

### ***What is the Assisted Outpatient Treatment Program?***

Assembly Bill 1421 established the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, known as Laura's Law, provides court-ordered community treatment for individuals with a history of violence and repeated hospitalizations.

The legislation established an option for counties to utilize courts, probation, and mental health systems to address the needs of individuals unable to participate in community mental health treatment programs without supervision.

### ***What is Assembly Bill 1976?***

On September 25, 2020, Assembly Bill (AB) 1976 was chaptered into law amending current legislation associated with AOT, effective July 1, 2021.

AB 1976 requires all California counties to offer AOT services, or opt-out. Counties may offer AOT services either independently, or could choose to partner with neighboring counties. Counties who choose to partner with other counties are required to execute a memorandum of understanding. Counties are permitted to opt out of participation through the passage of a resolution, adopted by the Board of Supervisors, which identifies the reasons for opting out, and any facts or circumstances used in making that decision.

AB 1976 adds a superior court judge as an authorized requestor of an AOT petition. Lastly, AB 1976 repealed the AOT sunset date, extending the program indefinitely, and prohibits a county from reducing existing voluntary mental health programs as a result of implementation of AOT.

### ***What if my county does not submit a resolution opting out of participation?***

If a county does not submit a resolution opting out of participation, the county will be automatically opted in and required to submit data outcomes annually.

### ***What are the annual requirements for the AOT program?***

AOT counties are annually required to submit an AOT Survey Tool to DHCS. Counties must provide data outcomes on all of the following, 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;
- 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.

***Where do I get the AOT Survey Tool?***

DHCS issues a formal notification, AOT Survey Tool, and AOT Data Dictionary to participating counties at the beginning of each State Fiscal Year (July 1).

***When are the AOT Survey Tools due?***

Each participating county or designated collaborative county lead must submit an AOT Survey Tool to DHCS by **October 1**.

***What is the Training and Education Development (TED) Plan?***

In consultation with DHCS, client and family advocacy organizations, and other stakeholders, participating counties are required to establish a plan for training and education development for their contractors and providers.

Counties may utilize existing trainings for other mental health programs, if applicable, to satisfy this requirement. Counties should consult their local stakeholders and county counsel on appropriateness of the training/curriculum.

Counties may request a TED Plan template at [DHCSAOT@dhcs.ca.gov](mailto:DHCSAOT@dhcs.ca.gov).

***What if I have more questions?***

Any questions related to the AOT program may be directed to the [DHCSAOT@dhcs.ca.gov](mailto:DHCSAOT@dhcs.ca.gov) inbox.