



## Los Angeles County Department of Mental Health Assisted Outpatient Treatment for Los Angeles Frequently Asked Questions (FAQs)

### 1. What is AOT-LA?

AOT-LA is the Assisted Outpatient Treatment for Los Angeles program. It is the programmatic implementation of the Assisted Outpatient Treatment Demonstration Project Act of 2002, also known as “Laura’s Law”.

### 2. What is the purpose of AOT?

The purpose and intent of AOT is to identify persons with serious mental illness and a history of treatment non-compliance, assess if there is substantial risk for deterioration and/or detention under WIC 5150 which could be mitigated by provision of appropriate services, and, solicit voluntary acceptance of services. If needed, mandated participation in such services through a court order can be sought.

### 3. What types of treatment are available through AOT-LA?

DMH established the AOT-LA program through an expansion of the following adult Mental Health Services Act (MHSA) Community Services and Support (CSS) programs:

- Outreach and Engagement Teams
  - These teams primarily screen requests and referrals, conduct extensive outreach and engagement on candidates who meet criteria, and prepare documents/functions needed for petitions to the court.
- Full Service Partnership Programs
  - This intensive outpatient service is field service capable providing an array of services including targeted case management, mental health services, and, if a client elects, medication support services.
- Alternative Crisis Services
  - This residential type of service is carried out at one of three Enriched Residential Services facilities where the client has a bed, 24-hour supervision, and support for more frequent mental health services in an unlocked setting.

### 4. Is AOT or Laura’s Law capable of mandating medication or administering involuntary medication?

No. Laura’s Law states, under WIC 5348(c): “Involuntary medication shall not be allowed absent a separate order by the court pursuant to Sections 5332 to 5335, inclusive”. DMH and/or contract providers may provide medication support services provided a consent for medication form is signed by a client.

### 5. Is AOT a locked facility?

No. AOT is primarily an outpatient treatment service with some limited capability for unlocked residential services.

### 6. Can I get assistance to fill out the referral form?

Yes. Please contact the AOT-LA Outreach and Engagement staff at (213) 738-2440 or [AOTLAOE@dmh.lacounty.gov](mailto:AOTLAOE@dmh.lacounty.gov).



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7. For the 5346d examination – who will be considered qualified as a ‘Licensed Mental Health Treatment Provider’? Must it be the attending psychiatrist or can it be someone else (psychologist, therapist, etc.)?

A licensed mental health treatment provider is any member of the treatment staff of the facility selected by the court. The discipline is not specified.

8. Does a PET team member doing a 5150 evaluation qualify?

A 5150 assessment is not precluded by a 5346d examination.

9. If a person is in a LPS designated facility for the 5346d examination, what kind of documentation is required for the court?

The documentation of the assessment completed for purposes of clinical care.

10. Where and how is this documentation to be submitted?

The court specifies—likely to the court and/or the petitioner (DMH).

11. Who qualifies as the referring party under the category of ‘Licensed Mental Health Treatment Provider’?

There are no special qualifications for such a provider under AOT, beyond those understood for other programs. AOT-LA does not establish qualifications different from those in the statute.

12. Regarding the 5346f, if a LPS designated facility receives a patient under this, can the facility immediately have the patient evaluated for a 5150?

Yes.

13. If the patient does not meet 5150 criteria immediately, can the patient be released (for example from our ED) or does the patient need to be seen by a psychiatrist?

That would depend on facility policy. For purposes of this question, it should be noted that the absence of 5150 detention does not require discharge of a patient involuntarily detained under 5346f.

14. If at any time during the 72 hours period for either the 5346d or the 5346f, the physician believes that the patient does not need hospitalization, can the patient be released before the 72 hours is up?

Facility policies and procedures for determinations of appropriateness for inpatient care and adequacy of discharge planning are unchanged by detention under 5346.