

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

INMATE NAME (print Last, First): _____	CDCR#: _____	PID#: _____
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SECTION I - METHOD OF INITIATION (Choose only one):

<input type="checkbox"/>	EMERGENCY MEDICATION - 72 HOUR NOTICE INVOLUNTARY MEDICATION STARTED																
	<p>NOTICE: Clinical staff at the institution above alleges that you suffer from a serious mental illness or disorder that requires continuation of psychiatric medication beyond an initial 72-hour emergency period. 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 and, as specified in the attachments, you have refused to take medication for that condition. You will be brought in front of an Administrative Law Judge who will decide if you can be given psychiatric medication on an involuntary basis. A request will be filed to allow CDCR to administer psychiatric medication on an interim basis pending the full hearing in front of a judge.</p> <p>Select a hearing date that is within 21 days of the day you serve this notice on the inmate.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">HEARING DATE:</td> <td style="width:33%;">HEARING TIME:</td> <td style="width:33%;">HEARING INSTITUTION:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>The inmate has been informed of this evaluation and has been advised of the need for, but has not been able or willing to accept medication on a voluntary basis. Involuntary medication began on:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Time Involuntary Medication Started:</td> <td style="width:50%;">Date Involuntary Medication Started:</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:33%;">Evaluating Psychiatrist (Print):</td> <td style="width:33%;">Psychiatrist's Signature:</td> <td style="width:33%;">Date:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	HEARING DATE:	HEARING TIME:	HEARING INSTITUTION:				Time Involuntary Medication Started:	Date Involuntary Medication Started:			Evaluating Psychiatrist (Print):	Psychiatrist's Signature:	Date:			
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<input type="checkbox"/>	NON-EMERGENCY - NO INVOLUNTARY MEDICATION UNTIL FULL HEARING																
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SECTION II - BASIS:

Based on the provisional diagnosis below and contained in the attached declaration, it is alleged that the inmate is, as a result of a serious mental illness, (mark all that apply):

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

SECTION III - PROVISIONAL PSYCHIATRIC DIAGNOSIS:

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SECTION IV - ATTORNEY:

You have been appointed an attorney who has been given a copy of this paperwork. If the Department is seeking to continue emergency medication pending full hearing, you may elect to have your attorney respond to this paperwork within 2 business days, or you may respond yourself. An attorney will represent you at your hearing.

Attorney Name:	Contact Number:
Address:	

SECTION V - SERVICE:

I declare under penalty of perjury that I delivered a copy of this notice (and, if applicable, declaration in support of ex-parte request for interim order, ex-parte request for interim order), and a copy of the inmate rights form CDCR MH-7366 (Rev. 09/14), Involuntary Medication Notice and any related paperwork such as exhibits or attachments, to the attorney listed in Section IV above, and to the inmate, on the date shown below.

Person Delivering (Print):	Signature:	Date:

Involuntary Medication Notice
CDCR MH-7363 (Rev. 09/14)

Confidential Inmate-Patient Information

CDCR #:

Last Name:

MI:

First Name:

DOB:

DECLARATION IN SUPPORT OF INVOLUNTARY MEDICATION

IN RE THE MATTER OF (LAST, FIRST):

CDCR Number:

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

2. I have made a provisional psychiatric diagnosis on the above-entitled inmate as follows:

DSM TR:

3. In my professional opinion, the above diagnosis constitutes a serious mental disorder, and is causing the inmate to behave in such a way that he or she meets one or more of the following criteria (mark all that apply):

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

4. The specific factual underpinnings for my opinion(s) follow:

5(a). If you marked **Danger to Self**, give facts setting forth the approximate dates, times, signs, symptoms, and behaviors that you observed or that were reported to you that would suggest the inmate is a Danger to Self:

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5(b). Summarize in your clinical opinion how the above **Danger to Self** behavior is a direct consequence of the inmate's untreated, serious mental illness:

6(a). If you marked **Danger to Others**, provide facts setting forth the approximate dates, times, signs, symptoms, and behaviors that you observed or that were reported to you that would suggest the inmate is a **Danger to Others**:

6(b). Summarize in your clinical opinion how the above **Danger to Others** behavior is a direct consequence of the inmate's untreated, serious mental illness:

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7(a). If you marked **Gravely Disabled**, provide facts setting forth the approximate dates, times, signs, symptoms, and behaviors that you observed or that were reported to you that would suggest the inmate is **Gravely Disabled**:

7(b). Summarize in your clinical opinion how the above **Gravely Disabled** behavior is a direct consequence of the inmate's untreated, serious mental illness:

8. If you are aware of any prior involuntary commitments or hospitalizations in California, or in any other state, or at the county level, provide that information:

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DOB:

9. If you are aware of any prior court orders (*Keyhea*, MDO, etc.) authorizing involuntary medication of this inmate, please specify and give approximate dates, bases, etc.:

10. Did you rely upon any background, trend, or historical information about this inmate that led to your decision to petition for involuntary medication? This could include relevant criminal convictions, institutional behavior as an adult or minor, or observed patterns of decompensation as charted by medical staff. If so, please set forth the information you relied upon that documents the historical course of the inmate's mental disorder that would have direct bearing on your opinion that the inmate is now, or about to become, a danger to self, a danger to others, or gravely disabled, if not given medication:

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CDCR #:

Last Name:

MI:

First Name:

DOB:

11. In your professional opinion, what benefits would the inmate likely experience when placed on psychiatric medication, based on your knowledge of the inmate and your review of the inmate's medical history?

12. In your professional opinion, what would the likely harm or detriment to the inmate be if not placed on psychiatric medication, based on your knowledge of the inmate and your review of the inmate's medical history?

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Confidential Inmate-Patient Information

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DOB:

13. Discuss your clinical opinion vis a vis the following three factors:

I believe the inmate named in this petition should take psychiatric medications for the treatment of a serious mental disorder
[1] considering the risks, benefits, and alternatives to treatment of the above-entitled inmate with psychiatric medication, *and*
[2] the efficacy of utilizing those alternatives, *and*
[3] your reasons for not utilizing those alternatives

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14. I consulted with the above-entitled inmate, or attempted to consult with the above-entitled inmate, to discuss treatment alternatives, risks and benefits of medication, but the inmate would not consent to take the medication on a voluntary basis, or lacked capacity to consent. My specific efforts to advise the inmate of the risks and benefits of the prescribed course of treatment with psychiatric medication, are set forth below:

15. I advised, or attempted to advise, the inmate named in this petition of the side effects and risks from the proposed course of treatment with psychiatric medication on (date): _____

16. If you believe that the inmate lacked capacity to consent to the proposed course of treatment at the time you met with him or her, please set forth the basis for that conclusion here:

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17. The primary 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 my knowledge of this inmate's medical history, are as follows:

[Empty box for providing side effects and risks]

Based on the foregoing, it is my professional opinion that the above-entitled inmate requires 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: _____

<p align="center">Involuntary Medication Notice CDCR MH-7363 (Rev. 09/14)</p> <p align="center">Confidential Inmate-Patient Information</p>	<p>CDCR #:</p> <p>Last Name: _____ MI: _____</p> <p>First Name: _____</p> <p>DOB: _____</p>
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**EX-PARTE REQUEST FOR AUTHORITY TO CONTINUE EMERGENCY
MEDICATION UNTIL MENTAL HEALTH HEARING DATE**

IN RE THE MATTER OF (print Last Name, First Name):		CDCR Number:	
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I am a psychiatrist employed by: California Department of Corrections & Rehabilitation
 California Department of State Hospitals

1. Psychiatric medication has been administered to the above-entitled inmate based upon a clinical finding that an emergency existed.
2. In my professional opinion, unless the clinical staff at this institution is authorized to continue to administer psychiatric medication to the above-entitled inmate, the emergency conditions that were previously observed are likely to recur.
3. The specific facts causing clinical staff at this institution to believe that the emergency conditions would recur absent continuing medication are as follows:

4. Without ongoing intervention through psychiatric medications, it is my professional opinion that the above-entitled inmate will decline psychiatrically and become more dangerous to self, others, or more gravely disabled due to his or her serious and untreated mental illness. Furthermore, I do not believe that it is in the best interest of the inmate to allow these psychiatric conditions to go untreated until this matter can be brought before an Administrative Law Judge.

Based on the foregoing, it is my professional opinion that emergency psychiatric medications should be administered for the reasons stated above, and that these medications should be continued on an interim basis until the inmate can be given his or her full mental health hearing.

I declare under penalty of perjury that the foregoing is true and correct.

Dated _____ at _____, California, in the County of _____

Print Name: _____ Signature: _____

Involuntary Medication Notice CDCR MH-7363 (Rev. 09/14) Confidential Inmate-Patient Information	CDCR #: Last Name: _____ MI: _____ First Name: DOB: _____
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Instructions:

Purpose of Involuntary Medication Notice: The Involuntary Medication Notice is used by clinical staff to document and notify the inmate that California Department of Corrections and Rehabilitation (CDCR) is seeking to begin involuntary medication. (If there is not sufficient space on this document, use a CDCR MH7363-B (09/14) Involuntary Medication Notice: Add-A-Page.) **This can be accomplished in either of two ways:**

- (1) **One: EMERGENCY MEDICATION.** If staff identifies a medical emergency, they may administer psychiatric medication for up to 72 hours. If staff wishes to continue to use forced medication beyond 72 hours against the inmate's wishes, choose the section of the form for "Emergency Medication" and set a hearing date within 21 days from when this notice is served on the inmate. Inmate must be served within 72 hours of the initiation of medication. Most institutions have an established hearing schedule, such as "every two weeks," and the inmate should have as much time to prepare as possible, while still having the hearing within 21 days of the notice being served on the inmate.
- (2) **Two: NON-EMERGENCY MEDICATION.** If staff wishes to administer psychiatric medication to the inmate but can wait until the matter is heard by a judge, then choose the section of the form for "Non-Emergency" and set a hearing date that is at least 21 days from when you serve this notice on the inmate, but no more than 30 days from when you serve this notice on the inmate. Do not forcibly medicate the inmate.
- (3) Enter the inmate's identifying information at the top of the form as well as interpreter information. **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 the assigned attorney and arrange one through Office of Administrative Hearings.
- (4) The medication court administrator (MCA) is responsible for calculating the days properly per the instructions above, depending on which type of involuntary medication is selected. For an emergency hearing, the MCA must calendar a hearing within 21 days after the inmate is served with the notice. For a non-emergency hearing, the MCA must calendar a hearing giving the inmate at least 21 days notice but the hearing must occur within 30 days after notice is given, i.e., between 21 and 30 days after the notice is served. Count all days, including weekends and holidays.
- (5) After calculating the days, the MCA will be able to determine a hearing date at the requestor's institution that will be the date the case will appear in front of an administrative law judge. Fill in the hearing date, time, and institution abbreviation on the form. Please try to group hearings as close to each other as possible, i.e., do not schedule hearings every week if it is possible to schedule groups of hearings every two weeks.
- (6) 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. The Office of Legal Affairs (OLA) sends out a quarterly schedule showing which attorney to use on any given date.
- (7) 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.
- (8) The entire packet of materials must be scanned and sent to the Office of Administrative Hearings (OAH) at keyheafilings@dgs.ca.gov, uploaded to the OLA Sharepoint, and sent to the assigned Inmate Counsel by encrypted email as soon as it is completed and scanned, i.e., ideally within 60 minutes.
- (9) Complete the Effective Communication label at the bottom of page 1 of the form according to the directions on page 2 of the instructions.
- (10) Provide a copy of the entire packet to the inmate, *without the instruction pages*, along with a CDCR 7366 Inmate Rights Form.
- (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) When court hearings conclude, the entire packet of materials shall be scanned and placed in the electronic health record 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 electronic health record.
- (13) Additional resources are available at:

<http://teamsite/team/Admin/DSS/OLA/HeathCareLegalTeam/Involuntary%20Medication/Shared%20Documents/Forms/AllItems.aspx>

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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>1. <u>Disability:</u> a. Check all boxes that apply regarding the inmate-patient's disability. Disability Codes: TABE score ≤ 4.0 <u>DPH</u> – Permanent Hearing Impaired <u>DPV</u> – Permanent Vision Impaired <u>LD</u> – Learning Disability <u>DPS</u> – Permanent Speech Impaired <u>DNH</u> – Permanent Hearing Impaired; improved with hearing aids. <u>DNS</u> – Permanent Speech Impaired; can communicate in writing. <u>DDP</u> – Developmental Disability Program <u>N/A</u> – Not applicable</p>	<p>2. <u>Accommodation:</u> 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>3. <u>Effective Communication:</u> 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>4. <u>Comments:</u> Provide any additional information regarding effective communication.</p>		