

Date: \_\_\_\_\_ Institution: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female Interpreter:  Yes  No  
 Bed/Cell/Dorm: \_\_\_\_\_ Language: \_\_\_\_\_

<b>INMATE NAME (print Last, First):</b>	<b>CDCR#:</b>	<b>PID#:</b>
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**NOTICE OF INTENT TO RENEW COURT-ORDERED MEDICATION:** The clinical staff of the institution shown above allege that you continue to have a serious mental illness or disorder. As set forth in the attached declaration, your behaviors and symptoms appear to meet the legal criteria for danger to self, danger to others, or grave disability. These symptoms are currently being moderated by psychiatric medication, which you have not knowingly, intelligently, and competently consented to take. A judge has previously ordered you to take psychiatric medication for these condition(s). The clinical staff of this institution alleges that, but for said medication, you would revert to your previously qualifying condition and, as specified in the attachments, you have by either your statements or behaviors shown a lack of sufficient insight to manage your illness without a court order. You will therefore be brought in front of an Administrative Law Judge, who will decide whether you should continue to be given psychiatric medication on an involuntary basis.

**SECTION I - COURT-ORDERED MEDICATION STATUS:**

Your current court order for involuntary psychiatric medication expires on: \_\_\_\_\_

**SECTION II - YOUR DOCTORS BELIEVE YOUR COURT ORDER SHOULD BE RENEWED, YOUR HEARING WILL BE:**

HEARING DATE:	HEARING TIME:	HEARING INSTITUTION:
<b>Name, Address, and Phone Number of Your Attorney:</b>		
<b>By:</b>		
(print name of renewing psychiatrist)		(date)

**SECTION III - BASIS BEING RENEWED:**

Identify the basis for involuntary medication in the prior court order and mark them below. Based on clinical judgment and observation, *but for medication as a result of the current court order*, it is alleged that the above-entitled inmate would be: (mark all that apply):

- Danger to Self       Danger to Others       Gravely Disabled and Lacks Capacity to Refuse Treatment

**SECTION IV - SERVICE**

I declare under penalty of perjury that I delivered a copy of this notice, a copy of the form "CDCR MH-7366 Inmate Rights Notice - Involuntary Medication," and any related paperwork such as exhibits or attachments, to the attorney listed in Section II above, and to the inmate on the date shown below.

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Name of person delivering      Signature of person delivering      Date delivered

<b>1. Disability Code:</b> <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable <b>4. Comments:</b>	<b>2. Accommodations:</b> <input type="checkbox"/> Additional Time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	<b>3. Effective Communication:</b> <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information <b>Please check one:</b> <input type="checkbox"/> Not Reached* <input type="checkbox"/> Reached *See chrono/notes	CDCR #: Last Name: _____ MI: First Name: _____ DOB: _____
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## DECLARATION IN SUPPORT OF RENEWAL OF INVOLUNTARY MEDICATION

IN RE THE MATTER OF (LAST, FIRST):

CDCR Number:

I am a psychiatrist employed by  California Department of Corrections & Rehabilitation  
 California Department of State Hospitals

Based on my contacts with the inmate, as well as my review of the medical chart, in my professional opinion, the current psychiatric diagnosis for the above-entitled inmate is as follows:

DSM TR:

In my professional opinion, the above diagnosis constitutes a serious mental disorder. In my opinion the inmate lacks the requisite insight into his or her mental illness, and, but for court-ordered medication, the inmate would revert to the type of behavior that triggered the original court order in this case. The inmate requires a court order to ensure medication compliance. The prior court order in this case is based on the grounds marked below. (Mark all that apply):

Danger to Self       Danger to Others       Gravely Disabled and Lacks Capacity to Refuse Treatment

The specific factual basis for my psychiatric diagnosis, and the reason I believe the medication order should be renewed, is based upon the following components:

1. Based on the inmate's current behavior and symptoms, in my professional opinion, the basis(es) for involuntary medication of the inmate alleged in this petition are as follows (Note: if the reasons provided here do not match the reasons provided in the section directly above, the institution must supply documentation of fresh acts to support the new behavior):

Danger to Self       Danger to Others       Gravely Disabled and Lacks Capacity to Refuse Treatment

<p><b>Renewal of Involuntary Medication Notice</b> CDCR MH-7368 (Rev. 03/14)</p> <p>Confidential Inmate-Patient Information</p>	<p>CDCR #:</p> <p>Last Name: <span style="float: right;">MI:</span></p> <p>First Name:</p> <p>DOB:</p>
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2. In my professional opinion, if not given court-ordered medication, the inmate would revert to the behavior that caused him/her to be placed on involuntary medication in the initial order. The factual basis for my opinion is as follows:

Describe the inmate's behavior when not on medication:

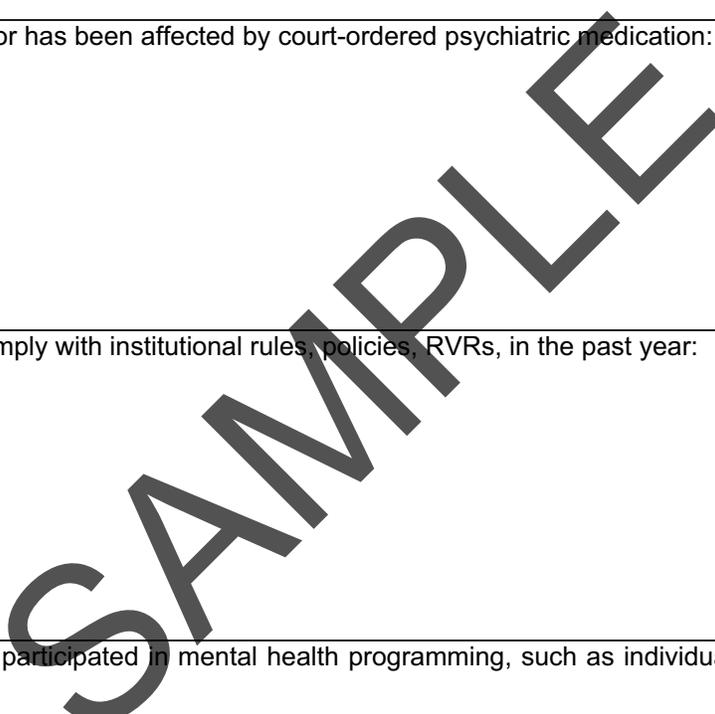
How, in your opinion, is the inmate's unmedicated behavior, described above, a direct consequence of the inmate's mental illness?

Describe how the inmate's behavior has been affected by court-ordered psychiatric medication:

Describe the inmate's ability to comply with institutional rules, policies, RVRs, in the past year:

Describe whether the inmate has participated in mental health programming, such as individual or group therapy, and what his/her attendance has been:

<p align="center"><b>Renewal of Involuntary Medication Notice</b> CDCR MH-7368 (Rev. 03/14)</p> <p align="center">Confidential Inmate-Patient Information</p>	<p>CDCR #:</p> <p>Last Name: <span style="float: right;">MI:</span></p> <p>First Name:</p> <p>DOB:</p>
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List whether the inmate has previously been ordered by a court to take psychiatric medication (i.e. list prior *Keyhea* orders or similar):

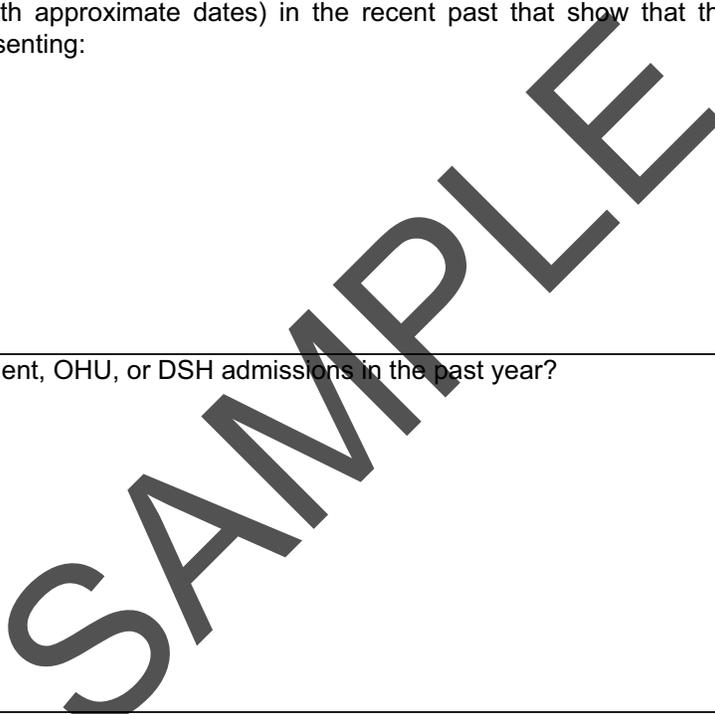
List whether the inmate has previously been to a state mental hospital or county mental hospital:

Please set forth specific acts (with approximate dates) in the recent past that show that the inmate is actively psychotic or delusional and not capable of consenting:

Has the inmate required any inpatient, OHU, or DSH admissions in the past year?

Detail any significant medication changes in the past year:

<p align="center"><b>Renewal of Involuntary Medication Notice</b> CDCR MH-7368 (Rev. 03/14)</p> <p align="center">Confidential Inmate-Patient Information</p>	<p>CDCR #:</p> <p>Last Name: <span style="float: right;">MI:</span></p> <p>First Name:</p> <p>DOB:</p>
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**Renewal of Involuntary Medication Notice**  
CDCR MH-7368 (Rev. 03/14)

3. I interviewed, or attempted to interview, the above-entitled inmate regarding renewal of this court-ordered medication on \_\_\_\_\_ (date). A summary of what the inmate said on that date follows:

What did the inmate say when asked whether he/she thought he/she had a serious mental illness?

What did the inmate say when asked to describe the conduct or behaviors that led to the initial placement of involuntary court-ordered medication?

What did the inmate say when asked to describe the hallmark signs/symptoms of his/her serious mental illness when not in remission or moderated by medication?

What did the inmate say when asked whether or not he/she was willing to take psychiatric medications without a court order?

<p align="center"><b>Renewal of Involuntary Medication Notice</b> CDCR MH-7368 (Rev. 03/14)</p> <p align="center">Confidential Inmate-Patient Information</p>	<p>CDCR #:</p> <p>Last Name: <span style="float: right;">MI:</span></p> <p>First Name:</p> <p>DOB:</p>
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What did the inmate say when asked to summarize what his/her various medications are and what the medications do in layperson's terms?

What did the inmate say when asked what would occur if he/she were to stop taking medications?

What did the inmate say when asked what his/her psychiatric triggers are?

What did the inmate say when asked what his/her treatment needs are?

SAMPLE

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4. In my professional opinion, this inmate lacks insight that he/she has a serious mental illness that requires regular and consistent dosing of psychiatric medication. My opinion is based upon the following (mark all that apply):

- The inmate's responses to the interview questions in section 3
- The inmate's significant past psychiatric history (specify in box below)
- The inmate's level of participation in the mental health treatment program (specify in box below)
- The inmate's refusal of psychiatric medication while on court-ordered medication

Please provide details, dates, and any other additional information about your answer:

SAMPLE

5. If you believe that the inmate lacked capacity to give informed consent at the time you met with him or her, summarize the basis for that conclusion here:

SAMPLE

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MI:

First Name:

DOB:

6. List the potential side effects and risks to the inmate from the proposed course of treatment with psychiatric medication, based on clinically appropriate information as well as upon your knowledge of this inmate's medical history:

7. List potential alternatives to treatment of the above-entitled inmate with psychiatric medication, *and* the efficacy of utilizing those alternatives, *and* your reasons for not using those alternatives:

SAMPLE

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Last Name:

MI:

First Name:

DOB:

8. In your opinion, would this inmate continue taking medications without an involuntary medication order in place? Please state "yes" or "no," and then explain why or why not:

9. Explain what the patient's prognosis will be if he or she is required to continue taking medication:

10. Explain what the patient's prognosis will be if court-ordered medication is discontinued:

11. In my professional opinion, if not given court-ordered medication, the inmate would revert to the behavior that caused him/her to be placed on involuntary medication in the first place.

Based on the foregoing, it is my professional opinion that the above-entitled inmate requires renewal of court-ordered involuntary psychiatric medication for the reasons stated above. I declare under penalty of perjury that the foregoing is true and correct.

Dated \_\_\_\_\_ at \_\_\_\_\_, California, in the County of \_\_\_\_\_.

Name of Signator (print Last, First): \_\_\_\_\_ Signature: \_\_\_\_\_

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CDCR #:

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MI:

First Name:

DOB:

### Instructions:

**Purpose of Renewal of Involuntary Medication Notice:** The Renewal of Involuntary Medication Notice is used by clinical staff to give the inmate notice that California Department of Corrections and Rehabilitation (CDCR) is seeking to renew an existing involuntary medication order.

- (1) A psychiatrist shall review the form and begin reviewing the case file **at least 60 days** before the current involuntary medication order expires to determine whether renewal is warranted. The psychiatrist must completely fill out the declaration, as well as sign and date it under penalty of perjury. Allow enough time for the inmate interview and chart review.
- (2) If the treating psychiatrist determines that the court order will not be renewed, the psychiatrist should fill out the Office of Legal Affairs (OLA) Non-Renewal form to document the reasons for non-renewal. Completion of the Non-Renewal form ensures that the medical decision has been documented for the inmate's file, communicated to the inmate, and communicated to the Office of Legal Affairs, so that the statewide list of current involuntary orders will properly reflect the inmate's pending status. Inform the inmate that the order is enforceable until its expiration.
- (3) If the psychiatrist is going to proceed with renewal, enter the inmate's identifying information at the top of page one. Indicate whether an interpreter is required. **If an interpreter is required**, be sure to specify the language, and contact the proper institutional resource to obtain the approved/certified interpreter. If that interpreter type is unavailable, contact your assigned attorney and arrange one through Office of Administrative Hearings.
- (4) Once the Renewal of Involuntary Medication Notice is completely filled out and signed by the psychiatrist, the Medication Court Administrator (MCA) is responsible for selecting a hearing date, time, and institution. Fill in these items on page one. (Suggested hearing dates/attorneys are contained in a quarterly schedule covering most institutions sent out by OLA. If your institution is not listed, call OLA.)
- (5) The MCA is responsible for indicating the name, address, and phone number of the attorney appointed to represent the inmate on the hearing date selected. This section may be completed using an address label if necessary. OLA sends out a quarterly schedule showing which attorney to use on any given date.
- (6) Enter the inmate-patient's CDCR number, name, and date of birth in the bottom right. Forms filled out electronically will automatically populate all pages when one instance is completed. If filling out the form by hand, include all requested inmate information on all pages of the form.
- (7) Complete the Effective Communication label at the bottom of page 1 of the form according to the directions on page 2 of the instructions.
- (8) Serve the entire 7368 on the inmate, including the full psychiatrist declaration, minus the instruction pages. Serve the inmate with the Renewal of Involuntary Medication Notice **at least 30 days** before the current involuntary medication expires. Also provide the inmate with a CDCR 7366 Inmate Rights Form. It is anticipated that the MCA or designee will perform this task.
- (9) The entire packet of materials must be scanned and sent to the Office of Administrative Hearings (OAH) at [keyheafilings@dgs.ca.gov](mailto:keyheafilings@dgs.ca.gov), to the Office of Legal Affairs (OLA) at [keyheaintake@cdcr.ca.gov](mailto:keyheaintake@cdcr.ca.gov), and to the assigned Inmate Counsel by email as soon as it is completed and scanned, i.e., ideally within 60 minutes.
- (10) When court hearings conclude, the entire packet of materials shall be scanned and placed in the eUHR as soon as it is assembled, within 60 minutes of the end of the court hearing, by the evaluating psychiatrist. Follow the OLA policy for properly documenting Involuntary Medication Orders in eUHR.
- (11) Send the applicable medical records to the inmate attorney and to the Office of Legal Affairs within two business days after you serve the inmate. Do not send medical records to Office of Administrative Hearings.
- (12) Additional resources are available at:  
<http://teamsite/team/Admin/DSS/OLA/HeathCareLegalTeam/Involuntary%20Medication/Shared%20Documents/Forms/AllItems.aspx>

**Renewal of Involuntary Medication Notice**

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Effective Communication: The Effective Communication section must be completed any time there is a clinically relevant encounter in which meaningful information is exchanged between the licensed clinician and the inmate-patient. For further information and examples of some encounters in which effective communication is required, see IMSP&P, Volume 2, Ch. 4.

<p><b>1. Disability:</b>                  a. Check all boxes that apply regarding the inmate-patient's disability.                  Disability Codes:                  TABE score ≤ 4.0                  DPH – Permanent Hearing Impaired                  DPV – Permanent Vision Impaired                  LD – Learning Disability                  DPS – Permanent Speech Impaired                  DNH – Permanent Hearing Impaired; improved with hearing aids.                  DNS – Permanent Speech Impaired; can communicate in writing.                  DDP – Developmental Disability Program                  N/A – Not applicable</p>	<p><b>2. Accommodation:</b>                  a. Check all boxes that apply to the special accommodations made to facilitate effective communication:  <u>Additional time</u> – P/I (inmate-patient) was given additional time to respond or complete a task.  <u>Equipment</u> – Special equipment was used to facilitate effective communication. Note the type of equipment used in the comments section.  <u>SLI</u> – Sign Language Interpreter.  <u>Louder</u> – The provider spoke louder.  <u>Slower</u> – The provider spoke slower.  <u>Basic</u> – The provider used basic language.  <u>Transcribe</u> – Communication was written down.  <u>Other</u> – Any other tool that was used to facilitate effective communication.</p>	<p><b>3. Effective Communication:</b>                  a. Check all boxes that apply that summarize how it was verified that effective communication was reached.  <u>P/I asked questions</u> – The inmate-patient asked questions regarding the interaction.  <u>P/I summed information</u> – The inmate-patient summarized information regarding the interaction.                  b. Check one box to indicate if effective communication was or was not reached. ONE of these boxes must be checked.</p>
<p><b>4. Comments:</b>                  Provide any additional information regarding effective communication.</p>		

SAMPLE