



KY AOT

Kentucky Assisted Outpatient Treatment

IMPLEMENTATION AND FIDELITY MANUAL

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1. About This Handbook

Model fidelity refers to the degree to which a program was implemented and delivered as it was intended.¹ Accordingly, this handbook was developed by the Kentucky AOT Evaluation Team at the University of Kentucky College of Social Work and the AOT Program Director to assess the fidelity of the Kentucky Assisted Outpatient Treatment (AOT) Pilot Program.

The Handbook begins with an overview of the AOT pilot program, including its background and description. Next, the handbook individually describes the different administrative and programmatic pieces that compose the AOT Pilot Program. Each of these sections is linked to their respective fidelity or program monitoring measures that are located in the appendices.

How to use this Handbook

This handbook serves as a guide for assessing the administrative and programmatic components of the Kentucky AOT pilot program that inform fidelity. The reader is encouraged to first review the descriptions of the fidelity model components before using the fidelity and monitoring measures in order to understand the unique context for which the measurement pertains.

¹ Hill, L. G., Maucione, K., & Hood, B. K. (2007). A focused approach to assessing program fidelity. *Prevention Science*, 8, 25–34.

2. Kentucky Assisted Outpatient Treatment Pilot Program Background

Description

Tim's Law

In 2017, the Kentucky General Assembly passed Tim's Law, providing state district courts with authorization to order AOT for persons to who meet statutory criteria:

- Have a diagnosis of a serious mental illness (SMI)²
- Have a history of repeated nonadherence with mental health treatment which has:
- At least twice within the last forty-eight (48) months, been a significant factor in necessitating hospitalization or arrest of the person; or
- Within the last twenty-four (24) months, resulted in an act, threat, or attempt at serious physical injury to self or others.
- Be unlikely to adequately adhere to outpatient treatment on a voluntary basis, based on a mental health professional's:
 - a. clinical observation and
 - b. identification of specific characteristics of the person's clinical condition that significantly impair the person's ability to make and maintain a rational and informed decision as to whether to engage in outpatient treatment voluntarily; and
- Be in need of court ordered AOT as the least restrictive, appropriate mode of treatment.

KY AOT Pilot Program Development

The KY Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) received federal funding from the US Substance Abuse and Mental Health Services Administration (SAMHSA) in July 2020 to implement and operate the KY AOT Pilot Program. The Pilot Program coordinates the work of designated Community Mental Health Centers and state psychiatric hospitals in filing Tim's Law petitions and providing treatment to individuals under court order. The project is currently operating in the regions served by Central State Hospital (CSH), and Western State Hospital (WSH). The Pilot Project will be expanded to Eastern State Hospital region in FY2023 and Appalachian Regional Hospital in FY2024 with state general funds appropriated to DBHDID by the Kentucky General Assembly in the FY 2023 budget.

Participating CMHCs located in the CSH regions include Seven Counties Services and Communicare, and WSH region CMHCs include Pennyroyal Center, LifeSkills, River Valley Behavioral Health, and Four Rivers Behavioral Health.

² See Appendix 10 for list of qualifying diagnoses.

AOT Description

AOT is defined as a civil court-ordered community-based treatment for individuals with severe mental illness³. Under AOT, consumers receive community mental health services that include ongoing mental health counseling and related psychiatric services, case management, and other services including support and resource linking for housing, vocational/employment, educational/training, and other needs to support their recovery.

Aims, Target Population, and Eligibility

The Kentucky AOT Pilot Program aims to narrow the gap between the behavioral health service continuum for a small but especially vulnerable portion of Kentucky's population who have a serious mental illness (SMI) and have greater risk of recurrent and costly psychiatric admissions and involvement with the criminal justice system. As such, individuals are eligible for the federally funded AOT Pilot Program if they have been committed to CSH or WSH and meet Tim's Law Criteria. In the state-funded regions, eligibility is expanded to anyone who meets Tim's Law criteria, whether the individual is community- or hospital-based at the time of the petition.

Future AOT Pilot Program Developments

The Kentucky AOT Pilot Program was originally implemented to serve Central and Western Kentucky. In FY 2023, Kentucky provided additional funding to expand the AOT Pilot Program to serve Eastern and other regions of the commonwealth. Expansion efforts, as of October 2022, are underway and this manual will be updated once those parameters are finalized.

3. Kentucky AOT Pilot Program Infrastructure

The Kentucky AOT pilot program involves an extensive network of administrators, interdisciplinary teams and community collaborators. These positions and their respective descriptions are provided below beginning at the Administration level and proceeding with the next subsequent level. Appendix 1 provides the corresponding program fidelity assessment tool to assess this program component.

3 Stettin, B., Lukes, A., Snook, J., & Johnson, B. (2019). Implementing assisted outpatient treatment: Essential elements, building blocks and tips for maximizing results. Retrieved from:

https://www.treatmentadvocacycenter.org/storage/documents/backgrounders/White_Paper_FINAL_1.pdf

State Administration & Program Evaluation

Description/FTE	Associated Responsibilities
Project Director/State AOT Program Administrator (1.0 FTE)	Provides daily oversight of grant activities; engages state and local AOT stakeholders; advises regional AOT coordinators; supports evaluation efforts; submits federal reporting requirements; coordinates with related efforts.
AOT Program Evaluation Team/ (0.5 FTE)	Leads required and state-designed data collection, management, analysis, and reporting; performance assessment and CQI activities
AOT Program Principal Investigator/ (0.25 FTE inkind)	Serves as liaison with SAMHSA; oversees grant activities; supervises the state AOT program Administrator.

Program Delivery

Description	Associated Responsibilities
Regional AOT Coordinator (minimum 0.50 FTE)	Provides program oversight, program education and outreach, and communication with the stakeholders; oversees the maintenance of regional data; coordinates the provision of services on behalf of AOT consumers served by the AOT program, troubleshoots or helps coordinate AOT consumer care; attends state meetings and/or trainings; and coordinates with State AOT Program Administration.
AOT Clinician (0.25 FTE)	Conducts eligibility assessments for the consumers and provides related treatment recommendations to the court; engages in individual therapy with the consumers and coordinates other medically indicated mental health services referrals; collaborates with Regional AOT Coordinator to provide the court with consumer's course of treatment; work with additional specialty programs at CMHC.
AOT Targeted Case Manager (0.25 FTE)	Provides initial engagement with consumers in the hospital setting; after hospital discharge assists consumers in linking consumers to outpatient services, obtaining entitlements, securing consistent income, and identifying personal goals set by the consumer; coordinates with the AOT Clinician to assist with court updates regarding consumers' course of treatment.
AOT Peer Support Specialist/ (0.25 FTE)	Provides initial engagement with consumers in the hospital setting; after hospital discharge builds rapport with consumers, helps with identification of personal goals, provides education on illness management; collaborates with Regional AOT Coordinator to assist efforts in preparing updates regarding consumers' course of treatment.

AOT Court Liaison/ (0.25 FTE) (Description needed- not specified in grant)

AOT Housing Coordinator*/ (0.25 FTE) (Description needed- not specified in grant)

AOT Supported Employment Specialist*/ (0.25 FTE) (Description needed- not specified in grant)

State Psychiatric Hospitals

Hospital Staff

The State Hospital Staff include clinical care managers and mental health clinicians. These staff are responsible for identifying potential AOT consumers, initiating the AOT petition, coordinating referrals with the respective regional CMHCs, and coordinating the mental health evaluation of the potential AOT consumer with the respective CMHC.

Community Collaboration

Description	Associated Responsibilities
Local AOT Coalition	Established by the respective CMHC, this regional AOT Coalition Implementation team is comprised of stakeholders who have direct involvement and/or investment in the AOT program and civil commitment process.
State AOT Implementation Team	The State AOT Team meets quarterly and consists of stakeholders and pilot project providers who may advise state AOT staff in the development of program policies and procedure to enhance the standardization of AOT programming across the different service regions. The team may also inform education and outreach planning to promote awareness of the understanding of the KY AOT Pilot Program.

4. AOT Pilot Program Enrollment Process and Procedures

Several steps are involved to enroll a potential consumer into the KY-AOT Pilot Program (See KRS 202A in Appendix 6 and Figure 1 in Appendix 9 for further description and a visual depiction of the process). The corresponding fidelity measure for program enrollment is located in Appendix 2.

1. A state psychiatric hospital clinician identifies the potential consumer based on the program criteria (described in the aforementioned Aims, Target Population, and Eligibility section) and consults with a clinician from the respective community mental health center who would provide AOT services if the potential consumer would be enrolled.
2. If the consultation between the psychiatric hospital clinician and CMHC clinician determines the potential consumer is appropriate for the KY-AOT pilot program, the psychiatric hospital and CMHC clinicians meet with the potential consumer to consult with them about participating in the AOT program.
3. A determination between the psychiatric hospital and CMHC clinicians is made to prepare and file a petition for AOT or discontinue the AOT referral process.
4. The CMHC clinician conducts an evaluation as defined in KRS 202A and prepares a treatment plan for the potential consumer that will be used in the court review process.
5. If AOT is determined to be appropriate, the petition is prepared by the psychiatric hospital clinician and submitted to the court.
6. During the review process of the petition, the court makes the determination to enter the AOT order for up to 360 days or dismiss the petition.
7. The court order for AOT is filed and the court provides documentation of the order to the KY Cabinet for Health and Family Services, CMHC, County Attorney, and Respondent/Respondent's Attorney.
8. The CMHC conducts an intake assessment with the consumer and arranges the services needed (e.g., family engagement, therapeutics, housing support, employment support, educational/vocational services, health services, remission/relapse services, external referrals). The CMHC implements the service plan and provides ongoing services and monitoring during the consumer's course of AOT program participation.
9. The court periodically reviews the consumer's AOT treatment engagement, participation and progress intermittently and/or 330 days prior to the consumer's AOT program completion.
10. The court makes a determination of consumer's compliance in the AOT program.
11. If the court determines that the consumer was compliant with the AOT treatment, the client is discharged from the AOT program. If compliance was determined and/or the need remains, the court will next make further determination (e.g., possible KRS 202A.051 and new AOT petition and order).

To improve outcomes for the individuals eligible for KY-AOT, two cohorts of a total of six community mental health centers (CMHC) have implemented AOT services using a staggered start over a four-year period beginning in October 2020. The first cohort comprised of two CMHCs (Communicare Inc. and Seven Counties Services) commenced AOT services in 2020 and 2021. Four additional CMHCs (Pennyroyal Center, LifeSkills, River Valley Behavioral Health, and Four Rivers Behavioral Health) commenced AOT services in 2022, during this time the first cohort continued providing AOT services.

5. AOT Pilot Program Data Collection

Consumer Data

Consumer and service delivery outcomes of the Kentucky AOT Pilot Program is evaluated by multiple sources of data, using observational and time-series designs (see Appendix 4 for the corresponding fidelity measure). Consumer data is collected via 2 unique questionnaires that include the National Outcomes Measures (NOMS) and the Kentucky AOT Questionnaire (KY-AOTQ), which administered to consumers by their providers at the following time intervals (see Figure 1 for timeline):

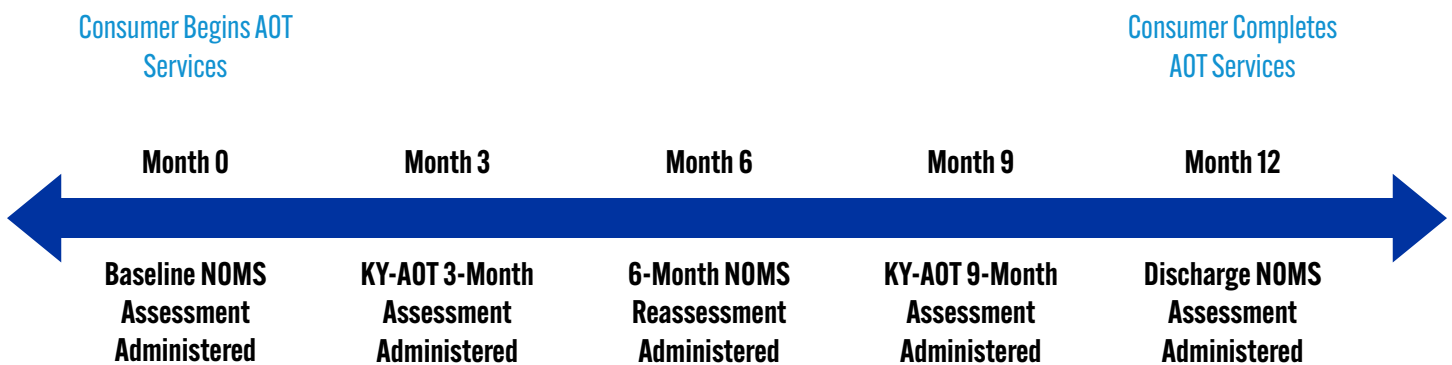
NOMS:

1. within the first 30 days that they start the program
2. at 6-months of receiving AOT services
3. at discharge

KY-AOTQ:

1. at 3-months of receiving AOT services
2. at 9-months of receiving AOT services

Figure 1. Kentucky AOT Pilot Program Consumer Data Collection



Programmatic Data

Programmatic data for the AOT Pilot Program is collected quarterly based on SAMHSA standard quarters (Q) (Q1: October 1 – December 31; Q2: January 1 – March 31; Q3: April 1 – June 30; Q4: July 1 – September 30).

Infrastructure Development, Prevention, and Mental Health Promotion (IPP) Activities measures are administered via online surveys that are sent to BHDID and the CMHCs. Data are then compiled into a report by the KY AOT Pilot Program evaluation team and provided to BHDID who then report the findings to SAMHSA.

6. AOT Pilot Program Collaboration

The Kentucky AOT Pilot Program entails collaboration across multiple organizations. Accordingly, in order to inform and maintain consistent program delivery, the Kentucky AOT Pilot Program entails routine meetings across the different entities. Program Monitoring and Fidelity Measures for these components are located in Appendix 1. AOT Program Infrastructure Fidelity.

Monthly Topical Meetings. Each month, the Kentucky AOT Pilot Program Director hosts a meeting with representatives from the state hospitals and CMHCs participating in the AOT Pilot Project and the Program Evaluation Team. These meetings cover a broad range of topics related to ongoing service delivery and programmatic developments. The meetings additionally provide opportunities to identify successful components of the program, as well as any problematic issues or matters.

Quarterly AOT Stakeholders Meetings. The Kentucky AOT Pilot Program Director hosts a quarterly meeting with the regional stakeholders including representatives from AOT staff, CMHC Adult Services director/designees, judges, prosecutors, public defenders, and psychiatric hospital liaisons, and members of the Program Evaluation Team. These meetings address the Kentucky AOT Pilot Program developments, needs, and accomplishments.

Regional AOT Coalition Meetings. Each CMHC region conducts routine meetings with its local stakeholders and CMHC AOT staff to address and improve AOT service delivery within the region.

7. AOT Program Service Delivery

AOT consumers receive a range of services including intake psychosocial assessment, treatment planning, mental health counseling, case management, and connection to resources needed to support their recovery. The corresponding fidelity measure for Program Service Delivery is located in Appendix 3.

AOT Intake Assessment

All AOT consumers receive an intake assessment by the designated CMHC. This comprehensive assessment identifies the consumers' mental health and/or substance abuse needs and evaluates the consumer's medical, psychological, and social needs to inform treatment planning. During this assessment, the clinician utilizes the Level of Care Utilization System (LOCUS) for psychiatric and addiction services to determine the appropriate level of care and needed outpatient services. This assessment is documented in the consumer's CMHC medical record. Information from this assessment is used to inform the respective civil court of the consumer's engagement in the AOT program.

AOT Treatment Planning

The AOT clinician utilizes the AOT Intake assessment, LOCUS assessment, and consumer input to further refine the treatment plan filed with the court which will direct the course of services the consumer will receive during his/her/their course of AOT treatment. The treatment plan identifies specific treatment goals and respective actions to complete the goals to improve the consumer's mental health and/or substance abuse needs. Standard services to meet these needs for all AOT consumers include (at minimum) ongoing mental health counseling, psychiatric services/medication management, and targeted case management. Additional services, based on need, that consumers may receive include vocational/employment support, housing, transportation, and other basic needs support, as well as other services to address the consumers' medical, psychological, and social needs. The treatment plan is recorded and kept in the consumer's medical record. Information from this treatment plan is used to inform the respective civil court of the consumer's engagement, participation, and progress with the AOT program. The court may be petitioned for a modification to the treatment plan based on the individual's level of progress in the AOT program.

AOT Treatment Services

As identified in the treatment plan, the AOT consumers receive ongoing direct services during the course of their AOT program involvement (as ordered by the court). Treatment modalities and durations identified in the treatment plan are followed accordingly and documented on an ongoing basis in the consumer's medical record. Information about these ongoing treatment services is used to inform the respective civil court of the consumer's engagement, participation, and progress with the AOT program.

8. Consumer On boarding and Continuation

The following is an example of how to onboard new consumers while adhering to the timelines set forth by law:

1. The CMHC receives a written referral from the hospital. The referral includes specific information about how the consumer meets the criteria.
2. CMHC reviews the referral and identifies that criteria for AOT are met.
3. CMHC clinician visits referring hospital to assess consumer on Monday *(CMHC have 5 days post referral to make an assessment).
4. Staff at the CMHC assess the cases as a team on Wednesday.
5. Certification for AOT is sent to the hospital with a brief treatment plan on Thursday.
6. Consumers are served written notice of the scheduled hearing scheduled for the following Tuesday while in the hospital.
7. Staff from the CMHC appear at the hearing on Tuesday to provide testimony as to why the consumer is appropriate for AOT. CMHC clinician provides the court and consumer with a written copy of the proposed treatment plan. The consumer is provided with a public defender who is present at the hearing.
8. The Judge can approve the consumer being entered into the program with or without consumer agreement.
9. A plan for hospital discharge is completed, the CMHC staff person will either see the consumer on the day of discharge or the following business day. This can be done at the consumer's home or at an outpatient clinic site.
10. CMHC clinician completes a clinical intake and formalizes treatment plan. The consumer is scheduled to see the psychiatrist and case manager.

Examples of support in place and ways in which some current CMHC's build rapport with consumers:

1. CMHC staff make multiple visits to the consumer while they are in the hospital to build rapport and post hospital discharge follow up.
2. Dedicated nurse practitioner who sees consumers in the clinic or at their home.
3. Grant funds are often used to provide consumers with transportation to court hearings and treatment in the office using Uber or Lyft. When consumers are relatively stable, they may also receive a monthly bus pass.
4. Staff check in with consumers at least once a week and provide services tailored to their individual needs.

9. SAMPLE TREATMENT PLAN

08/23/22

Jefferson District Court 600 W. Jefferson Street Louisville, KY 40202

RE: **Client Name**

Dear Judge,

This letter is written regarding **Client Name** participation in Assisted Outpatient Treatment. The following intervention are recommended based upon the assessments completed on **Date**. These person-centered interventions were designed with **Client Name** during the assessment. **Client Name** identified goal is to stay out of the hospital.

1. Attend all appointments with the prescriber via telehealth or in person and take all medication as prescribed.
2. Have contact with AOT therapist or case manager each week to assist with managing **his/her** illness and monitor treatment goals.
3. AOT staff will continue to assess **Client Name** needs and make recommendations as needed.

Client Name will receive a variety of support from our program/agency including case management, individual therapy, nursing services, peer support and psychiatric services from Seven Counties Services. AOT team will assist **Client Name** with monitoring symptoms and provide support to decrease hospitalization and reduce risk of institutionalization.

Our court appointed liaison will provide a full account of his/her adherence to treatment on going as required.

CLINICIAN NAME

CLINICIAN TITLE

CMHC NAME

10. CONTINUATION/CLOSEOUT

1. Program Continuity:

- Our program maintains an unwavering dedication to the well-being of our clients. We do not close out clients prematurely unless they have relocated outside the program's jurisdiction.
- Even if clients initially refuse services, we strive to engage them until the specified program duration is completed (i.e., 360 days after the order) to ensure their needs are consistently addressed.
- Documenting our efforts at client engagement is a vital aspect of our approach, ensuring that the progress and challenges faced by everyone are accurately recorded in their respective charts, this includes treatment refusal.
- Clients can remain in the program upon continued court order for up to four years.

2. Addressing Treatment Resistance:

- The AOT program encounters clients who may exhibit resistance to treatment. However, it is essential to acknowledge that persistent engagement and support can yield positive outcomes, even for the most treatment-resistant individuals. It is important to note that resistance or noncompliance does not render them inappropriate for the program.
- Understanding anosognosia, the inability to recognize one's need for treatment, is vital to our approach. Removing clients from the program solely based on their initial resistance would undermine our commitment to their overall well-being and hinder potential breakthroughs in their treatment journey.

Appendix 1. AOT Program Infrastructure Fidelity

Using interviews with respective AOT personnel and collaborators, records, and other AOT related documentation, assess the following components to determine program fidelity with respect to required infrastructure. Note: Some of the items are specific to grant monitoring (GM) and others are specific to the program fidelity (PF), these items are specified in the first 2 columns to the left. If GM is checked, refer to the appropriate GM documents to verify for the PF assessment.

State Administration & Program Evaluation

State-Level Project Management

GM	FT	Infrastructure Component	Currently Filled	Currently Advertised	Other	Notes
		Project Director/State AOT Program Administrator (1.0 FTE)				
		AOT Program Evaluation Team/ (0.5 FTE)				
		AOT Program Principal Investigator/ (0.25 FTE in-kind)				
		Regional CMHC: Seven Counties				
GM	FT	Infrastructure Component	Currently Filled	Currently Advertised	Other	Notes
		Regional AOT Coordinator (0.25 FTE)				
		AOT Clinician (0.25 FTE)				
		AOT Targeted Case Manager (0.25 FTE)				
		AOT Peer Support Specialist/ (0.25 FTE)				
		AOT Court Liaison/ (0.25 FTE)				
		AOT Supported Employment Specialist*/ (0.25 FTE)				
		Regional CMHC: Communicare				
GM	FT	Infrastructure Component	Currently Filled	Currently Advertised	Other	Notes
		Regional AOT Coordinator (0.25 FTE)				
		AOT Clinician (0.25 FTE)				
		AOT Targeted Case Manager (0.25 FTE)				
		AOT Peer Support Specialist/ (0.25 FTE)				
		AOT Court Liaison/ (0.25 FTE)				
		AOT Housing Coordinator*				
		AOT Supported Employment Specialist*				
		Regional CMHC: Lifeskills				

GM	FT	Infrastructure Component	Currently Filled	Currently Advertised	Other	Notes
		Regional AOT Coordinator (0.25 FTE)				
		AOT Clinician (0.25 FTE)				
		AOT Targeted Case Manager (0.25 FTE)				
		AOT Peer Support Specialist/ (0.25 FTE)				
		AOT Court Liaison/ (0.25 FTE)				
		AOT Housing Coordinator*				
		AOT Supported Employment Specialist*				
		Regional CMHC: Four Rivers Behavioral Health				
GM	FT	Infrastructure Component	Currently Filled	Currently Advertised	Other	Notes
		Regional AOT Coordinator (0.25 FTE)				
		AOT Clinician (0.25 FTE)				
		AOT Targeted Case Manager (0.25 FTE)				
		AOT Peer Support Specialist/ (0.25 FTE)				
		AOT Court Liaison/ (0.25 FTE)				
		AOT Housing Coordinator*				
		AOT Supported Employment Specialist*				
		Regional CMHC: Pennyroyal				
GM	FT	Infrastructure Component	Currently Filled	Currently Advertised	Other	Notes
		Regional AOT Coordinator (0.25 FTE)				
		AOT Clinician (0.25 FTE)				
		AOT Targeted Case Manager (0.25 FTE)				
		AOT Peer Support Specialist/ (0.25 FTE)				
		AOT Court Liaison/ (0.25 FTE)				
		AOT Housing Coordinator*				
		AOT Supported Employment Specialist*				
		Regional CMHC: River Valley Behavioral Health				
GM	FT	Infrastructure Component	Currently Filled	Currently Advertised	Other	Notes
		Regional AOT Coordinator (0.25 FTE)				
		AOT Clinician (0.25 FTE)				

		AOT Targeted Case Manager (0.25 FTE)				
		AOT Peer Support Specialist/ (0.25 FTE)				
		AOT Court Liaison/ (0.25 FTE)				
		AOT Housing Coordinator*				
		AOT Supported Employment Specialist*				
		Regional CMHC: Northkey				
GM	FT	Infrastructure Component	Currently Filled	Currently Advertised	Other	Notes
		Regional AOT Coordinator (0.25 FTE)				
		AOT Clinician (0.25 FTE)				
		AOT Targeted Case Manager (0.25 FTE)				
		AOT Peer Support Specialist/ (0.25 FTE)				
		AOT Court Liaison/ (0.25 FTE)				
		AOT Housing Coordinator*				
		AOT Supported Employment Specialist*				
		Regional CMHC: KY River Community Care				
GM	FT	Infrastructure Component	Currently Filled	Currently Advertised	Other	Notes
		Regional AOT Coordinator (0.25 FTE)				
		AOT Clinician (0.25 FTE)				
		AOT Targeted Case Manager (0.25 FTE)				
		AOT Peer Support Specialist/ (0.25 FTE)				
		AOT Court Liaison/ (0.25 FTE)				
		AOT Housing Coordinator*				
		AOT Supported Employment Specialist*				
		Regional CMHC: New Vista				
GM	FT	Infrastructure Component	Currently Filled	Currently Advertised	Other	Notes
		Regional AOT Coordinator (0.25 FTE)				
		AOT Clinician (0.25 FTE)				
		AOT Targeted Case Manager (0.25 FTE)				
		AOT Peer Support Specialist/ (0.25 FTE)				
		AOT Court Liaison/ (0.25 FTE)				
		AOT Housing Coordinator*				

AOT Supported Employment Specialist*

Community & Stakeholder Engagement

Collaborative Action

A Regional AOT Coalition is established and includes AOT staff, CMHC Adult Services director/designee, judge, prosecutor, public defender, and psychiatric hospital liaison). (Attach roster and any regional procedures established.)

AOT Regional AOT Coalition meets at least quarterly. (Attach roster, meeting agenda, and meeting minutes.)

Regional AOT Coalition establishes and maintains criminal justice partnerships (Attach cross training opportunities and any related events documentation, etc.).

At least 75% of the Regional AOT Coalition members have attended at least one grant sponsored training in the first year. (Attach agenda, minutes, attendance, survey or other related documentation).

Program conducts at least two education/outreach events per year (attach agenda related materials). Program makes at least two public presentations per year. (Attach agenda/related materials).

Attendance at trainings as required.

Attendance at State and Federal events as required.

Appendix 2. AOT Enrollment Procedure Fidelity

Using consumer records and/or interviews with respective AOT Program Personnel, please assess the following program enrollment procedures for a randomly chosen 10% subset of AOT consumers.

AOT Program Enrollment Component	Fully Met	Partially Met	Not Met	Notes
1. Psychiatric hospital clinician consulted with the CMHC clinician to discuss AOT appropriateness for the consumer.				
2. Psychiatric hospital and/or CMHC clinician consulted with the consumer about AOT program referral.				
3. CMHC clinician conducted the consumer's evaluation to be used in the court review process.				
4. AOT petition was prepared by the psychiatric hospital clinician and submitted to the court.				
5. A copy of the AOT court order and program duration (e.g., 360 days) was placed in the consumer's records.				
6. Record of the CMHC AOT intake assessment with the consumer was documented in the consumer's records.				
7. Record of the CMHC AOT evaluation or intake assessment demonstrate that the consumer was assessed for individualized services (e.g., family engagement, therapeutics, housing support, employment support, educational/vocational services, health services, remission/relapse services, external referrals)				

Appendix 3. AOT Program Service Delivery Fidelity

Using consumer records and/or interviews with respective clinicians, please assess the following program enrollment components for the AOT consumer.

Intake Assessment

AOT Program and Service Component	Fully Met	Partially Met	Not Met	Notes
Consumer received AOT-specific Intake Assessment of the consumer's mental health and/or substance abuse needs as evidenced by the clinical record.				
Assessment of the consumer's medical, psychological, and social needs was documented in the clinical record.				
Level of Care Utilization System (LOCUS) for psychiatric and addiction services to determine the appropriate level of care and needed outpatient services was documented in the clinical record.				

Treatment Plan

AOT Program and Service Component	Fully Met	Partially Met	Not Met	Notes
The AOT Clinician completed a comprehensive AOT-specific treatment plan.				
The treatment plan (or supporting documentation) demonstrates that the treatment plan is informed by the AOT order, Intake Assessment, LOCUS score, and the consumer's feedback/input (when possible).				
The treatment plan includes specific treatment goals to address the consumer's mental health and/or substance abuse needs.				

Treatment plan includes directives/objectives to meet the treatment goals identified.

The treatment plan specifies the frequency of mental health counseling.

The treatment plan specifies the frequency and duration of targeted case management.

The treatment plan specifies the frequency and duration of psychiatric/medication management services.

The treatment plan specifies the frequency and duration of other services needed to address any other biological, psychological, or social needs of the consumer.

Treatment Delivery

AOT Program and Service Component	Fully Met	Partially Met	Not Met	Notes
Frequency and duration of mental health counseling were delivered as specified in the treatment plan, or if service was unable to be delivered supporting documentation is provided to account for reasons why this could not be delivered.				
Frequency and duration of targeted case management were delivered as specified in the treatment plan, or if service was unable to be delivered supporting documentation is provided to account for reasons why this could not be delivered.				
Frequency and duration of psychiatric/medication management were delivered as specified in the treatment plan, or if service was unable to be delivered supporting documentation is provided to account for reasons why this could not be delivered.				
The consumer's engagement, progress, and participation were recorded routinely during the course of AOT treatment.				

Routine updates with the respective district court are documented in the consumer's clinical record.

Appendix 4. Fidelity: AOT Data Collection

Using the IPP data collected by the evaluation team, please assess the following program components for a randomly chosen 10% subset of AOT Providers.

State Project Data Collection

AOT Program Data Component	Fully Met	Partially Met	Not Met	N/A	Notes
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Quarterly IPP surveys are completed and submitted to the Program Evaluation Team.

Program Monitoring Assessment (Appendix 7) is completed at each CMCH annually.

Using consumer records and/or interviews with respective AOT Program Personnel, please assess the following program enrollment procedures for a randomly chosen 10% subset of AOT consumers.

CMHC Data Collection

AOT Program Data Component	Fully Met	Partially Met	Not Met	N/A	Notes
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Baseline National Outcomes Measure survey was entered into SPARS within 30 days of the consumer's AOT enrollment, or, if the consumer could not be interviewed, an administrative baseline data entry was entered.

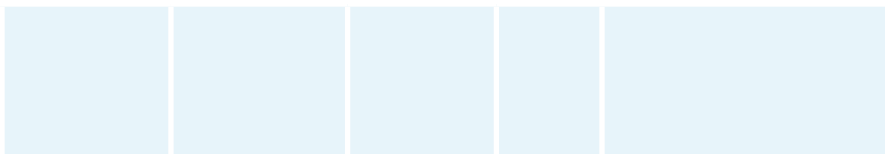
6-Month National Outcomes Measures 6Month Reassessment survey was administered 180 calendar days from the Baseline interview date and entered into SPARS, or, if the consumer could not be interviewed, an administrative 6-Month data entry was entered.

National Outcomes Measures discharge assessment survey was administered within 30 days before or after the consumer's AOT discharge and entered into SPARS, or, if the consumer could not be interviewed, an administrative data entry was entered.

Quarterly IPP surveys are completed by the CMCH's AOT coordinator.

Data are entered into the Kentucky AOT Supplemental Questionnaire within 30 days of the consumer's 3rd month of AOT participation.

Data are entered into the Kentucky AOT Supplemental Questionnaire within 30 days of the consumer's 9th month of AOT participation.



Appendix 5. Glossary

AOT	Assisted Outpatient Treatment
ASSESSMENT	Biological, Psychological, and Social Assessment
CMHC	Community Mental Health Center
DBHDID	Kentucky Department of Behavioral Health, Developmental and Intellectual Disabilities
HB 91	KY Senate Bill 91; Tim's Law created; Enacted in 2017
SB 122	KY Senate Bill 122; Broadened AOT eligibility; Enacted in 2020
HB 127	KY House Bill 127; Broadened AOT eligibility; Enacted in 2022
IPP	Infrastructure Development, Prevention and Mental Health Promotion (IPP) indicators.
LOCUS	Level of Care Utilization System for psychiatric and addiction services to determine the appropriate level of care and needed outpatient services
NOMs	National Outcome Measures
SAMHSA	US Substance Abuse and Mental Health Service Administration
SPARS	an online data entry, reporting, technical assistance request, and training system to support grantees in reporting timely and accurate data to SAMHSA

Appendix 6. AOC Forms

AOC-737 Doc. Code: PCAOT
 Rev. 7-22
 Page 1 of 2
 Commonwealth of Kentucky
 Court of Justice www.kycourts.gov
 KRS 202A.0811, .0815



Case No. _____
 Court _____ District _____
 County _____
 Division _____

IN THE INTEREST OF:)
)
 _____)
 Respondent)
 _____)
 Residence)
 _____)
 Current Location)
 _____)
 Social Security Number/Date of Birth)
)

**VERIFIED PETITION
 FOR
 COURT-ORDERED
 ASSISTED OUTPATIENT TREATMENT**

1. PETITIONER, _____, states that he or she is:
 (Please print)

an interested person residing in _____, _____, at _____
 (County) (State) (Address)
 _____, _____, and is associated with the Respondent as
 (Address) (Phone No.)
 _____ OR
 (Relationship)

a Qualified Mental Health Professional located at _____, Kentucky, and is
 associated with the Respondent as _____, employed at _____
 (Hospital/Facility, etc.)
 _____, _____
 (Hospital/Facility, etc.) (Phone No.)

2. PETITIONER states that the Respondent: **has** or **has not** been evaluated by a Qualified Mental Health Professional within the preceding five days to determine whether the Respondent meets the criteria for court-ordered assisted outpatient treatment as set out in KRS 202A.0815.

3. PETITIONER believes that the Respondent is diagnosed with a serious mental illness because: (state reasons and/or attach supporting documentation)

4. PETITIONER believes that the Respondent has a history of repeated nonadherence with mental health treatment which has (a) at least twice in the last 48 months, been a significant factor in necessitating hospitalization or arrest of the person, or (b) within the last 24 months, resulted in an act, threat, or attempt at serious physical injury to self or others because: (state reasons and/or attach supporting documentation)

5. PETITIONER believes that given the Respondent's history, he or she is unlikely to adequately adhere to outpatient treatment on a voluntary basis because: (state reasons and/or attach supporting documentation pursuant to KRS 202A.0815(3)) _____

6. PETITIONER believes that the Respondent is in need of court-ordered assisted outpatient treatment as the least restrictive alternative mode of treatment presently available and appropriate.

7. PETITIONER believes that the Respondent meets the above criteria, and requests that the Respondent be court-ordered to assisted outpatient treatment.

_____, 2_____
Date

Signature of Petitioner

* * * * *

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____

Name/Title

County, Kentucky

Attach copy of Petition to each copy of Summons or Findings of Probable Cause And Order Setting Examination, Appointing Counsel, and Setting Hearing.



**EVALUATION CERTIFICATION
FOR COURT-ORDERED
ASSISTED OUTPATIENT TREATMENT**

Case No. _____
Court _____ District _____
County _____
Division _____

IN THE INTEREST OF:)
)
)
 _____)
 Respondent)

* * * * *

Comes the Affiant, _____, and states that he or she is a "Qualified Mental Health Professional" under KRS 202A (mental illness). (Check appropriate box)

- A **physician** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties.
- A **psychiatrist** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the practice of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.
- A **psychologist** with the health service provider designation, a **psychological practitioner**, a **certified psychologist**, or a **psychological associate**, licensed under the provisions of KRS Chapter 319.
- A **licensed registered nurse** with a master's degree in psychiatric nursing from an accredited institution and two years of clinical experience with mentally ill persons, or a licensed registered nurse, with a bachelor's degree in nursing from an accredited institution, who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has three years of inpatient or outpatient clinical experience in psychiatric nursing and is currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability.
- A **licensed clinical social worker** licensed under provisions of KRS 335.100, or a **certified social worker** licensed under the provisions of KRS 335.080 with three years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability.
- A **marriage and family therapist** licensed under the provisions of KRS 335.300 to 335.399 with three years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.
- A **professional counselor** credentialed under the provisions of KRS Chapter 335.500 to 335.599 with three years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.
- A **physician assistant** licensed under KRS 311.840 to 311.862, who meets one of the following requirements:
 1. Provides documentation that he or she has completed a psychiatric residency program for physician assistants;
 2. Has completed at least 1,000 hours of clinical experience under a supervising physician, as defined by KRS 311.840, who is a psychiatrist and is certified or eligible for certification by the American Board of Psychiatry and Neurology, Inc.;
 3. Holds a master's degree from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agencies, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has two years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least two years; or
 4. Holds a bachelor's degree, possesses a current physician assistant certificate issued by the board prior to July 15, 2002, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has three years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least three years.

AFFIANT states that he or she has evaluated the Respondent, _____ and in his or her opinion, Respondent: *(check one)*

does not meet the criteria for court-ordered assisted outpatient treatment. *(Complete only paragraph 3)*

OR

meets the criteria for court-ordered assisted outpatient treatment, as follows: Respondent is diagnosed with a serious mental illness; has a history of repeated nonadherence with mental health treatment which has (a) at least twice in the last 48 months, been a significant factor in necessitating hospitalization or arrest of the person, or (b) within the last 24 months, resulted in an act, threat, or attempt at serious physical injury to self or others; is unlikely to adequately adhere to outpatient treatment on a voluntary basis; and is in need of court-ordered assisted outpatient treatment as the least restrictive alternative mode of treatment presently available and appropriate. *(Complete paragraphs 1 through 3)*

1. What facts support your belief that: *(state reason(s) and attach supporting documentation)*

- a. Respondent is diagnosed with a serious mental illness. _____
- b. Respondent has a history of repeated nonadherence with mental health treatment which has (a) at least twice in the last 48 months, been a significant factor in necessitating hospitalization or arrest of the person, or (b) within the last 24 months, resulted in an act, threat, or attempt at serious physical injury to self or others. _____

- c. Respondent is unlikely to adequately adhere to outpatient treatment on a voluntary basis based on: clinical observation; and identification of specific characteristics of the Respondent's clinical condition that significantly impair the Respondent's ability to make and maintain a rational and informed decision as to whether to engage in outpatient treatment voluntarily.

- d. Court-ordered assisted outpatient treatment is the least restrictive alternative mode of treatment presently available and appropriate. _____

2. Diagnostic Impression:

- a. _____
- b. _____

3. Date Evaluation Performed: _____.

_____, 2_____
Date

Signature/Title

Submit this form immediately if possible, but in any event within 72 hours from receipt of the order setting the evaluation (excluding weekends and holidays).

Reminder: If court-ordered assisted outpatient treatment is recommended, you must provide a proposed written treatment plan no later than the date of the hearing. KRS 202A.0817.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____

My Commission Expires: _____

Notary Public

County, Kentucky

7/26/2023



FINDINGS OF PROBABLE CAUSE AND ORDER SETTING
EVALUATION, APPOINTING COUNSEL, AND SETTING HEARING
(COURT-ORDERED ASSISTED OUTPATIENT TREATMENT)

Case No. _____
Court _____ District _____
County _____
Division _____

IN THE INTEREST OF: _____)
_____)
Respondent _____)

* * * * *

Note: Implementation of Tim's Law is contingent upon adequate funding by any unit of state or local government or divisions thereof, special purpose governmental entity, or any other entity able to utilize funds for the purposes set forth in KRS 202A.0811 to 202A.0831. Funding may be provided through the appropriation of federal, state, or local resources or from donations, grants, gifts, or pledges from private resources.

Funding for Tim's Law actions in this County has been provided by or through _____
(Name of Funding Source)

FINDINGS

A verified petition for court-ordered assisted outpatient treatment having been filed, the Court having reviewed the allegations therein and having examined the petitioner under oath, the Court FINDS that: **there is** OR **there is not** probable cause to believe that the Respondent is in need of court-ordered assisted outpatient treatment.

ORDERS

- The Court having found there is no probable cause, these proceedings are hereby DISMISSED. (Doc Code: ODAOT)
- The Court having found there is probable cause, and the criteria for court-ordered assisted outpatient treatment having been met, IT IS HEREBY ORDERED (Doc Code: OPCAOT) that: (check one)

The Respondent be evaluated at _____ Hospital/Psychiatric Facility, without unnecessary delay by _____, a Qualified Mental Health Professional. Following said evaluation, the Qualified Mental Health Professional shall file a certification with this Court, AOC-737.1, immediately if possible, but in any event within 72 hours from receipt of this Order (excluding weekends and holidays).

HEARING set for _____, 2_____ at _____, a.m. p.m., (within **six days** from the date of the filing of the petition, excluding weekends and holidays) at _____
(Date) (Time) (Location)
_____ to determine whether the Respondent should be ordered to receive assisted outpatient treatment.

***This date is contingent on service of summons and date evaluation is administered, **and may be subject to change.**

OR

- The Court has already received the certified findings of an evaluation that was conducted by a Qualified Mental Health Professional within five days prior to the filing of the petition.

HEARING set for _____, 2_____ at _____, a.m. p.m., which is within **six days** from the date of the filing of the petition, excluding weekends and holidays, at _____
(Date) (Time) (Location)
_____ to determine whether the Respondent should be ordered to receive assisted outpatient treatment.

_____, an Attorney of this Court is hereby APPOINTED TO REPRESENT the Respondent.

_____, 2 _____
Date

Judge

Please print or type name of Judge in the space provided below:

Attorney's Address:

Attorney's Telephone No: _____

Copy Distribution:

If Respondent Dismissed:

Petitioner

Respondent/Respondent's Attorney

If Respondent Not Dismissed:

Petitioner

Respondent/Respondent's Attorney

Hospital/Facility

Peace Officer

Note: Attach to hospital's/facility's copy a copy of the completed Verified Petition and a blank AOC-737.1, Evaluation Certification of QMHP.

AOC-737.3 Summons Type: AOT
Rev. 7-22
Page 1 of 1

Commonwealth of Kentucky
Court of Justice www.kycourts.gov

KRS 202A.0811, .0813



**COURT-ORDERED ASSISTED
OUTPATIENT TREATMENT SUMMONS**

Case No. _____
Court _____ District _____
County _____
Division _____

IN THE INTEREST OF: _____)
_____)
RESPONDENT _____)
_____)
_____)
ADDRESS _____)

The Commonwealth of Kentucky to the above-named Respondent:

You are hereby notified that a legal action has been filed in which you are the Respondent. A copy of the petition is attached.

You are further notified by the appropriate block(s) checked below to:

appear on _____, 2_____, _____ a.m. p.m. at _____
(Date) (Time) (Location) to be

evaluated by a Qualified Mental Health Professional to determine whether you meet the criteria for court-ordered assisted outpatient treatment. At your request a professional **retained by you** or a peer support specialist or other person in a support relationship with you shall be permitted to accompany, witness, and/or participate in your evaluation.

appear on _____, 2_____, _____ a.m. p.m. at _____
(Date) (Time) (Location) for a hearing

in this matter.

_____, 2_____ Clerk
Date

By: _____ D.C.

PROOF OF SERVICE

Executed by delivering a copy of the Summons and Petition to the above-named Respondent.

_____, 2_____ Date

Signature

Title

AOC-737.4 Doc. Code: OTAOT
Rev. 7-22
Page 1 of 1
Commonwealth of Kentucky
Court of Justice www.kycourts.gov
KRS 202A.0813



TRANSPORT ORDER
UPON FAILURE TO APPEAR FOR EVALUATION
(COURT-ORDERED ASSISTED OUTPATIENT TREATMENT)

Case No. _____
Court _____ District
County _____
Division _____

IN THE INTEREST OF _____)
_____)
Respondent _____)
_____)
Residence _____)
_____)
Current Location _____)
_____)
Social Security Number/Date of Birth _____)

The Respondent having been summoned to appear for evaluation by a Qualified Mental Health Professional on _____ at _____ and Respondent having failed to appear for said evaluation the Court hereby Orders as follows:

TO THE SHERIFF OR OTHER PEACE OFFICER OF _____ COUNTY, KENTUCKY:

You are hereby ORDERED to transport the above-named Respondent to _____ Hospital/Facility, located at _____ Kentucky.

_____, 2 _____
Date Judge

Please print or type name of Judge in the space provided below:

Attorney's Address:

Attorney's Telephone No: _____

EXECUTION

Executed by delivering the Respondent to:

_____, 2 _____
Date Signature/Title

Distribution: Original - Court File
Respondent

Copy - Respondent's Attorney
Peace Officer's file and return

3 Copies – Peace Officer



JUDGMENT AND ORDER
FOR COURT-ORDERED ASSISTED OUTPATIENT TREATMENT

Case No. _____
Court _____ District _____
County _____
Division _____

IN THE INTEREST OF:)
)
)
)
_____)
Respondent

* * * * *

WHEREAS, a Petition requesting court-ordered assisted outpatient treatment having been filed and THE COURT HAVING HELD a hearing to determine if a judgment should be rendered in the above-styled case, the Court finds as follows:

1. (check one) Respondent was present throughout the hearing **OR** Respondent was not present but appropriate attempts to elicit the Respondent's appearance were made.
2. (check if applicable) Respondent requested and was accompanied by a peer support specialist or other person in a support relationship.
3. Respondent was afforded an opportunity to present evidence, call witnesses on his or her behalf, and cross-examine adverse witnesses.
4. In accordance with KRS 202A.0817:
 - a. The Qualified Mental Health Professional who evaluated the Respondent pursuant to KRS 202A.0811 provided to this Court and the Respondent, at or prior to the hearing, a proposed written treatment plan for court-ordered assisted outpatient treatment; and
 - b. The Qualified Mental Health Professional provided reasonable opportunities for the Respondent to actively participate in the development of the proposed treatment plan, and if applicable, followed the Respondent's advanced directive for mental health treatment.
5. The Court has reviewed the proposed treatment plan and FINDS that, pursuant to KRS 202A.0817(3), it includes a proactive crisis plan and evidence-based practices.
6. Pursuant to KRS 202A.0819(3), the Qualified Mental Health Professional testified at the hearing in person or via electronic means in support of his or her belief that the proposed treatment is essential to the maintenance of the Respondent's health or safety.

AND FURTHER, that the case having been submitted to the Court, (check one)

- and the Court having heard the testimony of _____ **which established by clear and convincing evidence** that the Respondent meets the criteria of KRS 202A.0815, as follows: he or she is diagnosed with a serious mental illness; has a history of repeated nonadherence with mental health treatment which has (a) at least twice in the last 48 months, been a significant factor in necessitating hospitalization or arrest of the person, or (b) within the last 24 months, resulted in an act, threat, or attempt at serious physical injury to self or others; is unlikely to adequately adhere to outpatient treatment on a voluntary basis; and is in need of court-ordered assisted outpatient treatment as the least restrictive alternative mode of treatment presently available and appropriate; **OR**
- and the Court having heard evidence **that did not establish by clear and convincing evidence** that the Respondent meets the criteria of KRS 202A.0815;

THEREFORE, IT IS ORDERED that: *(check one)*

The Respondent receive assisted outpatient treatment from _____
(outpatient provider agency recognized by the Cabinet for Health and Family Services) located at _____
_____, Kentucky, for a period not to exceed **360 days from the date of
this Order**. The recommendations included in the treatment plan provided by the Qualified Mental Health Professional
pursuant to KRS 202A.0817 shall be and hereby are incorporated into this Order. The above-named Agency shall
assemble a multi-disciplinary team. The multi-disciplinary team shall regularly monitor Respondent's adherence to the
conditions and provide regular reports to the Court. Tim's Law funding is available, provided by or through
_____. **(Doc Code: OAOT)**
(Name of Funding Source)

OR

Said Petition against the Respondent be DISMISSED. **(Doc Code: ODAOT)**

THIS IS A FINAL ORDER AND THERE IS NO JUST REASON FOR DELAY.

_____, 2_____
Date

Judge's Signature

Please print or type name of Judge in the space provided below:

Note:
Your substantial failure to comply with this Order may result in 72-hour emergency hospitalization by an authorized staff physician pursuant to KRS 202A.031.
At any time during the period of this Order, you may move the Court to stay, vacate, or modify the Order. (Use form AOC-737.6 Motion to Stay, Vacate, or Modify Order)

COPY DISTRIBUTION:

- Outpatient Provider Agency
- County Attorney
- Cabinet for Health and Family Services
- Respondent/Respondent's Attorney

AOC-737.6 Motion Type: MAOT
Rev. 5-18
Page 1 of 2
Commonwealth of Kentucky
Court of Justice *www.courts.ky.gov*
KRS 202A.0825



**MOTION TO STAY, VACATE, OR MODIFY
ORDER
(COURT-ORDERED ASSISTED OUTPATIENT TREATMENT)**

Case No. _____
Court _____ District _____
County _____
Division _____

IN THE INTEREST OF:

Respondent

* * * * *

Comes the Respondent in the above-styled action and requests the Court to:

1. Stay Vacate Modify the Judgment and Order for Court-Ordered Assisted Outpatient Treatment entered on _____, 2 _____, as follows: _____
Date

2. Respondent's Address: _____, _____, _____, _____
Address City State County

3. Name and address of the outpatient provider agency where Respondent is receiving court-ordered assisted outpatient treatment:

Name
_____, _____, _____, _____
Address City State County

4. Facts and reasons supporting this request:

WHEREFORE, the Respondent requests that this Court conduct a hearing in this matter.

_____, 2 _____
Date

Signature of Respondent

To be completed if Respondent is represented by counsel:

Name of Attorney (*please print*)

Signature of Attorney

Address of Attorney

() _____
Phone Number

HEARING

Hearing scheduled for _____, 2____ at _____ a.m. p.m. at _____
(Date) (Time)

(Location)

A copy of this Motion was mailed this date to the Respondent, the Respondent's attorney of record, the Petitioner of record (see AOC-737), the county attorney, and outpatient provider agency.

Date Clerk

By: _____ D.C.

Appendix 7. Grant Monitoring Assessment

KENTUCKY AOT GRANT PROVIDER MONITORING TOOL		
DEPARTMENT FOR BEHAVIORAL HEALTH, DEVELOPMENTAL AND INTELLECTUAL DISABILITIES		
AGENCY:	DATE:	MONITOR:
LOCATION(S):		PERIOD(S) REVIEWED:
PARTICIPATING AGENCY STAFF:		
<p>Effective June 6, 2020, Substance Abuse and Mental Health Services Administration (SAMHSA) awarded funds to Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID) for the FY 2020 Assisted Outpatient Treatment Program for Individuals with Serious Mental Illness grant (Short Title: Assisted Outpatient Treatment [AOT]), Grant Number 1H79SM082918, Project Period 7/31/2020-7/30/2024. Periodic performance monitoring of providers' services, objectives, client records, and related items is required by the grantor, and will be performed by BHDID staff, both onsite and remotely, as appropriate.</p> <p>During a standard onsite program monitoring visit, the monitor will:</p> <ul style="list-style-type: none"> • Seek a mutually convenient date to ensure attendance of all necessary parties. • Provide the blank monitoring tool in advance of a scheduled on-site visit to facilitate record review and preparatory discussion. • Conduct an entry conference with appropriate staff, summarizing the planned activities. • Tour the program; review client files and other supporting documentation; engage with staff, clients, and community members as appropriate; conduct other appropriate inquiries and assessments; and assess for and provide Technical Assistance as appropriate. • Conduct an exit conference with appropriate staff, summarizing the initial results of the on-site assessment. • Provide the completed monitoring tool, and any additional evaluative assessment within thirty (30) days of an onsite monitoring visit, including any issues that must be resolved along with a timeline for compliance. Where necessary, the agency will have thirty (30) days to submit a plan of correction to BHDID. • Follow up on any items of non-compliance and their plan for resolution; items left unresolved may result in delay of reimbursement or other consequences if deemed substantial. <p>Length of site visits will be dependent upon size of program, Technical Assistance provided, issues identified, and related factors, but should require less than one business day on-site. Off-site preparation and follow-up time will vary due to similar factors but be completed within stated timeframes.</p>		

PERFORMANCE CRITERIA	STATUS	COMMENTS
SECTION 1: CLIENTS		
Serve 15 clients per year.	MET NOT MET N/A	
Number of hospital assessments completed: 10 to date	MET NOT MET N/A	
Number of initial AOT hearings: 10	MET NOT MET N/A	
Number of AOT modification hearings: 0	MET NOT MET N/A	
Monitor to review 10% of treatment plans quarterly.	MET NOT MET N/A	

Evaluator to conduct fidelity monitoring two times per year.	MET NOT MET N/A	
Current on all clients' SAMHSA SPARS reporting.	MET NOT MET N/A	
Current on all Evaluator reporting.	MET NOT MET N/A	
Number client files reviewed: 2	MET NOT MET N/A	
	MET NOT MET N/A	

SECTION 2: POLICIES

Existing AOT policies. Attach (once).	MET NOT MET N/A	
Any policies updated as a result of the AOT program? Attach.	MET NOT MET N/A	
	MET NOT MET N/A	
	MET NOT MET N/A	
	MET NOT MET N/A	

SECTION 3: COMMUNITY/STAKEHOLDER ENGAGEMENT

Regional AOT Team in place (including: AOT staff, CMHC Adult Services director/designee, judge, prosecutor, public defender, hospital). Attach roster and any regional procedures established.	MET NOT MET N/A	
AOT Regional Coalition is in place and meets at least quarterly. Attach roster, meeting agenda, meeting minutes.	MET NOT MET N/A	
Establish/maintain criminal justice partnerships. Attach cross training opportunities and events, etc.	MET NOT MET N/A	
75% of AOT Regional Coalition members attend at least one grant-sponsored training in the first year. Attach attendance, agenda, materials, survey, etc.	MET NOT MET N/A	

Program conducts at least two education/outreach events per year. Attach agenda, minutes, attendance, survey, etc.	MET NOT MET N/A	
Program makes at least two public presentations per year. Attach agenda, minutes, attendance, survey, etc.	MET NOT MET N/A	
	MET NOT MET N/A	
	MET NOT MET N/A	
	MET NOT MET N/A	

SECTION 4: STAFF

List Regional AOT Team positions, current hiring status, and vacancy plans. Regional Coordinator, Court Liaison, and at least .25FTE TCM required.	MET NOT MET N/A	
Staff Confidentiality Statements, Credentials, and other essential documents are maintained on file and available for review.	MET NOT MET N/A	
100% of AOT Regional Team members attend at least one grant-sponsored training in the first year. Attach attendance, agenda, materials, survey, etc.	MET NOT MET N/A	
Employee Satisfaction Surveys completed.	MET NOT MET N/A	
	MET NOT MET N/A	
	MET NOT MET N/A	

	MET NOT MET N/A	

SECTION 5: ADMINISTRATION

Original grant application, modifications, budget, and subaward information on file (agency portion).	MET NOT MET N/A	
Client support expense documentation on file.	MET NOT MET N/A	
	MET NOT MET N/A	

SECTION 6: ADDITIONAL NOTES

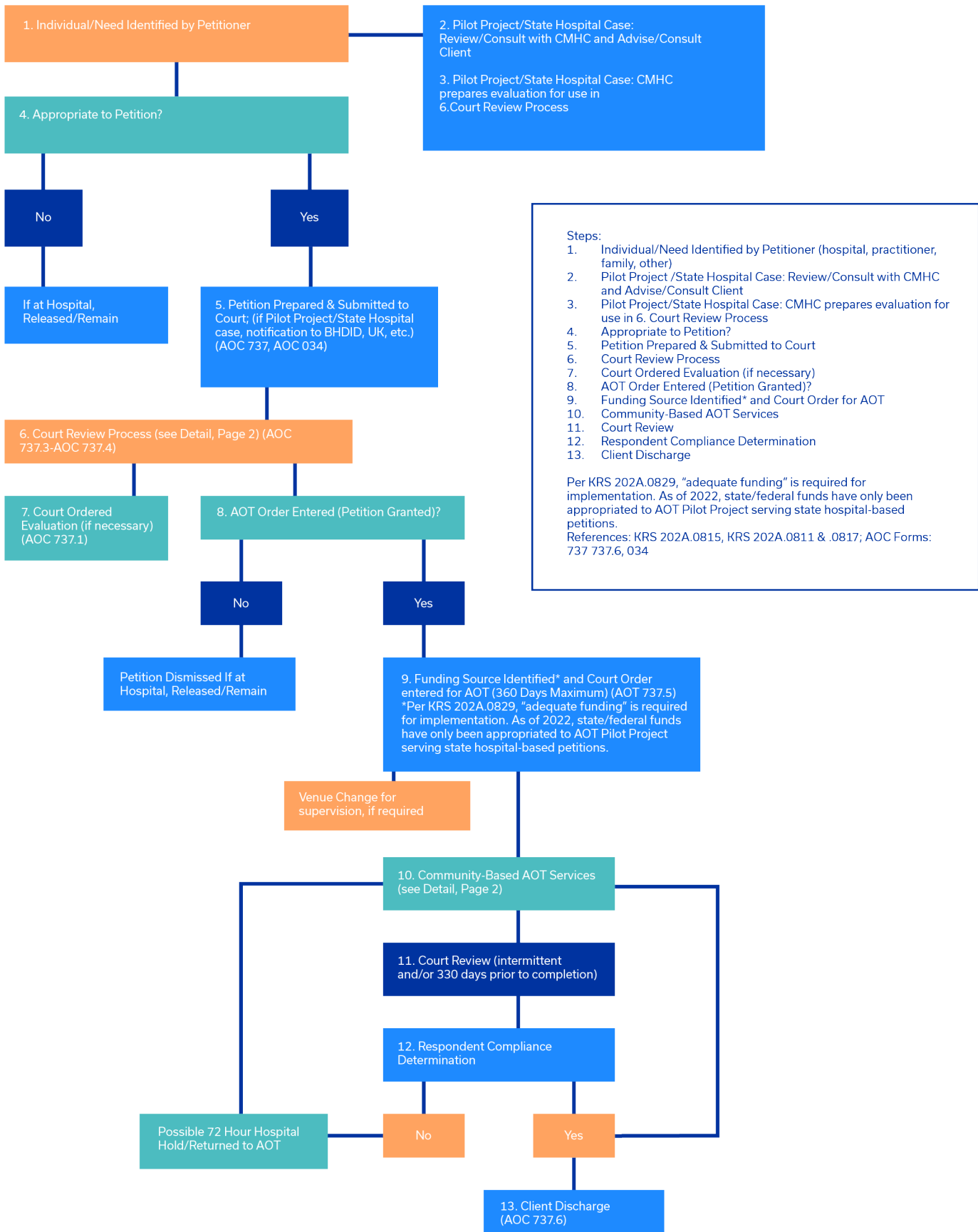
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Appendix 8. AOT Client Record Review Form

Client Identification No.		
Client Initials:		
Primary Clinician Assigned:		
TCM Assigned:		
Date Treatment Initiated:		
Court Order Dates (from/to):		
Court Issuing Order:		
Court Supervising:		
FILE CONTENTS:	STATUS	NOTES:
Court order and supporting documents, including petition, initial evaluation, approved treatment plan, final order, etc.	MET NOT MET N/A	
Court supervision records and supporting documents.	MET NOT MET N/A	
Court modification request(s) and order(s), including updated treatment plan(s).	MET NOT MET N/A	
Court ordered release from AOT and copy of any related certificates, documents, etc.	MET NOT MET N/A	
LOCUS (Level of Care Utilization)	MET NOT MET N/A	
Initial NOMS reporting entered in SPARS.	MET NOT MET N/A	
Six Months' NOMS Update(s) entered in SPARS.	MET NOT MET N/A	
Post-Release NOMS in entered in SPARS.	MET NOT MET N/A	
Record of services delivered, including third party billing, client support funds expenditures, etc.	MET NOT MET N/A	
Record of internal/external service referrals (e.g., ACT, housing).	MET NOT MET N/A	
Prescription Record	MET NOT MET N/A	

Appendix 9. Figure 1. Kentucky AOT Pilot Project Flow Chart

Tim's Law/Assisted Outpatient Treatment Macro Process Flowchart



Appendix 10. Kentucky Determination Criteria Checklist for Serious Mental Illness (SMI)

Kentucky Determination Criteria Checklist for Serious Mental Illness (SMI)

Relates to KRS 210.005 and 907 KAR 15:060, 15:065, 15:050, and 15:055, and 908 KAR 2:260

Individual's Name

Identification Number

Diagnostic Code(s)

The following table illustrates the criteria that shall be met for an individual to be designated as seriously mentally ill (SMI). In order to designate an individual as SMI, all of the criteria in Sections 1, 2, 3 and 4 shall be met.

Please check the following criteria for age, diagnoses, disability and duration.

YES	NO	CRITERIA																								
		<p>1. Age: Is a person aged 18 years or over (calculated at the time of service)</p>																								
		AND																								
YES	NO	<p>2. Diagnosis <i>(please circle applicable diagnosis)</i></p> <p>Has one or more of the following mental health diagnoses as designated in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders:</p> <p>Schizophrenia Spectrum and Other Psychotic Disorders</p> <table border="1"> <tr> <td>Delusional Disorder</td> <td>297.1</td> </tr> <tr> <td>Schizophreniform Disorder</td> <td>295.40</td> </tr> <tr> <td>Schizophrenia</td> <td>295.90</td> </tr> <tr> <td>SchizoAffective Disorder</td> <td>295.70</td> </tr> <tr> <td>Other Specified Schizophrenia Spectrum and Other Psychotic Disorder</td> <td>298.8</td> </tr> <tr> <td>Unspecified Schizophrenia Spectrum and Other Psychotic Disorder</td> <td>298.9</td> </tr> </table> <p>Bipolar and Related Disorders</p> <table border="1"> <tr> <td>Bipolar I Disorder</td> <td>296.41, 296.42, 296.43, 296.51, 296.52, 296.53, 296.44, 296.45, 296.46, 296.40, 296.54, 296.55, 296.50</td> </tr> <tr> <td>Bipolar II Disorder</td> <td>296.89</td> </tr> <tr> <td>Cyclothymic Disorder</td> <td>301.13</td> </tr> <tr> <td>Other Specified Bipolar and Related Disorder</td> <td>296.89</td> </tr> <tr> <td>Unspecified Bipolar and Related Disorder</td> <td>296.80</td> </tr> </table> <p>Depressive Disorders</p> <table border="1"> <tr> <td>Major Depressive Disorder</td> <td>296.21, 296.31, 296.22, 296.32, 296.23, 296.33, 296.24, 296.34, 296.25, 296.35, 296.20, 296.30</td> </tr> </table>	Delusional Disorder	297.1	Schizophreniform Disorder	295.40	Schizophrenia	295.90	SchizoAffective Disorder	295.70	Other Specified Schizophrenia Spectrum and Other Psychotic Disorder	298.8	Unspecified Schizophrenia Spectrum and Other Psychotic Disorder	298.9	Bipolar I Disorder	296.41, 296.42, 296.43, 296.51, 296.52, 296.53, 296.44, 296.45, 296.46, 296.40, 296.54, 296.55, 296.50	Bipolar II Disorder	296.89	Cyclothymic Disorder	301.13	Other Specified Bipolar and Related Disorder	296.89	Unspecified Bipolar and Related Disorder	296.80	Major Depressive Disorder	296.21, 296.31, 296.22, 296.32, 296.23, 296.33, 296.24, 296.34, 296.25, 296.35, 296.20, 296.30
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		Persistent Depressive Disorder (Dysthymia)	300.4
		Other Specified Depressive Disorder	311
		Unspecified Depressive Disorder	311
		Trauma and Stressor Related Disorders	
		Posttraumatic Stress Disorder	309.81
		AND	
YES	NO	3. Disability (Please circle domains with impairments) Clear evidence of functional impairment in two or more of the following domains: <ul style="list-style-type: none"> • Societal/Role Functioning: Functioning in the role most relevant to his/her contribution to society and, in making that contribution, how well the person maintains conduct within societal limits prescribed by laws, rules and strong social mores. • Interpersonal Functioning: How well the person establishes and maintains personal relationships. Relationships include those made at work and in the family settings as well as those that exist in other settings. • Daily Living/Personal Care Functioning: How well the person is able to care for him/herself and provide for his/her own needs such as personal hygiene, food, clothing, shelter and transportation. The capabilities covered are mostly those of making reliable arrangements appropriate to the person's age, gender and culture. • Physical Functioning: Person's general physical health, nutrition, strength, abilities/disabilities and illnesses/injuries. • Cognitive/Intellectual Functioning: Person's overall thought processes, capacity, style and memory in relation to what is common for the person's age, gender, and culture. Person's response to emotional and interpersonal pressures on judgments, beliefs and logical thinking should all be considered in making this rating. 	
		AND	
YES	NO	4. Duration (Please circle at least one duration condition) One or more of these conditions of duration: <ul style="list-style-type: none"> • Clinically significant symptoms of mental illness have persisted in the individual for a continuous period of at least 2 (two) years. • The individual has been hospitalized for mental illness more than once in the past 2 (two) years. • There is a history of one or more episodes with marked disability and the illness is expected to continue for a two-year period of time. 	

This individual meets the criteria for the designation of Serious Mental Illness (SMI). Documentation of the existence of these criteria of Age, Diagnosis, Disability and Duration is present in the individual's medical record and assessment has been conducted by a qualified, licensed behavioral health professional.

Print Name/Credentials Signature

Date

Kentucky Revised Statutes – KRS 202A Assisted Outpatient Treatment (AOT) - “Tim’s Law”

202A.0811 Petition for hearing regarding court-ordered assisted outpatient treatment.

- 1) Proceedings for court-ordered assisted outpatient treatment of a person shall be initiated by the filing of a verified petition for that purpose in District Court.
- 2) The petition and all subsequent court documents shall be entitled: "In the interest of (name of respondent)."
- 3) The petition shall be filed by a qualified mental health professional; peace officer; county attorney; Commonwealth's attorney; spouse, relative, friend, or guardian of the person concerning whom the petition is filed; or any other interested person.
- 4) The petition shall set forth:
 - a) Petitioner's relationship to the respondent;
 - b) Respondent's name, residence, and current location, if known;
 - c) Petitioner's belief, including the factual basis therefore, that the respondent meets the criteria for court-ordered assisted outpatient treatment as set forth in KRS 202A.0817; and
 - d) Whether, within five (5) days prior to the filing of the petition, the respondent has been evaluated by a qualified mental health professional to determine whether the respondent meets the criteria for court-ordered assisted outpatient treatment pursuant to KRS 202A.0815.
- 5) Upon receipt of the petition, the court shall examine the petitioner under oath as to the contents of the petition. If the petitioner is a qualified mental health professional, the court may dispense with the examination.
- 6) If, after reviewing the allegations contained in the petition and examining the petitioner under oath, it appears to the court that there is probable cause to believe the respondent should be court-ordered to assisted outpatient treatment, the court shall:
 - a) Order the respondent to be evaluated without unnecessary delay by a qualified mental health professional to determine whether the respondent meets the criteria for court-ordered assisted outpatient treatment set forth in KRS 202A.0815, unless the court has already received the certified findings of such an evaluation conducted no earlier than five (5) days prior to the filing of the petition. The qualified mental health professional shall certify his or her findings to the court within seventy-two (72) hours from receipt of the order, excluding weekends and holidays; and
 - b) Set a date for a hearing within six (6) days from the date of the filing of the petition under the provisions of this section, excluding weekends and holidays, to determine if the respondent should be court-ordered to assisted outpatient treatment.
- 7) If the court finds there is no probable cause to believe the respondent should be court-ordered to assisted outpatient treatment, the proceedings against the respondent shall be dismissed.

Effective: July 14, 2022

History: Amended 2022 Ky. Acts ch. 32, sec. 1, effective July 14, 2022. -- Created 2017 Ky. Acts ch. 154, sec. 3, effective June 29, 2017.

202A.0813 Transportation and examination of petition respondent.

- 1) The court may order that the sheriff of the county or a peace officer transport the respondent to a hospital or site designated by the cabinet so that the respondent shall be examined without unnecessary delay by a qualified mental health professional. The sheriff or peace officer may authorize, upon agreement of a person authorized by the peace officer, the cabinet, a private agency on contract with the cabinet, or an ambulance service designated by the cabinet to transport the person to a hospital or site designated by the cabinet.
- 2)
 - a) When the court is authorized to issue an order that the respondent be transported to a hospital or site designated by the cabinet for examination, the court may issue a summons.
 - b) A summons so issued shall be directed to the respondent and shall command the respondent to appear at a time and place specified in the summons, where the respondent shall be examined by a qualified mental health professional.
 - c) If a respondent who has been summoned fails to appear for the examination, the court may order that the sheriff of the county or a peace officer transport the respondent to a hospital or site designated by the cabinet for the purpose of an examination.

Effective: June 29, 2017

History: Created 2017 Ky. Acts ch. 154, sec. 4, effective June 29, 2017.

202A.0815 Criteria for court-ordered assisted outpatient treatment

No person shall be court-ordered to assisted outpatient mental health treatment unless the person:

- 1) Is diagnosed with a serious mental illness;
- 2) Has a history of repeated nonadherence with mental health treatment, which has:
 - a) At least twice within the last forty-eight (48) months, been a significant factor in necessitating hospitalization or arrest of the person; or
 - b) Within the last twenty-four (24) months, resulted in an act, threat, or attempt at serious physical injury to self or others;
- 3) Is unlikely to adequately adhere to outpatient treatment on a voluntary basis based on a qualified mental health professional's:
 - a) Clinical observation; and
 - b) Identification of specific characteristics of the person's clinical condition that significantly impair the person's ability to make and maintain a rational and informed decision as to whether to engage in outpatient treatment voluntarily; and
- 4) Is in need of court-ordered assisted outpatient treatment as the least restrictive alternative mode of treatment presently available and appropriate.

Effective: July 14, 2022

History: Amended 2022 Ky. Acts ch. 32, sec. 2, effective July 14, 2022. -- Amended 2020 Ky. Acts ch. 29, sec. 1, effective July 15, 2020. -- Created 2017 Ky. Acts ch. 154, sec. 5, effective June 29, 2017.

202A.0817 Treatment plan required for court-ordered assisted outpatient treatment.

No later than the date of the hearing held pursuant to KRS 202A.0811, the qualified mental health professional who examined the respondent pursuant to KRS 202A.0811 shall provide to the court and the respondent a proposed written treatment plan for the respondent for court-ordered assisted outpatient treatment, which shall have the goal of recovery. In developing a treatment plan, a qualified mental health professional shall:

- 1) Provide reasonable opportunities for the respondent to actively participate in the development of the treatment plan and any modifications thereafter, and involve any other persons whom the respondent requests to have participate;
- 2) Follow any advanced directive for mental health treatment executed by the respondent; and
- 3) Include in the treatment plan:
 - a) A proactive crisis plan that includes access to emergency or crisis services twenty-four (24) hours a day and the contact information to access such crisis services; and
 - b) Evidence-based practices. As used in this paragraph, "evidence-based practices" means intervention programs, policies, procedures, and practices that have been rigorously tested; are proven by scientific research; have yielded consistent, replicable results; and have proven safe, beneficial, and effective for most people diagnosed with mental illness when implemented competently. Evidence-based practices may include but are not limited to psychotropic medications, psychosocial rehabilitation, recovery-oriented therapies, assertive community treatment, supported employment, supported housing, and peer support services.

Effective: June 29, 2017

History: Created 2017 Ky. Acts ch. 154, sec. 6, effective June 29, 2017.

202A.0819 Due process and support requirements -- Conduct of hearing -- Ruling on petition -- Reports.

- 1) At a hearing and at all stages of a proceeding for court-ordered assisted outpatient treatment, the respondent shall be:
 - a) Represented by counsel;
 - b) Accompanied by a peer support specialist or other person in a support relationship, if requested by the respondent; and
 - c) Afforded an opportunity to present evidence, call witnesses on his or her behalf, and cross-examine adverse witnesses.
- 2) If a respondent does not appear at the hearing, and appropriate attempts to elicit the respondent's appearance have failed, the court may conduct the hearing in the respondent's absence.
- 3) A qualified mental health professional who recommends court-ordered assisted outpatient treatment for the respondent shall:
 - a) Testify at the hearing, in person or via electronic means;
 - b) State the facts and clinical determinations which support the allegation that the respondent meets the criteria stated in KRS 202A.0815; and
 - c) Testify in support of the treatment plan provided pursuant to KRS 202A.0817, and for each category of proposed evidence-based treatment, he or she shall state the specific

recommendation and the clinical basis for his or her belief that such treatment is essential to the maintenance of the respondent's health or safety.

- 4) If after hearing all relevant evidence, the court does not find by clear and convincing evidence that the respondent meets the criteria stated in KRS 202A.0815, the court shall deny the petition and the proceedings against the respondent shall be dismissed.
- 5) If after hearing all relevant evidence, the court finds by clear and convincing evidence that the respondent meets the criteria stated in KRS 202A.0815, the court may order the respondent to receive assisted outpatient treatment for a period of time not to exceed three hundred sixty (360) days. The court's order shall incorporate a treatment plan, which shall be limited in scope to the recommendations included in the treatment plan provided by the qualified mental health professional pursuant to KRS 202A.0817.
- 6) The court shall report every order for assisted outpatient treatment issued under this section to the Department for Behavioral Health, Developmental and Intellectual Disabilities.

Effective: June 27, 2019

History: Amended 2019 Ky. Acts ch. 128, sec. 2, effective June 27, 2019. – Created 2017 Ky. Acts ch. 154, sec. 7, effective June 29, 2017.

202A.0821 Appointment of outpatient provider agency.

If the court orders assisted outpatient mental health treatment pursuant to KRS 202A.0819, the court shall appoint an outpatient provider agency recognized by the cabinet which shall assemble a multidisciplinary team. The multidisciplinary team shall regularly monitor the person's adherence to the conditions of the order and regularly report this information to the court that ordered the person's release. Reports may be provided in written format, in person, or via electronic means, at the court's discretion.

Effective: June 29, 2017

History: Created 2017 Ky. Acts ch. 154, sec. 8, effective June 29, 2017.

202A.0823 Substantial failure to comply with court-ordered assisted outpatient treatment.

A person's substantial failure to comply with a court order for assisted outpatient treatment may constitute presumptive grounds for an authorized staff physician to order a seventy-two (72) hour emergency admission pursuant to KRS 202A.031. Failure to comply with an order for assisted outpatient treatment shall not be grounds to find the person in contempt of court.

Effective: June 29, 2017

History: Created 2017 Ky. Acts ch. 154, sec. 9, effective June 29, 2017.

202A.0825 Stay, vacation, or modification of court-ordered assisted outpatient treatment.

- 1) At any time during the period of an order for court-ordered assisted outpatient treatment, the person subject to the order may move the court to stay, vacate, or modify the order.
 - a) As used in this subsection, "material change" means an addition or deletion of a category of services to or from a treatment plan.
 - b) If a treating qualified mental health professional proposes a material change to the court-ordered treatment plan, he or she shall apply to the court for approval of the proposed change. Not later than five (5) days after receiving the application, excluding weekends and holidays, the court shall hold a hearing. If the person under order informs the court that he or she agrees to the proposed material

change, the court may approve such change without a hearing.

- 2) Within thirty (30) days of the expiration of an order for assisted outpatient treatment, the original petitioner may petition the court for an additional period of court-ordered assisted outpatient treatment. The procedures for the consideration of the petition shall be identical to the procedures provided in KRS 202A.0811 to 202A.0831, except that the parties may mutually agree to waive the requirement of a new hearing. The person under order shall be represented by an attorney in responding to the petition for an additional period of court-ordered assisted outpatient treatment.

Effective: June 29, 2017

History: Created 2017 Ky. Acts ch. 154, sec. 10, effective June 29, 2017.

202A.0827 Medicaid eligibility of court-ordered assisted outpatient treatment.

For persons who are Medicaid-eligible, assisted outpatient mental health treatment services identified under KRS 202A.0811 to 202A.0831 shall be authorized by the Department for Medicaid Services and its contractors as Medicaid-eligible services and shall be subject to the same medical necessity criteria and reimbursement methodology as for all other covered behavioral health services.

Effective: June 29, 2017

History: Created 2017 Ky. Acts ch. 154, sec. 11, effective June 29, 2017.

202A.0829 Adequate funding required for implementation of KRS 202A.0811

Implementation of KRS 202A.0811 to 202A.0831 is contingent upon adequate funding by any unit of state or local government or divisions thereof, special purpose governmental entity, or any other entity able to utilize funds for the purposes set forth in KRS 202A.0811 to 202A.0831. Funding may be provided through the appropriation of federal, state, or local resources or from donations, grants, gifts, or pledges from private resources.

Effective: June 29, 2017

History: Created 2017 Ky. Acts ch. 154, sec. 12, effective June 29, 2017.

202A.0831 Short title for KRS 202A.0811 to 202A.0831

KRS 202A.0811 to 202A.0831 may be cited as Tim's Law.

Effective: June 29, 2017

History: Created 2017 Ky. Acts ch. 154, sec. 13, effective June 29, 2017.