

Mental Health Review Committee
Hearing Summary

Prisoner: _____ OBSCIS Number: _____

Assisting Staff Person: _____

Hearing Date: _____ Time: _____ am/pm

Facility: _____

Requested Witness #1

Name: _____

Interviewed: YES NO

If NO, check reason:

Request not timely Unavailable

Irrelevant Threat to Safety

Other (specify): _____

Requested Witness #2

Name: _____

Interviewed: YES NO

If NO, check reason:

Request not timely Unavailable

Irrelevant Threat to Safety

Other (specify): _____

Requested Witness #3

Name: _____

Interviewed: YES NO

If NO, check reason:

Request not timely Unavailable

Irrelevant Threat to Safety

Other (specify): _____

Requested Witness #4

Name: _____

Interviewed: YES NO

If NO, check reason:

Request not timely Unavailable

Irrelevant Threat to Safety

Other (specify): _____

Please attach summary of proceedings and evidence.

Basis for Decision (Check appropriate items):

All of the following factors are present:

- A. The prisoner suffers from a mental disorder.
- B. The medication is in best interest of the patient for medical reasons.
- C. The prisoner is either gravely disabled or poses a likelihood of serious harm to self or others because, as a result of a mental disorder, one or more of the following determinations has been made:

The prisoner is in danger of serious harm resulting from his or her failure to provide for his or her essential human needs of health or safety.

The prisoner manifests serious deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions that is likely to jeopardize the prisoner's health and safety.

A substantial risk exists that the prisoner will inflict physical harm upon his or her own self as evidenced by, among other things, threats or attempts to commit suicide or inflict physical harm on him or herself.

A substantial risk exists that the prisoner will inflict physical harm upon others as evidenced by, among other things, behavior that has caused such harm or that placed another person or persons in reasonable fear of sustaining such harm.

A substantial risk exists that the prisoner will inflict physical harm upon the property of others as evidenced by, among other things, behavior which has caused substantial loss or damage to the property of others.

Action:

Do Not Concur with Involuntary Administration of Psychotropic Medication.

Concur with Involuntary Administration of Psychotropic Medication as prescribed by Dr. _____.

Concur with prescribing psychiatrist's order for medication, with the following modification: _____

Chairperson:

(Printed Name) (Title) (Signature) (Date)

Member:

(Printed Name) (Title) (Signature) (Date)

Notice: The prisoner has the right to appeal this decision to the Medical Advisory Committee by filing a written appeal (form 807.16D) within 48 hours of receipt of this report. The assisting staff member shall assist in the appeal process if so requested by the prisoner. The prisoner may request to listen to the tape recording of the hearing before the Mental Health Review Committee to assist in the appeal.

(Employee Serving Copy to Prisoner)

(Date/Time Served)

Distribution:

- Medical File
- Mental Health File
- Prisoner
- Mental Health Review Committee
- Mental Health Supervisor