

**Assisted Outpatient Treatment (AOT)  
in California: Implementation and  
Lessons Learned**

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**AOT Nationwide**

- History of AOT
- 45 states have AOT laws
- Legislation varies across states
- Prevention versus Response
- Named as EBP in 2015

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**History in San Francisco**

- Assembly Bill 1421 was passed in California in 2002
- Welfare and Institutions Code 5345-5349.5
- Mayor Lee's CARE Task Force
- Board of Supervisors (July, 2014)
- Implementation Committee
- Stakeholder Trainings
- Implementation of AOT (November 2, 2015)

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 **UCSF** **What is AOT?** 

- Commonly known as "Laura's Law"
- Must be adopted by a county
- Court ordered outpatient treatment for individuals with severe mental illness
- Does not allow for forced treatment or forced medications
- Designed to assist individuals with severe and persistent mental illness who are not engaged in treatment, are deteriorating, and have a history of poor treatment compliance
- Goal of reducing hospitalization, incarceration, and victimization

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 **UCSF** **Counties with AOT** 

<ul style="list-style-type: none"><li>• Alameda County</li><li>• Contra Costa County</li><li>• El Dorado County</li><li>• Kern County</li><li>• Los Angeles County</li><li>• Mendocino County</li><li>• Nevada County</li><li>• Orange County</li></ul>	<ul style="list-style-type: none"><li>• Placer County</li><li>• San Diego County</li><li>• San Francisco County</li><li>• San Luis Obispo</li><li>• San Mateo County</li><li>• Shasta County</li><li>• Yolo County</li><li>• Ventura County</li></ul>
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 **UCSF** **San Francisco AOT** 

- Multiple opportunities to engage in voluntary services
- AOT Care Team
  - Community based, mobile, multidisciplinary, mental health team
  - Consists of:
    - Director (Psychologist)
    - Peer Specialist
    - Family Liaison

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  **Overview of AOT Process** 

- Request for Petition
- Investigation
- Court Petition Filed
- Court Hearing
- Court Ordered AOT

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  **Qualified Requesting Party (QRP)** 

- Adult who lives with individual
- Family member (parent, sibling, spouse) of individual
- Director of a treatment facility where individual lives
- Director of a hospital where the individual is hospitalized
- Licensed mental health provider who is working with the individual or supervising their treatment
- Peace Officer, Probation Officer, or Parole Officer who has the individual on their caseload

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  **Investigation** 

- Overseen by AOT Director
- If the individual is in acute crisis, an appropriate assessment and crisis intervention will occur
- AOT Candidate must meet all of the below criteria to be considered for the program:
  - 18 years or older
  - Resident of San Francisco
  - Has a severe and persistent mental illness
  - Be unlikely to survive safely in the community without supervision
  - Has a history of lack of compliance with treatment and  
their mental illness has been a substantial factor in hospitalization or incarceration at least twice within the last 36 months (Note: This does not include the events immediately leading up to the investigation)

OR

- their mental health has led to one or more acts of violent behavior towards himself/herself or another, threats, or attempts in the last 48 months (Note: This does not include the events immediately leading up to the investigation)

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  **Investigation** 

- Has been offered an opportunity to participate in voluntary treatment
- Their condition is substantially deteriorating
- Participation in AOT is the least restrictive option to ensure recovery and stability
- AOT is needed to prevent relapse or deterioration that would likely result in grave disability, or serious harm to self or others (i.e., AOT can prevent future hospitalization)
- Likely to benefit from AOT
- **If the above conditions are not met, the individual is offered services**

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  **Investigation** 

- If the above conditions are met (estimated to be 100 individuals or less), the following process begins within 5 business days of initial referral:
  - Referral party is interviewed by AOT Team
  - Review of records is completed
  - Treatment plan is written
  - AOT Candidate is outreached:
    - Provided with information regarding Patient's Rights
    - Mental Status Evaluation is conducted with informed consent
  - If AOT Candidate accepts voluntary treatment or does not meet criteria for the program, they are referred to appropriate services
    - If an individual who meets AOT criteria is linked to voluntary services the investigation can commence if they refuses services within 6 months of initial intervention

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  **Court Petition Filed** 

- If AOT Candidate refuses to consent to an evaluation and/or treatment plan, the AOT Team attempts to engage him/her for a minimum of 30 days prior to a court petition being filed (unless significant deterioration occurs)
- If AOT Candidate declines voluntary treatment, meets all criteria, and is in need of treatment, the following occurs:
  - Court Petition is filed by AOT Director within 10 days of the last assessment/attempted assessment
  - Treatment plan is updated
  - AOT Candidate is again offered voluntary services
    - If candidate accepts voluntary treatment and AOT Team monitors compliance

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 **UCSF** **Court Hearing** 

- If AOT Candidate declines voluntary treatment the case is set for a hearing within 5 court days
- If client waives the hearing after consulting with their counsel, the treatment plan becomes a "Settlement Agreement (SA)" and compliance is monitored
- If the court determines that all AOT conditions are met, the treatment plan becomes a court order for up to 180 days
  - Update to court every 60 days
  - Hearing of noncompliance
- If the court determines that the AOT conditions are not met, the petition is dismissed

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 **UCSF** **Court Ordered AOT** 

- Once the treatment plan becomes a court order, the AOT client can:
  - accept AOT and an evaluation is completed by the AOT Care Team every 60 days to ensure ongoing need for AOT
    - A petition to terminate AOT can be filed at any time if the client no longer meets criteria for the program
  - decline AOT and the court orders the individual to meet with AOT Care Team to complete assessment
- At any juncture, the AOT team may initiate a 5150 WIC hold if the client decompensates and meets criteria
- At any juncture, the client can file a writ of habeas corpus to require the AOT Director to prove that he/she continues to meet criteria for AOT
- If it is determined that the client continues to meet AOT criteria past the 180 days, the AOT Director will file a petition to continue AOT 30 days prior to expiration of the court order.

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 **UCSF** **AOT Treatment** 

- Individualized treatment plan
  - Takes into account the client's preferences, unique needs, available services, and AOT determination of appropriate level of care
  - Dynamic and flexible
- Does not include an involuntary medication order
- Is an intervention and engagement tool
- Goal of reducing hospitalization, incarceration, and victimization

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 **UCSF** **AOT Treatment** 

- Field based services
- Focused on recovery and wellness
- Full Service Partnership (intensive case management) between client and, when appropriate, their family/natural support system
- Goal of linking to long term care post AOT services

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 **UCSF** **AOT Treatment** 

- **Services are:**
  - client centered
  - community based
  - least restrictive
  - integrative
  - client directed and utilize principles of psychosocial rehabilitation and recovery
  - culturally/linguistically competent and diverse
  - gender specific
  - trauma informed
  - ADA compliant

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 **UCSF** **AOT Treatment** 

**Services may include:**

<ul style="list-style-type: none"><li>• coordination and access to medications</li><li>• housing assistance</li><li>• assistance with accessing primary care</li><li>• vocational rehabilitation</li><li>• assistance with accessing educational resources</li><li>• substance abuse treatment</li><li>• cognitive remediation</li></ul>	<ul style="list-style-type: none"><li>• veteran specific resources</li><li>• older adult specific resources</li><li>• TAY specific resources</li><li>• family support</li><li>• peer support</li><li>• life skills training</li><li>• evidence based practices</li></ul>
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**UCSF** **Goals of Intensive Case Management** **SF HEALTH NETWORK**

- Treatment engagement
- Stabilization
- Linkage to long term services to continue treatment
- Prevent hospitalization and incarceration
- Increase quality of life in the community

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**UCSF** **Key Principles** **SF HEALTH NETWORK**

- Multidisciplinary Team-
  - Two case managers, half time peer specialists, psychiatrists and nurse
- Support clients identified treatment goals
- Evidenced based practices
- Mental health treatment
  - Medications and therapy
- Frequent outreach in the community including to streets, client homes, hospitals, and jail
- "Whatever it takes"
- Creativity and flexibility
- Collaboration and care coordination with providers especially in the hospitals/jails
- Crisis intervention
- Support to families
- Engage clients using their strengths
- Incentives
- Connections to resources: Benefits, housing, primary care, residential treatment, employment support, money management
- Strong advocacy

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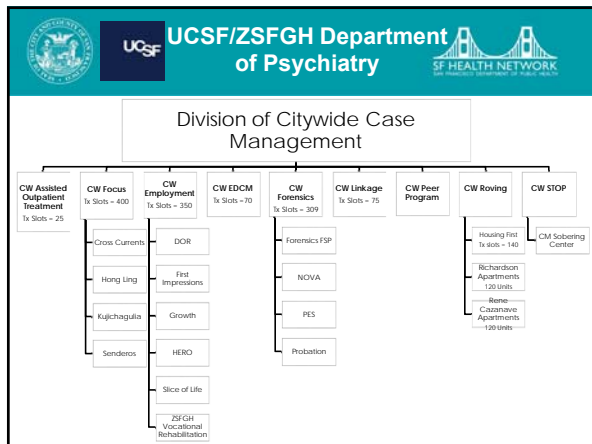
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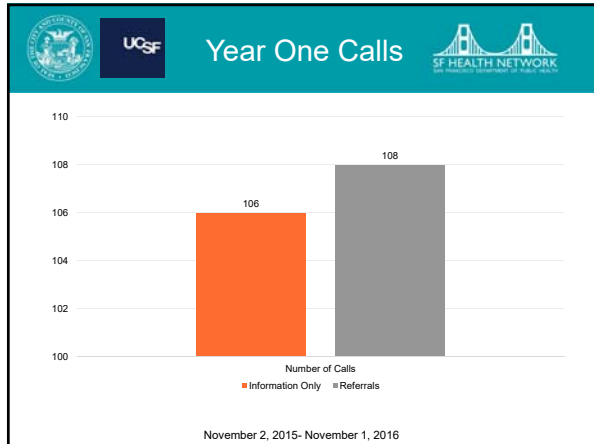
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# Assisted Outpatient Treatment - Almeida




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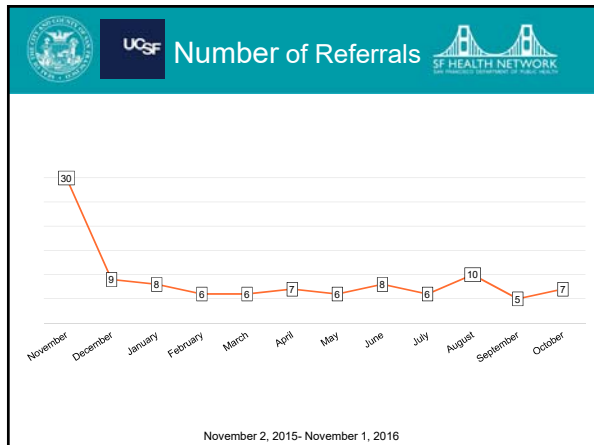
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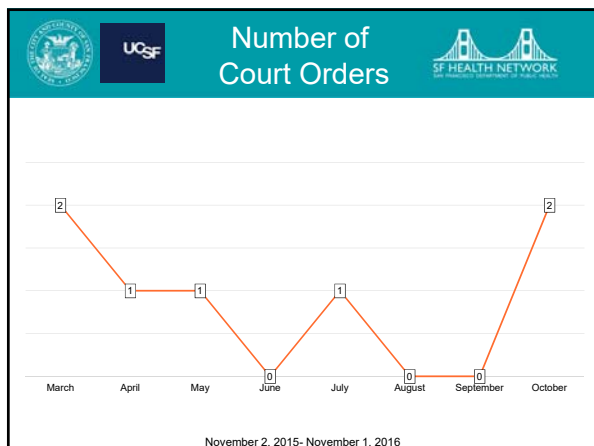
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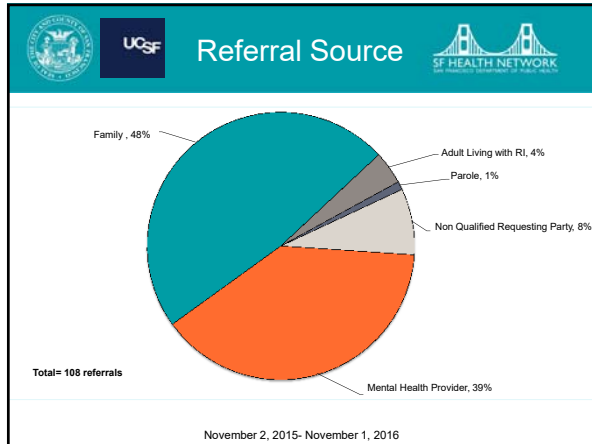
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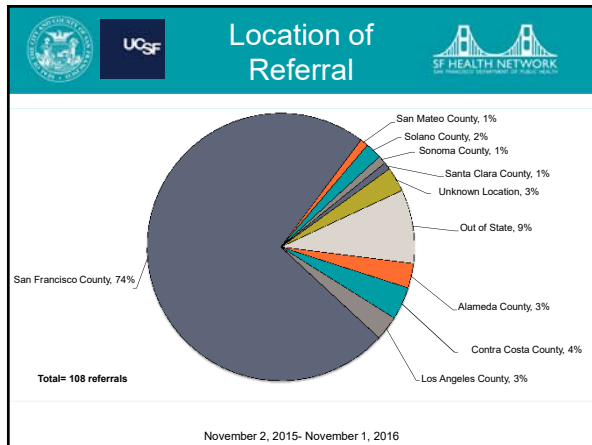
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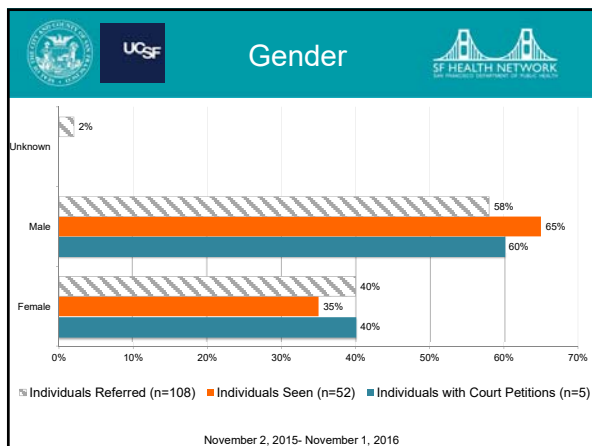
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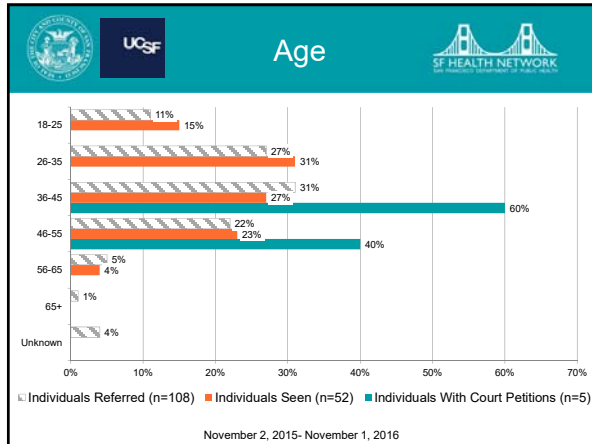
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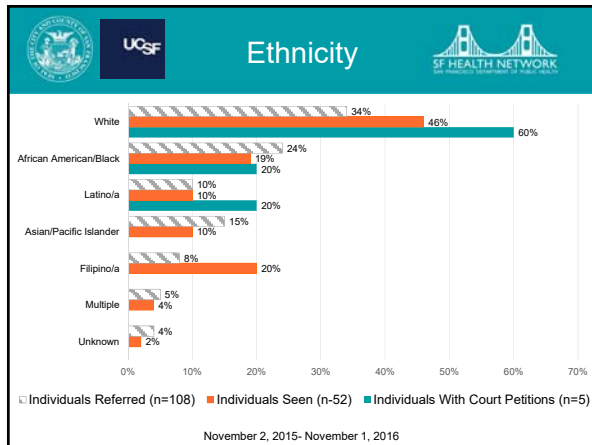
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- Preliminary Outcomes**
- Average Length of Time Working with AOT
    - 124 days
  - Average Number of Weekly Contacts
    - 2 per individual
  - 40% individuals had a history of homelessness in the last 36 months
  - 60% of individuals accepted voluntary services
  - Feedback from Participants
    - 100% of individuals surveyed reported feeling hopeful about their future
  - Feedback from Families
    - Increased awareness of services in San Francisco
    - Frustrations regarding confidentiality and limitations of the law

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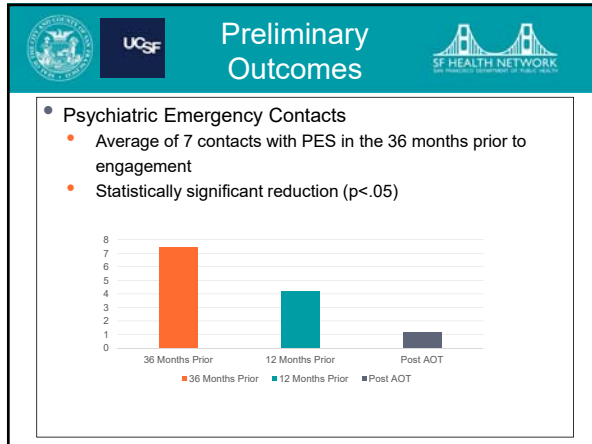
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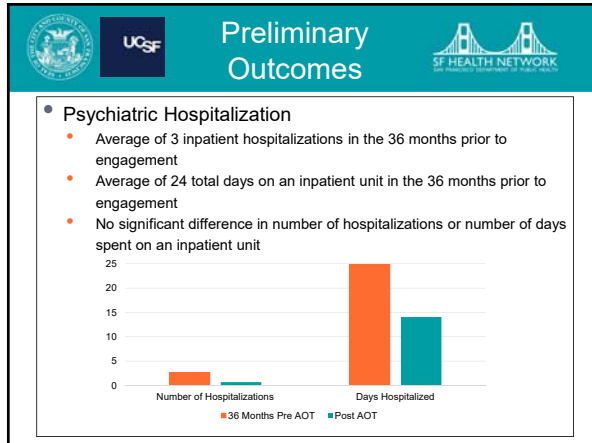
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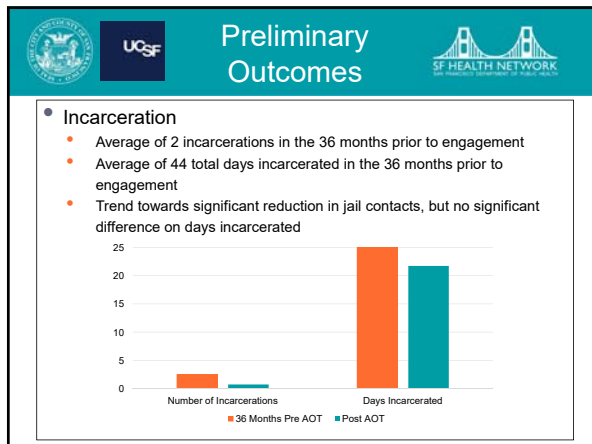
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  **UCSF** **Next Steps** 

- Annual Report
  - Quantitative Data
  - Qualitative Data
- Long Term Evaluation
  - Three year report to assess efficacy
  - External consultant
- Development of Best Practices for Engagement

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  **UCSF** 

**Questions?**

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