

March 2018

San Francisco's Assisted Outpatient Treatment Program

2018 Annual Report

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Executive Summary

On November 2, 2015, San Francisco Department of Public Health's (SFPDH) 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 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 third annual report for the AOT program in San Francisco and covers both information on the most recent year of the evaluation period as well as outcome data across the 26 months of implementation.

The AOT Team

Primary 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 Program Manager, and two Team Members to provide peer and family support. The AOT Care Team conducts extensive outreach to:

- assess appropriateness of a referral and eligibility for the program,
- 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, Citywide AOT Team, 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.

Calls to the AOT Care Team

Between January 1, 2017 and December 31, 2017 the San Francisco AOT program:

- Received 182 calls: **82 calls for referrals**—predominantly from service providers and family members—and 100 requests for information.
- Of the 82 incoming referrals during the 2017 evaluation period, **33 unduplicated referred individuals** were considered eligible for AOT participation and successfully contacted. In total, the AOT Care Team served 56 active cases during the evaluation period.

Snapshot of All AOT Participants

Individuals served by the AOT Care Team are at heightened risk of psychiatric hospitalization, incarceration, homelessness, and contact with Psychiatric Emergency Services (PES). In the 36 months (3 years) prior to being referred to the program:

- **89%** had at least one known inpatient psychiatric **hospitalization** in San Francisco.
- **61%** had at least one known **incarceration** in San Francisco.
- **50%** experienced at least one period of **homelessness**.
- **86%** had at least one known **PES contact** in San Francisco.

Progress toward Outcomes for all AOT Participants

Individuals in contact with AOT since the program's implementation showed **overall reductions** in PES contacts, psychiatric hospitalization, and incarceration. Specifically:

- **76%** of AOT participants were successful in **reducing or avoiding PES** contact.
- **60%** were successful in **reducing or avoiding** time spent in inpatient **psychiatric hospitalization**.
- **79%** were successful in **reducing or avoiding** time spent **incarcerated**.

Well-Being, Social Functioning, and Independent Living Skills

AOT Participants were surveyed, and respondents overwhelmingly reported a positive outlook on their future.

- **74%** of respondents feel **confident** that they can reach their treatment goals.
- **81%** of respondents feel **hopeful** about their future.

Benefits of AOT engagement and case management were also reflected in the survey responses of program participants.

- **62%** of respondents believed that regularly meeting with a case manager will help them to find or maintain stable housing.
- **65%** of respondents believed that regularly meeting with a case manager will help them to maintain good physical health.
- **65%** of respondents believed that regularly meeting with a case manager will help them live the kind of life they want.

Engagement and Treatment Promotion

Between January and December 31, 2017, the Citywide AOT Team has provided clinical case management services to **27 individuals** who have voluntarily agreed to treatment or have been court ordered to participate in treatment (17 voluntary and 10 court ordered). Of these, **7 are still in care with the Citywide AOT Team** and receiving services that are designed to stabilize them in preparation for linkage to long term services, while **19 have been successfully linked to long-term care.**

AOT Care Team members and the Citywide AOT Team support clients in identifying their own treatment goals and plans for the future, and then building a treatment plan to support those goals. When asked about their interactions with AOT staff in the participant survey:

- **82%** of respondents reported that the AOT staff always treated them with respect.
- **81%** reported that the AOT staff always listened to their concerns about treatment.
- **69%** reported that AOT staff encouraged them to accept treatment voluntarily.

Current Status and Disposition

Almost half (44%) of the individuals in contact with AOT have achieved positive status outcomes—defined as being successfully connected to care and discharged—through their participation in the program.

- **14%** of AOT participants continue to be active clients and have voluntarily **engaged** in treatment.
- **7%** were participating under a court order and were **discharged** from AOT and successfully connected to care, while only 1% of court ordered participants were unsuccessfully connected to care.
- **7%** were **unable to be located** by AOT staff.
- **16%** were found to **not meet the criteria** for AOT participation upon assessment, but were offered support to access voluntary services.

Snapshot of AOT Participants with Court Order

Among the **10 court AOT Participants with an active court order during** this evaluation period (January 1, 2017 to December 31, 2017):

- **9 individuals** experienced at least one **PES** contact in the **36 months prior** to AOT contact.
- **8 individuals** experienced at least one inpatient **psychiatric hospitalization** in the **36 months prior** to AOT contact.
- **6 individuals** were **incarcerated** at least once in the **36 months prior** to AOT contact.
- **5 individuals** had experienced **homelessness** in the **36 months prior** to AOT contact.

Progress toward Outcomes for AOT Participants with Court Orders

The mixed methods evaluation detailed in this report is intended to fully address the regulatory program evaluation requirements of California Welfare and Institutions Code §5348(d). Findings in each of the fourteen mandated evaluation

areas are summarized below.

- At the time of data collection in January 2018, 7 of the 10 court ordered cases were closed. Of those, 4 individuals are currently in independent or supportive housing situations, two are living with family, and 1 is in a stabilization bed. Of the 3 active cases, 1 is living independently, 1 is in a residential program, and 1 is in a stabilization bed (§5348(d)(1)).
- Since engaging in AOT through the court process, **9 of 10 individuals** have successfully **reduced or avoided** time spent **incarcerated** (§5348(d)(2)).
- **One court ordered participant** has stabilized enough to return to the workforce, successfully securing **employment** (§5348(d)(3)).
- **5 of 10 individuals** in the court process have successfully **reduced or avoided** time spent in inpatient psychiatric **hospitalization** since engagement in AOT (§5348(d)(4)).
- The overall percentage of months in which participants involved in the court process were in **compliance** with their treatment plans ranged from non-compliant (0%) to entirely compliant (100%) (§5348(d)(5)).
- Since the program's implementation, the AOT Care Team has submitted a total of 5 court order renewals. At renewal, **4 out of the 5** participants **volunteered** to continue with the program (§5348(d)(6)).
- **One individual** in the court ordered group was a **victim** of violence during the evaluation period (§5348(d)(7)).
- **3 of 10** individuals who are court ordered **perpetrated** a total of 10 acts of violence over the course of the court process, none of which resulted in injury (§5348(d)(8)).
- **4 of 10** individuals had instances of confirmed **substance use** over the course of the court process, and **7 of 10** had instances of suspected use (§5348(d)(9)).
- Throughout their participation in AOT, **100% of individuals** who are court ordered had consistent contact with peer, clinical, and medical staff. Staff made at least one contact or attempted contact per week (§5348(d)(10)).
- At times during the evaluation period, AOT Participants were supported via increased frequency of court contact. There were no other enforcement mechanisms employed by staff to encourage compliance (§5348(d)(11)). In the 26 months since the implementation of the AOT program, **only one individual involved in the court process** was asked to have increased contact with the court.
- As a result of participation in AOT, individuals involved in the court process demonstrated an improved ability to function in their communities and build positive relationships with family members and others. Among the 10 participants with a court order, **7 out of 10** show **improved social functioning** and **8 out of the 10** show **improved independent living skills** (§5348(d)(12)).

- With support from AOT staff, individuals involved in the court process are able to successfully access community-based services vital to maintaining stable and independent living situations (§5348(d)(13)). During the evaluation period, **14 of the voluntary participants** and **5 participants with a court order** were successfully linked to long-term care.
- The majority of participants and family members reported positive perspectives on the approach to engagement by the AOT Care Team, and felt supported by program staff. **89% of individuals involved in the court process** believed that regularly meeting with a case manager will help them live the kind of life they want, while the majority of the **14 family members** surveyed during this evaluation period reported feeling listed to and supported by AOT staff (§5348(d)(14)).

Introduction

California State Assembly Bill 1421 (Thomson, Chapter 1017, Statutes of 2002) established the Assisted Outpatient Treatment 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 (AOT) 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 areas.

The present report describes San Francisco’s experience with AOT in the first 26 months since implementation with a focus on the participants AOT engaged between January 1, 2017 and December 31, 2017.¹ This is the third 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 Assisted Outpatient Treatment Program (AOT)

In July 2014, San Francisco’s Board of Supervisors authorized Assisted Outpatient Treatment as a response to the late Mayor Ed Lee’s 2014 Care Task Force. Implemented November 2, 2015, and in operation now for over two years, the San Francisco Assisted Outpatient Treatment Model is utilized as an intervention and engagement tool designed to assist and support individuals with serious mental illness. 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.

In San Francisco, the AOT program places an emphasis on promoting voluntary engagement by utilizing a strengths-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—the 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, or a parole or probation officer. Eligibility of Referred Individuals is then assessed by the clinical staff from the AOT Care Team. Individuals that appear to

AOT Program Goals

The Assisted Outpatient Treatment (AOT) model is designed to assist and support individuals with serious mental illness. The ultimate goals of the program are 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**.

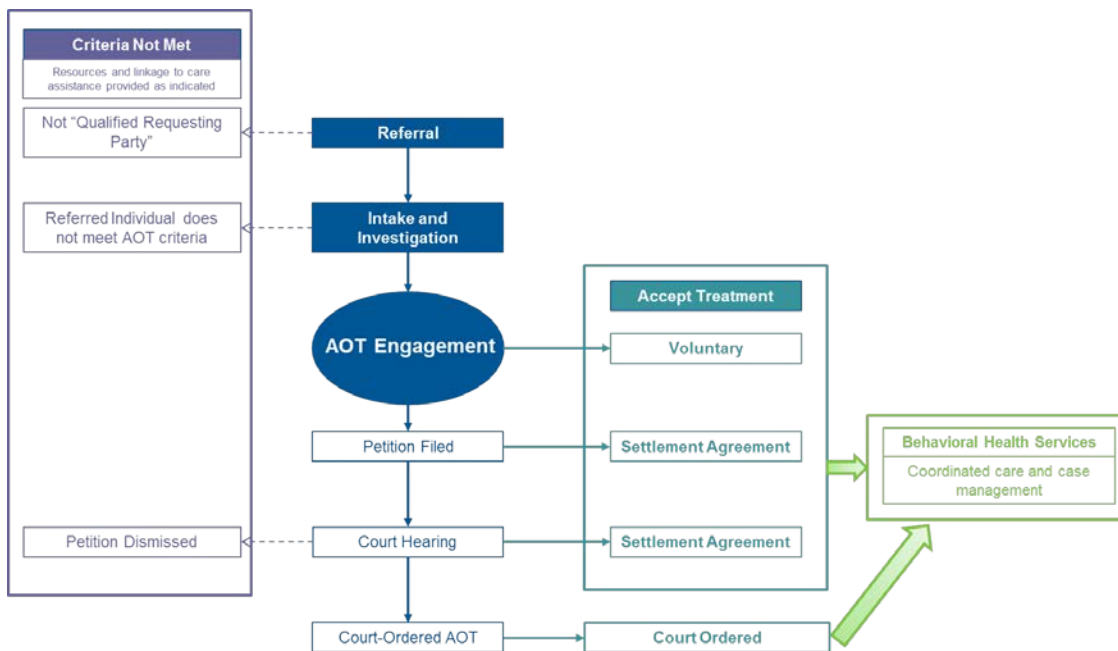
¹ This time frame encompasses AOT’s entire second year of implementation, as well as 2 months of its third year of implementation.

initially meet AOT criteria are subsequently engaged by the AOT Care Team and offered voluntary services. San Francisco's AOT model utilizes a multidisciplinary Care Team of clinical and peer-based services, as well as 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.

Exhibit 1 provides an overview of this model below.

Exhibit 1. Overview of Assisted Outpatient Treatment Program



The AOT Care Team is a four-person unit comprised of the *Director* (a psychologist with forensic experience) who oversees the administration of the program, a licensed master's level *Program Manager* who oversees the day to day operations of the program, and two additional *Team Members* tasked with outreach, initial engagement and treatment, and client and family support. Along with permanent staff, The AOT Care Team also included a part time intern from the City College of San Francisco Peer Certificate Program in Fall of 2017 and a clinical intern from Cal State East Bay throughout the academic year. 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 ("Citywide AOT Team") provides intensive clinical case management services, including 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. The Citywide AOT Team includes a Clinical *Supervisor*, a full-time Clinical *Case Manager*, a half-time *Peer Specialist*, and a part time Nurse and Psychiatrist. San Francisco relies on a highly collaborative model of service delivery and program improvement. AOT staff work closely with service providers throughout the city, strengthening the referral network and modeling best practices.

In order to remain accountable to the City of San Francisco and various stakeholder groups, AOT provides the San Francisco Health Commission and Mental Health Board with an annual update on the progress of the program, and a review of any related outcome data. Further, AOT contributes program data to the Board of Supervisors via the MHSA 3-Year Integrated Plan and Annual Update, and provides any additional updates to the Board of Supervisors upon request. AOT staff also offer frequent updates to the Director of Behavioral Health Services, and quarterly updates to both the Department of Public Health and Behavioral Health Service's executive teams, as well as the Mayor's office. Outside of the city, the San Francisco AOT Team is building a network of family supports nationwide, has been instrumental in partnering with other counties that have adopted AOT, and has worked to initiate and sustain a quarterly conference call to share information and expertise.

AOT Partners

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

- **AOT Staff:** The AOT Care Team and Citywide AOT Team defined below.
- **AOT Care Team:** The four-person AOT Care Team within the Department of Public Health's Behavioral Health Services, which focuses on program administration/reporting, intake, engagement and treatment of individuals, linkage to services, petitioning the court when indicated, and support through the legal process. The core AOT Care Team consists of the AOT Director, a Program Manager, and two Team Members to provide peer and family support.
- **Citywide AOT Team:** The Department of Public Health contracts with Zuckerberg San Francisco General Hospital Division of Citywide Case Management. This organization employs a team of mental health providers and a peer specialist to provide intensive clinical case management services, which include 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).
- **AOT Participants/Contacted Individuals:** All individuals contacted by the AOT Care Team, regardless of whether an appointment was missed. For the purposes of this report AOT Participants are classified as:
 - *Connected to Care and Discharged from AOT:* Participants who have been successfully connected to care and are actively seeing a provider for treatment support.
 - *Accepted Treatment:* Participants who have been connected to treatment and are in the process of ongoing AOT engagement.
 - *Ongoing Outreach:* Participants who have yet to voluntarily accept treatment, for which the AOT Care Team continues outreach and engagement efforts.
 - *Petition Filed:* Participants for whom the AOT Care Team has petitioned the court for engagement in outpatient treatment.
- **AOT Families:** Family, friends, and other close individuals who AOT Participants identify as providing them with support or assistance to AOT.

Program Evaluation

Behavioral Health Services (BHS) contracted with Harder+Company Community Research, in compliance with San Francisco Health Code §4118(c), to conduct an evaluation and in-depth analysis 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 fully address regulatory program evaluation requirements and is summarized in an annual report each year of the program evaluation.² Now in its third year of evaluation, this final report seeks to provide insight into the program's long-term impact on all participants seen since the onset of the program.

To fully understand the program's impact, Harder+Company and the AOT Care Team chose a multi-stakeholder, mixed methods evaluation which draws on the following data sources:

- **Program Data:** Data collected for all AOT Contacted Individuals since November 2015. This information includes AOT-related intake, initial, ongoing, and attempted contacts, background information, service linkage and use, and key events tracking.
- **Participant Surveys:** A paper-based questionnaire assessing thoughts about and experiences with AOT engagement and service linkage has been distributed to participants regularly throughout their time in AOT. Questionnaire completion was voluntary and no financial incentive was provided. AOT Participants submitted questionnaires to their case managers in a confidential and sealed envelope, who then passed them along to the evaluators at Harder+Company. This report looks at all 28 surveys completed between January 2017 and January 2018.
- **Participant Interviews:** A 20 minute interview conducted with AOT Participants with a court order. Interviews explored individuals' experiences with the AOT program, engagement, and service linkage, as well as thoughts on how the AOT program has impacted their lives. A total of three interviews were completed by Harder+Co and all were given a \$25 incentive for their time.³
- **Family Surveys:** An eight item survey was distributed to members of the AOT Participants' families. The survey asked respondents about their satisfaction with AOT support, perceived benefits and challenges, as well as recommendations for the program. The Family Survey was administered online and via mail to consenting families in January 2018. No incentives were provided, and a total of 12 respondents completed the survey.
- **Staff Interviews:** A 30-minute interview conducted with members of the AOT Care Team and Citywide AOT Team to gather perspectives and reflections on program implementation, effectiveness, and larger social and organizational impacts. A total of 10 interviews were completed.
- **Stakeholder Survey.** New to this year's report, a stakeholder survey was launched in November 2017 to collect feedback. The AOT Care Team helped identify partners who they felt could speak to the successes and challenges faced by the AOT program to-date, as well as any general recommendations they could share. A total of 22 stakeholders submitted a completed survey.

² California Welfare and Institutions Code §5348(d)

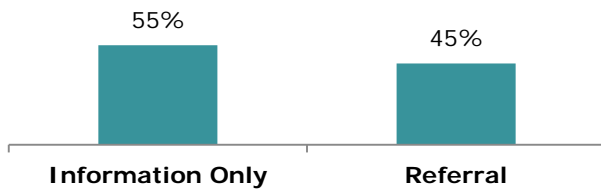
Snapshot of AOT Participants

The AOT program has established various methods by which Qualified Requesting Parties, as defined by WIC §5346 (b)(2) (e.g., an adult living with the individual, immediate family members, treatment providers, or a parole/probation officer), can make referrals and request information about the program. The program offers a toll-free number, local number, referral form and website, general email address, and conducts outreach presentations to multiple stakeholders. Eligibility of referred individuals is then assessed by the clinicians on the AOT Care Team. This section of the report details information on all the individuals the AOT Care Team engaged during the evaluation period from January 1, 2017 to December 31, 2017.

Calls to the AOT Care Team

During January 1, 2017 to December 31, 2017, the AOT Care Team received **182 calls** regarding the program. Of the 182 calls received in 2017, 100 were information only calls (55 percent) while the remaining 82 calls (45 percent) were referral requests, as detailed in the following exhibit.

Exhibit 2. Type of AOT Calls (n=182)



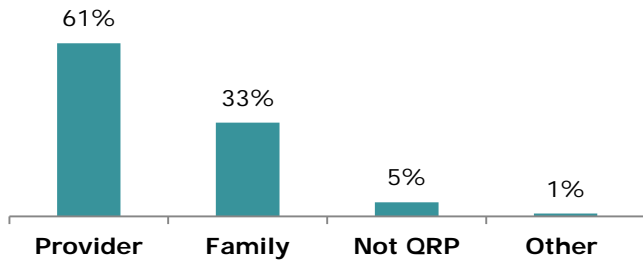
The most common source of referral calls was providers (61 percent), while 33 percent of the calls were from family members. Approximately 5 percent of referral calls were from persons who were not determined to be a Qualified Requesting Party (QRP). In these cases, the AOT Care Team worked with callers to identify potential QRPs to make the referral.

Section Overview

This section of the report details the following information:

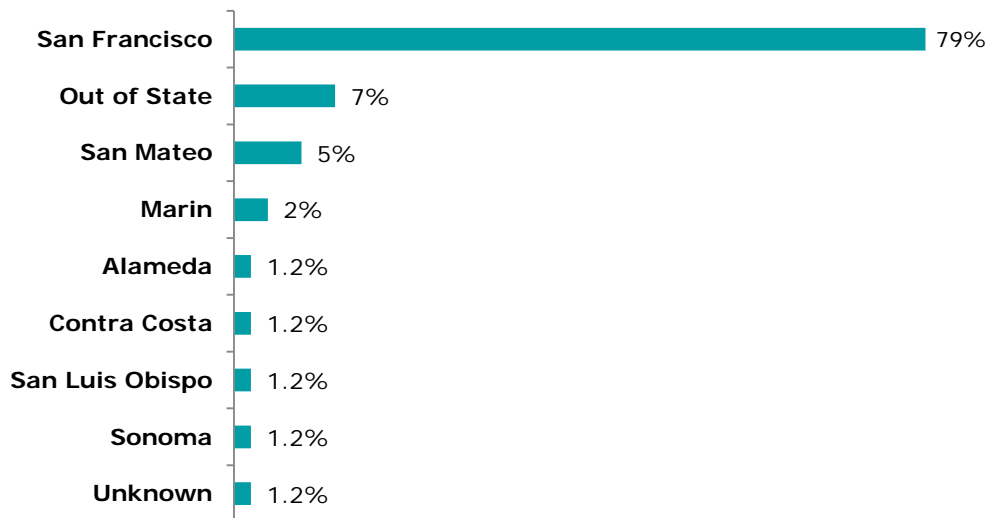
- Information on all calls received by the AOT Care Team during the evaluation period.
- Demographic information on all active cases during the evaluation period.
- Risk factors for all active cases during the evaluation period.

Exhibit 3. AOT Referring Parties (n=82)



Most of the referrals made in 2017 originated in San Francisco (79 percent), while 11 percent of referrals originated from other counties in California. An additional 7 percent of referral calls originated from outside of California.

Exhibit 4. Origin of Referral Calls by California County (n=82)



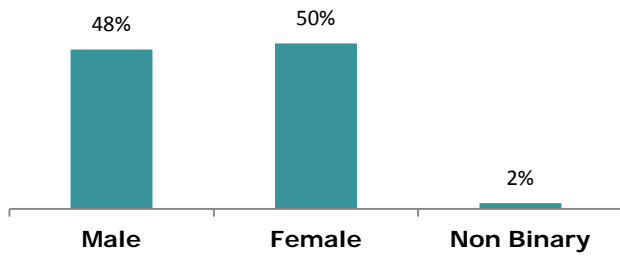
Demographics of AOT Cases

Of the 82 individuals referred to AOT during the evaluation period, **33 unduplicated referred individuals were considered eligible for AOT participation** and successfully contacted.⁴ In total, 56 individuals were active participants during the evaluation period, some of which were referred in years prior but continued to be active cases during the 2017 calendar year. These AOT participants demonstrate considerable demographic diversity, as illustrated below.

During the 2017 evaluation period the AOT program served nearly the same proportion of males and females, with 2 percent of participants identifying as non-binary.

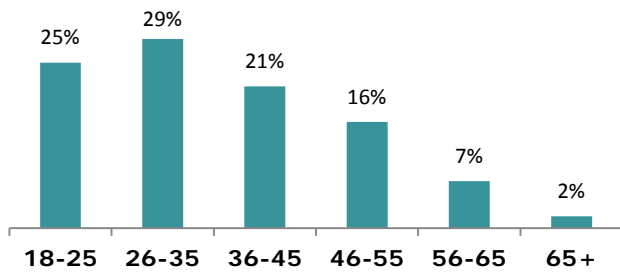
⁴ In cases where an individual was determined not to be an eligible candidate, the referral source was provided with a consultation regarding alternative resources and, when indicated, family support was provided.

Exhibit 5. Gender of Contacted Individuals (n=56)



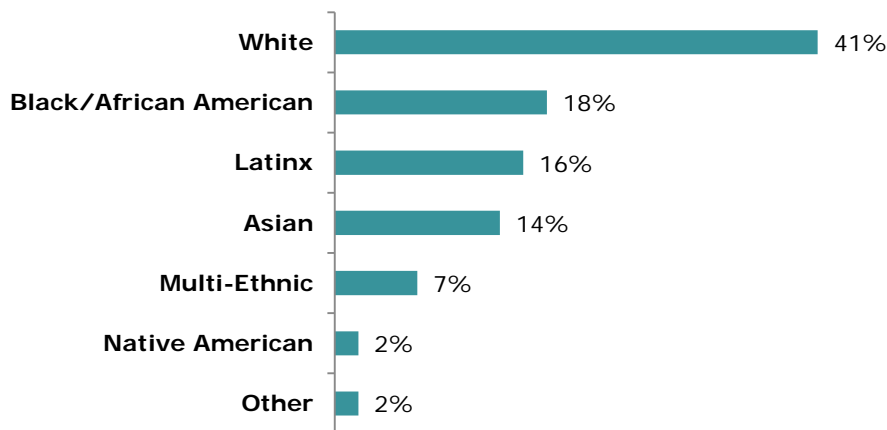
The greatest proportion (29 percent) of contacted individuals is between 26 and 35 years of age. Overall, most program participants are under 46 years of age. This is a notable change from the earlier years of the AOT program where a smaller proportion of participants were Transitional Age Youth between the ages of 18-25.

Exhibit 6. Age Range of Contacted Individuals (n=56)



The majority of individuals contacted during 2017 identify as White (41 percent), followed by 18 percent of individuals identifying as Black/African American and 16 percent as Latinx. This ethnicity breakdown is consistent with previous years of the AOT program.

Exhibit 7. Race/Ethnicity of Contacted Individuals (n=56)

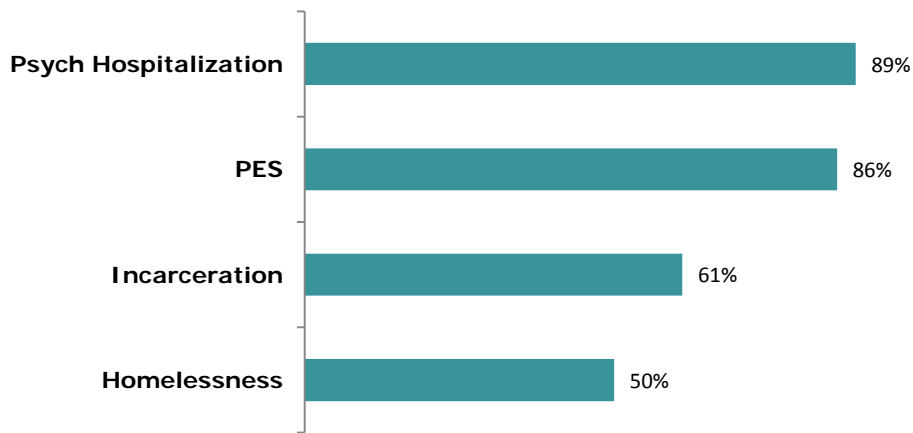


Risk Factors

Individuals in contact with AOT demonstrate significant needs, and are at heightened risk of psychiatric hospitalization, contact with Psychiatric Emergency Services (PES), incarceration, and homelessness.

The exhibit below shows the percentage of program participants who experienced the above **at least once** during the 36 months prior to their participation in the AOT program. Most participants (89 percent) experienced at least one inpatient psychiatric hospitalization, and 86 percent of program participants experienced at least one PES contact in the 36 months prior to intake. Incarceration and homelessness were also common among the majority of participants.

Exhibit 8. Psychiatric Hospitalization, PES Contact, Incarceration, and Homelessness in the 36 Months Prior to AOT Contact (n=56)



Progress Toward Outcomes for All AOT Participants

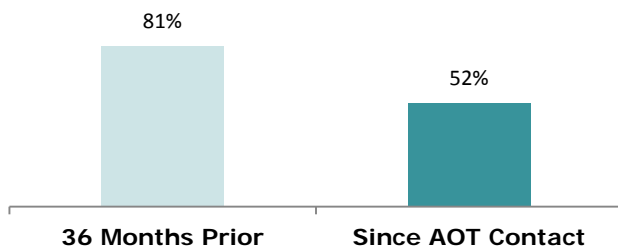
To assess how the AOT program has impacted its participants, the following section compares participants' interactions with Psychiatric Emergency Services (PES), psychiatric inpatient hospitalization, and incarceration before and after their intake into the AOT program. The goal of this analysis is to track any changes in participants' contact with each of the three over time, before, during, and after each participant's engagement with the program and the AOT Care Team to better understand the long term impact of AOT as an intervention.

In order to provide a holistic analysis of the program's impact, this section looks at the outcomes for all AOT participants since the beginning of the program's implementation, a total of **86 unduplicated individuals** or 94 duplicated individuals.⁵ On average, AOT Participants were actively engaged in the program for 5.24 months.

Psychiatric Emergency Services (PES)

Among the participants analyzed, the number of individuals who experienced PES visits dropped from 70 individuals (81 percent) in the 36 months prior to AOT participation, to 45 (52 percent) since contact with AOT.

Exhibit 9. PES Occurrence 36 Months Prior and Since AOT Contact (n=86)



In addition, average PES visits per month—for all participants—fell from 0.19 visits per month in the 36 months prior to AOT participation, to 0.16 visits per month while actively engaged in AOT. This decrease continued to occur even after participants exited the program with an average of 0.09 visits per month. This reduction in PES visits per month after exiting the program was also found to be statistically significant⁶, **offering strong evidence that the observed change may be related to AOT participation.**

Section Overview

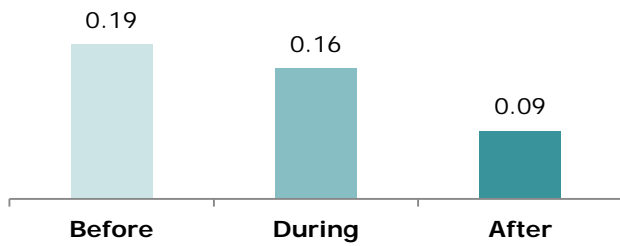
This section of the report details the following information:

- Outcome information on the number of incidents and any changes in the average number of visits/days per month over time
- Information on participants' well-being, social functioning, and independent living skills, as detailed by program participants
- Information and quotes on the Citywide AOT Team's engagement with program participants
- Information on all participants' current status and disposition

⁵ The unduplicated count is the number of unique individuals that participated in the AOT program. The duplicated count is the number of cases eligible to participate in the AOT program, including instances in which individuals participated multiple times in the program.

⁶ Paired t (df)=85, p -value<0.05

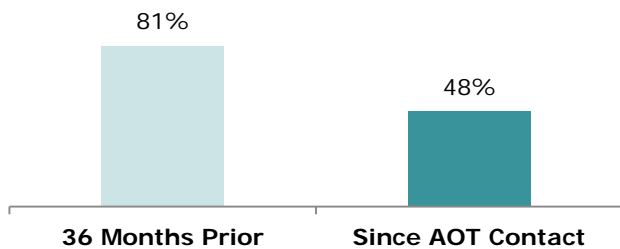
Exhibit 10. Average PES Visits per Month (n=86)



Psychiatric Inpatient Hospitalization

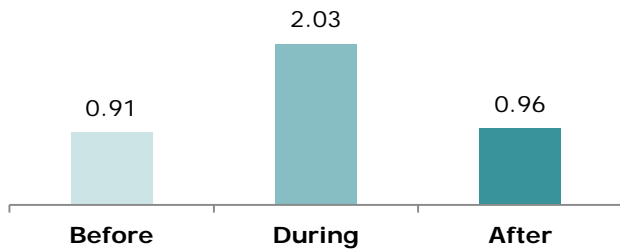
The number of individuals experiencing at least one hospitalization in the 36 months prior to intake dropped from 70 (81 percent) before AOT contact, to 41 (48 percent) since.

Exhibit 11. Hospitalization 36 Months Prior, and Since AOT Contact (n=86)



Although the total number of individuals experiencing an inpatient hospitalization decreased, average days per month hospitalized as a whole increased for the population of participants while they were actively engaged in AOT. However, this average increase from 0.91 days per month in the 36 months prior to AOT participation, to 2.03 days while actively engaged **decreases to an average of 0.96 days per month after participants have left the program.** It is likely that these changes in the average number of days hospitalized over time is attributable to the participants' high need for services and long delayed access to much needed care, as well as the AOT Team's active assessment and advocacy with hospital staff and the court to ensure that participants receive the clinically appropriate level of care. Additionally, participants are encouraged to seek support and services when needed. Although the decrease in the average days hospitalized per month after exiting the program was not found to be statistically significant, it could still be an indication of the program's long-term effects on participants having fewer overall admissions to an inpatient psychiatric unit.

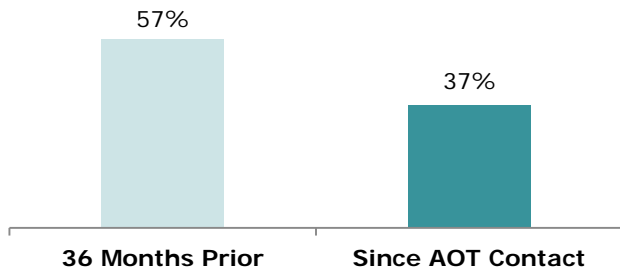
Exhibit 12. Average Days Hospitalized per Month (n=86)



Incarceration

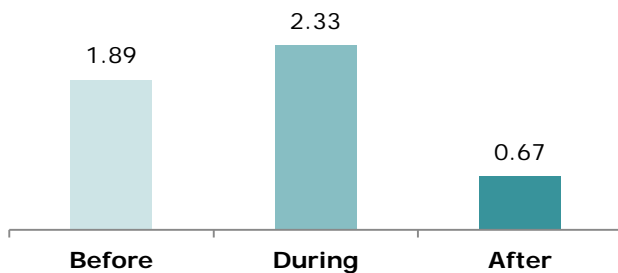
Lastly, when looking at participants' experiences with the justice system, the number of individuals with a recent incarceration dropped from 49 individuals (57 percent) prior to AOT contact, to 32 (37 percent) since intake.

Exhibit 13. Incarceration 36 Months Prior, and Since AOT Contact (n=86)



Average days incarcerated per month shows the biggest long-term decrease over time, from 1.89 days per month in the 36 months prior to intake to **0.67 days per month after exiting the program**. While average days per month increased to 2.33 while actively engaged in the program, this trend in average days per month is in line with the trend seen in days hospitalized per month and likely related to coordination of care and advocacy to ensure that legal dispositions take mental health needs into account. This decrease in average days per month after exiting the program was also found to be statistically significant⁷, again, offering **strong evidence that these decreases can be attributed to participation in AOT**.

Exhibit 14. Average Days Incarcerated per Month (n=86)



⁷ Paired *t* (df)=85, p-value<0.05

Summary of Outcome Attainment

Exhibit 15, below, summarizes all of the above outcomes, including the observed changes over time in average PES visits per month, average days hospitalized per month, and average days incarcerated per month, before, during, and after engagement with the program and the AOT Care Team.

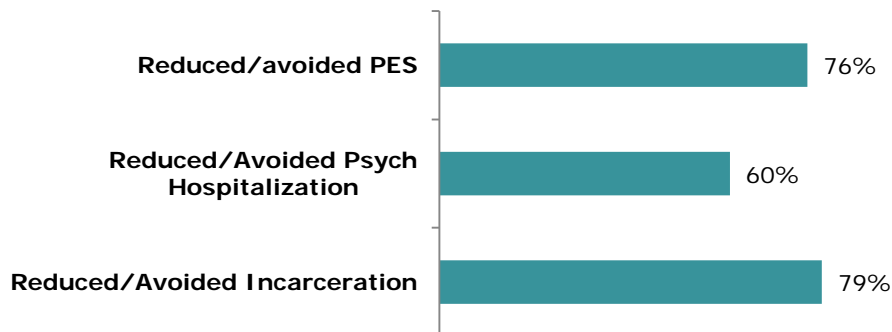
Exhibit 15. Changes in Outcomes, 36 Months Prior, and Since AOT Contact

	36 Months Prior	During Contact	After Exiting
Average PES Visits per Month	0.19	0.16	0.09
Average Days Hospitalized per Month	0.91	2.03	0.96
Average Days Incarcerated per Month	1.89	2.33	0.67

The scope of AOT’s role in reducing negative outcomes is also evident when the averages referenced above are disaggregated. When each individual’s monthly averages are compared pre and post-AOT contact, **findings continue to suggest successful outcome attainment among the group**. Individuals are considered to have attained a successful outcome by either reducing their monthly average of negative occurrences or—for those with no occurrences of a negative outcome *prior* to AOT contact—experiencing no occurrences of the negative outcome *since* AOT contact.

During the evaluation period, 76 percent of AOT Participants were successful in reducing or avoiding PES contact, 60 percent were successful in reducing or avoiding time spent in inpatient psychiatric hospitalization, and 79 percent were successful in reducing or avoiding time spent incarcerated. Additionally, at the time of data collection, 58 program participants (69 percent) were closed and remained engaged in treatment.

Exhibit 16. Successful Outcome Attainment among AOT Participants



Well-Being, Social Functioning, and Independent Living Skills

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 state identification cards, Supplemental Security Income (SSI), CalFresh (food stamps), and transportation assistance (e.g., Clipper Card). Peer staff provide additional support around activities of daily living, employment coaching, and other independent living skills as needed. Participants who were not able to function successfully in the community prior to AOT are often able to navigate complex

processes with the additional support of the Care Team and Citywide AOT Team. When asked about their future, most participants had a positive outlook. Eighty-one percent of survey respondents reported that they feel hopeful about their future, and 74 percent reported feeling confident that they can reach their treatment goals.

Exhibit 17. Outlook on Treatment Goals and Future

I am confident that I can reach my treatment goals	n=20 (74%)
I feel hopeful about my future	n=21 (81%)

For participants working with a case manager, the perceived impact of treatment on quality of life is measurable. Benefits of AOT engagement and case management were reflected in the survey responses of program participants. 62 percent of respondents believed that regularly meeting with a case manager will help them to find or maintain stable housing, 65 percent believed that regularly meeting with a case manager will help them to maintain good physical health, and 65 percent believed that regularly meeting with a case manager will help them live the kind of life they want.

Exhibit 18. 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?	n=16 (62%)	n=10 (38%)
...maintain good physical health?	n=17 (65%)	n=9 (35%)
...live the kind of life you want?	n=17 (65%)	n=9 (35%)

Engagement and Treatment Promotion

The Citywide AOT Team provides intensive clinical case management for court-ordered AOT Participants, and provides support for individuals who agree to voluntary services, linking them to long term care. This support is critical to clients' long term success. As one Care Team member explains, "[the Citywide AOT Team] really meets each person they work with wherever they are at to engage and stabilize them... Once stable in the community, the team then coordinates a smooth and successful transition to a long term provider."

According to the Citywide AOT Team, achieving benefits for program participants requires being persistent and client centered. One staff member shared how the unique nature of AOT allows them to successfully engage people who would otherwise remain disconnected:

"For a lot of our clients the systems have already tried, they've been trying for years to engage these individuals and reduce hospitalization, reduce incarceration, and reduce crisis contacts. But I think the uniqueness of this program, having additional peer support, having low case loads, the flexibility to do the amount of outreach that we're doing, I really think this program is changing and improving the lives of these individuals."

"I didn't want to get anybody involved with my issues. I just wanted to work it out myself, but I found that there is support in the community when you need it."

—Court Ordered Participant

During the evaluation period, the Citywide AOT Team has provided case management support for 17 individuals who have voluntarily agreed to treatment as well as 10 individuals who are court ordered since the start of the program. Of these, 3 voluntary and 4 individuals who are court ordered are still receiving services from the Citywide Team that are designed to stabilize them in preparation for linkage to long term services. Fourteen of the voluntary participants and 5 court ordered participants were successfully linked to long-term care. Only 1 court ordered individual was not successfully linked to long-term care due to refusing ongoing services and referrals.

Besides persistence, respect for participants was mentioned by staff as central to the success of the program. AOT Care Team members emphasized that client engagement begins with supporting the client in identifying their own treatment goals and plans for the future, and then building a treatment plan to support those goals. This emphasis on respect is validated by participants' responses in the participant survey. Eighty-two percent of respondents reported that staff have always treated them with respect, and 81 percent reported that the staff always listened to their concerns about treatment. Sixty-nine percent also noted that they were always encouraged to accept treatment voluntarily, which may be related to the open conversations that the AOT Team has with participants regarding the possibility of a court order.

Exhibit 19. Interactions with the AOT Team

The AOT Team always...	
...treated me with respect	n=23 (82%)
...listened to my concerns about treatment	n=21 (81%)
...encouraged me to accept treatment voluntarily	n=18 (69%)

Current Status and Disposition

As of the end of 2017, 44 percent of individuals in contact with AOT achieved positive status outcomes—defined as being successfully connected to care and discharged—through their participation in the program. Twelve individuals (14 percent) were active AOT cases at the time of data collection, while 14 did not meet the criteria of participation for the program after an initial contact was made, or only an intake was completed (16 percent). In cases where an individual does not meet the legal eligibility for AOT, staff support the referral entity in identifying other appropriate resources. Additionally, a total of 6 individuals who are court ordered were successfully connected to care, and only 1 court ordered case was unsuccessfully connected to care (2 percent).

Exhibit 20. Disposition of Contacted Individuals (as of 12/31/17)

Disposition	
Closed and Connected to Care	n=38 (44%)
Criteria Not Met	n=14 (16%)
Active	n=12 (14%)
Other ⁸	n=8 (9%)
Unable to Locate	n=6 (7%)
Court Ordered Ended and Connected to Care	n=6 (8%)
Court Ordered Ended and Unsuccessful Connecting to Care	n=1 (1%)

Conservatorship

Eleven individuals that AOT outreached and engaged with since the beginning of the program were determined to need a higher level of care than the AOT program provides. With the support of AOT staff, the Department of Aging and Adult Services, and the courts, these 11 individuals were placed on an LPS Conservatorship, providing them the safety and stability needed to ensure their recovery. Conservatorship services are provided only for individuals who meet the definition of grave disability, which includes being unable to provide for their basic needs (i.e. food, clothing, and shelter) due to a mental disorder. These services may include individualized treatment, supervision, and an involuntary medication order. Of the 11 individuals conserved, 9 remain housed in the community, while 2 now reside in locked facilities which provide them with a higher level of care and personal safety appropriate for their needs.

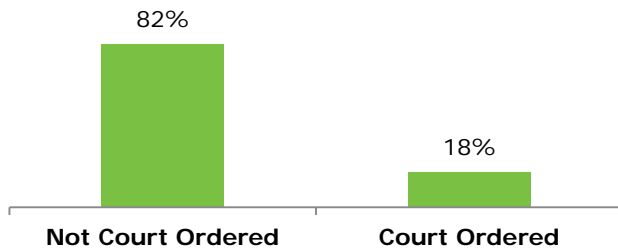
⁸ The "Other" category includes cases where a court order was dismissed, long term incarceration, the AOT Team was unable to locate an individual, or an individual passed away.

Snapshot of Court Ordered AOT Participants

In cases where the AOT Care Team is unable to successfully engage individuals in voluntary treatment, petitions may be filed for court ordered treatment. These individuals who are court ordered are subject to enhanced monitoring by the AOT Care Team, and present significant needs and challenges.

From the beginning of the program's implementation to present, the AOT Care Team has filed 13 petitions, 11 of which moved forward either as a settlement agreement⁹ into outpatient treatment or a court order to participate in the AOT program.¹⁰ Of these 11 cases, a total of **10 court ordered participants** were active at some point during 2017 (18 percent of all clients active during 2017). This includes cases where a petition was filed in years prior, but the AOT Care Team continued to engage clients in the program through 2017. This snapshot and all the exhibits subsequently shown in this section of the report focus on the 10 individuals who are court ordered that were actively engaged by the AOT Care Team in 2017.

Exhibit 21. Contacted Individuals and Court Orders (n=56)



Additionally, in the 26 months since implementation, the AOT Care Team has submitted a total of 5 court order renewals. At renewal, 4 out of the 5 participants volunteered to continue with the program, and only 1 individual had to be court ordered into treatment upon renewal.¹¹

Section Overview

This section of the report details the following information:

- Demographic information on all court ordered individuals during the evaluation period
- Risk factors for all court ordered individuals during the evaluation period

⁹ A Settlement Agreement is when an individual accepts services once a court petition was filed with the court.

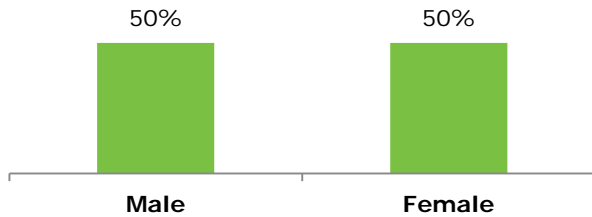
¹⁰ Of the petitions filed that did not move forward, one case withdrew and later voluntarily engaged in services, and the other had their court order dismissed.

¹¹ Specifically, individuals agreed to do 6 months of treatment after a renewal for their court order was filed.

Demographics

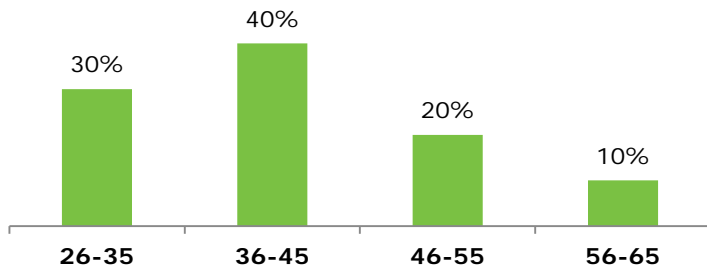
Among court ordered AOT Participants, 5 (50 percent) identify as male, and 5 (50 percent) identify as female.

Exhibit 22. Gender of Individuals who are court ordered (n=10)



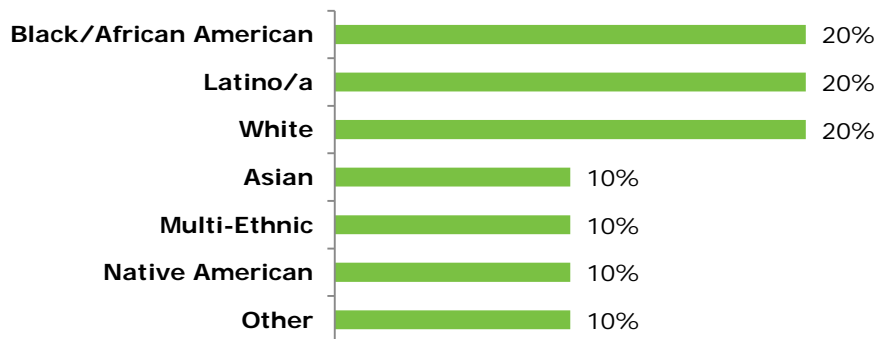
During 2017, the majority (60 percent) of court ordered participants are younger than 45 years of age. Only 2 participants are between 46 and 55 years of age, and only one is between 56 and 65 years of age. This is a notable change from years prior where individuals who are court ordered were typically older in age.

Exhibit 23. Age of Individuals who are court ordered (n=10)



Two court ordered participants identify as either Black/African American (22 percent) and 2 as Latino/a (22 percent).

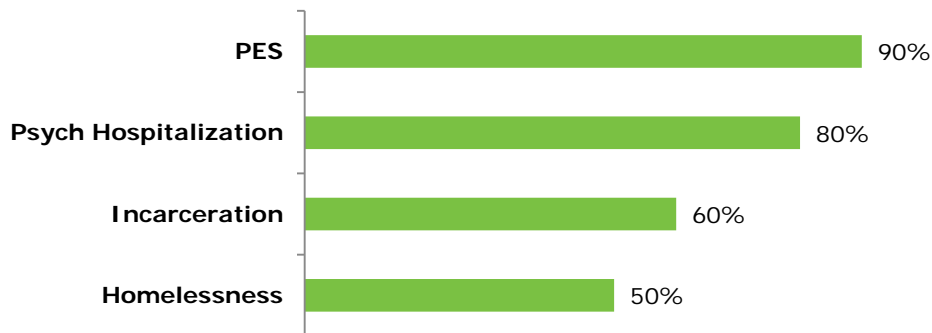
Exhibit 24. Race/Ethnicity of Individuals who are court ordered (n=10)



Risk Factors

Nine of the 10 individuals who are court ordered during this evaluation period experienced at least one PES contact in the 36 months prior to AOT contact, and 8 experienced at least one inpatient psychiatric hospitalization. Six individuals who are court ordered were incarcerated at least once in the 36 months prior to AOT contact, and 5 had experienced homelessness.

Exhibit 25. PES Contact, Psychiatric Hospitalization, Incarceration, and Homelessness for Individuals who are court ordered in the 36 Months Prior to AOT Contact (n=10)



Of the court ordered cases that were closed during the evaluation year, the majority were either living independently, living in supportive housing, or living with family (87 percent). Only one closed case is in a stabilization bed. Of the three active cases at the end of the 2017 calendar year, one is living independently, one is in a stabilization room, and one was placed in a residential program.

Exhibit 26. Current Housing for Individuals who are court ordered

	Closed (n=7)	Active (n=3)
Independent	29%	33%
Supportive Housing	29%	0%
With Family	29%	0%
Stabilization Bed/Room	14%	33%
Residential Program	0%	33%

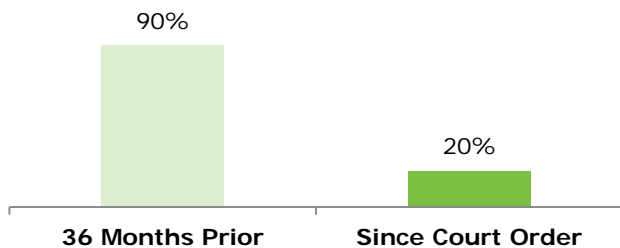
Progress Toward Outcomes for Court Ordered AOT Participants

As with outcomes for all AOT Participants in the previous section, outcome data for all individuals who are court ordered involved with the AOT program were examined across the 26 months since the program's implementation. Of the 11 total court ordered cases, **10 unique, individuals who are court ordered** were included as a part of this analysis, including active participants as of the end 2017¹². Due to the small number of individuals who are court ordered, the subsequent analysis cannot show statistical significance. However, notable reductions in negative outcomes are highlighted where relevant.

Psychiatric Emergency Services, Inpatient Psychiatric Hospitalization, and Incarceration

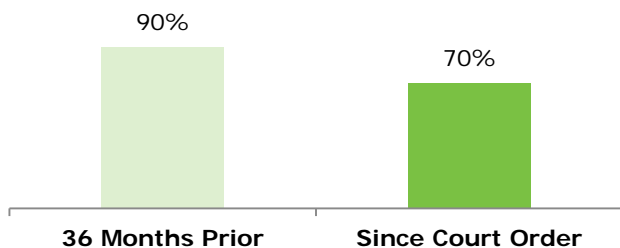
The number of individuals who experienced PES contact dropped from 9 in the 36 months prior to AOT participation, to 2 since being court ordered.

Exhibit 27. PES Occurrence 36 Months Prior, and Since AOT Court Order (n=10)



The number of individuals with a recent inpatient psychiatric hospitalization dropped moderately from 9 in the 36 months prior to AOT participation, to 7 since being court ordered.

Exhibit 28. Hospitalization 36 Months Prior, and Since AOT Court Order (n=10)



Section Overview

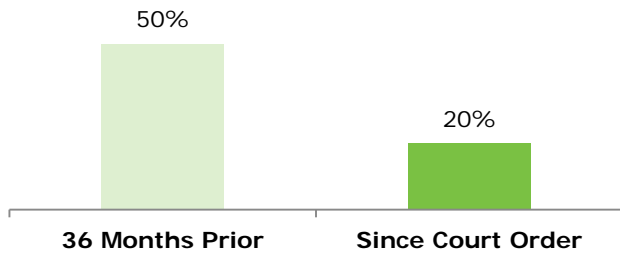
This section of the report details the following information:

- Outcome information on the number of incidences court ordered participants' experienced and any changes in the average number of visits/days per month over time
- Detailed information on each court ordered individual's treatment progress and their adherence to the program
- Information on court ordered participant's well-being, social functioning, and independent living skills, as detailed by program participants

¹² One individual was conserved shortly after being court ordered into the AOT program. Due to their brief participation in the program, and subsequent data limitations, they were excluded from this analysis.

Finally, the number of individuals with a recent incident of incarceration changed from 5 in the 36 months prior to AOT participation to only 2 since being court ordered.

Exhibit 29. Incarceration 36 Months Prior, and Since AOT Court Order (n=10)



Due to the small size of the court ordered AOT population, exploring changes in the averages of PES visits, days hospitalized, and days incarcerated is not particularly meaningful at the aggregate level. Instead, it is helpful to examine changes in these occurrences over time at the individual level. Exhibit 30, below, highlights each of the court ordered participants' changes in average occurrences per month, from 36 months prior to AOT contact, to post court order.

Exhibit 30. Changes in Average PES Visits per Month, Days Hospitalized per Month, and Days Incarcerated per Month, by Participant

	PES Visits per Month			Days Hospitalized per Month			Days Incarcerated per Month		
	Pre	Post	Positive Outcome	Pre	Post	Positive Outcome	Pre	Post	Positive Outcome
Participant 1	0.08	0.00	✓	0.39	0.00	✓	0.00	0.00	✓
Participant 2	0.19	0.07	✓	5.50	1.47	✓	0.03	0.00	✓
Participant 3	0.19	0.00	✓	1.36	2.00		0.00	0.75	
Participant 4	0.94	0.00	✓	0.11	5.25		0.17	0.00	✓
Participant 5	0.08	0.11		0.44	0.00	✓	5.03	0.00	✓
Participant 6	0.00	0.00	✓	0.00	1.25		0.00	0.00	✓
Participant 7	0.33	0.00	✓	1.00	1.38		6.44	4.92	✓
Participant 8	0.08	0.00	✓	1.50	1.50	✓	0.00	0.00	✓
Participant 9	0.11	0.00	✓	1.03	0.00	✓	0.11	0.00	✓
Participant 10	0.11	0.00	✓	0.89	9.14		0.00	0.00	✓

As defined in a previous section of this report, individuals are considered to have attained a successful outcome by either reducing their monthly average of negative occurrences or—for those with no occurrences of a negative outcome *prior* to AOT contact—experiencing no occurrences of the negative outcome *since* AOT court order. During the evaluation period, 9 out of 10 court ordered participants were successful in reducing or avoiding PES contact, 5 were successful in reducing or avoiding time spent in inpatient psychiatric hospitalization, and 9 were successful in reducing or avoiding time spent incarcerated.

Progress towards reduced inpatient hospitalization was almost split evenly among the group of court ordered participants, with 5 individuals reducing their monthly average and 4 increasing. However, court ordered participants are at heightened risk of hospitalization due to significant mental health symptoms. According to one

AOT Care Team member, “we’re able to monitor them to see if they meet criteria for a 5150, and we’re able to work to get them into the hospital faster than they may otherwise come into contact with the hospital system if we weren’t outreaching them as intensively as we are.” This may lead to an increased number of days hospitalized in the short term, but is anticipated to lead to greater stabilization and a reduced number of days hospitalized in the long term.

Treatment Plan Progress and Adherence

The following exhibits detail the outcomes for individuals who are court ordered as tracked by the AOT Care Team since the program’s implementation.

Exhibit 31. Court Ordered Treatment Plan Adherence

	Citywide Contacts	% of Months Compliant with Treatment	Confirmed Substance Use	Violence Victim	Violence Perpetrator
Participant 1	109	92%	-	-	-
Participant 2	65	23%	✓	-	✓
Participant 3	80	57%	✓	-	✓
Participant 4	65	75%	-	-	-
Participant 5	59	86%	✓	-	-
Participant 6	67	64%	-	-	-
Participant 7	97	75%	-	✓	✓
Participant 8	79	77%	✓	-	-
Participant 9	6	0%	-	-	-
Participant 10	29	100%	-	-	-

Exhibit 32. Court Ordered Enforcement Mechanisms

	Order to appear	Increased contact with the court	Judge feedback	Court order extended
Participant 1	✓	-	✓	✓
Participant 2	✓	✓	✓	✓
Participant 3	✓	-	✓	-
Participant 4	-	-	-	-
Participant 5	-	-	✓	-
Participant 6	✓	-	✓	-
Participant 7	-	-	-	✓
Participant 8	✓	-	-	✓
Participant 9	✓	-	-	-
Participant 10	-	-	-	-

Exhibit 33. Court Ordered Social and Living Skills

	Improved Social Functioning	Improved Independent Living Skills
Participant 1	✓	✓
Participant 2	-	✓
Participant 3	✓	✓
Participant 4	✓	✓
Participant 5	✓	✓
Participant 6	-	✓
Participant 7	✓	-
Participant 8	✓	✓
Participant 9	-	-
Participant 10	✓	✓

Exhibit 34. Court Ordered Participant Survey Results

	Participant is confident they can reach their treatment goals	Participant is hopeful about their future	Participant received help to navigate the AOT program and courts when they needed it
Participant 1	✓	✓	✓
Participant 2	✓	✓	✓
Participant 3	✓	✓	✓
Participant 4	✓	✓	✓
Participant 5	-	✓	✓
Participant 6	✓	✓	✓
Participant 7	✓	✓	✓
Participant 8	✓	✓	✓
Participant 9 ¹³	-	-	-
Participant 10	✓	✓	-

Well-Being, Social Functioning, and Independent Living Skills

Before participants enter AOT, many are in need of extensive support to stabilize. However, interventions for hard-to-reach individuals often require a prolonged outreach process, as was described by one family member who participated in the family survey:

"AOT and I kept in contact and repeatedly tried to get [my child engaged in services]. [AOT Care Team staff] set aside a time every week hoping he would show up. He finally went in and they began working with him and got him back on his medicine. It took us 2 years but without the AOT team he could have been killed."

Interventions, like the one described above, are only possible because of the way AOT is structured, with an emphasis on client-centered outreach, flexibility, and meeting individuals where they are. As a result of this consistent outreach, the AOT

"My experience with the AOT program has been positive. Overall, I've been feeling like a better me."

—Court Ordered Participant

¹³ Participant 9 elected not to complete the voluntary participant survey.

Team is able to successfully engage and stabilize individuals in a way that positively impacts their well-being.

As mentioned previously, AOT staff also support participants as they navigate different systems of care and establish a foundation for a more normalized life. One court ordered participant explained how helpful AOT Care Staff were in helping them accomplish several things, specifically, “[AOT Care Team staff] made me feel safe. They were worried about me being on the streets. [Since being court ordered] I haven't been on the street as much, I haven't been homeless...[They] helped me get my ID, and [they're] working on helping me get my SSI.” This individual's experience illustrates the gradual but impactful ways that stabilization can occur and the client-centered nature of outreach and engagement. In the time since this interview, this individual has remained housed and actively engaged in services. Both their social functioning and independent living skills have shown a marked increase since engagement began, and continue to improve.

This sort of stabilization is most easily achieved when participants willingly engage in services, but not all do. Nonetheless, AOT's practice of consistent and persistent outreach and engagement allows them to reach otherwise disconnected individuals. One AOT Care Team member explained, “I think AOT's really helped out because it works with individuals who historically and at the time of referral aren't interested in services ...it allows us to outreach and engage individuals who otherwise we wouldn't be able to work with in the traditional mental health system.”

Benefits of AOT's unique engagement structure for individuals who are court ordered were also reflected in participants' survey responses. Nearly all (88 percent) of respondents who were court ordered believed that regularly meeting with a case manager will help them to find or maintain stable housing. 89 percent believed that regularly meeting with a case manager will help them to maintain good physical health, and 89 percent believed that regularly meeting with a case manager will help them live the kind of life they want.

Exhibit 35. Court Ordered 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?	n=7 (88%)	n=1 (12%)
...maintain good physical health?	n=8 (89%)	n=1 (11%)
...live the kind of life you want?	n=8 (89%)	n=1 (11%)

Consistent AOT engagement with individuals who are court ordered appears to also positively impact participants' outlooks on their future. When surveyed, nearly all (88 percent) respondents who were court ordered reported feeling confident that they can reach their treatment goals, and all reported that they feel hopeful about their future.

“AOT's diligence and care has literally been life saving for my sister.”

–Family Member

Exhibit 36. Outlook on Treatment Goals and Future



I am confident that I can reach my treatment goals	n=8 (89%)
I feel hopeful about my future	n=9 (100%)

When interviewed, one court-ordered individual discussed their desire to be able to work again in the future, and another discussed concrete employment goals that they are working toward. To date, one court ordered participant has stabilized enough to return to the workforce, successfully securing employment.

Benefits for Family Members

With the understanding that participants benefit from strong family support during their journey to recovery and wellness, San Francisco prioritized family engagement when planning and implementing AOT. Consequently, as part of the AOT process, families are engaged and offered education and support, including information about eligibility, benefits, limitations, and opportunities of the program. The fourteen family members surveyed during this evaluation period learned about AOT and were referred to the program through multiple avenues, including a therapist/case manager/mental health agency, an AOT-referred family member, an attorney/judge, the National Alliance on Mental Illness (NAMI), homeless services, and even an article about AOT.

As a result of the support and education AOT has provided, many families reported that they had more or better access to resources and a better understanding of the symptoms their loved ones experience. Half reported a better understanding of what AOT is and how it can help their family member, and a better understanding of the mental health system as a whole. Some reported appreciating the way the AOT Team listened and talked to them. For example, one family member described how AOT has supported them and helped them to support their loved one, saying “Dealing with my [loved one’s] situation is hands down, the most difficult challenge /obstacle in my life... For me personally, it has been a tremendous help to be able to talk to someone [from the AOT staff]. I am eternally grateful.”

AOT staff repeatedly emphasized two ways that AOT is uniquely situated to support families—the program’s ability to empower family members of at-risk individuals and the support it provides directly to family members. One of the biggest benefits for families, as reported by both family members and AOT staff, is the ability for families to directly refer their loved ones to the program. As one AOT staff member explained, it empowers families “to feel like they have agency, they have a voice, and they have an avenue to get their loved ones support when nothing else they’ve tried has really worked.”

Additionally, reflecting on their experiences working with clients and their families, AOT staff acknowledged the stress that families face when supporting the long term recovery and success of program participants, highlighting the second major benefit for families. As one AOT staff member explained:

“[AOT] supports family members with psychotherapy, helping them understand their loved ones’ diagnosis and that this is an ongoing journey. We teach them new coping skill tools to use... we find out what their needs are and what their concerns are and we try to accommodate them with supportive help, with agencies, and with referrals out to other family support groups.”

This support, staff said, is critical, because investing time to educate family members on mental health, what it means to have a mental illness, and how to strengthen participants’ support systems can result in improved outcomes for program participants.

“AOT saved my family in a way I can’t explain. I’m very grateful to this amazing program and team.”

—Family Member

Strengthening Partnerships

By strengthening the network of providers that AOT works with, the AOT Care Team is able to better identify and connect participants with appropriate treatment options. In November 2017, the AOT Care Team identified a number of providers and other stakeholders they felt could speak to the successes and challenges faced by the AOT program to date. These stakeholders were asked to complete a survey where they shared program feedback, their observations about the impact of AOT on Referred Individuals, and general feedback about AOT's role as part of the larger mental health system in San Francisco.

When asked, most stakeholders reported observing numerous positive changes in Referred Individuals. Eighty-six percent of respondents reported at least some increased interaction with mental health services, 73 percent reported at least some increase in more positive interactions with mental health services, and 68 percent reported at least some increase in mental health stability. 68 percent also reported at least some increase in housing stability, while 64 percent of stakeholders surveyed observed at least some improvement in Referred Individuals' functioning.

Exhibit 37. Positive Changes Observed in Referred Individuals

To what extent have you observed the following positive changes in Referred Individuals since beginning AOT?	At least some
Increased interaction with mental health services	n=19 (86%)
More positive interactions with mental health services	n=16 (73%)
More stable mental health	n=15 (68%)
More stable housing	n=15 (68%)
Improved functioning	n=14 (64%)

Through strong collaboration with providers across San Francisco, AOT offers access to care and support tailored to each participant's unique needs, while simultaneously strengthening partnerships throughout San Francisco's system of care. One stakeholder shared that collaboration begins during outreach, saying "AOT Case Managers have increased relationships with multiple partners, including street medicine and crisis services, and get folks medicated and evaluated quickly." Collaboration extends beyond San Francisco's network of providers, as well, with one stakeholder explaining "I think the collaboration between DPH, the City Attorney's Office, the clinicians, the Public Defender's Office and the courts is very successful. I think we all feel we are working to together for the best interest of the individual."

Both AOT staff and stakeholders discussed a desire to expand collaboration to better support participants on their journey to recovery and wellness, something AOT is actively pursuing through increased community outreach and education. One AOT staff member explained, "we're continuing to do presentations in the community, making sure to really get that information out there to people about what AOT is, what we can do, how we're here to support both referred individuals as well as community providers, and that we really want to work together."

"The AOT program has brought agencies together and made for better working relationships that were not there prior."

—Stakeholder

Conclusion

Summary of Findings

During the evaluation period, AOT Participants demonstrated overall reductions in PES visits, inpatient psychiatric hospitalization, and incarceration. Among all AOT Participants to-date, 76% reduced or avoided PES contact (a statistically significant reduction) through participation in AOT, 60% reduced or avoided time spent hospitalized, and 79% reduced or avoided time spent incarcerated (also a statistically significant reduction). Among the group of 10 court ordered AOT participants, 9 reduced or avoided PES contact, 5 reduced or avoided time spent hospitalized, and 9 reduced or avoided time spent incarcerated.

Before participants enter AOT, many are in need of extensive support to stabilize. This is most easily achieved when participants willingly engage in services, but not all do. Nonetheless, AOT's practice of consistent and persistent outreach and engagement appears to have a positive effect on individuals, stabilizing them even when they are not engaged in treatment. Participants who were not able to function successfully in the community prior to AOT are often able to with the additional support of the AOT Team, and the majority of AOT Participants surveyed feel confident that they can reach their treatment goals, and feel hopeful about their future.

The findings detailed in this report suggest overall reductions in negative outcomes for voluntary and court-ordered AOT Participants, as well as improvements in functioning and well-being. Given the stated goals of the AOT program to prevent decompensation and reduce cycling through acute services and incarceration, as well as the significant decrease in negative outcomes following an individual's exit from the program shown in this report, **there is substantial evidence that indicates that implementation to date can be considered a success.**

Lessons Learned

At the closing of this third evaluation cycle, there are a number of promising tools and practices, employed by Care Team and the Citywide AOT Team alike, that have emerged since the implementation of AOT began in November 2015. Many of these can serve as models for best practices throughout the system of care, and they, along with other key insights and lessons learned, are summarized below.

Engagement and Treatment Promotion

- **Persistence pays off.** Staff, stakeholders, family members, and AOT participants all noted that consistent and persistent outreach by AOT staff leads to a higher likelihood of engagement, including with individuals who are initially unwilling to participate in treatment. This allows AOT to engage some of the hardest to serve individuals, many of whom the system of care has been unsuccessful in engaging in the past.
- **Meet people where they are.** AOT staff spend a significant amount of time outreaching individuals on the street, in their residences, in hospitals, and jail. The AOT Staff's extensive outreach and engagement efforts allow for participants to be engaged at times and places when they are most readily able to engage, positively impacting participation in services and

treatment.

- **High touch case management increases the likelihood of stabilization and successful engagement.** The provision of intensive case management support for voluntary participants is critical for successful stabilization and long term engagement in treatment, providing consistent support to individuals when they need it most.
- **Let participants take the lead.** Engagement focused on participants' own treatment goals and future plans allows for respectful and client-centered support.

Family Support

- **Strengthening families can improve outcomes.** Educating family members on mental health, what it means to have a mental illness, and how to strengthen participants' support systems can result in improved outcomes for program participants.
- **Allowing family members to refer their loved ones directly to AOT helps connect hard to engage individuals to services.** Many family members reported feeling discouraged and even let down over their previous inability to help their loved ones access appropriate services throughout the system of care. By empowering family members to refer directly, individuals who may otherwise be disconnected from the system of care are more likely to be identified, outreached, and served.

Relationship Building

- **Building a network of strong partnerships enhances the system of care.** Strengthening relationships between agencies and organizations throughout the system of care allows for information and resource sharing, and enhances service provision throughout.
- **Collaboration throughout the system of care allows for the provision of individualized care and services and increases the likelihood of successful engagement.** Through strong collaboration with providers across San Francisco, AOT staff have been able to efficiently connect participants to services tailored to their specific needs. When participants are supported by a collaborative network of providers in this way, they are less likely to disconnect from services, increasing the likelihood of stabilization, as well as successful and consistent engagement during recovery.

Appendix A

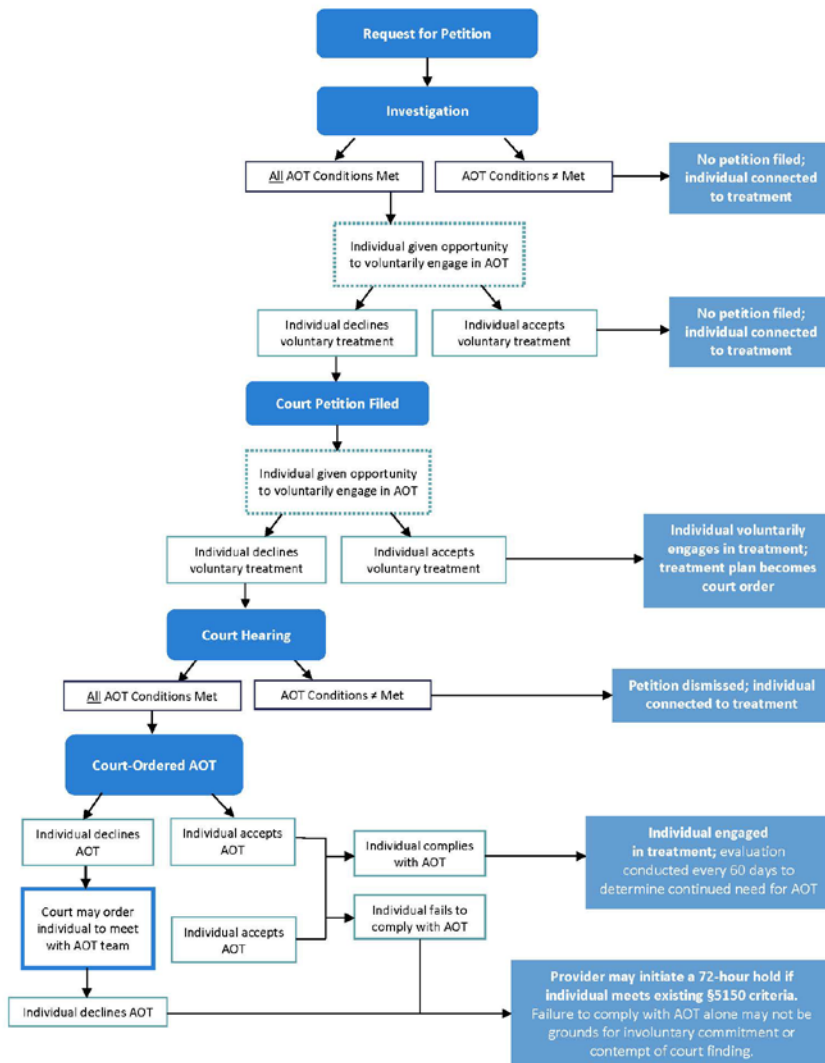
San Francisco's Assisted Outpatient Treatment Fact Sheet

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](#)



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, and employment).