



Subject: Utilization Management	Procedure: Involuntary Treatment Orders	
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I. PURPOSE

To provide procedural and operational guidance to directly operated and contract providers for persons placed on involuntary treatment orders.

II. DEFINITIONS

A. Assisted Outpatient Treatment (AOT) Order

A legal mechanism that provides civil court-ordered mental health treatment for individuals with serious mental illness who are not currently engaged in voluntary treatment and may be impaired in their judgment about the need for treatment.

B. Clinical Certificate

A legal court document that is completed by either a psychiatrist, physician, or licensed psychologist who has personally examined an individual being petitioned for mental health treatment. The professional completing the form will indicate whether, in their opinion, the individual being petitioned is or is not mentally ill, provide reasons to support their determination, determine a diagnosis, and recommend a level of intervention for the individual if they have found that the individual requires treatment.

C. Clinically Responsible Service Provider (CRSP)

A mental health provider who is either a part of or contracted by the CMH that provides outpatient services. The CRSP provides a wide range of services for the individual, including the development and implementation of the Individualized Plan of Service (IPOS).

D. Deferral Conference

A deferral conference is held when a currently hospitalized individual who is being petitioned for mental health treatment requests that their probate court hearing be deferred for up to sixty (60) days and agrees to voluntarily adhere to treatment during that time. During this time, the petition stays active in case the individual stops adhering to their treatment plan. The individual, their appointed or elected attorney, a representative of the CRSP, and a hospital representative must be present for the deferral conference.

E. Medical Necessity

Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology, functional impairments, consistent with clinical standards of care, and is the most cost-effective option in the least restrictive environment. The medical necessity of a service shall be documented appropriately in a person served's individual plan of service (IPOS).

F. Mental Health Code

A compilation of Michigan laws governing the delivery of mental health services.

G. Order for Transport

An order issued by the court and executed by law enforcement for an individual who has been petitioned for mental health treatment but will not voluntarily go to a screening site for an assessment.

H. Petition for Mental Health Treatment

A legal request to have an individual evaluated or treated for mental health concerns without their consent.

I. Stipulate

When an individual is being petitioned for AOT, they can stipulate to the order, meaning they accept treatment and the AOT order without a hearing. The judge grants the order, and the individual agrees to the treatment, with court oversight.

III. STANDARDS

A. The System of Care

1. The Macomb County Assisted Outpatient Treatment (AOT) program ensures that persons served with serious mental illness who struggle to adhere to treatment will receive the necessary services in the community to work toward transitioning back to voluntary treatment. Each part of the system of care plays an important role in the AOT program.

- a) Persons served: Serious mental illness may prevent people from adhering to mental health treatment. AOT orders compel an individual to engage in their own treatment while still ensuring their rights.
- b) Families and advocates: Family members often share the challenges of serious mental illness as advocates and caregivers. Families and advocates who are aware of the tools available, including AOT, will be better able to support their loved ones.
- c) Court System: The court's oversight role provides structured accountability for both the clinically responsible service provider and the individual under an AOT order.
- d) Clinically responsible service provider (CRSP): Per statute, the responsibility for implementing and monitoring AOT orders belongs

to the Community Mental Health authority and their contracted provider network. Macomb County Community Mental Health (MCCMH) refers to these as the Primary Clinical Providers.

- e) Hospitals: People with serious mental illness who cannot adhere to treatment are often caught in a cycle of frequent visits to hospitals, Emergency Departments (ED), and inpatient psychiatric care facilities. Professionals in these settings can intervene using tools such as AOT.
- f) Law enforcement: Law enforcement executes the Orders for Transport issued by the court by taking people into protective custody for transport to a local ED for a mental health assessment.

B. Criteria for Court-Ordered Involuntary Mental Health Treatment

1. A person served should always be offered the opportunity to participate in services voluntarily. An AOT is not appropriate for a person who is voluntarily participating in mental health services. AOT should only be used as a last resort to prevent harm to self or others.
2. An AOT is only for people with a mental health diagnosis. Generally, an adult with serious mental illness is a candidate for an AOT if they meet one or more of the following criteria:
 - a) The individual can be expected in the near future to seriously physically injure themselves or another person and have previously engaged in acts or made threats that support the expectation.
 - b) The individual who has a mental illness, and as a result of that mental illness is unable to attend to their basic physical needs, such as food, clothing, or shelter, that must be attended to in order for the individual to avoid serious harm in the near future, and who has demonstrated that inability by failing to attend to those basic physical needs.
 - c) The individual's judgment is impaired by mental illness, lacks an understanding of the need for treatment, and demonstrates an unwillingness to voluntarily participate in or adhere to treatment that is necessary to prevent a relapse or harmful deterioration, thereby presenting a substantial risk of significant physical or mental harm to the individual or others.

C. The Rights of the Person

1. An individual with an AOT order has the right to receive appropriate and necessary mental health treatment, and that treatment cannot be denied. They cannot be ordered into services they do not need and that are not

relevant to their diagnosis or condition.

2. The individual has the right to participate in decisions regarding their treatment. They must be given information about the proposed treatment, its benefits, potential risks, and the opportunity to provide input and ask questions.
3. The individual has the right to request a review of their AOT status and may have the opportunity to present evidence, challenge the order, or request modification or termination of the order.
4. An individual with an AOT order retains their rights to privacy and confidentiality of their treatment information.

D. Duration of Court Orders for Involuntary Mental Health Treatment

1. Upon filing a petition and finding that an individual is a person requiring treatment, the court shall issue an initial order of involuntary mental health treatment that shall be limited in duration as follows:
 - a) An initial order for hospitalization shall not exceed sixty (60) calendar days.
 - b) An initial order of AOT shall not exceed one-hundred and eighty (180) calendar days.
 - c) An initial order of combined hospitalization and AOT shall not exceed one-hundred and eighty (180) calendar days. The hospitalization portion of the initial combined order shall not exceed sixty (60) calendar days.
2. Upon receipt of a petition before the expiration of an initial order and a finding that the individual continues to require treatment, the court shall issue a second order for involuntary treatment that shall not exceed ninety (90) calendar days.
3. Upon receipt of a petition before the expiration of a second order and a finding that the individual continues to require treatment, the court shall issue a continuing order for involuntary treatment that shall not exceed one (1) year.
4. The court shall continue to issue consecutive one (1) year continuing orders for involuntary treatment until a continuing order expires without a petition having been filed or the court finds that the individual does not require treatment.

5. Petitions seeking to continue the treatment order must be filed at least fourteen (14) calendar days before the expiration of an order of involuntary treatment. The petition shall be accompanied by a clinical certification executed by a psychiatrist.

IV. PROCEDURE

A. Petitions for AOT for a person served by a MCCMH primary clinical provider:

1. When a primary case holder is working with a person served and determines that they require an AOT, the primary case holder completes and files a petition with the Probate Court.
 - a) The treating psychiatrist, or another psychiatrist from the primary clinical provider agency, must sign the petition prior to submitting it to the court.
2. Upon review of the petition, the Probate Court will request an AOT evaluation. This medical certification is completed by an MCCMH psychologist within fourteen (14) days of the court's request.
 - a) If the primary case holder filed a petition that was not signed by the treating psychiatrist, then the MCCMH psychologist will not be able to complete the medical certification, and the treating psychiatrist will be required to complete this evaluation.
3. The Probate Court schedules a hearing within twenty-eight (28) days of receipt of the petition and sends a Notice of Hearing to the Petitioner (typically the primary case holder).
4. The Petitioner is required to serve the person with the Notice of Hearing and send the Proof of Service form back to the Probate Court.
5. The MCCMH Probate Court Liaison completes the Report of Alternative Treatment (ATR) and sends the report to the Probate Court at least one day prior to the hearing.
6. The MCCMH psychologist testifies at the hearing.
 - a) If the primary case holder filed a petition that was not signed by the treating psychiatrist, then the MCCMH Psychologist will not be able to testify, and the treating psychiatrist will be required to attend the hearing and provide testimony of the need for the person to be on an AOT.

7. If the primary case holder needs assistance with this process, they can contact the MCCMH Probate Court Liaison team (also known as the AOT Team) via email at AOT@mccmh.net

B. Supervision of a person on an AOT

1. The person served must be included in the person-centered planning process and the development of the Individualized Plan of Service (IPOS).
2. The person served must comply with all elements of the IPOS.
3. All medication changes must be made by the treating psychiatrist.
4. The primary case holder is responsible for addressing any issues of nonadherence to the AOT immediately.
5. The primary case holder must make every effort possible to encourage the person served to comply with the treatment recommended in the IPOS.

C. Modification of an AOT

1. The primary case holder should consider a modification of an AOT when the person served is not adhering to the IPOS, and this nonadherence will likely result in the harmful deterioration of the person's mental or physical health, and/or result in harm to others. The person served does not have to meet hospitalization criteria for the AOT to be modified.
2. The following circumstances prevent the modification of an AOT:
 - a) If there are fewer than fourteen (14) days left on the order.
 - b) If the person's current location is unknown. An address is always required.
3. The primary case holder contacts the MCCMH Probate Court Liaison team (also known as the AOT Team) via email at AOT@mccmh.net to request a modification.
4. The AOT Team completes a Request to Modify form and files it with the Probate Court.
5. The Probate Court issues a mental health pick-up order for the person served and provides this to the AOT Team. This is then delivered to the police department of the city where the person served is located.

- a) The primary case holder must be prepared to provide as much information as possible. Potential questions the police officers may ask include:
 - i. Are there any weapons in the home?
 - ii. What cars will be in the driveway?
 - iii. Is the person aggressive or do they have a history of violence?
 - iv. Are there any animals in the home?
6. The police department will go to the home to pick up the person served and take them to an ED for evaluation.
 - a) Police officers will not force entry into a person's home.
 - b) If possible, provide a contact person, such as the legal guardian or a family member, to assist in the pick-up as needed.
7. The Emergency Department (ED) physician will determine if hospitalization is required.
 - a) Modifying the AOT does not guarantee inpatient psychiatric admission. The modification results in the person served being evaluated for hospitalization.
 - b) If the person is sent to an ED on a modified AOT, they could be diverted to a less restrictive setting, including a referral back to community-based services with the primary clinical provider.

D. Requesting Continuation of an Involuntary Treatment Order

1. The primary case holder must file a petition to continue the treatment order with the Probate Court at least fourteen (14) calendar days before the expiration of an order of involuntary treatment.
2. The petition must be accompanied by a clinical certification executed by a psychiatrist.
3. Refer to Section IV, Part A of this procedure for additional guidance.

V. REFERENCES

- A. Michigan Mental Health Code, 330.1469(a)
- B. Michigan Mental Health Code, 330.1472(a)
- C. Michigan Mental Health Code, 330.1473
- D. Michigan Mental Health Code, 330.1474
- E. Michigan Mental Health Code, 330.1474(a)
- F. Michigan Mental Health Code, 330.1475

VI. RELATED POLICIES

- A. MCCMH MCO Policy 12-001, “Access, Eligibility, Admission, Discharge”

VII. EXHIBITS

None

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	6/12/2026	Implementation of Procedure	MCCMH MCO Division