

Crisis Intervention Team (CIT) and Assisted Outpatient Treatment (AOT): *Working Together for the Betterment of the Community*



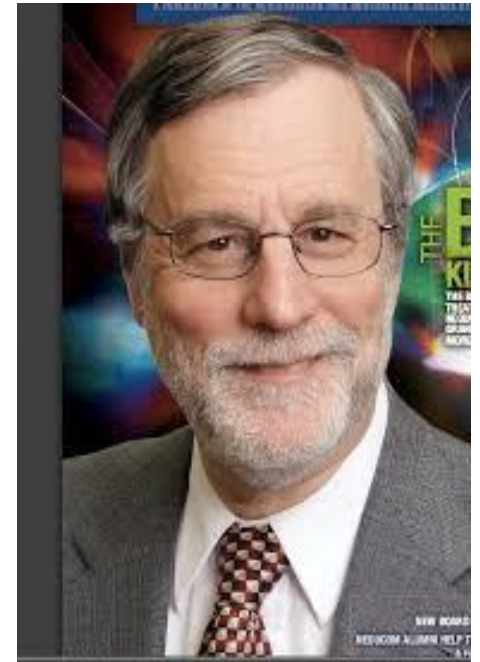
CIT and AOT Have Shared Goals

- Help ensure safety of those with serious mental illness, law enforcement officers, and community by reducing use of force and injuries
- Help those with serious mental illness (SMI) stay out of criminal justice system
- Assist those who have difficulty adhering to treatment
- Intervene before a crisis occurs
- Reduce calls to law enforcement, arrests, and hospitalizations
- Improve quality of life



Other Commonalities Between CIT and AOT

- Operate as programs: ***“Just as CIT is more than just training, AOT is more than just a court-order.”*** –Dr. Mark Munetz
- Partnerships: Engage in meaningful cross system collaboration and ongoing dialog.
- Systems: Make efficient use of limited resources.



What is Assisted Outpatient Treatment?



The practice of providing community-based mental health treatment under civil court commitment, as a means of:

- (1) motivating an adult with SMI who struggles with voluntary treatment adherence to engage in treatment, and
- (2) focusing attention of treatment providers on the need to keep the person engaged in treatment.

AOT Process (simplified)

- Affidavit for Mental Illness is filed in civil (probate) court
- Hearing is held:
 - Due process protections afforded
 - Petitioner bears burden of proof (clear and convincing evidence)
 - Expert testimony provided (often including treatment plan)
- Judge orders treatment and ongoing supervision



The Black Robe Effect

- Judge commands respect as symbol of authority
- Black robe effect works on the participant and the treatment system too
- Court order generally means a rapid response to non-adherence
- Lack of punishment for non-adherence doesn't mean lack of consequences



Consequences of Non-Adherence

- Extend the length of time in the program
- Increase the frequency of court appearances
- Order the treatment plan to be reviewed
- Pick up order for evaluation
- Rehospitalization, if needed



Paths to AOT

1. Step down to AOT upon discharge from involuntary hospitalization.
2. Step down to AOT upon release from jail or prison.
3. Step up to AOT directly from the community to prevent hospitalization or incarceration.



Role of Law Enforcement in AOT Program

- Communicate concerns about AOT participants to AOT Program representative (often referred to as the AOT Monitor)
- Identify and refer individuals who may be appropriate for AOT
- Share programmatic concerns in regularly held, cross systems collaboration team meetings
- Educate family members about AOT



Role of Law Enforcement in AOT Program

- Prioritize AOT Orders to Convey
- Transport AOT participants safely, giving consideration to:
 - Limiting use of handcuffs
 - Arriving without lights and sirens
 - Driving in an unmarked vehicle
 - Wearing street clothes



Example of AOT Order to Convey

Date:



Reaching out. Resolving crisis.

AOT Orders to Convey Form

Last Name: First Name:

Address:

Purpose for Order to Convey:

Communication needs/
preference:

Triggers/Trauma:

High risk behaviors/violence/
aggression:

Suicidal/Homicidal Ideations
Past or Present:

Access to weapons?

YES NO

Recent psychosocial stressors:

216.623.6555 (Main Phone)
216.623.6539 (Fax)
216.623.6888 (Mobile Crisis Hotline)

Program Manager: Sarah Marvin
Probate Magistrate: John Spiccia

Contact Info:
Cell Phone: (216)956-4722
Cell Phone: (216)443-7585

www.FrontLineService.org

1744 Payne Ave., Cleveland, OH 44114

A contract agency of the Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County and a partner agency of United Way Services of Greater Cleveland.

AOT leaders should share all relevant information with law enforcement when requesting a pickup order, including:

- Purpose for order
- Person's communication needs/preferences
- Triggers/trauma
- High risk behaviors/violence/aggression
- Suicidal/homicidal ideation past or present
- Access to weapons
- Recent stressors

Courtesy: Cuyahoga County, Ohio

Information Sharing: What is Permitted?

CIT Officers:

- May disclose information to mental health provider for provider to determine whether person would benefit from AOT since CIT officer is not a covered entity under HIPAA.

**Sharing Confidential Mental Health and
Addiction Information in Ohio**

***Mental Health and Addiction Providers
and Law Enforcement***

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Christina Shaynak-Diaz



Mental Health Providers:

- May disclose relevant information necessary to health and safety of individual and officer (e.g. access to weapons, stressors, history of violence, etc.).
- May disclose information to law enforcement if disclosure could assist in preventing or lessening a serious and imminent threat to the health or safety of the person or others.

Working Together to Educate Family Members

CIT Officers:

- Carry information about AOT in your cruiser and be prepared to share it with family members who have a loved one who may benefit from the program. Be sure to include a point of contact.



Working Together to Educate Family Members

AOT Program Leaders:

- Share information about CIT with the family members of AOT participants and encourage them to request a CIT officer should they need to call 911.



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Program Profile

Assisted Outpatient Treatment (AOT)

Evidence Rating: [Effective - More than one study](#)

Program Description

Program Goals

Assisted outpatient treatment (AOT), also known as outpatient commitment (OPC), is a civil legal procedure whereby a judge can order an individual with a serious mental illness to follow a court-ordered treatment plan in the community. AOT is intended for adults diagnosed with a serious mental illness who are unlikely to live safely in the community without supervision and treatment, and who also are unlikely to voluntarily participate in treatment. The goal of AOT is to improve access and adherence to intensive behavioral health services in order to avert relapse, repeated hospitalizations, arrest, incarceration, suicide, property destruction, and violent behavior.

Forty-four states have statutes permitting some form of OPC or AOT (Robbins et al. 2010). One example is New York State's "Kendra's Law." The law, passed in 1999, which was proposed by the New York State Attorney General, was named for a young woman who was killed after being pushed in front of a New York City subway by a man with a history of serious mental illness and hospitalizations. The intent of the law was not only to authorize court-ordered community treatment but also to require mental health authorities to provide resources and oversight necessary so that high-risk individuals with serious mental illness may experience fewer incidents and can live in a less restrictive alternative to incarceration or involuntary hospitalization.

Program Snapshot

Age: 18 - 50

Gender: Both

Race/Ethnicity: Black, Asian/Pacific Islander, White, Other

Geography: Rural, Suburban, Urban

Setting (Delivery): Inpatient/Outpatient

Program Type: Cognitive Behavioral Treatment, Group Therapy, Individual Therapy, Wraparound/Case Management, Violence Prevention

Targeted Population: Mentally Ill Offenders

Current Program Status: Active

Questions?



For More Information

For general information on AOT:

Betsy Johnson, Policy Advisor

Treatment Advocacy Center

johnsonb@treatmentadvocacycenter.org

(614) 519-3137

www.treatmentadvocacycenter.org

For local information on AOT:

[INSERT CONTACT INFO HERE]

