

Assisted outpatient treatment (AOT)

Background

Assisted outpatient treatment (AOT) is an involuntary process encompassed within Washington's Involuntary Treatment Act (ITA). AOT is based on Kendra's Law, an assisted outpatient treatment law passed in 1999 in New York. The purpose of AOT is to support individuals who are at risk of rehospitalization and have a history of difficulty adhering to their behavioral health treatment plan in a less restrictive setting.

Program overview

Through AOT, community-based behavioral health treatment is available under civil court commitment. The aim is to better motivate an individual who struggles with voluntary treatment adherence to engage fully with their treatment plan. Further, providers offer focused attention to treatment and work diligently to keep an individual engaged.

The AOT methodology embraces the idea that with earlier intervention, a significant impact can be made on the lives of individuals struggling with behavioral health conditions. By connecting participants to the treatment they need, AOT is especially helpful to those facing the social and economic consequences of living with an untreated mental health or substance use disorder. AOT may be ordered by the civil court, if legal criteria are met, as a form of less restrictive alternative treatment to involuntary inpatient treatment, or it may be ordered as one type of less restrictive alternative treatment upon discharge from an involuntary inpatient commitment. An AOT order may be for up to 18 months. A court may supervise an individual on an AOT order, requiring appearance in court for periodic reviews. A court may modify the order after considering input from the agency or facility designated to provide or facilitate services.

Eligibility requirements

An individual is eligible for AOT if the court finds that the legal criteria are met. Legal criteria includes that the individual has been diagnosed

with a behavioral health disorder based upon clinical determination and at least one of the following is true:

- The individual is unlikely to survive safely in the community without supervision and the individual's condition is substantially deteriorating
- The individual needs assisted outpatient treatment to prevent a relapse or deterioration that would be likely to result in grave disability or a likelihood of serious harm to themselves or to others
- The individual has a history of showing lack of compliance with treatment for his or her behavioral health disorder that has at least twice within the 36 months prior to the filing of the petition been a significant factor in necessitating emergency medical care or hospitalization for behavioral health-related medical conditions

Budget

The Health Care Authority has contracted with Behavioral Health Administrative Service Organizations (BH-ASOs) to implement and administer the AOT program. Behavioral health treatment will be provided by participating behavioral health agencies and funded through Medicaid. The BH-ASOs have been funded to provide AOT for their Non-Medicaid persons including those unfunded and those who have commercial insurance.

Each of the ten BH-ASO regions have hired an AOT coordinator to oversee this implementation and coordinate referrals and petitions as well as identified behavioral health providers for ensuring provision of AOT services.

Authority

Authority to exercise the above falls under RCW 71.05 for adults and RCW 71.34 for minors aged 13 to 17.

For more information

Contact: HCADBHRInformation@hca.wa.gov

Diane Weiner, AOT Administrator