



Welcome to Training for Court-Ordered Evaluation and Treatment

While you are waiting TEST YOUR AUDIO.
LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

Please use the chat feature for questions or raise your hand.

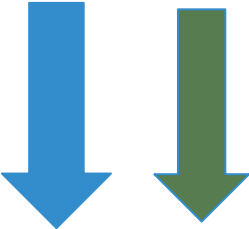
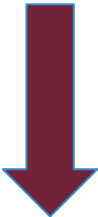


Thank you.

Zoom Webinar Controls

Navigating your bar on the bottom...

- **Windows:** You can also use the **Alt+Y** keyboard shortcut to raise or lower your hand.
- **Mac:** You can also use the **Option+Y** keyboard shortcut to raise or lower your hand.



A screenshot of the Zoom control bar and the audio settings menu. The control bar is at the top, showing 'Chat', 'Raise Hand', and 'Leave' buttons. The audio settings menu is open, showing options like 'Select a Speaker', 'Same as System', 'Built-in Output (Internal Speakers)', 'Test Speaker & Microphone...', 'Leave Computer Audio', and 'Audio Settings...'. A white arrow points from the 'Audio Settings...' option in the menu to the 'Audio Settings' button in the control bar.

A close-up of the 'Audio Settings' button in the Zoom control bar, which is a dark blue button with a white upward-pointing arrow.

Audio Settings

The screenshot displays the Zoom Settings application with the 'Audio' section selected in the left-hand menu. The main content area is divided into two sections: 'Speaker' and 'Microphone'. The 'Speaker' section includes a 'Test Speaker' button, a dropdown menu set to 'Built-in Output (Internal Speakers)', an 'Output Level' bar, and an 'Output Volume' slider. The 'Microphone' section includes a 'Test Mic' button, a dropdown menu set to 'Built-in Microphone (Internal Micropho...', an 'Input Level' bar, an 'Input Volume' slider, and a checked checkbox for 'Automatically adjust microphone volume'. Below these sections are three checkboxes: 'Use separate audio device to play ringtone simultaneously' (unchecked), 'Join audio by computer when joining a meeting' (checked), 'Mute microphone when joining a meeting' (unchecked), and 'Press and hold SPACE key to temporarily unmute yourself' (checked). An 'Advanced' button is located at the bottom right of the settings panel.

Tips for successful ZOOM PARTICIPATION



MUTE your mic
when you're not
speaking



BACKGROUND
NOISE watch when
turning on mic



Limit the
DISTRACTIONS
around you



Look at the
CAMERA
not your screen



PREPARE & queue
docs or links that
you plan to share



Stay FOCUSed by
not texting or side
conversations



Use GALLERY
VIEW to see all
participants



Use CHAT to ask
questions or share
resources



Overview

Division of Community Advocacy and
Intergovernmental Relations (DCAIR)

Brenda Morris
The Office of Human Rights
Bureau Chief

Agenda

- ❑ Learning Objectives
- ❑ Overview: The Division of Community Advocacy and Intergovernmental Relations (DCAIR)
- ❑ Overview: The Office of Human Rights (OHR)
- ❑ Overview: The Office of Individual and Family Affairs (OIFA)
- ❑ Learning Objectives
- ❑ Court-Ordered Evaluation and Court-Ordered Treatment Presentation
- ❑ Questions and Answers
- ❑ Resources

* [AHCCCS Acronyms Guide](#)



DCAIR Community Involvement

DCAIR routinely engages with our communities to educate, inform and solicit feedback from members, families, providers, and stakeholders. We also facilitate or participate in various workgroups to address health care needs including the following committees:

- Behavioral Health Planning Council
- OIFA Advisory Council
- Arizona Council of Human Service Providers
- The State Medicaid Advisory Committee

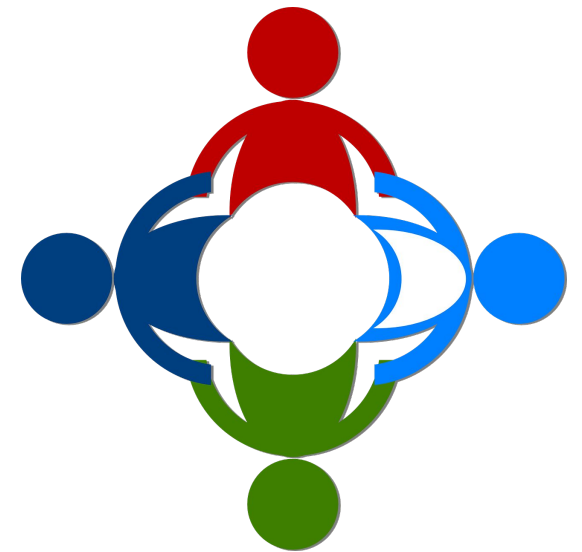


DCAIR Departments

The Division of Community Advocacy and Intergovernmental Relations (DCAIR) is a division at AHCCCS that houses all of the functions that interface with our members, family members and other stakeholders. These areas are very important as they ensure the voice of the community is heard.

DCAIR includes:

- Office of Human Rights (OHR)
- Office of Individual and Family Affairs (OIFA)
- Office of Federal Relations and Communications (FRAC)





Overview

The Office of Individual and Family Affairs (OIFA)

Steven Leibensperger

OIFA, Foster Care Community Liaison

What You Need To Know... In Just One Page

OIFA has 50, easy-to-read, one-page handouts covering many topics designed to assist members and family members.



Behavioral
Health
System
Information



Navigating the
Behavioral
Health System



Services
Available
to Members



Resources for
Foster/Kinship/
Adoptive
Families



Have Your
Voice Heard

www.azahcccs.gov/OIFATools

Office of Individual and Family Affairs Highlights 2021



50 one-pagers
posted online

SUBSCRIBE 

2,400+
weekly newsletter
subscribers



11,800+
engagement interactions
with community members

Data as of 12/31/2021

<https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/OIFA.html>



Overview

The Office of Human Rights (OHR)

Brenda Morris, OHR Bureau Chief

The Office of Human Rights

Mission Statement

Providing advocacy to individuals living with a Serious Mental Illness (SMI) to help them understand, protect and exercise their rights, facilitate self-advocacy through education and obtain access to behavioral health services in the public behavioral health system in Arizona.



Special Assistance

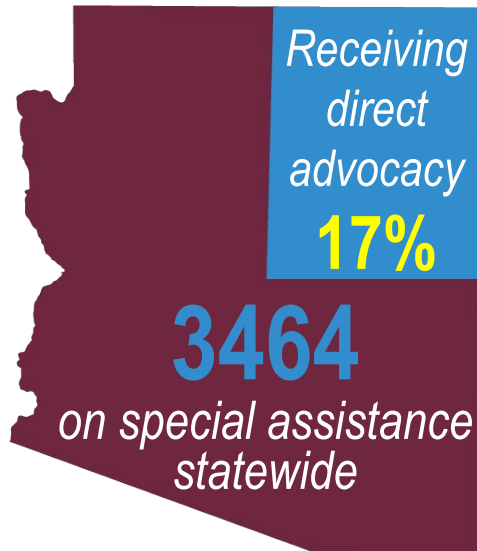
Special Assistance is a term used to describe additional supports reserved for those with a Serious Mental Illness (SMI) who are determined by the Clinical or Inpatient Team and meet specific criteria.

Members living with a Serious Mental Illness are to be assessed to see if they meet criteria for special assistance in accordance with R9-21-101(B)(13).

Many individuals have a family member or natural support that will meet the special assistance needs and OHR will assign an advocate if there is not anyone available to meet the individual's needs.



Office of Human Rights 2021 Highlights



16,967
member engagements



160
successful graduations for
members to advocate on their own

95
transitions to natural supports!

OHR participated in . . .



375 hospital discharges statewide



34 jail discharges statewide.

OHR was able to assist . . .



122 members to avoid homelessness



172 members to a lower level of care,
promoting least restrictive environment.



Court-Ordered Evaluation and Court-Ordered Treatment (COE /COT)

Melissa Del-Colle, PhD, LMSW
Senior Program Administrator
Division of Health Care Management





Learning Objectives

To understand the standard practices of court ordered evaluation (COE) and court ordered treatment (COT) within Arizona

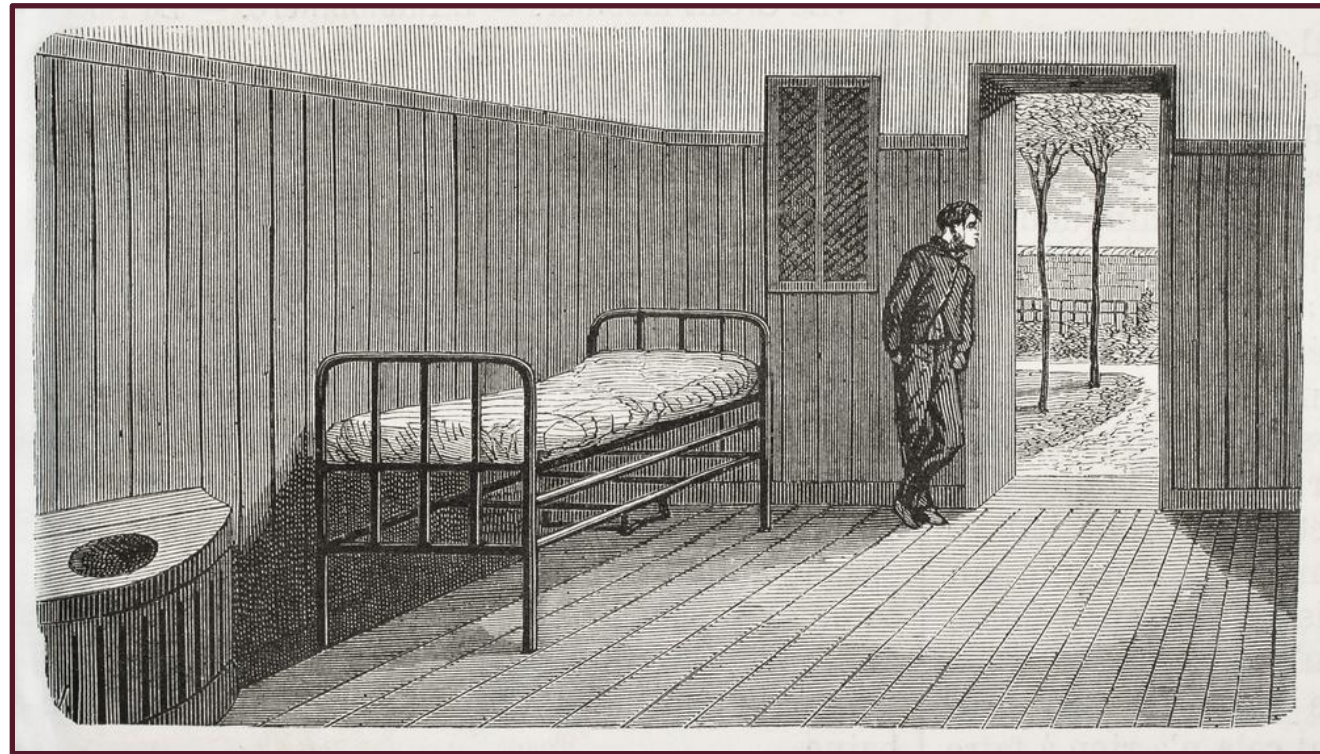
Objectives

1. Better understand the reasons a person might need court-ordered treatment.
2. Learn the procedure for voluntary evaluation and treatment, based on Arizona's Title 36 statute.
3. Review the process of obtaining court-ordered involuntary evaluation and treatment, from the initial application through final release.
4. Review best practices and protocols that promote the administration of justice for individuals living with mental illness.

Title 36 Background

“Involuntary Civil Commitment”

now called **COURT-ORDERED EVALUATION & COURT-ORDERED TREATMENT**



Title 36

- Court-Ordered Evaluation (COE)
- Court-Ordered Treatment (COT)
- Goal is help to people who are unwilling or incapable of providing consent to receive behavioral health services.
- Designed to address the needs of individuals who meet one or more of the following criteria:
 - **Danger To Self (DTO),**
 - **Danger To Others (DTS),**
 - **Persistently or Acutely Disabled (PAD),**
 - **Gravely Disabled (GD)**

Title 36

- **NOT** intended to treat substance abuse disorders
- **NOT** to be used as a form of punishment or legal penalty
- **NOT** to be used as a means of coercion in a court of law
- Should only be utilized where the treatment protocol/best practice to address an individual's condition is something the court can compel an individual to do (example: medication)

DEFINITIONS

Court-Ordered Evaluation (COE)

A professional analysis that may include firsthand observations or remote observations that is based on data describing the person's identity, biography and medical, psychological and social conditions. A court ordered evaluation is required to determine the severity of a specific mental health concern or to determine an individual's capacity for adequate functioning.

DEFINITIONS

Court-Ordered Treatment (COT)

COT is an involuntary process for care and treatment of persons with a mental disorder.

- Treatment is ordered by the Court pursuant to AZ Revised Statute Title 36 process.

DEFINITIONS

Mental Disorder

A substantial disorder of the person's emotional processes, thought, cognition or memory and is distinguished from:

- Conditions that are primarily those of drug use, alcoholism, or intellectual disability, unless, in addition to one or more of these conditions, the person has a mental disorder;
- The declining mental abilities that directly accompany impending death; and
- Personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns, including sexual behaviors that are abnormal and prohibited by statute unless the behavior results from a mental disorder.

DEFINITIONS

Danger to Self (DTS)

A behavior that as a result of a mental disorder:

- Inflicts serious physical harm to oneself,
- Without hospitalization will result in serious physical harm or illness.

Danger to Others (DTO)

A behavior that as a result of a mental disorder:

- Inflicts serious physical harm to others,
- Without hospitalization will result in serious physical harm or illness.

DEFINITIONS

Persistently or Acutely Disabled (PAD)

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.

- May impair the person's capacity to make an informed decision,
- May be treated with outpatient or inpatient services or the combination of the two.

DEFINITIONS

Gravely Disabled (GD)

Behavior in which a person, as a result of a mental disorder, is incapacitated and likely to come to serious physical harm or serious illness because the person is unable to provide for the person's own basic physical needs.

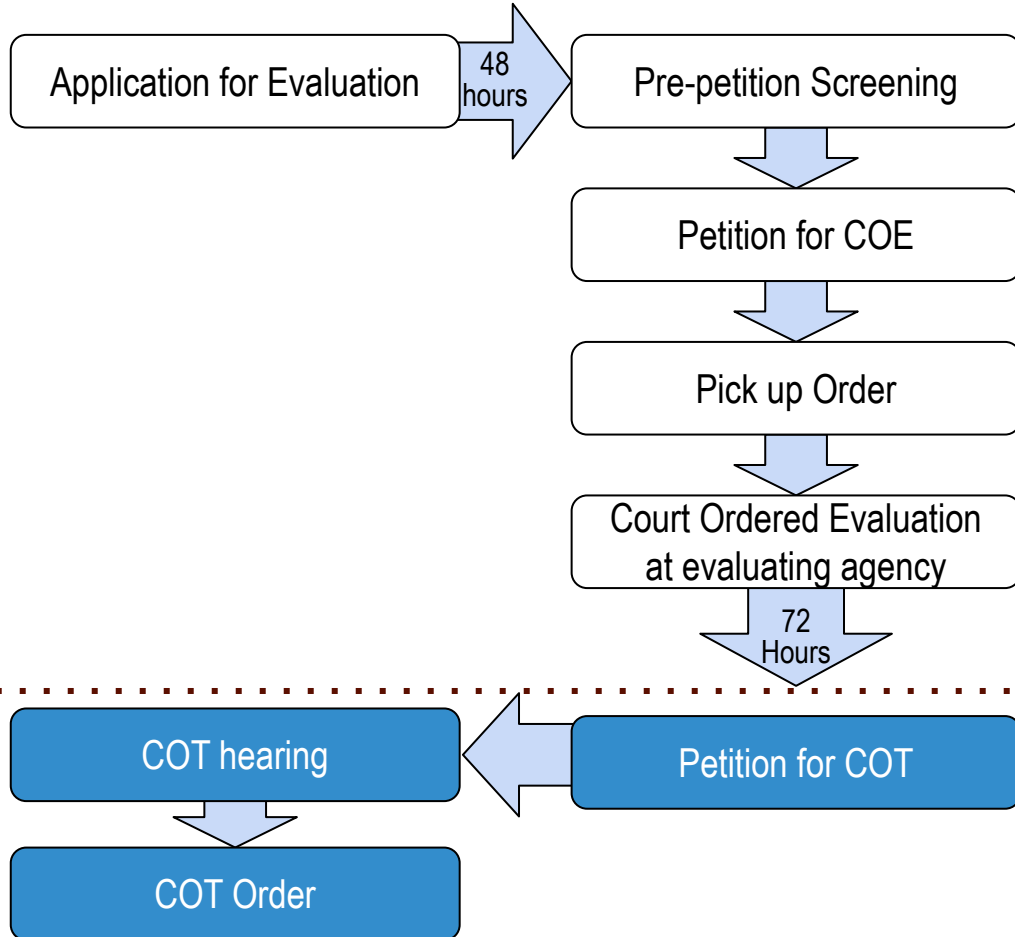
Title 36 [COE/COT] Process Overview

There are two distinct approaches:

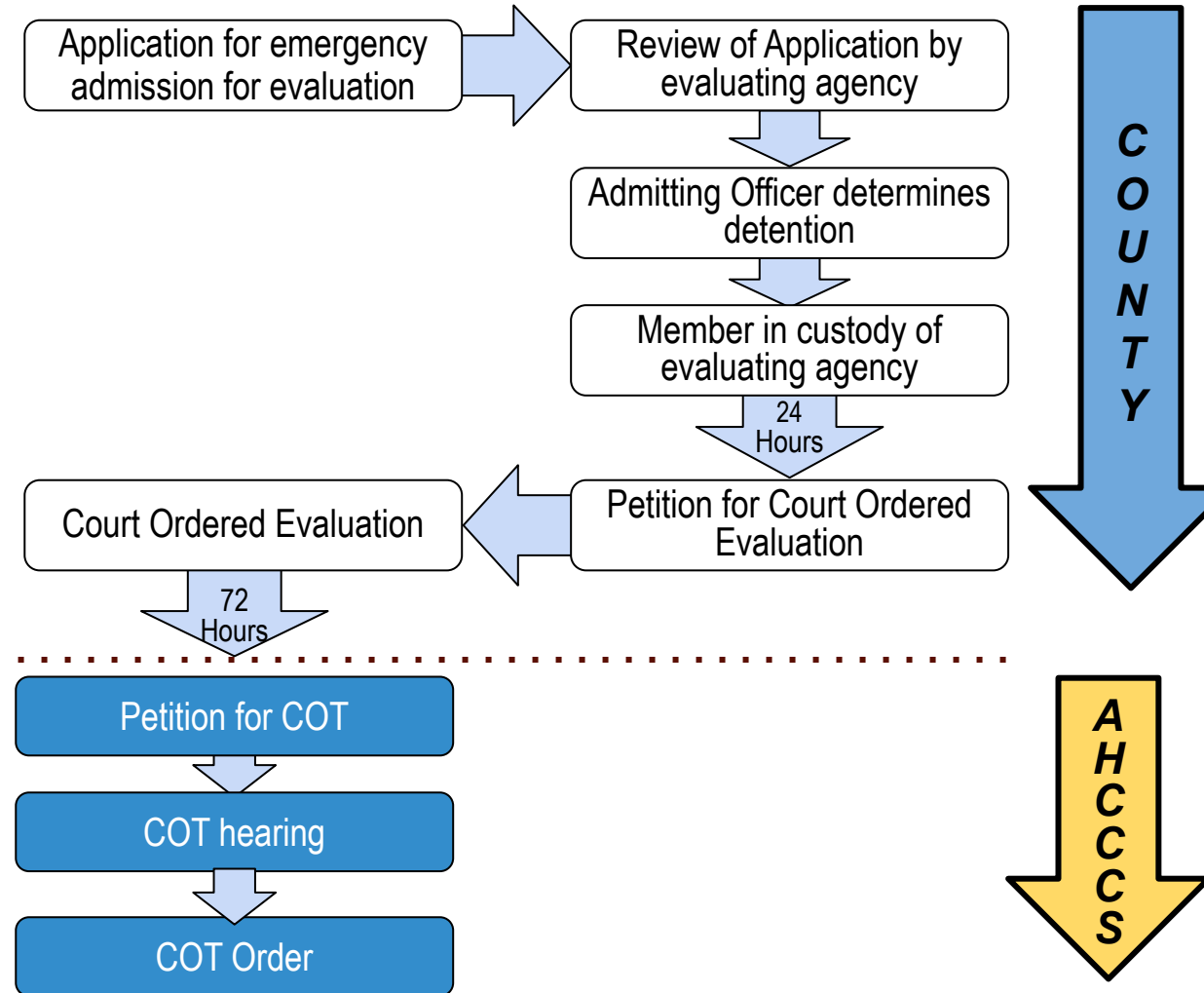
- Emergent: in which the severity of symptoms constitutes an immediate danger to the person in crisis or others.
- Non-Emergent: in which the severity of symptoms constitutes imminent danger to the person in crisis.

COE / COT Process Overview

Non-Emergent Process:



Emergent Process:



Who Can File an Application Evaluation?

Any “responsible individual” may apply for an evaluation.

What is Discoverable?

- Who signed the application
- Who witnessed the application



Pre-Petition Screening

This application starts the COE/COT process.

Pre-Petition Screening

Pre-Petition Screening is defined as:

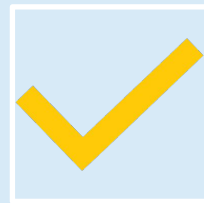
A professional analysis of an application for court ordered evaluation by licensed behavioral health medical professionals to ensure that reasonable cause exists and determine that it is appropriate and ready to be filed with a court.



Notarized application is given to a screening agency

Pre-Petition Screening

A pre-petition screening is conducted at a health care agency if the allegedly mentally disordered person is in non-emergent circumstances. The screening agency reviews the allegations presented in the application, gathers relevant information, and conducts an interview with the person if possible.



Notarized application is given to a screening agency



Screening must occur within 24 hours

Pre-Petition Screening



Notarized application is given to a screening agency



Screening must occur within 24 hours



The purpose of the screening is to determine "Reasonable Cause"

Four Possibilities After the Screening

1. File petition for evaluation with the Court.
2. Emergency evaluation may be necessary.
3. Individual voluntarily agrees to treatment.
4. Individual does not meet criteria.



Petitioning Approaches

Emergent:

- Danger to Self (DTS)
- Danger to Others (DTO)

Non-Emergent:

- Persistently or Acutely Disabled (PAD)
- Gravely Disabled (GD)

Result of Screening – Emergent or Non-Emergent

IF...

Based on the application, screening report, and other information gathered, the agency determines if there is reasonable cause that the proposed patient as a result of a mental disorder is DTS, DTO, PAD or GD.

AND...

The patient is unwilling or unable to voluntarily participate in the evaluation, then the agency prepares a petition for court ordered evaluation and files it.

THEN...

The agency prepares a petition for court ordered evaluation and files it.

Two Applications for Involuntary Admission for Evaluation

Application for Emergency Evaluation

IF INDIVIDUAL IS:

- In immediate danger
- Unwilling/unable to consent to voluntary
- Must also submit Application for Involuntary Evaluation

Application for Involuntary Evaluation

IF INDIVIDUAL IS:

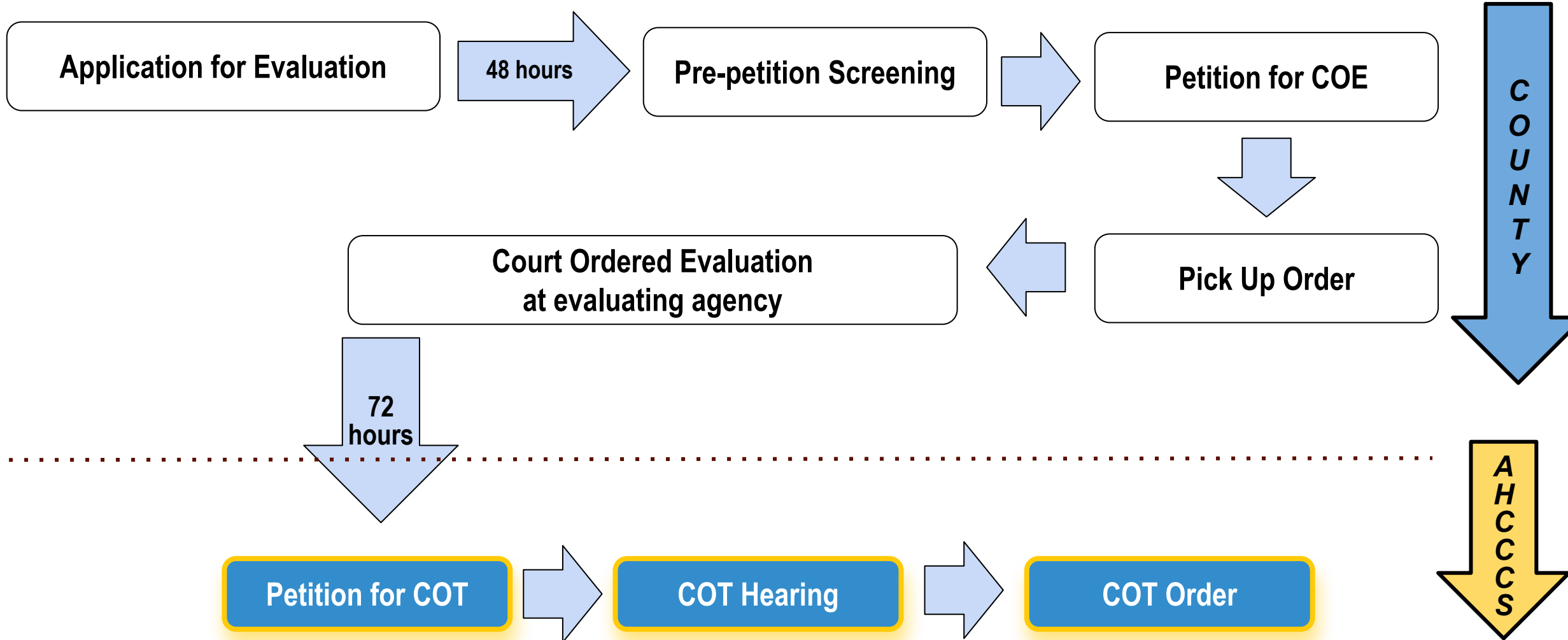
- Not in immediate danger
- Unwilling/unable to consent to voluntary evaluation



Non-Emergent Court-Ordered Evaluation (COE)

COE / COT Process Overview

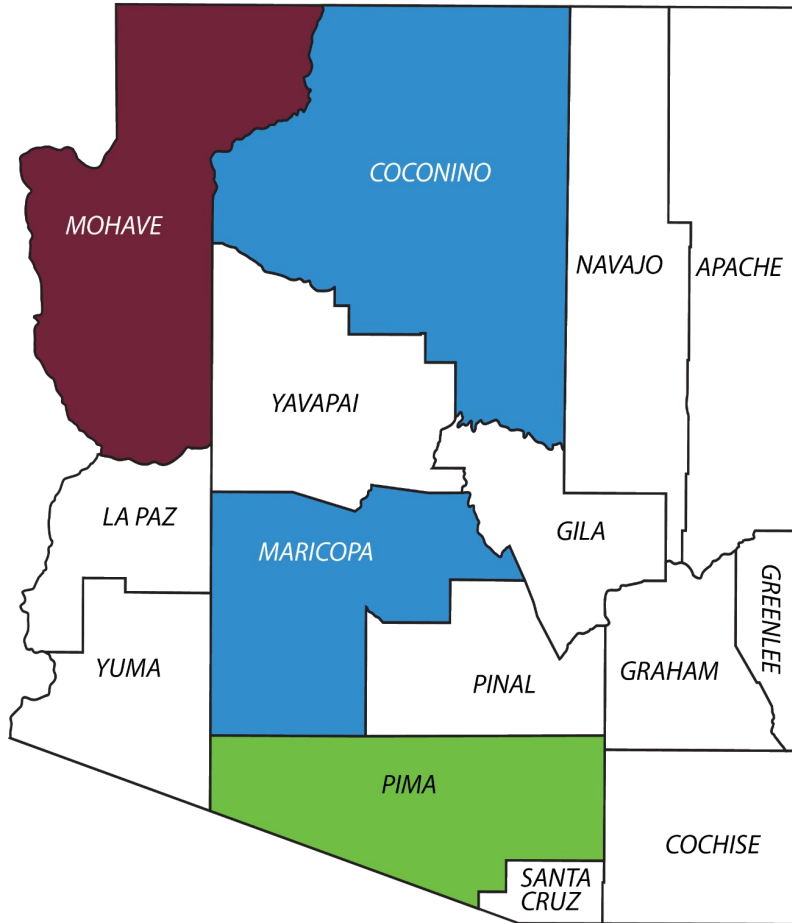
Non-Emergent Process







Application for Involuntary Evaluation

- Form MH-100
- Must be complete
- Must be notarized and the original copy must be submitted in accordance with the county rules
- Help is available from the screening agency
- Screening agency must act within 48 hours
- If person is present, pre-petition screening occurs.
- If person is not present nor found, report is sent to county attorney.
- If COE or COT is not indicated for the proposed patient, the application is destroyed after 6 months.

Counties Oversee the Pre-Petition Screening and Court Ordered Evaluation Processes



Of the 15 counties in Arizona, AHCCCS has Intergovernmental Agreements (IGAs) with three:

-  Counties highlighted in blue have an IGA for pre-petition screening and evaluation services, executed through AHCCCS' contract with the ACC-RBHA in that Geographic area
-  Counties highlighted in green have an IGA with AHCCCS for pre-petition screening services only, which is executed through AHCCCS' contract with ACC-RBHA in that Geographic Service Area (GSA)
-  Counties highlighted in white contract directly through a provider agency to administer these responsibilities.
-  Counties highlighted in maroon have a direct contract with an ACC RBHA to administer these responsibilities.

Voluntary Evaluation

An individual may consent to complete the evaluation voluntarily.

- Individual signs voluntary evaluation form,
- Evaluating agency is notified,
- Evaluation is completed with five days of notice,
- Petition for COE is dropped,
- COT can still be petitioned by the evaluating agency.



Pick Up Orders

A Peace Officer will pick up and transport
The individual to an evaluating agency:

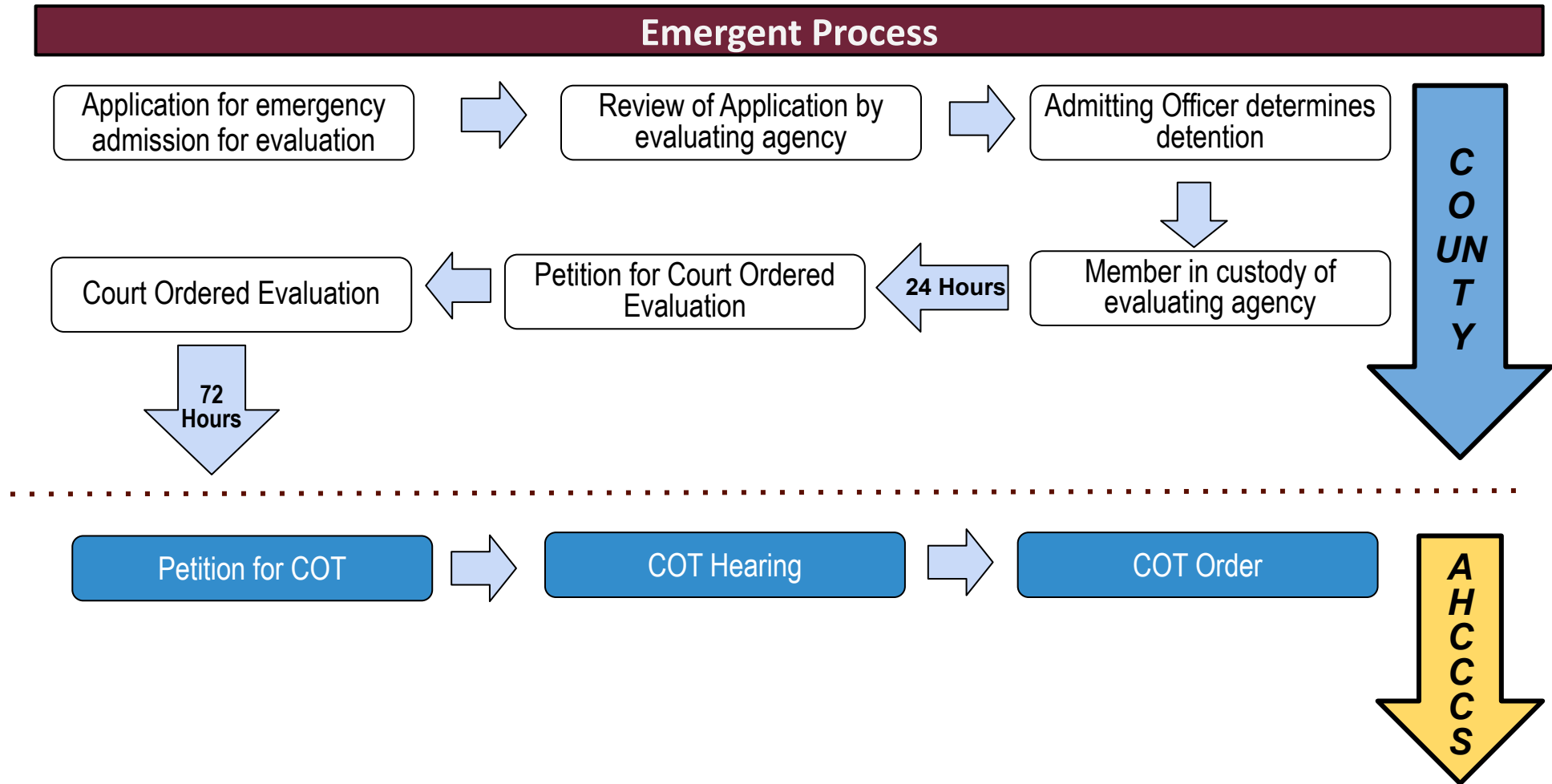
- If not taken into custody within 14 days, the petition for evaluation expires.
- Law enforcement transport can be a traumatic event as transports includes use of a police car, handcuffs, and searches due to safety procedures.





Emergent Court-Ordered Evaluation

Emergent COE / COT Process



What is an Emergent Situation?

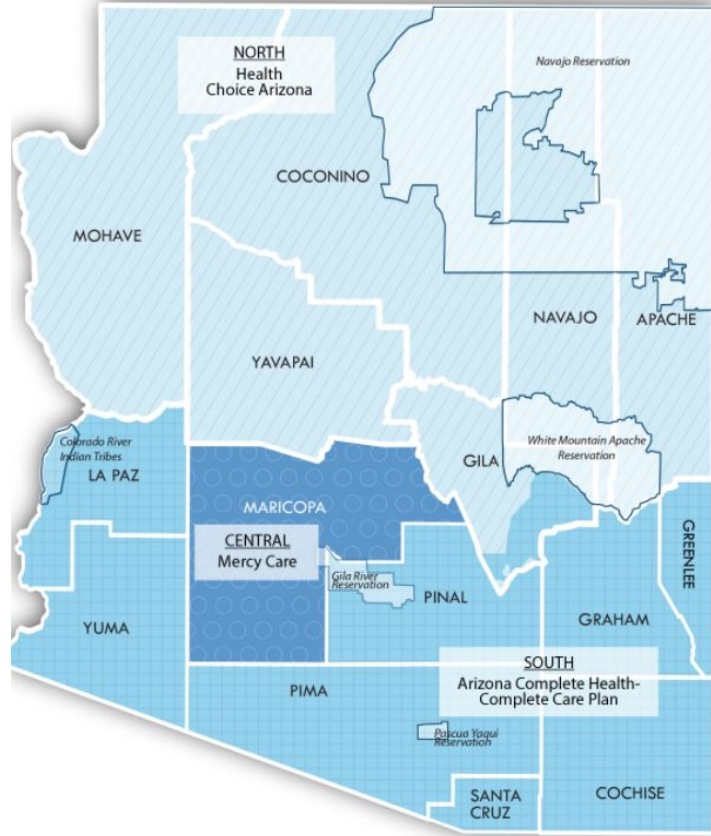
- An individual is a Danger to self (DTS) or Danger to others (DTO) **AND**
- Refuses or is unable to decide to receive voluntary treatment **AND**
- Individual needs to be hospitalized immediately **AND**
- Without hospitalization, serious physical harm to self or others may occur during the time it would take to complete non-emergent pre-petition screening procedures.
- **This is a different form than the non-emergent petition**

Application Requirements

- No blanks
- Signed, dated, and notarized
- Statement of need
- List of recent (within 2 to 6 months) concerning behaviors
- 1 to 2 witnesses, depending on the court

Where To File an Emergent Application

RBHA/TRBHA and Crisis Services Map
Effective October 1, 2018



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

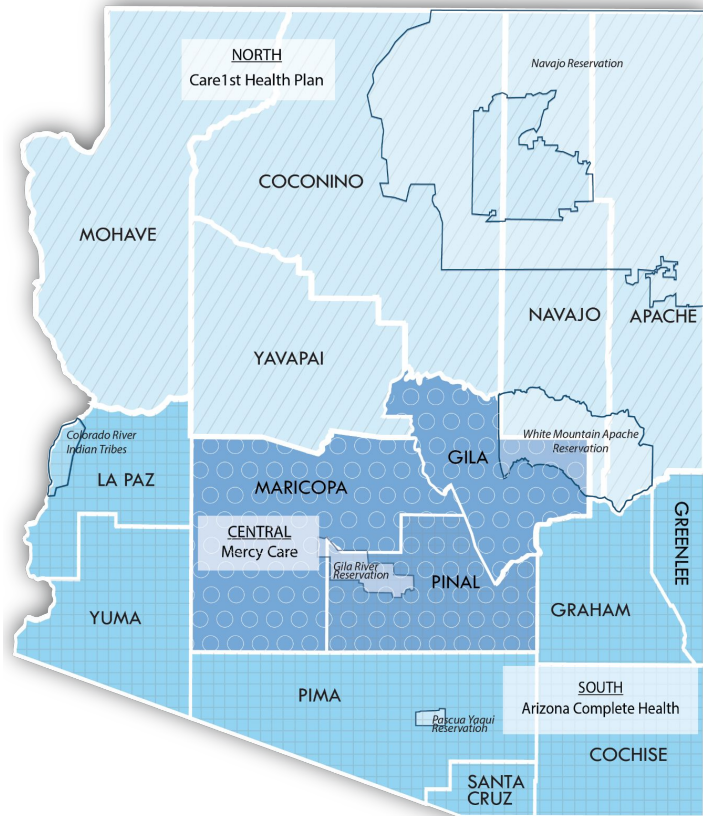
Each county has a distinct approach to COE/COT.
***The service areas will change October 1, 2022**

To file an emergent application, contact the Regional Behavioral Health Authority in your area of the state.

RBHA information is available on the AHCCCS website at azahcccs.gov/Members/BehavioralHealthServices

FOR 10/1/22: Where To File an Emergent Application

ACC-RBHA/TRBHA Map
Effective October 1, 2022



Note: Zip codes 85542, 85192, 855... representing San Carlos Tribal area... included in the South GSA.

Each county has a distinct approach to COE/COT.

To file an emergent application, contact the Regional Behavioral Health Authority in your area of the state.

RBHA information is available on the AHCCCS website at azahcccs.gov/Members/BehavioralHealthServices

Remember, Voluntary Evaluation Changes Everything

An individual may consent AT ANY TIME to complete the evaluation voluntarily.

- The individual signs form,
- Evaluating agency is notified,
- Evaluation is completed with five days of notice,
- Petition for COE is dropped, and
- not filed with a court.





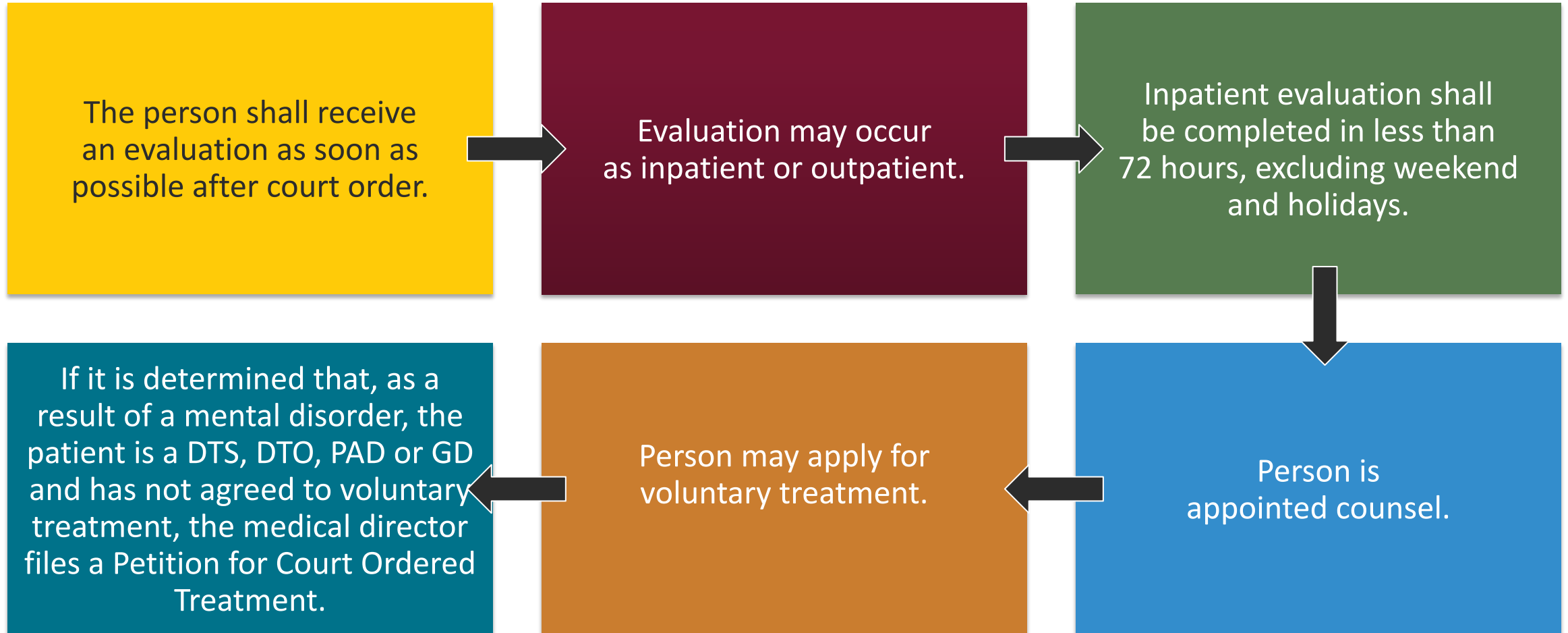
Court-Ordered Evaluation

After the application is accepted

Petition for Court-Ordered Evaluation

- Medical Director prepares and files the Petition for Court Ordered Evaluation.
- If emergent: Upon arrival at evaluation agency, medical director shall file the petition on the same or next day.
- Documents required: application, screening report, petition, plus any other forms required by the county where the person is being evaluated.
- Petition to include known criminal history or if person ever found incompetent to stand trial.
- If court determines there is reasonable cause that, as a result of mental disorder, the person is DTS, DTO, PAD or GD, an order is issued for involuntary evaluation.

Evaluation (After Petition is Accepted by the Court)



Petition for Court-Ordered Treatment

Petition for Court-Ordered Treatment

Petition shall document and describe (allege):

- The individual is in need of treatment because as a result of mental disorder is DTS, DTO, GD or PAD,
- Appropriate treatment options are available, and
- The individual is unwilling or unable to accept voluntary treatment.

Petition shall contain:

- Affidavits of two physicians,
- Psychiatric evaluations,
- Treatment plan, and
- Other supporting documents (varies by county).

Petition for Court-Ordered Treatment

Change to voluntary treatment

- After petition for COT is filed and prior to hearing, medical director may find voluntary treatment is more appropriate, and can seek approval from the court.

Patient Civil and Legal Rights

per Arizona Revised Statutes Title 36, Chapter 5

1. Right to Notice of Rights
 - i. Rights must be brought to the patient's attention.
 - ii. Rights must be posted conspicuously.
2. Right to independent evaluation
3. Civil rights must not be denied
4. Discrimination is prohibited
5. Right to privacy
6. Right to personal possessions



Patient Civil and Legal Rights

per Arizona Revised Statutes Title 36, Chapter 5

7. Disposition of personal property
8. Rights to confidential records
9. Right to compensation for work
10. Right to quality treatment, emergency medical care, & right to refuse medical treatment
11. Right to be free of seclusion or restraint
12. Right to visitation, telephone, correspondence and religious freedom

Rights Violations Have Legal Consequences



- Violating a person's rights including making false statements on a petition is a **CLASS 1 MISDEMEANOR.**
- Being cruel towards or neglectful of a person with a mental disorder is a **CLASS 2 MISDEMEANOR.**

Hearing for Court-Ordered Treatment

Hearing for Court-Ordered Treatment

- Hearing must be held within **six days** after petition is filed.
- A copy of the petition and all affidavits must be provided to the individual at least **72 hours** in advance of the hearing.
- The individual has the right to have an independent mental health evaluation.
- If the individual does not have counsel, the court shall appoint an attorney at least **three days** prior to the hearing.
- Within **24 hours of appointment**, individual's attorney will review the petition and conduct interviews with the individual, the petitioner, witnesses, and physicians.

Hearing for Court-Ordered Treatment

- Evidence to include testimony of **two physicians** who participated in the evaluation.
- **Two or more** witnesses shall also testify.
- The individual may testify.
- Superior court attorneys present the petition to the Court and represent the interests of the Court and community.
- The individual is assigned an attorney through the office of public advocacy / public defender's office to represent their interests and present their defense.

Court Actions/Decisions

- Order to Inpatient Treatment
- Order to Outpatient
- Order to Combined Inpatient/Outpatient
- Dismiss the Case/Petition



COT Can Be Mandated For Up To One Calendar Year

DANGER TO SELF

Up to 90 days inpatient

Up to 365 days Outpatient Treatment

DANGER TO OTHERS

Up to 180 days inpatient

Up to 365 days Outpatient Treatment

GRAVELY DISABLED

365 days, combined Inpatient/
Outpatient Treatment

Can be renewed without new petition

Usually indicates need for appointment
of a guardian or conservator

PERSISTENTLY OR ACUTELY DISABLED

Up to 180 days inpatient

Up to 365 days Outpatient Treatment

Can be renewed without new petition

While on COT

- Medication compliance/adherence as prescribed
- Attend prescriber appointments every 30 days



While on COT

- Loss of Gun Rights (may be restored)
- Information submitted to DPS and National Crime Information Center (NCIC) database
- Information about COT may be visible during permitting and employment background checks

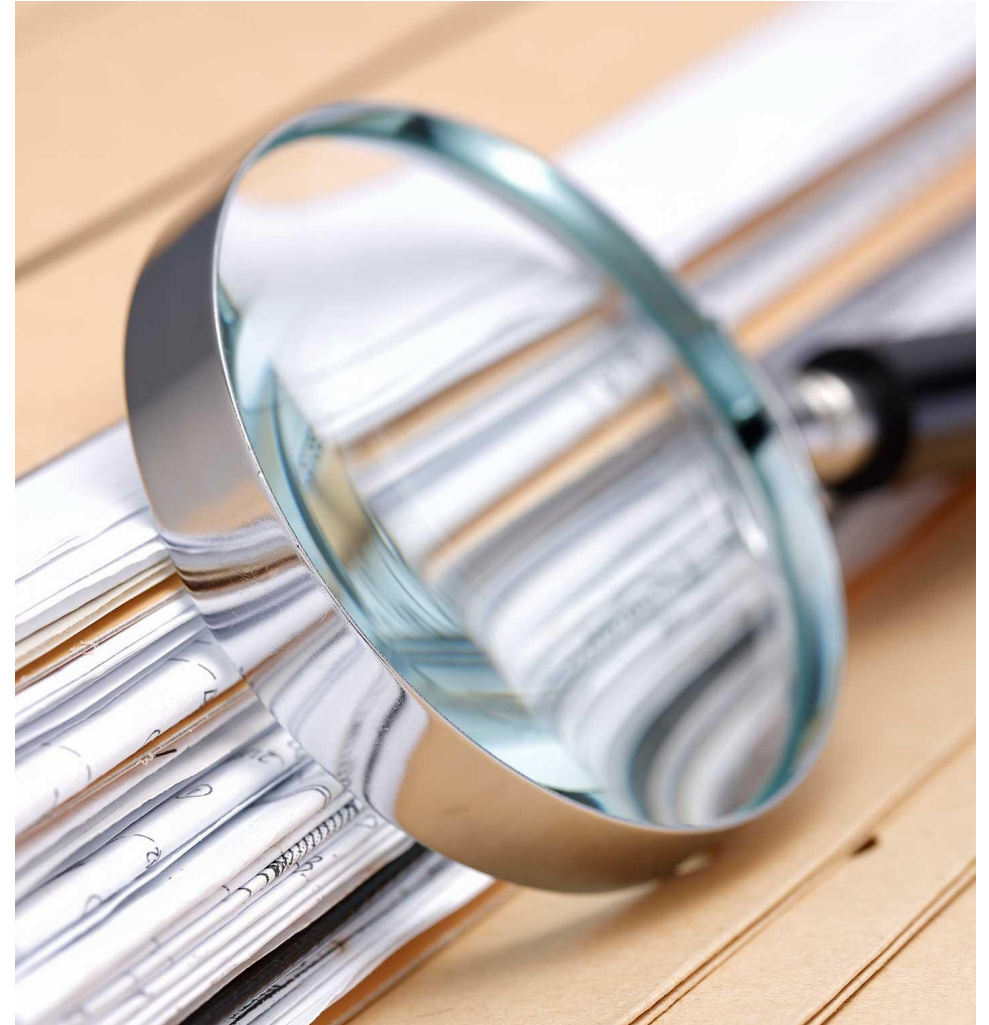




COT Oversight: Judicial Reviews and Status Reports

Judicial Reviews

- A.R.S. – 36.546 Judicial Review
- **Every 60 days** the provider must inform the individual of the right to Judicial Review, which must be offered and documented in the clinical record.
- An individual who is COT has the right to challenge the COT order at any time.



Judicial Reviews

- The Judicial Review can be presented as an option by any trained staff.
- If requested, an appointment with psychiatrist or BHMP prescriber must be scheduled within two (2) days.
- Some counties might require the review to be completed by a psychiatrist.
- The court must receive a copy of the Judicial Review Request form and a current psychiatric report of the patient's condition within three (3) days of the request for judicial review.

Status Reports

- As of 2021, only three counties, Maricopa, Coconino, and Pinal, have used Status Reports for Title 36 Civil Court Ordered Treatment.
- All counties may use status report templates, and they may differ in design and content.
- The court may request a status report, so it is vital to review all court addendums and minute entries to ensure compliance.



Amending or Revoking a COT Order

Amending or Revoking a COT Order

The Medical Director of the outpatient treatment agency can amend or revoke the outpatient portion of the court ordered treatment at any time during the court order:

- The Medical Director directs the peace officer or employee to transport.
- May result in hospitalization.
- Statute allows readmission to an inpatient facility for 48 hours before a motion is filed.
- Medical Director must file a “notice” with the court within 24 hours requesting inpatient treatment.

Tolling Order Process

Tolling Order Process

Tolling is the action that pauses the order when a member is unable to be located.

Once found, the individual must serve the balance of their COT order.



Tolling Order Process

Requires the treatment agency to file a notice with the court within **5 days** of a patient's unauthorized absence to request that the treatment order be tolled.

- Notice of the tolling of the court order is provided to the individual's last known address.
- Begin efforts to locate and return the individual to treatment through re-engagement (including phone calls, letters, in-person visits. Document in notes.)
- Report efforts at least every **60 days or as ordered by the court.**
- An individual can also request a judicial review to return to treatment.
- Once treatment resumes, the court will provide the agency and the individual notice of the period of time that was tolled.

Review the Tolling Order Process

After **180 days**, if the individual is not located and returned to treatment, the outpatient agency can request termination of the court order.

Termination is at the court's discretion. Termination allows the outpatient agency to cease attempts to locate the individual.

Tribal Court Recognition

Tribal Court Recognition

Tribal courts are governed by their tribe and operate under the constitutions and codes of law of their tribe.



Tribal Court Recognition

Native Americans/Indigenous People who have a behavioral health crisis on tribal land have a separate COE/COT process.

Each tribal nation has a code of laws and processes.

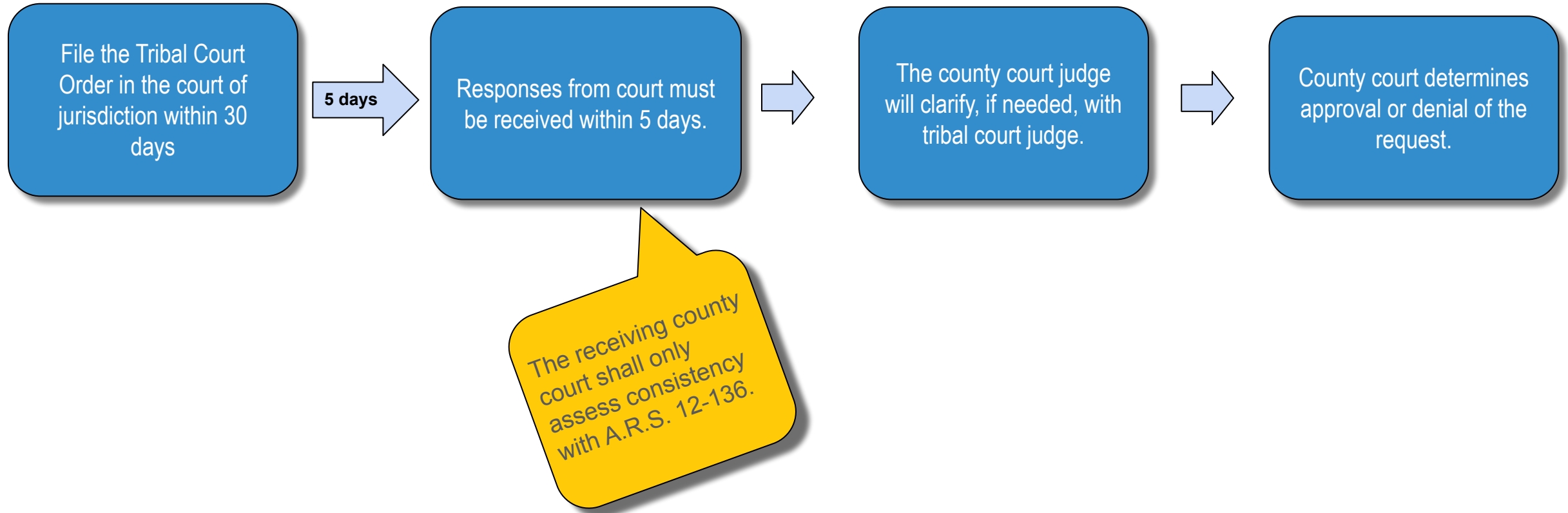
Tribal court order will specify the type of treatment needed.

When the tribal court seeks to secure court ordered treatment off tribal land, the court order must be 'recognized' or transferred to jurisdiction of state.

The transferring of a Tribal Court order is initiated by the Tribal Court.



Tribal Court Order Process



Tribal Behavioral Health Authorities

Tribal Regional Behavioral Health Authority	County or Tribal Nation Served
Gila River TRBHA: www.grhc.org , 1-888-484-8526 ext. 7100	Gila River Indian Community
Navajo Nation TRBHA: www.nndbmhs.org , 1-866-841-0277	Navajo Nation
Pascua Yaqui TRBHA: www.pascuayaqui-nsn.gov , 520-879-6060	Pascua Yaqui Tribe
White Mountain Apache TRBHA: www.wmabhs.org , 928-338-4811	White Mountain Apache Nation

More information about Tribal COE/COT and TRBHAs is posted at www.azahcccs.gov/AmericanIndians/TribalCourtProceduresForInvoluntaryCommitment/



Thank You

Resources are included at the end of this presentation

Questions?

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 YouTube

Handle:

[@AHCCCSgov](#)

Handle:

[@AHCCCSgov](#)

Handle:

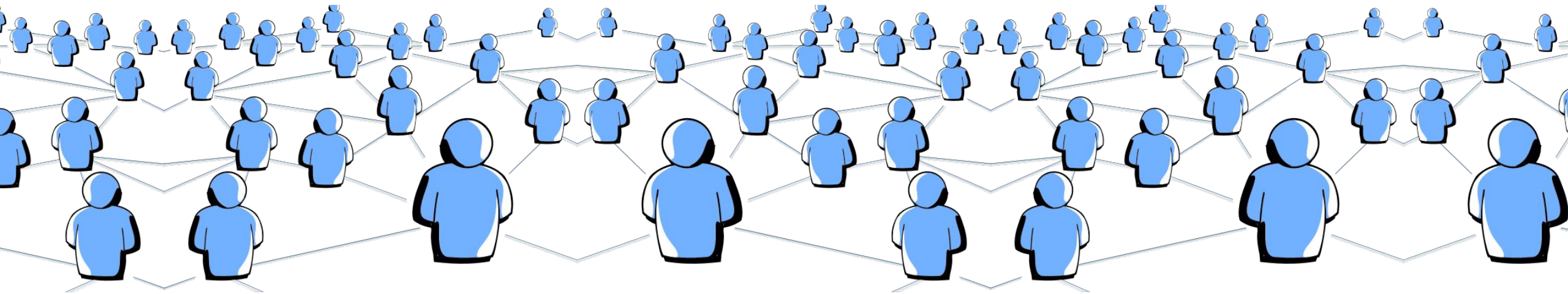
[@AHCCCSGov](#)

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[@AHCCCS](#)

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[AHCCCSgov](#)



Resources

Resources Disclaimer

The resources in this presentation are subject to change due to AHCCCS contracts with health plans and according to the needs of each county.

Health Plans, RBHA and TRBHA Contacts

Health Plans, RBHA or TRBHA	Customer Service	Webpage
Health Choice Arizona	1-800-322-8670	Health Choice of Arizona
Banner – University Family Care LTC	1-833-318-4146	Banner UFC
Mercy Care LTC	1-800-624-3879	Mercy Care LTC
Mercy Care RBHA	1-800-564-5465	Mercy Care RBHA
United Healthcare LTC	1-800-293-3740	UHC LTC
Arizona Complete Health	1-888-788-4408	AZ Complete Health
Gila River TRBA	1-520-562-3321	Gila River TRBHA
Pascua Yaqui TRBHA	1-520-879-6060	Pascua Yaqui TRBHA
Navajo Nation TRBHA	1-928 871-6000	Navajo Nation TRBHA
White Mountain Apache TRBHA	1-928-338-4811	White Mountain Apache TRBHA
Department of Economic Security/ Division of Developmental Disabilities (DES/DDD)	1-844-770-9500	www.azdes.gov/ddd

Documents Needed

EMERGENT

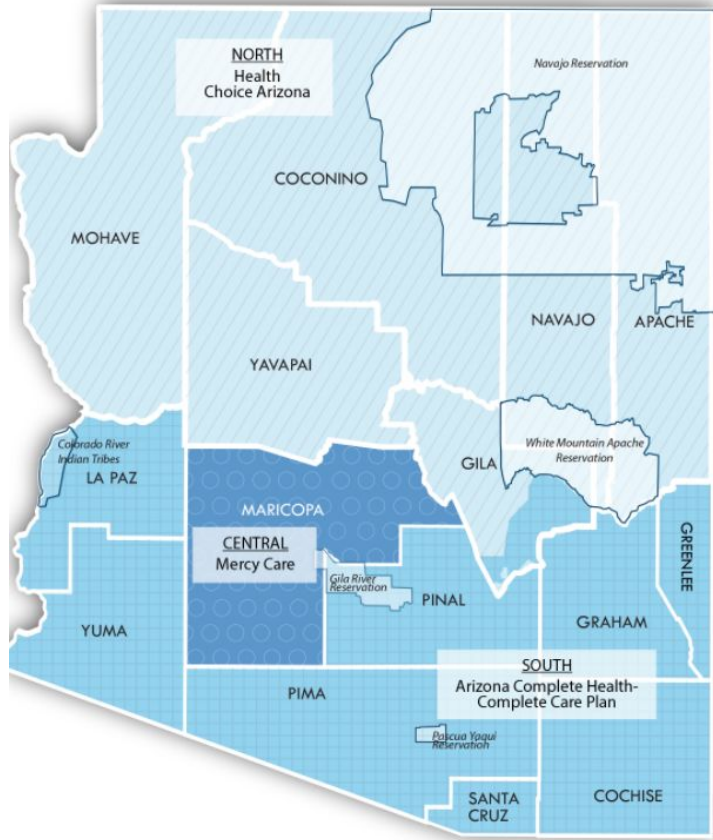
1. Form A (MH-100) – Application for Involuntary Evaluation
2. Form B (MH-104) – Application for Emergency Admission for Evaluation, also known as Form #T36-A2a
3. Pick Up Order- this is also known as the Mental Health Detention Information Sheet/Request to Initiate T-36 in some counties
4. Witness Information Form/ Witness Statement

NON-EMERGENT

1. Form A (MH-100) – Application for Involuntary Evaluation
2. Form F (MH-105)- Petition for COE (Court Ordered Evaluation)
3. Pre-Petition Screening
4. Pick Up Order / Also known as Request to Initiate T-36 in some counties
5. Witness Information Form/ Witness Statement

Counties by GSA until 10/1/2022

RBHA/TRBHA and Crisis Services Map
Effective October 1, 2018



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

NORTHERN GSA

Apache, Coconino, Gila, Mohave, Navajo, Yavapai

CENTRAL GSA

Maricopa

SOUTHERN GSA

Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, Yuma

Northern GSA

APACHE AND NAVAJO COUNTIES

ChangePoint Psychiatric Hospital for COE. Anyone can initiate a petition. The application needs to be completed at ChangePoint Psychiatric Hospital, Little Colorado Behavioral Health / Community Bridges.

www.mychangepoint.org/court-ordered-services, 928-587-3435

Little Colorado Behavioral Health www.lcbhc.org, 928-337-4301

Community Bridges, Inc. <https://communitybridgesaz.org>, 877-931-9142

COCONINO COUNTY

The Guidance Center www.tgcaz.org, 877-756-4090

Northern GSA

MOHAVE

Southwest Behavioral Health - Kingman Recovery Unit accepts members on application for COE. **Southwest Behavioral Health** is the screening agency

Southwest Behavioral & Health Services, Kingman location
www.sbhservices.org/kingman-outpatient, 928-753-9387

YAVAPAI

Pronghorn Psychiatry/Stoneridge Centers pronghornpsych.com, 928-583-7799

Community Bridges, Inc. <https://communitybridgesaz.org/> 877-931-9142

Northern GSA Emergencies

SOLARI

1-877-756-4090

Mobile crisis teams can be dispatched to any location.

Central GSA

MARICOPA

Valleywise accepts COE members once an evaluation has occurred and petition accepted.

Valleywise Psychiatric Hospital

valleywisehealth.org/locations, (602) 344-5011

Connections Health Solutions conducts pre-petition screening and COE

<https://connectionshs.com>, (602) 416-7600

Central GSA

MARICOPA

Valleywise Psychiatric Hospital accepts COE members once an evaluation has occurred and petition accepted. Valleywise Psychiatric Hospital- valleywisehealth.org/locations/ (602) 344-5011

Connections Health Solutions conducts pre-petition screening and COE - <https://connectionshs.com/> (602) 416-7600

GILA

Pronghorn Psychiatry/Stoneridge Centers pronghornpsych.com, 928-583-7799

Community Bridges, Inc. <https://communitybridgesaz.org/> 877-931-9142

PINAL

Community Bridges, Inc. communitybridgesaz.org (480) 507-3180 for pre-petition screening

Connections Health Solutions conducts pre-petition screening and COE - <https://connectionshs.com/> (602) 416-7600

Central GSA Emergencies

SOLARI

1-602-222-9446

Mobile crisis teams can be dispatched to any location.

Southern GSA

COCHISE

Community Bridges, Inc. communitybridgesaz.org, 520-323-1312

Community Health Associates www.chaarizona.com, 928-376-0026

GRAHAM and GREENLEE

Community Bridges, Inc. communitybridgesaz.org, 520-323-1312

LA PAZ and YUMA

Horizon Health and Wellness www.hhwaz.org, 1-866-495-6735

Southern GSA

PIMA & PINAL

Community Bridges, Inc. communitybridgesaz.org **520-323-1312** for pre-petition screening only

Connections Health Solutions/Crisis Response Center -
<https://connectionshs.com> **520-301-2400** for pre-petition screening and COE

SANTA CRUZ

Community Bridges, Inc. communitybridgesaz.org **520-323-1312** for pre-petition screening only

Connections Health Solutions/Crisis Response Center -
<https://connectionshs.com> **520-301-2400** for pre-petition screening and COE

Southern GSA Emergencies

SOUTHERN ARIZONA CRISIS LINE

1-866-495-6735

Mobile crisis teams can be dispatched to any location.

SUPPORT IS CRITICAL

Find support and speak with others who have gone through this process.

National Alliance on Mental Illness (NAMI)
(480) 994-4407

Chapters throughout the state

Resources

Suicide/Crisis Lines/ FAQs

www.azahcccs.gov/crisis

AHCCCS

Phone: 602-417-4000

In-State: 1-800-654-8713 (Outside Maricopa County)

Out-of-State: 1-800-523-0231



AHCCCS Website

Navigating the AHCCCS Website

Learn more about coronavirus (COVID-19)



ENHANCED BY Google



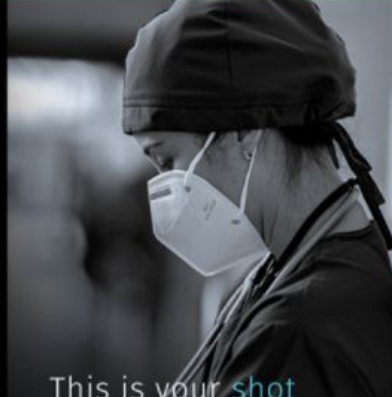
Advanced search

- HOME
- AHCCCS INFO
- MEMBERS/APPLICANTS
- PLANS/PROVIDERS
- AMERICAN INDIANS
- RESOURCES
- FRAUD PREVENTION
- CRISIS?



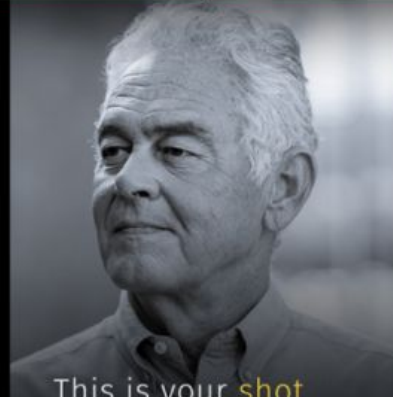
Roll Up Your Sleeve.

Get your influenza shot.



This is your shot to protect them.

Roll up your sleeve.



This is your shot to protect him.

Roll up your sleeve.



Roll Up Your Sleeve.

Get your influenza shot.

Keep yourself and others healthy. Get the flu shot.





News & Updates

A listing of current AHCCCS News & Updates.



Calendar

A list of upcoming events at AHCCCS



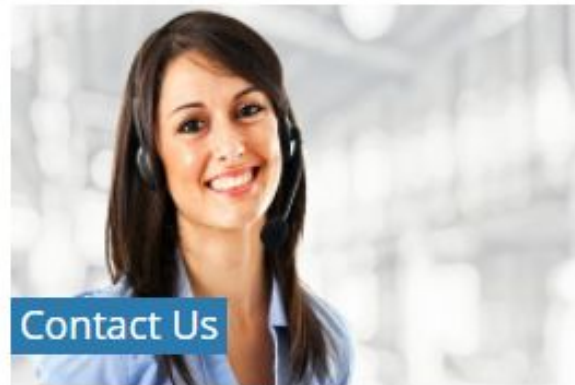
Having a Crisis?

A list of resources to assist you with getting the help you need



Apply Now

Apply for AHCCCS Benefits at Health-e-Arizona Plus



Contact Us

A list of contacts at AHCCCS



Public Notices

View demonstration projects, notices, meeting/hearing dates and provide comments

Oversight of Health Plans

- Administrative Actions
- Contracted Health Plan Audited Financial Statements
- Change in Ownership Activities
- Operational Reviews
- Quality and Performance Improvement
- Request to Lift Enrollment CAP

Governmental Oversight

- Federal and State Requirements
- Legislative Sessions
- Waiver
- State Plans
- Budget Proposals
- County Acute Care Contributions

Health Plan Report Card

Reports

- Reports to CMS
- Reports to the Legislature
- Population Reports
- Enrollment Reports by Health Plan
- Financial Reports
- Behavioral Health Reports

Solicitations & Contracts

- Solicitations, Contracts & Purchasing
- Open Solicitations
- Closed Solicitations
- Contract Amendments
- Medicare D-SNP Agreements
- Bidders Library
- Vendor Registration

Guides - Manuals - Policies

Training

- Fee-for-Service Provider Training
- MCO Provider Training

Grants

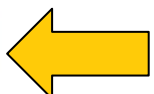
- Federal Funding Accountability and Transparency Act

Electronic Data Interchange (EDI)

- EDI Technical Documents
- EDI Testing
- EDI Change Notices

Community Partners (HEAplus)

Pharmacy





About Us

- Acronyms
- AHCCCS Programs
- Awards & Studies
- COVID-19 Information
- Description of AHCCCS Programs
- Director's Biography
- News & Press Releases
- Strategic Plan



Initiatives

- AHCCCS Whole Person Care Initiative (WPCI)
- AHCCCS Complete Care
- Care Coordination & Integration
- Payment Modernization
- Health Information Technology (HIT)
- Private Sector Partners
- Targeted Investments
- Electronic Visit Verification
- Accessing Behavioral Health Services in Schools
- AHCCCS Works Community Engagement Program
- Emergency Triage, Treat and Transport (ET3)



Public Notices

Program Planning

Healthcare Advocacy

- Mental Health First Aid
- Office of Human Rights
- Office of Individual and Family Affairs
- Resources for Foster/Kinship/Adoptive Families

Committees and Workgroups

Transparency

