

Assisted Outpatient Treatment (AOT): A Pathway to Community Care

"A substantial body of research conducted in diverse jurisdictions over more than two decades establishes the effectiveness of assisted outpatient treatment in improving treatment outcomes for its target population. Specifically, the research demonstrates that AOT reduces the risks of hospitalization, arrest, incarceration, crime, victimization, and violence. AOT also increases treatment adherence and eases the strain placed on family members or other primary caregivers." ~ NAMI Illinois

Key Characteristics of AOT Candidates

Serious Mental Illness

Prior Hospitalizations

Early Episode Psychosis

Lack of Insight when Untreated

Lapses in Treatment Adherence

Risk of Harm to Self/Others

Considerations

Custodian/Family Support

Housing Stability

Motivation to Change

What is AOT? AOT is a form of civil commitment that authorizes the judicial system to commit eligible individuals with severe psychiatric disorders to mental health intervention in the community. Also known as "mandatory outpatient treatment/MOT," "outpatient civil commitment" and by other names, the purpose of court-ordered community treatment is to improve the health, safety and welfare of both the individuals under AOT and the public.

Individual Benefits of AOT: AOT can help individuals stay on track with treatment plans, including medication adherence. This can enhance symptom management, healthcare decision-making autonomy, community stability, and quality of life.

Institutional Benefits of AOT: AOT can lower readmissions, arrests, staff violence risk, and healthcare costs.

Legal Standard per 405 ILCS 5/1-119.1. A person (age 18+) subject to involuntary admission on an outpatient basis means:

- 1. A person who would meet the criteria for admission on an inpatient basis in the absence of treatment on an outpatient basis and for whom treatment on an outpatient basis can only be reasonably ensured by court order mandating such treatment; and/or;
- 2.A person diagnosed with mental illness whose symptoms are reasonably expected to increase if left untreated to the point that the person would meet the criteria for involuntary inpatient commitment, and whose illness has, on more than one occasion in the past, caused that person to refuse needed and appropriate mental health services in the community.

How To Initiate AOT

Identify Potential Candidates (consider individuals who are admitted voluntarily, have resolved treatment petitions, or repeated admissions)

Discuss AOT Benefits with Candidates/Supports

File the Appropriate Court Documents:

Agreed: Petition to Commence Agreed

Outpatient Treatment and Psychiatric
"810" Report

Contested: <u>Petition for Involuntary</u> <u>Outpatient Admission</u> and Two <u>Certificates</u>

Court Hearings and Notes

Conducted Remotely

Agreed Treatment Hearings are brief, lasting approximately 15 minutes

Agreed Orders can include medication

No finding on the patient's court record after an agreement

Orders last 180 days

NAMI Support Present at Hearings

Specialized Court Professionals

Supportive Environment

AOT Grant Services

Coordinated and Collaborative Team Approach Dedicated Judge, State's Attorney, and Legal Representation

Peer Support Specialist

Relatable Guidance

Peer Support Groups

Support During Court Hearings

Help Building Self-care Skills

Developing Resources to Navigate One's Mental Health Journey

Case Manager

Care Coordination and Linkage to Community and Mental Health Services

Advocacy During Court Hearings

Education for Custodian/Family on Mental Health Topics

Safe and Adequate Transition Planning

Contact Info: Cook County State's Attorney's Office, Special Prosecutions Bureau, and Seniors & Persons with Disabilities Unit can be reached at **312-603-8600**.

Key Partners: Cook County Circuit Court, Cook County State's Attorney's Office, Illinois Guardianship and Advocacy Commission, NAMI Chicago, Administrative Office of the Illinois Courts

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