



ASSISTED OUTPATIENT TREATMENT (AOT) IN LOS ANGELES COUNTY:
FREQUENTLY ASKED QUESTIONS FOR FSP PROVIDERS

Referrals 2

What are the criteria for referral to AOT? 2

Can FSP deny a referral from AOT? 2

Who can refer individuals to AOT? 2

If a participant in FSP is barely engaging in services, can I refer them to AOT? 2

Engagement 3

How often are clients to be seen once enrolled in AOT-FSP? 3

How is Outreach and Engagement (O&E) different in AOT-FSP? 3

If my client declines to engage in AOT-FSP services, what happens next? 3

How often is a client’s enrollment in AOT reviewed? 3

What additional forms and measures must be completed for AOT-FSP clients? 4

Court Procedures 4

How is the FSP provider expected to assist with an AOT petition hearing? 4

What happens if a client refuses to come to court for their petition hearing? 4

How is the 5346(d)(3) order different from 5346(f)? 5

How is medication nonadherence handled for AOT-FSP clients? 5

What happens if a previously unengaged client agrees to participate in AOT-FSP services voluntarily following the filing of a petition? 5

What is a Voluntary Settlement Agreement (VSA) and what role does it play in the AOT Petition? 5

What are progress hearings and what are providers required to do to support them? 6

What if a provider does not want to lose rapport with the client by testifying in court? 6

What if a family member does not want to harm their relationship with the client by testifying in court? 6

Disenrollment 6

When is a client eligible for disenrollment from AOT-FSP services? 7

Can a provider close an AOT-FSP case on their own? 7

How can an FSP provider obtain approval to close an AOT-FSP case? 7

If the court terminates the AOT enrollment can the client remain enrolled in AOT-FSP services? 6



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Referrals

What are the criteria for referral to AOT?

To meet criteria for AOT, an individual must be:

- aged 18 or older
- seriously mentally ill, as defined by a recorded DSM-V diagnosis
- AOT should be the least restrictive placement option
- unlikely to survive safely in the community without supervision
- substantially deteriorating in their condition
- at-risk of a grave disability designation or serious harm to self or another, as defined in Section 5150
- likely to benefit from the program
- unsuccessful in participating in other treatment after being offered it
- historically non-compliant with treatment for their mental illness, meaning at least one of the following:¹
 - 2 or more mental health hospitalizations in the last 36 months
 - 2 or more forensic mental health episodes in last 36 months
 - 1 or more acts of serious and violent behavior towards self or others, or threats or attempts to cause serious physical harm to self or others, in last 48 months.

Additionally, an individual present in Los Angeles County, or reasonably believed to be present to be considered for AOT services.

Can FSP deny a referral from AOT?

No, an FSP team must accept an AOT client when one is referred to them.

Who can refer individuals to AOT?

- An individual's co-habitant, aged 18 or older
- A close relative of the individual, aged 18 or older (i.e., a parent, sibling, spouse, or child)
- The director of the individual's residential care facility
- A hospital director
- A peace, parole, or probation officer
- A licensed mental health treatment provider
- Effective July 1, 2021, A judge of a superior court

If a participant in FSP is barely engaging in services, can I refer them to AOT?

No. If the individual is participating with at least one member of your FSP team, it is not appropriate to refer them to AOT.

¹ Note, current hospitalization or forensic mental health treatment at time of referral is excluded from this count



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Engagement

How is Outreach and Engagement (O&E) different in AOT-FSP?

AOT has their own O&E team, who are responsible for initially outreaching to AOT clients and for conducting warm hand-offs to FSP providers. FSP providers are expected to enroll the AOT-FSP clients during or following the warm hand-off, which the client should be present for. The rapport building between the client and AOT-FSP providers should then occur following enrollment.

How often are clients to be seen once enrolled in AOT-FSP?

Visit frequency for AOT-FSP clients should be the same as that for standard FSP clients: at least 1-2 times per week. During periods of crisis or worsening of symptoms, the FSP team should utilize clinical judgment to adjust the frequency of visits to meet each client's needs.

If my client declines to engage in AOT-FSP services, what happens next?

If a client declines to engage in AOT-FSP services, and the provider has tried unsuccessfully to engage the client in services for at least 30 days, the FSP provider should request for the client to be petitioned (a process that can begin by reaching out to the AOT-FSP coordinator). Petitioning a client allows the court to order the client to participate in treatment.

If an already-petitioned client is unwilling to give verbal or written consent to services prior to the receiving FSP team opening the client's case, the FSP team should continue to try to outreach to the client. They should reach out to the AOT-FSP Coordinator for support.

How often is a client's enrollment in AOT reviewed?

Clients engaging in AOT-FSP voluntarily should have their case reviewed by AOT every 180-days from their initial enrollment. AOT-FSP providers who believe their client would benefit from remaining in AOT at the time of the review are asked to write a letter to AOT requesting an extension.

Petitioned AOT-FSP clients are given a court-ordered termination date that is 180-days after the day their petition was granted. If, leading up to the client's termination date, the AOT-FSP provider feels that the client continues to meet eligibility criteria for AOT *and* that further court jurisdiction is needed, a declaration for a new petition hearing must be submitted. In these instances, the AOT-FSP Coordinator can help the provider ensure that all necessary paperwork is properly filed. It is important that this process begins prior to the client's termination date, as well, so that there is no experienced lapse in services.



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What additional forms and measures must be completed for AOT-FSP clients?

In addition to completing the Outcome Measures Application (OMAs), there are four additional measures FSP providers must complete for AOT clients:

1. The Monthly Reporting Tool (MRT). The MRT collects many of the state reporting requirements related to client outcomes and engagement and is to be filled out monthly in the combined MRT/MCAS PDF form. Even if the client has not been seen in the past month, the form still needs to be completed.
2. Multnomah Community Ability Scale (MCAS). The MCAS scale documents the client's current functioning. It is to be filled out in the combined MRT/MCAS PDF form and should be completed monthly.
3. AOT Client Self-Report Survey is to be completed by the client every 3 months. The first is due 3 months after the AOT enrollment and every 3 months thereafter. If requested by the client, the FSP provider can assist with completion. To note, if a survey is submitted early or late, the completion date of the next survey remains unchanged.
4. The Clinician-Rated Client Treatment Goals Measure Survey. This is completed by the client's treatment Staff at 6-month intervals, around the time of a client's graduation or extension. If the client is discharged early, the survey should also be completed then.

All measures are to be emailed to AOTLAOE@dmh.lacounty.gov by the first week of the following month. For example, if you complete the measure for the month of June, it is due the first week of July.

Court Procedures

How is the FSP provider expected to assist with an AOT petition hearing?

Leading up to a petition hearing, the FSP provider is expected to contact the client to verify that they will attend the hearing, assess if the client will need assistance with transportation to the court, and assist in arrangements for transportation if necessary. The FSP provider is also expected to appear in court with the client.

What happens if a client refuses to come to court for their petition hearing?

Los Angeles County Counsel can request that a petition hearing occur without the client present if the client has been properly served with a notification of the hearing and has undergone a mental health examination within 10 days of the declaration filing. If the client has not had a recent mental health examination, one will need to take place before the hearing can occur.

A client who refuses to submit to a mental health examination can be hospitalized under a 5346(d)(3) order so that the examination can proceed. This order is implemented by the AOT team and the mental health examination must either be



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conducted by a licensed AOT O&E team member or by a licensed clinical member of the hospital staff.

How is the 5346(d)(3) order different from 5346(f)?

The 5346(f) court order enables a petitioned client to be involuntarily hospitalized at an LPS-designated hospital for a 72-hour hold. It is reserved for individuals who are not compliant with their treatment and are deteriorating, but not yet to the level requisite for a 5150 hold. [Indeed, if a client meets criteria for a 5150 hold, an AOT-FSP provider should pursue that option instead of waiting for the court to grant the 5346(f).] An AOT-FSP client's hospitalization may be extended past the 72-hour window if, at the end of that period, it is determined that they meet criteria for a 5150. Be mindful that the 5150 hold time begins as soon as the attending doctor determines the client meets criteria, even if the 72 hours of the 5346(f) has not fully passed. As opposed to the 5346(d)(3) order, the 5346(f) court order is only issued *after* a client has been petitioned.

How is medication nonadherence handled for AOT-FSP clients?

Medication adherence is not a mandatory component of AOT and AOT clients have the right to decline medication; you cannot petition a client solely based on medication nonadherence. However, if medications are part of a client's treatment plan and the client is nonadherent, a provider can ask the judge and counsel to verbally address the issue in court.

What happens if a previously unengaged client agrees to participate in AOT-FSP services voluntarily following the filing of a petition?

Once a petition has been filed, AOT will ask for continuance of the hearing, to assess if a client starts participating in services between the time of the filing and the time of the hearing. That way, more opportunity is provided to monitor the client's engagement with their providers. If, after the initial hearing, the client stops engaging, AOT will continue to pursue the petition. If, after the second scheduled hearing, the client shows continued willingness to participate in services, AOT will ask the court to dismiss the petition request.

What is a Voluntary Settlement Agreement (VSA) and what role does it play in the AOT Petition?

A VSA is an agreement that confirms the client's consent to participate in mental health services through the AOT program under court jurisdiction for a minimum of 6 months. Clients facing petition hearings are presented with the opportunity by their public defender to sign a VSA in the week leading up to (or on the day of) their hearing.



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A signed VSA enables a judge to grant an AOT petition without needing to hold a hearing with testimony. Signing the VSA, however, still results in a petition. That is, AOT clients with VSAs are not considered to be participating in AOT services voluntarily.

What are progress hearings and what are providers required to do to support them?

Progress hearings can occur at various intervals but at a minimum, a client must have one hearing every 60-days while enrolled in AOT. The exact frequency of progress hearings will often reflect a client's level of stability and most clients will typically average one hearing per month.

The AOT-FSP provider is required to support progress hearings by completing progress reports and submitting them no later than by 12pm on the Wednesday prior to the hearing (which always occur on a Friday), and no earlier than the Monday before the hearing. Progress reports must always be submitted with the most up-to-date information and speak only to what transpired since the last progress hearing.

What if a provider does not want to lose rapport with the client by testifying in court?

A first-hand witness is necessary to confirm AOT eligibility in court. However, in some cases other members of a treatment team aside from the assigned therapist can be called to testify, so long as the testifying team member has met the client, is aware of the details of the case, and understands how the client meets AOT criteria.

What if a family member does not want to harm their relationship with the client by testifying in court?

If it is necessary that a family member testify, and their safety in doing so becomes a concern, a written statement may be utilized provided that both attorneys agree that the witness is a reliable source.

Disenrollment

If the court terminates the AOT enrollment can the client remain enrolled in AOT-FSP services?

Yes, the client can remain in AOT-FSP services if there is a justifiable reason. The client is not automatically discharged from AOT when the AOT petition is terminated. Even when a petition is terminated, providers still need to follow normal AOT disenrollment/transfer procedures to close a case. Ideally, FSP providers would respond to terminated petitions by either keeping the client in AOT-FSP services voluntarily or stepping them down to the next level of care as clinically indicated.



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When is a client eligible for disenrollment from AOT-FSP services?

A client is eligible for disenrollment if they meet one of the below circumstances:

1. A conservatorship is established
2. They are to be enrolled in Enriched Residential Services (ERS)² for at least the next 180 days³
3. They receive a long-term incarceration sentence
4. They cannot be located following at least 30 days of the AOT-FSP provider attempting to locate with documented efforts
5. They are ready to step-down in their level of care
6. They are no longer in Los Angeles County and have no plans to return soon

Following disenrollment, a client can remain in FSP services if they continue to meet medical necessity.

Can a provider close an AOT-FSP case on their own?

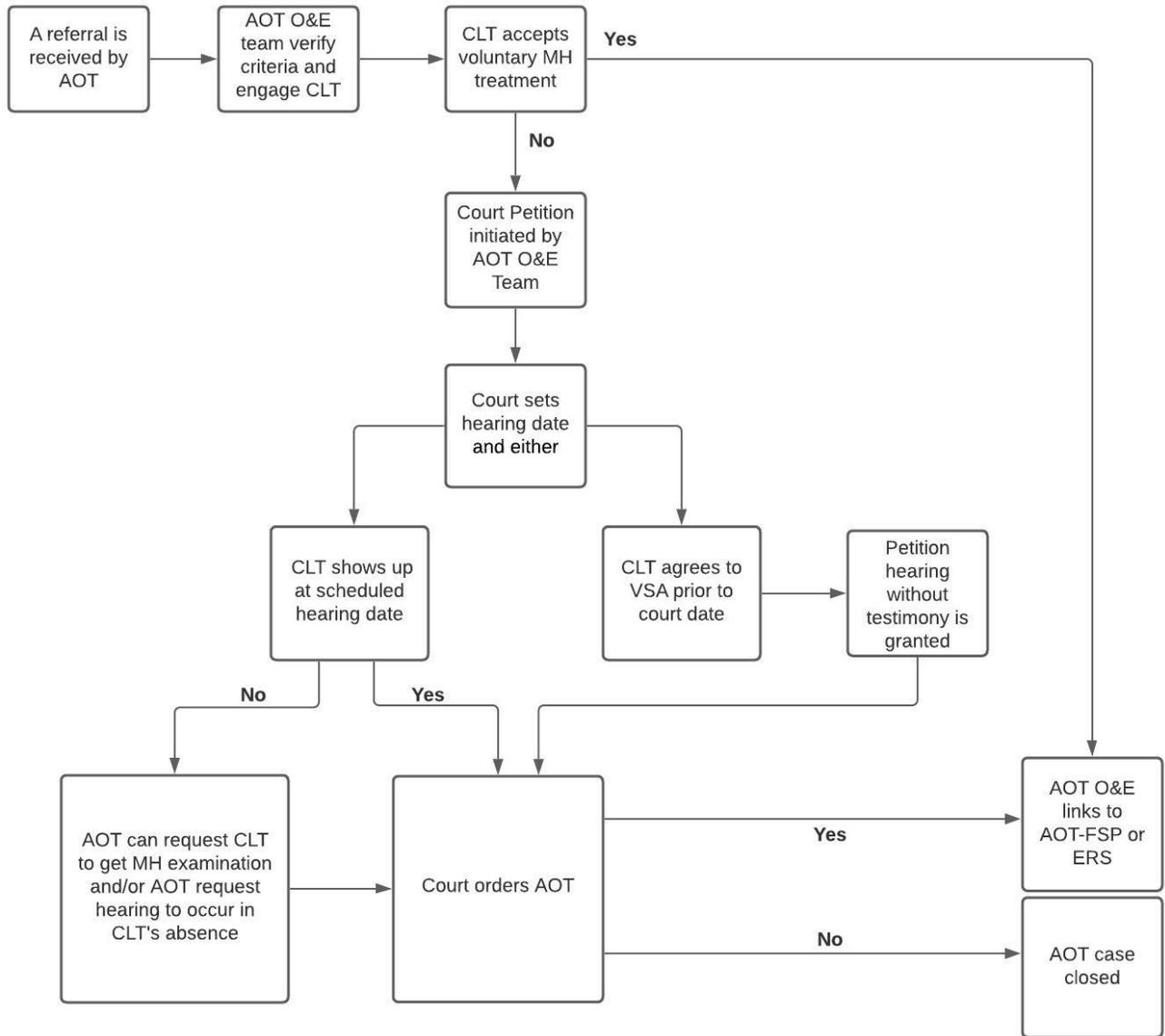
No, the FSP team must obtain approval from the AOT committee (comprised of staff from DMH, ICD, and other relevant organizations) prior to closing a case. The AOT committee must approve closure in all cases, even when a client is refusing services, cannot be located, is incarcerated, or is in a long-term hospitalization.

How can an FSP provider obtain approval to close an AOT-FSP case?

The request to close an AOT case should be submitted in paper form to the AOT-FSP Coordinator. The request will then be reviewed during the AOT Committee's weekly meeting when all referrals, petitions requests, and disenrollment requests from FSP & ERS providers are reviewed. If the request is approved, the provider can then utilize the Service Request Tracking System (SRTS) to close out the AOT case.

² Enriched Residential Services (ERS) are voluntary residential treatment settings designed to provide supportive on-site mental health services that are intensive, and recovery based, within community housing. It is a licensed facility that provides 24/7 care. There are expectations that ERS residents participate in group therapy attendance as well as completion of Instrumental Activities of Daily Living (IADLs). Sixty beds within the ERS program are reserved for AOT clients in Los Angeles County.

³ Do not discharge a client from AOT-FSP services until they are at least 72 hours into their admission to ERS.



For more information, please see our AOT Training Series: bit.ly/aotseries

