

ASSISTED OUTPATIENT TREATMENT

Hours of Operation

Monday – Friday:

8:00 a.m. - 5:00 p.m.



Candidate Referral

dhs-mh-aot@saccounty.gov

Phone: (916) 875-6508

[BEHAVIORAL HEALTH SERVICES
HOME \(SACCOUNTY.GOV\)](http://www.saccounty.gov/behavioral-health-services)

AOT WEBSITE

Mental Health Access for Mental
Health Crisis Calls 24 hours a day

7 days a week

916-875-1055

Director of Health Services

Tim Lutz

Deputy Director of Behavioral
Health Services

Ryan Quist, Ph.D.

WHAT IS AOT

An assisted outpatient treatment is for people with severe and persistent mental illness who need treatment to prevent substantial deterioration of their condition, and who may pose a risk to themselves and others?

WHO CAN REFER INDIVIDUALS TO AOT?

- An adult with whom the person resides
- Family member: adult children, parents, siblings, spouse
- Law enforcement, parole, or probation officer
- Director of public or private agency providing mental health services to that person
- Hospital director who is providing psychiatric care to that person
- Licensed mental health provider who is treating or supervising the person

ELIGIBILITY CRITERIA (WIC 5436)

- 1) **The person is 18 years of age or older**
- 2) **The person is suffering from a mental illness as defined in paragraphs (2) and (3) of Subdivision (b) of WIC Section 5600.3 including but not limited to:**
 - a. Schizophrenia
 - b. Post-Traumatic Stress Disorder (PTSD)
 - c. Bipolar Disorder
 - d. Schizoaffective Disorder
 - e. Major Depressive Disorder, Recurrent
 - f. Borderline Personality Disorder
- 3) **There has been a clinical determination that in view of the person's treatment history and current behavior, at least one of the following is true:**
 - a. The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating.
 - b. The person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others, as defined in WIC Section 5150.
- 4) **The person has a history of a lack of compliance with treatment for the person's mental illness, in that at least one of the following is true:**
 - a. The person's mental illness has, at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition.
 - b. The person's mental illness has resulted in one or more acts of serious and violent behavior toward themselves or another, or threats, or attempts to cause serious physical harm to themselves or another within the last 48 months, not including any period in which the person was hospitalized or incarcerated immediately preceding the filing of the petition.
- 5) **The person has been offered an opportunity to participate in a treatment plan by the director of the local mental health department, or the director's designee, provided the treatment plan includes all of the services described in WIC Section 5348, and the person continues to fail to engage in treatment.**
- 6) **Participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the person's recovery and stability.**
- 7) **It is likely that the person will benefit from the assisted outpatient treatment program.**