

**Department of Mental Health
TRANSMITTAL LETTER**

SUBJECT Periodic Psychiatric Examinations		
POLICY NUMBER DMH Policy 303.1C	DATE DEC 24 2008	TL# 115

Purpose. This policy has been revised to add references to the new DMH Policy 303.3 which requires that all requests for converting civilly committed consumers to voluntary status must be approved by the DMH Chief Clinical Officer or designee (on revised form DMH 671) **prior** to releasing the consumer from commitment status.

Applicability. This policy applies to all providers who provide mental health treatment to consumers committed to the Department of Mental Health, or its predecessor agency, as an inpatient or outpatient as a result of a civil proceeding. The examination required by this policy may be in conjunction with the regular evaluations and treatment otherwise required of the consumer's psychiatrist or qualified psychologist and treatment team. Procedures for consumer requested examinations of a consumer's mental condition are set forth in Policy 303.2, Independent Psychiatric Examinations.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Mental Health Authority offices.

Implementation Plans. A plan of action to implement or adhere to a policy must be developed by designated responsible staff. If materials and/or training are required to implement the policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible to follow through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work.

Implementation of the revisions to this policy related to obtaining approval from DMH for conversions of civilly committed consumers to voluntary status (on revised form DMH 671 per DMH Policy 303.3) shall occur on January 15, 2009.

Policy Dissemination and Filing Instructions. Managers/supervisors of DMH and DMH contractors must ensure that staff and consumers are informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in Volume I of the DMH Policy and Procedures Manual and contractors must ensure that this policy is maintained in accordance with their internal procedures.

ACTION

REMOVE AND DESTROY

DMH Policy 303.1B, Periodic Psychiatric Examinations, dated July 18, 2008

INSERT

DMH Policy 303.1C



Stephen J. Baron
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF MENTAL HEALTH	Policy No. 303.1C	Date DEC 24 2008	Page 1
	Supersedes: DMH 303.1B, same title, dated July 18, 2008		
Subject: Periodic Psychiatric Examinations			

1. **Purpose.** To prescribe the procedure for required, automatic periodic psychiatric examinations of involuntarily committed consumers (§ 546 examination) and outline when additional forms/documentation must be included. Involuntarily committed consumers are persons who have been civilly committed by order of a court under D.C. Official Code § 21-545 or recommitted under D.C. Official Code § 21-545.01.

2. **Applicability.** This policy applies to all providers who provide mental health treatment to consumers committed to the Department of Mental Health (DMH), or its predecessor agency, as an inpatient or outpatient as a result of a civil proceeding. The examination required by this policy may be in conjunction with the regular evaluations and treatment otherwise required of the consumer's psychiatrist or qualified psychologist and treatment team.

Procedures for consumer-requested examinations of a consumer's mental condition are set forth in Policy 303.2, Independent Psychiatric Examinations.

3. **Authority.** Ervin Act (D.C. Official Code § 21-501 et. seq [2007]).

4. **Policy.** Consistent with the Ervin Act, it is the policy of the Department of Mental Health to:

4a. **Monitor** and ensure that periodic psychiatric examinations are conducted for committed consumers **every ninety (90) days from the date of the prior examination, or if a recent commitment, from the date of the commitment order;**

4b. **Provide** for commitments to the least restrictive environment consistent with the best interests of the consumer and the public;

4c. **Require** that providers keep records detailing all medical and psychiatric care and treatment received by a committed consumer; and

4d. **Monitor** and ensure that at the time of the third periodic examination (two hundred and seventy [270] days from the date of commitment), the treating psychiatrist or qualified psychologist also completes Form 545.01, Certificate of Physician (for continued commitment); **or** Form 671, Request to Change to Voluntary Status (see DMH Policy 303.3 for additional requirements); **or** provides documentation that the psychiatrist or qualified psychologist is of the clinical opinion that the consumer will no longer meet the legal requirement for continued commitment at the end of the consumer's one-year commitment.

5. **Responsibilities and Procedures.**

5a. **The Office of the Attorney General (OAG) Mental Health Section** shall provide a

copy of the commitment or recommitment order to the Director, DMH Forensic Services Division (FSD), at the Mental Health Authority when individuals are committed to the DMH, and provide FSD a monthly list of all committed consumers.

5b. **Mental Health Authority.** DMH Chief Clinical Officer (CCO) shall monitor persons civilly committed to DMH.

(1) **The Director, DMH Forensic Services Division (FSD)** or designee, shall assist the CCO in this function by performing the tracking and monitoring activities indicated below:

(a) **Receive** a copy of the commitment order from the Office of the Attorney General (OAG), Mental Health Section when individuals are committed to DMH and **inform** the CCO.

(b) **Notify** the core services agency (CSA) or Saint Elizabeths Hospital, as applicable by sending a copy of the commitment order to be placed in the consumer's clinical record by the mental health provider; and inform the mental health provider of the date of a consumer's commitment so that the provider will know when to schedule the initial § 546 examination.

(c) **Maintain** an accurate, current database of all persons committed to DMH and their required examination dates, and coordinate with the OAG Mental Health Section to ensure accuracy.

(d) **Maintain** a file for each committed consumer with a copy of all periodic psychiatric examination reports and corresponding forms/documentation.

(e) **Notify** the CEO of Saint Elizabeths Hospital and each CSA on a monthly basis, of all committed persons being treated by that mental health provider who will be entitled to a § 546 examination in the next sixty (60) to ninety (90) days.

(f) **Remind** the CEO of Saint Elizabeths Hospital and each CSA that at the time of the third periodic psychiatric examination (two hundred and seventy [270] days from the date of commitment), the treating psychiatrist or qualified psychologist must also:

1. **complete** a Form 545.01 Certificate of Physician, if he/she determines that the consumer continues to meet the criteria for commitment; **or**
2. **complete** a Form 671, Request to Change to Voluntary Status, if the consumer should no longer be committed (see DMH Policy 303.3); **or**
3. **provide** documentation that the psychiatrist or qualified psychologist is of the clinical opinion that the consumer will no longer meet the legal requirement for continued commitment at the end of the consumer's one-year commitment.

(g) **Receive** copies of completed § 546 report packets and consumer notices (and additional forms/documentation outlined in Section 5b(1)(f) above when required) from the mental health provider, and **annotate** tracking records

accordingly upon receipt.

(h) Promptly **provide** the § 546 report packet and additional forms/documentation to the CCO, and provide a copy of the forms/documentation to the OAG Mental Health Section.

(i) **Inform** the CCO if the periodic psychiatric examination did not take place and/or when forms/documentation outlined in Section 5b(1)(f) above were not completed, the reasons given by the psychiatrist or qualified psychologist, and the actions being taken.

(j) **Provide** a monthly compliance report to the Office of Accountability with any CCO recommendation(s) for enforcement action on mental health providers who are in non-compliance with § 21-546 and with this DMH Policy.

(k) **Provide** the CCO and DMH Director timely notice of problems which might cause DMH to be non-compliant with DC Code § 21-546 in regard to periodic psychiatric examinations.

(2) **DMH Chief Clinical Officer (CCO)** shall:

(a) **Arrange** for an examination of the mental health of the committed consumer by a psychiatrist or qualified psychologist at least every ninety (90) days from the date of the prior examination, or if a recent commitment, from the date of the commitment order;

(b) **Determine** what is to be included in the § 546 examination and develop a § 546 report packet that shall be completed by the psychiatrist or qualified psychologist and sent to the CCO. The § 546 report packet (Exhibit 1) includes **three (3) required documents*** as follows:

1. DMH-139, Periodic Psychiatric Examination
2. DMH-138, Clinical Record Form
3. DMH-138a, Brief Psychiatric Rating Scale (BPRS)

*(DMH-138a shall only be completed for consumers with schizophrenia.)

(c) Promptly **review** and consider the completed § 546 report packet upon receipt.

(d) Within seven (7) business days after receipt and review of the § 546 report packet (and when applicable, additional forms/documentation required at the time of the third periodic examination), **order** the committed consumer's immediate release from commitment **if** the consumer is determined to no longer be mentally ill to the extent that the consumer is likely to injure himself/herself or other persons if not committed.

(e) If a less restrictive treatment alternative is recommended and identified by the psychiatrist or qualified psychologist, **ensure** that it is implemented within

thirty (30) days of receipt of the § 546 report packet.

(f) If the CCO does not implement the less restrictive form of treatment within thirty (30) days of receipt of the § 546 report packet, the committed consumer may petition the court for an order directing his/her release to a less restrictive form of commitment.

(g) **Return** § 546 report packet and corresponding documentation to the FSD for verification of completion of the § 546 examination and entering data in the database for tracking and monitoring purposes.

5c. **Mental Health Providers.**

(1) The core services agency or hospital shall schedule and perform the § 546 examinations every ninety (90) days.

(2) Saint Elizabeths Hospital.

(a) If a consumer is hospitalized at the time the § 546 examination is due, the hospital shall perform the examination.

(b) If the consumer is to be released from the hospital within fourteen (14) days of the § 546 examination, the hospital shall be responsible for performing the examination prior to the consumer's release from the hospital.

(3) CSA. If the consumer has been released from hospitalization for more than fourteen (14) days when the scheduled examination is due, the CSA shall conduct the § 546 examination.

(4) Each CSA and hospital psychiatrist or qualified psychologist shall:

(a) **Schedule** the § 546 examinations every ninety (90) days from the date of the commitment order if recent, or from the date of prior examination.

(b) **Send** the Notice of Examination under D.C. § 21-546 (see Exhibit 2) to the consumer at least ten (10) days prior to the examination date, if by mail, or seven (7) days if by hand delivery, and send a copy to the FSD.

(c) **Conduct** the § 546 examination and report his/her opinion as to whether the committed consumer is mentally ill and, if mentally ill, whether the committed consumer is likely to injure himself/herself or others if not committed. The § 546 examination may be conducted during the three-month review of the consumer's service plan.

(d) If the psychiatrist or qualified psychologist determines that the consumer no longer meets the criteria for commitment, **forward** a copy of the § 546 report packet; Form 671, Request for Change to Voluntary Status (see DMH Policy 303.3 for additional requirements); and if applicable, Transfer•Discharge form, to the CCO through the FSD.

(e) Also **complete** one of the following at the time of the third periodic psychiatric examination (two hundred and seventy [270] days from the date of commitment):

1. Form 545.01 Certificate of Physician (Exhibit 3), if he/she determines that the consumer continues to meet the criteria for commitment; **or**
2. Form 671, Request to Change to Voluntary Status (see DMH Policy 303.3 for additional requirements), if the consumer should no longer be committed; **or**
3. Documentation that he/she is of the clinical opinion that the consumer will no longer meet the legal requirement for continued commitment at the end of the consumer's one-year commitment.

(f) **Determine** whether the committed consumer is being treated in the least restrictive alternative possible and, if not, identify and implement the least restrictive alternative for the committed consumer within thirty (30) days of the § 546 examination.

(g) **Document** the findings and conclusions on the § 546 report packet at the time of the § 546 examination.

(h) **Send** a copy of the § 546 report packet detailing the § 546 examination results (and when applicable, additional forms/documentation required at the time of the third periodic examination) within three (3) business days after completing the examination, to the Director, FSD, who will provide it to the CCO for review. It may be sent via fax as listed on the bottom of the form DMH-139.

(i) If applicable, **send** a report to the CCO through the FSD confirming the implementation of the least restrictive treatment alternative within thirty (30) days from the date of completing the § 546 examination.

(j) **Send** notice to the consumer within seven (7) days from the date of the examination informing the consumer that he/she can get a copy of the completed § 546 report (see Exhibit 4).

(k) If the examination did not take place, **report** (in writing) to the Director, FSD, within three (3) business days after the scheduled examination date whether the consumer refused the § 546 examination, the consumer failed to appear, the provider failed to perform, and/or it needs to be rescheduled. The Notice of Refusal of Examination (Exhibit 5) or Notice of Failure to Show for Examination (Exhibit 6) shall be used to document these two situations as appropriate; copies shall be forwarded to the Director, FSD, to report the status in these cases.

Any items being sent to the DMH can be forwarded via fax (202) 673-2124 or (202) 673-3192.

6. Rescheduling Examinations.

6a. When a provider fails to perform an examination, the provider shall reschedule it as soon as possible and not more than fourteen (14) days from the originally scheduled examination date.

6b. When a consumer fails to appear for his § 546 examination, the consumer may request the psychiatrist or qualified psychologist, in writing, to schedule another examination. The examination shall be scheduled within thirty (30) days of the request.

6c. The consumer shall receive reasonable notice of the date of the rescheduled examination, but the provider is not required to send written notice of the rescheduled examination.

6d. The 90-day period for the next examination will be determined based upon the date of the rescheduled examination. If the consumer did not make a request to reschedule the appointment that he/she missed, the examination will automatically be scheduled in ninety (90) days.

6e. If the consumer has a pattern of failing to show for appointments and then fails to show for the third periodic psychiatric examination (270 days from the date of commitment), the mental health provider will send a notice to the consumer informing them that they must arrange for an examination within one week or the OAG Mental Health Section will be asked to request the assistance of the United States Marshalls to return the consumer (see Exhibit 7), and provide a copy of the notice to the FSD.

- If the consumer does not respond to the notice, the mental health provider must contact OAG Mental Health Section to request the assistance of the United States Marshalls.

7. **Documentation.** Providers shall keep records detailing all medical and psychiatric care and treatment received by a committed consumer. The original completed § 546 report packet, additional forms/documentation required at the time of the third periodic examination, and copies of related consumer notices, shall be filed in the consumer's clinical record.

8. **Oversight by the DMH Office of Accountability (OA).** The Office of Accountability shall monitor all providers providing mental health treatment to committed consumers to ensure that the periodic psychiatric examination is conducted every ninety (90) days and that the corresponding § 546 report packet and related forms/notices listed below are filed in the consumer's clinical record. The monitoring process will occur during scheduled and unscheduled OA audits.

- § 546 periodic psychiatric examination report packet (Exhibit 1)
- Notice of Examination (Exhibit 2)
- Form 545.01, Certificate of Physician (Exhibit 3) - if applicable
- Form 671, Request to Change to Voluntary Status - if applicable
- Notice of Completion of Examination (Exhibit 4)
- Notice of Refusal (Exhibit 5) - if applicable
- Notice of Failure to Show (Exhibit 6) - if applicable

The Office of Accountability will provide a report of non-compliance to the DMH Chief Clinical Officer for further follow-up, system improvements, and determination of measures to be taken for non-compliance, including recommendation to the Office of Accountability to enact fines when applicable and/or necessary to ensure compliance. The Office of Accountability will provide a notice to mental health providers when an infraction has occurred.

9. The FSD will provide technical assistance and periodic training on the periodic psychiatric examination process for mental health providers.

10. **Inquiries.** Questions regarding this policy should be addressed to the Office of General Counsel, Department of Mental Health at (202) 673-2200.

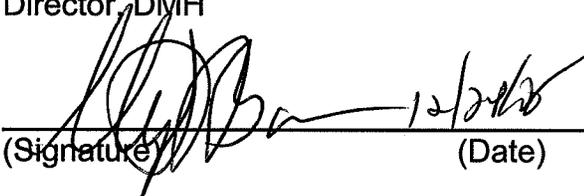
11. **Related References.**

Policy 303.2, Independent Psychiatric Examinations

DMH Policy 303.3, Converting Civilly Committed Consumers to Voluntary Status

Approved by:

Stephen T. Baron
Director, DMH



(Signature) 12/24/08 (Date)

Periodic Psychiatric Examination (§ 546 Examination)

1. Name	DMH number	Date															
2. Who is present for this examination? a. Treatment team members present i. Examiner ii. Others b. Present at the request of the consumer and relation to consumer i. Family member(s) ii. Attorney iii. Others																	
3. If a diagnosis of substance abuse is present, does the consumer have insight into the presence of the abuse? Yes ____ No ____																	
4. If a diagnosis of substance abuse is present, which substance(s) are abused?																	
5. Describe the present and/or past symptoms and behaviors that support the Axis I diagnosis or diagnoses. <i>(on the supplemental sheet)</i>																	
6. Does the consumer have insight into the presence of his/her mental illness? Yes ____ No ____																	
7. Does the consumer recognize the need for treatment of his/her mental illness? Yes ____ No ____																	
8. Has the consumer threatened to injure him/herself? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Past 90 days</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b. Past year</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c. Since onset of illness?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="3">d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i></td> </tr> </table>				Yes	No	a. Past 90 days	_____	_____	b. Past year	_____	_____	c. Since onset of illness?	_____	_____	d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i>		
	Yes	No															
a. Past 90 days	_____	_____															
b. Past year	_____	_____															
c. Since onset of illness?	_____	_____															
d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i>																	
9. Has the consumer actually injured him/herself? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Past 90 days</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b. Past year</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c. Since onset of illness?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="3">d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i></td> </tr> </table>				Yes	No	a. Past 90 days	_____	_____	b. Past year	_____	_____	c. Since onset of illness?	_____	_____	d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i>		
	Yes	No															
a. Past 90 days	_____	_____															
b. Past year	_____	_____															
c. Since onset of illness?	_____	_____															
d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i>																	
10. Has the consumer been involved in fights or violence? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Past 90 days?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b. Past year?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c. Since onset of illness?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="3">d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i></td> </tr> </table>				Yes	No	a. Past 90 days?	_____	_____	b. Past year?	_____	_____	c. Since onset of illness?	_____	_____	d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i>		
	Yes	No															
a. Past 90 days?	_____	_____															
b. Past year?	_____	_____															
c. Since onset of illness?	_____	_____															
d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i>																	
11. Has the consumer been a victim of criminal assault? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Past 90 days?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b. Past year?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c. Since onset of illness?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="3">d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i></td> </tr> </table>				Yes	No	a. Past 90 days?	_____	_____	b. Past year?	_____	_____	c. Since onset of illness?	_____	_____	d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i>		
	Yes	No															
a. Past 90 days?	_____	_____															
b. Past year?	_____	_____															
c. Since onset of illness?	_____	_____															
d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i>																	
12. Has the consumer threatened to injure someone? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Past 90 days?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b. Past year?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c. Since onset of illness?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="3">d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i></td> </tr> </table>				Yes	No	a. Past 90 days?	_____	_____	b. Past year?	_____	_____	c. Since onset of illness?	_____	_____	d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i>		
	Yes	No															
a. Past 90 days?	_____	_____															
b. Past year?	_____	_____															
c. Since onset of illness?	_____	_____															
d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i>																	

**Periodic Psychiatric Examination
(§ 546 Examination)**

<p>13. Has the consumer been arrested?</p> <p style="margin-left: 20px;">a. Past 90 days?</p> <p style="margin-left: 20px;">b. Past year?</p> <p style="margin-left: 20px;">c. Since onset of illness?</p> <p style="margin-left: 20px;">d. If yes, please describe and indicate dates <i>(on the supplemental sheet)</i></p>	<p>Yes</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>No</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>14. Has the consumer been hospitalized for treatment of mental illness?</p> <p style="margin-left: 20px;">a. Past 90 days?</p> <p style="margin-left: 20px;">b. Past year?</p> <p style="margin-left: 20px;">c. Since onset of illness?</p> <p style="margin-left: 20px;">d. If yes, number of hospitalizations _____. Provide information about length of stay and type of hospitalization (e.g. voluntary, emergency) <i>(on the supplemental sheet)</i></p>	<p>Yes</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>No</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>15. How many appointments for support and/or treatment were scheduled in the past 90 days? _____</p> <p style="margin-left: 40px;">How many appointments for support and/or treatment did the consumer keep in the past 90 days? _____</p>			
<p>16. List "psychiatric" medications, dosage and route of administration the consumer is prescribed.</p> <p style="margin-left: 20px;">1. _____ 3. _____</p> <p style="margin-left: 20px;">2. _____ 4. _____</p>			
<p>17. Has the consumer ever had a trial of Clozapine? Yes _____ No _____ (If so, describe why it was stopped on supplemental sheet)</p>			
<p>18. Optional additional information relevant to the involuntary commitment of this consumer (on the supplemental sheet)</p>			
<p>Conclusions of Examiner:</p>			
<p>1. The consumer is _____ is not _____ mentally ill and, as a result of the mental illness, likely to injure him/herself or others if not committed (i.e., if he/she is not required by court order to receive treatment).</p> <p>2. Court ordered treatment is _____ is not _____ required to prevent deterioration that would predictably result in dangerousness.</p> <p>3. The present treatment regimen, including level of residential and community supervision is _____ is not _____ the least restrictive treatment required for this consumer.</p> <p>4. The least restrictive alternative for treatment of the consumer at this time is _____</p> <p>_____</p> <p>_____</p>			

Signature of Examiner _____ Date _____

Printed Name of Examiner _____ Telephone Number _____

FORWARD A COPY OF THIS FORM TO:

DMH Forensic Services Division
Striecher Program Specialist
64 New York Ave, NE, Fourth Floor
Washington, D.C. 20002

DEC 24 2008

Fax (202)673-2124 or (202) 673-3192
Tel(202)673-4374

DEC 24 2008

DISTRICT OF COLUMBIA MEDICATION ACCESS PROJECT
Department of Mental Health
CLINICAL RECORD FORM

DMH Policy 303.1C
Exhibit 1a-5b(2)(b)
Page 1 of 2
§ 546 report packet

CHECK ONE: [] PROGRESS NOTE OR [] PSYCHIATRIC ASSESSMENT UPDATE

Date: ___/___/___ Service Activity Code: ___ Beginning Time: ___ Ending Time: ___

Problem # _____

Patient Global Self Report (0-10): 0 = no symptoms 5 = moderate 10 = extreme
Symptom severity: ___ Side effects: ___

Algorithm Followed: Clinical Rating Scales (complete at minimum, every 3 months)
[] N/A
[] Schizophrenia POS SX: ___ NEG SX: ___ QIDS-SR: ___ BDSS ___ Other ___
[] Bipolar
[] Depression Stage: ___ Weeks in this stage: ___

Medication taken as prescribed? [] Yes/Mostly [] No/Inadequate

Any change of other medications since last visit? [] No [] Yes (specify): _____

Substance Abuse: [] Yes [] No If yes, specify substance(s): _____

Patient/Family Education: Done at this visit? [] YES [] NO Between last visit and this visit? [] YES [] NO

SUBJECTIVE FINDINGS:

Appetite: [] Normal [] Poor Sleep: [] Normal [] Over Sleeping [] None [] Involuntary Movements [] Appetite
[] Overeating [] Trouble Falling Asleep [] Tremors [] GI [] Sedation
[] Fair [] Mid-late Insomnia [] Akathisia [] Sexual [] Weight Gain
[] Other [] Other _____

OBJECTIVE FINDINGS:

Vital signs: BP ___/___ Pulse ___ Weight ___ Date Completed: ___ (Minimum of every 6-months)

Orientation: Report: Appearance: Mood: Affect: Speech:
[] Person [] Appropriate [] Appropriately Dressed [] Euthymic [] Appropriate [] Coherent [] Flight of ideas
[] Place [] Hostile [] Appropriately Groomed [] Depressed [] Inappropriate [] Appropriate [] Pressured
[] Time [] Evasive [] Poorly Dressed [] Anxious [] Expansive [] Incoherent [] Loud
[] Situation [] Distant [] Poorly Groomed [] Angry [] Blunted [] Loose Associations
[] Inattentive [] Disheveled [] Irritable [] Flat [] Circumstantial [] Soft
[] Poor Eye Contact [] Body Odor [] Elated [] Depressed [] Tangential [] Perservation
[] Labile [] Poverty [] Clanging
[] Word Salad [] Mute

Thought Content and Process:

[] Appropriate [] Thought Insertion [] Dangerousness [] Hallucinations
[] Goal Directed [] Broadcasting ___ Violent Behavior Describe Hallucinations Below
[] Delusional [] Grandiose ___ Suicidal Ideation ___ Auditory
[] Persecution [] Obsessions ___ Suicidal Plan ___ Visual
[] Reference [] Compulsions ___ Not Suicidal ___ Command
[] Hopelessness [] Worthlessness ___ Homicidal Ideation
[] Phobias [] Self Depreciation ___ Homicidal Plan
[] Loneliness [] Guilt ___ Not Homicidal

Insight: Judgement: Cognitive: Psychomotor Activity: Memory:
[] Excellent [] Excellent [] No Gross Cognitive Deficits [] Normal Good Fair Impaired
[] Good [] Good [] Concentration Problems [] Restless Immediate [] [] []
[] Fair [] Fair [] Concrete [] Retardation Recent [] [] []
[] Poor [] Poor Past [] [] []
[] Grossly Impaired [] Grossly Impaired
[] Impulsiveness

CONSUMER NAME _____ DMH No: _____ PROGRAM _____

Use for all physician's ratings below: (0-10) 0 = No Symptoms, 5 = Moderate, 10 = Extreme (Leave blank if they do not apply)

Core Symptoms: _____ Mania _____ Depression _____ Positive Sx of Positive Psychosis _____ Negative Sx of Psychosis
Other Symptoms: _____ Irritability _____ Mood Lability _____ Insomnia _____ Agitation _____ Anxiety
_____ Appetite _____ Level of Interest _____ Energy Level _____ Other _____

Overall Side Effect Severity: _____ (0 - 10) 0 = No Symptoms, 10 = Extreme
Overall Functioning: _____ (0 - 10) 0 = Low, 10 = High Functioning

COMMENTS: _____

DMH Policy 303.1C
Exhibit 1a-5b(2)(b)
Page 2 of 2
§ 546 report packet

DEC 24 2008

ASSESSMENTS: (Clinical Progress, Formulations, Problems, Other Appraisals)

Psychiatric condition is generally: IMPROVING UNCHANGED DETERIORATING
Patient's response to medication: FULL PARTIAL MINIMAL NONE SYMPTOMS WORSENING

FOR PSYCHIATRIC UPDATES (Complete ICD-9CM/AXIS I - V)

Axis I

Axis II

Axis III

Axis IV

Axis V

PLAN (Rationale for continued service, hospitalization, current direction for biopsychosocial treatment, discharge planning, etc.)

AIMS DUE _____ / _____ / _____

Next Appointment Date: _____ / _____ / _____

EXAMINER SIGNATURE: _____ DATE _____

PRINTED NAME: _____

This service is authorized in the IRP: YES NO

**NOTICE OF EXAMINATION UNDER
D.C. OFFICIAL CODE §21-546 (2007)**

_____ (Consumer's Name)

_____ (Consumer's Address)

Dear _____ :

Under the law, your court commitment to the Department of Mental Health (DMH) must be reviewed every ninety (90) days to see if your committed status could be changed to a non-committed status.

As part of that review, we have scheduled you for an examination with a doctor on _____ at _____ : _____ am/pm at the following

location: _____. You have the right to request that your family and/or attorney attend the examination, although their attendance will need to be approved by the doctor. If you wish to reschedule the examination, you must make a written request to your treating doctor.

Also, you, or someone on your behalf, can submit any information that you want the doctor to take into account as part of the review. You may wish to contact your attorney,

_____, at _____, or the DMH Forensic Services Division (at the Mental Health Authority) at (202) 673-4374 for more information about the review process. After examining you, your doctor will write a report and we will notify you when it has been completed and approved.

Sincerely,

Mental Health Provider

Date Mailed or Hand-delivered to Consumer

- Send 1 copy each to:
- 1. Original to Consumer
 - 2. DMH Forensic Services Division, 64 New York Ave, NE/
4th Floor, Washington, DC 20002
 - 3. Clinical Record

DEC 24 2008

DMH Policy 303.1C
Exhibit 3- 5c(4)(e)

NOTE: This certificate must be typewritten or printed to be accepted for filing.

CERTIFICATE OF PHYSICIAN
UNDER TITLE 21, SECTION 545.01 D.C. CODE

I hereby certify that I am a physician:

Licensed under the laws of the District of Columbia to practice medicine OR

Practicing medicine in the employment of the Government of the United States - District of Columbia;

That within 72 hours prior to the execution of this certificate I personally observed and examined

Patient's name : _____ eCura number _____

and that from my observation and examination I have found the following:

I hereby certify that, in my opinion, the above named person is mentally ill, suffering from

_____ DSM IV

because of such disorder, presents a danger to herself and others if not committed.

Date _____

Psychiatrist's Name _____

Program _____

Phone number _____

Email: _____

NOTE: No certificate by a physician under Sec. 545.01 may be considered if such physician is related by blood or marriage to the alleged mentally ill person, or financially interested in the hospital in which such person is to be detained, or (except in case of physicians employed by the United States or the District of Columbia) professionally or officially connected with such hospital.

The certificate must set forth in detail the facts and reasons on which the physician bases his opinions and conclusions.

Title 21, Sec. 582 D.C. Code.

Form FD12-830/Sept.79

Previous edition (MH-11) may be used.

80-P1371

**NOTICE OF COMPLETION OF EXAMINATION
UNDER D.C. OFFICIAL CODE §21-546 (2007)**

(Consumer's Name)

(Consumer's Address)

Dear _____ :

Your doctor recently completed a review of your commitment to the Department of Mental Health (DMH) and wrote a report on your examination that took place on (date)____/____/____. The doctor will provide you with information about the report and will discuss the conclusions of the examination.

You have the right to request a copy of the doctor's report. You must make the request in writing to your doctor. Your doctor may decide not to allow you to see all or part of the report. If that happens, you have the right to appeal the doctor's decision under the Mental Health Information Act. You should call your attorney or the DMH Forensic Services Division at (202) 673-4374 for more information about your rights.

The report prepared by your doctor has been reviewed by the DMH Chief Clinical Officer. You may request, in writing, a copy of that review from your provider.

Sincerely,

Mental Health Provider

Date Mailed or Hand-delivered to Consumer

- Send 1 copy each to:
- 1. Original to Consumer
 - 2. DMH Forensic Services Division, 64 New York Ave, NE/
4th Floor, Washington, DC 20002
 - 3. Clinical Record

**NOTICE OF REFUSAL OF EXAMINATION
UNDER D.C. OFFICIAL CODE §21-546 (2007)**

_____ (Consumer's Name)

_____ (Consumer's Address)

Dear _____ :

You were scheduled for an examination to review your court commitment to the Department of Mental Health (DMH) on _____
at _____ : _____ am/pm at the following location _____

You refused this examination. You have the right to request that the examination be rescheduled. If you wish to reschedule, you must make the request in writing to your treating psychiatrist/psychologist. The 90-day period for the next examination will be determined based upon the date of this rescheduled examination. If you do not reschedule this missed appointment, you will automatically be scheduled in ninety (90) days. You should call your attorney or the DMH Forensic Services Division at (202) 673-4374 for more information about your rights.

Sincerely,

Mental Health Provider

Date Mailed or Hand-delivered to Consumer

- Send 1 copy each to:
1. Original to Consumer
 2. DMH Forensic Services Division, 64 New York Ave, NE/
4th Floor, Washington, DC 20002
 3. Clinical Record

**NOTICE OF FAILURE TO SHOW FOR EXAMINATION
UNDER D.C. OFFICIAL CODE §21-546 (2007)**

(Consumer's Name)

(Consumer's Address)

Dear _____ :

You were scheduled for an examination to review your court commitment to the Department of Mental Health (DMH) on _____
at _____ : _____ am/pm at the following location _____

You did not keep that appointment. You have the right to request that the examination be rescheduled. If you wish to reschedule, you must make the request in writing to your treating psychiatrist/psychologist. The 90-day period for the next examination will be determined based upon the date of this rescheduled examination. If you do not reschedule this missed appointment, you will automatically be scheduled in ninety (90) days. You should call your attorney or the DMH Forensic Services Division at (202) 673-4374 for more information about your rights.

Sincerely,

Mental Health Provider

Date Mailed or Hand-delivered to Consumer

- Send 1 copy each to:
1. Original to Consumer
 2. DMH Forensic Services Division, 64 New York Ave, NE/
4th Floor, Washington, DC 20002
 3. Clinical Record

DEC 24 2008

DMH Policy 303.1C

Exhibit 7 - 6e

**NOTICE OF FAILURE TO SHOW FOR
3rd EXAMINATION
UNDER D.C. OFFICIAL CODE §21-546 (2007)**

_____ (Consumer's Name)

_____ (Consumer's Address)

Dear _____ :

You were scheduled for an examination to review your court commitment to the Department of Mental Health (DMH) on _____
at _____ : _____ am/pm at the following location _____

You did not keep that appointment. You must arrange for an examination within one (1) week of today's date or the Office of the Attorney General, Mental Health Section will be asked to request the assistance of the U.S. Marshalls to return you to the Department of Mental Health. You should call your attorney or the DMH Forensic Services Division at (202) 673-4374 for more information about your rights.

Sincerely,

Mental Health Provider

Date Mailed or Hand-delivered to Consumer

- Send 1 copy each to:
- 1. Original to Consumer
 - 2. DMH Forensic Services Division, 64 New York Ave, NE/
4th Floor, Washington, DC 20002
 - 3. Clinical Record