Snohomish County User Guide for the Petition for Assisted Outpatient Treatment

What is a Petition for Assisted Outpatient Treatment?

Assisted Outpatient Treatment (AOT) is a form of court mandated, outpatient, behavioral health treatment designed as an alternative to involuntary hospitalization for high needs individuals who struggle with adhering to voluntary treatment. Instead, it provides them with involuntary, community-based, intensive, outpatient treatment and monitoring. To receive these services, a petition illustrating the recipient's need of them is presented to the Snohomish County Superior Court which then holds a hearing on whether to place them on an AOT order.

Who May File a Petition for Assisted Outpatient Treatment?

Only a person in their professional capacity may file a petition for assisted outpatient treatment, including a director of a hospital or behavioral health service provider or their designee; the director of a behavioral health service provider providing behavioral health care or residential services to the Respondent or their designee; the Respondent's treating mental health or substance use disorder professional or one who has evaluated them; a designated crisis responder (DCR); the release planner for a correctional facility; or an emergency room (ER) physician.

If you believe you know someone who may benefit from AOT but are not one of the above professionals, consider contacting the person's behavioral health provider to discuss AOT as an option. If the person is not currently receiving behavioral health services, consider consulting this list of providers in the North Sound region to assist them in finding one: Find a Provider | North Sound BH-ASO. If you believe the person is in crisis, contact 988 or VOA Regional Crisis Line to coordinate a mobile crisis response or to connect with the Snohomish County DCR office.

Definitions

"Behavioral health disorder" means either a mental disorder, a substance use disorder, or a co-occurring mental disorder and substance use disorder.
"Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions.
"Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substance.
"Respondent" refers to the person for whom a petition for AOT services is being filed.

“Petitioner” refers to the person completing and submitting a petition for AOT services (you).
“Declaration” means any sworn statement by professionals or others who may know about the facts in this case.

Rapid AOT Eligibility Checklist (optional)

Use to help determine if continuing with the petition process is necessary.

In order to consider an individual to participate in a less restrictive alternative involuntary AOT program, one must first determine whether the individual qualifies and the petitioner must be a qualified designated professional per RCW 71.05.148.

Who Is Filing the Petition for AOT *(must check at least one)*?

[ ] The director of a hospital where the person is hospitalized or the director's designee;

[ ] The director of a behavioral health service provider providing behavioral health care or residential services to the person or the director's designee;

[ ] The person's treating mental health professional or substance use disorder professional or one who has evaluated the person;

[ ] A designated crisis responder;

[ ] A release planner from a corrections facility;

or [ ] An emergency room physician.

Clinical Determination and Behavior

[ ] The person has a behavioral health disorder ***(must be checked).***

[ ] 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: ***(must check at least one of the following)***

[ ] The person is unlikely to live safely in the community without supervision, and their condition is substantially deteriorating; or

[ ] The person is in need of AOT to prevent a relapse or deterioration that would be likely to result in grave disability or a likelihood of serious harm to themselves or others.

History of Non-Compliance with Treatment *(must check at least one of the following)*

[ ] At least twice within 36-months prior to filing the petition, the lack of compliance with treatment was a significant factor necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state or local correctional facility. The 36-month period shall be extended by the length of any hospitalization or incarceration that occurred within the 36-month period; or

[ ] At least twice within 36-months prior to filing the petition, the lack of compliance with treatment was a significant factor necessitating emergency medical care or hospitalization for 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

[ ] The lack of compliance with treatment 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. 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.

Least Restrictive Alternative *(must be checked)*

[ ] Participation in an AOT program is the least restrictive option necessary for the person's recovery and stability.

Benefit from Treatment *(both must be checked)*

[ ] The person will benefit from AOT.

[ ] The petitioner has interviewed the person, unless the person refuses an interview, and has determined that the person will not voluntarily receive appropriate treatment.

Age *(must be checked)*

[ ] The person is 18 years of age or older.

For How Long May a Petition Seek to Have an Order for Assisted Outpatient Treatment in Place?

The court may order assisted outpatient treatment effective for up to 18 months.

Where Do I File the Petition?

To file an AOT petition, begin by going to the North Sound BH-ASO Assisted Outpatient Treatment website page, found here: http://nsbhaso.org/aot

From there, download the Snohomish County Petition for AOT and Snohomish County AOT Declaration forms and complete them as described below (see section: Completing the Petition and Notice of Hearing). Note that the requirements for who can provide declarations are separate from who can complete petitions, and they must be separate people.

Once completed, send the petition and declaration(s) to the Deputy Prosecuting Attorney at: SPA-AOTProsecutors@snoco.org

The Deputy Prosecuting Attorney reviews the petition to confirm it meets all legal sufficiency to be considered by the court. If the petition is either incomplete or does not meet legal sufficiency, the Deputy Prosecuting Attorney will contact you for further assistance.

Once the petition has passed review, the Deputy Prosecuting Attorney will forward it to the Snohomish County Court for scheduling of the initial hearing.

For additional questions, contact:
Garrison Whaley-Sharp, AOT Coordinator
North Sound BH-ASO
garrison_whaley-sharp@nsbhaso.org
360-746-0451

What Do I File?

- **Required:** One AOT petition per respondent.

  Use form: **Snohomish County Petition for AOT**

- **Required:** One declaration performed or cosigned by a *physician, physician assistant, or advanced registered nurse practitioner* who has examined or attempted to examine the respondent no more than 10 days prior.
  Use form: **Snohomish County AOT Declaration**

- **Optional**: Any additional declarations from parties who can provide further background about the respondent's behavioral health disorder and subsequent actions.

  For each declaration, use form: **Snohomish County AOT Declaration**

What Happens After You File the Petition?

1. The court will schedule a hearing for either 3-7 days after the date of service; within 30 days of service, if the parties agree; or before the respondent is discharged, if they are currently hospitalized. These will occur on Wednesdays at either 9:00 AM or 10:30 AM.

2. Notice of the hearing, a copy of the petition, and accompanying declaration will be provided to the Deputy Prosecuting Attorney for service to the required parties:
    - The Defense Attorney, electronically
    - The AOT Provider, electronically
    - The AOT Respondent or their surrogate decision maker. This will be in person by a qualified service entity or, if the Respondent is currently residing in an inpatient facility, they will provided to the facility to be given to the Respondent.
    - The Petitioner (you). This will be in person by qualified service entity or electronically agreed to previously agreed to this with the Deputy Prosecuting Attorney.
    - The individual who completed the required declaration. This will be in person by a qualified service entity or electronically if agreed to previously by the Deputy Prosecuting Attorney.
    - Any additional requested witnesses in person by the qualified service entity contracted with by the Deputy Prosecuting Attorney

3. The Defense Attorney will attempt to contact and arrange a meeting with the Respondent prior to the scheduled hearing to discuss whether the Respondent wishes to contest or agree to the proposed AOT order.

4. The petitioner and declarant are expected to attend the initial hearing in-person however may attend virtually if they contact the Deputy Prosecuting Attorney's office and receive approval to do so due to extenuating circumstances such as scheduling difficulties. The Superior Court will then send Zoom links to attend the hearing virtually. Should they be unavailable to attend either in-person or virtually, the petitioner or declarant may contact the Deputy Prosecuting Attorney and request to send a representative instead. This representative must be approved by the Deputy Prosecuting Attorney prior to the hearing and determined to be knowledgeable enough of the case to testify.

5. At the hearings, you, as the petitioner, as well as the professional and any other individuals who completed declarations will be represented by the Prosecutor. The Judge will review the petitioner and hear testimony from those in attendance.

6. After all evidence and testimony is presented, the Judge will make its decision whether to grant the AOT order.

Completing the Petition and Notice of Hearing.

Type or print clearly! If printing, then use black or blue ink only.

Numbered Sections

1. **Petitioner's Name & Relationship to the Respondent.**

   Fill in your name and check the box that accurately describes your position in relationship to the respondent.

   Fill in your contact information.

   Check the box that accurately represents the respondent's age.

2. **Respondent's Interview.**

   Check the box that best describes whether you were able to interview the respondent.

3. **Length of AOT Order.**

   Write in the recommended length of the AOT petition. The default length of an AOT order is the maximum allowable of 18 months. The order may be dismissed before the 18 months if the respondent completes the AOT treatment plan. If any parties feel an order should be for less than 18 months, then they can present their argument at the hearing for the court to make a ruling.

4. **Reason/s for Assisted Outpatient Treatment.**

   For (a), check the box that best reflects the respondent's behavioral health disorder.

   For (b) and (c), check the box that most accurately describes the respondent's historical behavior regarding treatment.

   For (f)-(h), provide the specific facts that best respond to the prompt. If the answer/s is provided in a supporting declaration, then notate "see declaration of" and provide the name of the declarant.

5. Required Declarations.

The physician, physician assistant, or advanced registered nurse practitioner who provides a declaration must have examined the respondent no more than 10 days prior to the submission of the petition. They must also be willing to testify in support of the petition. Alternatively, if the person refused to be examined during the 10 days prior to submission, then the professional who attempted to examine them may provide a declaration so long as they are willing to testify. The declaration must address why the declarant believes the respondent is in need of treatment for a behavioral health disorder and why, based on their observations, they would better benefit from an assisted outpatient treatment (AOT) order rather than inpatient treatment.

If the declaration is provided by the respondent's treating mental health professional or substance use disorder professional, then it must be cosigned by a supervising physician, physician assistant, or advance registered nurse practitioner who certifies that they reviewed the declaration and concur with the MH/SUD professional's opinion in the declaration.

Declarants should use the form: **Snohomish County AOT Declaration**. Only one declaration is required.

6. Optional Declaration/s.

Additional declarations may be submitted, but are not required, including declarations from intimate partners, family or household members, or others who can provide further background about the respondent's behavioral health disorder and subsequent actions. Declarants should use the form: **Snohomish County AOT Declaration**.

7. Treatment Information.

Prior to granting the AOT order, there must be an approved facility, agency, or provider willing to provide outpatient treatment for the respondent. Provide the requested information in the corresponding field.

In Snohomish County, Conquer Clinics is the contracted AOT provider. The following information may be entered in the Treatment Information fields:

Name of Agency, Provider, or Facility: Conquer Clinics

Address: 809 W. Main St. STE C, Monroe WA, 98272

Phone number: (206) 552-0882

Email *(if available)*: info@conquerclinics.com

8. Reentry & Transition.

If the respondent is currently incarcerated or in a treatment facility, then the court needs to know their anticipated release date and any other information that may be helpful in facilitating the respondent's successful transition back into the community. The AOT Petition should be completed as soon as possible to provide the Court sufficient time to schedule a hearing before the anticipated release date.

Date and Sign

Write in the city and state where you are signing this. Date, sign, and print your name.