



# When is assisted outpatient treatment appropriate for law enforcement officers

*Presented by:*

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# When is assisted outpatient treatment appropriate

# Why law enforcement may consider AOT

Law enforcement officers have regular contact with individuals living with serious mental illness because of factors including:

- High rates of housing instability contributing to increases in 911 calls due to petty offences (such as loitering and trespassing) and domestic disturbances (for example, people take someone in who is living with a serious mental illness, but their illness leads to conflict).
- Increased exposure to violence and substance use leads to more law enforcement contact overall.
- Many individuals living with a serious mental illness are unknown to Community Mental Health (CMH), and law enforcement can be a link to treatment.

# Overview of eligibility

AOT is available to **adults** who have a **serious mental illness** or a **developmental disability** who:

- Do not understand they need treatment due to impaired judgement as a result of their illness (e.g. anosognosia).
- Are unlikely to voluntarily participate in, or adhere to, treatment to keep them from harm.
- Is living with a mental illness, not exclusively substance use disorder, and not exclusively dementia (including Alzheimer's).
- Without treatment are more likely to deteriorate, resulting in harm to themselves or others, especially those with a history of such behaviors.

# Best candidates for AOT

AOT tends to work best for individuals who:

- Are younger vs. older (emerging evidence suggests that AOT shortly after onset of serious mental illness has best overall effect).
- Are living with a psychotic disorder (ex. schizophrenia, schizoaffective disorder).
- Experience anosognosia (lack of awareness of illness) as a feature of their mental illness.
- Do not have drug allergies to anti-psychotics available in long-acting injectable (LAI) formulations
- Have the life-skills to sustain housing and employment.

# Guardianship vs. AOT

## Guardianship

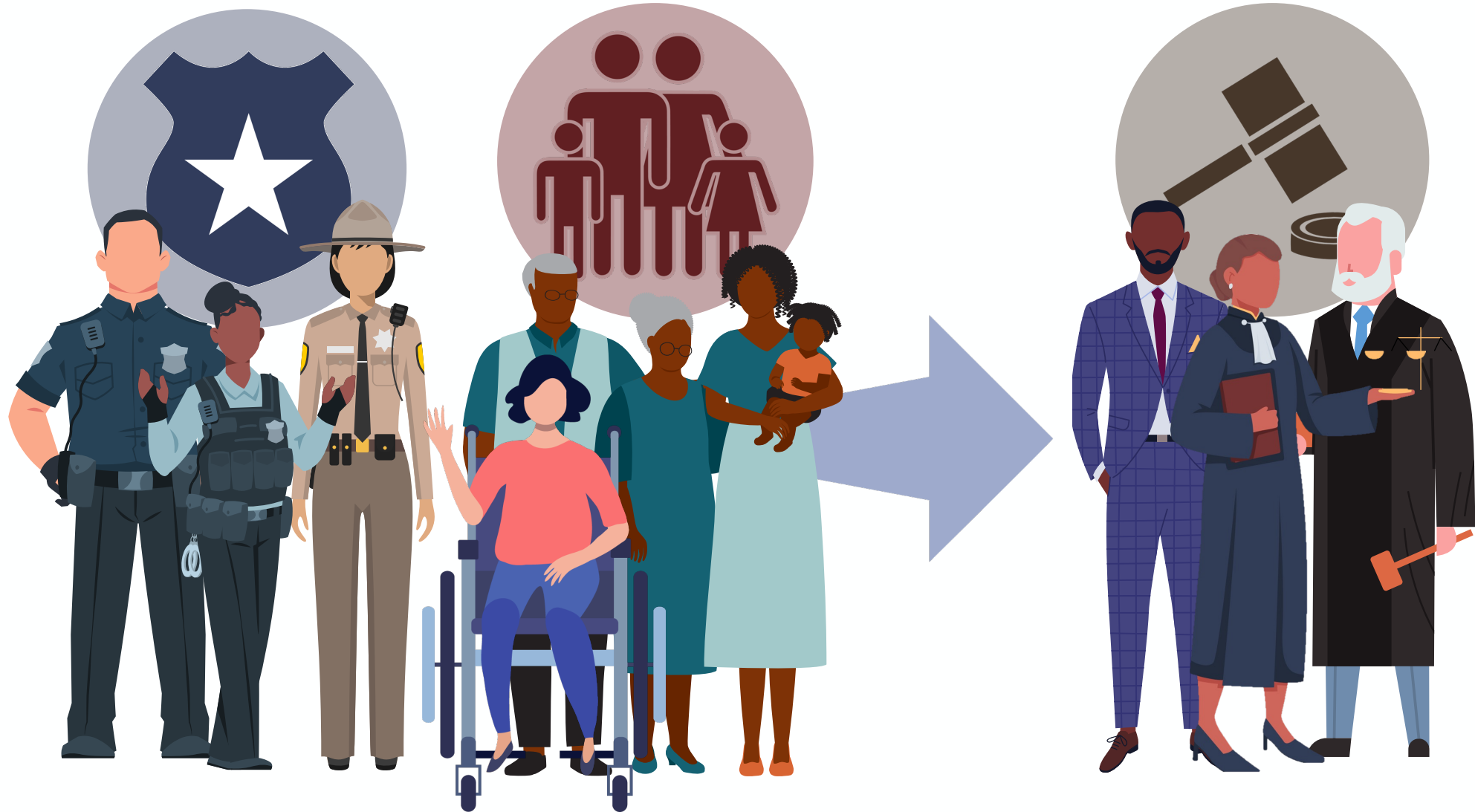
- Unlikely, even with treatment, to be able to make sound, independent decisions.
- Limited history of autonomously functioning.
- Has medication allergies, contraindications, or their condition is treatment resistant.

## AOT

- Likely, with treatment, to be able to make sound, independent decisions.
- Has history of autonomously functioning.
- Medications not contraindicated and have previously been effective.

# Initiating an order for assisted outpatient treatment

# When working with families or loved ones...





# The general process for obtaining an AOT order is...

1. An adult (over age 18) files a petition with the probate court (form PCM 201) requesting **AOT only** or a **combination of AOT and hospitalization**.
2. The probate court reviews the petition and schedules a hearing within 28 days.
3. For emergency situations where hospitalization is not requested, an “Order for transport and examination” can be issued so that law enforcement can take the individual into protective custody (24-hour period for evaluation).
4. Psychiatrist evaluates patient, determines if AOT is appropriate.
5. Report/testimony provided to court. Treatment plan filed with court.
6. If the court feels there is compelling evidence an initial AOT order is issued (max 180 days).

# Completing a petition for AOT

# Form PCM 201 – Petition for mental health treatment

PCS Code: PFH/PAS/APM  
TCS Code: JPFH/PFH/PAS/APM

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION FOR MENTAL HEALTH TREATMENT</b> <input type="checkbox"/> AMENDED	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_ Put last 4 digits of SSN in  
First, middle, and last name XXX-XX- Ref. No. row 2 on MC 97.  
Last 4 digits of SSN

Court ORI	Date of birth Put DOB in Ref. No. row 1 on MC 97	Driver's license no. Put DLN in Ref. No. row 3 on MC 97	Place of birth	Race	Sex
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1. I, \_\_\_\_\_, an adult \_\_\_\_\_ petition because  
Name (type or print) specify whether a relative, neighbor, peace officer, etc.  
I believe the individual named above needs treatment.

2. The individual was born \_\_\_\_\_ Put DOB in Ref. No.  
Date row 1 on MC 97. has a permanent residence in \_\_\_\_\_  
County at \_\_\_\_\_ Street address \_\_\_\_\_ City, state, zip \_\_\_\_\_  
and can presently be found at \_\_\_\_\_ Facility name or other address \_\_\_\_\_  
 This petition is for a person who was found not guilty by reason of insanity in this county (NGRI).

3. I believe the individual has mental illness and

a. as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.

b. as a result of that mental illness, the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.

c. the individual's judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

4. The conclusions stated above are based on

a. my personal observation of the person doing the following acts and saying the following things:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. the following conduct and statements that others have seen or heard and have told me about:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

by: \_\_\_\_\_  
Witness name Complete address Telephone no.

Approved, SCAO  
Form PCM 201, Rev. 5/22  
MCL 330.1100a, MCL 330.1401, MCL 330.1423, MCL 330.1427,  
MCL 330.1434, MCL 330.1438, MCL 330.2050, MCR 5.125(C)(18)  
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Petition for Mental Health Treatment (5/22) Case No. \_\_\_\_\_  
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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 \_\_\_\_\_  
Date Time

Signature of hospital representative \_\_\_\_\_

# Ensure you have the most updated version of the form.

witness name

Complete address

telephone no.

Approved, SCAO  
Form PCM 201, Rev. 5/22  
MCL 330.1100a, MCL 330.1401, MCL 330.1423, MCL 330.1427,  
MCL 330.1434, MCL 330.1438, MCL 330.2050, MCR 5.125(C)(18)  
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Most updated versions of forms can be found  
on the State Court Administrative Office  
(SCAO) website at [courts.michigan.gov](https://courts.michigan.gov).

# 'Unintentional' expectations of harm

Some examples of when someone is 'unintentionally' creating a 'reasonable expectation' that they might do harm to themselves or others include...

- Behavior due to nonadherence to medication.
- Anyone experiencing psychotic symptoms, particularly when they don't recognize the symptoms.

3. I believe the individual has mental illness and

- a. as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.

# Remember...

If the person is intoxicated (BAL  $\geq$  0.08) their statements cannot be used for this form.  
Substance Use Disorder (SUD) alone does not qualify someone for involuntary treatment. •



Visit the assisted outpatient treatment toolkit at:  
[behaviorhealthjustice.wayne.edu/aot](https://behaviorhealthjustice.wayne.edu/aot)

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

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