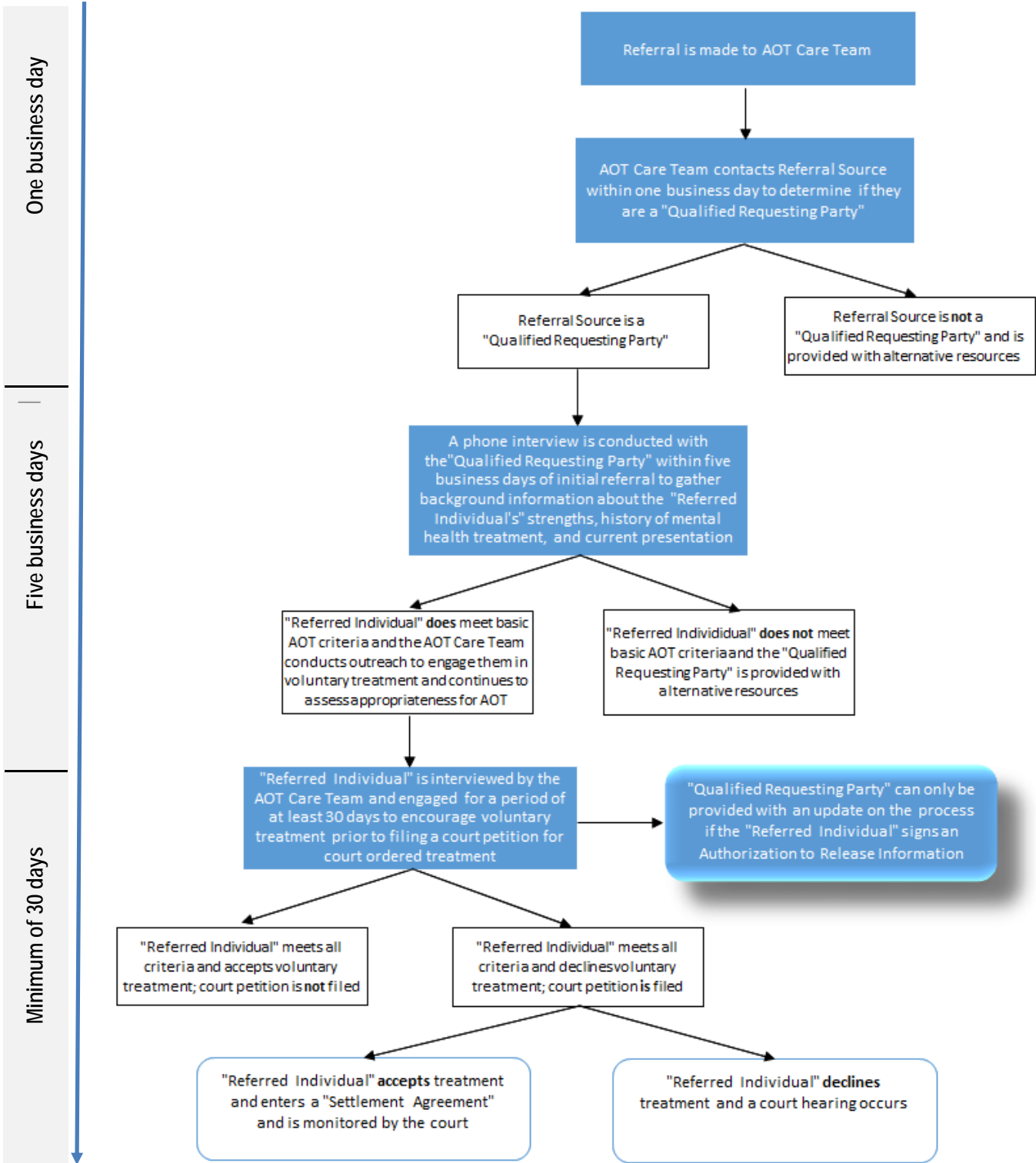


**OVERVIEW OF THE AOT INTAKE PROCESS**

This overview is designed to provide additional information to individuals who have made a referral to Assisted Outpatient Treatment (AOT). This includes a detailed description of the timeline for an intake and assessment to occur. Once a referral is made, the AOT Care Team can only provide updates to the referral source if the "Referred Individual" has signed an Authorization to Release Information. Please feel free to contact the AOT Care Team at (844) 255-4097 if you have any questions.



## REFERRAL

### How do I refer to AOT?

If you would like to refer an individual to the Assisted Outpatient Treatment (AOT) program, please:

- 1) Complete the referral form and fax it to (415) 255-3798 or email it to [AOT-SF@sfdph.org](mailto:AOT-SF@sfdph.org)  
**OR**
- 2) Call the toll free number (844) 255-4097 or TDD at (888) 484-7200

Please note that email is not a secure form of communication. If you choose to email the referral form, your information will be reviewed and a member of the AOT Care Team will contact you via phone to discuss the case further.

A member of the AOT Care Team will contact you within one business day of receiving the referral.

## ELIGIBILITY

### Who Can Request a Petition for AOT?

A request for AOT may be initiated by the following adults (age 18+) while the mentally ill individual resides in the community:

- 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.

### 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.