March 2017

San Francisco's Assisted Outpatient Treatment Program

2017 Annual Report

harder + co | community research

SF HEALTH NETWORK
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Contents

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 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 second annual report for the AOT program in San Francisco and covers the first full year 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 Clinician, 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") 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 November 2, 2015 and February 9, 2017 the San Francisco AOT program:

- Received 268 calls: **135 calls for referrals**—predominantly from family members—and 133 requests for information.

- Of the 135 incoming referrals during the evaluation period, **60** unduplicated referred individuals were considered eligible for AOT participation and successfully **contacted.**

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:

- **78%** had at least one known inpatient psychiatric **hospitalization** in San Francisco.
- **60%** had at least one known **incarceration** in San Francisco.
- **54%** experienced at least one period of **homelessness.**
- **82%** had at least one known **PES contact** in San Francisco.

Progress Toward Outcomes for all AOT Participants

Individuals in contact with AOT during the evaluation period showed **overall reductions** in PES contacts, psychiatric hospitalization, and incarceration. During the evaluation period:

- **87%** of AOT participants were successful in **reducing or avoiding PES** contact.
- **65%** were successful in **reducing or avoiding** time spent in inpatient **psychiatric hospitalization.**
- **74%** 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.

- **89%** of respondents feel **confident** that they can reach their treatment goals.
- **90%** of respondents feel **hopeful** about their future.

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

- 63% of respondents believed that regularly meeting with a case manager will help them to find or maintain stable housing.
- 67% of respondents believed that regularly meeting with a case manager will help them to maintain good physical health.
- 63% of respondents believed that regularly meeting with a case manager will help them live the kind of life they want.

Engagement and Treatment Promotion

As of February 9th, 2017, Citywide has provided clinical case management services to 23 individuals who have voluntarily agreed to treatment. Of these, 10 are still in care with Citywide and receiving services that are designed to stabilize them in preparation for linkage to long term services, and 12 have been successfully linked to long term care.

AOT Care Team members and Citywide staff 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:

- 89% of respondents reported that the AOT staff always treated them with respect.
- 79% reported that the AOT staff always listened to their concerns about treatment.
- 78% reported that AOT staff encouraged them to accept treatment voluntarily.

Current Status and Disposition

More than half (59%) of individuals in contact with AOT during the evaluation period have achieved positive status outcomes—defined as actively engaging in treatment or being successfully connected to care and discharged—through their participation in the program.

- **45** participants that had contact with AOT remain **linked** to care.
- **18** are actively and voluntarily **engaged** in treatment.
- **17** have been successfully connected to care and **discharged** from AOT—one of whom was participating under a court order.
- **5** are currently participating under a **court** petition.
- **4** are subject to **ongoing outreach** by AOT staff.
- **1** was found to **not meet the criteria** for AOT participation upon assessment, but was offered support to access voluntary services.

Snapshot of Court Ordered AOT Participants

Among the **6 court ordered AOT Participants** this evaluation period (11/2/15-2/9/17):

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

Progress Toward Outcomes for Court Ordered AOT Participants

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, **four** of the six individuals where a court petition was filed received **housing assistance** through the program, and four individuals are currently in independent or supportive housing situations. One participant resides in a hospital setting, and one currently resides with family (§5348(d)(1)).

- Since engaging in AOT through the court process, **five** of six individuals have successfully **reduced or avoided** time spent **incarcerated** (§5348(d)(2)).

- **Three** of six individuals in the court process have successfully **reduced or avoided** time spent in inpatient psychiatric **hospitalization** since engagement in AOT (§5348(d)(4)).

- **One** court ordered individual was successfully supported and participated in **employment** activities during the evaluation period (§5348(d)(3)).

- The overall percentage of weeks in which participants involved in the court process were in **compliance** with their treatment plans ranged from **36-100%** (§5348(d)(5)).

- During the evaluation period, **three** individuals **voluntarily accepted treatment services** after their court petition was filed resulting in a Settlement Agreement (§5348(d)(6)).

- **No one** in the court ordered group was a **victim** of violence during the evaluation period (§5348(d)(7)).

- **Three** of six court ordered individuals **perpetrated** a total of five acts of violence during the evaluation period—all occurring in the early stages of court order and none leading to injury (§5348(d)(8)).

- **Two** of six individuals had instances of confirmed **substance use** over the course of the court process, and five had instances of suspected use (§5348(d)(9)).

- Throughout their participation in AOT, court ordered individuals 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)).

- 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 (§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)).

- 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 (§5348(d)(14)).

Looking Ahead

As the AOT program progresses in its second full year of implementation, evaluation components moving forward will be expanded to include the following:

- Input and perspective from additional stakeholder groups.
- Analysis of the program's cost and financial impact.

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 after the first full year of implementation. This is the second 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 Mayor Ed Lee's 2014 Care Task Force. Implemented November 2, 2015, and in operation now for over one year, 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. **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.**

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.

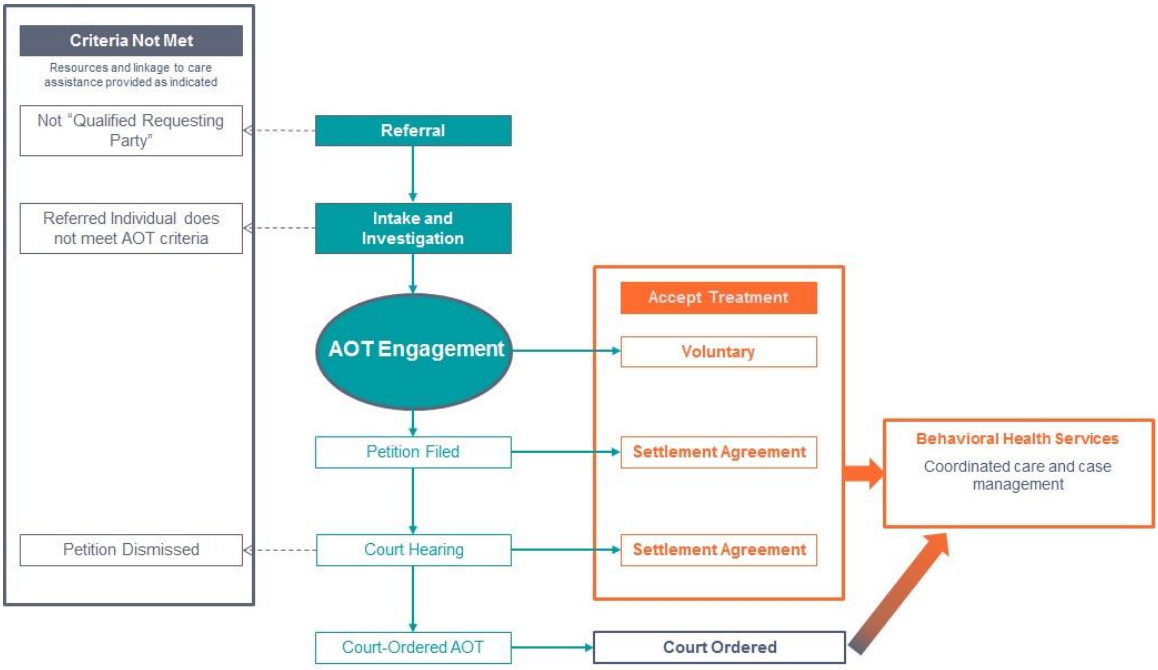
Eligibility for AOT is initiated through a referral or petition request from a Qualified Requesting Party, as outlined in WIC §5346(b)(2). Qualified parties include an adult living with the individual, an individual's immediate family, treatment providers, or a parole or probation officer. Eligibility of Referred Individuals is then

assessed by the 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 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.

See Exhibit 1, below, for an overview of the AOT intake, engagement, and service model.

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), a licensed master's level *Clinician,* and two additional *Team Members* tasked with outreach, initial engagement and treatment, and client and family support. 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") 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 team includes a *Supervisor*, a full-time *Case Manager*, a half-time *Peer Specialist*, and a 60% time *Nurse Practitioner*. 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 monthly 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 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 Citwyide defined below.

- **AOT Care Team**: The four-person AOT Care Team within the Department of Public Health's Behavioral Health Services, which focuses on 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 Clinician, and two Team Members to provide peer and family support.

- **Citywide**: 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 with ≥1 AOT Care Team contact, 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 provide support or assistance to AOT Participants.

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.[1] The multi-stakeholder, mixed methods evaluation draws on the following data sources:

- **Program Data:** Data collected for all AOT Contacted Individuals. This information includes AOT-related intake, initial, ongoing, and attempted contacts, background information, service linkage and use, and key events tracking. Data is reported as of February 9, 2017.

- **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. Surveys were first distributed in February 2016, and most recently in December 2016. 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. During the current evaluation period, a total of 19 questionnaires were returned.

- **Participant Interviews:** A 15 minute interview conducted with court ordered AOT Participants in February 2017. 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 two interviews were completed with consenting individuals.[2]

- **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 February 2017. No compensation was provided, and a total of twelve respondents completed the survey (52% response rate).

- **Staff Interviews:** A 30-minute interview conducted with members of the AOT Care Team and Citywide to gather perspectives and reflections on program implementation, effectiveness, and larger social and organizational impacts. A total of seven interviews, five with staff and two with interns, were completed in October 2016 and February 2017.

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

[2] Extensive outreach was conducted with all 6 court ordered individuals, and a $25 financial incentive was offered. Only two consented to participate.

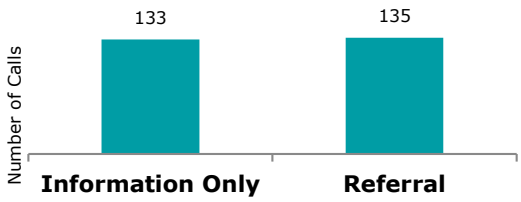
Snapshot of All AOT Participants

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, and conducts outreach presentations to multiple stakeholders. Eligibility of referred individuals is then assessed by the AOT Director. This section of the report details information on incoming referrals during the evaluation period, contacts with eligible individuals, as well as traits and demographics of Contacted Individuals.

Calls to the AOT Care Team

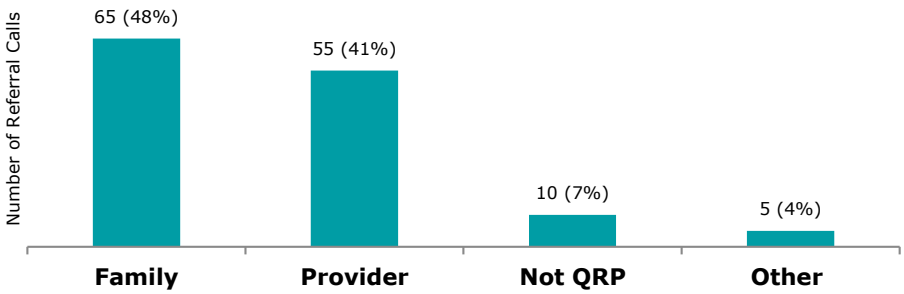
From November 2015 to February 2017, **the AOT Care Team received a total of 268 calls**. As illustrated below, these calls were split roughly evenly between information-only requests (133) and actual referral requests (135).

Exhibit 2. AOT Calls



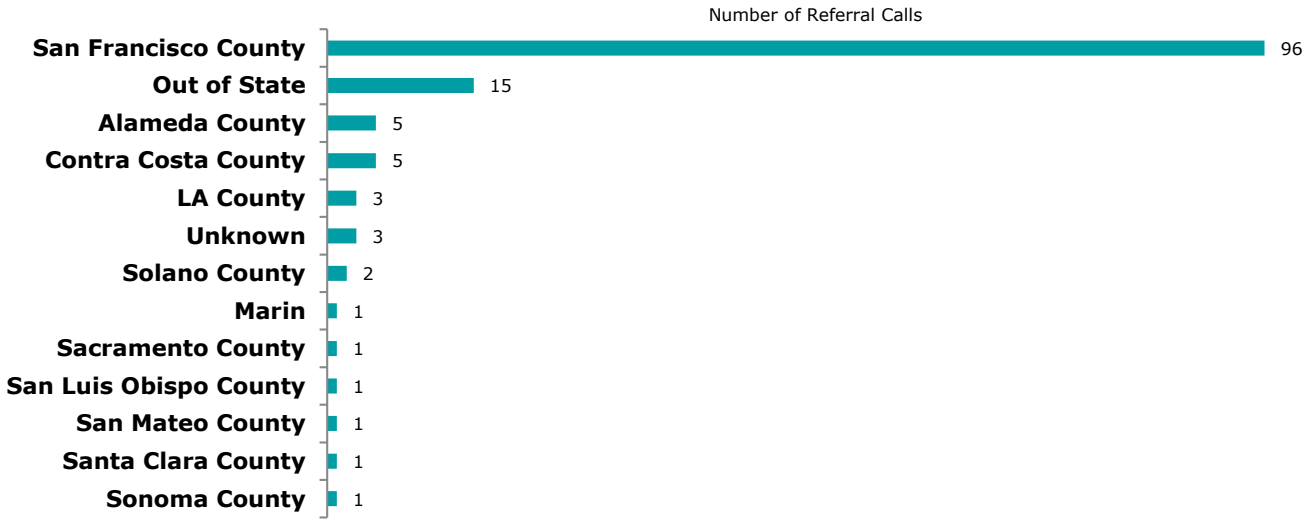
The most common source of referral calls during the evaluation period was family members (48%), followed by providers (41%). Approximately 7% of referral calls were from persons who were not determined to be a Qualified Requesting Party (QRP). In these cases, the AOT Care Team worked with callers to identify potential QRPs to make the referral.

Exhibit 3. AOT Referring Parties



A large majority of referrals in the evaluation period originated in San Francisco (71%), while 16% originated in other California counties. 11% of referrals originated outside of California, and 2% of referral calls did not have a tracked origin.

Exhibit 4. Origin of Referral Calls

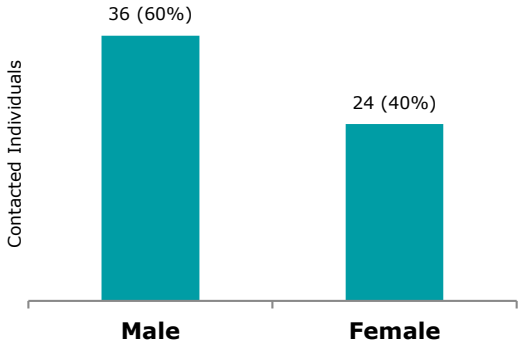


Demographics

Of the 135 incoming referrals during the evaluation period, **60 unduplicated referred individuals were considered eligible for AOT participation** and successfully contacted.[3] These contacted individuals demonstrate considerable demographic diversity, as illustrated below.

More than half (60%) of contacted individuals identify as male, with all other individuals identifying as female.

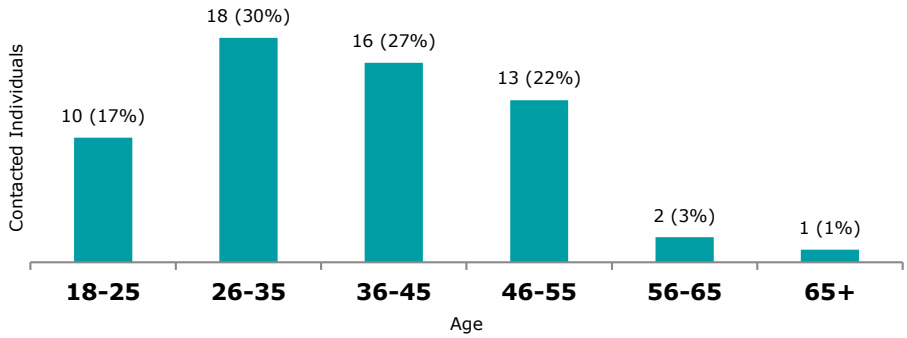
Exhibit 5. Gender of Contacted Individuals



[3] 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.

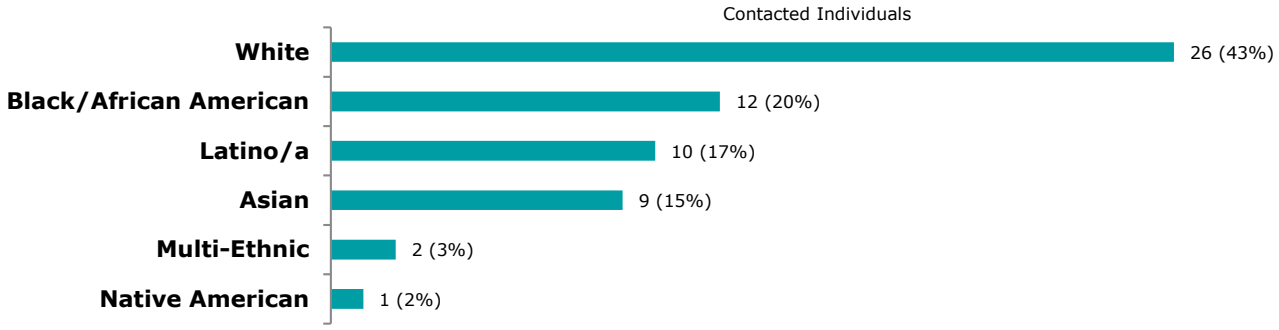
The majority (57%) of contacted individuals fall between the ages of 26 and 45, with very few participants (4%) falling above the age of 55.

Exhibit 6. Age of Contacted Individuals



White males and females represent 43% of individuals contacted during the evaluation period, followed by Black/African American (20%), Latino/a (17%), and Asian (15%). Individuals identifying as Native American and Multi-Ethnic represent a total of 5% of contacted individuals.

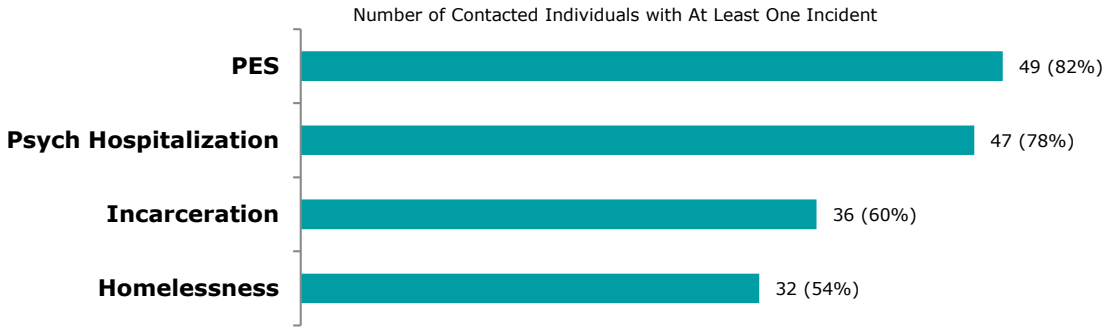
Exhibit 7. Race/Ethnicity of Contacted Individuals



Risk Factors

Individuals in contact with AOT demonstrate significant needs, and are at **heightened risk of psychiatric hospitalization, incarceration, homelessness, and contact with Psychiatric Emergency Services (PES)**. Over 80% of individuals experienced at least one PES contact in the 36 months prior to intake, while 78% experienced at least one inpatient psychiatric hospitalization. Incarceration and homelessness in the 36 months prior to contact were also quite common among individuals—60% and 54% respectively.

Exhibit 8. PES Contact, Psychiatric Hospitalization, Incarceration, and Homelessness in the 36 Months Prior to AOT Contact



Progress Toward Outcomes for All AOT Participants

Individuals in contact with AOT during the evaluation period showed overall reductions in PES visits, psychiatric hospitalization, and incarceration. Reductions in these negative outcomes are evident when comparing participants' experiences before and after contact with the AOT Care Team and program.

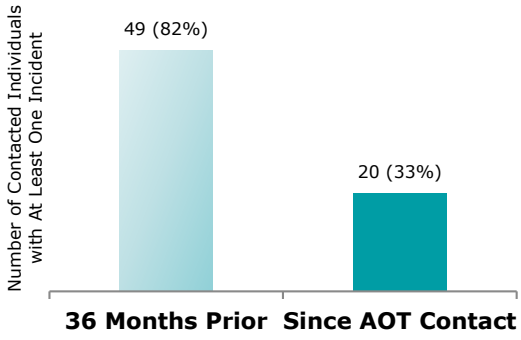
Average Months since Contact (11/2/15 – 2/9/17)

The average time elapsed from initial AOT contact to the end of the evaluation period was 8.1 months (min 1, max 15).

Psychiatric Emergency Services (PES)

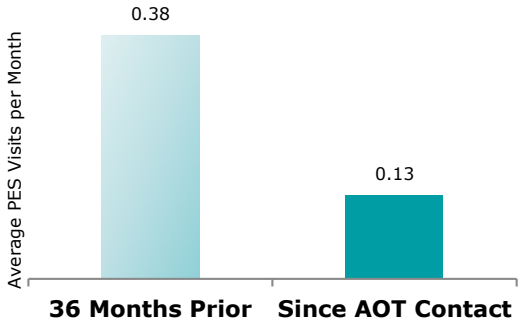
The number of individuals who experienced PES visits dropped from 49 (82%) in the 36 months prior to AOT participation, to 20 (33%) since contact with AOT.

Exhibit 9. PES Occurrence 36 Months Prior, and Since AOT Contact



In addition, average PES visits per month—for all participants—fell from 0.38 in the 36 months prior to AOT participation, to 0.13 since initial contact. **This reduction in PES visits per month was also found to be statistically significant[4], offering particularly strong evidence that the observed change may be related to AOT participation**.

Exhibit 10. Average PES Visits per Month, 36 Months Prior and Since Contact

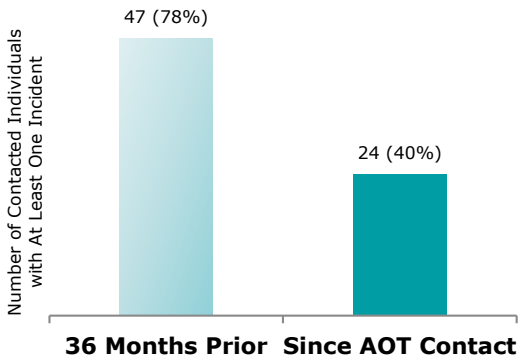


[4] Paired *t* (df)=59, *t*=-4.1, p<0.001

Psychiatric Inpatient Hospitalization

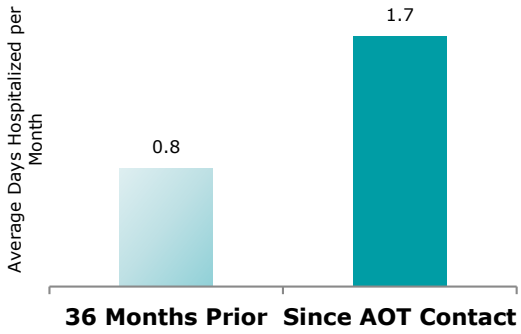
The number of individuals experiencing at least one hospitalization dropped from 47 (78%) before AOT contact, to 24 (40%) since.

Exhibit 11. Hospitalization 36 Months Prior, and Since AOT Contact



Although the total number of individuals experiencing an inpatient hospitalization decreased, an increase was observed in average days per month hospitalized for the population of participants as a whole. This average increased from 0.8 days per month in the 36 months prior to AOT participation, to 1.7 since contact. This increase is likely attributable to AOT Staff's persistent outreach with AOT participants and advocacy with the hospital treatment teams, including ensuring that hospital staff have all relevant collateral information, and is explored further in the context of court ordered participants in a subsequent section of this report.

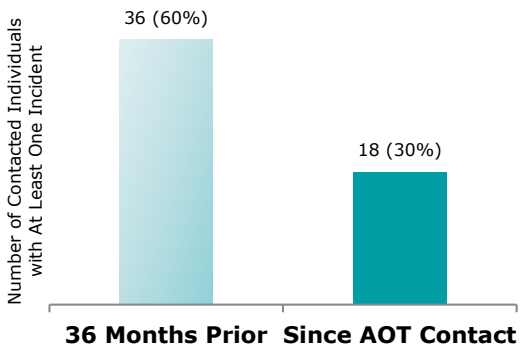
Exhibit 12. Average Days Hospitalized per Month, 36 Months Prior, and Since AOT Contact



Incarceration

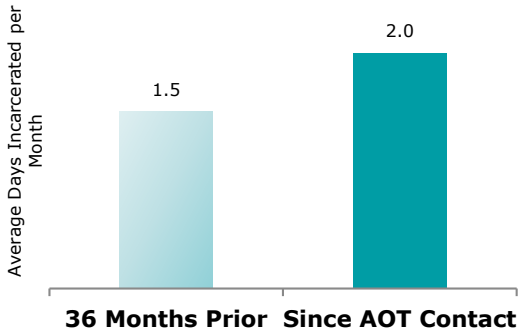
The number of individuals with a recent incarceration dropped from 36 (60%) prior to AOT contact, to 18 (30%) since.

Exhibit 13. Incarceration 36 Months Prior, and Since AOT Contact



While the number of AOT participants incarcerated as a whole fell, average days incarcerated per month increased moderately. This average increased from 1.5 days per month in the 36 months prior to AOT, to 2.0 since contact. As is sometimes the case in aggregating data at the group level, this average increase in incarceration was influenced by a limited number of high-value outliers.

Exhibit 14. Average Days Incarcerated per Month, 36 Months Prior, and Since AOT Contact



Summary of Outcome Attainment

Exhibit 15, below, summarizes the observed changes over time in average PES visits per month, average days hospitalized per month, and average days incarcerated per month, for all AOT participants with whom contact was made.

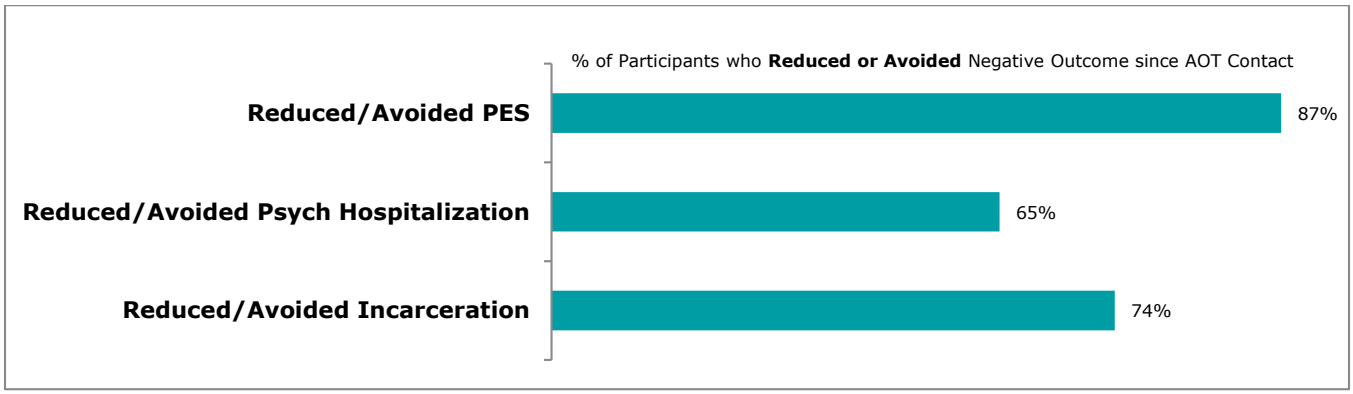
Exhibit 15. Changes in Negative Outcomes, 36 Months Prior, and Since AOT Contact

	36 Months Prior	Since AOT Contact	Change
Mean PES Visits per Month	0.38	0.13	-0.25
Mean Days Hospitalized per Month	0.8	1.7	0.9
Mean Days Incarcerated per Month	1.5	2.0	0.5

The scope of AOT's role in reducing negative outcomes is evident when the averages referenced above are disaggregated. **When each individual's monthly averages are compared pre and post-AOT contact, findings strongly 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, 87% of AOT participants were successful in reducing or avoiding PES contact, 65% were successful in reducing or avoiding time spent in inpatient psychiatric hospitalization, and 74% were successful in reducing or avoiding time spent incarcerated.

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 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. Several individuals have successfully secured employment after their participation in AOT and, when surveyed, participants overwhelmingly reported a positive outlook on their future. 89% of respondents reported feeling confident that they can reach their treatment goals, and 90% feel hopeful about their future.

Exhibit 17. Outlook on Treatment Goals and Future

I am confident that I can reach my treatment goals.	n=16 (89%)
I feel hopeful about my future	n=17 (90%)

For participants working with a case manager, the perceived impact of treatment on quality of life is measureable. Benefits of AOT engagement and case management were reflected in the survey responses of program participants. 63% of respondents believed that regularly meeting with a case manager will help them to find or maintain stable housing. 67% also believed that regularly meeting with a case manager will help them to maintain good physical health, and 63% 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=10 (63%)	n=6 (37%)
…maintain good physical health?	n=12 (67%)	n=6 (33%)
…live the kind of life you want?	n=12 (63%)	n=6 (33%)

Engagement and Treatment Promotion

Citywide provides 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, *"I think Citywide is extraordinarily good at the 'whatever it takes' approach, and doing a lot of outreach and a lot of engagement when they're willing to engage voluntarily. And it does take a significant amount of time to stabilize somebody to where they can transition to another provider, (and Citywide) puts so much effort into making sure that they're stable and engaged."*

According to Citywide staff, achieving benefits for program participants requires 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. One staff member reported having *"success with people who have cycled in and out of different agencies. When you give them time and work with the systems, you can see success linking to long term care and staying linked*."

As of February 9th, 2017, Citywide has provided case management support for 23 individuals who have voluntarily agreed to treatment. Of these, 10 are still receiving services from the Citywide Team that are designed to stabilize them in preparation for linkage to long term services, and 12 have been successfully linked to long term care.

Besides persistence, the importance of respect for participants was mentioned by staff as central to the success of 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. Participants were asked about their interactions with AOT staff in the participant survey, and the responses reflected this emphasis on client respect. 89% of respondents reported that staff have always treated them with respect. 79% reported that the staff always listened to their concerns about treatment, and 78% reported that they were encouraged to accept treatment voluntarily.

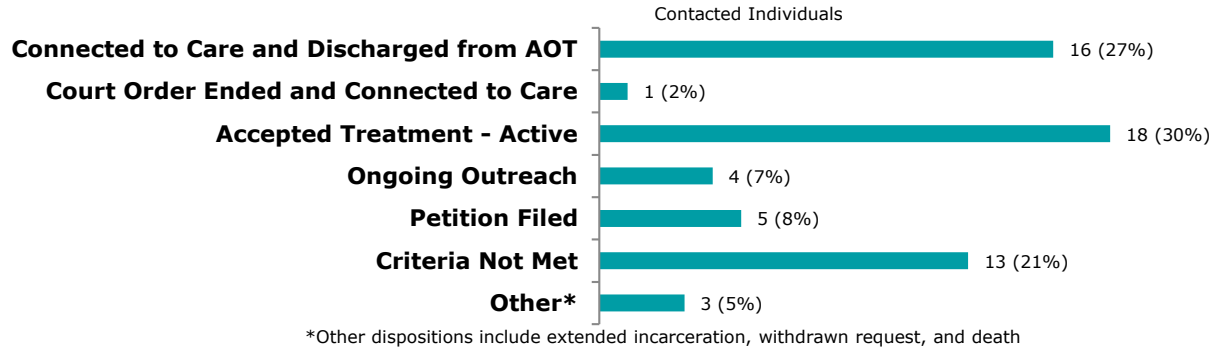
Exhibit 19. Interactions with the AOT Care Team

The AOT Team always…	
…treated me with respect.	n=16 (89%)
…listened to my concerns about treatment.	n=15 (79%)
…encouraged me to accept treatment voluntarily	n=14 (78%)

Current Status and Disposition

More than half (59%) of individuals in contact with AOT during the evaluation period have achieved positive status outcomes—defined as actively engaging in treatment or being successfully connected to care and discharged—through their participation in the program, and 45 participants were participating in care at the time of data collection[5]. Eighteen individuals are actively and voluntarily engaged in treatment with the AOT Care Team or Citywide, and a total of seventeen individuals that have had contact with AOT have been successfully connected to care and discharged- one of whom was participating under a court order. Four individuals have yet to accept treatment, and the AOT Care Team continues to engage and outreach them using strategies rooted in the principles of recovery and wellness. Following extended unsuccessful outreach attempts, petitions for court ordered treatment have been filed for five individuals. Finally, thirteen individuals have been determined by the AOT Care Team to no longer meet the criteria of participation in the program after an initial contact was made, for various reasons.

Exhibit 20. Disposition of Contacted Individuals (as of 2/9/17)



[5] In some cases, participants had ties to existing treatment providers they were not engaging with prior to AOT referral. In these instances, the AOT Care Team worked to support reengagement in services, rather than providing new referrals to care.

Snapshot of Court Ordered AOT Participants

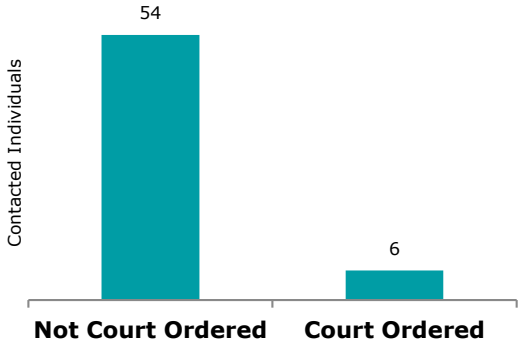
In cases where the AOT Care Team is unable to successfully engage individuals in voluntary treatment, petitions may be filed for court ordered treatment. These court ordered individuals are subject to enhanced monitoring by the AOT Care Team, and present with significant needs and challenges. During the evaluation period **(11/2/15-2/9/17)**, the Care Team filed a total of ten petitions with the courts, for seven individuals. One of these petitions was withdrawn after the individual was unable to be located to serve the petition, resulting in a **total of six court ordered participants**. Among these six participants, four participants were court ordered into treatment, five Settlement Agreements were reached (an individual accepted services once a court petition was filed with the court), and three extensions for existing court orders were requested.

Court Order Petitions (11/2/15 – 2/9/17)

The average time elapsed from initial AOT contact to petition filing for the six court ordered individuals was 62 days (min 15, max 113).

The average length of time these individuals have been under court order is 181 days (min 42, max 301)

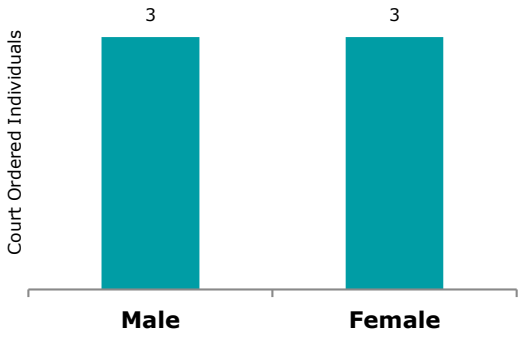
Exhibit 21. Contacted Individuals and Court Orders



Demographics

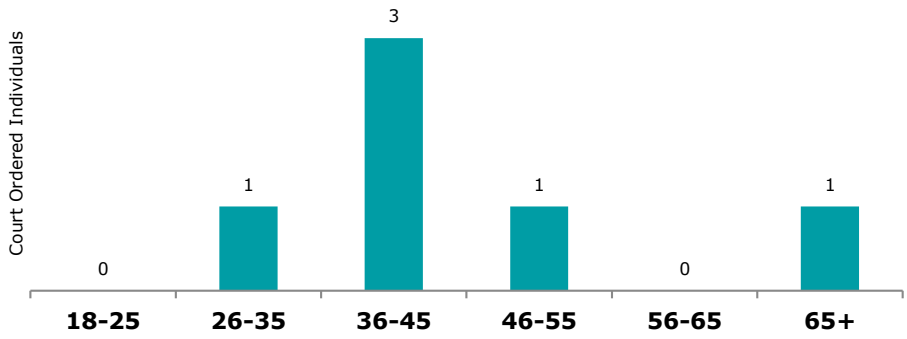
Among court ordered AOT Participants, half (3) identify as male, and half identify as female.

Exhibit 22. Gender of Court Ordered Individuals



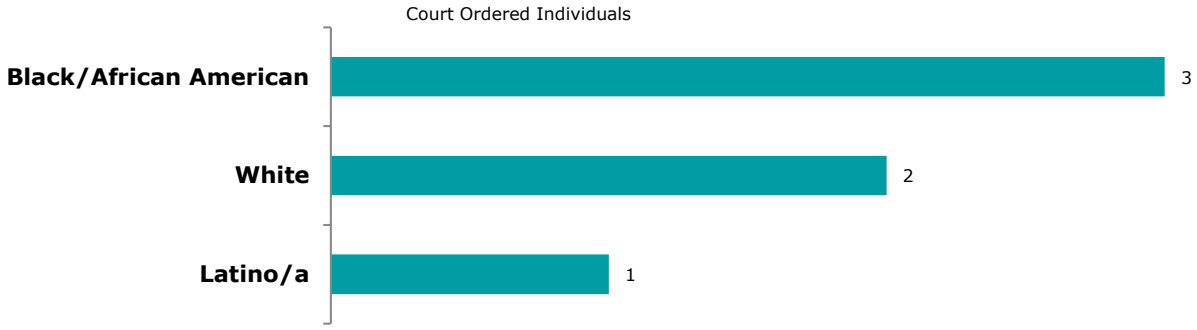
Half (3) of the court ordered individuals fall between the ages of 36 and 45, with one individual falling in the 26-35 range, one in the 46-55 range, and one over the age of 65, which represents a slightly older group than seen for the whole population.

Exhibit 23. Age of Court Ordered Individuals



Half (3) of the court ordered individuals identify as Black/African American, two as White, and one as Latino/a.

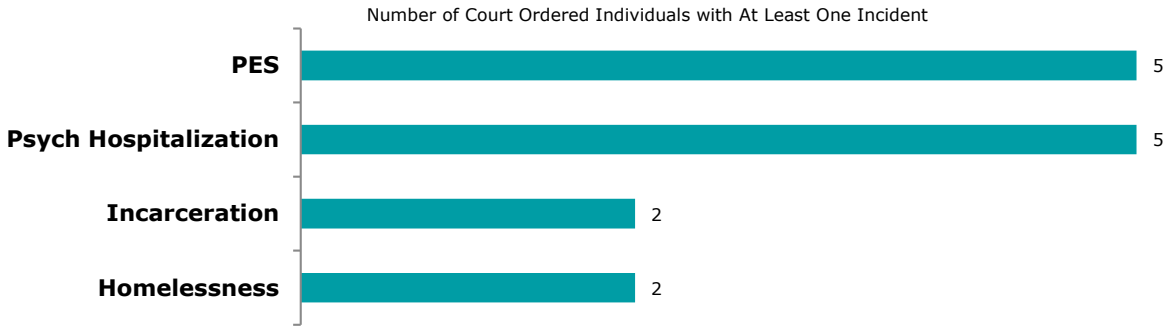
Exhibit 24. Race/Ethnicity of Court Ordered Individuals



Risk Factors

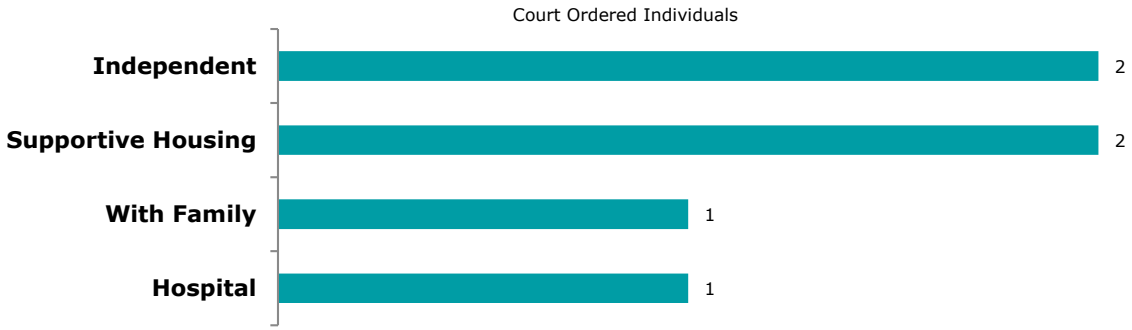
Five of the six court ordered individuals during this evaluation period experienced at least one PES contact in the 36 months prior to AOT contact, and five experienced at least one inpatient psychiatric hospitalization. Two court ordered individuals were incarcerated at least once in the 36 months prior to AOT contact, and two had experienced homelessness.

Exhibit 25. PES Contact, Psychiatric Hospitalization, Incarceration, and Homelessness for Court Ordered Individuals in the 36 Months Prior to AOT Contact



At the time of data collection, four of the six court ordered individuals engaged received housing assistance through the program, and four individuals are currently in independent or supportive housing situations. One participant resides in a hospital setting, and one currently resides with family.

Exhibit 26. Current Housing for Court Ordered Individuals



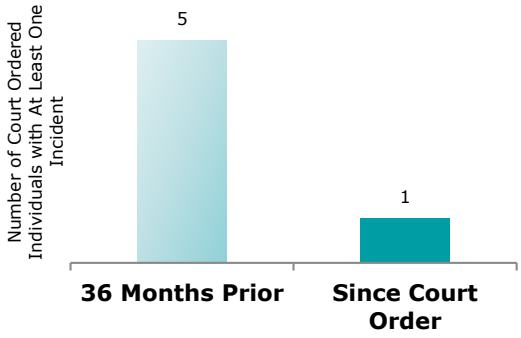
Progress Toward Outcomes for Court Ordered AOT Participants

Court ordered individuals in contact with AOT during the evaluation period showed generally promising outcomes, with some challenges evident in inpatient hospitalization rates and treatment plan adherence. These challenges are somewhat expected, given the advanced levels of need court ordered individuals bring to their participation in AOT. By nature of their court ordered status, these individuals were not as easily engaged in treatment as their voluntary counterparts. Further, given the short amount of time that San Francisco's program has been in effect, with the first court petition being filed in March 2016, it is difficult to fully ascertain the impact of the court order on reduction of negative outcomes. When viewed from this lens, progress toward outcomes for court ordered individuals during the evaluation period appears relatively encouraging.

Psychiatric Emergency Services, Inpatient Psychiatric Hospitalization, and Incarceration

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

Exhibit 27. PES Occurrence 36 Months Prior, and Since AOT Court Order

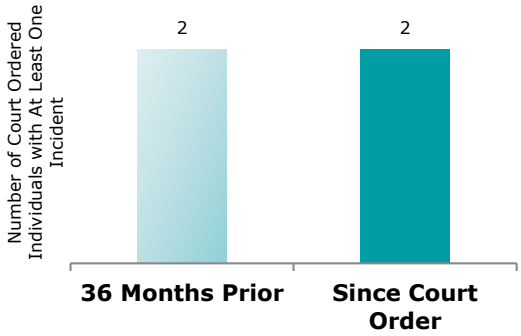


The number of individuals with a recent inpatient psychiatric hospitalization dropped moderately from five in the 36 months prior to AOT participation, to four since being court ordered.

Exhibit 28. Hospitalization 36 Months Prior, and Since AOT Court Order

Finally, the number of individuals with a recent incident of incarceration remained consistent at two, both in the 36 months prior to AOT participation, and since being court ordered.

Exhibit 29. Incarceration 36 Months Prior, and Since AOT Court Order



Due to the small size (6) 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	Pre	Post	Pre	Post
Participant 1	0.33	0.00	1.5	0.0	0.0	0.0
Participant 2	0.24	0.00	6.9	2.4	0.9	0.0
Participant 3	0.25	0.00	1.8	6.7	0.0	2.5
Participant 4	0.00	0.00	0.00	2.5	0.0	0.0
Participant 5	0.39	1.00	1.2	2.0	9.4	3.5
Participant 6	0.18	0.00	1.5	0.0	0.0	0.0

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, five out of six court ordered participants were successful in reducing or avoiding PES contact, three were successful in reducing or avoiding time spent in inpatient psychiatric hospitalization, and five were successful in reducing or avoiding time spent incarcerated.**

Progress toward reduced inpatient hospitalization was split evenly among the group of court ordered participants, with three individuals reducing their monthly average and three increasing. 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

At the close of the evaluation period, court order lengths ranged from 15 to 113 days. During court orders, Citywide staff made an average of 54 total contacts or attempted contacts[6] with individuals (min 10, max 115). **Treatment plan adherence varied significantly among the six court ordered AOT participants, with results trending generally positive during the evaluation period**. According to weekly tracking conducted by the Care Team, two individuals had instances of confirmed substance use over the course of their court orders, and five had instances of suspected use. Three court ordered participants perpetrated a total of five acts of violence during the evaluation period—all occurring in the early stages of court order with no injury occuring—but no one in the court ordered group had been a victim of violence themselves. **At the close of the evaluation period, one individual had participated in specialized employment services.** The overall percentage of weeks in which court ordered participants were in compliance with their treatment plans varied widely among the group, from 36-

"If I'm taking a step toward recovery, then I can see myself recovering, staying on the treatment."

–Court Ordered Participant

[6] These totals do not include contacts made by the AOT Care Team

100%.

Exhibit 31. Court Ordered Treatment Plan Adherence

	Court Order Length (Days)	Citywide Contacts	% of Weeks Compliant w/ Treatment	Confirmed Substance Use	Violence Victim	Violence Perpetrator
Participant 1	287	115	100%			
Participant 2	301	66	36%	✓		✓
Participant 3	197	81	62%	✓		✓
Participant 4	196	38	40%			
Participant 5	63	16	40%			✓
Participant 6	42	10	43%			

Well-Being, Social Functioning, and Independent Living Skills

Before participants enter AOT, many are in need of extensive support to stabilize. One parent of a participant reported in the family survey the way in which AOT staff was able to assess need, based on repeated contacts with an individual, intervening in a way that directly impacted that person's well-being. *"AOT, quite literally, saved my son's life. After trying for weeks unsuccessfully to get him to accept their help, they mobilized services to get him hospitalized after he had become acutely psychotic and was living in an alley in his wheelchair, sitting in his own feces."* Such interventions are possible because of the way AOT is structured, with an emphasis on client-centered outreach, meeting individuals where they are.

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 appears to have a positive effect on individuals. One Care Team member reports *"I think working with individuals with a court order we've had some good success… Sometimes we get there, sometimes we don't, but, with that said, we've definitely seen a correlation, even if they're not engaging in treatment they're also not deteriorating, so there's something about the court order and us frequently outreaching that's holding them, so that is certainly a success in its own way."*

"Working with [AOT staff] made my life a lot easier. Her being there, just for the treatment part, I can really relate to talking to someone like that."

–Court Ordered Participant

Benefits of AOT's unique engagement structure for court ordered individuals were reflected in participants' survey responses. All (4) respondents believed that regularly meeting with a case manager will help them to find or maintain stable housing. 75% also believed that regularly meeting with a case manager will help them to maintain good physical health, and 75% believed that regularly meeting with a case manager will help them live the kind of life they want.

Exhibit 32. 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=3 (100%)	-
…maintain good physical health?	n=3 (75%)	n=1 (25%)
…live the kind of life you want?	n=3 (75%)	n=1 (25%)

Consistent AOT engagement with court ordered individuals appears to also positively impact participants' outlooks on their future. When surveyed, all (4) court ordered respondents reported feeling confident that they can reach their treatment goals, and all reported that they feel hopeful about their future.

Exhibit 33. Outlook on Treatment Goals and Future

I am confident that I can reach my treatment goals.	n=4 (100%)
I feel hopeful about my future	n=4 (100%)

Benefits for Family Members

Families are also engaged as part of the AOT process and offered information about eligibility, benefits, limitations, and opportunities of the program. The twelve family members surveyed learned about AOT and were referred to the program through multiple avenues, including: therapist/case manager/mental health agency (n=5), personal research (n=3), concerned family member (n=2), medical provider (n=1), National Alliance on Mental Illness (NAMI) (n=1), and an article about AOT (n=1).

As a result of the support and education AOT has provided, many families report that they are coping better with the challenges of supporting their loved ones in the AOT program. Families also report 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. This sentiment marks an improvement over findings in the Year-1 AOT Evaluation, where family members' difficulty with system navigation was evident.

AOT Care Team members emphasized the importance of family support in the long term recovery and success of program participants, saying *"being able to help increase the support system that an individual has by providing education to families about what it means to have a mental illness, and talking about what the process looks like, and really taking it one step at a time, and meeting their loved one where they're at, I think, is also really helpful, because (of how that affects) the long term support they'll have in the future."* Citywide staff also noted that clients with more family support tend to fare better.

Reflecting on their experiences working with clients and their families, staff acknowledged the stress that families face when dealing with the challenges of navigating the mental health system, highlighting the importance of investing time to educate family members on mental health, what it means to have a mental illness, and how to strengthen participants' support systems.

"I feel AOT has helped me especially on how to approach my brother and how to communicate effectively with my brother. The family liaison taught me to look forward and know that change can happen at any time… to be patient and know hope is always there. The AOT team helped my brother and me to understand his illness and gave me new tools to use that will last a lifetime."

–Family Member

Benefits for System Enhancement

AOT is working to enhance the system of mental health care in San Francisco as a means of further supporting program participants. 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. Through working closely with providers, the AOT Team is able to model successful engagement with participants, many of whom have had difficulties navigating the system of care effectively in the past.

Members of the AOT Staff noted that stigma remains an ongoing issue, even among providers, particularly when individuals have a history of treatment noncompliance or incarceration. The AOT Staff, due in part to their legally required low participant/provider ratio, are able to spend extensive time navigating challenges that participants may face in accessing services from other providers, increasing overall accessibility to treatment. In addition to the direct impact this has on AOT participant experience, this work aims to reduce systemic stigma so that other programs can benefit from this increased accessibility for their clients as well.

Outside of the immediate system of care, promoting increased awareness of mental illness and stigma reduction is crucial when an individual has ongoing engagement with law enforcement and the courts. One team member reported success supporting participants who were involved in the criminal justice system. "*We had several clients that we were working with who had criminal charges, and they weren't in Behavioral Health Court (BHC), so they weren't in a courtroom that necessarily took their mental health needs into account, so we were able to advocate for them to get into the behavioral health program."* Of note, there have been seven AOT participants with pending criminal charges that AOT staff advocated to have enrolled in BHC, four of whom have successfully graduated from the program. AOT staff also discussed the benefits of a collaborative model, where the city attorney's office (who represents the Department of Public Health in the court process), the public defender, and AOT staff are able to work together to support court-involved participants.

By initiating deeper collaboration among providers across the system of care in San Francisco, and modeling successful methods for outreach and engagement, AOT's Care Team and Citywide offer innovative approaches to enhancing San Francisco's system of behavioral health resources and supporting individuals on their journey to recovery and wellness. Given San Francisco's already robust delivery of services throughout the system, AOT's long term goal is, according to one staff member, to gather "*enough data to parcel out the unique aspects of AOT that seem to be working in engaging people who otherwise weren't engaged, where we're not filing any court petition, and see if we can glean any best practices that can be utilized throughout the system."* System change will continue to be an ongoing focus in the future, as AOT learns new techniques to enhance their programming, further strengthening services for AOT participants.

"To touch on the broader impact AOT has had, I think it has shown other providers what can be done, which I hope gives them more hope for the people they work with (and encourages them to) take those extra steps."

–AOT Staff

Conclusion

Summary of Findings

During the evaluation period, AOT participants demonstrated overall reductions in PES visits, inpatient psychiatric hospitalization, and incarceration. Among the client group as a whole, 87% reduced or avoided PES contact (a statistically significant reduction) through participation in AOT, 65% reduced or avoided time spent hospitalized, and 74% reduced or avoided time spent incarcerated. Among the group of six court ordered AOT participants, five reduced or avoided PES contact, three reduced or avoided time spent hospitalized, and five 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 vast 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, implementation to date can be considered a general success.

Lessons Learned

In addition to generally positive outcomes findings, this year's AOT evaluation also yielded a number of key insights and lessons learned around program implementation. These takeaways are summarized below.

Engagement and Treatment Promotion

- 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.
- The provision of intensive case management support for voluntary participants is critical for successful stabilization and long term engagement in treatment.
- Engagement focused on participants' own treatment goals and future plans allows for respectful and client-centered support.

Family Support

- As a result of the support and education AOT has provided, many families report that they are coping better with the challenges of supporting their loved ones in the AOT program.

- Families also report 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. This marks an improvement over findings in the Year-1 AOT evaluation, where family members' difficulty with system navigation was evident.

System Enhancement

- Stigma around mental illness remains an ongoing systems-level issue—even among providers—particularly when individuals have a history of treatment noncompliance or incarceration. Promoting increased awareness of mental illness and stigma reduction is particularly crucial when an individual has ongoing engagement with law enforcement and the courts.

- System change will continue to be an ongoing focus in the future, as AOT staff learn new techniques to enhance their programming, further strengthening services for participants.

Future Considerations

Future AOT evaluation reports will build on current findings, with a specific focus on assessing long term participant outcomes. Efforts will also be made to include feedback and input from additional stakeholder groups. As AOT reach widens, capturing these diverse stakeholder perspectives will become increasingly important. Further, future annual reports will include analysis of program costs.

Moving forward, AOT staff will utilize the findings outlined in this report—as well as future evaluations—to inform program implementation and the provision of effective services to clients.

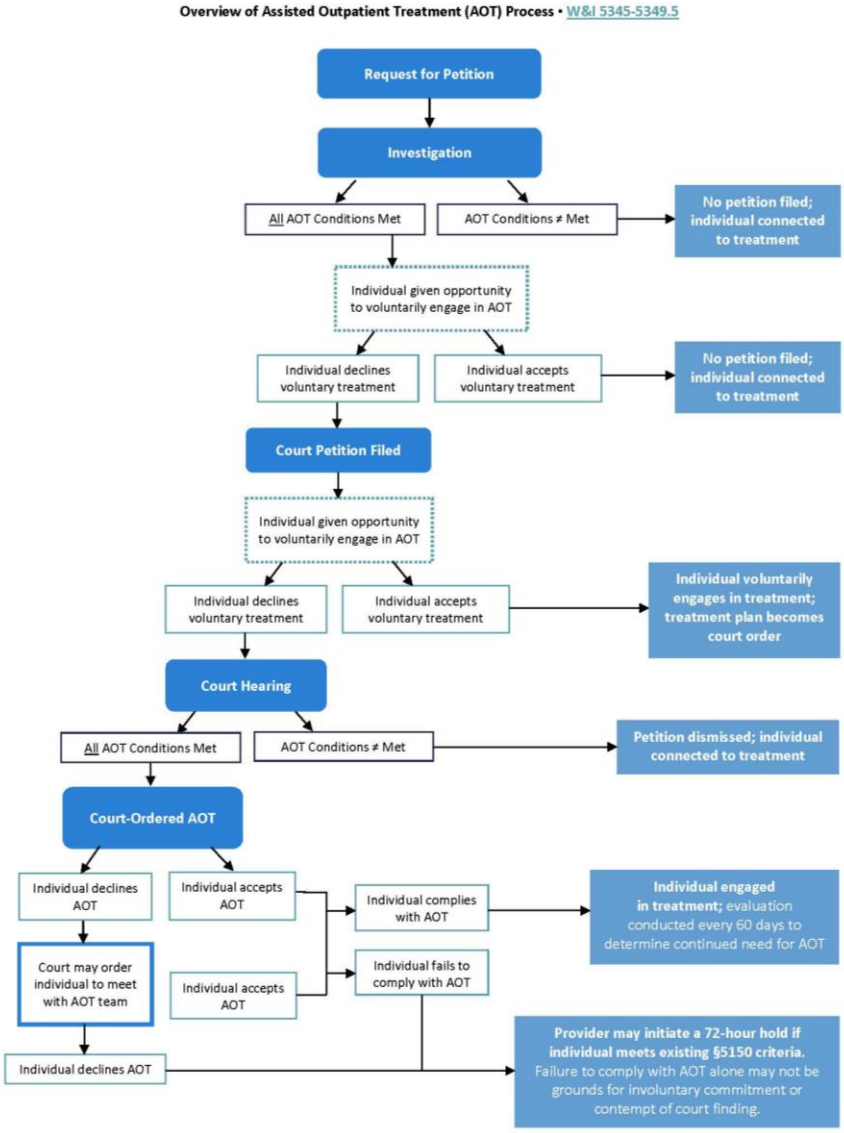
Appendix A

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



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).