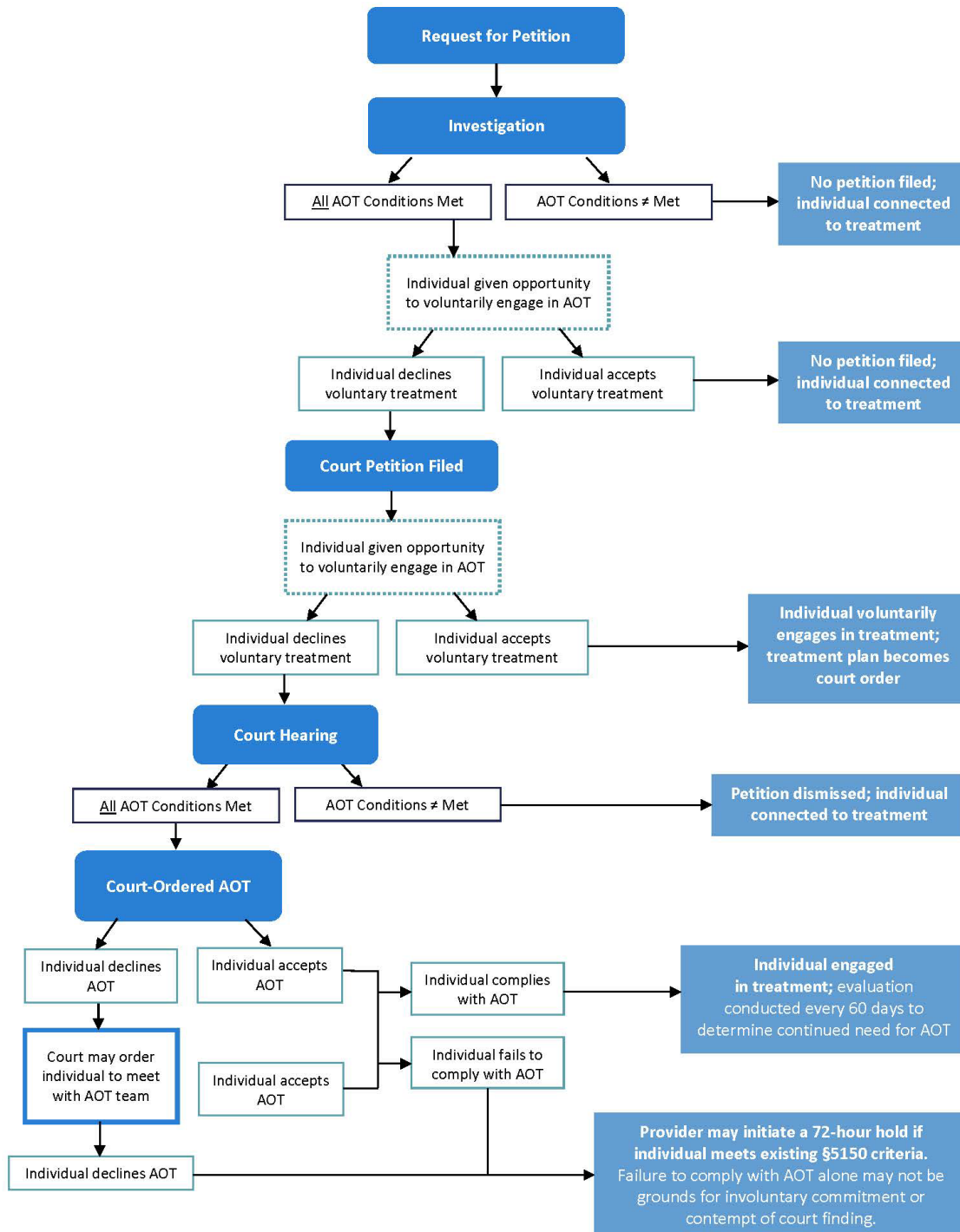


SUMMARY

Assisted Outpatient Treatment, also referred to as “AOT or” “Laura’s Law,” was enacted in 2002 by California Assembly Bill 1421 and refers to court-ordered outpatient treatment for individuals who have a severe mental illness. In counties that choose to adopt the program, AOT allows for adults who meet certain requirements to request that the county mental health director petition the court to mandate treatment for individuals who have previously refused care and meet strict eligibility requirements.

OVERVIEW OF THE PROCESS

Overview of Assisted Outpatient Treatment (AOT) Process • [W&I 5345-5349.5](#)



ELIGIBILITY

Who is Eligible for AOT?

An individual must meet all of the following criteria to qualify for AOT:

- 1) Be at least 18 years of age;
- 2) Suffer from a serious mental disorder (defined by W&I §5600.3 (b)(2) and (3));
- 3) Be unlikely to survive in the community without supervision, per clinical determination;
- 4) Demonstrate a history of failing to comply with treatment (one of the following must be true):
 - a) The person's mental illness has been a key factor in necessitating psychiatric hospitalization or mental health services while incarcerated at least twice within the last 36 months, not including the period immediately preceding the petition for AOT, or
 - b) The person's mental illness has resulted in one or more incidents of serious and violent behavior toward himself or another in the last 48 months, not including the period immediately preceding the petition for AOT;
- 5) Have been offered the opportunity to participate in treatment but failed to engage;
- 6) Be substantially deteriorating;
- 7) Be an appropriate match for AOT, meaning that AOT offers the least restrictive placement needed to ensure recovery and stability;
- 8) Be unlikely to relapse or be subject to an involuntary psychiatric hold (5150) with AOT; and
- 9) Likely benefit from AOT.

Who Can Request a Petition for AOT?

A request for AOT may be initiated by the following adults (age 18+):

- 1) Any adult who lives with the individual with mental illness;
- 2) A parent, spouse, sibling, or adult child of the individual with mental illness;
- 3) The director of a mental health institution in which the individual with mental illness lives;
- 4) The director of a hospital where the individual with mental illness is hospitalized;
- 5) A licensed mental health provider supervising the treatment of the individual; or
- 6) A peace, parole, or probation officer assigned to supervise the individual.

FAQs

Who is AOT designed to help?

AOT is designed to assist individuals who have a documented severe mental illness, who are not actively engaged in care, are in deteriorating condition, and have a history of failing to comply with treatment. AOT requires that individuals meet strict eligibility guidelines, as outlined above.

How many people are expected to be eligible for AOT in San Francisco?

SFDPH estimates participation to be fewer than 100 annually. (SFDPH currently provides mental health care for approximately 31,000 San Franciscans at 23 SFDPH mental health clinics and programs, and 300 contracted programs in the community. About 7,200 patients are treated each year at psychiatric emergency department at San Francisco General Hospital and Trauma Center.

Does AOT help provide care for people with mental illness who are homeless?

In some cases, homeless people will be eligible for AOT; in other cases they will not. AOT has strict eligibility criteria that apply regardless of whether an individual is housed. These criteria include the requirement that AOT be initiated by someone who knows the individual, either personally (family member or co-habitant) or professionally (mental health provider or peace, parole or probation officer assigned to supervise the individual), and that the individual not be actively engaged in mental health treatment.

What are the individual's rights in the process?

AOT strictly defines patient eligibility criteria in an effort to ensure appropriate application of the law and to protect individual rights. AOT provides at least two opportunities to engage patients in voluntary treatment prior to a court hearing. Additionally, AOT specifically defines the rights of the individual with mental illness who is subject to AOT, including adequate notice of hearings, to receive a copy of the court-ordered evaluation, to a court appointed public defender in the absence of private counsel, to be present at the hearing, to present evidence and call and/or cross-examine witnesses, and to appeal decisions.

What is the difference between AOT and a 5150?

A “5150” refers to Section 5150 of the California Welfare & Institutions Code and is an emergency hold in response to a psychiatric crisis, allowing for up to 72 hours of involuntary psychiatric evaluation and treatment of persons believed to be a danger to self, a danger to others, or gravely disabled by mental illness. AOT is a non-crisis process that allows for an adult that meets AOT criteria and declines voluntary treatment to be compelled by a civil court process to receive mental health care in the community. The goal of AOT is to support individuals with mental illness in the community in an effort to prevent future crisis.

If someone does not comply with court-ordered AOT are they automatically subject to a 5150?

No. Failure to comply with AOT alone may not be grounds for a 5150 involuntary hold or for a contempt of court finding. The criteria for a 5150 involuntary hold are already prescribed in state law and are no different for AOT participants than for any other individual. In order to meet the criteria for a 5150 an individual must be at imminent risk for danger to self, at imminent risk for danger to others, or be gravely disabled (unable to care for basic needs such as food, shelter, and clothing) due to a mental illness.

What are consequences of noncompliance with court-ordered AOT?

If the treating mental health treatment provider believes that the individual is a danger to self, a danger to others, or gravely disabled and in need of involuntary treatment, the provider may initiate the 5150 process. There are no additional enforcement mechanisms for individuals who do not meet 5150 criteria. However, some jurisdictions that have implemented AOT have noted that court involvement itself can prompt some patients to choose treatment, including medication. This has been called the “Black Robe Effect.”

Would AOT reduce the number of 5150s?

The impact of AOT on 5150 involuntary holds is unknown. Once implemented, the data collection, reporting, and evaluation requirements under AOT would likely answer this question.

How does AOT differ from SFPD’s existing Community Independence Placement Program?

The Community Independence Placement Program (CIPP) is a voluntary program for individuals who have been subject to a 5150 involuntary hold and who meet the grave disability criteria required for conservatorship. Participation in the program is initiated in the hospital and participants are transitioned to community-based care. Participants agree to allow a conservator and the mental health court to work on their behalf to ensure that they adhere to their prescribed treatment plans, including medication adherence.

AOT is court-ordered treatment initiated while the individual resides in the community. AOT provides a mechanism for family members and others who know the individual well to help engage an individual into treatment without requiring hospitalization or law enforcement. Individuals who meet strict eligibility requirements may be ordered by the court to receive mental health treatment.

Can AOT mandate medication?

No. State statute specifies that involuntary medication shall not be allowed absent a separate court order available only for individuals who are conserved due to their grave disability.

How much will AOT cost?

Other communities that have implemented AOT (Orange County, Nevada County) estimate the mental health treatment costs at \$35,000-\$40,000 per person per year. This does not include costs associated with the judicial system. Per State statute, no voluntary mental health programs may be reduced as a result of the implementation of AOT.

How will the effectiveness of AOT be evaluated?

Counties that implement AOT are required to collect and report key data to the State Department of Health Care Services for evaluation. At minimum the evaluation is required to include data that relates to number of individuals that receive services through AOT, engagement of AOT participants in services, and key data points to measure the effectiveness of AOT as an intervention and engagement tool (e.g., hospitalization, contact with law enforcement, social functioning, employment).