



KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

UK College of
Social Work

Kentucky Assisted Outpatient Treatment PROGRAMMATIC OVERVIEW BRIEF¹

KENTUCKY— ASSISTED OUTPATIENT TREATMENT PROGRAM (KY-AOT) is a comprehensive, systemic, and multi-phased service continuum aimed at improving access and adherence to intensive behavioral health services. The concept for KY-AOT is rooted in Kentucky's Tim's Law legislation (KRS 202A.081-.0831), which authorizes state District Courts to order AOT for individuals who meet the following criteria: (1) have been involuntarily hospitalized at least twice in the past 24 months; (2) are diagnosed with severe mental illness (SMI); (3) are unlikely to voluntarily adhere to outpatient treatment; and, (4) for whom court-ordered AOT is the least restrictive mode of treatment.

KY-AOT's service approach is rooted in the use of evidenced-informed practices and tools, adept and developmentally appropriate clinical interventions, and community-based partnerships that allow for the most efficient, effective use of service and resource continuums. KY-AOT services are facilitated via a unique collaborative partnership between the KY Department for Behavioral Health, Developmental and Intellectual Disabilities, the College of Social Work at the University of Kentucky, and several community behavioral health providers and stakeholders. KY-AOT is funded through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Through an innovative array of services, administered via an inimitable partnership network, KY-AOT will positively impact program participants' self-efficacy, social/emotional/physical well-being, social connectedness, and abilities to function in community settings.

PROGRAM STRUCTURE

For the initial service period, there are six participating KY-AOT providers who are divided into cohorts. In year one (2020), the first cohort began administering KY-AOT services. Cohort 2 will be added in 2022.

Cohort 1: Communicare, Inc. and Seven Counties Services

Cohort 2: Pennyroyal Center and River Valley Behavioral Health



19 KENTUCKIANS SERVED BY KY-AOT²



MOST COMMON DIAGNOSIS

- ✓ **63.2%** Schizophrenia
- ✓ **15.8%** Bipolar
- ✓ **21.1%** Secondary Substance Use Disorder



DEMOGRAPHICS

GENDER

- ✓ **73.7%** Male
- ✓ **26.3%** Female

RACE/ETHNICITY

- ✓ **57.9%** White
- ✓ **36.8%** Black

MAIN AGE GROUPS

- ✓ **52.6%** 26-34 y/o
- ✓ **31.6%** 35-44 y/o

EDUCATION

- ✓ **15.8%** Reported attending or completing college
- ✓ **36.8%** Reported completing HS or GED
- ✓ **26.3%** Reported having less than a 12 grade education

EMPLOYMENT

- ✓ **47.4%** Reported being unemployed and not seeking work
- ✓ **31.6%** Reported they were disabled
- ✓ **5.3%** Reported unemployed and seeking work



OVERALL HEALTH

- ✓ **47.4%** Reported having excellent or good health
- ✓ **10.5%** Reported having fair or poor health
- ✓ **31.6%** Rated their quality of life (QoL) as poor or very poor
- ✓ **15.8%** Rated their QoL as good or very good



COPING AND MANAGING STRESSFUL EVENTS AND MENTAL HEALTH SYMPTOMS

- ✓ **31.6%** Agreed they effectively deal with daily problems
- ✓ **31.6%** Agreed they are able to deal with crises
- ✓ **26.3%** Were bothered by their symptoms



ALCOHOL AND OTHER (NON-PRESCRIBED) SUBSTANCE USE^{3,4}

ALCOHOL USE

- ✓ **5.3%** Reported using at least once
- ✓ **63.1%** Reported no use

CANNABIS USE

- ✓ **26.3%** Reported using at least once
- ✓ **42.1%** Reported no use

COCAINE USE

- ✓ **10.5%** Reported using at least once
- ✓ **63.2%** Reported no use

METHAMPHETAMINE USE

- ✓ **10.5%** Reported using at least once
- ✓ **63.2%** Reported no use



EXPERIENCING OR WITNESSING VIOLENCE

- ✓ **31.6%** Reported experiencing trauma or violence in their lifetime



MEDICAL AND CORRECTIONS INTERVENTIONS⁴

- ✓ **23.17 DAYS³** On average, consumers reported being psychiatrically hospitalized
- ✓ **26.3%** Reported going to the ER for psychiatric help at least once
- ✓ **15.8%** Reported spending at least 1 day in a correctional facility/jail



SUPPORT

- ✓ **31.6%** Reported having support from friends or family in the event of a crisis
- ✓ **26.3%** Reported having friends or family who would support their recovery



MEDICATION ADHERENCE⁴

- ✓ **31.6%** Reported Always or usually taking prescribed medications in past 30 days

¹ The annual report only includes baseline client data as there were an insufficient number of consumers at the 6 month re-assessment to draw conclusions. Re-assessment and cost/benefit data will be reported in the 2022 annual report.

² A 20th AOT petition was filed but the consumer did not receive a court order and was not enrolled. 18 of the 19 surveys had full or partial data, 1 survey was missing all data because the consumer declined to participate in the assessment.

³ These measures entail self-reports of consumers who received their assessment while at the end of a period of psychiatric hospitalization. Participants were asked to report use over the last 30 days.

⁴ Timeframe indicates within the last 30 days.