



**The Michigan Department of Health and Human Services, in partnership with
The Michigan Association of Community Mental Health Boards, present**

AOT Webinar – February 14, 2017 – 9:00am to 10:00am

“Assisted Outpatient Treatment Law: An Overview to the New Changes”

FEATURING:

Dr. Debra Pinals, Medical Director of Behavioral Health and Forensic Programs, MDHHS

Nancy McDonald, Program Manager for Emergency Services and Corrections, Kalamazoo CMH & SAS

Judge Milton Mack, State Court Administrator, Wayne County Probate Court

Facilitated by Robert Sheehan, CEO, Michigan Association of Community Mental Health Boards

CLINICAL, STATE AGENCY, AND COMMUNITY MENTAL HEALTH PERSPECTIVES

**Debra A. Pinals, M.D., Medical Director
Behavioral Health and Forensic Programs
Michigan Department of Health and Human Services**

With

Nancy McDonald, Program Manager for Emergency Services and corrections, Kalamazoo CMH & SAS

Robert Sheehan, CEO, Michigan Association of Community Mental Health Boards

Steven Mays, MDHHS Diversion Administrator for the Michigan Mental Health Diversion Council

Lt. Gov. Brian Calley signs legislation improving mental health treatment options in Michigan



Photo courtesy: Lt. Governor's Office

By Alesia Pietila | Posted: Wed 8:12 PM, Nov 16, 2016.



LANSING, Mich. (WLUC) - Michiganders facing mental [health](#) issues will now have access to intervention and treatment earlier thanks to legislation signed today by Lt. Gov. Brian Calley.

"One of the untold tragedies of mental illness is when someone's health and safety is at risk, they can lose the most important things in their life," Calley said. "Through early intervention and assisted outpatient treatment options, we are helping provide support around those suffering to restore their capacity for independence. The availability of more treatment options will help address the root cause of the problem while also reducing many avoidable law enforcement situations."

Public Act 320 of 2016
Signed by Lt. Governor Brian Calley: 11/17/16
Effective Date:
2/14/17

PROCESSES FOR REFORM

- The Governor's Mental Health Diversion Council (MHDC) worked for two years on revisions to the Mental Health Code
- Broad stakeholder input and legislative engagement to identify changes needed to the existing law.
- MHDC Stakeholder workgroup meetings to develop training and implementation plans
 - Special thanks to State Court Administrator Milt Mack, Judge Curtis Bell, SCAO Management Analyst Robin Eagleson and MDHHS Diversion Administrator Steven Mays

ASSISTED OUTPATIENT TREATMENT LOCAL AND NATIONAL LANDSCAPE

- Original Kevin's Law passed in 2004, enacted in 2005 and written in the aftermath of the tragic death of Kevin Heisinger
- National landscape includes increased attention to Involuntary Outpatient Commitment, also called "AOT" for "Assisted Outpatient Treatment" based on the New York terminology
- Many states have had existing laws, not all have been operational
- Though more research is still needed, best research out of North Carolina and New York

HISTORY OF THE 2004 KEVIN'S LAW AND THE NEW CHANGES

- Original Purpose: to authorize courts and community mental health agencies to develop and utilize AOT programs, generally used in lieu of hospitalization for people who fail to comply with prescribed treatments
- New Law: Modifies multiple sections of the Mental Health Code to refine qualifying commitment criteria, streamline paperwork, lengthen duration of AOT, and clarify treatment components

FOUR HIGHLIGHTS OF THE REVISED MENTAL HEALTH CODE (MHC)

- Focuses on Capacity and not Conduct
 - Traditional commitment standard expanded
 - Changed criteria to impaired judgment for need of treatment (401(c))
 - Adds mental harm to self
- No longer requires existing noncompliance (401(d))
- Clarifies that AOT may be ordered under 401(a), (b), (c), or (d)
 - May be used as a discharge tool
 - Hospitalization not required
- One petition process

DEFINITION OF “ASSISTED OUTPATIENT TREATMENT”

- Modifies the definition of “assisted outpatient treatment” (AOT) to specify that AOT would mean the categories of outpatient services ordered by the court under Section 468 or Section 469a of the Mental Health Code.
- The definition also further specifies that AOT ‘may include’ case management services to provide care coordination.

“EMERGENCY SITUATION” (DEFINITIONS)

- Adult with serious mental illness or DD; or Minor with SED and one of the following:
 - (a) Reasonable expectation in the near future to physically injure self or others intentionally or unintentionally
 - (b) Individual is unable to provide self with food, clothing, shelter or attend to basic physical activities (e.g., eating, toileting, bathing, grooming, dressing ambulating) and this inability may lead in near future to harm to self or others
 - (c) “The individual has mental illness that has impaired his or her judgment so that the individual is unable to understand his or her need for treatment, and that impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of significant physical or mental harm to the individual in the near future or presents a substantial risk of significant physical harm to others in the near future.

SHORT HAND PHRASE FOR LAW ENFORCEMENT

Old Standard:

“immediate risk of harm to self or others”

NEW STANDARD:

IMMEDIATE RISK OF HARM TO SELF OR OTHERS OR

“SUBSTANTIAL RISK OF HARM DUE TO IMPAIRED JUDGMENT”

SEC. 401:
“PERSON REQUIRING TREATMENT”

(I) a) Individual who has mental illness, and as a result can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self, others, and who has engaged in act(s) or made significant threats substantially supportive of this expectation;

b) Individual with mental illness who as a result is unable to attend to basic physical needs (food, clothing, shelter) that must be attended to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs;

SEC. 401: “PERSON REQUIRING TREATMENT”

l. c) Individual who has mental illness, whose judgment is so impaired **BY THAT MENTAL ILLNESS** that he/she is unable to understand his/her need for treatment, and **WHOSE IMPAIRED JUDGMENT**, on the basis of competent clinical opinion, **PRESENTS A SUBSTANTIAL RISK OF SIGNIFICANT PHYSICAL OR MENTAL HARM TO THE INDIVIDUAL IN THE NEAR FUTURE OR PRESENTS A SUBSTANTIAL RISK OF PHYSICAL HARM** to others **IN THE NEAR FUTURE; OR**

d) Individual who has mental illness, whose understanding of the need for treatment is impaired to the point that he/she is unlikely to **VOLUNTARILY** participate in **OR ADHERE TO** treatment that has been determined necessary to prevent relapse or harmful deterioration...and whose noncompliance with treatment has been a factor in the individual's placement in a psychiatric hospital, prison, or jail at least 2 times within 48 months, or has been a factor in his/her committing one or more acts, attempts or threats of serious violence within 48 months. **AN INDIVIDUAL UNDER THIS SUBDIVISION IS ONLY ELIGIBLE TO RECEIVE AOT. [NOTE: CURRENT NONCOMPLIANCE WITH TREATMENT HAS BEEN DELETED FROM THIS SECTION]**

COURT TESTIMONY AND THE CLINICIAN

- Where there are full hearings, clinicians must testify to their “opinions” to a reasonable degree of clinical certainty.
- Clinical data must be articulated in a manner that has meaning to the Judge
- Judges must make findings that the individual meets the commitment criteria by clear and convincing evidence
- Testimony that lacks sufficient detail, or does not convey an opinion of commitment may not meet evidentiary requirements
- Paperwork that is incomplete or improper may not meet court standards for consideration

COURT CONSIDERATION PRIOR TO AOT ORDER SEC. 468

- (3) In developing an AOT order, the Court shall consider any preference or medication experience reported by the individual or his or her designated representative, whether or not the individual has an existing Individual Plan of Services (under Section 712), and any direction included in a durable power of attorney or advance directive that exists.
- (4)-(5) Role of CMHSP and Durable Power of Attorney identification and review of IPOS and AOT potential conflicts

SPECIFIC AOT ORDERS ANY OR ALL OF THE FOLLOWING:

- Case management services
- Medication
- Blood/urinalysis tests to determine compliance with or effectiveness of prescribed medications
- Individual/group therapy
- Educational/vocational training
- Supervised living
- Assisted community treatment team services*
- Alcohol/substance use disorder treatment, or both
- Alcohol/substance use disorder testing, or both
 - Subject to review every 6 months
- Any other services prescribed

* Current legislative term Assisted Communication Treatment likely refers to Assertive Community Treatment

DRAFT: AOT PLAN REPORT

CMH 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 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. _____
- Assisted 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 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. _____

SECTION 202(2): FUNDING

- A Community Mental Health Services Program shall determine an individual's eligibility for a private health insurer, Medicaid, or Medicare first before expending money from the state General Fund for providing treatment and services under this act to that individual.

CMH AND COMMUNITY BASED FRAMEWORK

- Community systems will want to convene to best understand pathways and partners
- Comprehensive role consideration will be important
 - Courts
 - Law enforcement
 - CMH/PIHP and provider input (Clinical and Administrative)
 - Emergency services
 - Persons with lived experience/peers
 - Family members

AMENDED PUBLIC ACT 320 OF 2016 WHAT IT IS AND WHAT IT IS NOT FOR CLINICIANS AND PROVIDERS

WHAT IT IS

- Amended law built off prior commitment law
 - Focus of change is on AOT but changes impact broader commitment criteria and processes as well
- Opportunity for maximum care coordination, oversight
- Involuntary commitment of an individual, which **requires information shared with respondent, utmost respect, and maximal effort at preservation of dignity**

WHAT IT IS NOT

- Not a reason to use authority *instead of* engagement
 - Positive and meaningful treatment engagement still needed
 - Court authority should be used when appropriate and as another means to enhance adherence and ongoing oversight and treatment.
- Not an answer to all risk management and systems issues that arise in MH care- will require ongoing dialogue and reviews for improvements and lessons learned

**PERSPECTIVES FROM THE
COURT:
PROCESS, ORDERS AND
EXPECTATIONS**

State Court Administrator Milton Mack

FILING A PETITION SEEKING AOT TREATMENT

- Any person over the age of 18 may file a petition
- Content Requirements:
 - Facts as basis for assertion
 - Names and addresses (if known)
 - Witnesses to the facts
 - Name and addresses of nearest relative/guardian (if known) OR if none, a friend of the individual (if known)
- Petitioner may assert the subject of the petition should receive AOT.
- Clinical certificates not required if only AOT is requested

PETITION

Approved, SCAO

PCS CODE: PFH/PAS
TCS CODE: IPFH/FPH/PAS

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

PETITION FOR MENTAL
HEALTH TREATMENT

FILE NO. _____

In the matter of _____
First, middle, and last name XXX-XX-_____
Last four digits of SSN

Court ORI	Date of Birth	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 _____, has a permanent residence in _____
Date City State ZIP
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.

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** that s/he is unable to understand **his/her** need for treatment, and **whose impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of significant physical or mental harm to the individual or presents a substantial risk of physical harm to others in the near future.**

d. the individual's understanding of the need for treatment is impaired to the point that s/he is unlikely to voluntarily participate in or to adhere to treatment that has been determined necessary to prevent a relapse or harmful deterioration of his/her condition. The individual's noncompliance with treatment has been a factor in the individual's
 i. placement in a psychiatric hospital jail prison at least two times within the last 48 months.
(Specify the name[s] and location[s] of the hospital, jail, or prison and the date[s] of hospitalization or incarceration.)

AND/OR

ii. committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months.
(Specify the acts, attempts, or threats of serious violent behavior.)

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

Petition for Mental Health Treatment (9/16)

File No: _____

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.

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.
 petition/affidavit for examination (form PCM 209a) because an examination could not be secured.

8. I request the court to determine the individual to be a person requiring treatment and

a. (Check if item 3a, 3b, or 3c is checked.) order appropriate mental health treatment;
 b. (Check if item 3d is checked.) order that the individual participate in assisted outpatient treatment without hospitalization.

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

I declare under the penalties of perjury that this petition/application 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 _____

CLINICAL CERTIFICATE

Approved, SCAO

PCS CODE: CCT
TCS CODE: CCT

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	CLINICAL CERTIFICATE	FILE NO. _____
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In the matter of _____
First, middle, and last name

TO THE EXAMINER: The following is a statement that must be read to the individual before proceeding with any questions.

I am authorized by law to examine you for the purpose of advising the court if you have a mental condition which needs treatment and whether such treatment should take place in a hospital or in some other place. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.

1. I am a psychiatrist, licensed psychologist, physician.

2. I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.

3. I further certify that I, _____, personally examined _____
Name (type or print) Patient

at _____
Name and address where examination took place

on _____ starting at _____ and continuing for _____ minutes.
Date Time

INSTRUCTIONS: Describe in detail the specific actions, statements, demeanor, and appearance of the individual, together with other information which underlie your conclusion. **Indicate the source of any information not personally known or observed.** If this certificate is to accompany a petition for discharge, state why the individual continues to be or is no longer a person requiring treatment or in need of hospitalization.

4. My determination is that the person is
 mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).
 not mentally ill.

5. (if applicable) The person has
 convulsive disorder. alcoholism. other drug dependence.
 mental processes weakened by reason of advanced years.
 other (specify): _____

6. My diagnosis is: _____

7. Facts serving as the basis for my determination are: _____

(SEE SECOND PAGE)

Do not write below this line - For court use only

Clinical Certificate (9/16)

File No: _____

8. Explain in the space below the facts which lead you to believe that future conduct may result in (check applicable box)
 a. likelihood of injury to self. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self.

b. likelihood of injury to others. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure others.

c. inability to attend to basic physical needs. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is unable to attend to those basic physical needs (such as food, clothing or shelter) that must be attended to in order to avoid serious harm in the near future.

d. inability to understand need for treatment. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is so impaired by that mental illness that s/he is unable to understand the need for treatment, and his/her impaired judgment presents a substantial risk of significant physical or mental harm to himself/herself or presents a substantial risk of physical harm to others in the near future.

9. I conclude the individual is is not a person requiring treatment.

10. (optional) I recommend hospitalization alternative treatment

as follows: _____

I certify that I am a person authorized by law to certify as to the individual's mental condition. I am not related by blood or marriage either to the person about whom this certificate is concerned or to any person who has filed, or whom I know to be planning to file, a petition in this proceeding. I declare under the penalties of perjury that this certificate has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date _____ Time of signing _____ Signature _____

Print or type name and business telephone no.

TIME FRAME

Any reference to a “time frame” of 12 hours to 168 hours, or an equivalent amount of days, would exclude Sundays and legal holidays.

PRESCREENING UNIT (PSU)

- Only applies to sections 401(a), (b), or (c)
- Preadmission screening unit must assess an individual being considered for admission into a hospital.
- Preadmission screening unit must assess and examine, or refer to a hospital for examination, an individual who is brought to the unit by a peace officer ordered by a court to be examined.

ORDER FOR EVALUATION AND TRANSPORTATION TO HOSPITAL

Noncompliance with an order of examination → order peace officer to transport to PSU/hospital.

Immediate involuntary mental health treatment needed → order individual hospitalized.

- Transport must be done by a peace officer
- Examination must be completed within 24 hours following hospitalization or release individual
- No immediate need for hospitalization = remain home pending examination

HOSPITALIZATION

- Individual must be provided at least 2 phone calls to persons of his/her choice.
- Within 12 hours of hospitalization, individual must receive the following from hospital director:
 - Copy of petition and each clinical certificate
 - Written statement explaining individual will be examined by a psychiatrist within 24 hours
 - Written statement in simple terms of individual's rights
- If individual unable to read/understand, every effort must be made to explain information.
 - Must be noted in patient record

COURT HEARING NOTICE

- Must be given at earliest practicable time
- Within 4 days of court's receipt of initial petition and clinical certificate, court must provide the following to individual:
 - Copy of petition and clinical certificate(s)
 - Notice of rights to a full court hearing
 - To be present in the hearing
 - To be represented by legal counsel
 - Demand jury trial
 - Right to an independent clinical evaluation

NOTICE MUST BE PROVIDED TO:

- Subject of the petition
- Subject of the petition's attorney
- Petitioner
- Prosecuting attorney or other attorney retained by the petitioner
- Hospital director of any hospital where the subject has been hospitalized
- Spouse of the subject (if whereabouts known)
- Guardian of subject (if any)
- Other relatives or persons as the court determines

RIGHT TO PARTICIPATE

- Subject of the petition has the right to be present at all hearings unless waived.
- Subject of the petition may stipulate to the entry of any order for treatment (including AOT) following consultation with legal counsel.

RIGHT TO LEGAL COUNSEL

- Every individual subject to the petition is entitled to representation by legal counsel.
- Must appoint legal counsel within 48 hours of receipt of petition.
 - If hospitalized, court must appoint within 24 hours.
- May waive legal counsel in writing following consultation with attorney.
- Preferred attorney must be appointed.
- Attorney must consult with individual at least 24 hours prior to hearing. If hospitalized, at least 72 hours.

POTENTIAL FOR A DEFERMENT CONFERENCE

- A person who is hospitalized has a right to a deferment conference within 72 hours of filing the petition.
- The deferment conference must include legal counsel, a treatment team member and a person assigned by the responsible CMH services program.
- Deferral of the hearing is not available if the petition only seeks AOT.
- This is an opportunity to secure a stipulation to agree to entry of an order for AOT, or a combined order.

PARTICIPATION OF PROSECUTOR

- The prosecuting attorney from the county or from another county with permission must participate in all hearings convened by the court.
- The prosecuting attorney is not required to participate if the petitioner has retained private counsel to present evidence for whether the individual requires treatment.

RIGHT TO JURY, EVIDENCE, ADJOURNMENTS, AND COPIES OF ORDERS

- May demand jury trial (6 jurors)
- Must have adequate time to prepare and present necessary evidence
- Present documents/witnesses and to cross-examine
- Granting of requests for continuances for a reasonable time for good cause.
- Copies of court orders must be provided

LAW ENFORCEMENT INFORMATION NETWORK (LEIN)

- Upon entry of an order, the court must immediately order the department of state police to enter the court order into LEIN.
 - Exception: Entry into LEIN is not permitted for AOT only orders.
- The order must be immediately removed only upon receipt of a subsequent court order for that removal.

COURT HEARINGS

Court hearings are governed by sections 452 through 465. “AOT only” petitions are not governed by sections 453(2), 453a, and 455(3)-(11).

HEARING TIME FRAMES

- A hearing must be convened within 7 days from receipt of:
 - Petition for hospitalization
 - Petition for determination that an individual is a person requiring treatment
 - Petition for determination that an individual continues to be a person requiring treatment
 - Petition for discharge under section 484
 - Petition for discharge under section 485
 - Demand/notification that hearing temporarily deferred
 - AOT cannot be deferred
- A hearing must be convened within 28 days for “AOT only” requested petitions.

DISPOSITION

- At least 1 (one) physician/licensed psychologist who has personally examined the individual must testify in person/written deposition.
- Burden of proof: clear and convincing evidence
- If found to not require treatment, enter order and if hospitalized, discharge immediately.

IF FOUND TO REQUIRE TREATMENT:

- Order individual hospitalized
- Order individual hospitalized in private/VA hospital at request
- Order individual to undergo alternative treatment to hospitalization
- Order individual to undergo combined hospitalization and ATO/AOT
- Order individual to under AOT only
 - Must consider preferences and experiences
 - If conflicts with directive, independent psychiatrist must review

BEFORE ORDERING...

- Court must review report on alternatives to hospitalization not more than 15 days before the court issues the order.
 - Exception: “AOT only” petitions.
- Following review:
 - Determine whether treatment program is adequate to meet individual’s treatment needs and is sufficient enough to prevent harm to self or others within the near future.
 - Determine whether there is an available agency/mental health professional available to supervise the treatment program.
 - Inquire as to the individual’s desires regarding alternatives to hospitalization.

DURATION OF ORDERS: INITIAL ORDERS

- Initial order of AOT must not exceed 180 days
- Initial order of combined hospitalization and AOT must not exceed 180 days (hospitalization not to exceed 60 days)

DURATION OF ORDERS: SECOND AND CONTINUING ORDERS

- Second order of AOT must not exceed 1 year
- Second order of combined hospitalization and AOT must not exceed 1 year (hospitalization not to exceed 90 days)
- Continuing order of AOT must not exceed 1 year
- Continuing order of combined hospitalization and AOT must not exceed 1 year (hospitalization not to exceed 90 days)
- The court must continue to issue consecutive 1 year continuing orders until a continuing order expires without a petition having been filed.

NONCOMPLIANCE

- Individual not compliant with court order
 - Supervising agency/mental health professional **MUST** notify court immediately
- Agency not convening services regarding specific court orders
 - Individual may petition court for modification of court order or request for show cause

NONCOMPLIANCE OF INDIVIDUAL

- Court notified of individual's noncompliance: Court may require 1 (one) or more of the following without a hearing:
 - Individual taken to preadmission screening unit
 - Individual hospitalized for no more than 10 days
 - Individual hospitalized for a period of more than 10 day, but no longer than AOT order of 90 days, whichever is less
- Court may direct peace officer to transport to designated facility/PSU
 - Individual may object to hospitalization

DIFFERENCES BETWEEN ATO AND AOT

	ATO	AOT
Initiation	Starts with inpatient	Starts with community <u>or</u> inpatient
Limits of the Orders	No specific orders (empowerment order for CMH to dictate criteria for individual to follow).	Provides specific options for the court to order (order may be more specific with the individual's elements/components).
Time Frame	90 days (60 days inpatient); 1 year second/continuing	180 days; 1 year second/continuing (more investment)
Status Hearings	None Required. Under 1 year orders, 6 month agency reviews are required.	None Required. Requires review of existing IPOS, advance directives, medication preferences, and possible 2 nd opinion prior to each order. Substance abuse testing orders are subject to court review every 180 days. Under 1 year orders, 6 month agency reviews are required.
Enforcement	Pick up orders available. The court may take action to enforce the order.	Pick up orders available. If a specific court order(s) is provided and therefore both the individual and the agency/entity providing services, the court may take action to enforce the order.

QUESTIONS

Court Questions:

Milt Mack
State Court Administrator
517-373-9891

Robin Eagleson
Management Analyst
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Noah Bradow
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MDHHS Questions:

Steven Mays
Diversion Administrator
Michigan Department of
Health and Human Services
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