San Francisco's Assisted Outpatient Treatment Program

2016 Annual Report

April 29, 2016

Assisted Outpatient Treatment (AOT) is a program of the San Francisco Department of Public Health – Behavioral Health Services

harder+company community research

SF HEALTH NETWORK
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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Executive Summary

On November 2, 2015, San Francisco Department of Public Health's (SFDPH) Behavioral Health Services (BHS) Division launched the Assisted Outpatient Treatment (AOT) program (www.sfdph.org/aot). The program seeks to:

- improve the quality of life of participants and support them on their path to recovery and wellness,
- prevent decompensation, and
- prevent cycling through acute services (e.g., psychiatric hospitalization) and incarceration.

The program, authorized by San Francisco's Board of Supervisors in 2014, is one of a handful of County led programs in California to support the primary intent and purpose of the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002 (Welfare and Institutions Code (WIC) §§ 5345-5349.5)—otherwise known as "Laura's Law"—to (a) identify persons with serious mental illness who are not engaged in treatment, (b) assess if there is substantial risk for deterioration and/or involuntary detention (under WIC § 5150) which could be mitigated by provision of appropriate services, and (c) petition the court to order participation in such services if the individual is not able to be successfully engaged by other means.

The San Francisco AOT Model is utilized as an intervention and engagement tool designed to assist and support individuals with serious mental illness. San Francisco's AOT program places an emphasis on promoting voluntary engagement in services by utilizing a strength-based and client-centered approach, as well as accessing an individual's natural support system (i.e., family and friends). The program has been constructed to employ principles of recovery and wellness, and has a particular focus on community-based services and multiple opportunities for an individual to engage in voluntary treatment before a court order is requested. This is the first annual report for the AOT program in San Francisco and covers a five-month period from November 2, 2015 through March 26, 2016.

The AOT Care Team

Core program services are provided by the AOT Care Team, in accordance with San Francisco Health Code §§ 4111-4119, which is comprised of the AOT Director, a Peer Specialist, and a Family Liaison. The AOT Care Team conducts extensive outreach to:

- locate and engage Referred Individuals with local mental health resources,
- encourage voluntary participation in treatment and engagement among Referred Individuals, and
- petition the court to order individuals into outpatient treatment when indicated.

The Care Team works with Zuckerberg San Francisco General Hospital's Division of Citywide Case Management to coordinate treatment for individuals that are court ordered into treatment and support individuals who have voluntarily agreed to services in linking to long term care.

Data Snapshot

Service

WIC § 5348(d) requests information on the "number of persons served by the program and, of those, the number who are able to maintain housing and the number who maintain contact with the treatment system."

During the first five months of program implementation, the AOT Care Team received 113 calls. Specifically, between November 2, 2015 and March 26, 2016 the San Francisco AOT program:

- Received **113 calls:**
  - **59 calls for referrals**—most of these (53 percent) were from family members.
  - **54 requests for information.**
- Conducted outreach to **25 individuals** who met initial eligibility criteria.
- Supported **75 percent** of individuals who accepted **housing assistance.**
- Supported connection and/or connected **79 percent** of individuals to **clinical case management services.**
- **Petitioned** the court to order outpatient treatment for **one individual**[1] **which resulted in a Settlement Agreement.**

Individuals served by the AOT Care Team have an extensive history of lack of engagement in services, psychiatric hospitalizations, contact with the criminal justice system, and homelessness. In the 36 months (3-years) prior to being referred to the program:

- **84 percent** had at least one known **inpatient psychiatric hospitalization** in San Francisco[2].
- **60 percent** had at least one known **incarceration** in San Francisco.
- **64 percent** had been **homeless** at some point.

Given the early stages of the implementation of AOT in San Francisco, data regarding WIC §§ 5348(d)(2)-5348(d)(14) is incomplete or not yet available. Detailed information on these WIC sections will be analyzed and presented in future reports. The remainder of this report will focus on the successful outreach and engagement of individuals referred to the program—for whom we use the term, Referred Individuals.

Engagement and Satisfaction

Among the 25 Referred Individuals who met criteria for outreach:

- 48 percent have accepted treatment (i.e., are in the early stages of being or have been successfully connected to a provider).
- 75 percent have accepted housing assistance.
- 35 percent are living independently and 26 percent are in residential treatment or supportive facilities.

[1] Subsequent to data collection, the AOT Care Team submitted petitions for two additional Referred Individuals, one of which resulted in a Settlement Agreement. At the time of publication, the disposition in the remaining case was pending.
[2] This relates to admission to an inpatient unit and does not include crisis contacts.

The AOT Care Team also engaged members of individuals' support networks[3] through activities such as:

- Referrals to resources and support groups such as the National Alliance on Mental Illness (NAMI).
- Support and guidance in coping with challenges associated with caring for a loved one who has a serious mental illness.

In surveys with Referred Individuals and interviews with members of their support networks, respondents expressed a high degree of satisfaction with the program. Findings include the following:

- Referred Individuals reported feeling "hopeful" about their future.
- The majority of Referred Individuals and support network members reported positive perspectives on the approach to engagement from the AOT Care Team.
- The majority of support network members and Referred Individuals felt supported by the AOT Care Team.
- AOT participation was associated with increasing awareness of and access to effective resources for Referred Individuals and family members in and out of California.

Looking Ahead

As the AOT program progresses into its second year of implementation, we intend to expand evaluation components to include the following:

- Rates of and influences on successful treatment adherence among AOT participants.
- Social functioning and independent living among current and former AOT participants.
- Strategies to expand family support and to achieve acceptable balance between family expectations and program goals.
- AOT impact on substance use by AOT participants and substance use disorders.
- Use and results of employment service programs by AOT participants.
- Victimization and violence reduction effects of AOT.
- Best practices for engagement and intervention efforts.

[3] Support network members include family, friends, and other individuals who provide emotional, financial, or other types of support to the Referred Individual.

Introduction

California State Assembly Bill (AB) 1421 (Thomson, Chapter 1017, Statutes of 2002) established the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, more commonly referred to as "Laura's Law" (Welfare and Institutions Code (WIC) §§ 5345-5349.5). The purpose and intent of Assisted Outpatient Treatment is to:

- identify persons with serious mental illness who are not engaged in treatment,
- assess if there is substantial risk for deterioration and/or involuntary detention (under WIC § 5150) which could be mitigated by provision of appropriate services, and
- petition the court to order participation in such services if the individual is not able to be successfully engaged by other means.

Although established through a state measure, counties can decide whether and how—outside of select goals and service requirements—to implement the AOT program in their respective counties.

The present report describes San Francisco's experience with AOT during the first five months of implementation. This is the first San Francisco *Assisted Outpatient Treatment Program Annual Report* and provides information of use to local, state and regional government and law enforcement entities, as well as community, mental health, and other stakeholders.

The San Francisco Assisted Outpatient Treatment Program

In July 2014, San Francisco's Board of Supervisors authorized Assisted Outpatient Treatment as a response to Mayor Ed Lee's 2014 Care Task Force. Implemented November 2, 2015, the San Francisco AOT Model is utilized as an intervention and engagement tool designed to assist and support individuals with mental illness (www.sfdph.org/aot). The program has been constructed to employ principles of recovery and wellness, and has a particular focus on community-based services and multiple opportunities for an individual to engage in voluntary treatment. **The ultimate goal of the program is to improve the quality of life of participants and support them on their path to recovery and wellness, as well as prevent decompensation and cycling through acute services (e.g., psychiatric hospitalization) and incarceration.**

The San Francisco AOT program uses a multi-disciplinary Care Team model to support Referred Individuals and their loved ones.

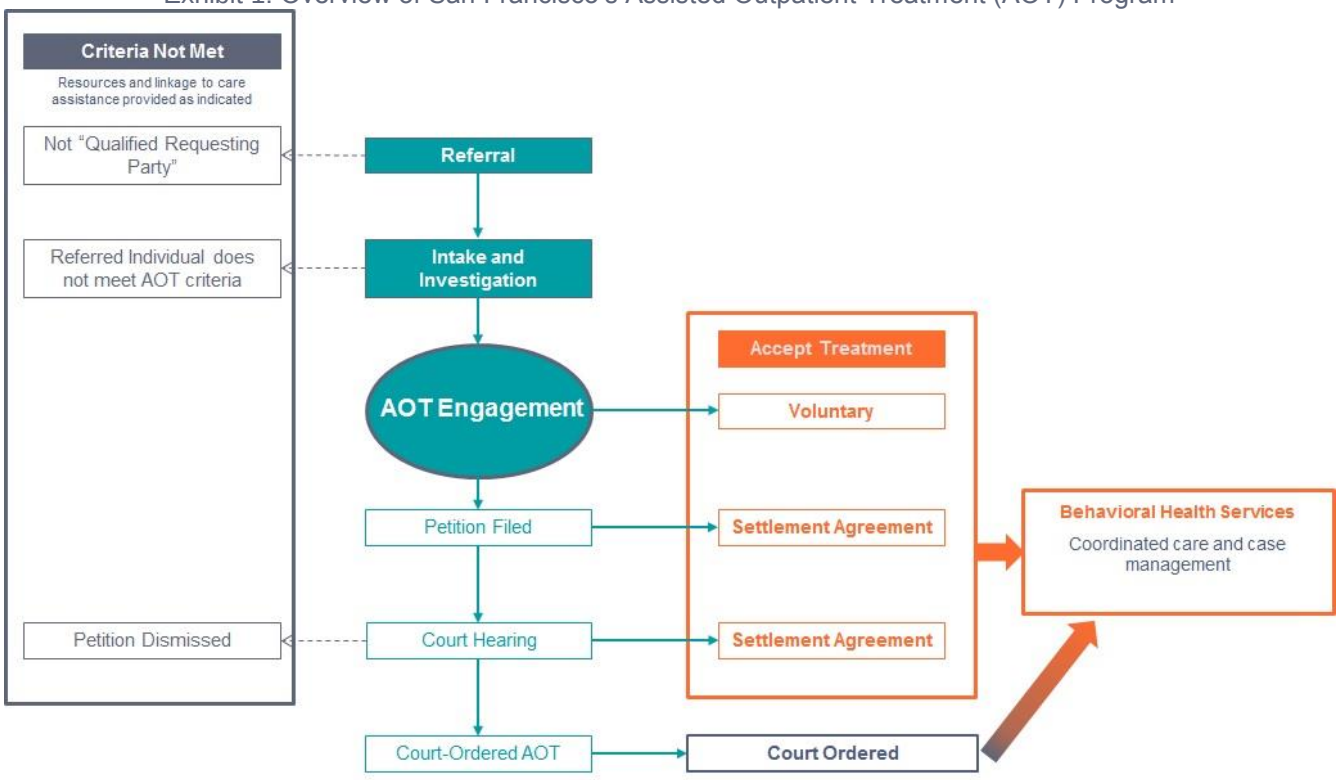
In San Francisco, the AOT program places an emphasis on promoting voluntary engagement by utilizing a strength-based and client-centered approach, as well as accessing an individual's natural support system (i.e., family and friends). If after 30+ days of engagement the staff is unable to successfully engage an individual in care, a petition to court order an individual into outpatient treatment may be pursued. This order uses the "black robe" effect (i.e., symbolic weight of the court) to leverage an individual into care.

Eligibility for AOT is initiated through a referral or petition request from a ***Qualified Requesting Party***, as outlined in WIC § 5346(b)(2). Qualified parties include an adult living with the individual, an individual's immediate family, treatment providers, and a parole or probation officer. Eligibility of ***Referred Individuals*** is then assessed by the AOT Director and Care Team. Individuals that appear to initially meet AOT criteria are subsequently engaged by the ***AOT Care Team*** and offered voluntary services. San Francisco's AOT model formalizes a multidisciplinary Care Team of peer-based and family support to Referred Individuals and their loved ones. The AOT Care Team conducts extensive outreach to:

- locate and engage Referred Individuals with local mental health resources,
- encourage voluntary participation in treatment and engagement among Referred Individuals, and
- petition the court to order individuals into outpatient treatment when indicated.

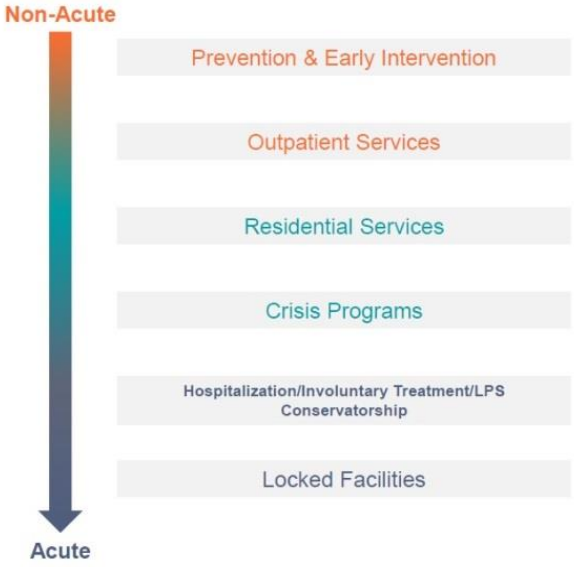
The AOT Care Team is a three-person team comprised of the *Director* (a psychologist with forensic experience), a *Peer Specialist,* and a *Family Liaison*. The AOT Care Team is housed within the San Francisco Department of Public Health's Behavioral Health Services. In addition to the AOT Care Team, a ***Clinical Team*** from Zuckerberg San Francisco General Hospital Division of Citywide Case Management provides intensive case management services, which includes conducting psychiatric assessment and treatment coordination, for individuals court-ordered into treatment through AOT and supports individuals who have voluntarily agreed to services in linking to long term care.

Exhibit 1. Overview of San Francisco's Assisted Outpatient Treatment (AOT) Program



Successful AOT engagement should result in linkage to care, treatment, and support via ***Behavioral Health Services (BHS)***. BHS utilizes a client-centered and strength-based approach to providing care, treatment, and other services to consumers.

Exhibit 2. Behavioral Health Services (BHS) Levels of Care



Prior to implementation, AOT staff conducted over 60 informational trainings with community, advocates, and providers.

Fact Sheets detailing the overall AOT process and specific steps and eligibility considerations for the AOT intake process are included in Appendices A and B, respectively.

San Francisco relies on a highly collaborative model of delivery and program improvement. Prior to the San Francisco AOT program being implemented, staff conducted over 60 trainings to stakeholders (e.g., community based organizations, hospitals, Behavioral Health clinics, Patient's Rights Advocates) to ensure that the community was well informed of the unique implementation of the law in San Francisco. Further, San Francisco has been instrumental in partnering with other counties that have adopted AOT, and has worked to initiate a quarterly conference call to share information.

Partners

The following terms will be used to refer to the roles or relationships of various partners in San Francisco's AOT:

- **AOT Care Team**: The three-person *AOT Care Team* within the Department of Public Health's Behavioral Health Services which focuses on intake, engagement of individuals, petitioning the court when indicated, and support through the legal process. The core AOT Care Team consists of the AOT Director, a peer specialist, and a family liaison.
- **Referred Individuals**: All individuals for whom one or more requests for AOT support, services, or court petition have been requested—regardless of AOT program eligibility or the source of referral.
- **AOT Participants**: All Referred individuals with ≥1 AOT Care Team contact, irrespective of whether an appointment was missed. For the purposes of this report we report AOT Participants as:

- *Connected and Discharged from AOT:* Participants who have been successfully connected and actively seeing a provider for treatment support.
- *Accepted Treatment:* Participants who have been connected to treatment and are in process of ongoing engagement.
- *Continued Outreach:* Participants for whom the AOT Care Team continues outreach and engagement efforts.
- *Petitioned*: Participants for whom the AOT Care Team has petitioned the court for in order to engage in outpatient treatment.

- **AOT Families**: Family, friends, and other close individuals who provide support or assistance to Referred Individuals.
- **AOT Clinical Team**: *Zuckerberg San Francisco General Hospital Division of Citywide Case Management* employs a team of mental health providers and peer specialists to provide intensive case management services, which includes engaging individuals that are court ordered into outpatient treatment and supporting individuals who have voluntarily agreed to services in linking to long term care. This team is a Full Service Partnership funded through the Mental Health Services Act and provides a wide range of services to meet the unique needs of each individual (the services offered exceed the requirements outlined in WIC §5348), and includes psychiatric assessment and treatment coordination.
- **County Team**: Staff and providers in other County departments that are enlisted to provide direct services (e.g., psychiatric assessments, case management) to AOT participants *following* service uptake (does not include County staff directly coordinating AOT participant engagement—i.e., the AOT Care Team).
- **BHS Providers**: Staff and providers at contracted agencies that provide services and supports to eligible AOT participants *following* engagement with services (does not include the AOT Clinical Team directly responsible for coordinating care for AOT participants during AOT engagement).

Program Evaluation

In compliance with San Francisco Health Code §4118(c), Behavioral Health Services (BHS) contracted with Harder+Company Community Research to conduct an evaluation and provide an in-depth analysis of the characteristics of individuals referred to AOT, the nature of engagement in AOT activities, and the impact of AOT on mental health service utilization and other outcomes. The evaluation is intended to address regulatory program evaluation requirements.[4] The multi-stakeholder, mixed methods evaluation draws on the following multiple data sources:

[4] California Welfare and Institutions Code §5348(d)

- **Program Data:** Data collected for all AOT Referred Individuals. These forms include AOT-related intake, initial, ongoing, and attempted contacts, background information, service linkage and use, and key events tracking. Data is reported as of March 26, 2016.
- **Participant Surveys:** A one-page paper-based questionnaire assessing attitudes about and experiences with AOT engagement and service linkage was distributed to Referred Individuals who were contacted in February 2016. Questionnaire completion was voluntary and no financial incentive was provided. Referred Individuals submitted questionnaires in sealed envelopes which were returned to the evaluators (Harder+Company Community Research) and remained confidential from AOT Care Team. A total of nine questionnaires were returned.
- **Family (Support Network Member) Interviews:** A 30-minute interview conducted with a member of the Referred Individual's support network who received services through the AOT program. Interviews explored satisfaction of AOT support, perceived benefits and challenges of, as well as recommendations, for the program. As most of these interviews were with family members, for the purposes of this report we refer to these as "family interviews." The Family Questionnaire was administered by telephone to consenting families in February 2016. Participating respondents received a $20 gift card as compensation for interview participation. A total of nine interviews were completed.
- **Staff Interviews:** A 45-minute interview conducted with the AOT Care Team and the AOT Clinical Team to gather perspectives and reflections about program implementation, effectiveness, and larger social and organizational impacts. A total of five interviews were completed in February and March 2016.

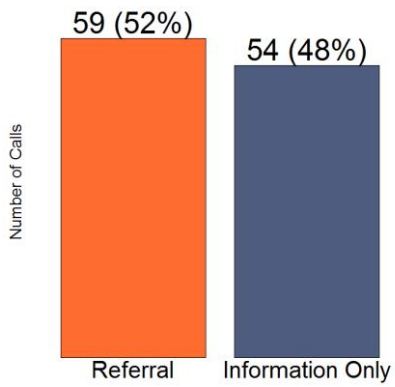
Snapshot of AOT Referrals and Referred Individuals

The AOT program established various methods by which Qualified Requesting Parties (e.g., an adult living with the individual, immediate family members, treatment providers, or a parole/ probation officer), as defined by WIC §5346 (b)(2) , can make referrals and request information about the program. The program offers a toll-free number, local number, referral form, webpage, and conducts outreach presentations to multiple stakeholders. Eligibility of Referred Individuals is then assessed by the AOT Director and Care Team. This section of the report describes information on referrals, as well as traits and demographics of Referred Individuals.

Referrals

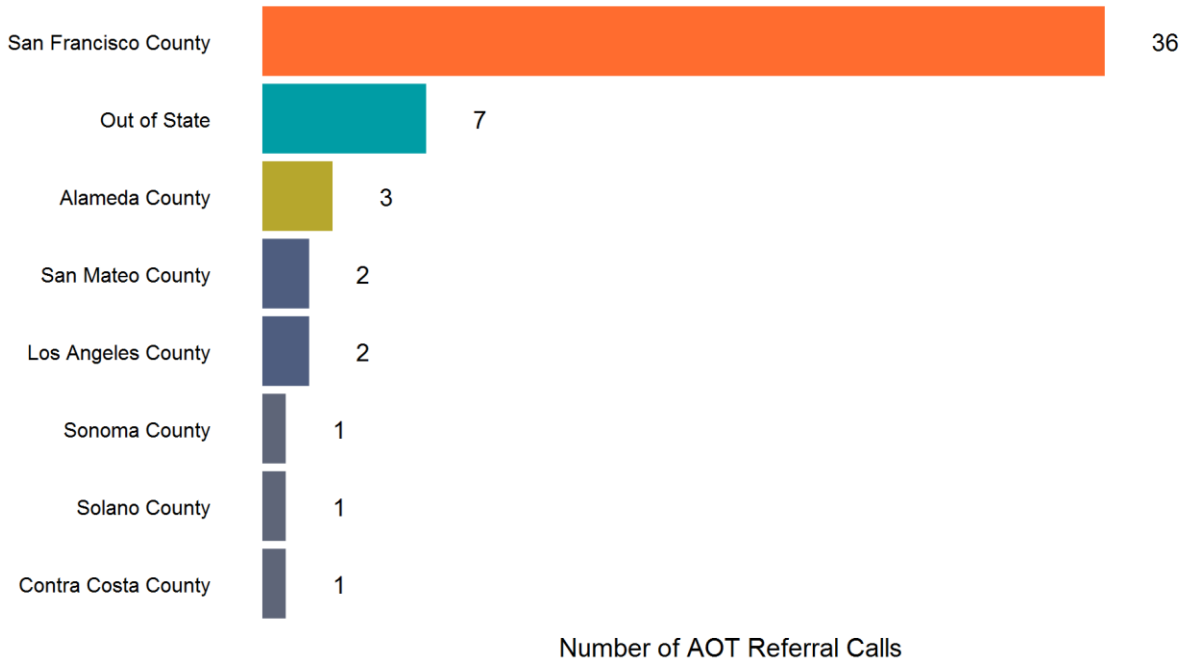
From November 2015 to March 2016, a total of 113 calls were received by the AOT Care Team. As Exhibit 3 illustrates, slightly more than half (52 percent) of the calls requested referrals, while almost half (48 percent) of the calls requested information on the program. In six cases, two referral calls had been placed for the same individual during the reporting period.

Exhibit 3. AOT Calls (11/2/15-3/26/16)



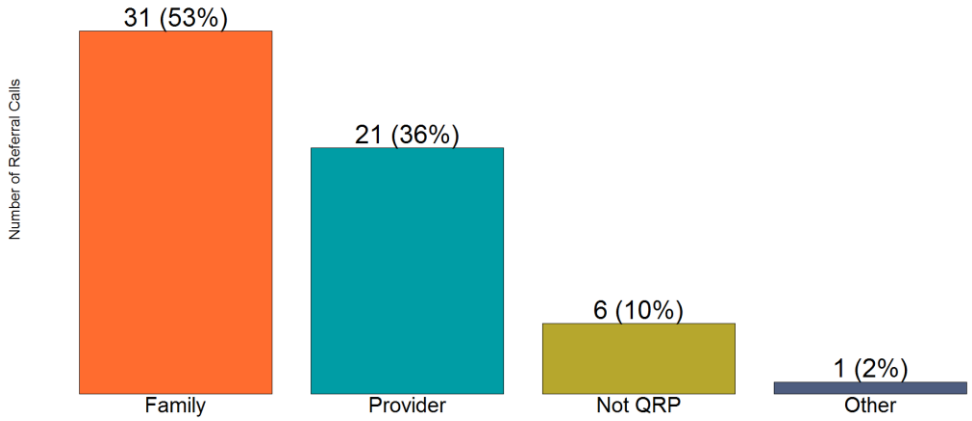
Over half (68 percent) of all calls originated from San Francisco. Eighteen percent originated from other California Counties, and 13 percent from other states (see Exhibit 4).

Exhibit 4. County Origin of Referral Call



The majority (53 percent) of referral calls originated from family members (frequently mothers) while 36 percent originated from treatment providers. During the first five months of AOT implementation in San Francisco, only ten percent of referral calls were from persons who were not considered a Qualified Requesting Party (QRP). In cases where the original caller was not a QRP, the AOT Care Team was able to work with the caller to identify a QRP who could make the referral.

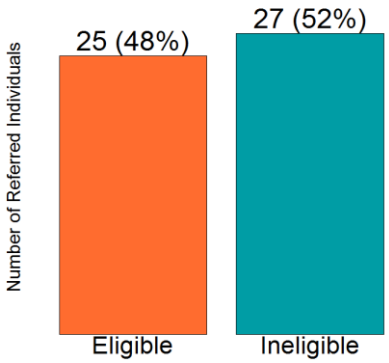
Exhibit 5. AOT Referring Parties (11/2/15-3/26/16)



Referred Individuals and Eligibility

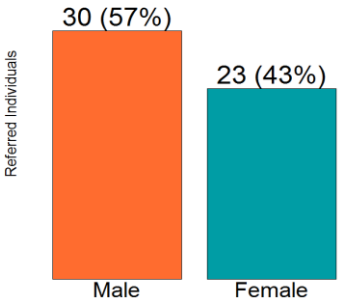
Nearly half (48 percent) of all Referred Individuals were considered to be initially eligible for outreach, while 52 percent did not meet the WIC criteria for program eligibility.

Exhibit 6. AOT Eligibility (All Referral Calls, 11/2/15-3/26/16)



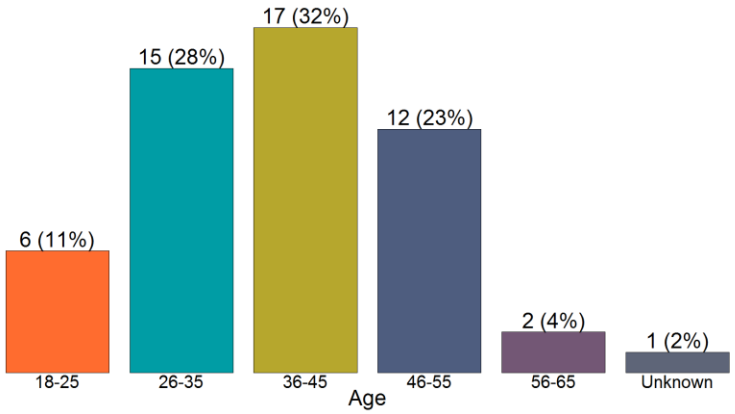
There was considerable diversity among individuals referred to the AOT program. There were a total of 53 unduplicated referrals with over half (57 percent) being male.

Exhibit 7. Gender of AOT Referred Individuals (Unduplicated 11/2/15-3/26/16)



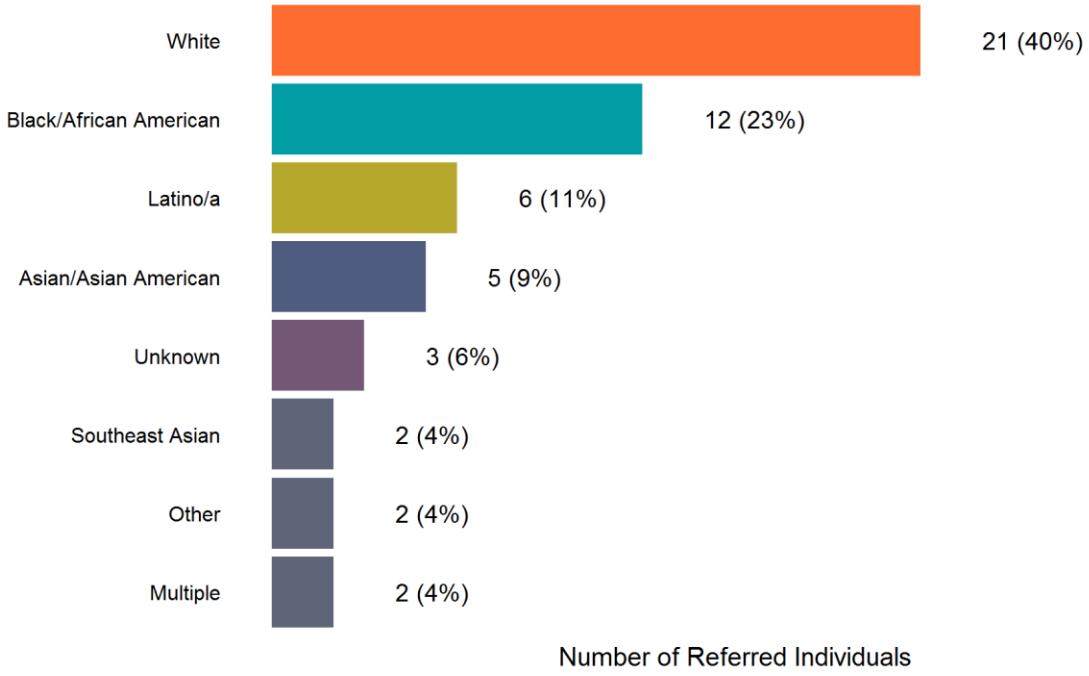
The majority (83 percent) of Referred Individuals were between the ages of 26 and 55. Eleven percent were between the ages of 18 and 25, and four percent were older than 56.

Exhibit 8. Age of Referred Individuals (Unduplicated 11/2/15-3/26/16)



Although white men and women accounted for forty percent of all referrals, over half of individuals represented a range of races and ethnicities (see Exhibit 9). Twenty-three percent of individuals reported as Black/African American, 11 percent reported as Latino/a, nine percent reported as Asian/Asian-American, six percent as unknown, and four percent as Southeast Asian and Other. In addition, four percent reported as multi-ethnic.

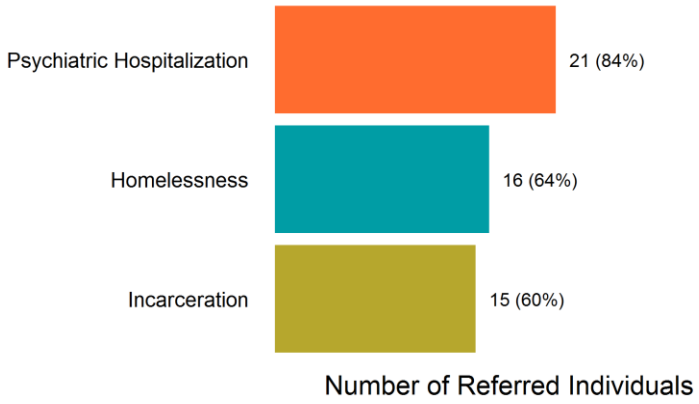
Exhibit 9. Race and Ethnicity of Referred Individuals (Unduplicated 11/2/15-3/26/16)



Individuals referred to AOT have significant needs and are at heightened risk of psychiatric hospitalization, incarceration, and/or homelessness. Roughly 84 percent of Referred Individuals experienced at least one inpatient psychiatric hospitalization in the prior 36 months (see Exhibit 10). Homelessness and recent history of incarceration were common among AOT eligible Referred Individuals—64 percent and 60 percent,

respectively. Over half (56 percent) of Referred Individuals experienced at least two of the three negative events (hospitalization, homelessness, and/or incarceration).

Exhibit 10. Psychiatric Hospitalization, Homelessness, and Incarceration 36 Months Prior to AOT



On average, eligible Referred Individuals had 2.5 known inpatient psychiatric hospitalizations and 2.2 known incarcerations in the prior 36 months.[5] The number of prior hospitalizations ranged from zero to nine, and zero to ten for incarcerations. The total number of days psychiatrically hospitalized or incarcerated varied considerably. On average, Referred Individuals had a median of eight days in an inpatient psychiatric unit and four days incarcerated in the prior 36 months.

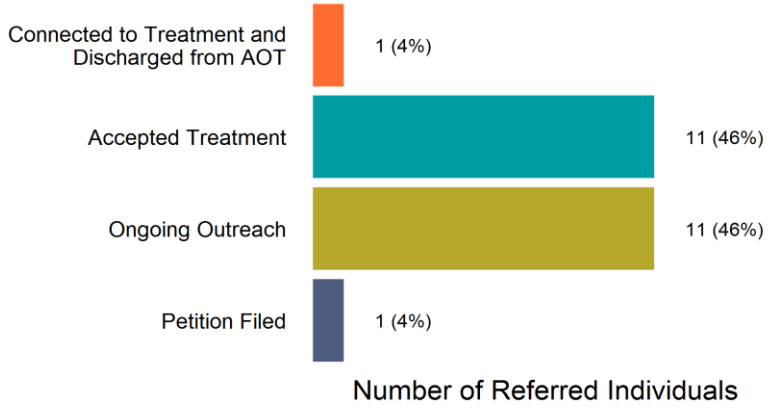
Progress toward AOT Outcomes

During the data collection period, the AOT Care Team petitioned the court to order outpatient treatment for one individual [6] which resulted in a Settlement Agreement. Nearly half (46 percent) of individuals referred to the program have voluntarily accepted treatment, and one individual has been successfully connected to treatment and discharged from the AOT program. Although the other participants have not yet accepted treatment, the AOT Care Team continues to engage them by utilizing tools based in principles of recovery and wellness to encourage participation in treatment, as well as assess the need for a court petition.

[5] Information on history of inpatient psychiatric hospitalizations and incarcerations are limited to San Francisco. Unless the Referred Individual informed prior BHS providers or case managers about events, this information does not include private inpatient treatment, out-of-state incarceration, or crisis psychiatric treatment. In addition, the data is subject to reporting errors and missing information common across these data capture systems.

[6] Subsequent to data collection, the AOT Care Team submitted petitions for two additional Referred Individuals, one of which resulted in a Settlement Agreement. At the time of publication, the disposition in the remaining case was pending.

Exhibit 11. Disposition of AOT Participating Individuals as of 3/26/16



Because the AOT program has been implemented for less than six months, this limits the capacity to capture and report on longer-term outcomes. This section will examine and document progress on select intermediate outcomes and describes reported interim benefits of the program for participants and family members.

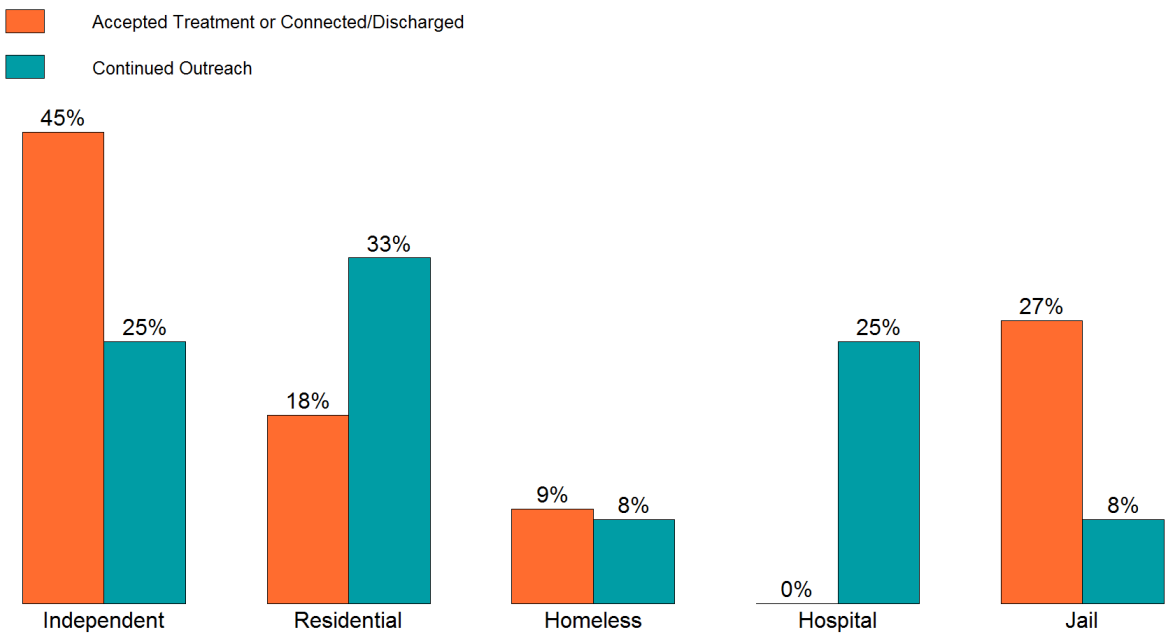
Benefits for Referred Individuals

Housing, Employment and Hospitalization

Several family members highlighted the AOT program's role in assisting their loved ones in locating secure and stable housing and employment. This was seen as an important goal for treatment initiation. "*He is now housed*," noted one family member, "*I'm hoping that somehow, they can convince him to retry medications*." Similarly, the AOT Care Team supported the employment goals of another program participant. As the participant's family member explained, "*He is working now…and I believe this employment was through the shelter that he is at. They may have found him a job. He hasn't even engaged in anything this long. This is a record. I believe AOT has been counseling him about being more independent and responsible. That's a plus*."

Persons who have accepted treatment were also more likely to be living independently. According to program data, eight (35 percent) out of 23 Referred Individuals that were active at the time of the report were living independently, and six (26 percent) were residing in residential or supportive housing facilities. Comparing across treatment acceptance, 45 percent of those who have accepted treatment are living independently, in contrast to 25 percent of those who have yet to engage in treatment.

Exhibit 12. Current Housing Status of AOT Participants by Level of Engagement



Coordination with Law Enforcement and Court Involvement

At the time of this report, the AOT Care Team petitioned the court to order three individuals into outpatient treatment. Although the AOT program seeks to reduce incarceration and negative interactions with law enforcement and the courts by promoting treatment and stability, the AOT Care Team acknowledged that program successes in outreach and engagement were seen to derive from having strong working relationships with the San Francisco jails, successfully advocating for individuals with preexisting charges to be referred to a collaborative court that was equipped to support their needs (i.e., Behavioral Health Court), and successfully developing strong partnerships and coordination with the attorneys.

Well-Being, Case Management, and Resource Referrals and Linkage

The AOT program supports the basic needs and well-being of participants through provision of supportive resources such as access to food, assistance applying for CalFresh (food stamps), and transportation assistance (e.g., Clipper Card). The AOT Care Team and Clinical Staff also noted that participant engagement supported other aspects of well-being including enhanced emotional support (providing "comfort" and reassurance that "they are not alone"), gains in self-confidence, and development of positive motivators ("hope") and goal-orientation ("There is a goal at the end").

Benefits for program participants were perceived by staff to be related to being persistent, client centered, and patient about linking individuals with supportive resources such as housing and clinical care. This is important when connecting with individuals who otherwise would have remained disconnected. As one staff member noted, *"Some providers, if the client doesn't show a few times and they can't find them for a few weeks, they'll*

close them. We don't do that. We continue to find them, have patience, and inspire them for a while to get them linked."

Benefits of AOT engagement and case management were reflected in the survey responses of program participants. Eighty-nine percent of respondents believed that regularly meeting with a case manager will help them to find or maintain stable housing. Seventy-eight percent also believed that regularly meeting with a case manager will help them to maintain good physical health and live the kind of life they want.

Exhibit 13. Perspectives on Meeting with a Case Manager

How much will regularly meeting with a case manager help you to…	A Lot	A Little/ Not at All
…find or maintain stable housing?	8 (89%)	1 (11%)
…maintain good physical health?	7 (78%)	1 (11%)
…live the kind of life you want?	7 (78%)	1 (11%)

Source: AOT Participant Survey, 2016.

Benefits for Family Members

Among the benefits of the program for family members, many reported an increased connection to resources as a result of participation in the AOT process. For example, several family members learned about other sources of support, such as the National Alliance on Mental Illness (NAMI). One interview participant who started attending a weekly support group for family members at NAMI stated, *"Before AOT, I didn't know about NAMI. That's been very helpful."*

Several family members also expressed gratitude for the support that they received through AOT. With encouragement from the AOT Family Liaison, one family member realized the importance of self-care and building a strong support network for herself as she deals with the challenges and uncertainties of her son's situation and mental health. Referring to her contact with the AOT Family Liaison, an interview participant articulated, *"What's good about talking with [him] is he redirects you into realizing that you have to get a support system for yourself."*

Another family member described how AOT staff helped her understand how the mental health system in San Francisco works and what she can expect from it. Referring to her grandson's recent hospitalizations and arrests and AOT's role in helping her navigate both the mental health and criminal justice systems, she expressed, *"I felt like I couldn't get information about what was going on with him. AOT was*

> ***"I'm really grateful for everything that AOT is doing because I couldn't be there and do anything. It had gotten to the point where it was the [mental health] system or nothing…If it wasn't for [AOT] I don't know where he'd be."***
>
> **—Family member**

helpful in explaining to me what was going on and acting as a go-between, engaging with my grandson." Similarly, another interview participant noted that AOT helped her navigate multiple providers within the mental health system. Since her family's involvement with AOT, she has experienced a more streamlined and coordinated approach to her son's care.

System Benefits

In addition to supporting positive changes for program participants and their families, San Francisco's AOT model may catalyze enhancements to various systems that affect persons prioritized by the program. For example, the AOT Care Team works with providers throughout the system of care in order to identify and connect participants to appropriate treatment. AOT Care Team staff noted that the outreach and engagement services they provide support efforts to connect with individuals who have historically not been successfully engaged by the system. Such processes require substantial time and resources, which AOT is able to support in part. As one staff member noted, *"[AOT] has been able to capture a certain pocket of people who for whatever reason haven't been able to get the help that they need."* A hope is that such innovative additions to San Francisco's system of behavioral health resources can continue to support individuals on their journey to recovery and wellness.

Through family engagement the AOT Care Team also hopes to increase accurate understanding of mental illness and reduce mental health stigma within communities. Ongoing engagement with law enforcement and courts may also support increased awareness of the impact of mental health symptoms and stigma-reduction within these systems.

Engaging Referred Individuals and their Families

This section of the report describes findings on engaging Referred Individuals and their support network. We will refer to the individuals' support network as "family".

Contacting Referred Individuals

The AOT Care Team was able to contact all but one of the Referred Individuals who were determined to be initially eligible for the program due to inability to locate after multiple attempts. Among Referred Individuals who have been contacted, nearly half (46 percent) have voluntarily accepted treatment and one individual has been successfully connected to treatment and discharged from the AOT program. Although the other participants have not yet accepted treatment the AOT Care Team continues to engage them and encourage participation in treatment. Additional field visits, coordination with providers, and connection to additional resources and supports are offered to all AOT participants and Qualified Requesting Parties (as indicated).

On average, the AOT Care Team has a roughly 1:1 rate of successful contact of Referred Individuals. The number of attempted contacts did not differ between those who accepted treatment and those who are

currently being outreached. However, persons who are currently receiving outreach – while demonstrating a high success rate of contact – tend to require more frequent contact. **These findings highlight the intensity of efforts needed to effectively implement the program.**

Exhibit 14. Median Number of Attempted and Successful Contacts with Referred Individuals (11/2/15-3/26/16)

	Attempt	Success	Total
All Referred Individuals	7.9	7.5	15.6
Accepted Treatment	8.3	6.2	14.8
Outreach/Petition	7.7	12.1	19.8

One family member suggested that AOT could engage family members more as a resource when attempting to make initial contact with Referred Individuals. In particular, family members could help build trust between their loved ones and the AOT Care Team. Another interview participant suggested that it would have been helpful to know how he could support the AOT process if at all, wanting to "know where we stood and what can be done."

Engaging Referred Individuals

In order to engage Referred Individuals, the AOT Care Team supports guiding individuals through the process of connecting to services, meeting with participants' case managers, and having peer staff help individuals navigate AOT and the mental health system.

The majority of Referred Individuals who completed surveys also expressed positive perspectives on the quality of engagement with the AOT Care Team. Eighty-nine percent of survey respondents reported that the AOT Care Team treated them with respect, while 78 percent reported that the team helped them make important decisions.

Exhibit 15. Satisfaction with AOT Care Team

Over the prior 30 days the AOT Care Team	Always	Never/Sometimes
…treated me with respect.	**8 (89%)**	1 (11%)
…helped me make important decisions.	**7 (78%)**	2 (22%)

Source: AOT Participant Survey, 2016.

San Francisco's AOT was intentionally designed as a peer-to-peer model focused on wellness and recovery. This was seen as an invaluable component of the program and central to successful engagement of Referred Individuals. One Care staff member expressed, *"Having a peer staff is really helpful, particularly because they have lived experience and can talk to the people we're outreaching about what that's like."* Other contributors to engagement of Referred Individuals reported by staff include ensuring consistent communication with team members and Referred Individuals, maintaining flexibility in meeting times (e.g., due to missed appointments) and meeting settings (e.g., hospitals, in the community), and being informed about local services and resources.

Time limitations and constraints were reported by AOT Care Team staff as the main challenges to engaging Referred Individuals. The effects of homelessness, residential instability, housing discrimination, negative social interactions, and mental health also compound challenges for the AOT Care Team in locating individuals.

Among the Referred Individuals surveyed, nearly all felt supported by the AOT program, and by their support networks (see Exhibit 16). Almost 90 percent of survey respondents reported receiving help to navigate the AOT programs courts when they needed it.

Exhibit 16. Satisfaction with the AOT Program

	True	False
I received help to navigate the AOT program and courts when I needed it.*	**7 (88%)**	1 (12%)
There was a family member or friend who supported me through the AOT program.	**8 (89%)**	1 (11%)
I was denied access to shelter, housing or employment because I was in AOT.	1 (11%)	**8 (89%)**

Source: AOT Participant Survey, 2016. *One missing response to this item.

Engaging Family Members

Families are also engaged as part of the AOT process and provided education on eligibility, benefits, limitations and opportunities of the program. The nine family members interviewed learned about AOT and were referred to the program through multiple avenues including: online (n=3), concerned family member or friend (n=2), therapist/provider (n=2), jail (n=1), National Alliance on Mental Illness (NAMI) (n=1), article about Assisted Outpatient Treatment (n=1), and Board of Supervisors (n=1).

In addition, the majority of family members reported an easy and straightforward AOT referral process. Several interview participants stated that the AOT referral process was "easy" and highlighted the "agreeable" and "pleasant" staff that helped them make the referral. A few family members also reported lacking overall understanding of the AOT process and suggested the need for more information from AOT staff. They specifically reported needing more clarity on who can refer to the program, the steps that AOT staff members take once a referral is made, and the scope and capacity of the program.

Overall, in regards to the engagement process, family members reported having positive interactions with the AOT Care Team. Despite the frustrations they revealed with regards to the limitations on the types of information that AOT staff are permitted to share with them, family members reported that AOT staff were "understanding," "informative," and "helpful." Interview participants, in particular, valued the lived experiences of some staff and the compassionate approach they took in working with their loved ones as well as with family members. One family member commented, *"The people I dealt with…they were great... [The AOT Care Team family liaison] shared his personal experience and was sensitive to how this situation was impacting me. That*

was the best thing out of this." Family members indicated that the AOT Care Team is responsive and contacts them on a regular basis with ongoing updates on the Referred Individuals.

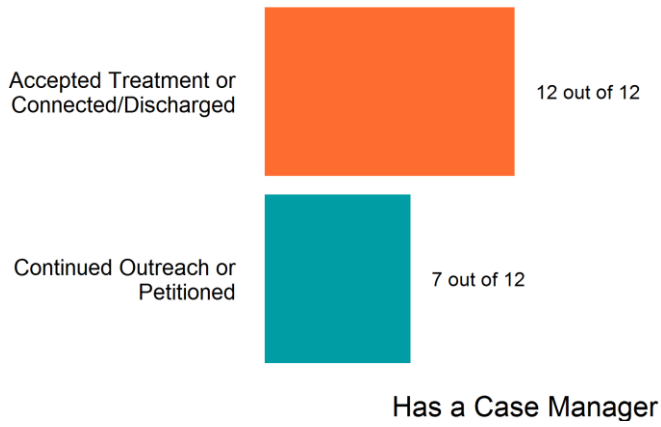
Promoting Treatment

A central goal of AOT engagement is to support the unique needs of each individual and promote readiness to engage in psychiatric care and treatment. After successful engagement, AOT participants are linked to care via Behavioral Health Services (BHS). Here we describe the extent to which AOT promotes voluntary service engagement, as well as perspectives from program participants, staff members and family members on treatment promotion and compliance.

Case Management and Treatment

All of the 12 Referred Individuals who have accepted voluntary treatment are currently connected to clinical case management. Sixty percent of AOT participants who are receiving continued outreach or currently being petitioned are currently connected to a clinical case manager.

Exhibit 17. Referred Individuals with a Case Manager by Treatment Acceptance



The majority of Referred Individuals who completed the survey reported being satisfied with the promotion of treatment provided by the AOT Care Team. Seventy-eight percent of respondents reported that the AOT Care Team listened to their concerns about treatment, as well as encouraged them to accept treatment voluntarily (see Exhibit 18).

Exhibit 18. Satisfaction with AOT Treatment Promotion

Over the prior 30 days the AOT Care Team	Always	Never/Sometimes
…listened to my concerns about treatment.	7 (78%)	2 (22%)
… encouraged me to accept treatment voluntarily.	7 (78%)	2 (22%)

Source: AOT Participant Survey, 2016.

In addition, the majority of survey respondents reported feeling positively about working with case managers. Eighty-nine percent of participants reported that they felt confident that they can work well with a case manager and 80 percent also reported that the case managers listened to and respected their thoughts (see Exhibit 19).

Exhibit 19. Perspectives on Treatment Action

	Agree	Not Sure/Disagree
The AOT Care Team helped me identify my treatment goals.	7 (78%)	2 (22%)
The AOT Care Team talked to me about meeting with a case-manager.	8 (89%)	1 (11%)
I am confident that I can reach my treatment goals.	7 (78%)	2 (22%)
I am confident that I can work well with a case-manager.	8 (89%)	1 (11%)
Case-managers listen to and respect my thoughts.	7 (78%)	2 (22%)

Source: AOT Participant Survey, 2016.

Family Member Views on AOT Treatment Promotion

Some interviewed family members expressed their desire for AOT to be able to mandate or more strongly compel their loved ones to participate in treatment. Under the Welfare and Institutions Code, the AOT program is not permitted nor intended to order involuntary medications or force treatment. Greater clarity around this important principle and the rationale may still be important to convey to family and other support persons. For example, a family member suggested, *"I think after many failed attempts, there should come a time when they force him to take [his] medications. It doesn't appear that that's going to happen."* One family member shared several examples of prior instances where she thought her son was a danger to himself. Although she strongly supports the program—*"AOT is great"*—she commented that her son's history represented a potential challenge for AOT. "*People like my son,"* she said, *"something isn't working, there has to be something with more teeth in it…I don't know if the law could even allow it, [for AOT] to have a little more bite to it."*

> ***"Everything has to go slow. And this is what would work best for my son. I know that."***
>
> ***—Family member***

Most interviewed family members have not been able to speak to the Referred Individual's progress towards treatment initiation and compliance because they have not had access to this type of information. Many family members expressed their frustration with the HIPAA regulations that limit their involvement and the information that AOT can share with them about Referred Individuals. Once a referral is made and AOT has initiated contact or is attempting to locate their loved ones, many families noted that they are provided with very little or no information about the status of their loved one. A common theme among family members is that lacking control of the situation and entrusting care of a loved one to someone else is difficult.

The AOT Care Team supports the confidentiality of Referred Individuals, but also acknowledges the regulatory restraints as a potential barrier to promoting peace of mind and full understanding among concerned family members. Without the direct authorization of Referred Individuals to share information with their family members and other support network members, the AOT Care Team is unable to provide information on whether and how they have made contact with the Referred Individuals.

Staff Member Views on AOT Treatment Promotion

Staff members highlighted important qualities of the AOT Care Team that promoted engagement and treatment success. Notably, staff reported the following factors as contributors to promoting engagement and treatment success: being responsive and cooperative, focusing on the best interests of participants, collaboration within the team and with partner agencies, and maintaining a clear understanding of goals and how to get there.

The AOT Care Team also emphasized the importance of having daily morning meetings as part of program implementation, as well as effective engagement and treatment promotion. Specifically, the meetings orient the team to upcoming tasks and goals, as well as provide opportunities for staff to discuss cases, challenges and ideas to better engage Referred Individuals.

Conclusion

Lessons Learned

The findings presented in the previous sections suggest both areas of strength and growth for the AOT Care Team to consider as the program progresses into year two of implementation. The following are key insights from this five-month evaluation of the Assisted Outpatient Treatment program in San Francisco:

- **Outreach & Engagement:** Successful engagement with this high-risk and hard-to-contact population requires extensive outreach, collateral contact with providers and other stakeholders, and can greatly benefit from a peer-support staffing model.
- **Treatment Promotion:** Encouraging treatment acceptance with this population requires holistic and strength-based approaches. The wellness and recovery model is an important orientation for promoting treatment acceptance; however, work should be done to educate family members and promote acceptance of this approach.
- **Support Network Engagement:** Families and other support network members are important resources for encouraging and facilitating treatment engagement and other important aspects of the AOT program. Supporting families to focus on their self-care was an important component and one that the AOT Care Team is seeking to expand. HIPAA regulations can frustrate family views of program progress because the AOT Care Team is often unable to share details on their loved ones. It is important to find ways to help address family concerns while maintaining privacy of Referred

Individuals. It is also important to clearly communicate early on what can and cannot be accomplished or discussed through AOT, as well as other services available in the system of care.

- **Staff Capacity**: Staff size and quality is a key component of the success of AOT to date.

As the program strives for sustainability and scale, considerations should draw on these early lessons in identifying appropriate staff size and experience, program time and intensity, and support resources.

> ***"My hope is that [my son] will be kept from long-term incarceration and that he will become a more functioning individual and go on medications and be able to keep his housing. Very basic: keep housing and stay out of jail. That's my goal."***
>
> **—Family member**

Future Considerations

Future evaluation reports will expand on the current findings in several ways that will help overcome present limitations. The current report reflects findings for 25 eligible Referred Individuals over an average of roughly 2.5 months follow-up. Given a greater number of Referred Individuals and longer time to observe change, we hope to better capture outcomes for AOT participants.

Also absent from the present report are perspectives from providers, law enforcement, and courts about AOT impact on their services and public safety. As AOT efforts increase their level of involvement with these sectors, we aim to capture their perspectives and outcomes. Similarly, we spoke only to family members who requested referrals. Perspectives on the program from other Qualified Requesting Parties (QRP) will also be important to assuring AOT referral services are understood by and responsive to all QRP's.

Appendix A.

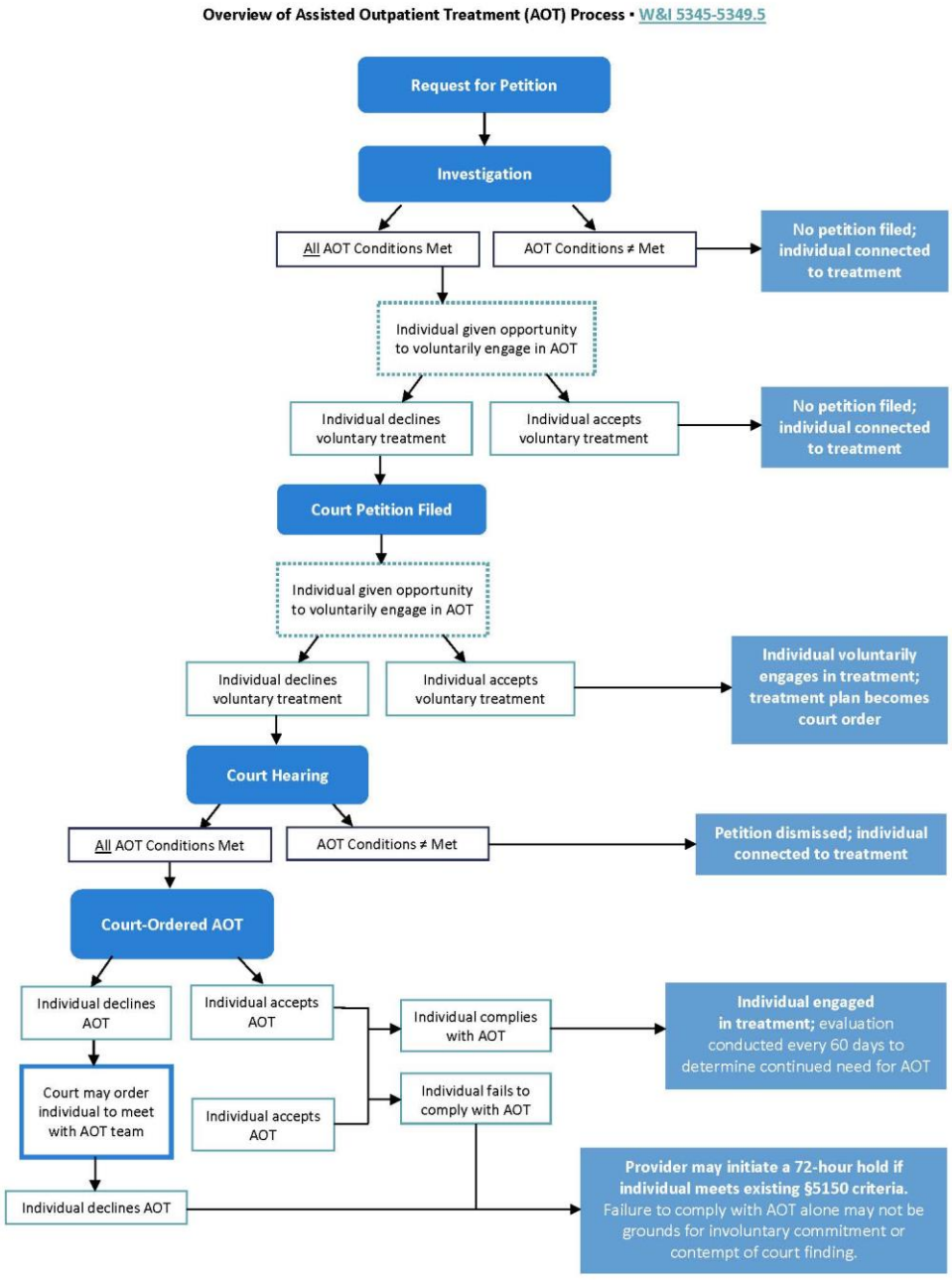
San Francisco's Assisted Outpatient Treatment Program Fact Sheet

This fact sheet is provided to the public and available in multiple languages.

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



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 SFDPH'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?

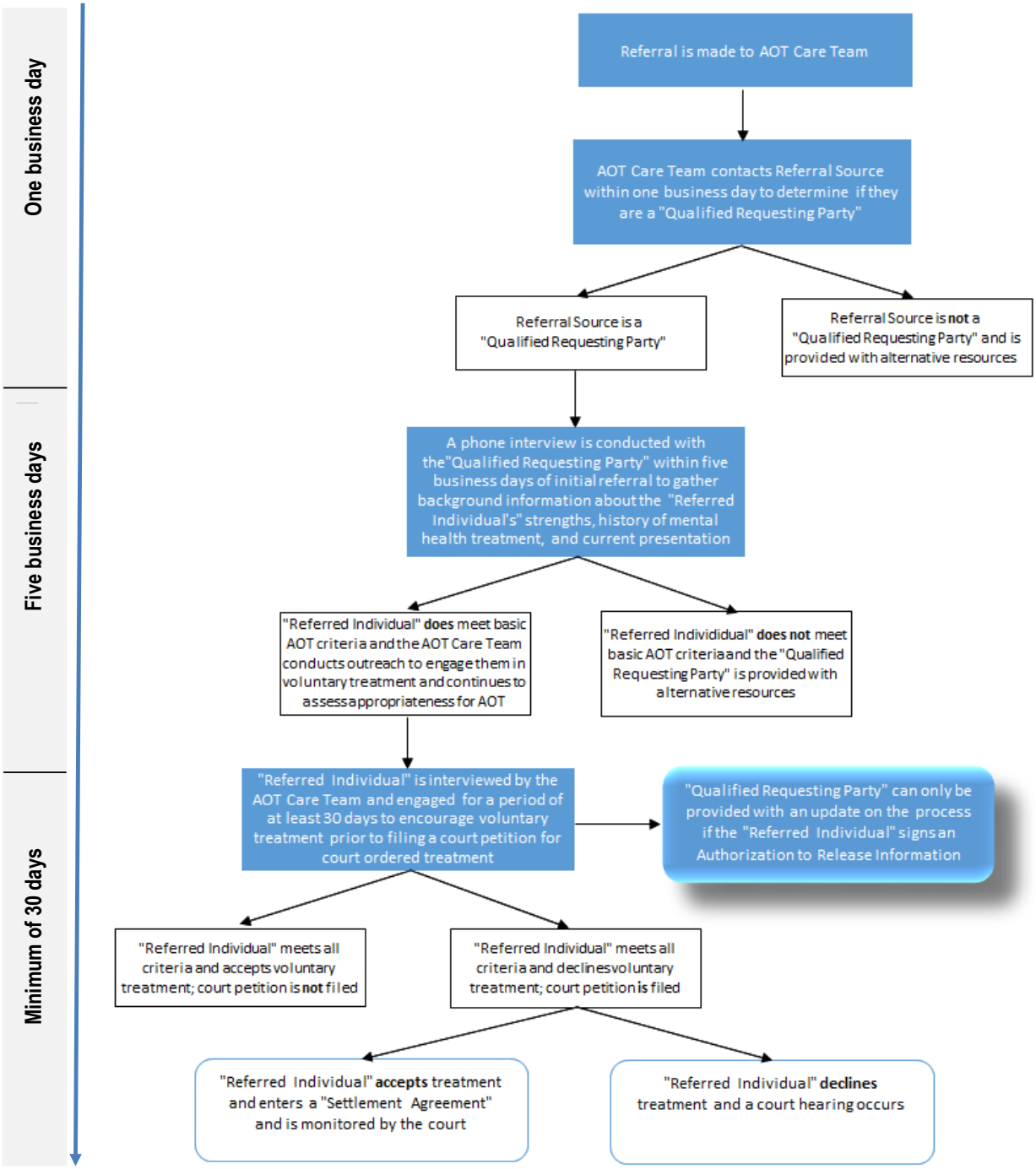
Counties that implement AOT are required to collect and report key data to the State Department of Health Care Services for evaluation. At minimum the evaluation is required to include data that relates to number of individuals that receive services through AOT, engagement of AOT participants in services, 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).

Appendix B.

San Francisco's AOT Overview of Intake Process

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
   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;
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7) Be an appropriate match for AOT, meaning that AOT offers the least restrictive placement needed to ensure recovery and stability;
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