**Assisted Outpatient Treatment Plan**

***Sanilac County Community Mental Health***

Individual Name: Click or tap here to enter text.

AOT Effective & Expiration Date: Click or tap here to enter text.

CMH IPOS Date: Click or tap here to enter text.

CMH Psychiatric Evaluation Date: Click or tap here to enter text.

Next Medication Review Date: Click or tap here to enter text.

CMH Psychiatrist: Click or tap here to enter text.

CMH Care Manager/Clinician: Click or tap here to enter text.

Hospital Liaison: Click or tap here to enter text.

Sanilac County Community Mental Health Services Provided:

ACT

Community Living Supports

Therapy Groups

IDDT/Co-Occurring Diagnosis Services

In-Shape

Outpatient Therapy

Psychiatric/RN

Peer Support Services

Skill Building

Case Management/Supports Coordination

Supported Employment

Psychologist/Behavior Plan

Intensive Outpatient Therapy

Please send to [probate@sanilaccounty.net](mailto:probate@sanilaccounty.net) or fax #810-648-2900