

Assisted outpatient treatment (AOT) Glossary

AOT monitor – A professional who serves as a liaison between the court, the treatment team, and the AOT participant. The monitor’s job is to keep track of how both the participant and treatment team are doing in meeting their responsibilities to each other under the AOT court order, and to report that information back to the court. While in some AOT programs the monitor is a member of the treatment team such as a nurse, social worker, or peer support specialist, this is not recommended. An AOT monitor should be as independent from the treatment team as possible, to facilitate honest reporting and holding the treatment team accountable to the court where necessary. It is also recommended that the AOT monitor operates independently from the court to maintain appropriate boundaries in communications.

Case management – A mental health service focused on helping a client stay connected to all components of their treatment plan. Some states require case management as a service that must be included in AOT.

Civil court – A court which handles non-criminal cases. In many states, mental health commitment cases are heard in a specialized civil court known as “probate court.”

Court check-in – An informal appearance typically involving the AOT participant, a representative of the treatment team, and the AOT monitor before the judge or court officer, scheduled during the period of an AOT order. The purpose of the check-in is to discuss the progress of the participant and the treatment team in meeting their mutual, ongoing obligations. Legal counsel may or may not be present, and no legal action is taken during a check-in. If any issues requiring legal action arise, they are addressed in a subsequent formal hearing. Availability and procedures for court check-ins may vary by jurisdiction; therefore, it is advisable to consult with the judge, relevant statutes, and local rules to determine if this practice is applicable in your jurisdiction. Not all AOT programs routinely employ court check-ins.

Due Process rights – The various legal rights that the United States and individual State Constitutions guarantee to an individual whenever government seeks to curtail their personal liberties or autonomy. Courts have generally interpreted due process rights on a sliding scale: the greater the potential loss of liberty at stake, the more process is due to the individual. Many authorities feel AOT represents a less serious deprivation of liberty than other forms of state action such as hospital commitment or forced medication, but serious enough to warrant several due process rights. The right to a court hearing and the right to counsel are two examples.

Emergency evaluation under AOT/Re-evaluation of non-adherent participant – A psychiatric evaluation provided under temporary (short-term) detention in a crisis center, emergency department, or clinic, triggered by concern that the individual may be in immediate need of inpatient care and treatment. In most states, an AOT participant’s material non-adherence with court-ordered treatment may be considered as a factor in determining whether they need emergency evaluation.

Non-adherence to an AOT order – An AOT participant’s substantial deviation from the terms of their treatment plan, such as a cessation of prescribed medication. Under most states’ AOT laws, non-adherence

triggers some action such as a review of the treatment plan or a further evaluation of treatment needs. In AOT, following the treatment plan should be referred to as “adherence,” rather than “compliance.” The difference is subtle, but important. “Compliance” is paternalistic and suggests that the participant should passively do what they are told. “Adherence” implies self-direction and agency. We strive for adherence in AOT so that when the court order expires, the participant will have internal motivation to maintain treatment engagement.

Participant – Person under a court order to participate in AOT. An AOT “respondent” becomes a “participant” when the court signs the AOT order.

Petitioner / Petition – The “petitioner” is the person who triggers an AOT legal case by filing a “petition” with the court – a legal instrument alleging that a certain individual meets the criteria for AOT in that state and asking the court to determine the need for a court order directing the individual to adhere to prescribed treatment. In some states, the legal instrument is called an “application” and the person who files it is the “applicant.”

Pick-up order – A court order directing law enforcement or other qualified personnel to take an AOT participant, who has been reported to be non-adherent to their treatment plan and is potentially in need of inpatient care, into custody for an emergency evaluation.

Relapse – A re-emergence of symptoms of mental illness. Relapse most often is the result of non-adherence to treatment but may occur despite full treatment adherence.

Respondent – Person subject to a petition for court-ordered outpatient treatment.

Revolving door – A metaphor describing the experience of some individuals with severe mental illness who seem to endlessly cycle in and out of hospitals and/or jail.

Status hearing / Status conference – A formal, on-the-record court hearing or conference, scheduled during the period of an AOT order, to assess the progress of the participant and the treatment team in meeting their mutual, ongoing obligations. Counsel is present, and the court may take legal action on the case as warranted. (For example, to modify the terms of the AOT order.) See also “Court check-in.”

Step-down AOT – The transition into AOT from a prior status of hospitalization. The participant is “stepping down” from a more restrictive to a less restrictive level of care.

Step-up AOT – The transition into AOT from a prior status of being in the community with no legal requirement to adhere to treatment. The participant is “stepping up” into a treatment order without first being in a hospital.

Stipulation – A response to a court petition in which the respondent, through their attorney, admits the truth of certain facts alleged by the petitioner. In AOT cases it is common for the respondent to forgo their opportunity to challenge the petition (often because they embrace the opportunity to participate in AOT) and instead stipulate that they meet the AOT criteria as alleged in the petition. With the respondent’s full stipulation, there are no facts in dispute, allowing the judge to find AOT appropriate and issue the order without a formal presentation of evidence.

Voluntary settlement agreement/Uncontested AOT – A written agreement between an AOT participant and the AOT program that the participant will take part in AOT willingly and waive their right to challenge the petition in court. A voluntary settlement agreement does not make the court order unnecessary. It should be effectuated through a stipulated court order, to afford the participant the benefits of court oversight. A person receiving outpatient mental health services that are not court-ordered should not be considered an AOT participant.