



IMPLEMENTING ASSISTED OUTPATIENT TREATMENT: ESSENTIAL ELEMENTS, BUILDING BLOCKS AND TIPS FOR MAXIMIZING RESULTS

Executive Summary

This reprint is derived from a paper by the same title, informally referred to as the AOT Implementation White Paper. The White Paper aims to explain what AOT is and how it can benefit communities, provide a view into the variability of AOT programs, and identify practices considered promising for successful systematic implementation.

Assisted Outpatient Treatment (AOT) is the practice of providing community-based mental health treatment under civil court commitment, as a means of: (1) motivating an adult with mental illness who struggles with voluntary treatment adherence to engage fully with their treatment plan; and (2) focusing the attention of treatment providers on the need to work diligently to keep the person engaged in effective treatment.

Studies demonstrate that when adequately funded and carefully implemented, AOT reduces system treatment costs^[i] and improves participants' quality of life.^[ii] But while state laws authorizing AOT are widespread (covering 47 states and the District of Columbia at the time of this publication), the actual practice of AOT by public mental health systems is not. The purpose of the White Paper is to serve as an informational starting point for those wishing to reap the benefits of AOT implementation in their own communities.

Essential Elements of AOT Programs

In particular, the White Paper offers guidance in the establishment and operation of formal AOT programs on the local level. An AOT Program is defined by its "Essential Elements," as a systematic, organized effort to:

1. identify individuals with mental illness within the service area who appear to be persistently non-adherent with needed treatment for their mental illness and meet criteria for AOT under state law;
2. ensure that whenever such individuals are identified, the mental health system itself takes the initiative to gather the required evidence and apply to the court for AOT, rather than rely on community members to do so (although community members should have access to initiating an AOT petition or investigation where permitted by state law);
3. safeguard the due process rights of participants at all stages of AOT proceedings;
4. maintain clear lines of communication between the court and the treatment team, such that the court receives the clinical information it needs to exercise its authority appropriately and the treatment team is able to leverage the court's powers as needed;
5. provide evidence-based treatment services focused on engagement and helping the participant maintain stability and safety in the community;
6. continually evaluate the appropriateness of the participant's treatment plan throughout the AOT period, and make adjustments as warranted;
7. employ specific protocols to respond in the event that an AOT participant falters in maintaining treatment engagement;
8. evaluate each AOT participant at the end of the commitment period to determine whether it is appropriate to seek renewal of the commitment or allow the participant to transition to voluntary care;
9. ensure that upon transitioning out of the program, each participant remains connected to the treatment services they continue to need to maintain stability and safety.

Setting Up for Success: The Building Blocks of a Sustainable AOT Program

An AOT program encompassing all nine of the “Essential Elements” takes planning and collaboration among a range of community stakeholders. To simplify this process, the White Paper identifies ten “Building Blocks” for establishing a new AOT program and maintaining it as a permanent fixture within a local mental health system:

Building Block 1: Secure buy-in from key leadership.

Building Block 2: Reach a shared understanding of the law and the funding landscape.

Building Block 3: Determine the appropriate level of judicial engagement.

Building Block 4: Establish a mechanism for oversight of participants.

Building Block 5: Create written policies, procedures and forms.

Building Block 6: Hold regular stakeholder meetings.

Building Block 7: Print materials to inform participants of rights and responsibilities.

Building Block 8: Educate stakeholders and the community at large.

Building Block 9: Track data for purposes of program evaluation and improvement.

Building Block 10: Mentor neighboring communities.

Maximizing Results: Tips from AOT Practitioners

While the Building Blocks offer guidance in developing an AOT program and maintaining it over time, they say little about maximizing results in the day-to-day practice of AOT. This is an area sorely in need of study. Although a substantial body of research affirms the effectiveness of particular AOT programs, few of the studies to date have endeavored to measure the impacts of the various policy choices that AOT programs make.

Until such data is available, the Tips from AOT Practitioners offer advice drawn from a wide range of AOT experience. They reflect deeply held views of the practitioners consulted on the policies and practices that allow AOT programs to achieve optimal outcomes for participants.

Tip 1: Foster a culture of respect and compassion.

Tip 2: Deliver comprehensive evidence-based mental health services.

Tip 3: Incorporate a treatment plan into the court order.

Tip 4: Respond appropriately to treatment non-adherence.

Tip 5: Maintain a sufficient duration of commitment for each participant.

Tip 6: Make judicious use of law enforcement partners.

Tip 7: Ensure warm hand-offs upon treatment transitions.

Tip 8: Encourage family engagement.

Endnotes

[1] Health Management Associates. (2015, February). State and Community Considerations for Demonstrating the Cost Effectiveness of AOT Services, Final Report. Washington, DC.

[2] Swartz, M. S., Swanson, J. W., Steadman, H. J., Robbins, P. C., & Monahan, J. (2009, June). New York State Assisted Outpatient Treatment Program Evaluation. Durham, NC.

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