



AOT Process for Court Staff

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This training is presented as a part of the
Michigan Assisted Outpatient Treatment Toolkit
to learn more visit:

<http://behaviorhealthjustice.wayne.edu/aot>

Agenda

- What is AOT?
- Key definitions and acronyms
- Alternatives to AOT
- Who are the partners in the AOT Process
- Court responsibilities
- Transport orders
- Who can file an AOT order?
- What is the filing process for AOT
- Resources for AOT for court employees
- Key statutes
- Where to direct petitioners for assistance with AOT

What is AOT?



- Assisted Outpatient Treatment (AOT) is the practice of providing community-based mental health treatment under civil court commitment, as a means of:
 - Motivation
 - Treatment engagement

Key Definitions and Acronyms for Court Staff

- **CRSP** – Clinically Responsible Service Provider
- **SMI** – serious mental illness – means a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life
- **Involuntary mental health treatment** – means court-ordered hospitalization, alternative treatment, or combined hospitalization and alternative treatment
- **Subject of a petition** – means an individual regarding whom a petition has been filed with the Court asserting that the individual is or is not a person requiring treatment or for whom an objection to involuntary mental health treatment

Key Definitions and Acronyms for Court Staff



For a more comprehensive list of definitions visit the **Mental Health Code**, or Michigan Legislature Act 258 of 1974 (**330.1100a-d**).

Alternatives to AOT



- Guardianship may be an alternative to AOT
 - (Probate Court can assist)



- CMH Options
 - ACT Services
 - Complex Case Management
 - The Med Drop Program

Who are the partners in the AOT process?

- CMH
- County Executives Office
- County Commission
- SCAO
- Courts
- Jails
- MDHHS
- Department of Corrections
- Criminal Courts
- Outpatient Mental Health Providers
- Law Enforcement
- Hospitals
- Prosecutors Office

Court Responsibilities

- Accuracy
- Resources
- Information



Transport Orders



Transport Orders are issued by the court and are carried out by law enforcement*. They are the first step in getting individuals a psychiatric evaluation when they are unwilling.

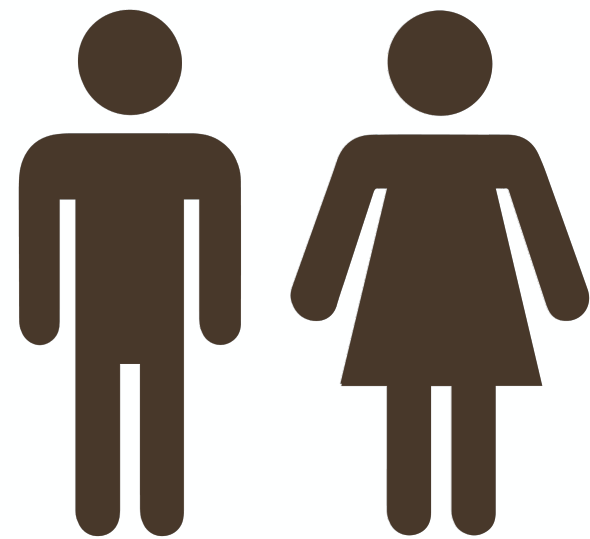
Once evaluated the psychiatrist will determine if the individual is appropriate for AOT or some other form of treatment.

*At the date of this training, transport orders in Michigan are carried out exclusively by law enforcement.

Who Can File an AOT Order?



- Hospitals
- Outpatient mental health providers
- Police officers
- Loved ones
- General public



Anyone over age 18

What is the Process for Filing an AOT?



- What documents are needed?
 - Please check with the specific **Probate Court in your County** to determine if they have a special coversheet or checklist that they want filed.
- Ensure all documents are filled correctly and completely
- Refer to your Court's policy on rejecting form/documents



Forms Required by SCAO

The Wayne County Probate Court Requires a Coversheet Form WCPC99

STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	PETITIONER FILING COVERSHEET
<p>To serve you better, please complete this coversheet for each filing packet/email attachment so that we can quickly identify emergencies or the need for an updated Letter of Authority and route your filing appropriately. Use this Coversheet as the first page of your single .pdf attachment. See our website instructions for what forms are required to be filed together in a single attachment.</p> <p>Multiple .pdf attachments can be submitted in a single email. Example: Two .pdf's in one email – one for guardianship and one for conservatorship regarding the same person.</p> <p>Please include your email address as this is the quickest way to receive information and specific communication from the Court.</p>	
Contact Information	
Petitioner Name:	
Petitioner Phone Number:	
Email Address:	
Attorney Name and P#: (If applicable)	
Filing Information	
Case Number:	
Judge:	
Primary Document/Filing Name:	
Other related documents included (i.e. MC97, MC505, etc.):	
Updated Letter of Authority Requested:	<input type="checkbox"/> Yes
Emergency Hearing Requested: <small>Please include "Emergency" in the subject line of your email.</small>	<input type="checkbox"/> Yes <i>Provide Reason:</i>
<p>Further Information Please include any information related to your filing here rather than in the body of your email:</p>	

WCPC 99 (8/2021) Petitioner Filing Coversheet

Form MC97 Protected Personal Identifying Information

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
Court address		Court telephone no.

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

If this form is filed on or after January 1, 2022, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on January 1, 2022. Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

- Instructions:**
- Use this form when an SCAO-approved form instructs you to use it to provide PII.
 - **Provide only** the PII required for your particular case. For example, if you are filing a document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: _____

Printed name of individual completing form and date _____

Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the document being filed in place of the PII. For example, insert "Ref. No. 1" in place of the DOB in the document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in documents being filed.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.

Form PCM 201 Petition for Mental Health Treatment

Petition for Mental Health Treatment (5/21)
Page 2 of 2

Case No. _____

5. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian*		

*(Specify the county where the guardianship was established and the case number.) _____

6. The individual is is not a veteran.

7. Attached is a clinical certificate by a physician or licensed psychologist taken within the last 72 hours.
 clinical certificate by a psychiatrist taken within the last 72 hours.
 no clinical certificate is attached because only assisted outpatient treatment is requested.

8. (For hospitalization and combined treatment only.) An examination could not be secured because: _____

I request:

a. the individual be examined at _____
the preadmission screening unit or hospital designated by the community mental health services program.
 b. a peace officer take the individual into protective custody and transport the individual to _____

9. I request the court to determine the individual to be a person requiring treatment and to order:

a. hospitalization only.
 b. a combination of hospitalization and assisted outpatient treatment.
 c. assisted outpatient treatment without hospitalization.

10. I request the individual be hospitalized pending a hearing.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature of attorney _____ Date _____

Name (type or print) _____ Bar no. _____ Signature of petitioner _____

Address _____ Address _____

City, state, zip _____ Telephone no. _____ City, state, zip _____

Home telephone no. _____ Work telephone no. _____

FOR HOSPITAL USE ONLY	This petition for mental health treatment was received by the hospital on _____ at _____
	Signature of hospital representative _____

Resources for AOT for Court Employees



www.treatmentadvocacycenter.org

www.courts.michigan.gov (SCAO)

www.legislature.mi.gov

Key Statutes for Court Staff

Michigan Legislature - Act 258 of 1974

**Also known as the
Mental Health Code**



- **330.1401** Person requiring treatment
- **330.1433** Admission by petition
- **330.1469** Treatment Program as alternative to hospitalization
- **330.1472a** initial, second, or continuing order

Where to Direct Petitioners for Assistance with AOT



www.namimi.org

www.treatmentadvocacycenter.org

www.mentalillnesspolicy.org

MENTAL ILLNESS POLICY ORG.
UNBIASED INFORMATION FOR POLICYMAKERS + MEDIA



Final Thoughts

Thank you