

# Petitions for Mental Health Treatment and Assisted Outpatient Treatment (AOT)

October 17, 2024 - Michigan Probate and Juvenile Registers Association Conference

Sam Olson - Court Administrator / Probate Register

Genesee County Probate Court

## Presentation Outline

- ▶ Assisted Outpatient Treatment (AOT)
- ▶ “Pick-Up” Procedure & Peace Officer Intervention
- ▶ AOT-Only Petition Flowchart

## Overview

- ▶ On **March 28, 2019**, significant changes to the Michigan Mental Health Code went into effect. These changes clarified procedures and modified criteria for ordering involuntary mental health treatment, primarily in the area of assisted outpatient treatment (i.e., AOT or Kevin's Law).

# Highlights of Legislative Changes

- ▶ Elimination of Alternative Treatment Orders (ATOs)
  - ▶ As of March 28, 2019, Alternative Treatment Orders (ATOs) will no longer be an option for involuntary mental health treatment orders.
  - ▶ **Assisted Outpatient Treatment (AOT) orders has effectively replaced Alternative Treatment Orders (ATOs)** as the non-hospitalization option for mental health treatment orders.
  - ▶ Options for involuntary mental health treatment only include:
    - ▶ Hospitalization;
    - ▶ Assisted Outpatient Treatment (AOT); or
    - ▶ A combination or hospitalization and AOT

# Highlights of Legislative Changes

- ▶ Revised Criteria of a Person Requiring Treatment
  - ▶ Subsection (c) of MCL 330.1401 and the initial petition (PCM 201) has been revised to broaden the criteria for a Court to find that a person requires treatment. The language now provides:
    - ▶ “[a]n individual who has mental illness, whose 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 physical or mental harm to the individual or others.”
  - ▶ Subsection (d) has been deleted.
    - ▶ AOT-only requests are no longer designated for one particular subsection (e.g., (a), (b), or (c)) on Petitions for Mental Health Treatment

# MCL 330.1401

- ▶ “Person requiring treatment” means (a), (b), or (c):
  - ▶ (a) An individual who has mental illness, and who as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure himself, herself, or another individual, and who has engaged in an act or acts or made significant threats that are substantially supportive of the expectation.
  - ▶ (b) An individual who has mental illness, and who as a result of that mental illness is unable to attend to those of his or her basic physical needs such as food, clothing, or shelter that must be attended to in order for the individual to avoid serious harm in the near future, and who has demonstrated that inability by failing to attend to those basic physical needs.
  - ▶ (c) An individual who has mental illness, whose 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.

# Time Period / Duration Changes

## ▶ Deferral

- ▶ The subject of the petition may request to temporarily defer the hearing for not longer than:
  - ▶ **60 days** if the individual chooses to remain hospitalized;
  - ▶ **180 days** if the individual chooses outpatient treatment or a combination of hospitalization and outpatient treatment.
- ▶ Please remember deferrals are only available for initial hearings/petitions.

MCL 330.1455

# Petitions for Mental Health Treatment - Duration of Orders

## Initial

- ▶ Hospitalization shall not exceed 60 days
- ▶ AOT shall not exceed 180 days
- ▶ 60 days hospitalization / 180 days AOT

## Second

- ▶ Shall not exceed 90 days total

## Continuing

- ▶ Shall not exceed 1 year total

MCL 330.1472a

# What is Assisted Outpatient Treatment (AOT)?

- ▶ Categories of outpatient services ordered by the Court, which may include 1 or more of the following:
  - ▶ Medication
  - ▶ Periodic blood tests or urinalysis to determine compliance with prescribed medications
  - ▶ Individual or group therapy
  - ▶ Day or partial day programming activities
  - ▶ Vocational, educational, or self-help training or activities
  - ▶ Assertive community treatment team services
  - ▶ Alcohol or substance abuse disorder treatment and counseling and periodic tests for the presence of alcohol or illegal drugs for an individual with a history of substance abuse use disorder
  - ▶ Supervision of living arrangements
  - ▶ Any other services within a local or unified services plan developed under the Mental Health Code that are prescribed to treat the individual's mental illness and to assist the individual in living and functioning in the community or to attempt to prevent a relapse or deterioration that may reasonably be predicted to result in suicide, the need for hospitalization, or serious violent behavior

Note: AOT may include case management services to provide care coordination

**MCL 330.1100a(8)**

# Expansion of Assisted Outpatient Treatment (AOT)

- ▶ **Psychiatrist-Supervised Plan**
  - ▶ AOT now includes the option to add a case management plan and case management services component under the supervision of a psychiatrist and developed in accordance with person-centered planning in an AOT order.
  - ▶ The plan must be completed within 30 days after the entry of a court order and must be filed with the Probate Court within 3 days of completion of the plan.
  - ▶ The decision to release an individual from an AOT program must be made by a psychiatrist.
- ▶ If substance use disorder testing is ordered, the order is subject to a review hearing once every 180 days.

MCL 330.1468

# Expansion of Assisted Outpatient Treatment (AOT)

## ▶ Court Hearing / Testimony

- ▶ For an AOT-only petition, a psychiatrist must testify at the initial hearing, unless a psychiatrist signed the petition, then a physician or licensed psychologist who has personally examined the individual must testify.
- ▶ The requirement for testimony may be waived, however. If it is waived, a clinical certificate completed by a physician, licensed psychologist, or psychiatrist must be presented to the Court before or at the initial hearing.

MCL 330.1461

# Petition for Mental Health Treatment - PCM 201

PCS Code: PPHV454PM  
CIS Code: 3301160500

<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 First, middle, and last name Put last 4 digits of SSN in XXX-XX- Ref. No. over 2 on MC 97. Last 4 digits of SSN

Court DR#	Date of birth Put DOB in Ref. No. over 1 on MC 97	Place of birth	Race	Sex
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1. I, \_\_\_\_\_, an adult, \_\_\_\_\_, petition because \_\_\_\_\_ specify whether a relative, neighbor, peace officer, etc.  
I believe the individual named above needs treatment.

2. The individual was born \_\_\_\_\_ 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 (N.G.R.).

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. 5/21  
MCL 330.1100k(29), MCL 330.1401, MCL 330.1423, MCL 330.1427,  
MCL 330.1434, MCL 330.1436, MCL 330.2950, MCR 5.125C(18)  
Page 1 of 2

Case No. \_\_\_\_\_

Petition for Mental Health Treatment (SCT)  
Page 2 of 2

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. (If 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) \_\_\_\_\_ SSN no. \_\_\_\_\_ Signature of petitioner \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_ City, state, zip \_\_\_\_\_  
Home telephone no. \_\_\_\_\_ Work telephone no. \_\_\_\_\_

<b>FOR HOSPITAL USE ONLY</b>	This petition for mental health treatment was received by the hospital on _____ Date _____ at _____ Time _____ Signature of hospital representative _____
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# Sample AOT Forms

## Addendum to Order

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	SUPPLEMENTAL TO ORDER AFTER HEARING ON PETITION FOR MENTAL HEALTH TREATMENT	FILE NO. _____
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In the matter of \_\_\_\_\_  
First, middle, and last name

The following assisted outpatient treatment services are ordered (addendum to item 14):

- Case management plan and services \_\_\_\_\_
- Medication \_\_\_\_\_
- Blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication \_\_\_\_\_
- Individual and/or group therapy \_\_\_\_\_
- Day or partial day programs \_\_\_\_\_
- Educational or vocational training \_\_\_\_\_
- Supervised living \_\_\_\_\_
- Assertive community treatment team services \_\_\_\_\_
- Substance use disorder treatment \_\_\_\_\_
- Substance use disorder testing (for individuals with a history of alcohol or substance use and for whom that testing is necessary to assist the court in ordering treatment designed to prevent deterioration) \_\_\_\_\_
  - Substance use testing order shall be reviewed by the court at a hearing once every 180 days \_\_\_\_\_
- Any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____
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## AOT Plan Report

**CMI/AOT PLAN REPORT**

Name of Recipient: \_\_\_\_\_  
First, middle, and last name

Recipient DOB: \_\_\_\_\_ Plan recommended by: \_\_\_\_\_  
Name

Entity: \_\_\_\_\_

The following assisted outpatient treatment services are ordered (addendum to item 14):

- Case management plan and services \_\_\_\_\_
- Medication \_\_\_\_\_
- Blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication \_\_\_\_\_
- Individual and/or group therapy \_\_\_\_\_
- Day or partial day programs \_\_\_\_\_
- Educational or vocational training \_\_\_\_\_
- Supervised living \_\_\_\_\_
- Assertive community treatment team services \_\_\_\_\_
- Substance use disorder treatment \_\_\_\_\_
- Substance use disorder testing (for individuals with a history of alcohol or substance use and for whom that testing is necessary to assist the court in ordering treatment designed to prevent deterioration) \_\_\_\_\_
  - Substance use testing order shall be reviewed by the court at a hearing once every 180 days \_\_\_\_\_
- Any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Initial Order After Hearing on Petition for Mental Health Treatment - PCM 214

PCM Code: UNASSIGNED  
JCS Code: UNASSIGNED

STATE OF MICHIGAN PROBATE COURT COUNTY	INITIAL ORDER AFTER HEARING ON PETITION FOR MENTAL HEALTH TREATMENT	CASE NO. and JUDGE
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PLAINTIFF: \_\_\_\_\_ DEFENDANT(S): \_\_\_\_\_

In the matter of \_\_\_\_\_, XXX-XX-  
File, Name, and SSN here Case File # and Fee

DATE FILED	TIME OF FILING	COURT LOCATION	JUDGE

Correct address of individual: \_\_\_\_\_

1. A petition has been filed by \_\_\_\_\_ asserting that the individual named above is a person requiring treatment.

**THE COURT FINDS:**

2. Notice of hearing has been given according to law.

3. The individual  was present in court  was not present for reasons stated on this record. The hearing was  with  without a jury. Present were \_\_\_\_\_ attorney for the individual, and \_\_\_\_\_ attorney for the petitioner.

4. Testimony of a physician, psychiatrist, or licensed psychologist was waived by the individual and the individual's attorney.

5. Testimony was given by \_\_\_\_\_  
 testimony was not given because the parties stipulated to entry of this order.

6. By clear and convincing evidence, the individual is a person requiring treatment because the individual has a mental illness,

a. and as a result of that mental illness 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. and as a result of that mental illness 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. whose judgment is so impaired 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.

Approved: SCAG  
Form PCM 214, Rev. 3/22  
MCL 330.1405, MCL 330.1406, MCL 330.1407, MCL 330.1408, MCL 330.1409, MCL 330.1410, MCL 330.1411, MCL 330.1412, MCL 330.1413, MCL 330.1414, MCL 330.1415, MCL 330.1416, MCL 330.1417, MCL 330.1418, MCL 330.1419, MCL 330.1420, MCL 330.1421, MCL 330.1422, MCL 330.1423, MCL 330.1424, MCL 330.1425, MCL 330.1426, MCL 330.1427, MCL 330.1428, MCL 330.1429, MCL 330.1430, MCL 330.1431, MCL 330.1432, MCL 330.1433, MCL 330.1434, MCL 330.1435, MCL 330.1436, MCL 330.1437, MCL 330.1438, MCL 330.1439, MCL 330.1440, MCL 330.1441, MCL 330.1442, MCL 330.1443, MCL 330.1444, MCL 330.1445, MCL 330.1446, MCL 330.1447, MCL 330.1448, MCL 330.1449, MCL 330.1450, MCL 330.1451, MCL 330.1452, MCL 330.1453, MCL 330.1454, MCL 330.1455, MCL 330.1456, MCL 330.1457, MCL 330.1458, MCL 330.1459, MCL 330.1460, MCL 330.1461, MCL 330.1462, MCL 330.1463, MCL 330.1464, MCL 330.1465, MCL 330.1466, MCL 330.1467, MCL 330.1468, MCL 330.1469, MCL 330.1470, MCL 330.1471, MCL 330.1472, MCL 330.1473, MCL 330.1474, MCL 330.1475, MCL 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# Benefits of AOT

- ▶ Studies have shown that having an AOT order in place may reduce the number of hospitalizations for a person, even after the court order ends.
- ▶ Individuals whose needs can be met with less intensive services while under an AOT, such as AOT and case management, may not require more intensive services, such as ACTP.
- ▶ People on AOTs have lower incidents of arrests/incarcerations.
- ▶ Increased compliance with mental health treatment
- ▶ Some states have found fewer cases of homelessness, a decrease in harmful behaviors and a 40-50% cost savings.
- ▶ Michigan Mental Health Code, CHAPTER 330. DEPARTMENT OF MENTAL HEALTH Act 271 of 1945. Rendered Thursday, May 20, 2021. [http://www.legislature.mi.gov/\(S\(efieklqk3oyosxytu0woll1\)\)/documents/mcl/pdf/mcl-chap330.pdf](http://www.legislature.mi.gov/(S(efieklqk3oyosxytu0woll1))/documents/mcl/pdf/mcl-chap330.pdf)
- ▶ Munetz, M. R., Ritter, C., Teller, J. L. S., & Bonfine, N. (2019). Association Between Hospitalization and Delivery of Assisted Outpatient Treatment With and Without Assertive Community Treatment. *Psychiatric Services*, 70(9), 833-836. <https://doi.org/10.1176/appi.ps.201800375>
- ▶ Munetz MR, Grande T, Kleist J, Peterson GA. (1996). The effectiveness of outpatient civil commitment. *Psychiatr Serv.*, 47(11):1251-3. doi: 10.1176/ps.47.11.1251. PMID: 8916245.
- ▶ Swartz, M. S., Wilder, C. M., Swanson, J. W., Van Dorn, R. A., Robbins, P. C., Steadman, H. J., Moser, L. L., Gilbert, A. R., & Monahan, J. (2010). Assessing Outcomes for Consumers in New York's Assisted Outpatient Treatment Program. *Psychiatric Services*, 61(10), 976-981. <https://doi.org/10.1176/ps.2010.61.10.976>

## Modified “Pick Up” Procedure

- ▶ For an AOT-only petition, a filer may file new form PCM 245 (Notice of Inability to Secure Evaluation/Examination) if the subject of the petition will not make him/herself available for the AOT examination after the filing of the initial petition.
  - ▶ Court may then issue PCM 209a Order for Examination/Transport, if appropriate

MCL 330.1436(3)

# Modified “Pick Up” Procedure

- ▶ **Assisted Outpatient Treatment Only (Kevin’s Law) Transport Option**
  - ▶ A pick up order may be entered based on a petition for hospitalization or for assisted outpatient treatment (AOT) only.
  - ▶ The examination must commence upon arrival and the individual must be released following the conclusion of the examination unless it is found that the individual needs immediate hospitalization.
    - ▶ If immediate hospitalization is necessary, the director must file a petition with 2 clinical certificates requesting hospitalization or hospitalization and AOT with the court within 24 hours of the finding.
      - ▶ This requires the initial petition to be AMENDED

**MCL 330.1436(3)**

# Notice of Inability to Secure Evaluation/Examination - PCM 245

Approved, SCAD	<b>New Form</b>	JB CODE ME
<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>NOTICE OF INABILITY TO SECURE EVALUATION/EXAMINATION</b>	<b>FILE NO.</b>
In the matter of _____ <small>First, middle, and last name</small>		
1. A petition for mental health treatment was filed on _____ <small>Date</small>		
2. The individual has failed to make himself or herself available for an evaluation/examination.		
3. I am: <input type="checkbox"/> petitioner <input type="checkbox"/> caseworker <input type="checkbox"/> psychiatrist/psychologist/physician <input type="checkbox"/> interested person <input type="checkbox"/> other _____		
4. The following reasonable attempts were made to obtain the individual's cooperation: _____ _____ _____		
Date _____	Signature _____	
	Agency _____	
	Address _____	
	City, state, zip _____	
	Telephone no. _____	
Do not write below this line - For court use only		
PCM 245 (3/18) NOTICE OF INABILITY TO SECURE EVALUATION/EXAMINATION		MCJ 330 1408

# “Pick-Up” Order - PCM 209a

Approved: SCAD PCM CODE: OET  
TOS CODE: OET

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	ORDER FOR EXAMINATION/TRANSPORT	FILE NO. _____
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In the matter of \_\_\_\_\_  
First, middle, and last name DOB: \_\_\_\_\_

1. Date of hearing \_\_\_\_\_ Judge \_\_\_\_\_ Bar No. \_\_\_\_\_

**THE COURT FINDS:**

2. A petition alleging the individual is a person requiring treatment and requesting hospitalization or a combined treatment order has been filed with the court, and

a. one clinical certificate accompanies the petition. The individual must be examined by a psychiatrist.

b. no clinical certificate accompanies the petition. A reasonable effort was made to secure an examination. The individual must be examined by a psychiatrist and either a physician or a licensed psychologist.

3. The court has received information that a petition for assisted outpatient treatment has been filed, the petitioner has made reasonable efforts to secure an examination, and the individual will not make himself/herself available for evaluation.

4. The individual requires immediate assessment because the individual presents a substantial risk of significant physical or mental harm to himself/herself in the near future or presents a substantial risk of significant physical harm to others in the near future.

5. There does not appear to be probable cause to order the individual be taken into protective custody and transported to the designated pre-screening unit or hospital.

**IT IS ORDERED:**

6. The individual be examined by a  psychiatrist,  psychiatrist and a physician or licensed psychologist

**at** \_\_\_\_\_  
Pre-screening unit or hospital

Upon completion of the examination(s), the executed clinical certificate(s) shall be filed with the court or a report that a clinical certificate is not warranted shall be made to the court.

The individual shall be hospitalized; if the examinations and clinical certificates are not completed within 24 hours after hospitalization, the individual shall be released.

A peace officer shall take the individual into protective custody and transport him/her to the designated pre-screening unit or hospital. If the order is not executed by \_\_\_\_\_, the law enforcement agency must report to the court the reason the order was not executed within the prescribed time period.

7. A peace officer shall take the individual into protective custody and transport him/her to the designated pre-screening unit or hospital for assessment for assisted outpatient treatment. If the order is not executed by \_\_\_\_\_, the law enforcement agency must report to the court the reason the order was not executed within the prescribed time period.

8. The request to take the individual into protective custody for transport is denied.

Date \_\_\_\_\_ Judge \_\_\_\_\_ Bar No. \_\_\_\_\_  
Do not write below this line - For court use only

PCM 209a (07/16) **ORDER FOR EXAMINATION/TRANSPORT** MCL 330.1435, MCL 330.1436, MCL 330.1437, MCL 330.1438

Order for Examination/Transport (07/16) File No. \_\_\_\_\_

**REPORT OF NON-EXECUTION**

The Order for Examination/Transport issued on \_\_\_\_\_ has not been executed. The reason the order was not executed within 10 days after entry is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

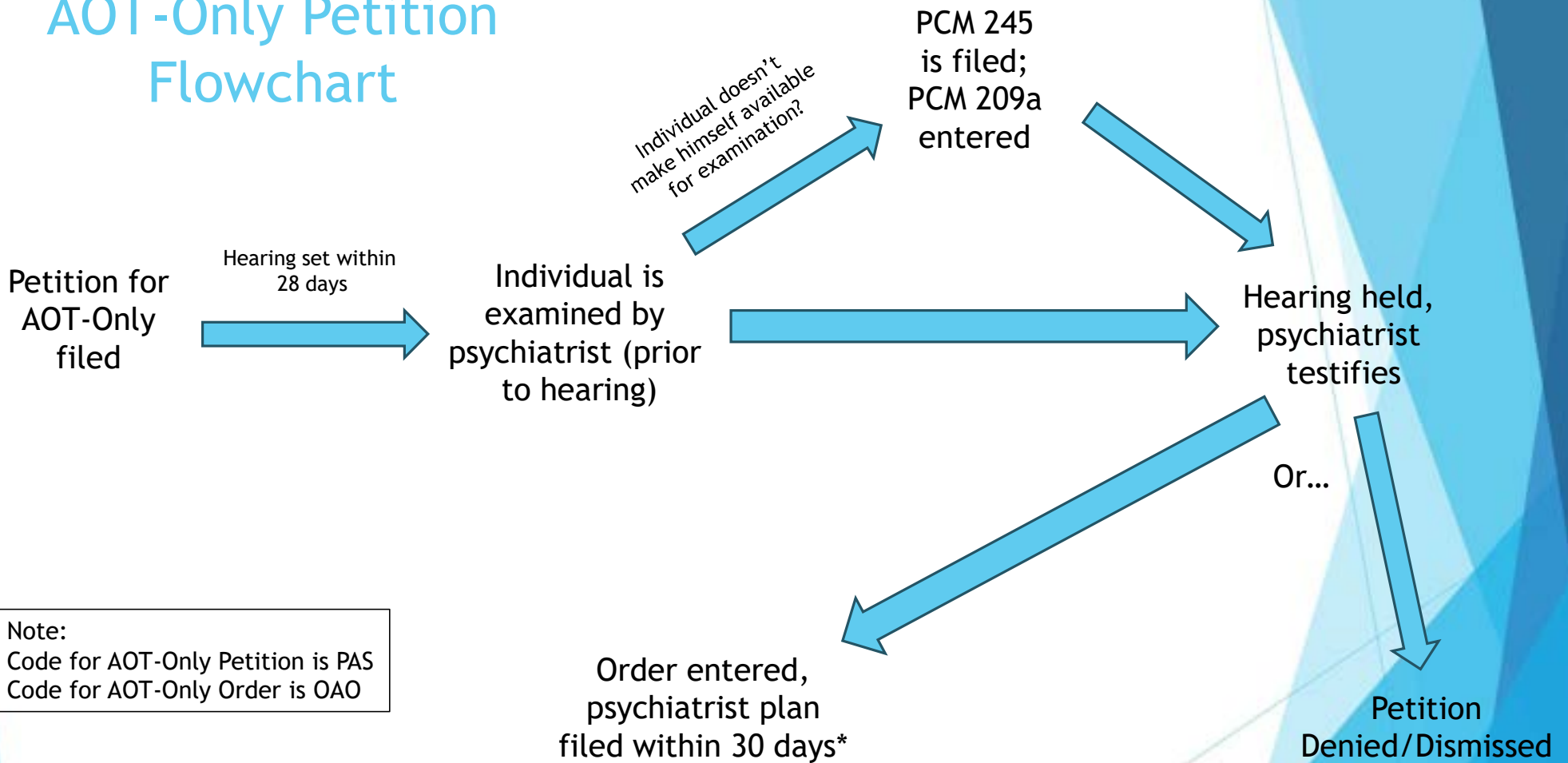
Date \_\_\_\_\_ Name \_\_\_\_\_

Law enforcement agency \_\_\_\_\_

Telephone no. \_\_\_\_\_

**TO THE LAW ENFORCEMENT AGENCY:** Under MCL 330.1436(2), this report must be filed with the court that issued the Order for Examination/Transport if the order is not executed within 10 days after entry of the order.

# AOT-Only Petition Flowchart



\*AOT-Only orders DO NOT get entered into LEIN!