

Recommendations for Voluntary Treatment Agreement

On _____, 20____, I examined _____, respondent in a mental hygiene procedure. I found Mr./Ms. _____ agreeable to a voluntary treatment agreement. Therefore, I submit the following recommendations to be included as part of that order.

Residential:

- To enter Crisis Stabilization Unit / PCH BHP to remain under treatment as long as recommended by physician.
- To enter a Halfway house, fellowship program or other residential program.
Specify: _____
- Other agreed upon residential services: _____

Outpatient:

- To agree to an initial clinical evaluation to begin outpatient services.
- To agree to a psychiatric evaluation and to comply with all prescribed medications, scheduled monthly appointments with a psychiatric provider and other recommended treatment including/but not limited to outpatient counseling/referrals/assessments.

Community Engagement Services:

- To submit to a thorough referral and needs assessment and to cooperate with Community Engagement staff so that basic needs will be met and the consumer may remain independent in the community.

ACT (Assertive Community Treatment):

- To submit to a thorough referral and needs assessment with the ACT team.

Recovery Coach/Outreach Services

- To submit to a thorough referral and needs assessment with the Recovery Coach
- To attend AA at least _____ per week.
- To attend NA at least _____ per week.

Demonstration of Compliance:

- To abstain from all non-prescribed drugs, including alcohol.
- To submit to drug screens on a weekly, monthly, or random basis.
- To submit to periodic breath checks for alcohol on a daily, weekly, or random basis.
- To submit to medication counts as requested by medical providers

Your contact telephone number(s): _____ Physical Address: _____

Directions to the home: _____

Applicant, next of kin or other contact person (such as family member, guardian, etc.) who will be available to work with SHCMHC staff to ensure compliance and support during the duration of the VTA:

Name: _____ Relationship: _____ Telephone Number: _____

I agree to sign a release of information for a Community Engagement Specialist to contact above named person.

- Yes
 No

I agree to sign a contract for Community Engagement services.

- Yes
 No

Alternate protocol for non-compliance with VTA: _____

The Voluntary Treatment Agreement is an opportunity to receive services in the least restrictive environment for mental health services/substance abuse services. During the VTA, the consumer is expected to attend all scheduled appointments including psychiatric and counseling appointments and have monthly contact with their assigned Community Engagement Specialist/Liaison. Three missed/cancelled/rescheduled appointment is excused during the terms of the VTA; however, additional missed/cancelled/rescheduled appointments could be consider non compliant with the terms of the VTA. Any change in personal information including address, phone number, and/or emergency contact information should be submitted to the Liaison promptly as Community Engagement services will need to contact you concerning your VTA/compliance. Your first appointment at Southern Highlands Community Mental Health Center will be within 24 hours of this court order.

As the applicant or next of kin, I understand the terms of the Voluntary Treatment Agreement and recognize the importance of collateral information and support needed during mental health/substance abuse treatment. I agree to participate in the recommended treatment services and to provide support for the consumer during the duration of the Voluntary Treatment Agreement. Furthermore, I will assist the Community Engagement Staff with monitoring compliance of the VTA and filing the necessary legal paperwork if needed, due to non compliance with VTA.

Please visit the office on _____, 20____ at _____ am/pm. If you have any questions concerning the VTA, please contact the Liaison, _____ at 304-425-9541, ext 1320, or the Crisis Coordinator, _____ at 304-425-9541, ext 1275.

Consumer Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____

Revised 12/14/15; 3/31/16