



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

AOT Nationwide



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

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)

 **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

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




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

  **Overview of AOT Process** 

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

  **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

  **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)

  **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**

  **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

  **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

 **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

 **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.

 **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

 **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

 **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

 **UCSF** **AOT Treatment** 

Services may include:

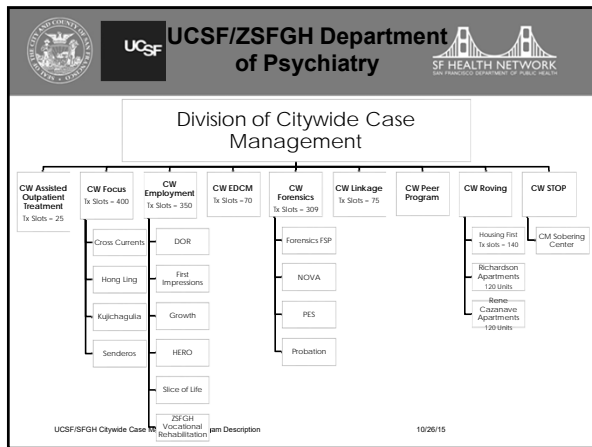
<ul style="list-style-type: none">• coordination and access to medications• housing assistance• assistance with accessing primary care• vocational rehabilitation• assistance with accessing educational resources• substance abuse treatment• cognitive remediation	<ul style="list-style-type: none">• veteran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

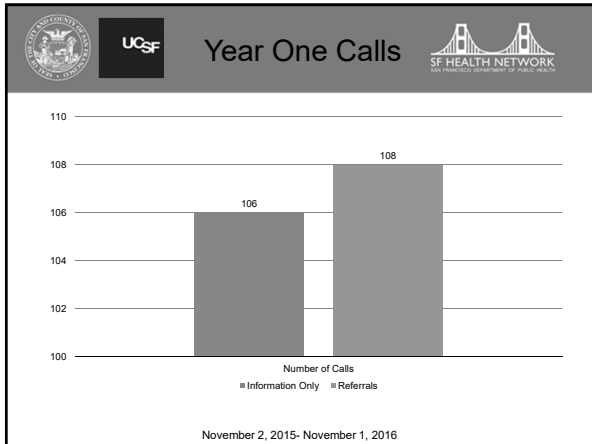
- Treatment engagement
- Stabilization
- Linkage to long term services to continue treatment
- Prevent hospitalization and incarceration
- Increase quality of life in the community

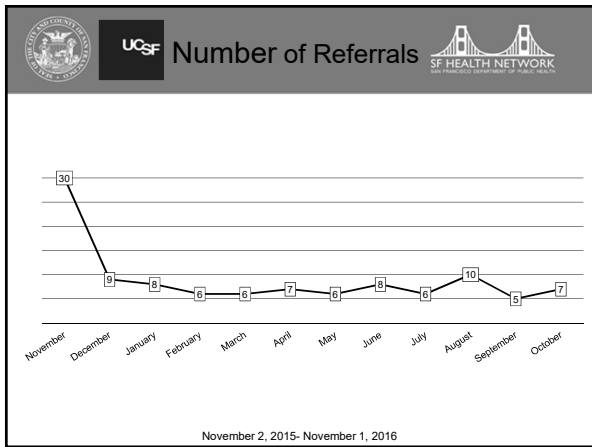
UCSF **Key Principles** **SF HEALTH NETWORK**

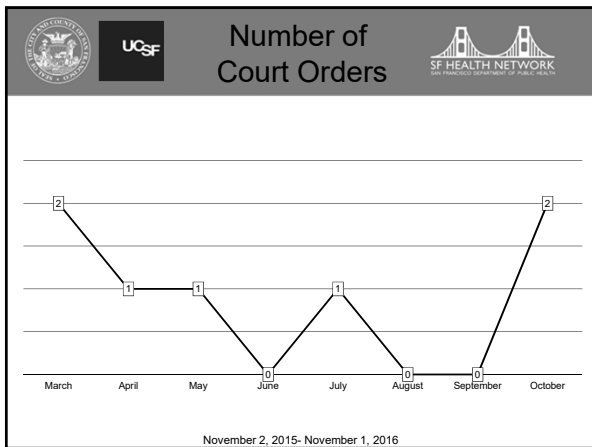
- **Multidisciplinary Team-**
 - Two case managers, half time peer specialists, psychiatrists and nurse
- Support clients identified treatment goals
- Evidenced based practices
- Mental health treatment
 - Medications and therapy
- Frequent outreach in the community including to streets, client homes, 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

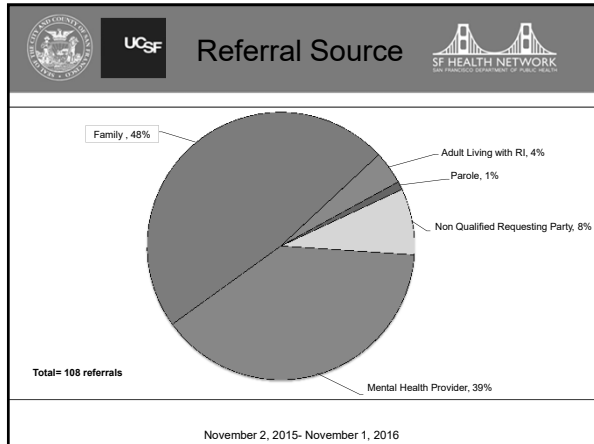


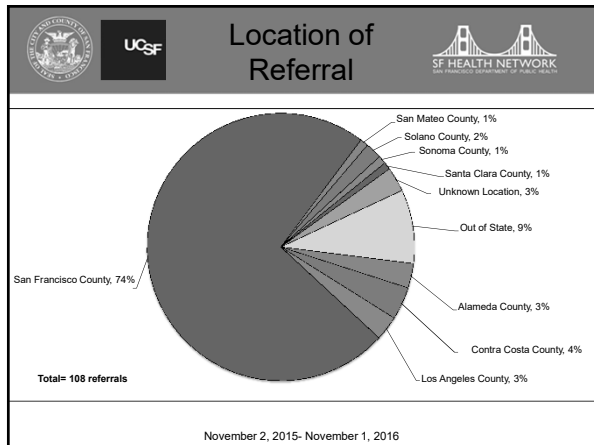
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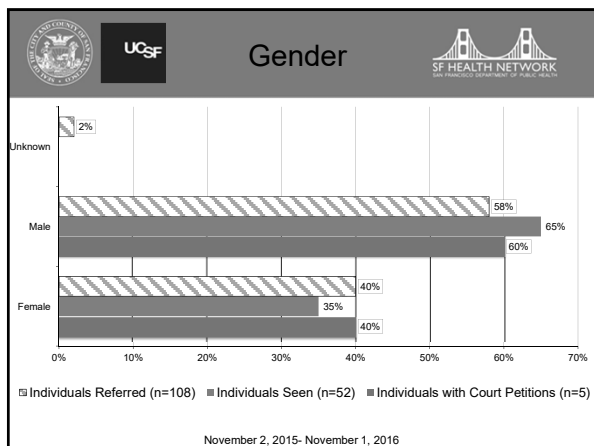


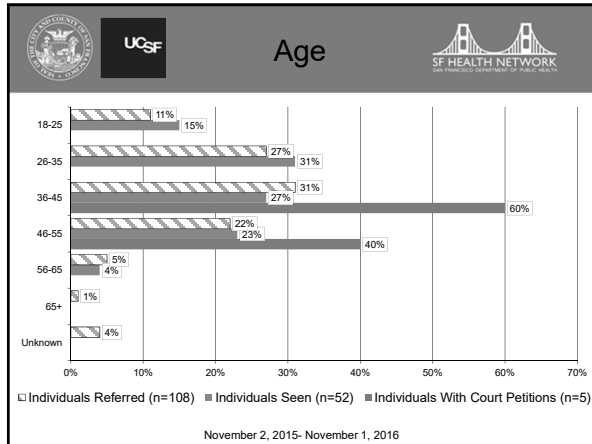


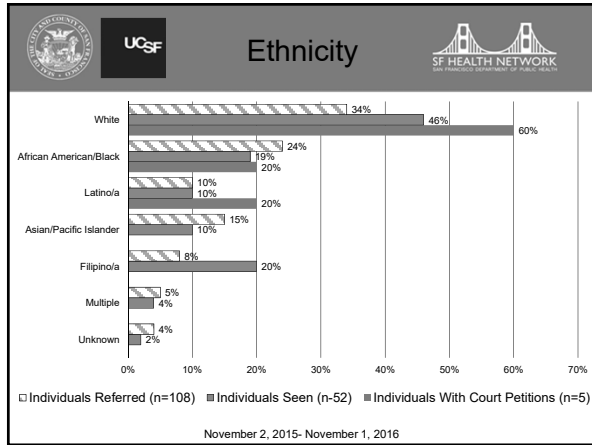




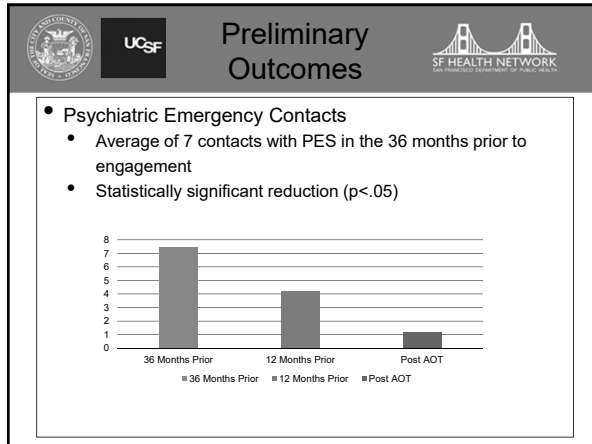


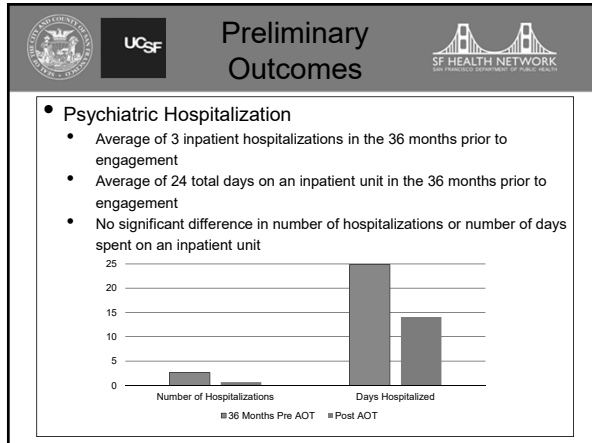


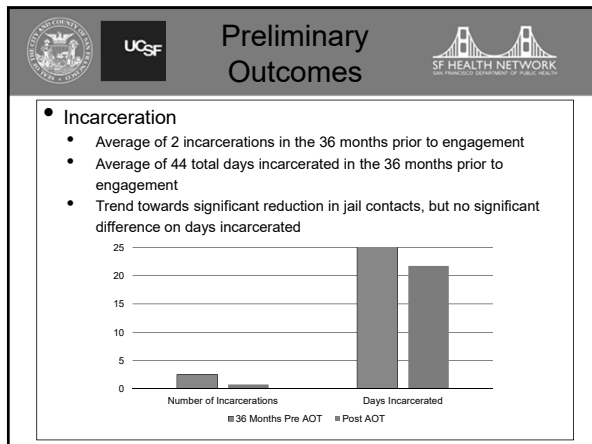







- Preliminary Outcomes**
- Average Length of Time Working with AOT
 - 124 days
 - Average Number of Weekly Contacts
 - 2 per individual
 - 40% individuals had a history of homelessness in the last 36 months
 - 60% of individuals accepted voluntary services
 - Feedback from Participants
 - 100% of individuals 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









  **UCSF** **Next Steps**  **SF HEALTH NETWORK**
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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

  **UCSF** **Next Steps**  **SF HEALTH NETWORK**
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Angelica Almeida, Ph.D.
angelica.almeida@sfdph.org
415-255-3722

Alison Livingston, MFT
alison.livingston@ucsf.edu
415-597-8070

  **UCSF** **Next Steps**  **SF HEALTH NETWORK**
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Questions?
