Assisted Outpatient Treatment (AOT) Steps

Assisted Outpatient Treatment (AOT) is a framework to facilitate access to existing services for individuals who have been mandated to Outpatient Treatment. The goal of the AOT Program is to assist in removing barriers that typically hinder individuals from consistently engaging in treatment, support an individual's self-directed recovery, and act as a conduit between the individual, available services, and the Court.

INCLUSION CRITERIA FOR ASSISTED OUTPATIENT TREATMENT

Per DBHDD Provider Manual FY 2024 Q4

1. **The individual meets the following criteria:**
    a. The person is 18 years of age or older; and
    b. The person is suffering from a mental health or co-occurring substance use disorder which has been clinically documented by a health care provider licensed to practice in Georgia; **and**
    c. There has been a clinical determination by a physician or psychologist that the person is unlikely to survive safely in the community without supervision; **and**
    d. The person has a history of lack of compliance with treatment for his or her mental health or co-occurring substance use disorder, in that at least one of the following is true:
        i. The person's mental health or co-occurring substance use disorder has, at least twice within the previous 36 months, been a substantial factor in necessitating hospitalization or the receipt of services in a forensic or other mental health unit of a correctional facility, not including any period during which such person was hospitalized or incarcerated immediately preceding the filing of the petition; **or**
        ii. The person's mental health or co-occurring substance use disorder has resulted in one or more acts of serious and violent behavior toward himself or herself or others or threatens or attempts to cause serious physical injury to himself or herself or others within the preceding 48 months, not including any period in which such person was hospitalized or incarcerated immediately preceding the filing of the petition; **and**
    e. The person has been offered an opportunity to participate in a treatment plan by the department, a state mental health facility, a community service board, or a private provider under contract with the department and such person continues to fail to engage in treatment; **and**

f. The person's condition is substantially deteriorating; **and**
g. Participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure such person's recovery and stability; **AND**
h. In view of the person's treatment history and current behavior, such person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would likely result in grave disability or serious harm to himself or herself or others; **and**
i. It is likely that the person may benefit from assisted outpatient treatment.

2. **Continuing Stay Criteria**
    a. An individual may remain in the AOT Program as long as:
        i. There is a current court-order from the probate court ordering them to remain enrolled; **and**
        ii. The individual's condition continues to meet the admission criteria; **and**
        iii. Progress notes document progress towards goals identified in the IRP (e.g., developing social networks and lifestyle changes, increasing educational, vocational, social and interpersonal skills, meeting court program requirements, and establishing a commitment to a recovery program), but overall goals have not yet been met; **and**
        iv. There is a reasonable expectation that the individual can achieve their IRP goals in the necessary reauthorization timeframe.
3. **Discharge Criteria**
    a. An individual may be discharged from the AOT Program if:
        i. An adequate continuing care or discharge plan is established, **and**
        ii. Linkages are in place, **and**
        iii. The individual is no longer under court-order to be enrolled.
4. **Service Exclusions**
    a. Individuals who are not under court-order from the probate court to be enrolled in the AOT Program are not eligible.
    b. When higher intensity services are utilized, documentation must indicate efforts to minimize duplication of services and effectively transition individuals to appropriate services of lower intensity when appropriate.
5. **Clinical Exclusions**
    a. Individuals who do not meet the eligibility requirements for each service for which admission is sought.

b. Individuals with the following conditions are excluded from admission unless there is clearly documented evidence of a psychiatric condition co-occurring with one of the following diagnoses: Developmental Disability, Autism, Neurocognitive Disorder, Substance Use Disorder

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AOT Team Roles

1. AOT Clinical Team Lead
    a. Conduct in-depth biopsychosocial assessments, Assess participants' living, work, emotional, mental and social environments
    b. Meet with the participants prior to admission to AOT to start establishing a relationship
    c. Coordinate with treatment provider staff to ensure proper communication of the individual's needs and make follow up contact until services have been established.
    d. Ensure proper communication with the treating physician/prescriber that works with the individual.
    e. Assist individuals in their recovery by supporting their treatment goals.
    f. Assist the individual in identifying new goals as their treatment progresses and communicate that information to the court.
    g. Clearly explain the resources and all appropriate services that are available to the participants.
    h. Ensure referrals are made to selected service providers, track appointments, and communicate with program officials to make sure participants receive the appropriate treatment, funding, supports and services for their needs.
    i. Negotiate individualized services for participants.
    j. Serve as the coordinator with service providers including agency psychiatrist, external providers, and stakeholders in order to provide reports and updates to the court and DBHDD.
    k. Develops and maintains cooperative working relationships and represents the participants and AOT Enhancement Program in a professional manner with community agencies and resources.
    l. Understands and works with different cultures, policies and procedures of diverse systems, such as courts, law enforcement, corrections and community behavioral health.
    m. Appropriately responds to critical situations involving the participants and provides updates about critical situations to the court.
    n. Ensures proper communication and coordination between the other members of the AOT Team.
    o. Maintains confidentiality of participant records and ensures that participants understand and sign all appropriate releases of information/forms needed to provide the AOT services.

p. Work with agency supervisors to identify resources and gaps in resources that are needed by participants for recovery.
q. Maintains an inventory of available resources, which includes all contact information, directions to location, admission criteria, referral process and costs.
r. Work with other social services agencies and community organizations within their catchment area to address unmet needs.
s. Participates in community collaboration meetings to build relationships with other stakeholders and share information about the program.
t. Participates in training activities for clinicians.
u. Notifies agency of needs for technical assistance and training.
v. Communicates with participants and track services using the Electronic Medical Record to ensure delivery of all needed services.
w. Assists in preparing programmatic reports according to deadlines and maintains files in accordance with project requirements.
x. Maintains a strong team orientation in carrying out all duties.
y. Communicates regularly with the Outpatient Director on progress toward work assignments.
z. Maintains knowledge of current trends and developments in the behavioral health field.
aa. Participates in professional continuing education and professional organizations as approved.
bb. Coordinates treatment teams to assure all participants have adequate treatment, safe housing, and are moving forward in their recovery

2. <u>AOT Peer Specialist</u>
    a. Provide mentoring, peer support, linkage and care coordination to adults in AOT with behavioral health needs including, co-occurring substance use disorders, trauma histories, and involvement in the criminal justice system.
    b. Maintain a caseload of 1:25 (may be limited by # of participants in AOT programs).
    c. Acquire training and lead groups for peers as identified by program needs (e.g., DTR, MRT, Orientation to Program, etc.)
    d. Identify participant's strengths, immediate needs, legal circumstances, and effective ways to engage participant in co-creating an individualized recovery plan and providing meaningful referrals
    e. Ensure referrals are made to selected service providers, track appointments, and communicate with program officials to make sure participants receive the appropriate treatment, funding, supports and services for their needs
    f. Understands and works with different cultures, policies and procedures of diverse systems, such as courts, law enforcement, corrections and community behavioral health.

g. In the role of participant advocate, attend and prepare participant for court status hearings or other legal engagements
h. Ensures proper communication and coordination between the other members of the AOT Team, courts, law enforcement and other relevant stakeholders.
i. Link participants to treatment, self-help, and community resources as needed to progress toward personal goals; involving family, significant others, and treatment providers in service provision as needed and agreed upon with participant
j. Assist to address risk factors for potential criminal recidivism, personal and community safety, during problem-solving, peer support sessions
k. Facilitate and/or assist in developing transportation plans for participants to attend appointments (court, treatment, medical benefits, etc.)
l. Act as advocate and liaison for AOT participants in securing housing, entitlements/benefits, treatment, medical care, and other community services and supports identified by and responsive to the participant
m. Maintain an inventory of available resources, which includes all contact information, directions to location, admission criteria, referral process and costs.
n. Provide individual peer support as needed, using appropriate evidence-based practices, e.g. motivational interviewing, intentional peer support
o. Educate participant about their rights and obligations as outlined in the AOT program
p. Instill hope by sharing their lived experience of recovery
q. Complete required documentation, including progress notes and significant data in accordance with documentation policies of court and treatment provider
r. Participates in community collaboration meetings to build relationships with other stakeholders and share information about the program.
s. May provide education and information to promote public interest and advocacy for the AOT program and its participants
t. May assist in program evaluation and research activities associated with AOT outcomes
u. Notifies agency of needs for technical assistance and training.
v. Communicates with participants and track services using the Electronic Medical Record to ensure delivery of all needed services.
w. Assists in preparing programmatic reports according to deadlines and maintains files in accordance with project requirements.
x. Maintains a strong team orientation in carrying out all duties.
y. Communicates regularly with supervisor on progress toward work assignments.
z. Maintain a working knowledge of current trends and developments in the behavioral health field by reading relevant books, journals, and other material

aa. Attend relevant job-related seminars, meetings, conferences, trainings, and conference calls in order to enhance job skills and work performance
bb. Attend continuing education (CE) opportunities approved by the Georgia CPS Project and/or Georgia CARES Training in order to meet the required 12 CEU's needed each calendar year to maintain CPS certification
cc. Participate in treatment team meetings to assure all participants have adequate treatment, safe housing, and are moving forward in their recovery
dd. Complete other related duties as required by CSB supervisory staff

3. AOT Case Manager
    a. Maintain a case load of 1:25 (may be limited by # of participants in the AOT program)
    b. Ensure referrals are made to selected service providers, track appointments, and communicate with program officials to make sure participants receive the appropriate treatment, funding, supports and services for their needs
    c. Advocate on behalf of the participant, family, and community supports for access to services that are accessible and relevant to their needs.
    d. Encourage family members to attend meetings and assist the family in learning self-advocacy skills to advocate with the participant.
    e. Relate to the family and the individual's circles of support through appropriate self-disclosure.
    f. Model behaviors that are recovery-oriented and anti-stigmatizing. Since many family members have felt pain, frustration, apathy, and/or shame about the diagnosis of their loved ones, the program's ultimate goal is to educate and support family members and community circles of support.
    g. Monitor and follow-up to determine if the services accessed have adequately met the participant's needs, therefore keeping the team/families/psychiatrist/courts and other collateral agencies aware of changes to the treatment plan (with collaboration of the participant).
    h. Identify strengths, which may aid the participant in achieving recovery, as well as barriers that impede the development of skills necessary for functioning in positive relationships with peers, family, and friends.
    i. Advocate on behalf of the participant, family, and community supports for access to services that are accessible and relevant to their needs.
    j. Encourage family members to attend meetings and assist the family in learning self-advocacy skills to advocate with the participant.
    k. Assist participants in formulating their Individual Recovery Plan or service plan goals identifying the participants' behavioral health goals and their plans for achieving them and making clear the solutions that are available to the participants.
    l. Coordinate (when appropriate) in bridging connections between families, professionals, and agencies (i.e., mental health, physical health, substance abuse, education, etc.).

m. Assist individuals and families in locating resources that will aid in their awareness of their rights, responsibilities, concepts, rules, and languages in the behavioral health system and other relevant systems, such as Departments of Education, Labor, and Public Health, as well as Legal systems.
n. Maintains an inventory of available resources, which includes all contact information, directions to location, admission criteria, referral process and costs.
o. Support the participants' families and refer them to family support groups through NAMI/AA/NA or other support and educational groups.
p. Participate in treatment team meetings to assure all participants have adequate treatment, safe housing, and are moving forward in their recovery
q. Work closely with the AOT Peer Mentor and Clinical Team Lead.

AOT ADMISSION/MANDATE PROCESS

1) AOT receives referral (Referrals may be received from any program within Georgia Pines via Carelogic, or via "**(AOT 01) AOT Referral Form**" from any interested party via fax, email, or in person.
    a) Determine if individual is already in Georgia Pines Carelogic system
        i) If individual is in Carelogic and Status is Active
            (1) BHA and Physician Appointment should be scheduled
        ii) If Individual is in Carelogic and Status is Discharged/Inactive or has never had POE
            (1) Contact should be made by AOT Team
            (2) Individual should be invited to come in for BHA
                (a) If Individual refuses and is not active, Referral will be suspended
    b) Complete "**(AOT 02) AOT 12 Month Background Investigation**"
        i) Pull Service hx from Carelogic
        ii) Request relevant Crim Hx from appropriate Jail contact via "**(AOT 3) GA Pines AOT RFI**"
            (1) Colquitt County – Sgt Davis, Colquitt Co Jail
            (2) Thomas County – Shanell Roberts, Front Desk, TCSO
        iii) Request records from collateral facilities (if indicated) (i.e.: ANS, Turning Point, Greenleaf, Legacy, Aspire, etc.)
    c) AOT Team will assess if Individual meets ALL inclusion criteria for admission into AOT
2) If criteria is met and AOT Team decides to proceed with admission, Treating Physician should Complete "**(AOT 4) CERTIFICATE RECOMMENDING INVOLUNTARY OUTPATIENT TREATMENT**" within 4 hours of Assessment Appointment
3) AOT Team will complete "**(AOT 5) PETITION TO DETERMINE NEED FOR INVOLUNTARY OUTPATIENT TREATMENT**" within 30 days of receipt of Physician's Certificate.
    a) Notarize and turn in Petition, Physician Certificate and most recent IRP, to Probate Court of Proper Jurisdiction
    b) Scan copy of petition into chart
4) Probate judge will set mandate hearing and send out hearing notice (Individual must be served 10 days prior to hearing date)
    a) Scan copy of mandate hearing notice in chart
    b) If Mandate Hearing cannot be held within 30 days of filing petition, for whatever reason, complete and submit "**(AOT 6) MOTION FOR**

REVIEW/DISMISSAL" and file with the court (specify motion is requested *without prejudice* so that the petition may be resubmitted at some point.)

c) ***FOR COLQUITT COUNTY ONLY:*** Judge Lewis in Colquitt will allow an individual who agrees to AOT inclusion to complete and submit a Hearing Waiver ("**AOT 14 COLQUITT WAIVER FORM**") and issue the order without a hearing. THOMAS COUNTY PROBATE DOES NOT ALLOW THIS - A HEARING MUST BE HELD PRIOR TO MANDATE ISSUANCE.

5) AOT Team lead, staff, physician and lawyer will be requested to be present at mandate hearing
6) Probate judge will decide if the mandate is warranted, and if so, will issue an **INVOLUNTARY OUTPATIENT TREATMENT** Mandate Order.
    a) Prior to ending the Mandate Hearing, the individual should:
        i) Receive a copy of the "(**AOT 7**) **AOT Handbook**"
        ii) Receive a copy of the "(**AOT 8**) **AOT Brochure**", with staff contact information.
        iii) Sign the"(**AOT 9**) **AOT ROI**" Form
            (1) Signed Form should be scanned into individual's chart
                (a) *If the individual refuses to sign, that should be documented on the form and scanned in as well.*
            (2) Add "AOT ROI Signed [Date] (In Scanned Documents)" to Message Board in black
        iv) Set the next meeting/appointment with the individual.
    b) Probate court will send an order, scan copy of order into chart
    c) Add "AOT" and "Mandate papers in scanned document library" to face sheet in black on message board
7) individuals will be added to the AOT Program in Carelogic and assigned to staff caseloads.

    a) NOTE: If an individual is incarcerated at the time of referral/outpatient mandate, they will NOT be placed on the "Official AOT Caseload," nor will they count towards 25 person case load capacity for the AOT Program. They will be viewed as Case Management individuals assigned to AOT staff until they are released.

Active AOT Enrollment and Mandate

1) AOT Procedures
    a) The AOT team will meet with individuals AT LEAST monthly, review IRP and remind them of upcoming appointments.
        i) Once a Mandate is issued, (If individual is NOT ACT/MAT, etc.) appointments with Med Mgmt and Nursing should be scheduled as ordered.
            (1) If Individual is assigned to ACT/MAT/Phoenix, etc. that program should be primary in engaging the individual in treatment. AOT will communicate with the program and support as requested.
    b) Verify that the Tx Plan is updated, complete, and signed in the system.
        i) Tx Plans should be Updated as necessary depending on goals added or met. All Tx Plans should be monitored to keep dates current.
        ii) All updates should be completed with Individual present if at all possible so as to immediately secure signature.
    c) CONNECTS/OTR/Service Orders should be up to date
        i) All AOT individuals, once under Mandate should have following services ordered and authorized (If applicable)
            (1) Service: Initial Units/Concurrent Units
            (2) BHA: 16/22; DAS: 2/2; CIN: 12/40; PEM: 4/14; NRS: 5/60; MED: 2/20; PSR: 16/84; ADS: 30/160; TIN: 2/32; GRP: 38/160; CMS:28/84; PSW: 16/180; PSI: 16/180
        ii) BHA/BHR required annually
        iii) ANSA required annually
        iv) K10 required monthly
2) Status Hearings
    a) Probate judge will set monthly, bimonthly or quarterly status hearings based on the individual's progress.
        i) As of 5/4/2024, Thomas County Initial Hearings and Status Conferences will (typically) be held on Wednesday afternoons.
        ii) As of 5/4/2024, Colquitt County Initial Hearings and Status Conferences will (typically) be held on Tuesday's.
    b) If needed, AOT team can request status hearing by filling out "(**AOT 10**) **MOTION FOR STATUS REVIEW**"
        i) Additionally, if any aspect of the Mandate requires modification or a specific action is requested from the court that does not fall under

another motion/petition available, then an "(**AOT 13**) **MOTION FOR MODIFICATION**" should be completed and submitted.

c) At least 60 days before an individual's mandate expires, a status conference will be held to determine if renewal is necessary.
    i) If AOT determines Individual meets Graduation criteria (see Section 4a), then step down services will be initiated.
    ii) If AOT Team determines that mandate should be continued, "(**AOT 11**) **PETITION TO DETERMINE NEED FOR CONTINUED INVOLUNTARY OUTPATIENT TREATMENT**" will be completed, along with a new Physician's Certification and IRP.
    iii) If AOT Team determines that the Individual does not meet the qualifications to Graduate, but also no longer meets the criteria for program inclusion, "(**AOT 6**) **MOTION FOR REVIEW/DISMISSAL**" outlining the findings of the AOT Team should be submitted to the appropriate Judge for final decision.

3) <u>Responding to Non-Adherence</u>
    a) If a mandated individual misses an appointment, the AOT Team will contact the individual and remind them of the court mandate and consequences of non-adherence and attempt to schedule follow-up appointments.
    b) If mandated individual refuses to attend appointments or cannot be located, the primary service provider will perform the following:
        i) Complete Form "(**AOT 12**) **1053 PETITION**"
        ii) Obtain the Probate Judge's signature.
        iii) Ensure the Sheriff's Department receives the Order to pick up and deliver the individual to ERF or BHCC for evaluation.

4) <u>Discharge from Georgia Pines AOT</u>
    a) The ideal discharge from AOT is via Graduation.
        i) If an individual has met all aspects of their mandate at the 10 month mark, the AOT Team will assess the appropriateness for the individual to Graduate. This will be characterized by voluntary engagement with all aspects of the Tx Plan and an improvement in symptoms.
    b) If an individual transfers from one county to another within the GPCSB catchment but remains inside of the Active AOT Service Area, the AOT Team will initiate a Mandate Transfer to the appropriate jurisdiction, and coordinate with appropriate staff from the new jurisdictional office to ensure continuity of care.

c) If an individual transfers from one county to another within the GPCSB catchment but outside of the Active AOT Service Area, the AOT Team will initiate a Mandate Transfer to the appropriate jurisdiction, and coordinate with appropriate staff from the Team Lead of the new jurisdictional office to ensure continuity of care.
    i) If the individual fails to adhere to the Tx plan, the assigned service provider will follow Procedure 3 (above Responding to Non-Adherence) within one week of the missed appointment.
d) If an individual transfers to a location outside of the GPCSB catchment area the AOT Team will initiate a Mandate Transfer to the appropriate jurisdiction (after consulting with the Probate Judge who issued the order), and coordinate with appropriate staff from the new jurisdictional office to ensure continuity of care.
    i) The Individual will be discharged from Carelogic and an AOT Discharge Summary will be completed.

5) AOT Post Discharge
    a) When an individual is discharged from AOT, the AOT Team should have a "Post Discharge Plan (Document in development)" completed and in place.
        i) This should document any transfer/referral/step down to another program within Georgia Pines (or other agency if applicable).
        ii) Contact should be maintained to assess if individual would meet qualifications for re-admission to program