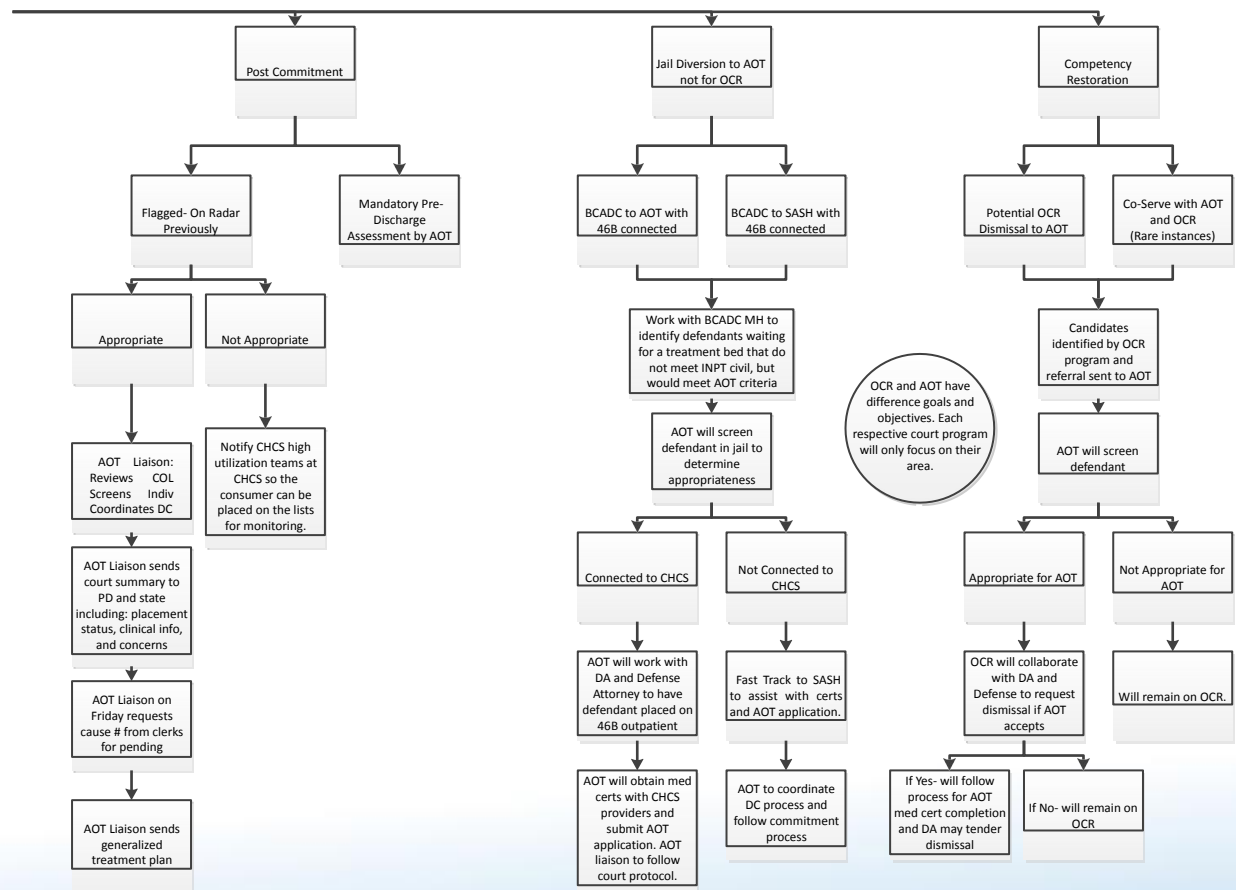


AOT





**THE CENTER**  
**FOR HEALTH CARE SERVICES**  
*Mental Health & Substance Abuse Solutions*

# Assisted Outpatient Treatment (AOT) Program

The Center for Health Care  
Services Bexar County

Justice Diversion Clinic



# AOT Program

## Program Highlights:

- AOT identifies and provides treatment to individuals with severe mental illness
- In need of a structured outpatient program due to the inability to participate in treatment voluntarily
- Can benefit from being on an outpatient civil commitment to help increase treatment compliance reduce hospitalizations or interventions with the justice system.
- Treatment consists of Doctor's visits, medication management, intensive case management services, therapeutic justice using the "black robe effect" and weekly court case staffing's

## Referrals:

The AOT Program has Multiple points of Entry as outlined in the AOT Flow Chart

- The Court
- The Hospitals
- Internal programs
- External Programs
- Community



# AOT Program Process

## Screening/Assessment

### Appropriate Candidate

- A Priority population diagnosis of Major Depressive Disorder, Bipolar Disorder, Schizophrenia or Schizoaffective disorder
- The need for structured treatment intervention presenting as past failed attempts with treatment, multiple hospitalizations, family and community reports and involvement with the justice system.
- A level of understanding and agreement of their responsibilities to maintain treatment
- Access to housing, group home, treatment facility or a willingness for placement

### Inappropriate Candidate

- Primary diagnosis of substance use
- Borderline Intellectual functioning
- The inability to be influenced by being on a court order
- Will present as severity of symptomology, personality structure or past unsuccessful attempts on AOT without significant change in clinical presentation or a desire by the individual to make changes.



# AOT Program

## Treatment Interventions

- Participate monthly appointments with CHCS psychiatrist for on-going medication treatment
- Assistance applying for social security benefits
- Medication education/training
- Linking to community resources such as partial hospitalization programs, day programs, counseling services
- Crisis management initiating temporary detentions when needing higher level care/treatment
- Weekly court case staffing's to review progress, identify needs and continue to build relationships with court staff to influence treatment compliance and outcomes.



## The Black Robe Effect

Using the influence of a caring Judge to promote treatment engagement, compliance and treatment outcomes. This is the powertool intervention at the heart of AOT and the pure brilliance of the AOT model.

- Provides a Judge that is knowledgeable on mental illness and can effectively establish personal relationships with AOT consumers
- The balance of authority with compassion creates an opportunity for individuals who have been forgotten and are among our most vulnerable to be seen, heard and cared about in a court room.
- This personal connection with a Judge has far reaching value and necessary influence including the benefit to be a catalyst in healing past trauma from previous interactions with law enforcement and other court systems not equipped to understand the histories, vulnerabilities and past abuse that accompany so many with serious mental illness.



# AOT Success Examples

- AOT referred from criminal court
  - Female early 20's
  - Charges: firearm possession and drug possession
  - Court identified this individual as a victim
  - Diagnosis: Bipolar Disorder, history of abuse
  - Screened for AOT. Individual participated for 30 days in a partial hospitalization program Upon completion of PHP placed on AOT
  - Criminal charges were dropped. Individual remained compliant, began working and became a manager in a restaurant and successfully completed the AOT program.
  - No hospitalization, or interaction with law enforcement during her commitment and continues to do well.
- **AOT referred from inpatient hospitalization**
  - Male, early 20's
  - Inpatient hospitalization
  - Diagnosis Bipolar I disorder, Family violence charge
  - Initial return to our crisis unit on a Temporary detention 1 week into the commitment due to mental decompensation and throwing/breaking items in the house
  - Medication change was ordered.
  - Individual from that point on was compliant with medications
  - No additional violent episodes in the home were reported
  - Individual began working and maintained a steady job with successful completion of the AOT program and the outpatient commitment.