

# 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](http://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.*

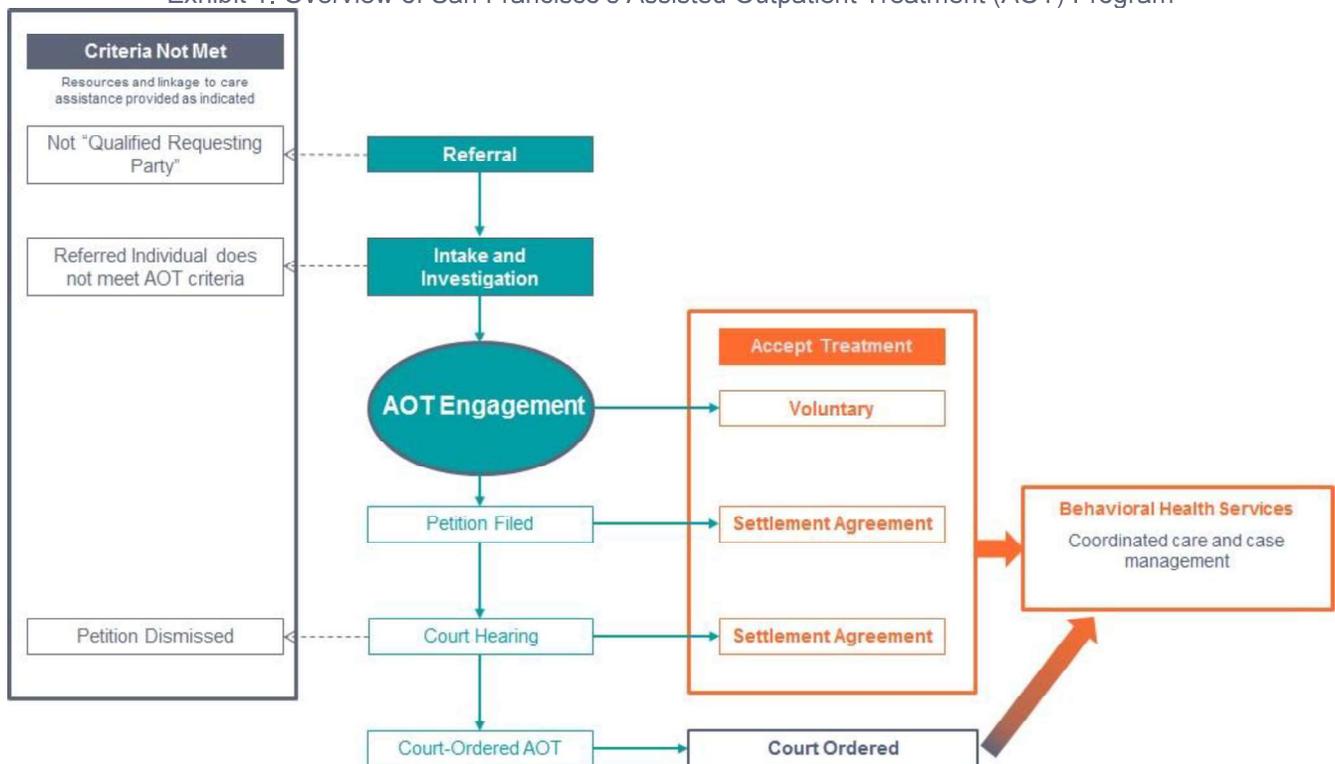
In San Francisco, the AOT program places an emphasis on promoting voluntary engagement by utilizing a strength-based and client-centered approach, as well as accessing an individual’s natural support system (i.e., family and friends). If after 30+ days of engagement the staff is unable to successfully 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.

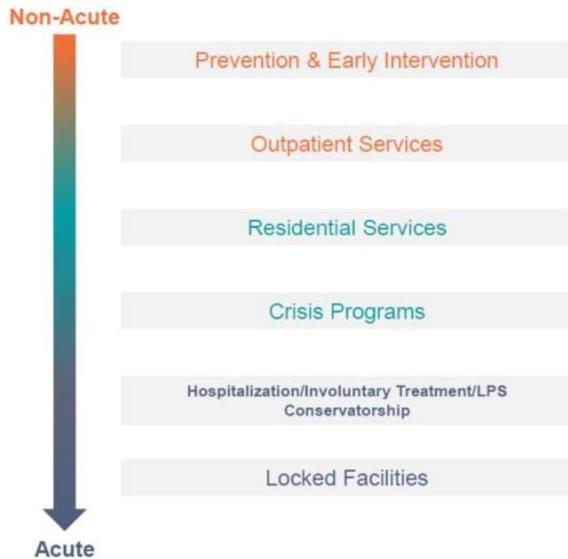
The AOT Care Team is a three-person team comprised of the *Director* (a psychologist with forensic experience), a *Peer Specialist*, and a *Family Liaison*. The AOT Care Team is housed within the San Francisco Department of Public Health's Behavioral Health Services. In addition to the AOT Care Team, 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).

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<sup>4</sup> California Welfare and Institutions Code §5348(d)