Additional reference materials can be found online 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
## Program

**November 2, 2017**

**OSU Fawcett Center**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 a.m.</td>
<td>Check-in/Continental Breakfast</td>
<td>All</td>
</tr>
<tr>
<td>9:00 a.m.</td>
<td>Welcome</td>
<td>Thom Craig, Mental Health Program Director; Margaret Clark Morgan Foundation</td>
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<td>John Snook, Executive Director; Treatment Advocacy Center</td>
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<tr>
<td>9:10 a.m.</td>
<td>Symposium Overview</td>
<td>Evelyn Lundberg Stratton; Former Ohio Supreme Court Justice</td>
</tr>
<tr>
<td>9:30 a.m.</td>
<td>What is AOT and Where Does It Fit Into the Big Picture?</td>
<td>Brian Stettin, Policy Director; Treatment Advocacy Center</td>
</tr>
<tr>
<td>10:15 a.m.</td>
<td>Keynote Address: “A Family Perspective”</td>
<td>Mike and Barbara Biasotti</td>
</tr>
<tr>
<td>11:00 a.m.</td>
<td>AOT Planning Committee Role Play</td>
<td>Joe Trolian, Executive Director; Richland County Mental Health and Recovery Services Board</td>
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<td>Tiffany Cavanaugh, Magistrate; Seneca County Probate Court</td>
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<td></td>
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<td>Veronica Groff, CEO; Catalyst Life Services</td>
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<td></td>
<td></td>
<td>Jody Altton, Director of Behavioral Health, Ohio Health Mansfield &amp; Shelby Hospitals</td>
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<td></td>
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<td>Mary Kay Pierce, Executive Director; NAMI Richland County</td>
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<td>Mark Perry, Officer; Mansfield Police Department</td>
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<tr>
<td>11:45 a.m.</td>
<td>Question and Answer Session</td>
<td>All</td>
</tr>
<tr>
<td>11:45 a.m.</td>
<td>AOT Skit -- Initial Hearing</td>
<td>Patricia Hider, Magistrate; Butler County Probate Court</td>
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<td>Mark Munetz M.D., The Margaret Clark Morgan Foundation Endowed Chair in Psychiatry; Northeast Ohio Medical University</td>
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<td></td>
<td></td>
<td>Melissa Knopp, Director; Institute for Social &amp; Economic Advancement; Hocking College</td>
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<td></td>
<td></td>
<td>Amy Lukes, Director of Campus Mental Health Initiatives; Northeast Ohio Medical University</td>
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<td></td>
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<td>Dustin McKee, Director of Policy; NAMI Ohio</td>
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<td>Nick Schrantz; Probate Monitor; Butler County Probate Court</td>
</tr>
</tbody>
</table>

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**Ohio AOT Map**

**Discussion Draft Only**

Updated 11/17

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

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Program has buy-in from key leadership</td>
<td>Mental Health Authority Director and Chief Clinical Officer</td>
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<tr>
<td></td>
<td>Attorney for the Authority</td>
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<td></td>
<td>Probate Court Judge</td>
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<td></td>
<td>Director of Outpatient Treatment</td>
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<td>Director of Crisis Center/Psychiatric Emergency Department</td>
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<tr>
<td></td>
<td>Director of Inpatient Treatment</td>
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<tr>
<td></td>
<td>Sheriff/Law Enforcement</td>
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<tr>
<td></td>
<td>Peer/Family Advocate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2. Representatives of key stakeholders meet regularly | Organizational representatives meet at least once quarterly | | | | |
| | All organizations are represented during regularly scheduled meetings | | | | |
| | Never | Some of the time | Most of the time | Always | 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 | No | Yes | Don’t know |

| 6. Patient outcomes, individual/family satisfaction, and gaps in resources are systemically tracked for purposes of program evaluation | | | | |
| | | | | |
| 7. There are established methods for identifying and addressing gaps in resources and areas for improvement | | | | |
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, and non-adherence is the number one risk factor for it. Mental illnesses account for nearly 20% of all Medicaid readmissions. Medicaid patients had more than 75,000 mental health re-admissions within 30 days in one year. Nearly 25% of Medicare patients with psychoses were readmitted within one month of discharge.

SAVING LIVES AND COSTS: By creating a partnership between the individual and the mental health system, AOT greatly increases medication adherence, reduces costs from hospital readmission 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:
- 77% fewer experienced psychiatric hospitalization
- 74% fewer experienced homelessness
- 83% fewer experienced arrest
- 87% fewer experienced incarceration

AOT REDUCES ARRESTS & VIOLENCE
- 44% decrease in harmful behaviors
- 2/3 reduction in risk of arrest in any given month
- 4x less likely to perpetrate serious violence
- 1/2 as likely to be victimized

AOT SAVES MONEY
- 50% cost savings in New York
- 40% cost savings in North Carolina
- 40% cost savings in Summit County, Ohio
- $1.81 saved for ever dollar spent in Nevada County, California

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

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
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Kinship</th>
<th>Address</th>
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<tbody>
<tr>
<td>Legal Guardian</td>
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<td>Spouse</td>
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<tr>
<td>Adult Next of Kin</td>
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<tr>
<td>Adult Next of Kin</td>
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The following constitutes additional information that may be necessary for the purpose of determining residence:

Dated this 15th day of August, 2017.

Doctor
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 __________, 20___

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 45-year-old male with a 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:

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
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 then 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 patient’s 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. The Probate court requires 2 weeks to issue subpoenas giving notice of the hearing to the patient.

The Probate court requires 2 weeks to issue subpoenas giving notice of the hearing to the patient. 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 will hear the case 2 weeks after the notice is sent. If the Board finds that OPC is not necessary the patient will be released from OPC. If OPC is deemed necessary the Board will set the next OPC hearing.

The Probate court may allow hearing to avoid unnecessary releases from OPC and may set an OPC hearing to confirm that the patient is meeting OPC criteria.

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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. 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)

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 he 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