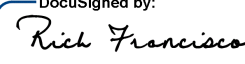




Policy/Procedure Title: <b>Assisted Outpatient Treatment</b>	Policy and Procedure #: 06-036	<u>Review Dates</u>	
Category: Clinical  Subject: To set up a robust, uniform program standard that supports and maintains Assisted Outpatient Treatment Program fidelity.	Prepared by: Name: Rachelle Rowell Title: Assisted Outpatient Treatment Coordinator  Approved by: DocuSigned by:  Rich Francisco, Executive Director		
	Effective Date: 04/20/2026	Last Revised Date:	

I. POLICY

The Assisted Outpatient Treatment (AOT) Program is a collaborative effort between HealthWest, the Muskegon County Probate Court, The Muskegon County Prosecutor’s Office, Trinity Health Emergency Department, Trinity Health Behavioral Health, Law Enforcement, and contracted providers. The AOT program provides a legal framework that allows for involuntary treatment for individuals who repeatedly do not adhere to their mental health treatment plans. Key features include:

- A. Legal Authority: Allows for involuntary treatment under the criteria outlined in the mental health code.
- B. Court involvement: An interested party petitions the court for AOT, which ensures due process.
- C. Cross-System Coordination: Promotes communication among mental health providers, courts, hospitals, law enforcement, and community services.
- D. Engagement and Safety: Focuses on engaging individuals in treatment and ensuring community safety.
- E. Continuous Assessment: Regular evaluations and tailored protocols guide treatment and decisions about ending or renewing involuntary commitment.
- F. Transition to Voluntary Care: the program supports transitions from involuntary to voluntary treatment when proper.

II. APPLICATION

HealthWest Access, ICS, and Treatment Teams

III. DEFINITIONS

- A. Assisted outpatient treatment (AOT) is civil commitment court-ordered treatment for individuals with a serious mental illness who meet strict legal criteria per the Michigan Mental Health Code. The court order includes a treatment plan for individuals who need ongoing behavioral health care to prevent relapses, re-hospitalization, and/or dangerous behavior and who have difficulty following through with community-based treatment. AOT orders may or may not also have hospital days included in the order.
- B. NUNC PRO TUNC -A legal phrase applied to acts which are allowed after the time when they should be done, with a retroactive effect.
- C. Petition for Mental Health Treatment- This is a State Court Administrative Office (aka SCAO) form PCM 201. This form is used as an initial petition for an AOT, combined AOT and hospitalization, or hospital only order request. This form shall be accompanied by the SCAO form MC 97 protected person health information. AOT only petitions do not require a report on PCM 208 when submitting, however, for combined AOT and hospitalization or hospitalization only two PCM 208 forms are required. An order for examination/transport PCM 209a can be requested in this form. The PCM 209a order is given to law enforcement to execute.
- D. Petition for Second Mental Health Treatment Order: This is a SCAO form PCM 218. This form is used when an individual is currently on an initial order and it is decided to petition to continue the AOT, combined AOT and hospitalization, or hospital only order. This form and a report on examination and clinical certificate from a psychiatrist must be submitted to probate no later than 14 days before the initial order expires.
- E. Petition for Continuing Mental Health Treatment Order This is a SCAO form PCM 218a. This form is used when an individual is currently on a second order and it is decided to petition to continue the AOT, combined AOT and hospitalization, or hospital only order. This form and a report on examination and clinical certificate from a psychiatrist must be submitted to probate no later than 14 days before the second order expires.
- F. Report on Examination and Clinical Certificate: This is a SCAO form PCM 208. This form is filled out by the doctor who completed the assessment for the mental health petition and is most often turned in with the petition.
- G. Order and Report on Alternative Mental Health Treatment (aka ATR): This is a SCAO form (PCM 216) that is submitted to the court prior to a hearing to give information on pertinent resources and recommendations.
- H. Deferral (aka Deferred) is when an individual says they will voluntarily participate in the services petitioned for them for a specific duration of time (PCM 235). During this time, if they do not participate as agreed or if the individual requests it, a Demand for Hearing (PCM 236) is submitted to probate, and a hearing is scheduled based off the original petition filed.

- I. Demand for Hearing (PCM 236) is submitted to probate, and a hearing is scheduled based off the original petition filed. This can or cannot include a request for a pickup order to have the individual assessed for involuntary hospitalization.
- J. Initial Order for Mental Health Treatment: This is a SCAO form PCM 214 signed by the Judge after judgement on the petition for mental health treatment PCM201. This form describes if the petition was denied, dismissed or granted. If granted, it also describes the exact type of services that are ordered and the duration of those services under the "it is ordered" section.
- K. Second Order for Mental Health Treatment This is a SCAO form PCM 219 signed by the Judge after judgement on the petition for second mental health treatment PCM 218. This form describes if the petition was denied, dismissed or granted. If granted, it also describes the exact type of services that are ordered and the duration of those services under the "it is ordered" section.
- L. Continuing Order for Mental Health Treatment This is a SCAO form PCM 219a signed by the Judge after judgement on the petition for second mental health treatment PCM 218a. This form describes if the petition was denied, dismissed or granted. If granted, it also describes the exact type of services that are ordered and the duration of those services under the "it is ordered" section.
- M. Notification of Noncompliance/Request to Modify Order- This is a SCAO form PCM 230. This form is used by the CMH or hospital to inform courts of non-adherence, request a pickup order, request involuntary hospitalization, or modify a current order. This form can be accompanied by the Order for Report after Notification and Report (PCM 231) when submitted to probate, or probate may order the report be done after the notification of noncompliance/request to modify order is submitted. PCM 231 can provide recommendations for court's response to the notification of noncompliance/request to modify order.
- N. Order after notice of noncompliance with assisted outpatient treatment or combined hospitalization and assisted outpatient treatment order: This is a SCAO form PCM 244 signed by the judge. This form describes the judge's decision for a response to the submitted notification of noncompliance/request to modify order. Order regarding request to modify order for assisted outpatient treatment or combined hospitalization and AOT: This is a SCAO form PCM 217a-which describes the judge's decision when the notification of noncompliance was a request to modify the order. The PCM 244 is often used when there is not a request to modify the order or the request was for a pickup order. Both the PCM 244 and PCM 217a can be used after a notification of noncompliance to have someone involuntarily admitted to the hospital.
- O. Petition for discharge from continuing mental health treatment: This is a SCAO form PCM 220. This form may be used by the CMH or Hospital to petition to drop an AOT order when the psychiatrist decides the individual no longer meets criteria for an AOT Order In

addition, the individual has the right to submit this petition for discharge at their six-month review (PCM 226).

- P. Six-month review report: PCM 226. This is a SCAO form that must be filled out by a psychiatrist or fully licensed psychologist for all one-year orders, 180 days into the order. A copy of the six-month review and a petition for discharge is served to the individual, attorney, and all interested parties. The six-month review report and a proof of service PC 564 must be submitted to probate court within 5 days of the Dr.'s signature.
- Q. Order after Petition for discharge from continuing mental health treatment: This is a SCAO form PCM 222a. This form is signed by the judge after hearing on a petition for discharge from continuing mental health treatment with the verdict.
- R. Notice of inability to secure eval/examination PCM 245. This SCAO form is used when a petition for AOT only has been submitted, however the individual will not make themselves available for the AOT evaluation with the doctor. It provides an order for transport, PCM 209a for law enforcement to bring them to the outpatient clinic for the examination.
- S. Biopsychosocial Assessment. This is a comprehensive assessment that explores biological, psychological, and social factors to understand an individual's overall health and wellbeing especially regarding mental health.

#### IV. PROCEDURES

##### Referrals:

- A. A referral can be started by family members, mental health professionals, hospitals, law enforcement, or other parties concerned who recognize that an individual may need AOT.

##### Petitions:

- A. To petition an individual for an AOT order, you can file with your local probate court. A petition for mental health treatment (PCM 201) along with an accompanying MC 97 form and clinical certificates as appropriate, is filed with the probate court for hospitalization only, combined hospitalization and AOT, or AOT only.
- B. If you are filing as a family member, you may contact HealthWest to aid in filing out the petition. HealthWest staff will complete the AOT Screening Tool to determine eligibility for AOT. HealthWest staff will ensure that Face to Face contact has been made prior to the agency supporting the filling of the petition.
- C. Muskegon County probate court may need specific forms or cover sheets. Contact them or visit their website to learn about the filing process and their procedure for rejecting incomplete forms, and for support in filing.

##### Assessments:

- A. AOT Only:

1. Purpose of the Assessment: to determine whether the individual meets the legal and clinical criteria for AOT, is only in need of outpatient level of care, and to develop a tailored treatment plan that addresses the individual's specific mental health needs.
2. AOT assessments are to be completed by a psychiatrist or fully licensed psychologist.
3. A clinical certificate is not required to be submitted with the petition, however if the individual waives the hearing a clinical certificate must be submitted prior to the date the hearing was scheduled.
4. The psychiatrist or fully licensed psychologist who completes the assessment must testify at any scheduled AOT hearings.

B. Combined AOT and hospitalization:

1. Purpose of the assessment: to determine whether the individual meets the legal and clinical criteria for AOT and due to the severity of their presenting symptoms require hospitalization days court ordered, along with outpatient days.
2. Assessments require a clinical certificate. Two clinical certificates must be turned in on initial petitions, with one of them being by a psychiatrist. One clinical certificate from a psychiatrist is needed for second or continuing petitions.
3. Physician, psychiatrist or fully licensed psychologist who completes the assessment must testify at any scheduled hearings.

C. Hospitalization Only:

1. Purpose of the Assessment: to determine whether the individual meets the legal and clinical criteria for AOT, and due to the severity of their presenting symptoms may require hospitalization days that are court ordered. No court ordered outpatient services are considered/needed.
2. Assessments require a clinical certificate. Two Clinical Certificates must be turned in on initial petitions, with one of them by a psychiatrist. One clinical certificate from a psychiatrist is needed for second and continuing petitions.
3. The physician, psychiatrist or fully licensed psychologist who completes the assessment must testify at any scheduled hearings.

- D. After a petition, the judge may order the individual to undergo an initial evaluation. The evaluation is then scheduled by the court, a designated agency, or the mental health professional assigned to the case. The individual and any relevant parties are notified of the evaluation, date, time and location. The evaluation can take anywhere from one to three hours depending on the complexity of the individual's case. The evaluation will be conducted by a qualified mental health professional, such as a psychiatrist or fully licensed psychologist who is trained in conducting assessments for AOT and is qualified to fill out a clinical certificate.

1. Purpose of the assessment is to determine whether the individual meets the legal and clinical criteria for AOT and to develop a tailored treatment plan that addresses the individual specific mental health needs.
2. Assessment areas:
  - a) mental health status: evaluation of current psychiatric symptoms (e.g., depression, anxiety, psychosis); assessment of cognitive functioning and insight into illness; identification of any co-occurring disorders (e.g., substance abuse, developmental disabilities).
  - b) History of treatment adherence: review of past mental health treatment history, including hospitalizations, outpatient treatment, and medication adherence; exploration of barriers to treatment adherence, such as lack of insight, side effects, or logistical issues; Assessment of the individual's attitudes towards treatment and their motivation for engaging in care.
  - c) Risk factors: assessment of risk to self or others, including suicidal ideation, self-harm behaviors, or aggressive behavior; Evaluation of any history of legal issues or encounters with law enforcement related to mental health crisis; identification of potential triggers or stressors that may exacerbate symptoms.
  - d) Current needs: determination of immediate needs for safety, housing, and necessities; Assessment of social support systems, including family, friends, and community resources; Identification of specific treatment needs, such as medication management, therapy, or case management services.
3. Outcome of the assessment:
  - a) determination of whether the individual meets the criteria for AOT.

Orders:

A. AOT Only:

1. This type of order is designed to provide ongoing treatment and monitoring for individuals with severe mental illness who are not currently in the hospital but require assistance to adhere to treatment plans while living in the community.
2. The individual is mandated to comply with outpatient treatment, such as attending therapy sessions, taking prescribed medications, or participating in other forms of treatment.
3. The order does not involve hospitalization but may be used for individuals who have a history of hospitalization due to non-compliance.
4. It aims to prevent relapses or deterioration that could lead to hospitalization.

B. Combined AOT & Hospitalization:

1. This order is used for individuals who may need both outpatient treatment and the option for short-term hospitalization if their condition worsens.

2. A qualified clinician will screen the individual for eligibility criteria if they are Medicaid funded or uninsured. If the individual is Medicare or commercially funded, hospital emergency department social worker will complete the assessment.
3. The individual is required to participate in outpatient treatment as specified by the AOT order.
4. The order includes provisions for temporary hospitalization if the individual's condition deteriorates to the point where they cannot be safely managed in an outpatient setting.
5. This type of order provides flexibility, allowing for a seamless transition between outpatient care and hospitalization without needing separate court orders.

C. Hospitalization Only:

1. This order focuses solely on involuntary hospitalization for individuals who are deemed unable to safely remain in the community due to the severity of their mental illness.
2. The individual is accepted to a hospital or psychiatric facility for treatment.
3. This type of order is typically used when an individual is in immediate danger to themselves or others and requires intensive inpatient care.
4. The order does not include provisions for outpatient treatment once the individual is discharged, although discharge planning may include recommendations for follow-up care.

D. Order types and duration:

1. Initial = 60 days hospitalization; 180 days outpatient; or a combined 60/180
2. Second = 90 days hospitalization; 90 days outpatient; or a combined 90/90
3. Continuing = 365 days hospitalization; 365 days outpatient; or a combined 365/365

A petition and clinical certificate executed by a psychiatrist or fully licensed psychologist must be submitted to probate no later than 14 days before the current order's expiration date to extend the order. The petitions and orders must go in order from initial to second, to continuing, and then repeating continuing.

Deferrals:

- A. Deferrals take place after an individual who has been petitioned speaks to their attorney and chooses to voluntarily follow a treatment plan that is decided upon at their deferral conference. A deferral can be granted for up to 60 days for hospitalization and up to 180 days for outpatient services during which the original petition stays active. If the individual is not engaging with their voluntary treatment, the provider can file a demand for hearing (PCM 236), and a probate hearing will be scheduled.

1. A hearing on a demand for hearing is based on the original petition submitted and psychiatrist or fully licensed psychologist testimony must be secured for the hearing.
- B. It is a requirement of the mental health code that a CMH representative be present at all deferral conferences. If the deferral request is originating from someone who is currently inpatient, it is the hospital's responsibility to coordinate with all necessary parties and set the deferral conference time. During this conference, a voluntary treatment plan is developed. It is important that the CMH be present at the deferral conference so there is input as HealthWest will be responsible for coordinating, delivering, and monitoring those services throughout the deferral period.
- C. Deferrals are recorded in the Electronic Health Record so that the current treatment team is aware of recommendations from the deferral to ensure compliance is achievable. If the consumer is not engaged in the treatment plan they agreed to at the deferral conference and sufficient attempts have been made to encourage participation, the court needs to know as soon as possible. A Demand for Hearing (PCM 236) should be filed. The individual's noncompliance with the deferral can be used as evidence of their need to be on an order.

Request to Modify Order with Hospitalization or No Hospitalization:

- A. PCL 230 notification of non-compliance.
- B. PCM 231 to report on the adequacy and suitability of the current outpatient treatment and make any recommendations to the court (e.g. set a hearing date on the notice, modify the order, transport the individual to the hospital, ETC.). This can be found under item 5e on page two of the form.
- C. Proposed PCM 217a.
- D. Pre-sent out notice of hearing with the date/slash time of the hearing blank.
- E. Take/send completed forms to probate court and prepare to testify.
- F. If you are only asking to modify orders without hospitalization, have psychiatrist or fully licensed psychologist testimony secured to testify that change is needed. Remember, the hearing is not regarding whether the person is "a person requiring treatment" but rather is this modification the least restrictive intervention and necessary to the individual's recovery.

AOT Moves Out of County:

- A. If ever the AOT monitor finds a current consumer has moved out of county, the petition to transfer the AOT to the county the consumer is residing in, if in Michigan, should be initiated. The petition/order follows the consumer.

Intensive Service Guidelines during periods of Noncompliance and Hospitalizations:

- A. If a consumer misses an appointment and you are unable to make contact to reschedule the appointment, the following steps need to be done and documented for due diligence:

1. Week 1: 2 phone calls to consumer.
2. Week 2: One phone call and one general engagement letter.
3. Week 3: One phone call and one appointment letter with the appointment scheduled at their house. Contact the emergency contact to inform them you are trying to reach the consumer and when you will go out to the house for the appointment.
4. Week 4: one phone call and you go to their house for the scheduled appointment.
5. Maintain contact with the consumer during the hospitalization. You should have 1-2 times a week contact with the consumer and once a week contact with the social worker. Ideally, you will recognize when your consumer is returning to baseline and have another face-to-face appointment with them in the hospital before discharge.
6. Repeat as needed.
7. If Consumer is opened to services, primary treatment teams are responsible for outreach attempts, and documentation of Chart Memo's of attempts.
8. For Closed or Not Yet Open consumers, the AOT Coordinator is responsible for outreach attempts, and documentation of Chart Memo's of attempts.

V. ATTACHMENTS

- a. Wayne State University CBHJ
- b. Michigan Mental Health Code

Authors Initials /RR