ASSISTED OUTPATIENT TREATMENT (AOT)

FACT SHEET

What is Assisted Outpatient Treatment?

AOT is a form of court-ordered and court-supervised intensive treatment in a community setting for individuals with severe mental illness and a demonstrated history of lack of adherence to treatment and poor outcomes. AOT is a civil, not a criminal, process. An AOT statute allows a judge, after extensive due process, to order outpatient treatment for a person with severe mental illness who meets certain criteria.

Who Qualifies for Assisted Outpatient Treatment?

To be eligible for AOT the person must be:

- 1. 18 years or older and
- 2. Have a severe mental illness
- 3. Unlikely to survive in the community without supervision
- 4. Have a condition that is substantially deteriorating
- 5. Have a history of treatment noncompliance in that at least one of the following is true:
 - a. Has had two psychiatric hospitalization or placements in a correctional facility within the last 36 months due to their mental illness OR
 - b. Has had one or more incidents of serious and violent acts, threats or attempts to harm self/others within the last 48 months due to their mental illness
- 6. Have been offered to voluntarily participate in a treatment plan and have not engaged or refuse treatment
- 7. Able to benefit from treatment
- 8. Participation in AOT would be least restrictive environment

Who Can Request Assisted Outpatient Treatment?

- The person's parent, spouse, sibling or child, who is 18 or older
- Adults residing with the individual
- Director of a treating agency, organization, facility or hospital
- The treating licensed mental health professional
- Peace officer, parole or probation officer supervising the individual

How is Someone Referred to Assisted Outpatient Treatment?

Any of the above individuals can refer someone to county mental health for AOT. The following steps include:

- 1. Determination if individual meets criteria
- 2. Outreach and engagement to get enrolled in voluntary services
- 3. Court petition if individual continues to refuse voluntary services
- 4. Court hearing if individual contests petition
- 5. Court order if evidence supports need for AOT and
- 6. Review at 6 months for new order if need continues

Who is Involved?

- Court personnel
- Sheriff personnel
- Public Defender as counsel for the participants
- County Counsel appointed to represent DHHS-BH
- Behavioral Health direct service providers and staff

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What are the Provider and Court Responsibilities for AOT?

Counties that implement must have community based mobile mental health teams, psychiatric services, intensive case management, family outreach, SUD services, peer support and housing support among other things. Participants referred to AOT who do not agree to voluntary services would have the right to a hearing, to appeal the decision made at the hearing, and also the right to petition for a writ of habeas corpus, and the additional burden of providing these due process protections to participants would fall to the County and Superior Court. Representation during these proceedings would require Public Defender and County Counsel.

In addition to the above, there are staff and supports required outside of the court setting and beyond the Behavioral Health team. Treating agency, organization, facility or hospital staff are involved, along with peace officers, parole or probation officers who have contact with the individual and may refer to treatment. Community-Based Outpatient service providers, SUD treatment providers, CIT-Trained officers, and providers appropriate to special populations, e.g. TAY or those from diverse cultural backgrounds, are needed to support AOT recipients in the community.

What are the Enforcement Mechanisms?

AOT prohibits holding a participant in contempt for disobeying the court. Additionally, the court may not order a patient to be forcibly medicated or placed under hospital commitment without a finding that the standard criteria for involuntary inpatient treatment have been met.

However, the court may order the participant to meet with the treatment team to resolve the issue. If the treatment team's efforts to secure cooperation are unsuccessful, the court may order the individual to be hospitalized for up to 72 hours for a psychiatric evaluation pursuant to 5150.

How is Assisted Outpatient Treatment Funded?

This is not a funded program and Counties are not allowed to reduce current voluntary services in order to enact AOT, per the legislation. If current voluntary services will be reduced counties must opt out of Laura's Law/AOT.

What are the Costs Associated with Assisted Outpatient Treatment, and Who Bears Them?

The costs are based on staffing needs within the behavioral health agency, and court requirements to investigate whether identified patients meet AOT criteria, file petitions as warranted, conduct examinations and hearings, impose court orders and maintain contact between the court and treatment team. There are also legal costs associated with preparing and presenting evidence in court of patients' qualification for AOT and with providing counsel to patients and behavioral health. These costs are typically paid for by the County, Behavioral Health, the Courts and occasionally specific defense funds.

Is It Only for Medi-Cal Beneficiaries?

No. AOT includes non Medi-Cal beneficiaries.

How Many Individuals Typically Qualify and Participate in AOT?

There is significant variation in enrollment rates in Laura's Law programs throughout California. Utilization rates of individuals enrolled in Laura's Law programs range from 0.5 per 100,000 to 11 per 100,000, even in counties in geographic proximity. There is even greater variation in the utilization of the court process for Laura's Law program enrollment among counties. Based on results reported in A Promising Start, from the Treatment Advocacy Center, February 2019, four counties had no court oversight for Laura's Law enrollees and of the 11 counties that did, the numbers of enrollees with court oversight ranged from 0.3 per 100,000 to 7.1 per 100,000.

A Promising Start - Treatment Advocacy Center