



Building an Effective Assisted Outpatient Treatment (AOT) Program



The information contained in this resource is a compilation of statutes, court rules, and court decisions in the State of Ohio, and it is intended as a summary of the law to assist judges, lawyers, and the general public. The information does not represent binding statements of law by the Supreme Court of Ohio.



Building an Effective Assisted Outpatient Treatment (AOT) Program

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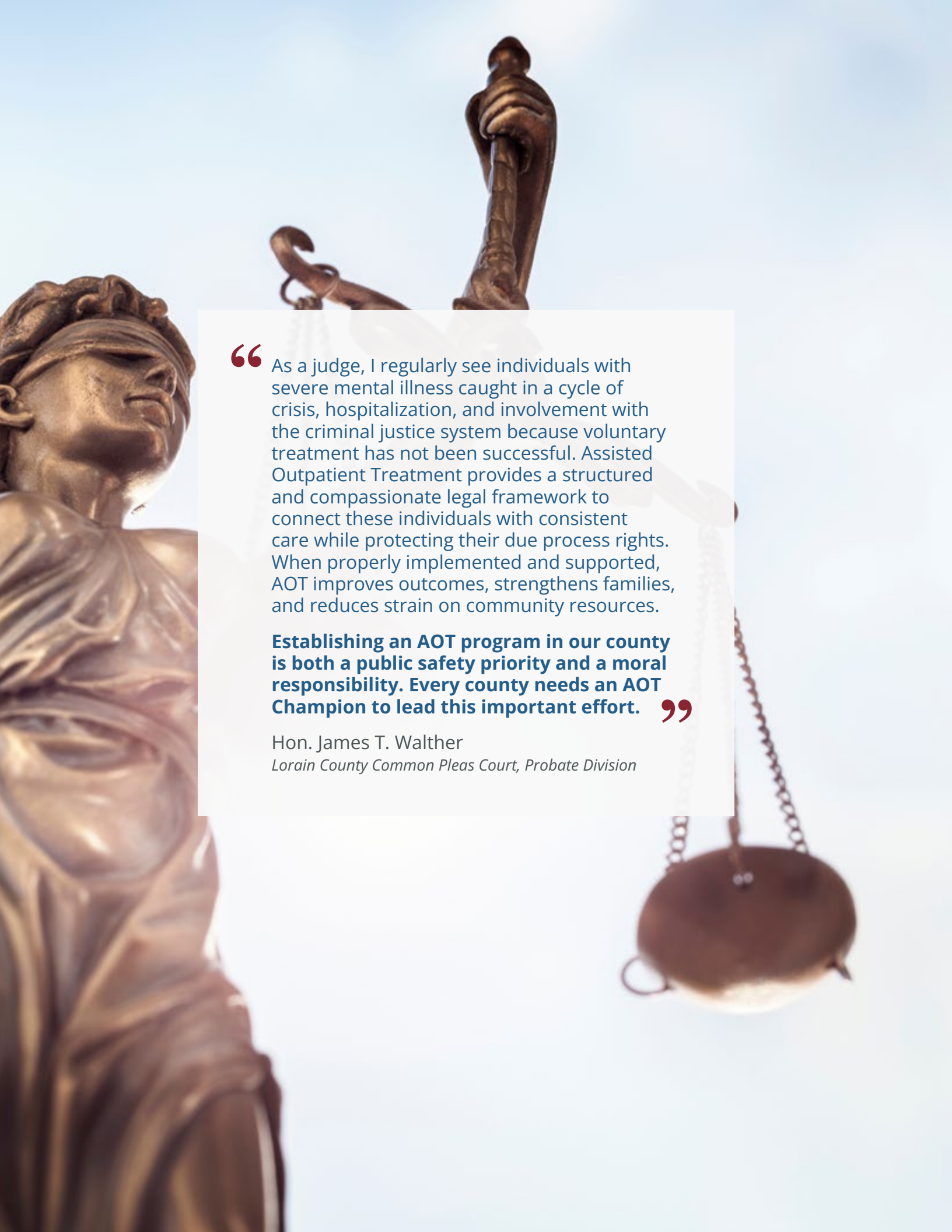
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“ As a judge, I regularly see individuals with severe mental illness caught in a cycle of crisis, hospitalization, and involvement with the criminal justice system because voluntary treatment has not been successful. Assisted Outpatient Treatment provides a structured and compassionate legal framework to connect these individuals with consistent care while protecting their due process rights. When properly implemented and supported, AOT improves outcomes, strengthens families, and reduces strain on community resources.

Establishing an AOT program in our county is both a public safety priority and a moral responsibility. Every county needs an AOT Champion to lead this important effort. ”

Hon. James T. Walther

Lorain County Common Pleas Court, Probate Division

Introduction

Assisted Outpatient Treatment (AOT) programs represent a critical intersection of care for mental health and the judicial system. As a court-ordered, community-based treatment, AOT provides a lesser restrictive alternative to inpatient hospitalization for individuals with severe mental illness who, due to the nature of their condition, are unable to voluntarily engage in treatment.

AOT is not “mental health court” or a “mental health specialized docket.” AOT is a form of *civil* commitment in probate court and does not require the commission of a criminal offense to participate. Alternatively, a mental health specialized docket is conducted in *criminal* court where participants are diverted from incarceration by undergoing community-based treatment. In these dockets, criminal sanctions can be imposed if there is not adherence to the treatment plan. While some AOT participants are referred from the criminal court system upon dismissal of the criminal matter, one of the goals of AOT is to address mental health needs of at-risk individuals *before* a crime has been committed.

This toolkit is designed to support the effective implementation and oversight of AOT programs within Ohio’s probate courts. It provides a legal overview for ordering AOT, outlines the court’s responsibilities, and identifies best practices for implementing and administering a program.

The goal of this toolkit is to empower judges with the knowledge and resources needed to administer AOT programs that are both legally sound and clinically effective. By doing so, courts can help reduce hospitalizations, incarceration, and homelessness among individuals with serious mental illness while promoting recovery, dignity, and public safety.

The Treatment Advocacy Center (TAC) has been instrumental in raising awareness and providing assistance to probate courts, behavioral health providers, and other stakeholders about AOT. Founded in 1998, TAC’s mission is to eliminate the barriers to timely and effective treatment of severe mental illness through advocacy, public education, and support for individuals and families affected by severe mental illness.¹

Over the years, TAC has worked to create national and state-specific resources for individuals dedicated to this work. More information can be found at www.tac.org.

1 Treatment Advocacy Center, Treatment Advocacy Center, <https://www.tac.org/> (accessed Feb. 2, 2026) [<https://perma.cc/F339-GQAN>].

Overview & Benefits of AOT

Overview of Civil Commitment & Assisted Outpatient Treatment

Assisted Outpatient Treatment is a civil court process that enables individuals with serious mental illness to receive necessary treatment while remaining safely in the community. It is designed as a lesser restrictive alternative to inpatient hospitalization when a person has been adjudicated to be a person with a mental illness subject to court order per R.C. 5122.01. AOT can also be an alternative for individuals with a developmental or intellectual disability.

Under the civil commitment process, the probate court adjudicates the individual with severe mental illness as a “person with mental illness subject to court order” and places the individual under the care of the local alcohol, drug addiction, and mental health (ADAMH) Board to be treated involuntarily in the community. In some counties the ADAMH Board may be the county behavioral health board, mental health recovery board, or mental health, addiction, and recovery services board. The ADAMH Board has a statutory obligation to ensure county residents have access to a continuum of behavioral health services. [R.C. 340.032] The partnership between the probate court and the ADAMH Board is critical for leveraging existing resources and maintaining public safety. Generally, the individual is committed to the ADAMH Board in the county of residence, but it is not uncommon for a person to be hospitalized in a facility outside of the residence county. Jurisdiction may need to be transferred upon discharge from the facility.

The ADAMH Board contracts and partners with a community behavioral health provider to develop a comprehensive treatment plan for outpatient treatment and case management services. This may also involve discharge planning if the individual is hospitalized. Providers are able to continuously and assertively offer treatment even if the individual declines, under the jurisdiction of the court and oversight of the ADAMH Board.

AOT orders can include a variety of services such as medication management, therapy, and case management. They are designed to ensure that the participant receives necessary treatment in order to manage their mental illness safely and effectively while remaining in the community. The case manager and the identified treatment team work closely with the individual. The individual has regular “check ins” with the probate court to monitor adherence to the treatment plan. These intensive case management services and close monitoring allow for treatment in a less restrictive setting and earlier intervention to occur if a participant begins to decompensate.

Benefits of AOT for Individuals, Families, & Communities

Individuals

AOT empowers individuals to live healthier, more independent lives by providing structured treatment and accountability in the least restrictive setting. It helps break the cycle of repeated hospitalizations and untreated symptoms, offering access to a structured treatment plan that may include medication, therapy, and case management that the probate court will oversee. With these supports, AOT participants experience improved mental health, greater stability, and enhanced quality of life. A multi-state evaluation of AOT programs showed that participants had substantial and sustained benefits including better treatment adherence, reduced psychiatric hospitalizations, decreased criminal justice involvement, and improved mental health and life satisfaction.² These benefits translate into more secure housing, employment, and social connections.

Family Members

Families often bear the emotional and practical burden when loved ones struggle with untreated mental illness. AOT offers reassurance that their family member is receiving consistent care and support. As individuals become more stable and engaged in treatment, families are less likely to manage crises or emergencies, leading to emotional relief and improved relationships. This reduces stress, improves family relationships, and fosters hope for recovery. AOT also fosters communication between families, providers, and courts, creating a unified support system. Families gain peace of mind knowing that treatment is not only available but also actively monitored and enforced when necessary.

Community

AOT promotes public safety and community well-being by ensuring individuals with serious mental illness receive consistent treatment and support under the oversight of the probate court. Adherence to treatment recommendations is monitored and reinforced by the court. Early intervention prevents crises, reducing psychiatric hospitalizations and emergency room visits, freeing-up limited inpatient care resources for more severe patients. AOT also decreases interactions with law enforcement. For example, a study of AOT programs in New York over a three-year period showed an 83% reduction of arrests and an 87% decline in incarceration rates of individuals after court-ordered outpatient treatment.³ Communities benefit from improved stability, reduced homelessness, and fewer crises, creating a safer and more compassionate environment for everyone.

2 Johnson et al., *Clinical and Social Functioning Outcomes of Assisted Outpatient Treatment: Results From a Multisite Evaluation*, 7 *Psych Res Clin Pract.* 124 (2025), <https://psychiatryonline.org/doi/pdf/10.1176%2Fappi.prcp.20240162> (accessed Feb. 2, 2026).

3 Treatment Advocacy Center, *Assisted Outpatient Treatment: Improving Outcomes and Saving Money* (Jun. 2021), <https://www.neomed.edu/wp-content/uploads/TAC-AOT-SUMMARY-FINAL-2021.pdf> (accessed Feb. 2, 2026) [<https://perma.cc/62L3-HVNV>].

Legal Authority

Revised Code Chapter 5122 outlines the statutory procedures for ordering outpatient treatment as a disposition following an adjudication of a person with a mental illness subject to court order.

R.C. 5122.01(B) defines a “person with a mental illness subject to court order” as a person with a mental illness who, because of the person’s illness:

1. Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
2. Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
3. Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person’s basic physical needs because of the person’s mental illness and that appropriate provision for those needs cannot be made immediately available in the community;
4. Would benefit from treatment for the person’s mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person;
5. (a) Would benefit from treatment as manifested by evidence of behavior that indicates all of the following:
 - i. The person is unlikely to survive safely in the community without supervision, based on a clinical determination.
 - ii. The person has a history of lack of compliance with treatment for mental illness and one of the following applies:
 - I. At least twice within the 36 months prior to the filing of an affidavit seeking court-ordered treatment of the person under R.C. 5122.111, the lack of compliance has been a significant factor in necessitating hospitalization in a hospital or receipt of services in a forensic or other mental health unit of a 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. Within the 48 months prior to the filing of an affidavit seeking court-ordered treatment of the person under R.C. 5122.111, the lack of compliance resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others, provided that the 48-month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the 48-month period.



- iii. The person, as a result of the person's mental illness, is unlikely to voluntarily participate in necessary treatment.
- iv. In view of the person's treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others.

(b) An individual who meets only the criteria described in division (B)(5)(a) of this section is not subject to hospitalization.

A person may be deemed AOT-eligible based on either of the following approaches:

1. A person deemed a "person with mental illness subject to court order," as defined in R.C. 5122.01(B)(1), may be deemed a present risk to self or others and is committed to the authority of the local ADAMH Board for placement in the least restrictive treatment setting, which may be an AOT program [R.C. 5122.01(B)(1)-(4)]; or
2. The patient, irrespective of current risk of harm, requires AOT based on a history of treatment non-adherence. [R.C. 5122.01(B)(5)] This may not be grounds for hospitalization, only for commitment to an AOT program.

Administering an AOT Program

Rule 79.01 of the Rules of Superintendence for the Courts of Ohio outlines the responsibilities of a court administering an AOT program, which is defined as a “particular session of court for persons with a mental illness subject to court order to receive treatment while being monitored in the community.” [Sup.R. 79.01(A)(1)]

Courts operating an AOT program are responsible for: [Sup.R. 79.01(D)]

- Facilitating communication among those involved;
- Monitoring adherence to the treatment plan;
- Evaluating participants throughout the court-ordered treatment period;
- Maintaining confidentiality; and
- Evaluating program outcomes.

Additionally, courts with an AOT program must adopt a local rule that outlines: [Sup.R. 79.01(C)]

1. Eligibility criteria for AOT candidates;
2. Procedures for the selection and referral of an individual to the AOT program;
3. Expectations for AOT participants;
4. Procedures outlining how hospitals, treatment providers, the ADAMH Board, attorneys, and participants make confidential filings;
5. Procedures for notifying parties and non-parties;
6. Procedures for conducting initial and subsequent reviews; and
7. Criteria for defining successful completion of the program.

Judicial Conduct Rule 2.9

The Code of Judicial Conduct allows judges to assume a more interactive role with parties, hospitals, treatment providers, local alcohol addiction and mental health services boards, probation or law enforcement officers, social workers, and others involved in monitoring treatment when administering an AOT program. An exception to the prohibition on ex parte communication allows judges to “initiate, receive, permit, or consider” ex parte communication within the context of their AOT program. [Jud.Cond. Rule 2.9(A)(6)]

Superintendence Rule 55(C)

Sup.R. 55(C) permits mental illness records that are otherwise confidential as provided by statute, to be accessed as authorized by the judge.

Designing Your Program

While the structure of each AOT program may vary, the following key features are essential for successful outcomes. These essential features are intended to guide local teams, but they are not a “one-size-fits-all” approach to AOT implementation. AOT programs should be designed to meet the needs of the local community based upon the court’s capacity and availability of resources through the ADAMH Board and community providers. It is not expected that any two counties should practice AOT in exactly the same way.

1. Secure Buy-in From Key Leadership

The launch of any new AOT program should begin with key leaders of the treatment system, law enforcement, the judiciary, and the mental health advocacy community coming together for the purposes of planning and conducting a needs assessment. Each of these leaders’ knowledge of the community, its existing resources, and challenges will provide important information for the planning process.

Key stakeholders include:

ADAMH/Mental Health & Recovery Services Board (Board)

The common practice in Ohio is to commit a respondent to the Board of the county of residence or a service provider designated by the Board, ensuring smooth transitions between levels of care. [R.C. 5122.15(C)(4)] This makes the Board responsible for ensuring that community providers meet statutory requirements, deliver appropriate treatment, and conduct periodic reviews to confirm that the respondent is receiving care at the appropriate level.

Attorney for the Board/Petitioner

The petitioner’s attorney presents evidence in support of the AOT petition. The attorney is also responsible for filing motions related to the AOT order, including requests for hearings, evaluations, hospitalization, and extensions or terminations of the order. Generally, this attorney is employed by the Board. If the Board does not employ an attorney, Affidavits of Mental Illness may be filed by the prosecutor’s office or it can contract with an attorney.

For cases stemming from criminal court proceedings, the Affidavit of Mental Illness may be filed by the court or the prosecutor. [R.C. 2945.38] However, the matter is typically transferred to the Board’s attorney after the affidavit is filed to make the case to the probate court for AOT.

Attorney Representing Respondents

A person for whom civil commitment is sought is known as the “respondent” to the court petition. Once the court order placing the respondent on AOT is issued, the individual is referred to as a “participant.” Respondents are entitled to court-appointed counsel if indigent or may retain their own attorney during the civil commitment process. [R.C. 5122.05, R.C. 5122.141, R.C. 5122.15]



Probate Court Judge and/or Magistrate

The probate judge or magistrate is responsible for presiding over the hearing and ensuring that the judicial proceeding meets state statutory and due process requirements outlined in R.C. Chapter 5122. They must ensure that notice, hearing, and ruling timelines are observed. They determine whether the statutory criteria are met based on a “clear and convincing evidence” standard. The court must ensure all stakeholders comply with the local rule governing how the AOT program operates. [Sup.R. 79.01] Beyond those core functions, the judicial officer’s role can vary depending on the community and the program design. [See Section 3, *Determine the Appropriate Level of Judicial Engagement* on page 10.]

Outpatient Treatment Provider

The treatment provider’s primary responsibility is to engage the participant in prescribed care with the goal of the participant accepting and adhering to treatment voluntarily. Once the AOT order is in place, the provider works with the participant to develop a treatment plan, outlining necessary services to maintain stability. At minimum, this should include case management and medication management. Care should include outreach efforts in the community, especially when there are signs of non-adherence. The provider also monitors the participant and supplies documentation to support motions filed by the Board’s attorney.

Inpatient Treatment Provider

The hospital may begin the commitment process by filing an Affidavit of Mental Illness [R.C. 5122.111] demonstrating the respondent's need for court-ordered inpatient treatment under one or more of the first four criteria of a person with a mental illness subject to court order outlined in R.C. 5122.01(B). Typically, the treating psychiatrist will testify at the hearing regarding diagnosis, treatment, and prognosis. The hospital is required to notify the court when a participant is discharged to a less restrictive setting. [R.C. 5122.21(B)] Individuals participating in AOT may be readmitted to a hospital (does not have to be the same hospital) if they decline and/or fail to participate in ordered treatment and can no longer be safely treated in the community. Under an AOT order, an individual is already determined to be mentally ill subject to court order. The order can be amended to an inpatient setting if there is indication the individual can no longer be safely treated in the community.

Crisis Center or Psychiatric Emergency Services

Crisis services serve as essential support to the treatment team. Effective communication between crisis and treatment staff ensures continuity of care, especially around evaluations and discharge planning. If a participant is non-adherent and exhibiting signs of decompensation, the court may order an evaluation at the crisis center or psychiatric emergency room. Without strong collaboration between crisis service and outpatient providers, addressing treatment non-adherence becomes more difficult.

Law Enforcement

Law enforcement agencies serve subpoenas and execute orders of detention for temporary psychiatric evaluations. Personnel executing these orders should have specialized training (e.g., crisis intervention training) and experience in interacting with individuals with a severe mental illness. Police officers also help monitor participants in the community, especially through crisis intervention teams (CIT). Regular communication between law enforcement and AOT treatment providers is essential to ensure timely, appropriate responses to behavioral concerns.

Peers/Family Advocates

Family advocates and peer supporters help ensure the process remains participant centered. Peers with lived experience of mental illness may help engage participants more effectively. Family advocates assist in community education and identifying service gaps that hinder effective implementation.

Example organizations to support these efforts include:

- The National Alliance on Mental Health (NAMI) Ohio offers support groups, classes, and local resources for individuals with severe mental illness, as well as their family members. NAMI Ohio also provides certified family and youth peer training. See www.namiohio.org for more information.

- Ohio Peer Recovery Organizations (OhioPRO) serves as a statewide advocate for all persons with a lived experience of mental illness and those organizations that provide them services. It is a good resource to find local peer recovery organization. More information can be found at www.ohio-pro.com.
- The Ohio Department of Behavioral Health provides certification and training for Certified Family Peer Supporters (CFPS). A CFPS supports an individual's or family's ability to address needs, navigate systems, and promote recovery, resiliency, and wellness. They can provide both basic and intensive family support services and participate as a member of treatment teams. See www.dbh.ohio.gov for more information.
- Mental Health America of Ohio works to support the needs of individuals living with mental illness in Central Ohio. It offers statewide virtual support groups and in-person support groups in Central Ohio, provides certified peer recovery supporter training, and provides assistance for family member advocates. More information can be found at www.mhaohio.org.

2. Hold Regular Stakeholder Meetings

Once an AOT program is launched, representatives from the stakeholder groups above should meet periodically for program evaluation and improvement. These meetings do not need to include the original top-level planners and should focus on current outcomes, referral appropriateness, and service gaps. Meetings should occur at least quarterly, with greater frequency in the program's early years.

3. Determine the Appropriate Level of Judicial Involvement

Courts have discretion in determining the level of involvement of their judicial officers once AOT is ordered. Some judicial officers are minimally involved, focusing only on core judicial duties during the review hearings. Other judges are more engaged, leveraging their involvement to motivate participants and improve outcomes.

Three general models have emerged:

- **Active Court Model:** The judicial officer plays a central role, regularly engaging with the participant to build rapport and reinforce accountability. This often includes **status hearings** or "**check-ins**," where the judicial officer discusses progress and addresses concerns. These may be held as frequently or infrequently as needed.
- **Medium Involvement Model:** The judicial officer is involved primarily at the initial hearing to explain AOT requirements and program expectations. The judicial officer offers motivation, but only steps in later for adherence-related concerns.
- **Limited Involvement Model:** The judicial officer fulfills only statutory obligations while the treatment team handles ongoing oversight.

No single model has been proven superior. The approach is often based on judicial resources and individual participant needs. Judicial involvement in AOT programs does not have to follow a rigid, either/or model. Judges may find it effective to adjust their level of involvement over time, based on case progress or treatment team input. Regardless of the model chosen, interaction should reflect procedural justice; communication must be respectful, transparent, and fair.

4. Establish a Mechanism for Oversight of Participants

The Board's chief clinical officer is responsible for monitoring AOT participants. This responsibility may be delegated to an "AOT monitor," whose role varies depending on court involvement but remains distinct from the court and treatment team.

The monitor:

- Acts as a liaison between the treatment team and the court.
- Tracks treatment adherence and ensures team accountability.
- May assist in care coordination of the individual's housing, treatment, and other support services.
- May complete progress updates, coordinate training, respond to public inquiries, ensure timely legal filings, and support community engagement.

Oftentimes, the AOT monitor is employed by the Board. However, depending on the resources of community, funding for the AOT monitor may be shared by the Board, behavioral health provider, or the court.

5. Create Written Policies & Procedures

Courts, in collaboration with key stakeholders, should finalize all AOT policies and procedures before the program launches. Many of these procedures are to be outlined pursuant to Sup.R. 79.01(C).

These may include:

- Purpose statement and program description
- Eligibility criteria
- Referral, petition, and treatment plan processes
- Steps to address non-adherence
- Processes for ending AOT orders
- Procedures for successful transitions back into the community

Standardized forms might include:⁴

- Referral assessments
- Psychiatric evaluations
- Treatment plans
- Monthly progress notes

Courts should engage staff as they are establishing procedures. Ask for their input and recommendations throughout the process. It is essential to the program's success to have staff buy-in, as it is the staff who will carry forth the program's operations. It is equally important to train staff once the procedures have been developed.

6. Print Materials to Inform Participants of Rights & Responsibilities

Because AOT orders are often issued during a crisis, participants may be confused or anxious about the process. Some programs use handbooks or pamphlets written in plain language, available in all relevant languages. These can be distributed to community partners, posted on websites, or placed in public spaces.

These materials may include:

- A basic explanation of AOT and the court order
- Participants' rights (due process, access to quality treatment)
- Participants' responsibilities (adherence to treatment plan)
- Contact information for key program staff



The Supreme Court has explainer AOT videos that can be used to help courts explain what AOT is and its benefits. These videos feature testimonials from AOT participants and their family members, as well as members of the treatment team. Courts are encouraged to post these videos on their website and share them with community members. Contact the Supreme Court's Children & Families Section at cfc@sc.ohio.gov to obtain these videos.

⁴ See appendix for sample forms.



7. Track Data for Purposes of Program Evaluation & Improvement

Programs use data tracking tools during the planning phase. Data helps assess the program's effectiveness, identify gaps, and perform cost-benefit analyses.

Key data to collect includes:

- Hospitalizations and crisis center visits
- Civil commitment history
- Legal system involvement
- Housing stability
- Employment
- Participant and family satisfaction surveys

Courts should be mindful of federal confidentiality requirements under the Health Insurance Portability and Accountability Act (HIPAA) when determining data collection elements. They may have to remove personal identifiers or obtain the consent of the AOT participant before any protected information is shared.

The Treatment Advocacy Center has a data collection tool that tracks basic participant information and other elements used to evaluate program outcomes. This tool may be useful to review (or use) as courts are determining how best to collect program data. More information can be found at www.tac.org.

AOT programs must do more than gather data — they need to actively apply it. Regular data analysis should be used to pinpoint areas where the program falls short and to guide the development and implementation of targeted improvements. Establishing and refining these improvement strategies is a central goal of ongoing stakeholder meetings.

7. Educate Stakeholders & the Community

Community education should begin before the launch of the AOT program and continue on a consistent basis thereafter. Early education is particularly critical in addressing anticipated community concerns related to public safety, risk, and accountability. Without proactive outreach, misunderstandings about AOT can generate resistance that undermines program effectiveness. Transparent communication about eligibility criteria, judicial oversight, and monitoring processes helps reassure community members that safety considerations are central to program design.

Community engagement also fosters informed buy-in among key partners, creates space for ongoing dialogue, and improves the identification of eligible AOT participants. This reinforces public confidence in the program and strengthens its long-term sustainability.

Target audiences may include:

- Staff at agencies serving AOT participants
- Family and caregivers
- NAMI affiliates
- Law enforcement
- Peer supporters
- Private psychiatrist and providers

8. Funding Sources

Funding sources for an AOT program will vary by county. Some courts may be fortunate to be able to allocate its general revenue funds. Grants from local community foundations, state agencies (Ohio Department of Behavioral Health), or the federal government (e.g., Substance Abuse and Mental Health Services Administration⁵) may be available to help supplement court funds. Courts may be able to share costs with the ADAMH Board or other partner organizations.

5 Substance Abuse and Mental Health Services Administration, *Grants for Mental Health and Substance Use* (Sep. 8, 2025), <https://www.samhsa.gov/grants> (accessed Feb. 2, 2026).

AOT & The Criminal Justice System

Diversion from the Criminal System

AOT can be a viable alternative for individuals who cycle repeatedly through the criminal justice system due to untreated serious mental illness. AOT offers a structured, supervised model of community-based mental health treatment that prioritizes stability and engagement rather than repeated incarceration or hospitalization. This trend reflects a broader national and statewide movement to divert appropriate cases away from the criminal process and connect individuals more effectively to civil mental health systems. Expanding the use of AOT as an alternative pathway to competency restoration was a recommendation of Governor Mike DeWine's Work Group on Competency Restoration and Diversion.⁶

R.C. Chapter 2945 allows a criminal court, under certain circumstances, to dismiss a criminal case upon the filing of an Affidavit of Mental Illness in probate court by the prosecutor or itself where a defendant is found incompetent to stand trial and not restorable, or at the termination of a criminal court jurisdiction of an individual found to be not guilty by reason of insanity.⁷ AOT can be a bridge between the criminal and civil mental health justice systems, diverting individuals to consistent, community based treatment. This process works best when the ADAMH Board is also involved. By leveraging AOT, counties can reduce jail overcrowding, minimize repeated court involvement, improve treatment adherence, and support better long-term outcomes for individuals whose mental health needs have historically gone unmet.

Probate & Criminal Court Collaboration

Effective collaboration between probate and criminal courts is essential for meeting the complex needs of individuals with severe mental illness who interact with both civil and criminal systems. When courts work in silos, critical information can be lost, leading to delayed interventions, fragmented care, and repeated cycling of individuals through legal and clinical settings. Coordinated efforts allow courts to respond efficiently and appropriately while ensuring that individuals receive timely access to needed mental health services.

Judges and staff from criminal courts should participate as core members of the probate court's AOT stakeholder group, ensuring that program procedures and eligibility guidelines reflect statutory requirements for the "dismiss and refile" process, as well as real-world criminal court workflows. Their insights help with AOT program design and transfer procedures between courts.

6 Ohio Department of Mental Health & Addiction Services, *Governor's Work Group on Competency Restoration and Diversion Recommendations Report*, https://dam.assets.ohio.gov/image/upload/mha.ohio.gov/KnowOurProgramsandServices/forensic-services/Governor%27sWorkGrouponCompetencyRestorationandDiversion/Governors-Work-Group-on-Competency-Restoration-and-Diversion-Recommendations-Report_2024-11.pdf (accessed Feb. 2, 2026) [<https://perma.cc/9P6G-G9YR>].

7 See R.C. 2945.38, R.C. 2945.39, R.C. 2945.40, R.C. 2945.401



Appendix A: Sample Local Rule

Local Rule X: Assisted Outpatient Treatment (AOT) Program

This rule applies to a respondent under the jurisdiction of the Court who has been accepted into the Assisted Outpatient Treatment (AOT) program for treatment while being monitored in the community as prescribed in R.C. Chapter 5122 and Sup.R. 79.01.

(A) Definitions

As used in this rule:

1. “Assisted Outpatient Treatment (AOT) program” means a particular session of court for persons with a mental illness, subject to a court order to receive treatment while being monitored in the community pursuant to R.C. Chapter 5122 and R.C. 2945.38, 2945.39, 2945.40, 2945.401, and 2945.402.
2. “Person with a mental illness subject to court order” has the same meaning as in R.C. 5122.01(B).

(B) Establishment of an AOT Program

1. This Court hereby establishes an AOT program for the purpose of monitoring compliance of persons with a mental illness subject to court order who are supervised in an outpatient setting within the community.
2. This Rule applies to all individuals subject to the jurisdiction of this Court under R.C. Chapter 5122 and R.C. 2945.38, 2945.39, 2945.40, 2945.401, and 2945.402.

(C) Responsibilities of the Court

1. This Court shall monitor and evaluate all AOT participants for compliance with individual treatment plans and other expectations while the individual is participating in AOT.
2. This Court shall track and report participant outcomes while maintaining confidentiality of proceedings and records pursuant to R.C. Chapter 5122, Jud.Cond.R. 2.9, and Sup.R. 55, unless disclosure is otherwise permitted or required by law.

(D) AOT Eligibility Criteria

A person may be considered eligible to participate in the AOT program if:

1. The person is subject to this Court’s jurisdiction;
2. The person is at least eighteen years or older;
3. The person has been adjudicated as a person with a mental illness subject to court order under R.C. 5122.01(B);
4. The Court has determined that assisted outpatient treatment is appropriate; and
5. Any other consideration the Court deems appropriate.

(E) Selection and Referral Procedures

1. Referral to the AOT program may be initiated by:
 - a. The county alcohol, drug addiction, and mental health board;
 - b. A hospital or inpatient facility;
 - c. A court or prosecutor pursuant to R.C. Chapter 2945;
 - d. INSERT ANY ADDITIONAL REFERRAL SOURCES.
2. INSERT PROCEDURE(S) FOR MAKING REFERRAL INCLUDING ANY REQUIRED DOCUMENTS.
3. The Court shall review each referral and issue an order of acceptance or denial into the AOT program.

(F) Expectations for AOT Participants

1. The AOT participant shall:
 - a. Consistently engage with their treatment plan as deemed necessary by the treatment team for stability and recovery;
 - b. Consistently attend AOT Review Hearings;
 - c. Avoid being arrested or charged with a criminal offense; and
 - d. Fulfilled all directives, requirements, and Court orders related to the underlying civil commitment or case matter.
2. It is the expectation for the AOT participant to successfully transition into voluntary treatment engagement where the individual is empowered to make sound, independent decisions regarding their care.

(G) Confidentiality

Hospitals, facilities, treatment providers, county alcohol, drug addiction, and mental health boards, attorneys, and participants shall follow the confidentiality requirements outlined in R.C. Chapter 5122 for civil commitment cases.

Any person, institution, or provider may file information confidentially INSERT PROCEDURE FOR FILING. Case filings shall be maintained under seal by the Clerk of Court.

(H) Notice

The Court shall provide notice of AOT Review Hearings to:

1. The AOT participant;
2. Participant's counsel (if any);
3. The treatment provider;
4. The county alcohol, drug addiction, and mental health board or its designee; and
5. Any other person or agency designated by the Court.

(I) Reviews

1. Initial Reviews
 - a. At the initial AOT Review Hearing, the AOT participant shall:
 - Execute an AOT agreement and any necessary waivers;
 - Receive an individualized treatment plan; and
 - Discuss expectations for compliance with treatment plans and consequences for noncompliance.
 - b. The Initial AOT Review Hearing shall be scheduled by the Court within 30 days of the participant's acceptance into the program.
2. Subsequent Reviews
 - a. The Court shall conduct status review hearings at intervals it deems appropriate, typically every 30–90 days, during the court-ordered treatment period.
 - b. The Court may review the following:
 - Participant's individualized treatment plan;
 - Adherence to treatment; and
 - AOT goals.
3. The Court may modify the treatment plan, continue participation, or terminate the order based on compliance and clinical recommendations.

(J) Successful Completion of AOT/Suitable for AOT Graduation

1. The Court may successfully discharge a participant from the AOT program if the following criteria are met: INSERT CRITERIA.
Example criteria:
 - The AOT participant has consistently engaged with the participant's treatment plan including medication management, counseling and/or case management sessions, and other services deemed necessary by the treatment team for stability and recovery.
 - The AOT participant has demonstrated improvement in mental health symptoms, ability to function independently in the community, and engagement in healthy social activities.
 - The AOT participant has successfully transitioned into voluntary treatment engagement where the participant is empowered to make sound, independent decisions regarding his/her care.
 - As otherwise determined by the Court on a case-by-case basis.
2. The Court will issue an Entry notifying the Respondent and Provider of successful completion of the program and Respondent is then discharged.

(K) Failure to Comply with AOT in Community Setting

1. If the treatment provider, county alcohol, drug addiction and mental health board, or other person designated by the Court reports non-compliance, the Court may set the matter for a review hearing.
2. The Court will determine the appropriate action, if any, on a case-by-case basis.

Appendix B: Example Local Court Forms & Documents

- 1. AOT Referral Form, Cuyahoga County**
- 2. AOT Participant Handbook, Wayne County**
- 3. AOT Participant Rights, Montgomery County**
- 4. Letter to Attend AOT Court, New Case, Lorain County**
- 5. Order to Appear, Lorain County**
- 6. Participant Reminder of Court Appearance: Lorain County**
- 7. Waiver of Right to Appointed Counsel, Montgomery County**
- 8. AOT Participant Agreement, Montgomery County**
- 9. Decision and Entry for AOT, Montgomery County**
- 10. Entry Setting AOT Review Conference, Montgomery County**
- 11. AOT Monthly Progress Report, Montgomery County**
- 12. Letter to Attend Court: Failure to Appear, Lorain County**



Appendix B:

1. AOT Referral Form, Cuyahoga County





PLEASE PRINT OR TYPE

ASSISTED OUTPATIENT TREATMENT (AOT) REFERRAL				
Date:	Referring Agency:	Date of Admission to Agency:		
Client Name:	Date of Birth:	SHARES ID/UCI No.	GOSH No.	SS No.
Is client a legal resident of Cuyahoga County? Yes () No ()				
Does client have a guardian? Yes () No ()				
Name:				
Contact Info:				
<u>Primary Mental Health Diagnosis:</u>				
Secondary Diagnosis:				
Medical Diagnosis:				
Additional Information:				
Is the client dually diagnosed (<u>mentally ill/developmentally disabled, substance use disorder</u>)? (Yes or No)				
(If yes, circle one or more of the above.)				
Client's psychiatric hospitalization history during the <u>past 3 years</u>. (Please complete this section to the best of your ability.)				
Hospital	Month/ Year	Length of Stay	Reason for Admission	

Persons who do not have repeated hospitalizations but are considered difficult to treat, generally non-responsive to treatment, and at high risk for hospitalization will also be considered. If the client meets these criteria, please describe:

Are there cultural issues which need to be considered when assigning this person to an AOT Team?

Primary language client speaks:

Describe the client's present living situation?

County of current living situation:

Does the client have any physical disabilities? Yes or No (circle). If yes, describe:

Does the client have a history of substance use? Yes or No (circle). If yes, describe the types of substances used e.g. alcohol, marijuana, crack/cocaine, prescription meds, etc. Is the client currently using substances? Is the client involved in any type of substance use treatment program?

Alcohol Drug History

Illegal Drug Use/Use in Past 12 Months: [] Yes [] No [] Unknown
Prescription Drug Use in Past 12 Months: [] Yes [] No [] Unknown
Non-Prescription Drug Use Past 12 Months: [] Yes [] No [] Unknown
Alcohol Use Past 12 Months [] Yes [] No [] Unknown

Toxicology Screen Completed: [] Not Indicated [] Yes [] No If yes, results:
Presenting with Detox Issue: [] Yes [] No If yes, symptoms:

Check all that apply: [] IV Drug User [] Inhalant [] Pregnant

Medication Information to include Medical, Psychotropic Medications, OTC						
Medication	Rationale	Total Dosage	Daily	Compliant		
				Yes	No	Partial
				Unknown		
Name and Title of Person Completing this Form:			Telephone Number:			
Name and Title of Supervisor:			Telephone Number:			
Name of treating and/or reviewing Psychiatrist:			Telephone Number:			
Mail, fax or email completed referral to: Nancy Mundy RN Specialist Utilization Review Cuyahoga ADAMHS Board of County 2012 West 25 th Street 6th Flr. Cleveland, Ohio 44113- 3199 FAX: 216-241-0805 Email: mundy@adamhsc.org			ADAMHSCC USE ONLY: Date Sent: ____/____/____ Agency: _____ Date of Acceptance: ____/____/____			

Appendix B:

2. AOT Participant Handbook, Wayne County





Assisted Outpatient Treatment (AOT) Court

Participant Handbook

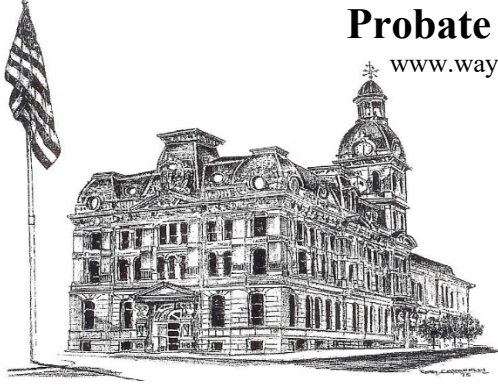
Wayne County Probate Court



WAYNE COUNTY COURT OF COMMON PLEAS

Probate and Juvenile Divisions

www.wayneprobateandjuvenile.org



107 West Liberty Street
Wooster, OH 44691

Juvenile Court Phone (330) 287-5561

Juvenile Court Fax (330) 287-7731

Probate Court Phone (330) 287-5575

Probate Court Fax (330) 287-7727

Juvenile Probation Phone (330) 287-5560

Probation Fax No. (330) 287-5427

LATECIA E. WILES, JUDGE

Dear Program Participant,

Welcome to the Assisted Outpatient Treatment (AOT) Court Program. The purpose of this program is to help ensure you have the tools you need to live successfully in the community.

You are in the AOT Court Program because the Wayne County Probate Court has found you to be a "mentally ill person subject to court order." As a result, you have been committed to the Wayne County Mental Health and Recovery Board and ordered to participate in this program.

As a participant in the program, you will be provided resources and support from The Counseling Center of Wayne and Holmes Counties, including a case manager, a psychiatrist and any other treatment providers needed to help you. Together, you and your team will develop a treatment plan that best meets your needs.

As Probate Court Judge, I will oversee your progress in the program with the assistance of your treatment team. You will be required to attend regularly scheduled court appearances and talk about your progress and compliance with treatment during the hearing. By taking an active role in your treatment and following your treatment plan, you can help reduce the amount of time you need to be in the program.

If you have any questions regarding the AOT Court Program, please ask a member of your treatment team. Today is a new beginning and the start of a healthier you!

Sincerely,

Latecia E. Wiles

Judge Latecia Wiles

Wayne County Probate and Juvenile Court

Members of Your Treatment Team

Each member of your treatment team provides support as you begin to take responsibility for your mental health recovery, including:

- You!
- Probate Court Judge Latecia Wiles
- Wayne County Mental Health and Recovery Board
- The Counseling Center of Wayne and Holmes Counties
- Case Manager/Court Liaison
- Psychiatrist
- Other Service Provider(s)

Assisted Outpatient Treatment (AOT) Court Requirements

While in the AOT Court Program, you will be required to work with your treatment team and the Court as follows:

- Help to develop your treatment plan and treatment goals.
- Follow your treatment plan.
- Progress through the phases of the program.
- Participate in regularly scheduled court appearances and give the judge a verbal update of your progress and compliance with your treatment plan.
- Take all prescribed medications and update the treatment team with any issues or side effects.
- Attend all court hearings.
- Attend all appointments with treatment providers including:
 - Psychiatric appointments
 - Individual counseling
 - Group counseling
 - Case management
- Keep case manager advised of your current address or location.
- Obey all municipal, state and federal laws, as always.
- Abstain from use of illegal substances and refrain from alcohol use as it may have an effect on prescribed medication.
- Other: _____

Positive Reinforcements in Assisted Outpatient Treatment (AOT) Court (Rewards)

As you successfully progress through the AOT Court Program, the Court and your treatment team will recognize your success and commend you for your good work. Some of the positive reinforcements you can expect are:

- Praise from the bench
- Advancement to the next phase of the program
- Reduction in court appearances
- Reduction in supervision
- Increase in personal freedoms
- Certificates, mementoes, or other incentives
- Placement at the beginning of the court docket
- Early graduation

Consequences of Non-Compliance

As you successfully progress through the levels of the program, the level of monitoring by the Court and your treatment team may be reduced. However, if you fail to comply with your treatment plan, including taking prescribed medications and keeping scheduled appointments, the court may take any of the following actions:

- Extend the length of time that you are in the AOT Court Program
- Delay of the completion of a phase
- Increase the frequency of your court appearances
- Increased reporting requirements – adjust treatment expectations
- Order your treatment plan to be reviewed and evaluate the effectiveness of the plan
- Increased appointments with providers or support groups
- Court order for transportation to a hospital emergency department or an emergency evaluation to determine your need for re-hospitalization
- Hospitalization

Frequently Asked Questions

1. How long will I be in the Assisted Outpatient Treatment (AOT) Court Program?

The court order is generally a minimum of 90 days. Your original commitment may be extended up to two years by the Probate Court at the recommendation of your treatment team. The length of the program will vary based on your level of need, cooperation, and compliance. In general, the court will use these guidelines:

- Phase 1 – Appear before the Court every week
- Phase 2 – Appear before the Court every two weeks
- Phase 3 – Appear before the Court every month
- Phase 4 – Graduate from the program

2. How do I successfully complete the program?

This is up to you and your treatment team. The Court will determine when your commitment expires based on your compliance with your treatment plan along with recommendations from your treatment team. By the time you complete the program, you should have stable housing, be functioning well in the community, and actively be managing your symptoms and recovery.

3. What happens if I am sick or forget an appointment?

You must contact your case manager immediately and provide the reason for missing the appointment. You will need to reschedule the appointment as soon as possible.

4. What if I do not want to take the medications that have been prescribed?

Your psychiatrist has prescribed the medication(s) he or she feels is best to address the symptoms of your mental illness. If you are having side effects or want to request a change in medications, you must discuss this with your psychiatrist. Please contact your case manager for assistance. Remember, taking your medication(s) as prescribed is part of maintaining compliance.

5. Am I allowed to speak to the Judge?

Yes. The Judge will give you the opportunity at each court appearance to discuss your progress and any other issues you may have.

6. Are there any costs to participate in the AOT Court Program?

No.

**Your case manager and psychiatrist are available to help you.
Please discuss any questions/concerns with them.**



Appendix B:

3. AOT Participant Rights, Montgomery County





RIGHTS OF ASSISTED OUTPATIENT TREATMENT PARTICIPANTS

The Montgomery County Assisted Outpatient Treatment (AOT) Program shall recognize and comply with all constitutional and statutory rights of the participants. Any such statutory rights that are permitted to be waived by said participants under the statute shall be done in a manner that ensures the substantive due process rights of the participants are protected.

All participants have the right to counsel and the right to a record of any proceedings. A participant may choose not to waive these rights. Any individual who may be in a state of deterioration at a review conference shall be afforded a status hearing on the record with appointed counsel before any actions are taken to place the individual in a more restrictive setting.

All review conferences are closed to the public. Unless proven that they have a legitimate interest in the proceedings, no parties other than Court staff, the representative from the ADAMHS Board, and the representative from the outpatient provider may attend without the express permission of the participant. The participant may bring family members or friends to support them, but no family member or friend may attend without the express permission of the participant.

The files of the Montgomery County AOT Program participants are confidential and secured at the Montgomery County Probate Court. These files may only be accessed by Court staff, ADAMHS Board staff, and any counsel appointed for Respondent for status hearings.

Case management services are provided through the outpatient case manager, but there may be times when ADAMHS or court staff may be able to assist the participants in engaging in ancillary services to meet their basic needs or support their mental health. Examples of such ancillary services include housing, transportation, medical,

vocational/employment, and other potential needs. No party shall contact or release information to a third party without the express permission of the participant.

All participants in the Montgomery County AOT Program must meet criteria for civil commitment under Ohio law. After the initial 90-day commitment, the court typically sets the commitment hearings every 2 years. If, at any time, a participant's community provider does not believe the participant meets criteria, they will be immediately discharged from the program. Additionally, under Ohio law, a person under a commitment may request a rehearing with the court every 180 days. This request must be in writing.

The Montgomery County AOT Program does not have jurisdiction to handle substance use disorder treatment, but some participants in the Program may also be receiving substance use disorder treatment concurrent to their participation in the AOT Program. By law, treatment records regarding substance use disorder treatment cannot be used to investigate or prosecute a participant without written consent or a court order, and any information that may be revealed during a review conference is confidential.

The Montgomery County AOT Program is a civil program. It is not criminal in nature. Failure to comply with treatment cannot result in jail time. Failure to comply with treatment may result in meeting criteria for a more restrictive treatment setting, which may include hospitalization.

On the date listed below, my rights as a participant were explained to me, and I was given a copy of said rights. I also understand that I may, at any time, request an additional copy of these rights.

Signature of Participant

Signed in my presence this _____ day
of _____, 202__.

Judge/Magistrate

Appendix B:

4. Letter to Attend AOT Court: New Case, Lorain County





**LORAIN COUNTY COURT OF COMMON PLEAS
PROBATE DIVISION**

Judge James T. Walther

LORAIN COUNTY JUSTICE CENTER
225 COURT STREET, 6TH FLOOR, ROOM 611
ELYRIA, OHIO 44035

440-329-5175 PHONE
440-328-2157 FAX
www.loraincounty.com/probate

Name
Address

Re: *Name*, case no.
New Journey Court

Dear ,

Upon discharge from the medical facility, you were ordered to participate in the Lorain County Assisted Outpatient Treatment docket called the New Journey Court. Your appearance is required for the next hearing in the New Journey Court on _____ at _____ am/pm.

Please make arrangements to visit Riveon, fka the Nord Center, for an intake assessment for new clients prior to your next hearing in the New Journey Court.

If you should have any further questions in this regard, please feel free to contact me at your convenience.

Sincerely,

Judge James T. Walther



Appendix B:

5. Order to Appear, Lorain County





IN THE COURT OF COMMON PLEAS
PROBATE DIVISION
LORAIN COUNTY, OHIO

IN THE MATTER OF:

) CASE NO.

)

) JUDGE JAMES T. WALTHER

)

)

)

)

) **ORDER**

)

)

)

TO:

Please be advised that your appearance is hereby ordered for an AOT, New Journey Court hearing on _____ at _____. This hearing will be held in person at 225 Court Street, Courtroom 608, Elyria, Ohio 44035. **Your attendance is mandatory for this matter.** Please contact Rebecca Kubishke at (440)329-5184 or Rosalyn Christensen at (440)329-5605 for assistance in attending this hearing.

IT IS SO ORDERED.

Judge James T. Walther

JOURNAL _____ NO _____



Appendix B:

6. Participant Reminder of Court Appearance: Lorain County



**LORAIN COUNTY COURT OF COMMON PLEAS
NEW JOURNEY COURT**

Judge James T. Walther

LORAIN COUNTY JUSTICE CENTER
225 COURT STREET, 6TH FLOOR
ELYRIA, OHIO 44035

440-329-5443 ELYRIA
440-244-6261 LORAIN
440-328-2157 FAX

February 9, 2026 at 2:00 P.M.

Remember Your New Journey Court Promises

- 1) Be honest
- 2) Be where you need to be
- 3) Take your medication exactly as prescribed

**LORAIN COUNTY COURT OF COMMON PLEAS
NEW JOURNEY COURT**

Judge James T. Walther

LORAIN COUNTY JUSTICE CENTER
225 COURT STREET, 6TH FLOOR
ELYRIA, OHIO 44035

440-329-5443 ELYRIA
440-244-6261 LORAIN
440-328-2157 FAX

**YOUR NEXT COURT DATE IS
February 9, 2026 at 2:00 P.M.**

Remember Your New Journey Court Promises

- 1) Be honest
- 2) Be where you need to be
- 3) Take your medication exactly as prescribed



Appendix B:

7. Waiver of Right to Appointed Counsel, Montgomery County





WAIVER OF RIGHT TO APPOINTED COUNSEL

Initials here

_____ I understand and acknowledge that I have a constitutional and statutory right to be represented by an attorney in this proceeding. I have been informed of my right to an attorney and the fact that the Court will appoint an attorney if I request one.

_____ I further understand and acknowledge that I may withdraw this waiver upon proper written notice to the Court at any time and, upon such withdrawal, I have the right to be appointed an attorney in this case.

_____ I further understand and acknowledge that I could hire an attorney to advise and/or represent me, but I am choosing to proceed without an attorney.

_____ I further understand and acknowledge that by signing this waiver in this case, I am waiving my right to an attorney for the purpose of this case.

_____ It is my decision to proceed without an attorney in this case and I hereby voluntarily, of my own free will, knowingly and intelligently, forego and waive the right to an attorney.

Signature of Participant

Signed in my presence this _____
day of _____, 202__.

Judge/Magistrate



Appendix B:

8. AOT Participant Agreement, Montgomery County



ASSISTED OUTPATIENT TREATMENT AGREEMENT

I recognize that the purpose of the Montgomery County Assisted Outpatient Treatment program and the ongoing review conference is to keep me out of the hospital and to help me stay in the community.

To be successful in this program:

- I will be completely honest with my treatment team and myself. I will ask for help when I need it.
- I will attend my appointments.
- I will take my medications exactly as prescribed and when prescribed.
- I will cooperate with all treatment services outlined in my treatment plan and in any later or amended treatment plans from my treatment provider.

I understand that by entering into the program I will be asked to waive some of my rights, including the Right to an Attorney, except during status hearings or continued commitment hearings *where I have a right to be represented by counsel, with counsel appointed for me by the Court*, and the right to a transcript of all proceedings. I also understand that I may rescind these waivers at any time.

I understand that if I do not waive these rights, or if I rescind my waivers, I will still be expected to participate in the AOT program, and I will be scheduled on the non-AOT docket.

I understand that I am expected to be a full partner in the program. I understand that I am expected to discuss any issues or side effects of my medications with my treatment team. I understand that I am to participate and keep all appointments with my treatment providers.

I also understand that I am expected to participate in my review conferences and give a verbal update on how I am doing.

I understand that to provide the best possible care, my treatment provider may need my permission to share information with other providers and/or agencies. I understand that I will be expected to sign necessary releases of information for my outpatient provider.

I understand that if, during my review hearings, I should show signs of deterioration or appear not to be following my treatment plan by not taking medications or attending

appointments, then the Court may schedule a status hearing. All status hearings will be on record, and the Court will appoint counsel on my behalf.

I understand that my progress through the phases of the AOT program is based on how well I am doing with my treatment plan and complying with the requirements of my treatment plan.

I agree to attend all status review conferences as part of the important judicial interaction between myself and the court. I understand that at a minimum I will attend two review hearings monthly during the initial phase.

I also understand that this is a court-ordered treatment program, and that if I fail to show to my appointments or review conferences, I may be subject to action by the Probate Court, including, but not limited to:

- Status hearing before the Probate Court;
- Follow up by CrisisNow team;
- Pick up by Deputy or Officer for transport to a hospital.

It has been explained to me that such actions are intended to try to help me stay in the community, and that pick up by deputy or officer for transport to a hospital is intended only when there are concerns about my safety or the safety of others.

Signature of Participant

Signed in my presence this _____ day
of _____, 202__.

Judge/Magistrate

Appendix B:

9. Decision and Entry for AOT, Montgomery County



**PROBATE COURT OF MONTGOMERY COUNTY, OHIO
DAVID D. BRANNON, JUDGE**

IN THE MATTER OF: _____

CASE NO.: _____

**DECISION AND ENTRY FOR ASSISTED OUTPATIENT TREATMENT
[R.C. 5122.12]**

The Court received a referral from the current treatment provider or, in the case of a referral from a R.C. 2945.38 Affidavit, from the court appointed evaluator stating that _____ meets the criteria for Assisted Outpatient Commitment under Montgomery County P.C.R. 1.16 and the Montgomery County Alcohol, Drug Addiction, and Mental Health Services Board has indicated that _____ would benefit from Assisted Outpatient Treatment. The Court finds that this referral is well-taken.

IT IS THEREFORE ORDERED that _____ shall be placed in the AOT program with the Montgomery County Probate Court. _____ **SHALL BE REQUIRED TO ATTEND APPOINTMENTS** with the assigned outpatient treatment provider and **SHALL BE REQUIRED TO ATTEND REVIEW CONFERENCES** with the Montgomery County Probate Court.

FAILURE TO ATTEND THE SCHEDULED APPOINTMENT DATE WITH THE TREATMENT PROVIDER AND/OR THE REVIEW CONFERENCE WITHOUT CONTACTING YOUR PROVIDER OR THE COURT MAY RESULT IN A HEARING BEFORE THE COURT, PICKUP UP BY SHERIFF OR POLICE FOR TRANSPORT FOR AN EVALUATION, OR OTHER POTENTIAL CONSEQUENCES.

Magistrate (signature page attached)

ANY PARTY MAY REQUEST WRITTEN FINDINGS OF FACT AND CONCLUSIONS OF LAW IN ACCORDANCE WITH CIVIL RULE 52 AND CIVIL RULE 53.

ANY OBJECTION TO THE DECISION OF THE MAGISTRATE MUST BE FILED IN WRITING WITH THIS COURT WITHIN FOURTEEN DAYS AFTER THE FILING DATE OF THIS DECISION, OR FOURTEEN DAYS AFTER WRITTEN FINDINGS OF FACT AND CONCLUSIONS OF LAW ARE ISSUED, IF REQUESTED. ANY SUCH OBJECTIONS MUST BE SERVED UPON ALL PARTIES TO THIS ACTION.

A PARTY SHALL NOT ASSIGN AS ERROR ON APPEAL THE COURT'S ADOPTION OF ANY FACTUAL FINDING OR LEGAL CONCLUSION, WHETHER OR NOT SPECIFICALLY DESIGNATED AS A FINDING OF FACT OR CONCLUSION OF LAW UNDER CIVIL RULE 53(D)(3)(a)(ii), UNLESS THE PARTY TIMELY AND SPECIFICALLY OBJECTS TO THAT FACTUAL FINDING OR LEGAL CONCLUSION AS REQUIRED BY CIVIL RULE 53 (D)(3)(b).



Appendix B:

10. Entry Setting AOT Review Conference, Montgomery County



**PROBATE COURT OF MONTGOMERY COUNTY,
OHIO DAVID D. BRANNON, JUDGE**

IN THE MATTER OF: _____

CASE NO. _____

**ENTRY SETTING REVIEW CONFERENCE
[P.C.R. 1.16.1, 1.16.2]**

This matter came before the Court on _____, 20____ for a Review Conference. The Court hereby **ORDERS** a Review Conference to review and discuss the AOT treatment plan of _____. The Review Conference is scheduled on the _____ day of _____, 20____, at _____ o'clock _____.m.

The Review Conference will take place at the Montgomery County Probate Court, Courtroom 3, located at 41 N Perry St, Second Floor, Dayton, OH 45402. If you are unable to make your conference, please call (937) 225-3919.

The Court **ORDERS** _____ to personally appear in Court for the Review Conference and to cooperate in good faith with the Review Conference process.

IT IS SO ORDERED.

Magistrate/Judge



Appendix B:

11. AOT Monthly Progress Report, Montgomery County





Assisted Outpatient Treatment
MONTGOMERY COUNTY

Assisted Outpatient Treatment Monthly Progress Report

Date of Last Review: _____

Probate Court Case No: _____

Client Name: _____ Date: _____

Address: _____ Phone: _____

***Please Note if New Information.

Case Manager/Team and Contact: _____

Working Diagnosis: _____ Dx Change? Yes No

Current Medications: _____ Compliant? Yes No

Service History:

1. Compliance:

- Has client been compliant with all appointments? Yes No
- Type of appointment missed: _____
- Were missed appointments rescheduled? _____
- Reason for missed appointment: DNS Cancelled Unable to locate

2. Confirmed Substance Use:

- Substance: _____
- Confirmation (Breathalyzer, UDS, Etc.): _____

3. Legal Charges/Contacts (include contacts with law enforcement or EMS):

4. Crisis Contacts:

5. Significant Events:

6. Any issues Court needs to be aware of:

Appendix B:

12. Letter to Attend Court: Failure to Appear, Lorain County





**LORAIN COUNTY COURT OF COMMON PLEAS
PROBATE DIVISION**

Judge James T. Walther

LORAIN COUNTY JUSTICE CENTER
225 COURT STREET, 6TH FLOOR, ROOM 611
ELYRIA, OHIO 44035

440-329-5175 PHONE
440-328-2157 FAX
www.loraincounty.com/probate

Name
Address

Re: *Name, Case Number*
New Journey Court

Dear ,

We held our next session of the New Journey Court on _____,
and I was very surprised that you were not here. I hope all is well with you. I was looking forward
to speaking with you about your progress. For your sake, it is very important that you attend all
of your hearings in the New Journey Court.

Please make arrangements to attend your next hearing in the New Journey Court on
_____.

If you should have any further questions in this regard, please feel free to contact me at your
convenience.

Sincerely,

Judge James T. Walther





PUBLISHED BY
THE SUPREME COURT *of* OHIO
March 2026