

"Tim's law would help the young people who are diagnosed with serious brain diseases today receive the treatment that could save their lives and give them a quality of life that we had only imagined being possible for our son Tim." Faye Morton, NAMI LEX

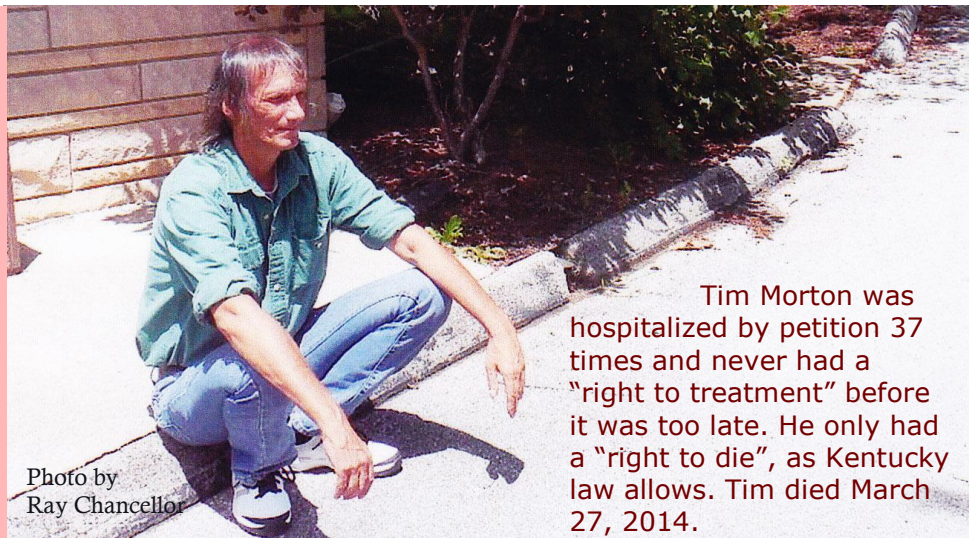


Photo by
Ray Chancellor

Tim Morton was hospitalized by petition 37 times and never had a "right to treatment" before it was too late. He only had a "right to die", as Kentucky law allows. Tim died March 27, 2014.

Help us Pass Tim's Law in 2016

Assisted outpatient treatment is a way out of the revolving door



"With treatment, my illness is manageable, allowing me to enjoy my life in the community." Dante Murry, NAMI Louisville board member & Kentucky Peer Support Specialist

"We need medical care for our loved ones – not behavioral health – that forces punishment and imprisonment for those suffering with no-fault brain diseases. Our loved ones deserve a right to treatment and **treatment before tragedy.**" GG Burns, Mother, Advocate, Blogger & Cofounder of treatmentbeforetragedy.org

**The most important part of this bill is public safety.
Tim's law will save lives!**

Tim's law is in two sections. It strengthens the already-existing law (KRS 202A.081), which permits individuals with brain diseases or severe mental illness involuntarily committed to the hospital to be discharged on the condition that they agree to – and comply with – court-ordered or "assisted" outpatient treatment, (AOT).

**AOT or
Outpatient
treatment is
less expensive
than
inpatient**



What is AOT?

Assisted outpatient treatment (AOT) is court-ordered treatment in the community for individuals who meet strict legal criteria. Most commonly, these individuals are too ill to recognize their own need for medical care, a condition known as *anosognosia.

History:

The Kentucky Legislature continues to support updating its AOT law. In 2015, Chairman of the House and Welfare committee, Representative Tom Burch filed bill HB 65 to improve and expand the practice of AOT. The bill had two parts; (1) to enhance the current outpatient agreed order statute, (extending the time and adding supports) and (2) provides a mechanism to help individuals with a symptom of anosognosia to gain services/treatment in the community with court ordered treatment before they were hospitalized. This is the new section for the current KRS202A that provides an individual with **treatment before tragedy** instead of waiting until they are homicidal, suicidal or become a felon; sentenced to long-term imprisonment. (Continued)

(In which case, they will lose all civil rights and not likely to receive treatment.)

This bill was culmination of a broad effort to coalesce advocates throughout Kentucky around a single comprehensive effort. The bill unanimously passed the House Health and Welfare Committee on February 12, 2015, but the Kentucky legislative session ended before the bill could be voted out of the appropriations and Revenue Committee.

We expect the broad support built around this last bill to assist in legislative efforts for a new bill in 2016 and ask for your support to contact your state representatives before the general assembly begins in 2016.



AOT addresses the most common reason for refusing treatment: (*anosognosia or lack of insight)

Extensive research since the early 1990s has found that about half of those with schizophrenia and bipolar disorder experience "anosognosia," also called "lack of awareness" or "lack of insight." Anosognosia has been confirmed in multiple scientific studies. The condition impairs the ability of individuals to recognize their symptoms are a sign of illness and is considered the most common reason people with severe mental illnesses reject treatment.¹

Research studies prove the effectiveness of AOT in decreasing hospital admissions, rates of homelessness, arrests, and violent episodes.²

- 74 percent fewer experienced homelessness;
- 77 percent fewer experienced psychiatric hospitalization;
- 83 percent fewer experienced arrest; and
- 87 percent fewer experienced incarceration.

AOT reduces violence, crime and victimization

- 55 percent fewer recipients engaged in suicide attempts or physical harm to self;
- 47 percent fewer physically harmed others;
- 46 percent fewer damaged or destroyed property; and
- 43 percent fewer threatened physical harm to others.



Faye Morton with her son Tim, in their home in 1976.

1 AMADOR, X.F., FLAUM, M., ANDREASON, N.C., STRAUSS, D.H., YALE, S.A., CLARK, S.C., ET AL. (1994). AWARENESS OF ILLNESS IN SCHIZOPHRENIA AND SCHIZOAFFECTIVE AND MOOD DISORDERS. 2 DUKE UNIVERSITY SCHOOL OF MEDICINE ET. AL. (JUNE 2009)

The Substance Abuse and Mental Health Services Administration (SAMHSA) listed Assisted Outpatient Treatment (AOT) as an 'evidence based program' and added it to the National Registry of Evidence-Based Programs and Practices (NREPP) in 2015.

For more info on the history of previous AOT bills from 2010-2015, visit:



changementalhealthlawsinky.blogspot.com

Learn how to support "Tim's Law" by contacting:

NAMI Kentucky

Cathy Epperson,
Executive Director
808 Monticello Street,
Somerset, KY 42501
606-451-6935
or 800-257-5081

namiky@bellsouth.net
namikyadvocacy.com