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DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: July 8, 2022

Behavioral Health Information Notice No: 22-035
Supersedes [BHIN 20-075](#)

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Implementation and Reporting Requirements of the Assisted
Outpatient Treatment (AOT) Program

PURPOSE: This Behavioral Health Information Notice (BHIN) provides counties
with the implementation and reporting requirements for the Assisted
Outpatient Treatment program.

REFERENCE: Welfare and Institutions (W&I) Code Section 5345-5349.1, [DMH Letter
03-01](#), and [BHIN 20-75](#)

BACKGROUND:

AOT provides court-ordered community treatment for individuals with a history of hospitalization and contact with law enforcement. The AOT program permits court-ordered treatment services for a person with mental illness who meets specific criteria, as outlined in statute. The Department of Health Care Services (DHCS) is required to report measured program outcomes to the Legislature on or before May 1.

SB 507 (Eggman, Chapter 426, Statutes of 2021) expanded the criteria for when AOT services may be court-ordered, to include the requirement that AOT is needed to

prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others, without also requiring that a person's condition be substantially deteriorating. The bill added "eligible conservatees,"¹ as a qualified person to be petitioned for the AOT program. The bill additionally requires the examining mental health professional to determine if the subject of the AOT petition has the capacity to give informed consent regarding psychotropic medication in their affidavit to the court.

This information notice supersedes BHIN 20-075.

POLICY:

This DHCS Information Notice outlines implementation and reporting requirements of the AOT program. Participating counties are required to comply with all statutory provisions including, but not limited to the following:

1. W&I Code Section 5348(d) requires that each county operating an AOT program provide specified data to DHCS annually. DHCS is then required to report measured program outcomes to the Legislature on or before May 1. The report aims to evaluate the effectiveness of the strategies employed by programs operated, pursuant to this article, in reducing homelessness and hospitalizations and reducing involvement with local law enforcement by persons in the program.
2. W&I Code Section 5349(c) mandates that voluntary mental health programs serving adults and children cannot be reduced as a result of the implementation of an AOT program. If implementing AOT services will result in the reduction of existing voluntary mental health programs, counties must seek a resolution from their Board of Supervisors to opt out of implementing AOT services, which identifies the reasons for opting out, and any facts or circumstances used in making that decision. DHCS is required to monitor compliance with this section as part of its review and approval of county mental health services performance contracts.
3. W&I Code Section 5349(d) requires counties who will implement AOT programs in collaboration with neighboring counties to establish a memorandum of understanding (MOU). Counties implementing AOT in collaboration must determine a lead county, financial responsibility, location of services, and follow-up care of

¹ Eligible conservatee is a person who is the subject of a pending petition to terminate a conservatorship, and if the petition is granted, would benefit from AOT to reduce the risk of deteriorating mental health while living independently.

persons released from the AOT program. The MOU must include, but is not limited to:

- A process to ensure that services are provided and appropriate follow-up care is in place upon an individual's release from a treatment program;
- Location of services;
- Determines the county incurring financial responsibility;
- Making the finding set forth in subdivision (d) of Section 5346;
- A plan that proposes how the group of counties intend to collect and report the specified data (Section 5348) to DHCS; and
- Specifies length of the MOU between participating counties.

Counties must notify DHCS if an MOU is amended or dissolved. DHCS requests that this notification is submitted to the Prevention and Family Services Section in writing within 30 days of the date of the change.

4. W&I Code Section 5349.1(a) requires participating counties to develop a training and education program in consultation with DHCS, client and family advocacy organizations, and other stakeholders. The purpose of the training and education program is to improve the delivery of services to mentally ill individuals who are, or are at risk of being, involuntarily committed under the Lanterman-Petris-Short Act. In order to carry out its statutory responsibilities and effectively monitor compliance with the newly enacted bill, DHCS requires all counties implementing AOT to submit a training and education plan that must include the following:

- Information relative to legal requirements for detaining a person for involuntary inpatient and outpatient treatment, including criteria to be considered with respect to determining if a person is considered to be gravely disabled.
- Methods for ensuring that decisions regarding involuntary treatment as provided for in this part direct patients toward the most effective treatment. Training shall include an emphasis on each patient's rights to provide informed consent for assistance.

Annual Reporting:

Each participating county or designated collaborative county lead must annually submit an AOT Outcome Evaluation² containing requested data and information to DHCS by October 1. The Department provides a report and evaluation of the effectiveness of the county programs to the Legislature by the required May 1 deadline. Counties must provide data outcomes for the following required elements, as outlined in W&I 5348(d), based on information that is available:

- Number of persons served by the program, and of those, the number who are able to maintain housing and the number who maintain contact with the treatment system;
- Contacts with local law enforcement, and the extent to which local and state incarceration of persons in the program has been reduced or avoided;
- Number of persons in the program participating in employment services programs, including competitive employment;
- Days of hospitalization of persons in the program that have been reduced or avoided;
- Adherence to prescribed treatment by persons in the program;
- Other indicators of successful engagement, if any, by persons in the program;
- Victimization of persons in the program;
- Violent behavior of persons in the program;
- Substance abuse by persons in the program;
- Type, intensity, and frequency of treatment of persons in the program;
- Extent to which enforcement mechanisms are used by the program, when applicable;
- Social functioning of persons in the program;
- Skills in independent living of persons in the program;
- Satisfaction with program services both by those receiving them, and by their families, when relevant.

DHCS has developed a Data Dictionary (Enclosure I.) to define the required data outcomes and to aid counties in fulfilling the annual reporting requirement. Counties must adhere to the Data Dictionary for completion of the Outcome Evaluation. The Outcome Evaluation and Data Dictionary will be emailed to counties every fiscal year. Requests for training and technical assistance and inquiries regarding annual reporting can be submitted to: DHCSAOT@dhcs.ca.gov.

² The AOT Outcome Evaluation will be distributed and completed via a web-based survey platform.

Behavioral Health Information Notice No.: 22-035
Page 5
July 8, 2022

County Opt-out Process:

Counties are permitted to opt out from participation in the AOT program through the passage of a resolution adopted by the Board of Supervisors identifying the reasons for opting out, as required by Section 5349. For example, if implementing AOT services will result in the reduction of existing voluntary mental health programs, counties must seek a resolution from their Board of Supervisors and provide this information as the reason for opting out of implementing AOT services in the resolution. Counties may elect to participate or opt-out of the AOT program by July 1 each year, and must provide notification to DHCS by this deadline.

Please submit all documentation to: DHCSAOT@dhcs.ca.gov.

Sincerely,

Original signed by

Marlies Perez, Chief
Community Services Division

Enclosure