

Partners In Recovery

POLICY AND
STANDARDS

*Applicable Arizona Department of Health Services Behavioral Health Licensing Rule(s):
R9-20-801.C.1; R9-20-802.C.1; R9-20-803.B.1; R9-20-801.B; R9-20-801.C.2; R9-20-801.C.5 & 6; R9-
20-801.C.8; R9-20-803.B.1*

Policy Name: Title 36 Court Ordered Services

Policy Number: PRG - 4000

H.M. Gilbert Jr., Executive Director, PIR

Date

Cross Reference(s)

<Insert PNO Name> *Provider Manual Section 3.18*

Policy Statement

Partners In Recovery have established this policy to ensure that the appropriate processes are followed for completing emergent and non-emergent petitions and providing court-ordered evaluation (COE) and/or court-ordered treatment (COT). Direct Care Clinics provide pre-petition screenings and COT services.

Purpose

To provide specific directions to clinical staff on completing non-emergent petitions, assessment for the need and completion of emergent petitions, providing services for a recipient under COE, COT, terminating a court order, requesting continued COT and amending a court order.

For a broad overview of the Pre-Petition, Screening, COE, COT, and associated forms, please refer to Section 3.18 of the Provider Manual.

Scope

Partners In Recovery Direct Care Clinics.

Key Terms

Admitting Officer

A psychiatrist at the evaluation agency.

Application for Emergency Admission

The form used to request admission for up to 24 hours to the evaluation agency.

Application for Involuntary Evaluation

The form used to request a mental health evaluation (MH-100).

Court Ordered Evaluation (COE)

Psychiatric assessment performed pursuant to Court Order, performed to determine the need for Court Ordered Treatment.

Court Ordered Treatment (COT)

Psychiatric treatment provided pursuant to Court Order.

Danger to Others (DTO)

The judgment of the person who has a mental disorder is so impaired that he is unable to understand his need for treatment and as a result of his mental disorder his continued behavior can reasonably be expected, on the basis of competent medical opinion, to result in serious physical harm (A.R.S § 36-501).

Danger to Self (DTS)

Behavior that as a result of a mental disorder constitutes a danger of inflicting serious physical harm upon oneself, including attempted suicide or serious threat thereof, if the threat is such that, based on previous behavior there is an expectation that the threat will be carried out (A.R.S § 36-501).

Emergent Petition

The process completed at the Urgent Psychiatric Care Center (UPC) or the PRC West if person is presenting an imminent danger to self or others; pick up is immediate or within 24 hours.

Evaluation

A professional multidisciplinary analysis based on data describing the person's identity, biography and medical, psychological and social conditions carried out by a group of persons consisting of not less than the following:

(a) Two licensed physicians, who shall be qualified psychiatrists, if possible, or at least experienced in psychiatric matters, and who shall examine and report their findings independently. The person against whom a petition has been filed shall be notified that he may select one of the physicians. A psychiatric resident in a training program approved by the American Medical Association or by the American Osteopathic Association may examine the person in place of one of the psychiatrists if he is supervised in the examination and preparation of the affidavit and testimony in court by a qualified psychiatrist appointed to assist in his training, and if the supervising psychiatrist is available for discussion with the attorneys for all parties and for court appearance and testimony if requested by the court or any of the attorneys.

(b) Two other individuals, one of whom, if available, shall be a psychologist and in any event a social worker familiar with mental health and human services that may be available placement alternatives appropriate for treatment. An evaluation may be conducted on an inpatient basis, an outpatient basis or a combination of both and every reasonable attempt shall be made to conduct the evaluation in any language preferred by the person. (A.R.S. § 36-501).

Evaluation Agency

The Regional Behavioral Health Authority's designee to conduct evaluations.

Gravely Disabled (GD)

A condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he is unable to provide for his basic physical needs (A.R.S § 36-501).

Outpatient Petition

The process through which all clinical team members file COE paperwork on a non-emergent basis. This allows two weeks/14 days for pick up by law enforcement. This is only used when a recipient is not in imminent danger of hurting self or others. The

outpatient petition should be destroyed after six months if no Court Order is filed based on the petition.

Persistently or Acutely Disabled (PAD)

A severe mental disorder, if not treated has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional or physical harm that significantly impairs judgment, reason, behavior or capacity to recognize reality. In addition, the person's capacity to make an informed decision is substantially impaired to make a decision regarding mental health treatment. This causes the person to be incapable of understanding and expressing the advantages and disadvantages of accepting treatment (A.R.S § 36-501).

Petition for Evaluation

The form filled out by the Admitting Officer who has examined the person, reviewed the Application for Emergency Admission and Application for Evaluation, and has determined that COE is necessary (MH-105).

Police Mental Health Detention Information Sheet

A form collecting demographic and other pertinent information that is used to fill out a legal order for detention. THIS FORM IS NOT TO BE USED OR REFERRED TO AS A PICK UP ORDER (PM Form 3.18.1).

Standards

- I. Completing the Non-Emergent Petition
 - A. The case manager or designee shall provide assistance to any person or agency completing the *Application for Involuntary Evaluation (MH-100)* when a reasonable request for assistance is made.
 - B. If at any time during the process the recipient is determined to be in imminent danger of harming self or others, the clinical team will pursue an emergent petition.
 - C. Completion of the *Application for Involuntary Evaluation (MH-100)* must include:
 1. Whether the recipient is considered to be, as a result of a mental disorder, one of the following:
 - a) Danger to self,
 - b) Danger to others,
 - c) Persistently or acutely disabled, or
 - d) Gravely disabled;
 2. Why the recipient is unwilling and/or unable to undergo a voluntary psychiatric evaluation or participate in voluntary psychiatric treatment;

3. Evidence supporting the conclusion that the recipient has a mental illness;
4. Evidence supporting the conclusion that the recipient is dangerous or disabled;
5. A statement indicating, if inpatient, COE is necessary, or if outpatient, treatment is appropriate;
6. Name and address of recipient; and
7. Name and address of person (the Applicant) completing the *Application for Involuntary Evaluation (MH-100)*.

D. Identifying Witnesses

1. It is necessary to identify two individuals who have directly witnessed the allegations that are reported in the application, listed above, and who are willing to provide testimony to the court.
2. The Behavioral Health Medical Practitioner (BHMP) may not be indicated as a witness.
3. The applicant can be a witness.
4. The pre-petition screener may not be indicated as a witness. However, if a pre-petition screener witnesses behavior, while completing the pre-petition screening and assessment, that would provide convincing evidence to the need for COT, the pre-petition screener may be asked to testify.

E. Completing the Pre-Petition Screening and Assessment

1. Pre-petition screening and assessment shall be completed by one staff member. (It is recommended that in situations where the person to be assessed is not in a secured facility such as a jail or hospital, that two people conduct the screening for safety reasons.) To protect the recipient's rights, the clinical team must make efforts to ensure the applicant is not involved in the screening.
2. Attempt to complete the pre-petition screening within 48 hours of completion of the application.
 - a) For all Partners In Recovery recipients, pre-petition screening must be attempted within forty-eight (48) hours, excluding weekends and holidays, of completing the application. Pre-petition screening process includes:
 - i) Inform the recipient that an *Application for Involuntary Evaluation (MH-100)* has been completed;
 - ii) Explain to the recipient his or her right to a voluntary evaluation;
 - iii) Inform the recipient of the allegations in the *Application for Involuntary Evaluation (MH-100)*;
 - iv) Provide the recipient the opportunity to respond to the allegations; and
 - v) Complete a mental status examination.

- b) Complete at least three attempts to contact the recipient and complete the screening.
 - c) If screening is not possible, staff this information with a psychiatrist at the site for further instruction.
 - d) In the event that a Pre-Petition screening could not be conducted, prepare the *Pre-Petition Screening Report (PM Form 3.18.2)* indicating the reasons why the screening is not possible, including opinions/conclusions of staff members who attempted to conduct pre-petition screening.
- F. Prepare a detailed *Pre-Petition Screening Report (PM Form 3.18.2)* documenting the information obtained during the assessment. This report must be completed by someone other than the applicant.
- G. Voluntary Outpatient or Inpatient Evaluation
1. If the individual agrees to a voluntary evaluation, complete the *Application for Voluntary Evaluation (MH-103)* and review with a psychiatrist.
 2. If the psychiatrist determines that a voluntary evaluation is appropriate, then a decision as to whether the evaluation is to take place on an inpatient or outpatient basis will be made by the psychiatrist.
 3. If the psychiatrist determines an inpatient evaluation is necessary, the Case Manager is to arrange for a voluntary admission to UPC, in order for the evaluation to take place, assist the person in signing in and deliver the original notarized *Application for Voluntary Evaluation (MH-103)* to the UPC Coordinator.
 4. If the psychiatrist determines an outpatient voluntary evaluation is acceptable, then the Case Manager will deliver the original, notarized *Application for Voluntary Evaluation (MH-103)* to the Magellan Court Advocacy department. An outpatient evaluation will then be scheduled at Desert Vista Hospital and the Case Manager will be responsible for notifying the person of the date and time of the evaluation, provide transportation to and from the evaluation, and provide any documentation requested by the physician's conducting the evaluation.
 5. The voluntary outpatient or inpatient assessment must include evaluation by two psychiatrists and the involvement of either two social workers, or one social worker and one psychologist who shall complete the outpatient treatment plan. The voluntary psychiatric evaluation shall include determination regarding the existence of a mental disorder, and whether, as a result of a mental disorder, the individual meets one or more of the standards. The psychiatric evaluation must also include treatment recommendations. The psychiatrists completing the outpatient psychiatric evaluations will submit a written affidavit to the Magellan Court Advocacy Department regarding their findings.
 6. If the psychiatrists do not believe that the person is in need of COT, then the Magellan Court Coordinator will forward the physicians' affidavits to the Case

Manager with an explanation that the person has been determined not to be in need of COT.

7. If the psychiatrists completing the voluntary inpatient evaluation or voluntary outpatient evaluation determines the person is in need of COT, then the two physician's affidavits (MH 112) and a social work report will be delivered to the Magellan Court Advocacy Department within 1 business day of the evaluation. The Magellan Court Coordinator will then file a *Petition for Court Ordered Treatment* with the Maricopa County Superior Court within 2 business days.

H. Involuntary Inpatient Evaluation

1. If the recipient does not consent to a voluntary evaluation, the involuntary process shall continue.
2. Staff the *Application for Involuntary Evaluation (MH-100)* and *Pre-Petition Screening Report (PM Form 3.18.2)* with a psychiatrist who will determine what action shall be taken.
3. During the pre-petition screening, at least three attempts to contact the recipient should be completed. If attempts at contacting the recipient are unsuccessful and screening is not possible, screening staff will staff this information with a physician. The screening agency shall prepare a report giving reasons why the screening was not possible, including opinions/conclusions of staff members who attempted to conduct pre-petition screening.
4. The Clinical Team will staff the *Application for Involuntary Evaluation (MH-100)* and *Pre-Petition Screening Report (PM Form 3.18.2)* with a psychiatrist who will:
 - a) Review the report to determine if it indicates that there is reasonable cause to believe the allegations of the applicant for the COE.
 - b) Prepare a petition for COE if the psychiatrist determines that the person, due to a mental disorder, including a primary diagnosis of dementia and other cognitive disorders, is DTS, DTO, PAD or GD. The *Petition for Court-Ordered Evaluation (MH-105)* documents pertinent information for COE.
 - c) If the psychiatrist determines that there is reasonable cause to believe that the person, without immediate hospitalization, is likely to harm himself/herself or others, the psychiatrist must coordinate with the UPC or PRC West and ensure completion of the *Application for Emergency Admission for Evaluation (MH-104)*, and take all reasonable steps to procure hospitalization on an emergency basis.

I. Filing the Petition for COE

1. Inpatient COE
 - a) Eight copies and the original Medical Statement of *Petition for Court Ordered Evaluation (MH-105)*, *Application for Involuntary Evaluation (MH-100)*, *Pre-Petition Screening Report (PM Form 3.18.2)*, *Police Mental Health Detention Information Sheet (PM Form 3.18.1)* must be submitted to the Legal Department at Maricopa

Integrated Health Systems Desert Vista Hospital (MIHS Desert Vista) within 24 hours of completion, excluding weekends and holidays.

- b) If the court issues an Order for Detention, the Legal Department at MIHS Desert Vista delivers it to the Police Department to have the recipient brought in for evaluation.
- c) The *Petition for Court Ordered Evaluation (MH-105)* and *Order for Detention* will expire 14 days from the date on which the Judge signed the order for COE.
- d) A copy of the complete petition packet shall be stored in a secure place to ensure the recipient's confidentiality. A *Petition for Court Ordered Evaluation (MH-105)* may not be stored in the recipient's medical record if the recipient has not been court ordered to receive treatment.
- e) The petition shall be destroyed after six months if no court order is issued.

2. Outpatient Court Ordered Evaluation

- a) The original *Application for Involuntary Evaluation (MH-100)*, *Pre-Petition Screening Report (PM Form 3.18.2)*, and *Petition for Court ordered Evaluation (MH-105)* are delivered to the Magellan Court Advocacy Department.
- b) The Magellan Court Coordinator will arrange for an outpatient Court Ordered Evaluation at Desert Vista Hospital and notify the Case Manager of the date and time of the evaluation.
- c) The Magellan Court Coordinator will arrange for the person to be notified of the date and time of the COE through being formally served the order by a process server.
- d) The Case Manager will arrange for transportation for the person to and from the Outpatient COE and will provide any documents requested by the psychiatrists conducting the evaluation.
- e) If the psychiatrists do not believe that the person is in need of COT, then the Magellan Court Coordinator will forward the physicians' affidavits to the Case Manager with an explanation that the person has been determined not to be in need of COT.
- f) If the psychiatrists, completing the Outpatient Court Ordered Evaluation, determine the person is in need of COT, then the two physician's affidavits (MH112) and social work report will be delivered to the Magellan Court Advocacy Department within 1 business day of the evaluation. The Magellan Court Coordinator will then file a *Petition for Court Ordered Treatment* with the Maricopa County Superior Court within 2 business days.

II. Assessing the need for an Emergent Petition

- A. When the recipient is believed to be in imminent danger of causing harm to self or others, the clinical team will facilitate the completion of an emergency petition.

- B. Clinical team staff will remain with the recipient to ensure the recipient's safety until the immediate crisis is resolved.
 - 1. If the recipient requests that the clinical team or mobile team staff leave the recipient, the clinical team or mobile team will make attempts to remain and engage the recipient throughout the duration of the crisis.
 - 2. If the recipient demands that clinical staff leave, the clinical team or mobile team staff will take actions to ensure their own, and the recipient's individual safety, and immediately contact the Clinical Coordinator or Crisis Supervisor for assistance.
- C. If at any time the clinical team believes there to be an imminent threat of physical harm, either to the recipient or others, or if their safety is in jeopardy, the police shall be contacted to request assistance and ensure the safety of the recipient and others.
 - 1. In this case, Police will be asked to remain with the recipient and staff while the emergent petition is completed. If the police are required to leave to attend to a priority call and the clinical team or mobile team staff believes the recipient continues to be in imminent danger, the following will occur:
 - a) Clinical team staff will contact the Clinical Coordinator at the site or mobile team staff will contact the Crisis Supervisor;
 - b) The Clinical Coordinator or Crisis Supervisor will contact the police supervisor or sergeant to request that police continue to remain on the scene to ensure safety; and
 - c) The clinical team shall call the UPC or PRC West and request an expedited review of the petition.

III. Completing the Emergent Petition

- A. The UPC or PRC West may assist the applicant in preparing the *Application for Involuntary Evaluation (MH-100)* and *Application for Emergency Admission for Evaluation (MH-104)* when an emergent evaluation is requested.
- B. The *Application for Emergency Admission for Evaluation (MH-104)* shall be completed as follows:
 - 1. A person who has, based on personal observation, knowledge of the recipient's behavior that he/she is danger to self or danger to others shall complete the form;
 - 2. The applicant must have seen or witnessed the behavior or evidence of mental disorder;
 - 3. The applicant, as a direct observer of dangerous behavior, may be called to testify in court if the application results in a petition for COE;
 - 4. The UPC or PRC West psychiatrist determines if enough evidence exists for an emergent COE;

5. A Request for Emergency Evaluation may be discussed by telephone with a UPC or PRC West Physician, the referring physician, and a police officer, to facilitate transport of the person to be evaluated at the UPC or PRC West;
6. A person proposed for evaluation may be apprehended and transported to the UPC or PRC West by police officials ONLY through a written Request for Emergency Evaluation and a pick up order faxed to the police by the UPC or PRC West;
7. A 23-Hour Emergency Admission begins at the time the recipient is detained and evaluated involuntarily by an Admitting Officer at the UPC or PRC West.
8. The UPC or PRC West shall contact the county attorney for review of a DTO petition prior to filing the petition according to A.R.S. 36-521(G).
9. If the UPC or PRC West psychiatrist determines that the recipient meets the criteria for a COE, the psychiatrist will complete a *Petition for Court-ordered Evaluation (MH-105)* and file the completed petition with MIHS Desert Vista legal department within one (1) business day of the emergency admission. The UPC or PRC West staff shall then coordinate admission to MIHS Desert Vista or Maricopa Integrated Health System Maricopa Medical Center (MIHS Maricopa) for the COE. For more information on this process, refer to Provider Manual section 3.18-7.D; and
10. If the recipient does not meet the criteria for an emergent petition but is determined to meet criteria for PAD and/or GD, the UPC or PRC West will notify the Case Management team to follow the outpatient petition protocol.

IV. Inpatient COE at the UPC

- A. A person being evaluated on an inpatient basis shall be released if in the opinion of the medical director further evaluation is not appropriate. The person may then agree to remain at the UPC on a voluntary basis if clinically indicated. The medical director will file a *Release from Court Ordered Evaluation* pursuant to A.R.S. 36-531 A-D.
- B. Within 72 hours (excluding weekends and holidays) of a person being admitted to the UPC under a COE, the medical director must either release the person from COE or file a petition for COT (MH 110) pursuant to A.R.S. 36-533 with the Maricopa County Superior Court.
- C. The Court Ordered Evaluation must be completed by two psychiatrists. Two social workers must be involved to assist with treatment planning. Both psychiatrists must agree that the person meets the criteria for a Petition for COT. Each psychiatrist will complete a physician's affidavit (MH 112) which provides detailed information regarding the person's mental disorder and behaviors that cause a person to be considered Danger to Self, Danger to Others, Persistently or Acutely Disabled, or Gravely Disabled. The social workers will meet with the person and then, in consultation with the evaluating psychiatrists, develop treatment team recommendations and an Outpatient Treatment Plan which will be submitted as part of the Petition for court ordered treatment.

- D. If, after a petition for COT has been filed and prior to the hearing, the medical director of the agency finds that it is more appropriate to discharge the person or to admit the person on a voluntary basis, the medical director shall, after receiving approval from the court, either discharge the person or admit the person for further treatment on a voluntary basis pursuant to A.R.S. 36-534. Such decision will be documented on the *Request for Discharge from Detention Prior to Hearing for Court Ordered Treatment form*. At least 72 hours before the court conducts the hearing on the petition for COT, a copy of the petition and affidavits in support thereof and the notice of the hearing shall be served upon the person pursuant to A.R.S. 35-536. The person shall be informed of the purpose of the hearing and shall be advised of his/her right to consult counsel. The notice provision cannot be waived.
- V. Clinical Team Responsibilities for Serving a Recipient Receiving Services under COE
- A. Within 24 hours of inpatient admission, the Case Manager will begin coordination of care with the inpatient treatment team and the recipient to facilitate the development of a discharge plan.
- B. The Case Manager or Clinical Team designee will attend the COT hearing prepared with the Clinical Team recommendation for treatment and a discharge plan.
- C. The Case manager will amend the recipient's Individual Service Plan (ISP) to reflect the discharge plan and future services.
- D. Within 72 hours of the hearing and/or inpatient discharge, the Clinical Team Psychiatrist will meet with the recipient to assess mental status and medications.
- VI. Clinical Team Responsibilities for Serving a Recipient Receiving Services under COT
- A. After a recipient has been court ordered to receive treatment, a copy of the court order for treatment and court ordered evaluation shall be filed with the pre-petition screening (non-emergent) in the recipient's Partners In Recovery medical record.
- B. Throughout the duration of COT, the ISP shall be reviewed and updated as clinically indicated.
- C. The recipient is seen as frequently as indicated in the ISP, but never less than one face-to-face contact per month by both the Case Manager and the assigned Clinician.
- D. Contacts, actions, activities, consultations, and progress toward ISP goals shall be documented in the recipient's progress notes.
- E. Every recipient receiving COT shall have a needs assessment and COT treatment goals developed during the first appointment with the BHMP after being placed on COT. These are to be incorporated into the ISP. The Clinical Director will be available to assist the BHMP in writing the ISP goals as needed.
- F. If the recipient does not attend scheduled clinic appointments, outreach begins immediately in an effort to locate and engage the recipient in services. If the team cannot locate and/or engage the recipient in services within 48 hours, the COT shall be

amended. Appropriate outreach will be consistent with the ISP, which may include the following:

1. Home visits by the Case Manager and/or other Clinical Team members;
 2. Phone calls and/or visits to homeless shelters, hospitals, jails and any other known locations that the recipient might frequent;
 3. Calls to family members, friends, Parole Officer, Probation Officer, Guardian or acquaintances that may know the whereabouts of the recipient if confidentiality allows; and
 4. Filing a Missing Person's Report with the appropriate authorities, if the recipient's whereabouts are unknown and determined appropriate by the clinical team.
- G. A recipient's case shall not be closed while the Court Order is active. The Case Manager/Clinical Liaison shall follow the process described under the Termination of Court Orders prior to closing a recipient's case.
- H. When a recipient is Court Ordered to receive treatment, the Case Manager shall request that appointments be scheduled for the recipient to see the BHMP once a month for the next 12 months. Efforts will be made to schedule the appointments on the same day and time each month.

VII. Termination of Court Orders

A. Consumer Initiated COT

1. When the Court Order is issued, the recipient shall be advised by the Clinical Team of the right for Judicial Review every 60 days. The Clinical Team shall document the fact that the recipient was notified of this right in the Progress Notes section of the recipient's medical record.
2. A recipient can request a Judicial Review any time after the first 60 days of the Court Order. The Clinical Team shall assist in this process.

B. Case Management Initiated Court Order Termination

1. A Clinical Team can request to terminate a Court Order. Once it has been determined that the Case Management team shall initiate termination of a recipient's court order, the team shall complete the following steps:
 - a) Recipient moved to new area
 - i. Write a letter stating the reason for the termination of the COT to be signed by a Psychiatrist at the Site.
 - ii. If within the state, obtain a letter of intent to treat from the RBHA provider where the recipient will be receiving treatment.
 - iii. Send above two documents with a copy of the Court Order to the Magellan Court Coordinator.

- b) The recipient is deceased
 - i. The Clinical Team Psychiatrist will write a letter stating the termination of the COT is due to the death of the recipient.
 - ii. Send above letter with a copy of the Court Order to the Magellan Court Coordinator.
 - c) Lack of Clinical Necessity
 - i. The Clinical Team Psychiatrist will write a letter stating the clinical reason for the termination of the COT. The letter will state clinically why the recipient is no longer considered to be DTS, DTO, GD, or PAD.
 - ii. Send above letter with a copy of the Court Order to the Magellan Court Coordinator.
- VIII. Requests for Continued COT for Persistent or Acute Disability (PAD) or Grave Disability (GD)
- A. Sixty days prior to the expiration of the recipient's Court Order, the clinical team will meet to review the recipient's ISP. During this meeting, the team will determine whether the recipient would benefit from continued COT under the Standard of Persistently or Acutely Disabled or Gravely Disabled.
 - B. The Clinical Liaison will ensure completion of the *Final Court Ordered Treatment Status Report* outlining the recipient's current status and indicating the need for continued COT.
 - C. If the recipient requires continued COT, the clinical team will indicate on the *Final Court Ordered Treatment Status Report* that the team is recommending COT renewal. Two witness statements attesting to PAD or GD behaviors exhibited in the past 90 days will be submitted to the Magellan Court Advocacy Department along with the *Final Court Ordered Treatment Status Report*.
 - D. After receipt of the *Final Court Ordered Treatment Status Report*, the Magellan Court Coordinator will arrange for the recipient to meet with a psychiatrist at Desert Vista Hospital for an outpatient appointment to complete either the *Psychiatric Report for the Annual Review of a Persistently or Acutely Disabled Person* or the *Psychiatric Report for the Annual Review of a Gravely Disabled Person*. If the clinical team prefers, a psychiatrist at the Direct Care Center can also complete this Review.
 - E. If the recommendation provided in the *Psychiatric Report for Annual Review of a Persistently or Acutely Disabled Person* or the *Psychiatric Report for Annual Review of a Gravely Disabled Person* is for the COT to continue, then the Magellan Court Coordinator will prepare a Petition for Continued Treatment and file the petition, along with the annual report, with the Probate/Mental Health Court.
 - F. The Magellan Court Coordinator will notify the Clinical Liaison of the date and time of the COT Renewal Hearing and will instruct the Clinical Liaison to notify the witnesses and the recipient of the need to appear at the hearing. .

- G. If the witnesses do not attend the hearing, the Petition for Continued Treatment will be dismissed and the recipient's COT will expire on the original expiration date.
 - H. If the recipient does not appear for the hearing, the Clinical Liaison will be instructed by the court to amend the COT to inpatient treatment in order to secure the recipient's presence at a hearing.
- IX. Court Ordered Medications for Treatment Adherence
- A. Recipients who are under a Court Order for treatment and who are refusing to voluntarily consent to treatment may be treated against their will.
 - B. When implementing a *Special Treatment Plan Referral for Involuntary Administration of Medications*, the following shall occur:
 - 1. Medications can be forcibly administered only at the UPC, PRC West or an inpatient facility. If administered at the UPC or PRC West, the recipient's stay must be less than 24 hours unless an order amending the COT from an outpatient to inpatient status is signed by a Judicial Officer.
 - 2. The clinical team shall complete the *Special Treatment Plan Referral for Involuntary Administration of Medications* to include the following information:
 - a) How the recipient's condition is expected to improve through the use of court ordered medications;
 - b) Medications recommended for administration;
 - c) Whether the recipient has received the recommended medication in the past;
 - d) Known allergies; and
 - e) Whether side effect medication may be administered with the recipient's consent or through forced administration.
 - 3. The Clinical Team shall complete a *Police Mental Health Detention Information Sheet (PM Form 3.18.1)* and include this in the paperwork sent to the UPC. THIS IS NOT A DETENTION ORDER OR PICK UP ORDER. This form is used by the UPC or PRC West to complete a pick up order. A pick up order CAN ONLY BE COMPLETED BY AN ADMITTING OFFICER AT THE UPC OR PRC WEST.
 - 4. The *Special Treatment Plan Referral for Involuntary Administration of Medications* and the *Police Mental Health Detention Information Sheet (PM Form 3.18.1)* shall be faxed to the UPC or PRC West, or to the designated inpatient facility.
 - 5. The Case Manager shall coordinate the recipient's treatment with the UPC, PRC West, or the inpatient facility staff prior to the recipient arriving at the designated facility.
 - 6. The BHMP shall initiate a consult with the UPC, PRC West, or the inpatient BHMP, regarding recommendations for psychotropic medications to be prescribed and administered, as well as any other pertinent clinical issues.

- C. If an emergency situation arises where the recipient or another individual is considered to be in imminent danger, then the Clinical Team will follow the steps for completing an Emergent Amendment to the recipient's Court Order.
- X. Court Order Amendments
- A. An emergent amendment may occur when a recipient is posing an imminent danger to themselves or others. The Order for Detention is issued by the UPC or PRC West only and the Amendment is processed by the UPC or PRC West. The following paperwork shall be faxed to the UPC or PRC West when requesting an emergent amendment of a court order. If the recipient is admitted to the UPC or PRC West and remains inpatient for more than 24 hours, then the amendment letter must also be faxed to the Magellan Court Coordinator. The request to amend the COT from outpatient to inpatient status will then be presented to a Judicial Officer for review and will include the following:
1. A letter describing the specific behavior that has led to the recommendation of the Court Ordered Treatment Amendment. The letter must be signed by the BHMP and the Case Manager/Clinical Liaison;
 2. Copies of the last three Progress Notes from the BHMP and the Case Manager;
 3. A copy of the Court Order;
 4. A complete *Police Mental Health Detention Information Sheet (PM Form 3.18.1)* indicating location of the recipient;
 5. The most current medication sheet; and
 6. The *Special Treatment Plan Referral for Involuntary Administration of Medications* form in case the recipient needs to be emergently medicated while at UPC or PRC West.
- B. A non-emergent amendment occurs when a clinical decision is made that a COT recipient is in need of inpatient services or a change of treatment location because the recipient is no longer able to adhere to outpatient treatment.
- C. To initiate a non-emergent amendment of a court order, the clinical team must complete the following:
1. A letter describing the specific behavior that has led to the recommendation of the Court Ordered Treatment Amendment from an outpatient to an inpatient status. The letter must be signed by the BHMP and the Case Manager/Clinical Liaison;
 2. Copies of the last three Progress Notes from the BHMP and the Case Manager;
 3. A copy of the Court Order; and
 4. A complete *Police Mental Health Detention Information Sheet (PM Form 3.18.1)*, indicating the location of the recipient.
- D. The completed paperwork is sent to the Magellan Court Coordinator by 9:30 AM, and will be filed the same business day.

- E. The Court Coordinator presents the proposed Court Order Amendment to the Probate Mental Health Division of the Maricopa County Superior Court.
- F. To rescind a non-emergent amendment of a court order, the clinical team must do the following:
 - 1. Contact the Court Coordinator by e-mail, copy the Director of Court Advocacy, and advise that the amendment is no longer necessary. The Court Coordinator will contact the police agency and advise them that the court order will be rescinded so the recipient will not be picked up;
 - 2. Prepare a letter describing the change of circumstances that makes an amendment to the Court Order no longer necessary. The BHMP and the Case Manager shall sign the letter; and
 - 3. Immediately fax the letter to the Magellan Court Coordinator for processing.
- G. The Court Coordinator shall prepare a Motion to Vacate the Amendment and Order, which shall be presented to the Probation Mental Health Division of the Maricopa County Superior Court.

XI. Judicial Review

- A. Recipients on COT may ask for a judicial review after they have been on COT for 60 days. The clinical team must notify all recipients on COT of their right to judicial review. This notification is documented both on the *Consumer's Notice of Right to Judicial Review* form (English or Spanish version) and in the medical record through a progress note by the BHMP or other team member.
- B. If a recipient asks for a Judicial Review, a member of the team needs to assist her/him in completing the *Request for Judicial Review*. This needs to be filed with the court along with the *Psychiatric Report for Judicial Review* within three working days of the date the recipient signs the request form and gives it to Partners In Recovery. This means that once the recipient gives you the form, the BHMP will determine the need to see the recipient, complete the *Psychiatric Report for Judicial Review*, and send the report to the Court Advocacy Department as soon as possible to assure the report is filed with the court within three working days. Hand delivery to the Court Advocacy Department is recommended as inter-office mail may delay the filing process beyond the required time limits.
- C. There are also occasions when at the time a recipient is placed on COT, the Commissioner will order a Judicial Review take place as part of the 45-day status review. When this occurs the clinical team will be notified by Court Advocacy Department a few weeks prior to the deadline for filing the *Psychiatric Report for Judicial Review*.

Associated Partners In Recovery Direct Care Clinics Forms & Attachments

Application for Involuntary Evaluation MH-100

Application for Emergency Admission for Evaluation MH-104
Petition for Court-Ordered Evaluation MH-105
Police Mental Health Detention Information Sheet PM Form 3.18.1
Pre-Petition Screening Report PM Form 3.18.2
Special Treatment Plan Referral for Involuntary Administration of Medications
Consumer's Notice of Right to Judicial Review
Consumer's Notice of Right to Judicial Review (Spanish)
Request for Judicial Review
Psychiatric Report for Judicial Review
Psychiatric Report for Annual Review of a Persistently or Acutely Disabled Person
Psychiatric Report for Annual Review of a Gravely Disabled Person
Final Court Ordered Treatment Status Report
Application for Voluntary Evaluation MH-103
Petition for Court-Ordered Treatment
Release from Court Ordered Evaluation
Request for Discharge from Detention Prior to Hearing for Court-Ordered Treatment
Petition for Court Ordered Treatment MH-110
Affidavit MH-112

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