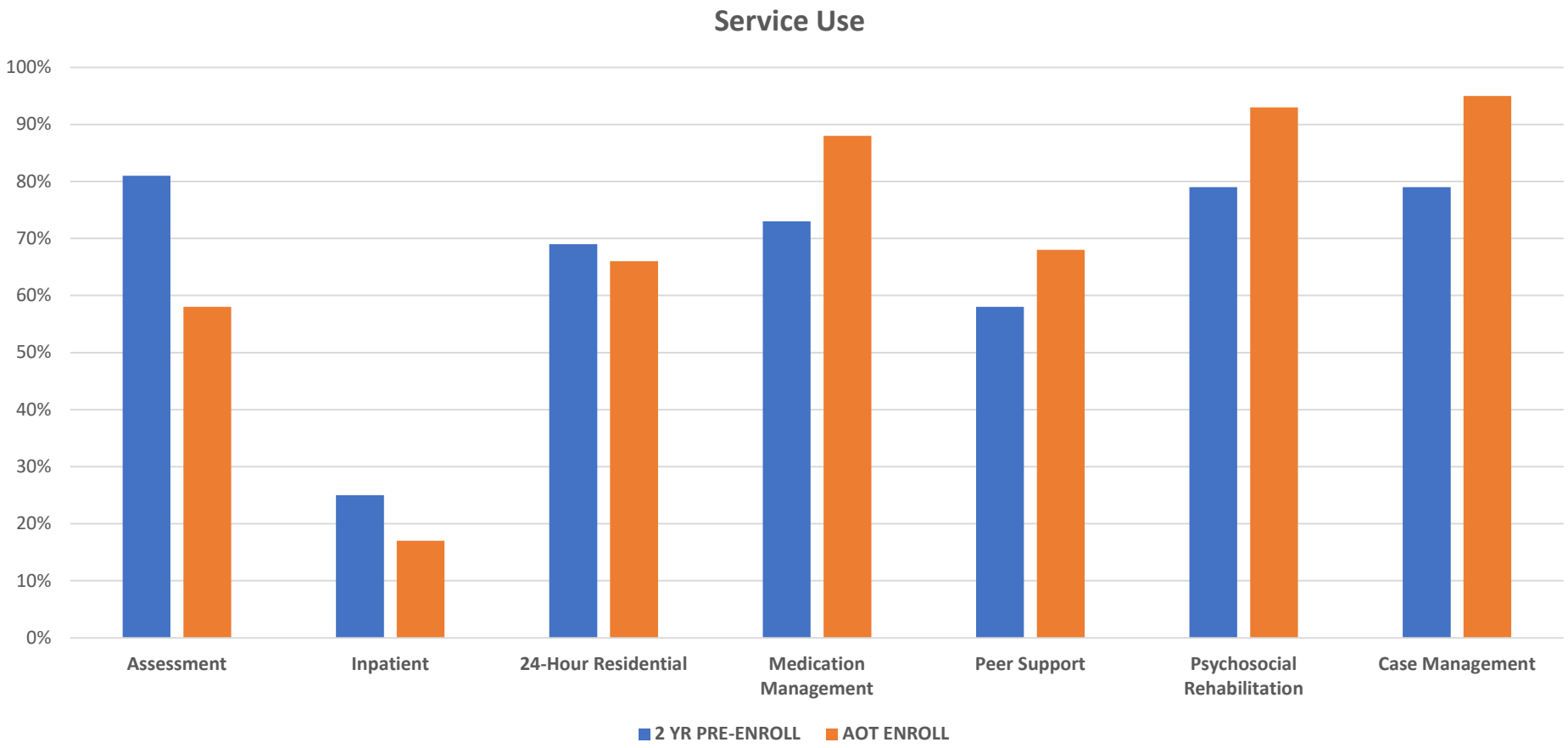


Decreasing Justice Involvement

- Only 1 person admitted to justice involvement on self report, BCI records indicated 32% arrested in 2 years prior to the study
- Most commonly arrested for property, public order and drug crimes.

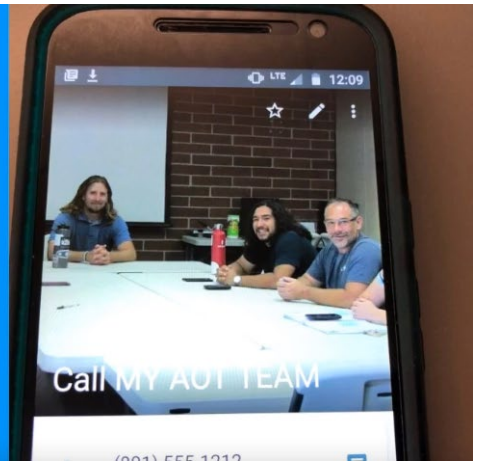


Decreasing High Cost Services and Increasing Lower Cost Recovery Supports



What Makes Our Program Exceptional

"They are here for me if I need them. I've never had this before and they are really helpful to me."



"When I was having a hard time, I reminded myself that you clapped for me the last time I was here and it helped."

Bonnie Christensen, L.M.H.C.

AOT Program Director;

LifeStream Behavioral Health Center

(Leesburg, FL)


ISLAND TIME
ZONE
BEGINS HERE


The
Sunshine
State
Florida
PENSACOLA
TALLAHASSEE
JACKSONVILLE
ORLANDO
TAMPA
ST. PETERSBURG
CLEARWATER
SARASOTA
FT. MYERS
NAPLES
KEY WEST

2 Year Analysis - Overview

- **18 Consumers** reached the two-year timeframe - meaning there has been 2 years (730 days) since they had their AOT Baseline Assessment (GPRA).
- There are 3 different consumer groupings included in analysis:

9 CONSUMERS

EXPECTED IMPROVEMENTS

(MUTUALLY AGREED CESSATION OF TREATMENT)

5 CONSUMERS

POSSIBLE IMPROVEMENTS

(ACTIVE FOR AT LEAST 90 WITH AT AT LEAST 30 SERVICE ENCOUNTERS BUT NOT DISCHARGED WITH STATUS ABOVE)

4 CONSUMERS LESS THAT 90 DAYS IN AOT

2 BAKER ACTED

1 STATE HOSPITALIZATION

I INCARCERATION

(INCLUDES ALL 18 INDIVIDUALS)

Data Sources: Hospitalization days counted using Tier records from all LSBC's hospitalization programs. Arrest data captured using the Lake and Sumter Counties Sheriff Office Inmate search. Hospitalizations/ Arrests out of service area would not be captured. Data from August 2019 Program Evaluation Report, Prepared by Program Director, Bonnie Christensen and Local Program Evaluator, Lisa Hilko

Days Hospitalized/Incarcerated

Consumer groups N = individuals in group	# of Days Hospitalized Prior 2 Years	# of Days Hospitalized 2 Years Since AOT Baseline	Change in Days	Overall Reduction
Expected (n=9)	462	30	432 less days	93%
Possible (n=5)	249	137	110 less days	45%
All (n=18)	981	243	738 less days	75%

Consumer groups N = individuals in group	# of Days Incarcerated Prior 2 Years	# of Days Incarcerated 2 Years Since AOT Baseline	Change in Days	Overall Reduction
Expected (n=9)	263	157	106 less days	40%
Possible (n=5)	358	352	6 less days	2%
All (n=18)	664	833	189 more days	25%

Cost Estimations

- For the 18 consumers who have reached 2 years since AOT Baseline, the total estimated funding for their services would be $9,333 x 18 = $167,994.
- The 18 consumers had 738 less days of in-patient in the 2 years since GPRA baseline compared to the 2 years prior. Based off estimates, that equates to 738 days x $1,000 per day totaling $738,000.

$738,000 - $167,9947 = **$570,006 savings for the 18 consumers in just 2 years.**

- $9,333.33 - Estimated cost per AOT consumer - (with the caveat that LSBC admits 300 consumers over the 4 year grant period).
- $1,000 - Estimated cost of in-patient hospitalization is per day per person
- $75 - Estimated cost per inmate per day is (includes food but no medication)

9 CONSUMERS – "Mutually Agreed Cessation of Treatment" – Expected Improvement Group

9 consumers had 432 less days of in-patient hospitalization. 432 x $1000 per day = $432,000.
Estimated cost savings of $348,003 for the 9 consumers in just 2 years.

The same consumers reported 106 less days of incarceration 106 x $75 = $7,950.
Estimated cost savings of $7,950 for the 9 consumers in just 2 years.

Patricia Gonzalez, Ph.D.

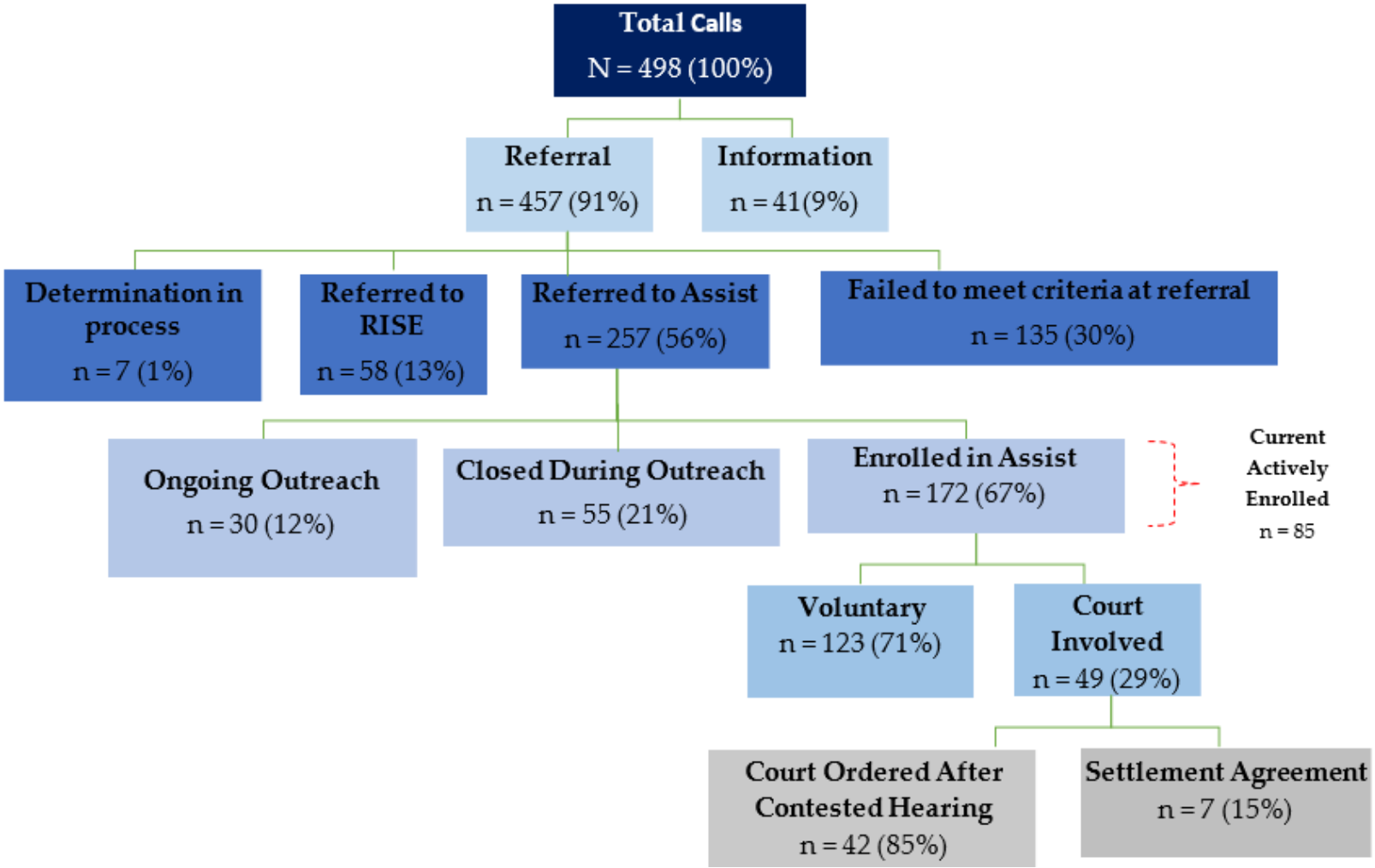
Research Psychologist;

Ventura County Behavioral Health
(Ventura, CA)

Meet Our Team

- Clinic Administrator
- 1/2 Time Psychiatrist
- 1 Full-Time Nurse
- 1 Full-Time Clinician
- 2 Full-Time MHAs
- 4 Full-Time CSCs
- 1 Full-Time OA

Program Overview



Preliminary Outcomes

Increase in stable housing

Decrease of clients hospitalized

Decrease in violent acts

Decrease in criminal justice involvement

Decrease in crisis episodes

79% clients satisfied with services received

Michelle Riske-Morris, Ph.D., J.D.

Senior Research Associate;
Begun Center for Violence Prevention
Research and Education
(Cleveland, OH)

Cuyahoga County AOT Pilot Program

- 102 AOT clients, 2 clients have been recommitted (total of 104). Of those clients, 51 consented to be interviewed.
- Average length of time client is in program is 8 ½ months (256 days).

AOT Measures (Client Self Report w/in last 30 days)	Clients Still in Program		Clients Discharged	
	Baseline	Interim	Baseline	Discharge
# of clients reporting inpatient psychiatric hospitalization for mental health care (n=13, n=19)	7	3	0	2
# of clients reporting homeless (n=14, n=18)	1	2	4	2
# of clients reporting an arrest (n=12, n=18)	1	0	0	2

Additional Measures

Consenting Clients Still in Program Average length of time from baseline to reassessment is 8 ½ months

AOT Clients' Perception of Functioning in Everyday Life between Baseline and Reassessment (n=16)	Percentage of Clients Meeting Benchmark at Clinical Reassessment (n=16)
Effectively deal with daily problems	69%
Able to control life	63%
Able to deal with crisis	50%
Symptoms not bothering me	56%
Getting along with my family	56%
Do well in social situations	56%
Generally accomplish what set out to do	63%

AOT Clients' Perception of Fairness and Coercion at Reassessment (n=17)	% of Clients
Clients who believed process was done out of concern for them (Very Much).	59%
Clients who believed those involved in their treatment treated them with respect (Very much).	47%
Clients who believe they were treated fairly (Very fairly).	35%
Clients who believed treatment was done for their own good (Strongly Agree/Agree).	71%

Consenting Clients Who are Discharged Average length of time from baseline to discharge is 8 months

AOT Clients' Perception of Functioning in Everyday Life between Baseline and Discharge (n=20)	Percentage of Clients Meeting Benchmark at Clinical Discharge (n=20)
Effectively deal with daily problems	85%
Able to control life	80%
Able to deal with crisis	95%
Symptoms not bothering me	85%
Getting along with my family	75%
Do well in social situations	75%
Generally accomplish what set out to do	95%

AOT Clients' Perception of Fairness and Coercion at Discharge (n=20)	% of Clients
Clients who believed process was done out of concern for them (Very Much).	35%
Clients who believed those involved in their treatment treated them with respect (Very much).	60%
Clients who believe they were treated fairly (Very fairly).	70%
Clients who believed treatment was done for their own good (Strongly Agree/Agree).	95%

Maribel Tellez, B.S.W., M.S.W.

AOT Contract and Program Administrator;
Dona Ana County Health and Human Services
(Las Cruces, NM)

System Outcomes

System outcomes	Baseline Before AOT (past 30 days)	Six months (Monthly Average)	Reduction (%)
Number of Psychiatric Hospitalizations	0.81	0.34	58%
Number of Days Spent in a Psychiatric Hospital*	8.14	2.55	69%
Number of Arrests	0.26	0.05	81%

Social Connectedness

Social	Baseline Agree/Strongly Agree	Six months Agree/Strongly Agree
I have people with whom I can do enjoyable things.	58.8%	90.9%
In a crisis, I would have the support I need from family or friends.	67.7%	81.9%
I have family or friends that are supportive of my recovery.	69.7%	81.9%

Therapeutic Alliance

- **91%** of participants agreed or strongly agreed they would recommend the agency to a family or friend;
- **82%** agreed or strongly agreed that they received information about their rights
- **85%** reported they often or always felt that therapy gave them a new ways of looking at their problem.
- **69%** reported they often or always agreed with the treatment provider about things needed to improve their situations.

TREATMENT ADVOCACY CENTER

2019 NATIONAL AOT SYMPOSIUM & LEARNING COLLABORATIVE

AOT Learning Modules: A Preview of What's to Come

Amy Lukes, L.I.C.S.W.

Treatment Advocacy Center

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I Thought You'd Never Ask

Moderator:

- Eric Smith, AOT Graduate

Panel:

- Nick Schrantz, Probate Court Monitor
- Bob Davison, Mental Health Association of Essex and Morris, Inc.
- Judge Elinore Marsh Stormer
- Judge Cynthia Lu
- Judge Oscar Kazen

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Now that the symposium is just about over, how would you rate your knowledge of AOT?

Very low	Somewhat low	Moderate	Somewhat high	Very high
0				

How would you rate your understanding of how to implement or improve an AOT program in your community after the past two days?

Very low | Somewhat low | Moderate | Somewhat high | Very high

How likely are you to use the information learned over the past two days to implement or improve an AOT program in your community?

Very unlikely | Somewhat unlikely | Not sure | Somewhat likely | Very likely