

Assisted Outpatient Treatment Pilot Program

Pierce County Pilot Project

Engrossed Substitute House Bill 1109, Section 215(48); Chapter 415; Laws of 2019

October 15, 2020



Assisted Outpatient Treatment Pilot Program



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Executive summary

Engrossed Substitute House Bill (ESHB) 1109 (2019) provides funds to support the infrastructure for the Pierce pilot project serving urban communities for assisted outpatient treatment (AOT) in Washington State. It directs the Health Care Authority to report on the overall outcomes of the pilot project, and provides for:

“\$225,000 of the general fund state appropriation for fiscal year 2020 and \$225,000 of the general fund—state appropriation for fiscal year 2021 are provided solely to continue funding one pilot project in Pierce County to promote increased utilization of assisted outpatient treatment programs. The authority shall provide a report to the legislature by October 15, 2020, which must include the number of individuals served, outcomes to include changes in use of inpatient treatment and hospital stays, and recommendations for further implementation based on lessons learned from the pilot project.”

Assisted outpatient treatment uses a court order to provide behavioral health treatment to adults with severe mental illness or substance use disorder. Those receiving treatment in this way must meet specific criteria, including factors like a history of hospitalization or lack of previous treatment. It embraces the idea that with earlier intervention, a strong impact can be made on the lives of individuals struggling with behavioral health issues. By connecting participants to the treatment they need earlier through a court order, AOT is especially helpful to those facing the social and economic consequences of living with an untreated mental health or substance use disorder. With treatment, these same individuals can become positive forces for change in their communities.

Over the last year, approximately 82 individuals have been referred to the AOT program. 28 of these individuals began services in 2018. The average length of program participation is 72 days, allowing time for the individual to become stable and reducing the need to access inpatient treatment and hospital admissions.

Background

Assisted outpatient treatment (AOT) dedicates local behavioral health systems to serve those with mental health and substance use disorders. At the same time, this process requires participants to dedicate themselves to their treatment plans. Treatment plans are highly individualized: participants and their behavioral health provider develop treatment plans together. AOT participants also receive due process protections. Orders are filed only after a hearing before a judge.

The Revised Code of Washington (RCW) 71.05.585 states that AOT must include:

- Assignment of a care coordinator
- An intake evaluation with the treatment provider of the least restrictive alternative treatment

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- A psychiatric evaluation
- A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order
- A transition plan addressing access to continued services at the expiration of the order
- An individual crisis plan
- Notification to the care coordinator if reasonable efforts to engage the client fail to produce substantial adherence with court-ordered treatment conditions

Assisted outpatient treatment may also include requirements to participate in the following services:

- Medication management
- Psychotherapy
- Nursing
- Substance abuse counseling
- Residential treatment
- Support for housing, benefits, education, and employment
- Peer support services

The Substance Abuse and Mental Health Services Administration supports AOT as an evidence-based program. AOT is especially effective in supporting patients who have difficulty sticking to voluntary treatment. It is also a pro-active way to address the treatment needs of individuals facing the social and economic consequences of living with a mental health and substance use disorder.

In order to demonstrate the need for court ordered AOT, the petition to the court must demonstrate that because of a mental disorder or substance abuse disorder, a person:

1. Has been committed by a court to detention for involuntary behavioral health treatment during the preceding thirty-six months;
2. Is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, based on a history of non-adherence with treatment or in view of the person's current behavior;
3. Is likely to benefit from less restrictive alternative treatment; and
4. Requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becomes gravely disabled within a reasonably short period.

Since the Involuntary Treatment Act (1973), Washington State has often used less restrictive alternative (LRA) orders (a court order that occurs at the end of inpatient involuntary treatment) to provide outpatient treatment. It requires an individual to participate in outpatient behavioral health treatment for up to 90, 180, or 365 days, and assumes the individual is likely to follow the recommendations of the court and respect the court's authority. However, these orders do not work well for those who are actively struggling with an untreated substance use disorder, or those who have refused to follow the recommendations of the court repeatedly.



In Washington State, AOT is court ordered before individuals have been detained for inpatient treatment. This order requires the individual to participate in outpatient treatment for up to 90 or 180 days. Previously, there were legal consequences in place for those who violated a LRA court order, but no consequences for violating an AOT order.

Not being able to detain an individual for violating a court order was a significant barrier for AOT. This meant that many mental health professionals with the legal power to detain individuals were less likely to advocate for an AOT order, even if it was a more effective option to support participation in treatment from the very beginning. Over the last five years, there have been an average of 3,314 LRA orders a year compared to zero AOT orders.

In July 2018 the statute changed, allowing a person to be detained for violating an AOT order as well. According to the Treatment Advocacy Center, successful AOT programs are a collaboration between local courts and publicly funded community behavioral health agencies. The foundation to success is a solid partnership and buy-in from the judge or judges who preside over the AOT process.

AOT provides for long-term care earlier in the treatment process. This earlier intervention can allow those who have been resistant to treatment in the past to live full lives and be active members of their families and community.

Progress to date

Recognizing the impact of AOT, the Legislature appropriated \$225,000 of the general fund—state appropriation for fiscal year 2020 and \$225,000 of the general fund state appropriation for fiscal year 2021 to fund the necessary infrastructure for continuing the pilot project, located in Pierce County. The aim of this pilot project is to promote increased use of AOT programs. Funding is for infrastructure development only and not intended for services.

As part of their state behavioral health contract for 2020, the Health Care Authority requires Beacon Pierce Behavioral Health-Administrative Services Organization (BH-ASO) to implement AOT programs. This contract requires the BH-ASO to submit their ongoing status updates and quarterly data reports. An internal agency workgroup of subject matter experts met regularly to review status updates, facilitate collaboration between the behavioral health organizations and key partners, and to provide technical assistance as needed.

Below is a snapshot of Beacon Pierce BH-ASO's progress as they work to promote increased use of AOT programs as a tool for long-term recovery.

Pierce County: Beacon Pierce Behavioral Health-Administrative Services Organization (BH-ASO)

In January 2019, services in Pierce County transitioned from Optum Pierce Behavioral Health Organization to Beacon Pierce BH-ASO. Comprehensive Life Resources was the contracted provider
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for the Assisted Outpatient Program through Optum Pierce and has continued in that role with Beacon Pierce BH-ASO.

Beacon Pierce BH-ASO has successfully collaborated with a wide range of key stakeholders who can influence increased utilization of AOT. This includes the Pierce County Court, crisis providers, designated crisis responders, and staff within their own organization. They have established the following key infrastructure:

1. **Establishing a case type.** Per the Pierce County Superior Court, a particular case type should be established or designated that specifically relates to AOT.
2. **Assisted outpatient treatment forms and orders.** The designated crisis responder supervisor provided the court with copies of orders developed for AOT used in other counties. Stakeholders proposed changes and agreed that the Department of Assigned Counsel should complete a final review of the forms and orders.
3. **Assisted outpatient treatment protocols.** Similar to Felony Mental Health Court, protocols needed to be set around issues such as measuring an individual's progress, the frequency of review hearings, and protocols for family involvement.
4. **Target start date and follow up meetings.** The target start date was August 2018. After implementation, the court and staff meet monthly to discuss successes/failures and make any necessary changes.
5. **Coordinator to support pilot program.** Stakeholders agreed that the coordinator should be located at the court.

Comprehensive Life Resources is currently serving between 5-7 individuals at any given time and have the capacity to serve up to 12. Comprehensive Life Resources visits each evaluation and treatment center in the area to discuss the program and encourage referrals out of these facilities, as it can be a great alternative to less restrictive alternative (LRA) discharge. In addition, the Court has recommended that individuals incarcerated for misdemeanor offenses that are related to mental health issues are referred into AOT as an alternative to jail time.

The average length of stay in AOT is approximately six months. The target is to move an individual back to an outpatient level of care within 90 days, however, six months of treatment services provide increased support and better outcomes.

The court process has been working well; Comprehensive Life Resources provides a written progress report for each AOT participant a few days before the scheduled court hearing. On court hearing, the AOT clinical lead meets with both attorneys, the judge, and court facilitator to review the reports and make recommendations for care. The AOT team ensures that clients are transported and accompanied to court. Often clients have anxiety about the court process; it helps to have a member of their clinical team be present. The focus in court tends to be on accomplishments and things that are going well versus challenges. Both the court and Comprehensive Life Resources utilize behavioral incentives routinely to encourage and recognize progress.



Barriers to the enrollment process

There are barriers to an individual enrolling in the AOT program, including obtaining a court date and coordinating with two other agencies. Comprehensive Life Resources is working with Beacon Pierce BH-ASO to determine possible options to remove these barriers, including:

- Assigning a Comprehensive Life Resources designated crisis responder to assist with referrals and transitions to the community.
- Creating Frequently Asked Questions to share with local providers, evaluation and treatment facilities, and hospitals on the criteria of the AOT program so they can make direct referrals.
- Offering to provide training to providers on the AOT program so there is a better understanding of the program criteria.

Table 1: Beacon Pierce BH-ASO report period: 1/1/2019 to 12/31/2019

Total Referred to AOT	82
Total # enrolled in AOT	18
Total Individuals Served	28** includes those served in 2018 and still in program in 2019
Average Length of Stay	72.5 days
Total # discharged	11
Total individuals graduated	3
Total individuals terminated	3
Total individuals dropped out	5

Table 2: Referral source

Of the 82 total referrals into AOT for 2019 the sources of referrals were:

Designated Crisis Responders	1
Evaluation and Treatment Center	6
Outpatient Programs	67
Other	8

Program summary

Despite a high volume of referrals into AOT, Comprehensive Life Resources reported challenges to completing enrollments. Once they receive a referral, they coordinate with a designated crisis responder (the only individual that can complete a petition for AOT) to complete the Involuntary Treatment Act evaluation within five working days of the initial court hearing. The designated crisis responder was not always available to accommodate the timeline due to limited staff and the number of Involuntary Treatment Act evaluation calls requiring immediate response. There was also a fair amount of discourse related to AOT being voluntary or involuntary in nature.

Comprehensive Life resources interprets the AOT RCW as a voluntary option and many individuals



tend to decline enrollment when they find out they have to attend court on a weekly basis for updates.

Goals for 2020 are to convene a workgroup to review RCW with Comprehensive Life Resources, Beacon Pierce, community stakeholders, and HCA in support of continuing to increase referrals, education, training, and work to target the right referral to drive outcomes. AOT is not the right fit for every individual that is hospitalized or someone who is frequently accessing services. Individuals who are diagnosed with schizophrenia or bi-polar disorders and struggle with medication compliance respond well to the supportive structure of an AOT program. Comprehensive Life Resources will continue to work with Wellfound Behavioral Health Hospital, Western State Hospital, evaluation and treatment centers, and care coordinators at Managed Care Organizations to share information about AOT as a possible discharge plan.

To date, Beacon Pierce BH-ASO has used the proviso funds to support a court coordinator, as well as subcontracting funds to the outpatient provider to maintain infrastructure for the program.

Next steps

Beacon Pierce BH-ASO will work with stakeholders and the legislature to determine whether this program should be run differently, more pursuant to an involuntary program as some in the legislature have indicated. As part of their behavioral health state contract Beacon Pierce BH-ASO is required to submit quarterly data reports to the Health Care Authority for the remainder of their contract (through December 31, 2020). The quarterly reports will contain the number of individuals served by the AOT pilot program, the number of court order violations, the number of contacts with law enforcement, and any involuntary inpatient hospital admissions. This reporting structure will continue collecting outcome data requested by the Legislature and will include that data in future reports, as requested. Funding to support the infrastructure for these pilot programs is time limited, currently covering fiscal years 2020 and 2021.

