



[Document title]

Procedural Operations Manual

[Date]

Table of Contents

Introduction	3
History of Program	3
Program Overview	4
AOT Team.....	4
Team Members.....	4
Roles and Responsibilities.....	5
Team Member Expectations	6
Orientation and Training.....	7
Confidentiality and Information Exchange	7
Confidentiality.....	7
Written Requests for Information.....	7
Information Exchange	8
Release of Information.....	8
Application for AOT.....	8
Eligibility Criteria	8
Respondent’s Eligibility Requirements	8
Petitioner’s Eligibility Requirements.....	9
Petition’s Eligibility Requirements	9
Disqualifying Criteria	10
Reconsideration for Entry	10
Change of Jurisdiction/Transfer into Snohomish County	11
Referral and Screening Process	11
AOT Petition Completion	11
Ordered Examination	13
AOT Petition Review	13
AOT Petition Service.....	13
AOT Petition Scheduling.....	14
Program Requirements.....	14
Program Length.....	14
Court Rules.....	14
Calendar Hearings.....	15
Initial Hearings	15

Agreed Initial Hearing	15
Contested Initial Hearing.....	16
Compliance Review Hearings.....	16
Special Set Calendar Hearings.....	17
Non-Compliance Hearings	17
Modification Hearing	18
Revocation Procedures	18
Petitioning for AOT Revocation	18
Revocation Hearing.....	19
Phases of AOT Court	20
Phase 1: Engagement and Stabilization	20
Phase 2: Transition and Skill-Building	20
Phase 3: Consolidation and Independence.....	20
Phase 4: Maintenance and Reuse Prevention	21
Treatment Requirements.....	21
Core Program Elements	21
Person-Centered Treatment and Planning	22
Conclusion of AOT.....	22
Graduation	22
Expiration	23
Revocation	23
Termination.....	23
Data Collection and Evaluation.....	23
Reviewing Data to Ensure Adherence to Best Practices	24
Monitoring In-program Outcomes.....	24
Having an Electronic Database.....	24
Ensuring Timely and Reliable Data Entry	24

Introduction

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.

This operating manual serves as a detailed overview of the roles of the court and its affiliated bodies in the operation of the AOT program. It illustrates the roles of each member of the multidisciplinary team, Respondent eligibility, the petitioning process, the various types of hearings involved, and the expected overall structure and workflows of the overall program. This manual complies with Court Statutes, RCWs 71.05.148, 71.05.585, 71.05.590, 71.05.595, and 71.05.245, and best practice guidelines provided by the Healthcare Authority, Treatment Advocacy Center, and other AOT programs currently in operation.

AOT programs are built upon a partnership between the behavioral health providers contracted to provide Assisted Outpatient Treatment, the Prosecuting Attorney's Office, Public Defender's Association, the Superior Court, and other community partners. It structures treatment intervention around the authority and personal involvement of a single Judge. The program is dependent upon the creation of a non-adversarial courtroom atmosphere where the Judge, the dedicated court staff, the treatment team, and the Respondent work together toward the common goal of improving the Respondent's overall functioning, setting them up for future success, and reducing the Respondent's levels of need so that less rest restrictive forms of treatment will be sufficient to meet them.

History of Program

The first AOT program in the United States was in New York State in 1999 with the introduction of "Kendra's Law," originally proposed by the National Alliance on Mental Illness as a response to growing concerns about individuals with serious mental illnesses being unable to receive the treatment they require and subsequently posing a danger to themselves and others. The program proved extremely successful, and since that time, at least 44 states throughout the country have introduced some form of legislation implementing AOT or an equivalent program. These programs have likewise proved effective with many studies finding AOT programs resulting in significant reductions in psychiatric hospitalizations rates, length of hospital stays, incarceration rates, arrest rates, homelessness rates, incidents of violent behavior, incidents of victimization, substance use, and overall costs.

In 2015, the Washington State Legislature adopted E2HB 1450, which established AOT in Washington State based on Kendra's Law. The scope of AOT in Washington was then further expanded in 2018 with the implementation of ESSB 6491 and expanded yet again in 2022 via SB 1773. In addition to expanding the scope and accessibility of AOT, SB 1773 also introduced significant additional funding for the implementation of AOT programs.

Pilot programs for AOT were introduced in 2018 in both King and Pierce County, and since the implementation of SB 1773, every region in Washington has begun work on the formations of their own AOT programs. In the North Sound region of Snohomish, Island, Skagit, San Juan, and Whatcom counties, the formation of this program has been the responsibility of North Sound BH-ASO.

After an extensive RFQ process and a review of the resources available in each county, the ASO decided to begin AOT in the North Sound region with a pilot program based in Snohomish County. The ASO began meetings with representatives of the Snohomish County Superior Court, Prosecuting Attorney's Office, and Public Defender's Association to discuss potential structures of a Snohomish County AOT program, and on February 14th, 2024, Judges from the Snohomish County Superior Court approved a proposed court model. Since that time, extensive work has been done by all the above parties to collaboratively plan and prepare for the program's implementation.

Program Overview

Assisted Outpatient Treatment can be provided as an earlier intervention to prevent the need for hospitalization, or as a court mandated condition for one's release. 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.

AOT programs are designed to be intensive, wrap-around programs capable of meeting all or most Respondent's behavioral health needs. This 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.

AOT Team

Team Members

The AOT team is a multi-disciplinary team consisting of members from several different areas of expertise who work collaboratively to ensure the best care for each participant through the consideration of AOT petitions and the formation, review, monitoring, and eventual conclusion or revocation of AOT orders.

Team members include:

- Superior Court Judge
- Superior Court Clerk
- Deputy Prosecuting Attorney
- Defense Attorney
- Public Defender Association Employed Social Worker
- AOT Court Coordinator
- AOT Provider

Each member is responsible for ensuring their respective role provides the necessary knowledge and guidance to the team and Respondent and effectively fulfills their roles in the AOT program in a timely and efficient manner.

Roles and Responsibilities

Superior Court Judge

The Superior Court Judge presides over the court proceedings and decides on the approval, modification, compliance, and revocation of AOT orders. The Judge reviews petitions, declarations, supporting documentation, and testimony to determine eligibility and approval of an AOT order. The Judge reviews treatment status/compliance reports, behavioral health evaluations and recommendations, team recommendations, and testimony to determine AOT compliance and/or revocation. The Judge provides leadership to the AOT team and oversees all therapeutic courts for the Superior Court. The Judge commits to two (2) year term with the ability to renew for two (2) additional two (2) year terms. A Judge will be assigned as a backup and next rotating Therapeutic Judge.

Superior Court Clerk

The Superior Court Clerk is responsible for processing all court documents relating to AOT including AOT petitions, declarations, orders, petitions for revocation, notices of hearings, and others. They are responsible for keeping minutes of AOT hearings, filing orders entered during court, and entering information into the statewide court system.

Deputy Prosecuting Attorney

The Deputy Prosecuting Attorney represents all individuals or agencies petitioning for AOT orders in court proceedings. The Deputy Prosecuting Attorney reviews the AOT petitions for legal sufficiency, proper completion, and eligibility before the petition is filed. The Deputy Prosecuting Attorney attends the initial AOT hearing and advocates for the implementation of an AOT order for the Respondent. The Deputy Prosecuting Attorney is also responsible for contracting with a qualified process serving entity for the serving of petitions and notices of hearings to the Respondent and all other parties required to attend the initial AOT hearings. Once an AOT order is in place, the Deputy Prosecuting Attorney will represent the AOT Provider in all AOT hearings and advocates for the best course of action for the client's treatment.

Defense Attorney

The Defense Attorney represents and counsels all Respondents of an AOT petition during court proceedings. Defense counsel reviews the AOT petition with the Respondent before the initial hearing to explain the AOT court proceedings. The Defense Attorney advocates for the AOT Respondent's legal rights and desired outcome. The Defense Attorney is interested in promoting the health and well-being of the AOT Respondent. If the Respondent wishes to contest the AOT petition, the Defense Attorney will advocate against the implementation of an AOT order and aid the court and Respondent in determining alternative types of treatment. If the Respondent fails to appear at the initial hearing, the Defense Attorney may represent the Respondent in their absence. Should an AOT order be implemented, the

Defense Attorney will attend AOT review hearings and advocate for the Respondent and their expressed wishes regarding the direction of their care and AOT order including desired alterations or conclusions. The Defense Attorney will also represent the Respondent in any potential revocation hearings and advocate of the Respondent.

Public Defender Social Worker

The Public Defender Social Worker acts at the direction of the Defense Attorney to aid in supporting the Respondents of AOT petitions and orders through their AOT process. They may assist the Respondent in forming their personal goals. The Public Defender Social Worker does not provide therapy, counseling, or treatment of any mental health or other co-occurring medical issues. The Public Defender Social Worker also provides the Respondent with assistance in accessing housing and resources.

AOT Court Coordinator

The AOT Coordinator provides support and coordination of services to the Snohomish County Superior Court and AOT team. This includes processing of program forms, petitions, and court orders, and providing parties copies as necessary. The Court Coordinator assists in coordination of court hearings and gathers information on compliance, phase progression, order and treatment plan modifications, hearing dates for entry into the case management system. The Court Coordinator may assist Respondent access to community resources.

AOT Provider

The AOT Provider is the contracted Behavioral Health Agency assigned to provide behavioral health treatment services and monitor the AOT Respondent's compliance. The AOT provider will coordinate and monitor treatment services provided by additional behavioral health agencies. The AOT provider will participate in all court hearings and report or testify on treatment plans/progress, compliance, and recommendations. AOT providers may assist in transportation to court and services. The AOT Provider is responsible for the AOT treatment plan and monitoring the Respondent's progress and compliance to it. The treatment plan will be documented in the case management system and shared with the AOT team.

Team Member Expectations

Team members (direct or indirect) are prohibited from accepting gifts in any form from active Respondents. Any monetary gifts must be returned to the Respondent. Any items donated to the program (e.g., clothing, gift cards, event tickets, etc.) may be presented to and accepted on behalf of the program by the Judge.

Team members, except those required by their role or employer, are prohibited from transporting participants in their personal vehicles for any reason.

Team members (direct or indirect) are prohibited from engaging in relationships with any active program Respondent and/or participating in any non-program related function* with any active program Respondent (i.e. family events, birthday parties) unless approved in advance by the Judge.

* Appointments (such as medical, mental health, dental and or financial) relating to the participation in the program does not apply.

Team members (direct or indirect) shall, at all times, display professionalism and courtesy to all Respondent and fellow team members. Team members are expected to discourage unprofessional or unethical advances from participants and/or participant family members and should report the same to the Judge and Program Administrator.

Orientation and Training

All team members will be provided with training materials within 30 days of their start date. The North Sound Behavioral Health Coordinator and/or the AOT Coordinator will give the new team member with the AOT Operations Manual and supplemental information on training websites and information.

Team members shall attend continuing education workshops to gain up-to-date knowledge about best practices, including Assisted Outpatient Treatment programs, severe mental illness, treatment services, diversity and equity, and constitutional and legal issues.

Confidentiality and Information Exchange

Confidentiality

Ongoing supervision, case management and communication are an integral part of the program. The team will share in the ethical responsibility for protecting the confidentiality rights of all candidates/Respondent who are referred, actively involved, or are no longer associated with the program.

The team shall operate under the standards required by both state and federal law to protect the confidentiality of Respondents and Respondent-related information. The confidentiality of alcohol and drug abuse patient records (42 CFR Part 2) is governed by federal regulation and cannot be disclosed without written consent of the participant unless otherwise provided in the regulation. The confidentiality of medical information is governed by federal regulation (HIPAA) and cannot be disclosed without the written consent of the participant.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. Other instances of mandated reporting are in case of emergency, threats of self-harm or to others.

De-identified data will be used for research purposes to assist with internally assessing our program and for outside evaluations.

These rules, regulations and oaths of confidentiality remain in effect even after the individuals are no longer associated with our program.

Written Requests for Information

Staff responding to requests for information for the public or media shall have that correspondence pre-approved by the Court Administrator or designee. All correspondence will be on court letterhead and pre-approved through supervisory channels.

Any release of information requests must adhere to the court's policy and guidelines for public disclosure. Further information is available through the Court Public Disclosure Officer.

Information Exchange

Internal court staff within the Snohomish County intranet server may communicate using full names. Communication shall be for the following:

- Case management
- Court planning and updates
- Special circumstances that may affect participation

Team members outside of the Snohomish County intranet server may not receive nor send information utilizing the participant's full name. Team members can communicate via facsimile or telephone regarding programmatic and participant information. Team members will utilize an alpha numeric code to protect the confidentiality of participant internet e-mails.

Release of Information

A Multi-Agency Release of Information specific to the AOT program will be made available to the Respondent at the time of their initial AOT hearing for them to complete. This will authorize the disclosure of health information to the AOT Provider, North Sound BH-ASO, and any other additional parties the Respondent chooses to add to the authorization.

Application for AOT

Eligibility Criteria

Respondent's Eligibility Requirements

To be eligible to participate in the AOT program, an applicant must be at least eighteen (18) years of age, a resident of Snohomish County, and meet the requirements set forward in RCW 71.05.148.

Per RCW 71.05.148., The Superior Court must find, by clear cogent, and convincing evidence, that A-E are each true:

- 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.

If a Respondent resides outside of Snohomish County, the court may consider exceptions to eligibility case by case or may review for a transfer of jurisdiction.

Petitioner's Eligibility Requirements

For an AOT petition to be considered by the court, it must be completed by one of the below parties. Any petition completed by a party not listed below will be deemed legally insufficient and will not result in an AOT hearing. The parties who may submit a petition for AOT are:

- 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.

Petition's Eligibility Requirements

In order to be considered, the petition for AOT must also include each of 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 attend the hearing and testify to the reasons they believe that the person meets the criteria for assisted outpatient treatment, should the Respondent contest the petition. 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 Respondent 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.

Although all of the above criteria must be met for a Respondent to qualify for AOT, the Superior Court Judge holds final authority to approve or reject AOT petitions and reserves the right to deny a petition even when all the above criteria are met, should they determine that AOT is not the best form of treatment for the petition Respondent.

Disqualifying Criteria

A person may not be eligible if they are deemed to be of such high needs that they would be incapable of participating in AOT or that AOT would be insufficient to keep themselves and those around them safe from harm, in which case the person should be referred to more restrictive, inpatient programs.

Reconsideration for Entry

Former AOT Respondents are eligible for re-entry into the program if they meet the eligibility criteria. A new petition shall be submitted meeting all the requirements and initial hearing held for entry of AOT order. Previous non-compliance or revocation of a previous order does not disqualify re-entry into the program, it may be considered if determining if AOT will be beneficial and the AOT order approved.

Change of Jurisdiction/Transfer into Snohomish County

Reserved- needs further process discussion

Referral and Screening Process

AOT Petition Completion

AOT may be recommended by anyone, however only those qualified parties (see [Eligibility Criteria](#)), may submit an AOT petition for consideration.

To file a petition a petitioner shall download the **Snohomish County Petition for AOT** and **Snohomish County AOT Declaration** forms from the North Sound BH-ASO AOT [Website page](#). A **User Guide For Petitions** can be viewed to help guide the petitioning process. The petitioner completes the following 8 sections of the petition:

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.

The petitioner checks the box that best describes whether they were able to interview the respondent.

If the respondent refused to be examined, then the court may order a mental examination at the hearing. In doing so, the examination may be conducted by:

- the qualified professional who provided a declaration to accompany the petition;
- a different qualified professional who may consult with the professional whose declaration accompanied the petition; or
- a provider at a facility, if the respondent continues to refuse to be examined and the court finds reasonable grounds to believe the statements in the petition are true. The court may authorize transportation of the respondent to the facility, and the respondent cannot be detained longer than 24 hours for examination.

3. Length of AOT Order

The petitioner writes in the number of months they think the order should be in place. They may ask the court for an order that is effective for up to 18 months, based on their professional opinion of what is best for the respondent. The court holds final authority and may issue the final order for less than or longer than the petitioner asked based on the evidence and testimony provided at the hearing, but it cannot issue the order for more than 18 months.

4. Reason/s for Assisted Outpatient Treatment

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

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

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

5. Required Declaration

A declaration in support of the AOT petition, using the separate Snohomish County AOT Declaration form, must be completed by a physician, physician assistant, or advanced registered nurse practitioner who has 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 if the Respondent chooses to contest 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 mental disorder and why, based on their observations, they would better benefit for 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 advanced registered nurse practitioner who certifies that they reviewed the declaration and concur with the mental health/substance use disorder professional's opinion in the 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. These declarants should use the Snohomish County AOT Declaration form.

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. The AOT treatment contractor may be listed as the approved agency for AOT outpatient treatment.

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 petitioner then signs and dates the petition. This can be completed digitally or by printing out the petition, signing in with pen, and then scanning and reuploading it.

Ordered Examination

An AOT petition may be submitted either with a declaration from a qualified professional who performed an examination within 10 days of the submission of the petition, or with a declaration from a qualified professional who made appropriate attempts to examine the person within the same period but has not been successful in obtaining the person's cooperation. In the case of the latter, an examination by a qualified professional is still required for a Respondent to receive an AOT order. Per RCW 71.05.148, If the petition was submitted without an examination having occurred due to the respondent having refused to be examined by a qualified professional, and the court finds reasonable grounds to believe that the allegations of the petition are true, the court may issue a written order directing a peace officer who has completed crisis intervention training to detain and transport the respondent to a provider for examination by a qualified professional. A respondent detained shall be detained no longer than necessary to complete the examination and in no event longer than 24 hours.

AOT Petition Review

The completed petition shall be emailed 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 the petitioner for revision of the petition or direct them to possible alternative treatment.

Once the petition has passed review, the Deputy Prosecuting Attorney emails the AOT Court Coordinator at SSC-AOT@snoco.org to request a date and time for the initial hearing. The Deputy Prosecuting Attorney will file the petition with the Clerk's Office, and the AOT Court Coordinator will enter the information into the case management system.

AOT Petition Service

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
- AOT Provider, electronically
- The AOT Respondent or surrogate decision maker, in person by the qualified service entity contracted with by the Deputy Prosecuting Attorney. If the Respondent is currently residing in an inpatient facility, the Deputy Prosecuting Attorney will provide the documents to the facility which will be provided to the Respondent.
- The petitioner, in person by the qualified service entity contracted with by the Deputy Prosecuting Attorney or electronically if agreed to previously by the Deputy Prosecuting Attorney.
- The individual who completed the required declaration (if different from the petitioner) in person by the qualified service entity contracted with by the Deputy Prosecuting Attorney 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

Once the documents have been served, 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. If the Respondent wishes to agree to the AOT Petition, the Defense Attorney will notify the Deputy Prosecuting Attorney and AOT Coordinator who will change the upcoming initial hearing from a **Contested Initial Hearing** to an **Agreed Initial Hearing**. If the Respondent wishes to contest the petition, or if the Defense Attorney is unable to meet with the Respondent prior to the scheduled hearing, it will proceed as a **Contested Initial Hearing**.

AOT Petition Scheduling

The AOT Coordinator schedules the initial AOT hearing and files the petition with the Superior Court Clerk. All hearings will be scheduled with the presumption that they will be a **Contested Initial Hearing**. The hearing must be scheduled for no sooner than three days or later than seven calendar days after the date of service or, upon a showing of good cause, no later than 30 days after the date of service. The exception to this timeframe is if the respondent is hospitalized at the time of the filing of the petition, in which case the hearing will be scheduled for before the discharge of the Respondent and in sufficient time to arrange for a continuous transition from inpatient treatment to AOT.

Program Requirements

Program Length

A court order for AOT may be effective for up to 18 months but may be concluded at any time by the Judge if the Respondent no longer requires AOT and can have their needs sufficiently met by a less restrictive form of treatment. The Judge may choose to end the order early if they determine the Respondent is not expected to benefit from the order any further and no reasonable alterations to the order or its implementation or expected to change this. The order may end early if a Designated Crisis Responder files a revocation petition that results in a **Revocation Hearing** in which a Superior Court Judge orders to revoke the Respondent's AOT order and order them to be detained in an inpatient treatment facility.

Court Rules

Respondents have a responsibility to dress and appear in the court and at the treatment center according to standards of propriety, safety, and health and according to the following guidelines:

- Turn off all cell phones and electronic devices BEFORE entering the courtroom. Texting, photography, or video/audio recording is NOT allowed³. Participants MUST be properly dressed

in court at all times. Bare feet, tank tops, halters, bare midriffs, see-through garments are not acceptable. No visible undergarments.

- Must NOT wear clothing displaying alcoholic beverages, drugs, nude pictures, obscenities or other words or images that may be offensive to other participants or staff will be allowed.
- NO hats, bandanas, or other headdress except religious or medical will be permitted at any time.
- NO sunglasses will be worn in the courtroom.
- Food or drink are NOT allowed in the courtroom. This includes gum, candy, mints, etc., and applies to everyone in court, including children.
- Be respectful of other people and the court. NO profanity or bad language is allowed.
- The Judge should always be addressed as “Judge” or “Your Honor.”
- Be quiet in the courthouse, as other courts are in session.

Calendar Hearings

Initial Hearings

The schedules and procedures of the initial hearings are determined by whether an AOT order will be **Agreed** or **Contested**.

All initial hearings will be attended by the Superior Court Judge, the Superior Court Clerk, the AOT Court Coordinator, the Deputy Prosecuting Attorney representing the petitioner, the Public Defender representing the Respondent, the Public Defender Association Employed Social Worker, and the Respondent. Should the Respondent fail to appear for the initial hearing, the hearing may commence in their absence given that the Public Defender is present and the Deputy Prosecuting Attorney has received a **Proof of Personal Service** of the petition and notice of hearing. Should the Respondent have a surrogate decision maker or agent who wishes to provide testimony, they will also be allowed to do so. Initial hearings shall be in-person at the Snohomish County Superior Court if the Respondent is not hospitalized/detained or via Zoom if the Respondent is hospitalized/detained. The petitioner and qualified professional who wrote the AOT declaration may attend the initial hearing virtually even if scheduled as an in-person hearing. An AOT team member shall contact the AOT Coordinator if there is a request to appear virtually for an in-person hearing.

Initial hearings are scheduled to occur on the 1st and 3rd Wednesdays of each month from 10:30 AM to 12:00 PM, in-person at the Snohomish County Superior Court or via Zoom if the Respondent is currently hospitalized. How many hearings can be scheduled for each timeslot, will be decided by the court and dependent on whether the hearings are **Agreed** or **Contested**.

Initial hearings may be set on the **Compliance Review Hearings** at 9:00 a.m. or the Special Set Calendar (see below) if additional calendar space is needed.

Agreed Initial Hearing

Agreed Initial Hearings are presided over by the Superior Court Judge. The Judge will review the AOT petition and accompanying declarations and confirm with the petitioner or their representative the accuracy of all information provided. The Judge will review recommendations in the proposed agreed

order provided by the Defense Attorney and Deputy Prosecuting Attorney. The Judge will make a finding if the AOT Petition will be granted or denied. If granted, the court will enter the “Findings, Conclusions, and Order, Committing Respondent for Assisted Outpatient Treatment” ordering the Respondent to adhere to the services and treatment plan formulated by the designated AOT provider. The Respondent’s first **Compliance Review Hearing** will be scheduled and provided notice of the hearing. The Respondent will complete the Multi-Agency Release of Information and be introduced to the representative from the AOT Provider to schedule the Respondent’s first appointment for AOT services.

Contested Initial Hearing

Contested Initial Hearings are presided over by the Superior Court Judge and require the attendance of the petitioner and the qualified professional whose declaration accompanied the petition, or a designated representative of these parties. These parties or their representatives may attend virtually via Zoom.

The Judge reviews the AOT petition, accompanying declarations, testimony from the Petitioner or their representative, testimony from the qualified party whose declaration accompanied the petition, and testimony from the Respondent, if applicable. The Judge will make a finding if the AOT Petition shall be granted or denied. If granted, the court will enter the “Findings, Conclusions, and Order, Committing Respondent for Assisted Outpatient Treatment” ordering the Respondent to adhere to the services and treatment plan formulated by the designated AOT provider. The Respondent’s first **Compliance Review Hearing** be scheduled and provided notice of the hearing. The Respondent will complete the Multi-Agency Release of Information and be introduced to the representative from the AOT Provider to schedule the Respondent’s first appointment for AOT services.

Compliance Review Hearings

Compliance Review Hearings will be attended by the Judge, the Court Clerk, the AOT Court Coordinator, the Deputy Prosecuting Attorney, the Public Defender representing the Respondent, the Public Defender Association Employed Social Worker, the AOT provider, and the Respondent. Attendance to their review hearings is a part of the Respondent’s AOT order. Compliance Review Hearings will be in-person and failure to attend the hearing without sufficient cause will be considered noncompliance with the order.

Compliance Review Hearings are scheduled based on the Respondent’s current treatment phase (Phase 1-4). The Judge may order hearings to occur more or less frequently, dependent on recommendations and requests from the AOT Team or the Respondent. Compliance review hearings occur on the 1st and 3rd Wednesdays of each month from 9:00 AM to 10:30 AM. The court may choose to schedule additional hearings for the Special Set Calendar timeslots usually used for **Non-Compliance** and **Modification Hearings** (see below).

Compliance Review Hearings serve as opportunities for the Judge to check-in with the AOT team and the Respondent regarding compliance with treatment and the AOT order. This may include reviewing and asking questions concerning current treatment modalities, progress towards goals, and input from the Respondent and team members on the compliance and progress.

The review hearing is also an opportunity for team members and the Respondent, to voice any questions, concerns, or suggestions regarding the AOT treatment plan. This may include, but is not limited to, suggestions to alter treatment strategies/plans, modify the AOT order, progress to the next phase of treatment, or request the AOT order be concluded because it is no longer necessary or no longer believed to benefit the Respondent. Modifications may occur at the Compliance Review Calendar or be scheduled on the Special Set Calendar. The AOT Coordinator will enter a summary of the court proceedings into the case management system and the statewide data system through the Clerk's minutes.

Special Set Calendar Hearings

The Special Set Calendar is from 9:00 AM to 12:00 PM on the 2nd and 4th Wednesdays of the month. This calendar is for **Non-Compliance Hearings** and **Modification Hearings** but may be used for other types of hearings.

Non-Compliance Hearings

If the Respondent is not compliant with their AOT order and the non-compliance cannot be addressed with a therapeutic response from the AOT provider or wait until the next scheduled Compliance Review Hearing, then an AOT team member may contact the AOT Coordinator and request that the court schedule a **Non-Compliance Hearing**. A **Non-Compliance Hearing** shall be scheduled for the next available hearing date on the Compliance Review or Special Set Calendar. The AOT Coordinator will provide the AOT team members with the scheduled hearing date.

Non-Compliance Hearings will be attended by the Judge, the Court Clerk, the AOT Court Coordinator, the Deputy Prosecuting Attorney, the Public Defender representing the Respondent, the Public Defender Association Employed Social Worker, the AOT provider, and the Respondent. These hearings are an opportunity for the AOT team to work collaboratively to find solutions for the Respondent's non-compliance and encourage their future compliance with their treatment. The Judge will review the evidence of the Respondent's non-compliance with their AOT order and may ask the Deputy Prosecuting Attorney, Defense Attorney, and AOT Provider to prepare documentation of the non-compliance prior to the hearing. The Judge may request a representative(s) from the AOT Provider to testify regarding the lack of compliance. The Defense Attorney may request to present evidence or testimony on behalf of the Respondent.

Responses to non-compliance may include: changes in treatment modalities, changes to review hearing schedules, changes to the Respondent's phase of treatment, and/or the conclusion of the AOT order if it is no longer necessary or no longer believed to benefit the Respondent. If the Judge decides to conclude the AOT order, the Court may consider setting a date for closure to allow for a treatment transition plan based on individual needs.

Following the **Non-Compliance Hearing**, the Judge may schedule an additional **Non-Compliance Hearing** or return to **Complaint Review Hearings**.

If the Judge finds the Respondent's lack of compliance is a result from significant decompensation of the Respondent's functioning or may pose a risk to themselves or others, then the Judge may request that a Designated Crisis Responder evaluate the Respondent for possible **Revocation**.

Modification Hearing

An AOT Team member may file a petition for modification if there is a recommendation to modify the current AOT order. The AOT team member will complete the **Snohomish County Petition for AOT Modification or Revocation** along with the proposed modified order. The petitioner emails the petition and proposed order to the Deputy Prosecuting Attorney to review the criteria for legal sufficiency. The Deputy Prosecuting Attorney emails the AOT Court Coordinator at SSC-AOT@snoco.org to request a date and time for the modification hearing. The Deputy Prosecuting Attorney will file the petition with the Clerk's Office, and the AOT Court Coordinator will enter the information into the case management system. Notice of the hearing, copy of petition, and supporting documents are provided to the Deputy Prosecuting Attorney for service to the required parties:

- Defense Attorney, electronically
- AOT Provider, electronically
- AOT Respondent or surrogate decision maker, in person by the qualified service entity contracted by the Deputy Prosecuting Attorney

Modification Hearings will be attended by the Superior Court Judge, the Superior Court Clerk, the AOT Court Coordinator, the Deputy Prosecuting Attorney, the Public Defender representing the Respondent, the Public Defender Association Employed Social Worker, a representative from the Respondent's AOT provider, and the Respondent. The Judge will review the modification petition, supporting documents, and testimony. The judge will determine:

1. Whether the person has not adhered to the terms and conditions of the order
2. Whether substantial deterioration in the person's functioning has occurred
3. If there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment
4. If there is a likelihood of serious harm

If a finding of one or more of the criteria is met, then the Judge may grant the order of modification. The modification order will enter and go into effect immediately.

Revocation Procedures

Petitioning for AOT Revocation

A Designated Crisis Responder (DCR) may, at the request of a member of the Judge, AOT team, or community member with first-hand knowledge of the concerning behaviors, begin revocation procedures for an AOT Respondent.

The DCR will complete an evaluation of the Respondent. The AOT Provider will make best efforts to provide relevant information to the DCRs before the evaluation and attend the evaluation if possible. The DCR will determine whether the Respondent currently presents a likelihood of serious harm and/or is gravely disabled as a result of their behavioral health symptoms.

If the DCR determines the AOT Respondent shall be detained for a Revocation Hearing, then the detention must be in an evaluation and treatment facility, available secure withdrawal management and stabilization facility with adequate space, or available approved substance use disorder treatment program with adequate space. Priority will be given to facilities located within Snohomish County. The DCR will complete a **Petition for AOT Modification or Revocation** and submit it to the Superior Court of the county where the Respondent has been detained, along with a copy of the Respondent's AOT order within 24 hours of detention. The detention may last for no longer than 5 calendar days. The DCR will contact the AOT Coordinator regarding the detainment and county location if a revocation petition is filed for a Snohomish County AOT Respondent.

A **Revocation Hearing** will be scheduled by the Superior Court in which the petition was filed. If the petition is filed in Snohomish County, then the Revocation Hearing shall be scheduled before the AOT Judge within five calendar days.

Revocation Hearing

Revocation hearings will be attended by a Judge, Deputy Prosecuting Attorney, Public Defender, the Respondent, and the facility's court evaluator.

The Judge will review the petition for revocation as well as the AOT order. The Judge may ask for testimony from the facility's court evaluator, the Respondent, and the AOT provider regarding the Respondent's compliance with AOT order and treatment. The Judge may also ask additional parties associated with the Recipient's AOT order for testimony or documentation of the Recipient's previous non-compliance with their order.

The Judge will determine

1. Whether the person has not adhered to the terms and conditions of the order
2. Whether substantial deterioration in the person's functioning has occurred
3. If there is evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment
4. If there is a likelihood of serious harm

If any of the above conditions apply, the Judge may determine it appropriate for the court to revoke the order and order the person's detention for inpatient treatment, ending their involvement in the AOT program. If the court orders detention for inpatient treatment, the treatment period must be for 14 days from the revocation hearing. The court may not detain a person for inpatient treatment to a secure

withdrawal management and stabilization facility or approved substance use disorder treatment program under this subsection unless there is a facility or program available with adequate space for the person. The person may waive the court hearing and allow the court to enter a stipulated order upon the agreement of all parties.

If the court chooses to deny the Revocation Petition or if the hearing does not occur because the facility in which they are detained chooses to release them prior to the scheduled hearing, the AOT Respondent will resume their AOT program and return to their current schedule of AOT hearings.

Phases of AOT Court

The AOT program is divided into 4 different phases. These phases are determined by Respondent's progress, level of treatment and services, and schedule for **Compliance Review Hearings**. The phase structure provides standardized guidelines for treatment service and hearing scheduling, both adjustable on a case-by-case basis on individual needs. The AOT providers will determine a Respondent's completion of phase benchmarks and notify the Court when a Respondent is eligible to transition to the next phase.

Phase 1: Engagement and Stabilization

During the initial phase of treatment, an AOT Respondent in compliance with their treatment is expected to appear in court for compliant review hearings **every 2 weeks**. Phase 1 includes intensive treatment team involvement to determine client needs, stabilize symptoms, build rapport, and monitor adherence.

Phase 2: Transition and Skill-Building

During the second phase of treatment, an AOT Respondent in compliance with their treatment is expected to appear in court for compliant review hearings **once a month**. Phase 2 continues intensive care team interaction in an effort to stabilize symptoms, maintain rapport, and ensure adherence.

Phase 3: Consolidation and Independence

During the third phase of treatment, an AOT Respondent in compliance with their treatment is expected to appear in court for compliant review hearings **every 6 weeks**. In phase 3, the participant demonstrates autonomy with minimal treatment team assistance to maintain adherence.

Phase 4: Maintenance and Reuse Prevention

During the fourth and final phase of treatment, an AOT Respondent in compliance with their treatment is expected to appear in court for compliant review hearings **every 8 weeks**. In phase 4, the Respondent receives minimal interaction from the AOT provider while maintaining long-term stability.

Treatment Requirements

AOT treatment services will be determined by the behavioral health assessments, treatment plans/recommendations, and respondent's needs. Below are some of the services all Snohomish County contracted AOT Providers will include as part of their program.

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 chapter [71.32](#) RCW.
- Monitoring and Notification to appropriate stakeholders of non-compliance.
- Facilitation of the Respondent'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 Respondent wherever they are required, including in the home and the community.
- Transportation for the Respondent 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 Respondent 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 Respondent during said appearances.
- Access to 24/7 crisis response services.
- Adhering to state-wide AOT best practice guidelines as they develop.

Person-Centered Treatment and Planning

The person-centered treatment plan shall be developed in collaboration with the Respondent and their preferred natural supporters, and/or guardian, if any, when feasible and appropriate. The Respondent's participation in the development of the treatment plan shall be documented. The AOT provider shall evaluate with each Respondent and their needs, strengths, and preferences and develop 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 Respondent to meet their goals, improve their 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 Respondent's own words are reflected in the treatment plan goals. The treatment plan must be formed in conjunction with the AOT order to assure it does not contradict the requirements of the order and is effective in aiding the Respondent in meeting said requirements.

The AOT Provider is responsible for providing the necessary support to ensure the Respondent 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 their role in developing their own person-centered treatment plan. With the permission of the Respondent, AOT team staff shall also involve pertinent agencies and members of the Respondent's social network in the formulation of treatment plans.

The AOT Provider, together with the Respondent, will be responsible for reviewing and rewriting the treatment goals and plan whenever there is a major decision point in the Respondent's course of treatment. Additionally, the AOT Provider shall prepare a summary which thoroughly describes the Respondent's and the Provider's evaluation 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 Respondent and the AOT Provider. Copies of the signed person-centered treatment plan will be made available to the Respondent and ongoing summaries will be provided to the AOT team.

Conclusion of AOT

Graduation

The AOT provider will notify the AOT Team when the Respondent has met all the required benchmarks in Phase 4 and is eligible for successful completion of the AOT program. The AOT Coordinator will schedule a hearing, either at the next Compliance Review Hearing or at a Special Set Calendar Hearing, for the Judge to hear testimony in support of or in opposition to the Respondent's graduation and to review the

types of less restrictive treatment that the Respondent will be receiving when the AOT order concludes. If the Judge finds the Respondent is eligible to graduate, the Court will schedule a hearing for graduation to allow for a treatment transition period.

All scheduled graduation dates are tentative and subject to change. AOT team members should not make plans that would impact their ability to continue to AOT program should the graduation date or its implementation be changed.

Respondents are encouraged to invite family and friends to attend their graduation ceremony at the Superior Court, honoring their successful program completion. At the ceremony, the Judge will sign an Order of Dismissal of AOT Order, noting the Respondent's graduation from the program. This will end the Respondent's involvement in the AOT program.

Expiration

If the AOT order reaches its 18-month timeline and the respondent is not eligible for successful completion, then the AOT order will expire. An AOT petition may be filed to review if an AOT order shall be entered to continue treatment services.

Revocation

If a Judge orders the revocation of the Respondent's AOT order and subsequent detention, the AOT team will be informed of the order's revocation. The AOT Judge will sign an Order of Dismissal of AOT Order, noting the revocation of the order. This will end the Respondent's involvement in the AOT program.

Termination

If a Respondent is no longer benefiting from or not adhering to the AOT order and treatment services, then a **Non-Compliance Hearing** may be set to discuss early termination of the AOT order. Early termination may also be suggested and discussed at a **Non-Compliance Hearing** not originally scheduled for that purpose if a team member believes the above conditions are met. The Judge will hear testimony from the AOT Team in support or in opposition of the termination and may review with the Respondent, if they are in attendance, the types of less restrictive treatment that the Respondent will be receiving when the AOT order concludes. If the Judge finds the Respondent should be terminated from the AOT program, the Court may consider setting a date for closure to allow for a treatment transition plan based on individual needs.

The Judge will sign an Order of Dismissal of AOT Order, noting the reasons for the termination. This will end the Respondent's involvement in the AOT program.

Data Collection and Evaluation

Data and continuous evaluation of the AOT program is key to ensure proper documentation of the Respondent's progress and allow review and evaluation of program outcomes. The program adheres to the best practice standards regarding monitoring and evaluation practices by:

Reviewing Data to Ensure Adherence to Best Practices

Data and adherence to best practice standards are continually reviewed throughout the year.

Monitoring In-program Outcomes

In-program outcomes are tracked and reviewed on a quarterly and annual basis. These are also reviewed at any time by request.

Having an Electronic Database

DCCM (Drug Court Case Management System): is our web-based case management system for Snohomish County's Therapeutic court programs and will also be used for AOT. This system allows for the tracking of a participant's case management from filing of the Petition to Discharge. Team members can pull statistical reports and reports for court staffings and hearings. This system is utilized by all AOT Team Members, as well as North Sound BH-ASO to enter, share and review participant information.

DCCM access is limited to AOT team members, administrative staff, judges, law clerks, contracted providers, and North Sound BH-ASO. If a person needs access, they need to contact the Recovery Court Senior at the Court and sign a confidentially waiver. If a user leaves, they are required to notify the court within 24 hours and the court will lock that person's access.

Ensuring Timely and Reliable Data Entry

AOT team members are required to record participant information into DCCM timely and accurately. Internal staff are required to record information within no more than 48 hours of the respective events. Contracted providers are to ensure that all data entry is complete by 2:30 pm each Monday for the past week for the court's and team's review prior to scheduled hearings.