Additional reference materials can be found on line at:
www.treatmentadvocacycenter.org/fixing-the-system/implementing-treatment-laws

Please direct questions to:

Betsy Johnson
johnsonb@treatmentadvocacycenter.org

or

Brian Stettin
stettinb@treatmentadvocacycenter.org

Building the AOT Community:

A Symposium for Beginners, Experts and Those In Between

Program and Reference Materials

November 2, 2017
OSU Fawcett Center

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Building the AOT Community:

A Symposium for Beginners, Experts and Those In Between

Program

November 2, 2017

OSU Fawcett Center

8:30 a.m.	Check-In/Continental Breakfast	All
9:00 a.m.	Welcome	Thom Craig, Mental Health Program Director; Margaret Clark Morgan Foundation John Snook, Executive Director; Treatment Advocacy Center
9:10 a.m.	Symposium Overview	Evelyn Lundberg Stratton; Former Ohio Supreme Court Justice
9:30 a.m.	What is AOT and Where Does It Fit Into the Big Picture?	Brian Stettin, Policy Director; Treatment Advocacy Center
10:15 a.m.	Keynote Address: “A Family Perspective”	Mike and Barbara Biasotti
11:00 a.m.	AOT Planning Committee Role Play	Joe Trolian, Executive Director; Richland County Mental Health and Recovery Services Board Tiffany Cavanaugh, Magistrate; Seneca County Probate Court Veronica Groff, CEO; Catalyst Life Services Jody Allton, Director of Behavioral Health, Ohio Health Mansfield & Shelby Hospitals Mary Kay Pierce, Executive Director; NAMI Richland County Mark Perry, Officer; Mansfield Police Department
	Question and Answer Session	All
1145 a.m.	AOT Skit -- Initial Hearing	Patricia Hider, Magistrate; Butler County Probate Court Mark Munetz M.D., The Margaret Clark Morgan Foundation Endowed Chair in Psychiatry; Northeast Ohio Medical University Melissa Knopp, Director; Institute for Social & Economic Advancement; Hocking College Amy Lukes, Director of Campus Mental Health Initiatives; Northeast Ohio Medical University Dustin McKee, Director of Policy; NAMI Ohio Nick Schrantz; Probate Monitor; Butler County Probate Court

Ohio AOT Map Discussion Draft Only

Updated 11/17

Key

Gold – Fully operational AOT program with regular monitoring of active cases.

Silver – AOT policies and procedures are in place.

Bronze – Key leaders have met to discuss AOT.

Is your county accurately reflected on this map? If not, please send an email to Betsy Johnson at johnson@treatmentadvocacycenter.org and indicate what color you think it should be and why.

Thank you!

Notes

12:00 p.m.	Lunch	
1:00 p.m.	AOT Skit – Continued Commitment Hearing	Cast Members Listed Above
1:15 p.m.	Question and Answer Session	
1:30 p.m.	Judicial Panel Presentation – Customizing an AOT Program to Meet Local Needs	Elinore Stormer, Judge; Summit County Probate Court Patricia Hider, Magistrate; Butler County Probate Court Robert Montgomery, Judge; Franklin County Probate Court Laura Gallagher, Judge; Cuyahoga County Probate Court Tiffany Cavanaugh, Magistrate; Seneca County Probate Court
2:30 p.m.	Question and Answer Session	
2:45 p.m.	Break	
3:00 p.m.	AOT Program Funding	John Garrity; Chief Quality Officer; Alcohol, Drug Addiction, and Mental Health Services Board of Cuyahoga County Joe Trolian; Executive Director; Richland County Mental Health and Recovery Services Board
3:20 p.m.	Question and Answer Session	
3:30 p.m.	Locating AOT Resources	Betsy Johnson; Legislative and Policy Advisor; Treatment Advocacy Center
3:50 p.m.	The Commitment Challenge	
4:00 p.m.	Closing Remarks	Evelyn Lundberg Stratton, former Ohio Supreme Court Justice

Notes

Core Elements of an Effective AOT Program Check List

Rev. 4/11/17

Optimal use of Assisted Outpatient Treatment (AOT) requires significant collaboration between the civil court and the mental health system of care. When fully implemented and applied appropriately, an AOT program can reduce the prevalence of untreated mental illness and lead to improved outcomes for individuals with serious mental illness while at the same time reducing costs. Below is a list of what many believe to be the core elements of an effective program. To determine the level which reflects the current state of AOT in your county, check the appropriate box to the right.

	Stakeholders	**Strongly disagree**	**Disagree**	**Agree**	**Strongly agree**	**Don't know**
1. Program has buy-in from key leadership	Mental Health Authority Director and Chief Clinical Officer					
	Attorney for the Authority					
	Probate Court Judge					
	Director of Outpatient Treatment					
	Director of Crisis Center/Psychiatric Emergency Department					
	Director of Inpatient Treatment					
	Sheriff/Law Enforcement					
	Peer/Family Advocate					
		Never	**Some of the time**	**Most of the time**	**Always**	**Don't know**
2. Representatives of key Stakeholders meet regularly	Organizational representatives meet at least once quarterly					
	All organizations are represented during regularly scheduled meetings					
		No	**Yes**	**Don't know**		
3. Agreed upon written policies, procedures and forms are in place						
		No	**Yes**	**Don't know**		
5. An assigned professional serves as the liaison between the treatment team and the court						
6. Patient outcomes, individual/family satisfaction, and gaps in resources are systemically tracked for purposed of program evaluation						
7. There are established methods for identifying and addressing gaps in resources and areas for improvement						

Reference Materials

What is AOT? 5

Background Information on Roger Jones

- **Affidavit of Mental Illness** 7
- **Psychiatric Evaluation** 9
- **Treatment Plan** 11
- **AOT Monitor's Report** 12

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What is AOT?

Assisted outpatient treatment (AOT) is the practice of delivering outpatient treatment under court order to adults with severe mental illness who meet specific criteria, such as a prior history of repeated hospitalizations or arrest. It is a tool for assisting those individuals most at risk for the negative consequences of not receiving treatment.

THOSE MOST IN NEED: AOT laws have been shown to reduce hospitalization, arrest and incarceration, homelessness and violent acts associated with mental illness. Due to strict legal criteria, AOT participants typically represent far less than .05% of a state's population. Yet, on any given day, they are the people most at risk to be in a hospital, ER, on the streets or behind bars.

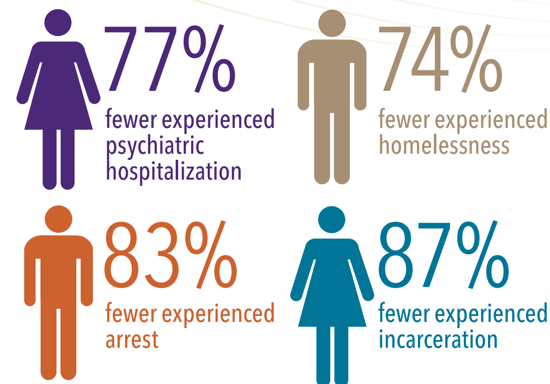
AOT RECIPIENT CHARACTERISTICS:[1]

- Majority have schizophrenia or severe bipolar disorder
- 97% percent had been hospitalized previously
- 47% had co-occurring substance abuse disorder
- 47% did not adhere to needed medication regiment before AOT

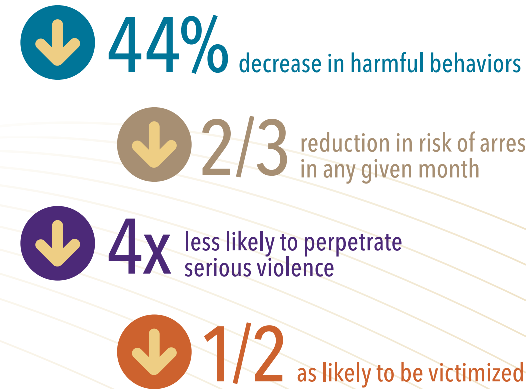
THE REVOLVING DOOR'S COSTS: Each psychiatric readmission costs on average $7,500[2], and non-adherence is the number one risk factor for it.[3] Mental illnesses account for nearly 20% of all Medicaid readmissions.[4] Medicaid patients had more than 75,000 mental health re-admissions within 30 days in one year.[5] Nearly 25% of Medicare patients with psychoses were readmitted within one month of discharge.[6]

SAVING LIVES AND COSTS: By creating a partnership between the individual and the mental health system, AOT greatly increases medication adherence, reduces costs from hospial readmission[7] and other revolving-door circumstances and promotes mental health recovery in qualifying individuals.

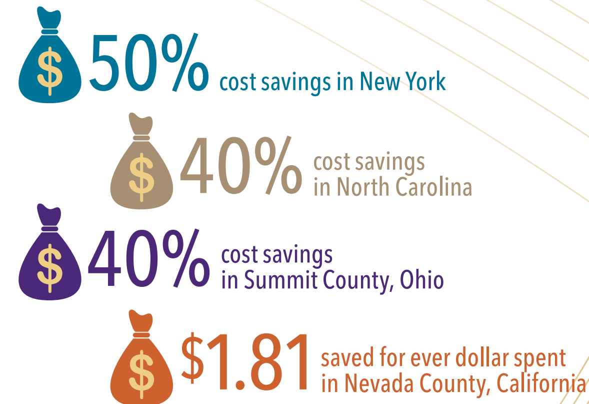
AOT WORKS: Of participants in New York's AOT program, called Kendra's Law:



AOT REDUCES ARRESTS & VIOLENCE



AOT SAVES MONEY



BROAD SUPPORT FOR AOT

- International Association of Chiefs of Police
- National Sheriffs' Association
- Department of Justice
- American Psychiatric Association

Treatment Advocacy Center • TreatmentAdvocacyCenter.org

Frequently Asked Questions

1. **How long will I be in the AOT Program?**
   AOT is generally a minimum of 90 days. Your original commitment may be extended up to 180 days or more by the Probate Court at the recommendation of your treatment team. You may request a hearing with the court if it has been more than 180 days since your last hearing.

2. **What do I need to do to complete the AOT Program?**
   This is up to you and your treatment team. If you are adhering to your treatment plan and have not had any psychiatric complications, the court will determine when your commitment will expire based on recommendations from the treatment team.

3. **What happens if I am sick or forget an appointment?**
   You must contact your case manager immediately and provide a reason for missing an appointment. In addition, you must contact the person with whom you had the appointment and request to have it rescheduled as soon as possible.

4. **What if I do not want to take the medications that have been prescribed?**
   Your psychiatrist has prescribed the medication he or she feels is best to address the symptoms of your mental illness. If you are unable to tolerate the side effects and want to request a change in medications, discuss this with your psychiatrist. Remember, refusal to take your medication may result in one of the consequences listed above.

5. **Am I allowed to speak to the Judge?**
   Yes, the Judge or magistrate will give you the opportunity to speak at all hearings.

6. **Is there any cost to participate in the AOT Program?**
   No.

Remember, your case manager and psychiatrist are there to help you. Please discuss any questions or concerns you have with them!

Program Components

Members of the Treatment Team

- You!
- Probate Court Judge
- ADAMH Board Chief Clinical Officer
- AOT Program Monitor
- Case Manager
- Psychiatrist
- Other Service Providers

Program Requirements

While in the Richland County AOT Program, you will be asked to be a full partner in the program and the treatment team encourages you to:

- Participate in discussing and developing your goals with the treatment team;
- Participate in all regularly scheduled court appearances;
- Participate in the discussion of all possible medications you are prescribed and update the team on any issues with side effects;
- Participate and keep all appointments with treatment providers;
- Cooperate with psychological testing and therapy;
- Keep your case manager advised of any change of address or location;
- Obey all municipal, state and federal laws;
- Participate in each court session by giving a verbal update on your progress and program compliance.

Treatment Compliance

As you successfully progress through the AOT Program, the level of monitoring by the court and your treatment team will be reduced and eventually, may be lifted altogether. However, should you fail to comply with the requirements of your treatment plan, the Court may take any of the following actions:

- Extend the length of time that you are in the AOT Program
- Increase the frequency of your court appearances
- Order your treatment plan to be reviewed
- Order you to be picked up and evaluated for hospitalization

1 New York State Office of Mental Health: Kendra's Law: Final Report on the Status of Assisted Outpatient Treatment, 2005.

2 Hauert, A., Johnson, E., Kirpalani, N., Martin, J., & Miller, D. (2012). The cost of healthcare, does more care = better care? *Perspectives*, 8.

3 Morgan, L. (2014). What drives Medicaid behavioral health readmission rates? Retrieved March 30, 2015 from https://www.openminds.com/market-intelligence/executive-briefings/drives-medicaid-behavioral-health-readmission-rates.htm/

4 Health Management Associates. (2015). *State and community considerations for demonstrating the cost effectiveness of AOT services*. Lansing, MI: Health Management Associates.

5 Trudnak, T., Kelley, D., Zerzan, J., Griffith, K., Jiang, H., & Fairbrother, G. (2014). Medicaid admissions and readmissions: understanding the prevalence, payment, and most common diagnoses. *Health Affairs*. Retrieved March 30, 2015 from http://content.healthaffairs.org/content/33/8/1337.abstract?rss=1

6 Hines, A., Barrett, M., Jiang, H., & Steiner, C. (2014). *Conditions with the largest number of adult hospital readmissions by payer, 2011*. Healthcare Cost and Utilization Project.

7 Jenks, S., Williams, M., & Coleman, E. (2009). Rehospitalizations among patients in Medicaid fee for service programs. *New England Journal of Medicine*, 360:1418-28.

PROBATE COURT OF Buckeye **COUNTY, OHIO**

________________, **JUDGE**

IN THE MATTER OF Roger Jones

CASE NO. 0123

AFFIDAVIT OF MENTAL ILLNESS

R.C. 5122.111

Dr. M, the undersigned, residing at Buckeye State Hospital says that he/she has information to believe or has actual knowledge that Roger Jones

(Please specify specific category(ies) below with an X.)

[ ] Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;

[X] Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior or evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm or other evidence of present dangerousness;

[ ] Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence of being unable to provide for and of not providing for basic physical needs because of mental illness and that appropriate provision for such needs cannot be made immediately available in the community;

[ ] Would benefit from treatment for mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person; or

[X] Would benefit from treatment as manifested by evidence of behavior that indicates all of the following:

(a) The person is unlikely to survive safely in the community without supervision, based on a clinical determination.

(b) The person has history of lack of compliance with treatment for mental illness and at least one of the following applies:

(i) At least twice within the thirty six months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance has been a significant factor in necessitating hospitalization in a hospital or receipt of services in a forensic or other mental health unit of a correctional facility, provided that the thirty-six month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the thirty-six month period.

(ii) Within the forty-eight months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others, provided that the forty-eight month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the forty-eight month period.

(c) The person, as a result of mental illness, is unlikely to voluntarily participate in necessary treatment.

(d) In view of the person's treatment history and current behavior, the person is in need of treatment to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others.

Dr. M further says that the facts supporting this belief are as follows:

atient is a 32-year old single male with psychiatric history of bipolar disorder with psychotic features and ubstance use disorder. On August 12th, the patient was brought to the Emergency Dept. by the police for hreatening to stab a neighbor. At the time of the incident, his mother told police he had not been taking his nedication for several weeks. CIT officers recognized he was experiencing a mental health crisis and did not rrest him. He has been in the Buckeye State Hospital for three days. This is his third hospitalization in three ears. Upon discharge, it is my opinion that the patient should be ordered to participate in outpatient treatment

Dear Program Participant,

The Richland County Probate Court has found by clear and convincing evidence that you are a mentally ill person subject to court order. As a result, you have been committed to the Richland County Mental Health and Recovery Services Board and ordered to participate in the Assisted Outpatient Treatment (AOT) Program.

The purpose of the AOT Program is to give you the tools you need to help manage your mental illness so you can live successfully in the community. Catalyst Life Services will ensure that you have access to the mental health services you need, including assigning you a case manager and a psychiatrist. If you have other service needs, your case manager will help you secure those services. Catalyst will also oversee your progress in the AOT Program and provide regular updates to the court.

You and your treatment team will develop your treatment plan. By taking an active role in your treatment and following your treatment plan, you can help reduce the amount of time you must remain in the AOT Program. Ultimately, however, it is the Probate Court that determines the length of time you are in the AOT Program based on the reports from your treatment team.

If you have any questions about the AOT Program, please do not hesitate to ask a member of the treatment team.

Sincerely,

Judge Mayer and Magistrate Kitzler

Richland County Assisted Outpatient Treatment Program

Participant Handbook

These facts being sufficient to indicate probable cause that the above said person is a mentally ill person subject to court order.

Name of Patient's Last Physician or Licensed Clinical Psychologist: N/A

Address of Patient's Last Physician or Licensed Clinical Psychologist: N/A

The name and address of respondent's legal guardian, spouse, and adult next of kin are:

Name	Kinship	Address
	Legal Guardian	
	Spouse	
	Adult Next of Kin	
	Adult Next of Kin	

The following constitutes additional information that may be necessary for the purpose of determining residence:

Dated this 15th day of August, 2017.

Doctor M
Signature of the Party Filing the Affidavit

Sworn to before me and signed in my presence on the day and year above dated.

Judge H
Probate Judge

Deputy Clerk P
Deputy Clerk

WAIVER

I, the undersigned party filing the affidavit, hereby waive the issuing and service of notice of the hearing on said affidavit and voluntarily enter my appearance herein.
Dated this _____ day of ______________, 201___.

Signature of Party Filing Affidavit

Psychiatric Evaluation for Continuation on Community Probate
Date 11/2/2017

Client Name: Roger Jones CP# 0123 Agency BVBH

Address: 100 High Street Phone: 419-987-6543

❑ Private Residence ❑ Residential Rx ❑ Rest or Group Home ❑ Other

Since the last Probate Court hearing, the client has demonstrated disorders of ☒ Thought ☒ Mood ☒ Perception ❑ Orientation and/or ❑ Memory, *as evidenced by*:

Patient is a 32-year-old male with past psychiatric history of bipolar disorder with psychotic features and substance use disorder. At the time of the exam, he presented as depressed.

Ten weeks ago, he was brought to the emergency department by the police. He thought his neighbor was trying to steal his art work after the neighbor made the comment that the patient's art work was good enough to hang in an art gallery. The patient threatened to stab him if he ever went near his art work again. At the time of his arrest, his mother told the police that he had not been taking his medication for several weeks. Patient continues to have paranoid thoughts and auditory hallucinations, although they have improved since being discharged from the hospital.

Since the last Probate Court hearing, the client has demonstrated impairment of ☒ Judgment ❑ Behavior ❑ Capacity to Recognize Reality and/or ☒ Ability to fulfill ordinary demands of life, *as evidenced by:*

Patient continues to experience poor judgement and insight. For example, he believes that marijuana is a better treatment for his anxiety than prescribed medication. He does not believe that his current improvement is due to his medication. Further, he needs to continue in a group home to meet his daily living and medication needs.

If released from Community Probate, I believe the client would ❑ Become dangerous to self ☒ Become dangerous to others ❑ Be unable to care for self ❑ Interfere with the rights of self or others, *in the following ways:*

Given the patient's history of escalating behavior and threats when not engaged in treatment, and his lack of insight into his need for treatment, I believe he will once again become a danger to others without court ordered treatment and supervision.

As a result of past dangerous behaviors, the following have occurred: ☒ "911" response ❑ the client or another person was injured ❑ the client or another person was hospitalized ❑ permanent injury or death occurred ❑ the client was criminally charged and prosecuted. *Details* (weapons used, harm done, charges, etc.):

Patient was arrested three years for disorderly conduct. Rather than arrest him for the recent threat to the neighbor, police took him to the emergency department.

How long has it been since the client:
Exhibited dangerous behavior to self or others? Ten weeks

Was noncompliant with prescribed treatment? Ten weeks

Abused substances? Ten weeks

Primary concerns about substance use interfering with treatment:

The patient says he prefers using marijuana because it helps him stay calm and makes him feel more creative. In fact, marijuana triggers his psychosis.

Current situation with regard to medication management:

Takes medication willingly as prescribed	Always	❑ 1	☒ 2	❑ 3	❑ 4	❑ 5	Never
Experiences no bothersome side effects	Always	❑ 1	❑ 2	☒ 3	❑ 4	❑ 5	Never
Able to administer own medication as prescribed	Always	❑ 1	☒ 2	❑ 3	❑ 4	❑ 5	Never
Able to acquire/pay for necessary medications	Always	❑ 1	☒ 2	❑ 3	❑ 4	❑ 5	Never

Buckeye County Assisted Outpatient Treatment Program

AOT MONITOR
SAMPLE Position Description

DUTIES: Serve as the liaison for Buckeye County's Assisted Outpatient Treatment (AOT) Program and monitor all aspects of the program to ensure it is being carried out effectively.

- Assist in developing, implementing and improving the quality of the AOT Program.
- Develop relationships with key community partners, including court personnel, community hospitals, law enforcement, crisis services, mental health service providers, family members, advocates and any other key community partners.
- Establish a mechanism(s) for regularly communicating with key community partners regarding the AOT program and those being served by the program.
- Monitor treatment compliance by visiting with respondents in their place of residence, meeting with case managers and other service providers; attending treatment team meetings, and any other means necessary.
- Assist in case coordination by being knowledgeable about available community resources and working with the treatment team to access those resources as needed.
- Monitor service providers to ensure they are providing care consistent with the treatment plan. Attempt to resolve disputes between providers as they arise.
- Provide training for key community partners and present at educational forums as requested.
- Respond to questions or concerns from the public, key community partners, respondents or treatment team members in a timely fashion.
- Complete reports for the court in an accurate and timely manner.

QUALIFICATIONS: Bachelor's degree in social work, criminology, sociology, psychology or related human services field required. Master's degree preferred. Two years' experience working with the target population preferred. Qualified candidates must possess effective communication skills and be knowledgeable about de-escalation techniques.

Summit County Outpatient Commitment Step by Step Process

1/9/2017

A civil inpatient commitment will occur when a psychiatric patient is in the hospital and the psychiatrist testifies that the person meets the standard for involuntary hospitalization. The court than commits the patient to the ADM Board for 90 days. The board is notified of such commitments and maintains a system in which status and requests for extension are tracked.

Upon discharge from the hospital the inpatient commitment is automatically changed to outpatient commitment. The patient and their case manager are then required to appear for New Day Court and compliance reports are provided to the court and the Board. The treating psychiatrist is required to submit monthly reports on the patients' progress to the Board CCO. The Board maintains a tracking system for purposes of determining the efficacy of the program.

One month prior to expiration the treating psychiatrist is sent notice that the patients commitment will expire in 30 days. If the psychiatrist determines that the patient no longer meets criteria and OPC is not required for the patient to comply with treatment the OPC is discontinued on the expiration date.

If the treating psychiatrist believes that the patient would benefit from remaining on OPC, a form must be completed stating such. Once signed, the form goes to Barry Ward Esq., legal representation for the Board at OPC hearings. Mr. Ward completes an additional form and submits the form along with the psychiatrist's statement to the Probate Court to set a hearing. The Probate court requires 2 weeks to issue subpoenas giving notice of the hearing to the patient, the case manager and the psychiatrist.

Hearings for extensions of OPC are done at CSS on the 4th Tuesday of the Month. Additional hearings may be set to avoid unnecessary releases from OPC. The psychiatrist or his designee (psychiatrist) must be present at the hearing. The case manager must be present as well. The patient is encouraged to attend but not required.

Comments about current medication management:

BVBH currently monitors medication. Patient takes medication only because he believes that by doing so he can return home to live with his parents. Based on past history and my examination, I believe that if he were to return home, he would stop taking it.

	Rating
Current level of insight with regard to necessary treatment:	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never
Understands nature and consequences of mental illness	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never
Understands personal course of illness with and without treatment	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never
Understands need for medication to achieve recovery	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never
Understands need for counseling, social services, sobriety, etc.	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never

Comments about current level of insight:

Patient does not regard himself as ill and only participates in treatment because he has been court ordered to do so.

Expected continued compliance under *voluntary* treatment:

	Rating
Cooperation with came management and treatment planning	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never
Medication acquisition, payment and regimen	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never
Medication monitoring, including direct observation	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never
Consultation with psychiatrist	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never
Consultation with other counselors/therapists	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never
Abstaining or controlling alcohol/other drug use	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never
Cooperating with substance abuse treatment	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never
Maintaining appropriate housing	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never
Alerting caregivers if symptoms re-emerge or worsen	Always ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 Never

Current Physician and Medications:

The patient takes Abilify, 20 mg/twice daily and Depakote, 500 mg/twice daily.

Additional Information or Concerns:

Patient is unable to survive safely in the community without supervision. This is evidenced by his most recent hospitalization and two previous hospitalizations that were necessitated due to a lack of compliance with treatment. In January 2014, he was placed on a 72-hour involuntary psychiatric hold. When his caseworker was contacted by the crisis center, he reported that the patient had been absent from home for the previous three weeks and his parents did not know where he was. He was hospitalized again in June 2015, after being picked up by police after making threats and was charged with disorderly conduct. He was placed on probation for a year. Again, his mother reported that, at the time, the patient had been off his medication "for some time" and was using marijuana to help him "remain calm." During my examination of him, the patient minimized his need for treatment and questioned why he must take medication when he is "not crazy." His past non-adherence indicates his inability to voluntarily participate in treatment. Considering his history of escalating behavior and threats, I believe assisted outpatient treatment will help prevent relapse or deterioration that will likely result in substantial risk of serious harm to others.

It is the opinion of the evaluator, within a reasonable degree of psychiatric certainty that Community Probate should

☒ Continue ☐ Be dismissed

____________	____________	___/___/___	____________
Staff Person Signature	Psychiatrist Signature	Date	Contact Phone

Buckeye Valley Behavioral Healthcare
Assisted Outpatient Treatment Plan

Patient: Roger Jones

Primary issues leading to the AOT referral:

- History of hospitalization, violent actions and serious threats of violence toward others in the community
- Failure to consistently participate in prescribed treatment to manage severe mood and thought disturbances

Treatment Goal #1: Consistently utilize psychotropic medications at the prescribed dosage and frequency.

1. Meet with BVBH psychiatrist at least monthly or more frequently as scheduled for medication management;
2. Discuss side effects and effectiveness of medications with psychiatrist; and
3. Take medications in the presence of a designated facility staff as directed.

Treatment Goal #2: Consistently manage behavior while residing in the Buckeye Supportive Living Center.

1. Report any perceived conflict to facility staff;
2. Participate in at least two groups/activities a day and follow the group rules; and
3. Refrain from making any threats against staff or other residents.

Treatment Goal #3. Participate in outpatient treatment two or more times a week to reduce risk factors that lead to hospitalization or crisis contacts.

1. Participate and complete weekly anger management groups;
2. Increase and maintain healthy boundaries and respect for others; and
3. Learn effective communication to minimize conflicts.

Treatment Goal #4. Avoid the use of marijuana or other illegal substances that interfere with reality orientation and mood stability.

1. Meet with a certified drug counselor weekly;
2. Submit to periodic urine screens to verify abstention; and
3. Identify alternate drug free activities that promote a healthy lifestyle.

Treatment Goal #5. Secure employment.

1. Work with the treatment team to explore employment opportunities through BVBH's supportive employment program.

Treatment team will:

1. Psychiatrist will meet with patient to evaluate the need for medications to reduce symptoms of severe thought and mood disturbance. Doctor will monitor benefits and side effects of medications prescribed.
2. Treatment team will meet with patient in person and by phone to support patient with treatment objectives.
3. Provide 24/7 on-call response to reduce crisis contacts and risk of hospitalization.
4. Work with client in support of accessing entitlements including benefits to support patient in attaining independence and reducing stressors related to daily living.

SIGNATURES: (Patient and Provider have agreed to this plan and to participate in the treatment process.)

Patient Signature: ____ Date__________________

Provider Signature: ____ Date _________________

ADAMH Board Representative: ____ Date _________________

Expiration Date: __________________________________(180 days from court order)

AOT Monitor's Report

Name: Roger Jones
Case Number: 0123
Address: Buckeye Supportive Living Center
Treatment Provider: Buckeye Valley Behavioral Healthcare

Listing of Significant Disruptions:

- **Hospitalizations:** Roger was placed on an involuntary psychiatric 72-hour hold in January 2014. Again, he was involuntarily hospitalized in 2015 but signed himself in voluntarily after four days. His latest hospitalization was twelve weeks ago and he was discharged to the Buckeye Supportive Living Center on August 21, 2017.
- **Notices of Important Concern:** Roger's parents have indicated that he is unable to return to their home because they are afraid his behavior will cause them to be evicted from their apartment.
- **Address Changes**: Prior to the most recent hospitalization, Roger resided with his parents. He is currently living at the Buckeye Supportive Living Center.
- **Change in Treatment Provider:** Roger was not engaged in treatment at the time of his hospitalization. He abruptly closed his case approximately one month before his most recent hospitalization without explanation. Upon discharge from the hospital, he reluctantly agreed to participate in the development of a treatment plan.
- **Healthcare and other Benefits:** Roger is on Medicaid and receives SSI benefits. He has a representative payee.
- **Legal Issues**: In June 2015, Roger was charged with and found guilty of disorderly conduct for making threats. He was placed on probation for one year.

Summary of Contact with Respondent:
I met with Roger last week at the supportive living center. His mood was stable but he was anxious about his upcoming hearings. His thoughts were organized and I did not witness any overt delusions. He told me that he does not believe he needs to be on assisted outpatient treatment. He admits he feels better than he did prior to his hospitalization but he does not attribute this to his medication. He said his medication slows him down and makes him "feel less creative and spontaneous". Roger is an artist and likes to draw. Over the past few weeks, there have been no reports of threatening behavior and he has been respectful to staff and his fellow residents. Roger is anxious to leave the center and does not understand why his parents will not let him return home. He said he would take his medication if they would give him something that doesn't make him so sluggish, but then adds, "for a while." Roger minimizes his use of marijuana and talks about how it helps reduce his anxiety.

Summary of Contact with Treatment Provider:
According to his Buckeye Valley Behavioral Healthcare case manager, Roger participated in the development of his treatment plan and attends bi-weekly treatment team meetings. The supportive living center reports that he follows the rules on the unit, participates in groups and takes his medication as directed by his doctor.

Summary of Contact with Other Supports:
I met with Roger's parents and support their decision not to have Roger return home but to reside in the supervised setting to improve medication and treatment adherence. His parents have visited Roger at the center and are pleased with his progress. They fully support his on-going treatment.

Respectfully Submitted,
AOT Monitor