ASSISTED OUTPATIENT TREATMENT (AOT) IN MILWAUKEE COUNTY
ASSISTED OUTPATIENT TREATMENT

WHAT IS AOT?

▪ A combination of the courts and treatment providers to work together to ensure individuals living safely in the community receive adequate care and treatment while under their involuntary commitment

▪ It is a tool for assisting individuals who are most at risk at experiencing the negative consequence of not receiving treatment

WHY IMPLEMENT AOT?

▪ To flourish/enhance existing services to individuals under an involuntary commitment

▪ To strengthen the relationship between all civil court stakeholders

▪ To develop a service model for community CSP Agencies to follow to meet high fidelity standards

▪ It holds the treatment providers accountable to ensure participant engagement
The AOT program will use the Assertive Community Treatment (ACT) Model to provide direct services to participants.

Serves individuals with chronic mental illness who have continuing high service needs and significant functioning impairment.

AOT participants will be serviced by a multidisciplinary team:
- ACT Team Leader
- Psychiatric Care Provider
- Registered Nurse
- Mental Health Clinician
- Substance Abuse Specialist
- Employment Specialist
- Peer Support Specialist
- Program Assistant
ACT TEAM CRITERIA

- Admission to the AOT/ACT programs requires an order for involuntary commitment to treatment per Wisconsin State Statute, Chapter 51, specifically §51.20

- The targeted population has:
  - Chronic mental illness
  - A history of repeated acute treatment or prolonged periods of institutional care
  - A persistent disability or impairment in major areas of community living

- ACT Team participants will be concurrently enrolled in the AOT program for the duration of their involuntary commitment
VISION AND OUTCOMES

Vision for AOT’s Future

▪ To improve relationships with the civil court stakeholders
▪ Improve outcomes for individuals involved in the civil commitment process
▪ Provide high fidelity ACT services to consumers in the community setting

Anticipated Outcomes

▪ Fewer psychiatric hospitalizations
▪ Increase in medication adherence
▪ Cost savings from less readmissions
▪ Decrease in harmful behaviors
▪ Reduced likelihood to perpetrate violence
▪ Fewer arrests and incarceration among AOT participants.