

Assisted Outpatient Treatment Quarterly Report

# Instructions: Answer each question below as thoroughly as possible.

# Quarterly reports are due February 15 (October through December); May 15 (January through March); August 15 (April through June); and November 15 (July through September). Submit completed reports to HCABHASO@HCA.WA.GOV

|  |  |
| --- | --- |
| BH-ASO  | Click or tap here to enter text. |
| Contact Person  | Click or tap here to enter text. |
| Phone Number  | Click or tap here to enter text. |
| Email  | Click or tap here to enter text. |
| Reporting Period (quarter/year)  | Click or tap here to enter text. |

# **BHASO AOT Implementation:**

# Please indicate current phase: Click or tap here to enter text.

# (Implementation phase: In process of developing an AOT program. -Sustainment phase: Active quality improvement management.)

Implementation: [ ]

Goal date to move to Sustainment phase: Click or tap here to enter text.

Sustainable: [ ]

# Identify steps or goals to increase census:

Click or tap here to enter text.

# Identify steps or goals to improve the quality of program:

Click or tap here to enter text.

# Please note any staffing changes since the last reporting period.

#  Click or tap here to enter text.

# Please indicate which court system and region or county you have or intend to obtain an agreement to participate in AOT program.

Click or tap here to enter text.

* How did BHASO AOT coordinator collaborate with the court system during this quarter?

# Click or tap here to enter text.

* Are you experiencing barriers with the court system how can we help?

Click or tap here to enter text.

* Please indicate if Contractor is contracted with what BHA’s within which regions/county:

Click or tap here to enter text.

* If not contracted with BHA’s please indicate the next steps or goals to complete a contract.

Click or tap here to enter text.

# How did BHASO AOT coordinator collaborate with BHAs (inpatient/outpatient) during this quarter?

Click or tap here to enter text.

# List of presentations/meetings/trainings attended by BHASO AOT Coordinator during the reporting period related to AOT implementation. Please indicate date and entity and provide an explanation of how the meetings pertained to AOT coordination.

Click or tap here to enter text.

# Please describe your experience with assistance from TAC. Please explain the benefits and proposed guidance or plan.

Click or tap here to enter text.

# Please describe plan or accomplished coordinated activities for community awareness.

Click or tap here to enter text.

# Please describe any barriers encountered and what, if any, support might be needed.

Click or tap here to enter text.

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| --- | --- | --- | --- |
| AOT Region Network | Region | Start Date | Goal Date |
| Name of active courts |  |  |  |
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|  |  |  |  |
| Name of courts in progress to reach an agreement |  |  |  |
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| Name of contracted BHA’s |  |  |  |
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|  |  |  |  |
| Name of BHA’s in progress to reach an agreement |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| AOT Outcomes | [month] | [month] | [month] | Quarter Total | % of Increased Petitions |
| **AOT Census** |  |  |  |  |  |
| **Individual referrals to AOT services** |  |  |  |  |  |
|  **AOT Petition Filed** |  |  |  |  |  |
|  **AOT Petition Denied** |  |  |  |  |  |
|  **AOT Petition Granted** |  |  |  |  |  |
|  **90-day** |  |  |  |  |  |
|  **180-day** |  |  |  |  |  |
|  **18 month**  |  |  |  |  |  |
| **Individual failed to engage in AOT Services** |  |  |  |  |  |
| **Individual Enrolled in AOT** |  |  |  |  |  |
| **AOT Revocation** |  |  |  |  |  |
|  **Court dropped AOT order** |  |  |  |  |  |
|  **Individual discharged on Existing AOT** |  |  |  |  |  |
| **Individual discharged from AOT without notice** |  |  |  |  |  |
| **Individual Incarcerated** |  |  |  |  |  |
| **Individual graduated** |  |  |  |  |  |
| AOT Referral Source  |  |  |  |  |  |
| **Inpatient Facility** |  |  |  |  |  |
| **BHA Provider** |  |  |  |  |  |
| **MHP/SUDP Treating Provider** |  |  |  |  |  |
| **DCR** |  |  |  |  |  |
| **Correctional Facility** |  |  |  |  |  |
| **Emergency Department** |  |  |  |  |  |
| **BH-ASO** |  |  |  |  |  |
| **Family** |  |  |  |  |  |
| **Friend** |  |  |  |  |  |
| **Community Member** |  |  |  |  |  |
| **Law Enforcement** |  |  |  |  |  |
| AOT Petitioner |  |  |  |  |  |
| **MHP/SUDP Evaluator** |  |  |  |  |  |
| **MHP/SUDP Treating Provider** |  |  |  |  |  |
| **BHA Designee for Treating Provider** |  |  |  |  |  |
| **DCR** |  |  |  |  |  |
| **Inpatient Facility Designee** |  |  |  |  |  |
| **Correctional Facility Release Planner** |  |  |  |  |  |
| **Emergency Room Physician** |  |  |  |  |  |

AOT not currently being provided: [ ]

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| **Assisted Outpatient Treatment Report - Definitions** |
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| **AOT Outcomes** |
| **AOT Census** |
| *Definition: Total number of individuals served by the BHA on existing AOT order.* |
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| **Individual Referrals to AOT services** |
| *Definition: Number of individuals referred for AOT services.* |
|  |
| **AOT Petition Filed** |
| *Definition: Number of AOT Petitions filed* |
|  |
| **AOT Petition Denied** |
| *Definition: Number of AOT Petitions filed but not granted.*  |
|  |
| **AOT Petition Granted** |
| *Definition: Number of AOT petitions granted. Indicate length of AOT order, 90-day, 180-day, 18 mo.*  |
|  |
| **Individual failed to engage in AOT Services** |
| *Definition: Number of individuals ordered to AOT that failed to engage in treatment services.*  |
|  |
| **Individual Enrolled in AOT** |  |
| *Definition: Number of individuals ordered to AOT that enrolled in services.* |  |
|  |  |
| **AOT Revocation**  |  |
| *Definition: Number of AOT ordered revocations. Indicate the outcome of the revocation: Did the court drop the AOT order or was the individual released/discharged on the existing AOT order.* |  |
|  |  |
| **Individual discharged from AOT without notice** |  |
| *Definition: Number of individuals on AOT order that started services then disengaged without notice to the BHA.*  |  |
| **Individuals incarcerated** |
| *Definition: Number of individuals on AOT order that discharged due to incarceration.*  |
|  |
| **Individuals graduated** |
| *Definition: Number of individuals transitioned from AOT services and no longer on an AOT order.*  |