

**INSTRUCTIONS FOR
REQUEST TO AMEND OUTPATIENT TREATMENT PLAN**

- This form is only to be used by the outpatient treatment agency that is responsible for treating the patient on an outpatient basis.
- This form is only appropriate to fill out when the patient is on an ACTIVE Inpatient/Outpatient Court Ordered Treatment. If you are unsure if the court order is still active, please contact the Mental Health Court Liaison at 520-483-5893.
- Fill out this form completely. Information related to the MH case number, type of order (DTS, DTO, PAD, and GD)*, the number of allowed inpatient days, and date of court order will be found on the signed Court Order for Treatment.
- Remember to be detailed on the reasoning for the amendment and the efforts the outpatient treatment team has made to reach out to the patient.
- This form must be signed by the Medical Director of the Outpatient Treatment Agency.** If it is not signed by the Medical Director, the form is not valid and will be rejected.
- Please fax this document to the Pinal County Attorney's Office – Civil Division, Attn: Mental Health Attorney, 520-866-6521. The original should be sent to their mailing address at PO Box 887 Florence AZ, 85132.
- Emergent Amendment:
 - If the patient is an active danger to themselves or others, the Medical Director may order a law enforcement agency to transport the patient into an accepting level one facility.
 - If there are difficulties with transportation, please contact the Mental Health Court Liaison at 520-483-5893.
 - This form must be sent the next business day to the Pinal County Attorney's Office at the fax number above.
- Non-Emergent Amendment:
 - If the patient is not a danger to themselves or others, this form should be faxed to Pinal County Attorney's Office. The Pinal County Attorney's Office will motion the court to amend the order and your agency will receive a copy of the amendment order allowing for placement of the patient into a level one facility.
 - The outpatient agency shall notify the patient of the valid court order and request that the patient come to the level one facility via transport by a family member or by the agency.
 - Should the patient refuse to comply with the amended order for inpatient treatment, the local police agency shall be contacted to transport the patient to the accepting level one treatment facility. An agency representative should meet law enforcement at the patient's location and provide a copy of the order allowing the police agency to transport the patient to the hospital.
 - If there are difficulties with transportation, please contact the Mental Health Court Liaison at 520-483-5893.

Please contact the Pinal County Attorney's Office and request the Mental Health Attorney at 520-866-6271 or call the Mental Health Court Liaison at 520-483-5893 if you have any further questions about filling out this document.

REQUEST TO AMEND OUTPATIENT TREATMENT PLAN

(Pursuant to A.R.S. § 36-540(E))

Date: _____

Re: _____
(Patient Name)

MH Case # _____
(Found on the Court Order)

_____ is the clinical treatment team for _____
(Outpatient Treatment Agency) (Patient Name)

who was Court Ordered for treatment as: DTS DTO PAD GD on: _____
(Date of COT)

_____ is non-compliant with the outpatient treatment plan as demonstrated by:
(Patient Name)

(Information, Including Patient's Quotes, Which are the Reasons to Amend the Outpatient Treatment Plan)

The clinical team feels that the outpatient status of _____'s Court order
(Patient Name)

should be amended and the patient admitted to an inpatient facility on one of the following basis:

Emergently as he/she is a danger to him/herself and others, (A.R.S. § 36-540(E)(5)).

Patient was transported to: _____ on _____
(Inpatient Facility) (Date)

Non-emergently as he/she is demonstrating behaviors inconsistent with the treatment plan, is not responding to the treatment team's attempts to engage treatment, and needs to be returned to inpatient treatment at this time, (A.R.S. § 36-540(E)(4)).

Patient is currently located at: _____
(Current Address)

The clinical team would like the patient readmitted to an inpatient facility to receive:

- Re-evaluation of medications and doses
- Involuntary administration of medication
- _____

The Patient has used _____ days of the inpatient 90 180 365 days.
of Days This information is found on the Court Order

Should the patient refuse to comply with an amended order for inpatient treatment, the Medical Director requests the Court authorize and direct a peace officer to take the patient into protective custody and transport the patient to the following treatment facility:

(Name of Level 1 Treatment Facility)

(Address)

(Signature of Medical Director) (Date)

(Print Name)

Please fax this document to the Pinal County Attorney's Office – Civil Division, Attn: Mental Health Attorney, 520-866-6521 or phone 520-866-6912 if you have any questions about filling out this document.