Health Care Authority logo

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 May); and November 15 (July through September). Submit completed reports to [HCABHASO@HCA.WA.GOV](mailto: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 note any staffing changes since the last reporting period.

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.

# 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.

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.

# What are the next steps in AOT implementation?

Click or tap here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AOT Outcomes | [month] | [month] | [month] | Quarter Total |
| **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:

|  |
| --- |
| **Assisted Outpatient Treatment Report - Definitions** |
|  |
| **AOT Outcomes** |
| **AOT Census** |
| *Definition: Total number of individuals served by the BHA on existing AOT order.* |
|  |
| **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: Total number of calls answered by a live person (1b) <30 seconds* |
|  |
| **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.* |