Assisted Outpatient (AOT)

Program Guide and Standards

2025

NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION

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Introduction

This program guide is meant as a resource for providers contracted with the North Sound BH-ASO to provide AOT services to help them best understand the AOT process and what their role in it entails. It includes standards of service, recommended staffing models, explanations of the admission and discharge processes, recommendations for culturally sensitive care, and explorations of the process of collaborating with other relevant stakeholders.

Information for this guide was gathered from a variety of sources including the Washington State Healthcare Authority (HCA); Revised Codes of Washington RCW 71.05.148: , RCW 71.05.585:, and RCW 71.05.590; SAMSHA best practices guidelines; fidelity models such as ACT currently in operation in the North Sound region; operational standards of AOT programs operating in other US states; AOT advocacy groups like the Treatment Advocacy Center; Washington State legislators; North Sound BH-ASO's own AOT statement of work; previous AOT recipients, and input from the regional stakeholders who will utilize AOT and play a role in its implementation such as hospitals, behavioral health agencies, police departments, courts, and city governments. North Sound is working in partnership with the HCA and the Superior Court system in the development of this regional guidance. This guide may change due to stakeholder input as the program becomes fully implemented. All updates to AOT Program Guide will be first approved by North Sound

Program Overview and Objectives

Assisted Outpatient Treatment (AOT) programs are an empirically supported, evidence-based form of Less Restrictive Alternative treatment designed to provide court mandated intensive community-based treatment as an alternative to involuntary hospitalization. AOT can be provided as an earlier intervention to prevent the need for hospitalization, or as a court mandated condition for one's release. The treatment includes psychiatric evaluations, ongoing therapy, peer support, case management, assistance in attending mandated court appointments, medication support, assistance with finding and accessing additional resources, and more.

By connecting participants to the treatment they need via court order, AOT can be especially helpful to those who have difficulty regularly engaging in outpatient mental health treatment, providing them with additional incentive to do so. It is also especially helpful for those facing the social and economic consequences of living with an untreated mental health or substance use disorder which also can make regular engagement difficult.

A research summary from the Treatment Advocacy Center which cites 47 separate studies to provide a brief overview of AOT effectivity across the country as well as specific to particular areas where it has been implemented, such as in Florida, Ohio, North Carolina, Arizona, California, New York, and the limited implementations thus far in Washington, showed significant reductions in the number of hospitalizations, length of hospital stays, incidences of arrests, incarcerations rates, homelessness rates, incidents of violent behavior, incidents of victimization, illegal substance use, and overall state costs. It also reports a high level of reported satisfaction with AOT services among those who have received them.

Program Staffing & Requirements

Providers of Assisted Outpatient Treatment programs will maintain a multidisciplinary staff capable of intensive community-based treatment that encompasses all of their clients' behavioral health needs as well as effectively coordinate with the court overseeing their AOT orders. To accomplish this, it is recommended that staff include:

- A Licensed Psychiatric Prescriber (M.D., ARNP, or PA)
- Master's Level Licensed Mental Health Providers

- Master's Level Licensed Substance Use Disorder Providers
- Certified Peer Counselors
- Case Managers
- Either a designated Court Liaison or a staff member capable of fulfilling that role

Clients will see each member of their team at regularly scheduled appointments and for additional appointments as needs arise.

The licensed psychiatric prescriber will be responsible for overseeing the client's medication management during the course of their AOT treatment. To fulfill this role, the prescriber will participate in the client's psychiatric or substance use disorder evaluations and the development of their individual treatment plan so as to determine, based on past experiences and evidence based practices, what psychotropic medications regimens, if any, best suit the client and their individual needs in collaboration with the client's overall treatment plan and in accordance with the client's AOT court order. Following the client's initial medication evaluation, the psychiatric prescriber will hold regular medication management appointments with the client for the course of their AOT enrollment and collaborate with the rest of the client's individual treatment team to ensure optimal medication prescription and use. Any direct medication distribution deemed necessary by the client's treatment plan or AOT order, including the administration of any necessary injectables, will also be the responsibility of the licensed psychiatric prescriber. This may occur in the primary AOT facilities or, as necessary, in the community provided a location with the necessary conditions is available. The licensed psychiatric prescriber may also be called, at times, to report on the client's progress during court hearings, either verbally or in writing. Though adherence to medication regiments agreed upon in the treatment are a requirement of compliance to the AOT order, AOT orders do not authorize the involuntary administration of medications.

The mental health providers and substance use disorder providers will be responsible for overseeing the client's overall mental health or substance use disorder treatment and conducting their ongoing individual therapy. As part of this, they will also conduct the client's initial psychiatric and/or substance use disorder evaluations upon intake and work with the client, the court, and the rest of the client's individual treatment team to formulate the client's AOT order and to develop the client's person-centered treatment plan. The mental health and substance use disorder providers will meet with their clients for individual therapy often and at regularly scheduled appointments as well as for additional appointments as needed. These individual therapy sessions may occur in person or via approved telehealth services. In person appointments may occur at the AOT facility or in the community in locations deemed appropriate by both the client and provider. The mental health providers and substance use disorder providers will also attend the client's court appearances and may also be called, at times, to report on the client's progress during these court hearings, either verbally or in writing.

The certified peer counselors will be responsible for providing the client with ongoing peer support services. These services will be provided often and at regularly scheduled appointments as well as for additional appointments as needed. In addition to their regular peer support services, the certified peer counselors' duties may also include aiding in the facilitation of the client's other services. This may include transporting them to or from other AOT appointments, transporting them to or from other non-AOT appointments, providing access to telehealth services in the community, aiding them in accessing other resources, and providing emotional and logistic support for the clients while awaiting court hearings. The certified peer counselors may also be called at times, to report on the client's progress during court hearings, either verbally or in writing.

The case managers will be responsible for providing the client with ongoing case management and care coordination. This includes providing on-going monitoring of clients to ensure compliance with their AOT court orders, monitor the client's adherence to treatment and observe for behavior changes similar to previous behavior that preceded a psychiatric crisis, assisting the client in accessing additional resources, communicate observations and information regarding each individual to the their direct supervisor, to the AOT prescriber, and rest of the individual treatment team,

coordinate and communicate with any institution that the client is temporarily in the care of during the course of their AOT order, such as a hospital or corrections facility, to assure uninterrupted services and prevent decompensation, meet with the client's past, present, and future providers to coordinate and oversee the client's transition into AOT services when their order begins and out of AOT services when their order concludes.

The court liaison may be hired separately or may have its role fulfilled by preexisting members of the AOT team such as the case manager or the director of the AOT provider. Whomever fulfills the role must be qualified to make decisions regarding client treatment and alter treatment plans. The court liaison will attend all AOT hearings and pre-hearing meetings with the superior court for any individual who is either being considered for an AOT order which would be overseen by the AOT provider or is currently an AOT client of said provider. At these hearings, the court liaison aides in the development of AOT orders, reports on client progress, informs the court of a client's lack of compliance with their AOT order, and advises the court on suggested actions based on reports from clients' treatment teams.

Admission

Admission Criteria

AOT is a court ordered form of involuntary treatment. To be admitted to an AOT program and receive AOT services, an individual must first receive a court order for AOT treatment, which can be for up to 18 months. Per RCW 71.05.148, for a person to qualify for an AOT order, the superior court must find, by clear, cogent, and convincing evidence pursuant to a petition filed by a qualified party (see below), that:

A. The person has a behavioral health disorder.

B. Based on a clinical determination and in view of the person's treatment history and current behavior, at least one of the following is true:

i. The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating; or

ii. In order to prevent a relapse or deterioration that would be likely to result in grave disability or a likelihood of serious harm to the person or to others.

C. The person has a history of lack of compliance with treatment for his or her behavioral health disorder that has:

i. At least twice within the 36 months prior to the filing: been a significant factor in requiring hospitalization or receiving mental health treatment in a state or local correctional facility, provided that the 36-month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the 36-month period.

ii. At least twice within the 36 months prior to the filing: been a significant factor in requiring emergency medical care or hospitalization or behavioral health-related medical conditions including overdose, infected abscesses, sepsis, endocarditis, or other maladies, or a significant factor in behavior which resulted in the person's incarceration in a state or local correctional facility; or

iii. Resulted in one or more violent acts, threats, or attempts to cause serious physical harm to the person or another within the 48 months prior to the filing of the

petition, provided that the 48-month period shall be extended by the length of any hospitalization or incarceration of the person that occurred during the 48-month period.

D. Participation in AOT would be the least restrictive alternative necessary to ensure the person's recovery and stability.

E. The person will benefit from AOT.

Petitioning Process

AOT petitions can be found on the North Sound BH-ASO AOT website page (URL) Although other parties can advocate for an AOT petition to be filed for an individual they believe is in need of AOT services, only the following individuals may directly file a petition for assisted outpatient treatment on the basis that a person is in need of it:

A. The director of a hospital where the person is hospitalized or the director's designee.

B. The director of a behavioral health service provider providing behavioral health care or residential services to the person or the director's designee.

C. The person's treating mental health professional or substance use disorder professional or one who has evaluated the person.

D. A designated crisis responder.

E. A release planner from a corrections facility.

F. An emergency room physician.

In order to be considered, a petition for Assisted Outpatient Treatment must include the following:

A. A statement of the circumstances under which the person's condition was made known and the basis for the opinion, from personal observation or investigation, that the person is in need of assisted outpatient treatment. The petitioner must state which specific facts come from personal observation and specify what other sources of information the petitioner has relied upon to form this belief.

B. A declaration from a physician, physician assistant, advanced registered nurse practitioner, or the person's treating mental health professional or substance use disorder professional, who has examined the person no more than 10 days prior to the submission of the petition and who is willing to testify in support of the petition, or who alternatively has made appropriate attempts to examine the person within the same period but has not been successful in obtaining the person's cooperation, and who is willing to testify to the reasons they believe that the person meets the criteria for assisted outpatient treatment. If the declaration is provided by the person's treating mental health professional or substance use disorder professional, it must be cosigned by a supervising physician, physician assistant, or advanced registered nurse practitioner who certifies that they have reviewed the declaration.

C. The declarations of additional witnesses, if any, supporting the petition for assisted outpatient treatment.

D. The name of an agency, provider, or facility that agrees to provide less restrictive alternative treatment if the petition is granted by the court. If the agency has a standing policy of approval, it still must be confirmed that they are not at capacity for their client load.

E. If the person is detained in a state hospital, inpatient treatment facility, jail, or correctional facility at the time the petition is filed, the anticipated release date of the person and any other details needed to facilitate successful reentry and transition into the community.

The petitioner must allege specific facts based on personal observation, evaluation, or investigation, and must consider the reliability or credibility of any person providing information material to the petition.

Court Process

The AOT Provider must work in collaboration with the North Sound BH-ASO and the superior court to develop a court operations manual which will outline, in detail, that court's specific procedures regarding filing of AOT petitions and the AOT hearings. This should include, but is not limited to:

- How petitions are submitted and reviewed
- How and when hearings are scheduled
- The roles of all parties involved in the AOT hearing process
- Mechanisms for confidential information exchange
- How phases of AOT treatment align with phases of AOT court

The AOT provider must operate in accordance with the procedures agreed upon the most up to date version of this manual.

Provider Roles in Monitoring and Court Proceedings

The AOT case manager or, in their absence, another staff member from the AOT provider qualified to modify treatment plans, will attend all AOT hearings and pre-hearing meetings with the superior court for any individual who is either being considered for an AOT order which would be overseen by the AOT provider or is currently an AOT client of said provider. At these hearings, this staff member will aid in the development of AOT orders, report on client progress, inform the court of a client's compliance with their AOT order, and advise the court on suggested actions based on reports from clients' treatment teams. They will also document what is discussed in the hearing for future reference by the rest of the individual treatment team and to assure that the team and the client are adhering to any requirements put in place by the superior court judge.

The certified peer counselors should also support, when appropriate or directed by the court, AOT clients waiting for hearings, aid them in adhering to court rules, and help assure efficient and orderly participation in the court process.

Determining Non-Compliance

It is the responsibility of the AOT provider to monitor the AOT client's compliance with the requirements of their AOT order and determine the appropriate courses of action dependent on the level of noncompliance. There are three levels of non-compliance:

1. Non-compliance which the provider believes can be addressed within the client's AOT therapeutic treatment without the involvement of the court

2. Non-compliance which the provider feels should be addressed within a court hearing but can wait until the next regularly scheduled compliant review hearing

3. Non-compliance significant enough that the provider believes it warrants the scheduling of a Non-Compliance Hearing at the next available timeslot so as to address the non-compliance with the court. If the provider determines this to be the case, they must contact the court AOT Coordinator and ask for a Non-Compliance Hearing to be scheduled which the provider will attend. It is then the responsibility of the provider to try, to the best of their abilities, to inform the client about this hearing and assist them in attending.

It is the responsibility of the AOT provider to formulate clearly defined rubrics in their program structure that they will use to determine clients' levels of non-compliance and the subsequent courses of actions to be conducted in response.

Modification

If the provider has a specific change to the AOT order they believe would improve the client's treatment, the provider may complete a Petition for AOT Modification or Revocation, recommending modification, along with the proposed modified order. Within the petition, the AOT Provider must allege that the client:

1. Is failing to adhere to the terms and conditions/s of their release;

2. Demonstrates substantial deterioration in their functioning has occurred;

3. Evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; and/or

4. Poses a likelihood of serious harm.

The provider will then follow the procedures of the court which ordered the AOT order to submit the petition for a modification hearing and follow the required procedures therein including testifying for the proposed modifications and why they are necessary

Discharge Criteria

The BHA providing AOT services will coordinate with the court ordering the AOT treatment to keep them informed of the client's status and work with them in determining when and how a client may be eligible for discharge from the program prior to the order's expiration, either because it is no longer the least restrictive form of care that would meet the client's needs and they are eligible to graduate from the program, or because the program is not meeting the client's needs and additional reasonable accommodations and modifications are unlikely to change this. This coordination will include keeping the court informed of the client's treatment compliance, conducting and sharing the results of assessments for ongoing AOT needs, and providing the court with clinical recommendations regarding the client's treatment. The BHA will adhere to **RCW 71.05.595** which establishes criteria for Less Restrictive Treatment order termination.

Revocation

Should the AOT provider come to believe that the client currently presents a likelihood of serious harm and/or is gravely disabled as a result of their behavioral health symptoms, it is the responsibility of the AOT provider to contact the Designated Crisis Responder (DCR) office and request an evaluation for revocation. The AOT provider will make its best efforts to provide relevant information to the DCR prior to the evaluation, however it is most important that the evaluation occur as immediately as possible once the provider has determined a need for one, and requesting an evaluation should not be delayed due to provider availability.

Per RCW 71.05.590 Once the DCR has performed an evaluation, if they determined that the client presents a likelihood of serious harm and/or is gravely disabled, they will order the client to be detained to a qualified, secure facility and submit a Petition for AOT Revocation to the Superior Court of the county where the client is detained. They will then await a hearing with the court to determine whether their AOT order will be revoked and they will be ordered to inpatient treatment. During the client's detention while awaiting their hearing, the AOT provider should attempt to contact the facility in which they are detained and meet with or contact the client if possible. The AOT provider may also be contacted by the judge overseeing the revocation hearing and may be asked to provide testimony and/or documentation regarding the client's time in the AOT program to aid in the judge's decision.

If the client's AOT order is not revoked, the AOT provider must be ready to immediately resume AOT services and adjust treatment plans as necessary in response to the client's detention and the circumstances that lead to it.

If the client's AOT order is revoked and they are ordered to inpatient treatment, the AOT provider is encouraged to work with the inpatient facility to continue to meet with the client, should they wish, and to aid them in discharge planning. This may include encouraging qualified parties at the facility to consider filing a new AOT petition for the client as part of their discharge or making plans to treat the client in a non AOT capacity once they've discharged.

Service Intensity, Place of Treatment and Program Capacity

AOT program capacity and staffing may vary between providers however will be formed and maintained such as to allow for high service intensity. Although a client's required service intensity may change over the course of their AOT treatment dependent on need specific AOT order requirements and treatment plans, AOT providers will maintain staffing and program capacity levels such that, when at full client capacity, clients are able to be seen as often as needed to progress therapeutic progress and prevent decompensation. How often each team member will need to meet with clients will vary dependent on client need.

The place of treatment for services will vary depending on the type of service and the specific needs of the client receiving them. AOT providers will have facilities wherein all non-location specific services are able to be provided. For clients unable to consistently attend appointments held in the AOT provider's facility, staff must be capable of meeting the client at their home or in the community and either providing services there or transporting the client to and from the AOT facility for their said services.

Core Program Elements

An AOT program will provide the following:

- An intake evaluation with the provider of the less restrictive alternative treatment.
- A psychiatric evaluation, a substance use disorder evaluation, or both.
- A schedule of regular contacts with the provider of the treatment services for the duration of the order.
- Development of a transition plan addressing access to continued services at the expiration of the order.
- Development of an individual crisis plan.
- Consultation about the formation of a mental health advance directive under RCW 71.32.
- Monitoring and Notification to appropriate stakeholders of non-compliance.
- Facilitation of the client's required appearances in court.
- Efforts to eliminate barriers to obtain prescriptions medications where applicable.
- Development of whole-person treatment plans with individuals that includes personal goals as well as those ordered by the court.
- Ongoing and consistent individual therapy for the duration of the AOT order.
- Ongoing and consistent peer support services for the duration of the AOT order.

- Ongoing and consistent case management for the duration of the AOT order.
- Ongoing and consistent medication management for all psychiatric medication needs for the duration of the AOT order.
- Providing services to the client wherever they are required, including in the home and the community.
- Transportation for the client as required to facilitate the delivery of services.
- Utilization of telehealth services as required to facilitate the delivery of services.
- Close collaboration with any relevant past or present treatment providers for the client including other BHAs.
- Facilitation of connection to resources such as housing assistance, job applications, and medical appointments.
- Assistance preparing for and attending required court appearances, as well as attending and supporting the client during said appearances.
- Access to 24/7 crisis response services.
- Adhering to state-wide AOT best practice guidelines as they develop.

Specific processes, structures, and treatment strategies used to implement these core program elements are left to the discretion of the individual AOT providers. These are to be outlined, in detail, in a program structure document the AOT provider will form prior to the implementation of their program. North Sound BH-ASO must review and approve of this document prior to the provider's implementation of AOT and must review and approve any subsequent alterations. The AOT provider must not provide services not included or in conflict with the most recently approved version of their program guide.

Person-Centered Treatment and Planning

The person-centered treatment plan shall be developed in collaboration with the client and his/her preferred natural supporters, and/or guardian, if any, when feasible and appropriate. The client's participation in the development of the treatment plan shall be documented. The AOT team shall evaluate together with each client their needs, strengths, and preferences and develop together with each client a person-centered treatment plan. The treatment plan shall identify individual service needs; strengths and capacities; set specific and measurable long- and short-term goals for each service need/issue; establish the specific approaches and interventions necessary for the client to meet his/her goals, improve his/her capacity to function as independently as possible in the community, and achieve the maximum level of recovery possible (i.e., a meaningful, satisfying, and productive life). The client's own words are reflected in the treatment plan goals. The treatment plan must also be formed in conjunction with the AOT order to assure that it does not in any way contradict the requirements of the order and aids is effective in aiding the client in their fulfillment.

Members of the client's treatment team are responsible for providing the necessary support to ensure the client is actively involved in the development of treatment and service goals and participation in the treatment plan meetings. This may include offering of peer-based coaching and/or skills training around his/her role in developing their own person-centered treatment plan. With the permission of the client, AOT team staff shall also involve pertinent agencies and members of the client's social network in the formulation of treatment plans.

All prescribed psychiatric medications included as part of the client's AOT treatment must be agreed to by the client as part of the formation of their treatment plan. Any changes to medications must also be agreed to, and the treatment plan must be accordingly updated immediately.

Each client's treatment plan shall identify treatment goals in the client's own words, followed by client strengths and potential barriers to each goal, as well as short-term goals or objectives toward reaching those goals. The treatment plan must then clearly specify the approaches and interventions necessary for the client to achieve the individual goals (i.e., recovery) and identify who will carry out the approaches and interventions.

The treatment team, together with the client, will be responsible for reviewing and rewriting the treatment goals and plan whenever there is a major decision point in the client's course of treatment. Additionally, the client's treatment team shall prepare a summary which thoroughly describes in writing the team's and the client's evaluations of his/ her progress/goal attainment, the effectiveness of the interventions, and the satisfaction with services since the last treatment plan. The plan and review will

be signed by the client and the treatment team. A copy of the signed person-centered treatment plan is made available to the client.

Cultural Considerations

In order to assure culturally sensitive and effective services for diverse populations of the clients, the following practices are recommended:

- AOT teams will ensure that clients receive, from all staff members, effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices. AOT teams will also make every attempt to ensure that clients receive services in their preferred language and will make arrangements for interpreter services, if available.
- AOT teams will implement strategies to recruit, retain, and promote a diverse staff that are representative of the demographic characteristics of the service area.
- AOT teams will ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
- AOT teams must offer and provide language assistance services, including interpreter services, at no cost to each client with limited English-proficiency at all points of contact, in a timely manner during all hours of operation.
- AOT teams must provide to clients in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
- AOT teams must assure the competence of language assistance provided to limited English-proficient clients by interpreters and bilingual staff. Family and friends will not be used to provide interpretation services (except at the request of the client).

- AOT teams must make available easily understood client-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
- AOT will ensure that data on the individual client's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and be periodically updated.
- AOT will ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by the client.

Program Coordination

The BHA providing AOT services must adhere to relevant LRA monitoring procedures as described in North Sound BH-ASO Policy 1562.00: Monitoring of Less Restrictive Alternatives and 1597.00: Care Management and Coordination. It must also adhere to policy 1502.00: Engagement of Individuals at Risk of Prematurely Terminating Services and policy 1517.00: Coordination of Care with External Healthcare Providers.

The BHA provider must be able to coordinate with MCOs regarding billing for Medicaid enrollees as well as coordinate with any other service provider involved in the AOT recipient's care. This not only includes external healthcare providers as detailed in North Sound BH-ASO Policy 1517, but also any other BHA or behavioral health provider whom the client wishes to continue receiving services from during their AOT order. It is the responsibility of the BHA contracted to

monitor the AOT order services to collaborate with these other providers as to which behavioral health services are provided by which provider and assure that the client is collectively receiving adequate comprehensive services in line with AOT best practices as described in this program guide and other relevant policies and guidelines.

Use of Telehealth

As a program for high needs individuals with a strong focus on participant engagement, AOT providers will prioritize in-person services whenever possible. However, in order to best serve AOT recipients, the BHA providing AOT services may at times be required to utilize synchronous telehealth strategies to provide services remotely. These services must be delivered via a HIPAA compliant platform, and AOT participants must first provide informed consent regarding telehealth including what it is, how it works, potential privacy concerns, how information is stored, potential impacts of therapeutic efficacy, and backup plans should the technology fail or the participant requires a higher level of care. AOT participants must never be pressured or coerced into agreeing to receive services via telehealth, and the BHA must have the capacity and infrastructure to provide all AOT services in-person if requested by the participant, required by the AOT order, or otherwise made necessary to provide the required level of treatment.

As best practice, Telehealth should not be utilized for the participant's initial assessments, crisis, or treatment plan formations as part of their initial intake into the AOT program unless extenuating circumstances present preventing such services from being held in person in a timely manner. Telehealth

will only be utilized for a participant's ongoing treatment provision and must be clinically justified in treatment notes explaining the reason telehealth was the most clinically beneficial form of treatment for the client. The BHA provider will determine individually whether each AOT participant is a good fit to receive telehealth services based on their specific needs and background and the inherent advantages and disadvantages of telehealth services. Should a participant's circumstances change such that telehealth is no longer the most therapeutically beneficial way of delivering services, it will be terminated and replaced with in-person services as immediately as possible.

All services must adhere to North Sound BH-ASO Policy 1028.00: Telemedicine, Telehealth or Video-Based Technology as well as **WAC 182-501-0300:**. For additional information, research, and resources regarding the use of telehealth in behavioral health settings, providers are encouraged to consult the evidence-based SAMHSA's evidence-based resource guide Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders.

Group Treatment

Group treatment is any form of service by the AOT provider in which more than one recipient of an AOT order is present at a time. This includes, but is not limited to, group therapy, skill-practice groups, and peer support groups. The AOT provider will determine the appropriateness of group treatment on an individual case-by-case basis for each AOT client based both on whether the recipient is expected to benefit from group treatment and whether their presence will be beneficial to other participating clients. The AOT provider receive the client's informed consent prior to including them in group treatment, and the client may rescind their agreement to participate in group treatment at any time, in which case the AOT provider will return to providing individual treatment.

Mobile Treatment Vehicles

Mobile treatment vehicles, such as recreational vehicles renovated to allow in-person or virtual therapy, will not be permitted to be used for the transportation of clients.

AOT Phases

AOT treatment progresses across multiple phases which dictate both the type of treatment they receive and the regularity with which they appear before the court. Early in an AOT order, when an AOT client is receiving their initial treatment, the client will be scheduled to appear before the court more regularly for compliant review hearings to provide regular status check-ins for the superior court and as well as judicial encouragement for their participation in the program. As the client improves and progresses

through their treatment towards eventual graduation from the program, the review hearings with the court will become less frequently scheduled. It is the responsibility of the AOT provider to define clear phases of their AOT treatment model for the superior court to align their court phases with, so as the AOT client progresses from one phase of AOT treatment to the next, they simultaneously progress to the corresponding phase of court. To facilitate this alignment, the AOT provider must provide to the court and in their program structure, both clear definitions of each phase of treatment and clearly defined rubrics for each phase dictating how the provider will determine when a client is ready to progress from that phase to the next.

This structure only dictates the regularity of standard compliant review hearings. It does not impact the provider's ability to request non-compliant review hearings as needed. The superior court judge may also choose, by their own volition or by request, to alter the review hearing schedule independent of the currently assigned phases.

Treatment Records

The AOT provider shall maintain detailed treatment records of each recipient and is required to follow all applicable individual service record requirements in **WAC 246-341**.

Once the provider and client have collaboratively formed the client's initial AOT treatment plan, the provider will provide a detailed summary of it to the superior court that administered and is overseeing the AOT order, to the prosecuting attorney's office which advocated for the order's implementation, and to the public defense attorney representing the client in all of their AOT hearings. Following this initial detailed summary, updates regarding the client's progress and alterations to their treatment plan may be provided to the above-mentioned parties via more general summaries. The AOT provider will provide additional records as requested to fulfill the requirements AOT hearings.

In the event of a revocation hearing, the AOT provider will make available the entirety of the client's treatment records to the offices of the court, prosecution, and public defense, which will be participating in this hearing. These offices may not be the ones which participated in the client's previous hearings and will be dependent on the county to which the client is temporarily detained following the service of their revocation petition.

Program Outcomes

To aid in the measurement of the AOT program's outcomes and effectivity, the AOT Provider will formulate and maintain regularly updated records of multiple measurements of client stability, engagement, social determinants of health, and reduction in level of need. This will require the collation of information gathered from a variety of sources including assessment results, treatment records, self-reporting, and provider observation. These records may include:

- Level of treatment Engagement
- Occurrences of hospitalization
- Occurrences of criminal activity and related adverse outcomes
- Level of treatment Adherence and incidents of significant non-adherence
- Substance Use

- Engagement with primary care providers
- Income and wealth
- Education level
- Employment status
- Housing quality
- Access to healthcare
- Neighborhood safety
- Social Support networks
- Access to transportation
- Food security

In addition to maintaining program outcomes, the AOT provider will also submit regular program deliverables to North Sound BH-ASO, the format and regularity of which will be determined by the ASO. Should the ASO request a report or otherwise wish to review the measurements outside of the usual schedule of reports, the provider should be capable of gathering them in a timely manner.