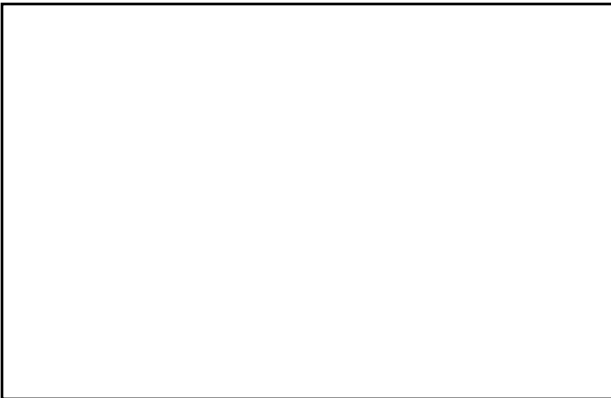




MENTAL HEALTH
Care & Treatment Act



**PLEASE INITIAL IN SPACES PROVIDED AND
SIGN ATTACHED SIGNATURE KEY**

Community Treatment Order (CTO) Checklist

Interpreter Required: Yes No

Community Treatment Order (Sections 40 & 41)

Completion of Assessment: Date: _____ Time: _____
(mm / dd / yy)

Date/time on CTO (within 72 hours of assessment): Date: _____ Time: _____
(mm / dd / yy)

Patient's status at time of CTO: Hospital Community

CTO copy provided to: Patient: _____ Patient Representative: _____ Rights Advisor: _____
Administrator (RHA): _____ Treatment Team Member (psychiatrist or designate): _____

Original CTO on health record: Yes No (If no, explain below)

Notification to Rights Advisor (1-888-546-1222) of the following:

Indicate date and time on the lines provided:

Issuance of CTO: _____

Renewal of CTO: _____

Amendment of CTO: _____

Variation of CTO: _____

Termination of CTO: _____

Revocation of CTO: _____

Rights Advisor has been notified of implementation of CTO : Yes

Date and time of notification to Telelink: _____

Community Treatment Plan (Section 42)

Copy of Community Treatment Plan:

Original (must go in file): _____ Patient: _____ Patient Representative: _____
Rights Advisor: _____ Administrator: _____
Treatment Team Member (psychiatrist or designate): _____

Renewal of a Community Treatment Order (Sections 40, 41 & 43)

Person (and Patient Representative if applicable) has been:

- _____ Given a copy of the issued or renewed CTO by either the administrator or psychiatrist;
- _____ Advised of the right to retain and instruct counsel without delay in person or by other means;
- _____ Advised of the right to meet with a Rights Advisor; and
- _____ Advised of the right to apply to the Mental Health Care and Treatment Review Board for a review of the issuance or renewal of the CTO.

Person (and Patient Representative if applicable) has been advised about the functions and address of the Mental Health Care and Treatment Review Board, including responsibility for (Section 64):

- _____ Reviewing, upholding or overturning involuntary certifications and community treatment orders;
- _____ Conducting automatic reviews on all individuals on a community treatment order; and
- _____ Reviewing and making recommendations in situations of allegations of unreasonable denial of a Right.

Review Board Address:

_____ Chair, Mental Health Care and Treatment Review Board
Department of Health and Community Services
PO Box 8700
St. John's, NL A1B 4J6

All reasonable efforts have been made to determine whether the person has a patient representative: (Section 11(2))

If a person refuses to identify a patient representative, next of kin is offered: _____

Name of patient representative: _____ Telephone: _____

Other relevant contact information: _____

Renewal of Community Treatment Order (cont'd)
(Sections 43, 47, 48 & 53(3))

1st Renewal Date: _____
(mm / dd / yy)

Copy of Renewal:

Original (must go in file): _____ Patient: _____ Patient Representative: _____
Administrator: _____ Rights Advisor: _____ Community Treatment Team: _____

NOTE: MANDATORY REVIEW REQUIRED

2nd Renewal Date: _____
(mm / dd / yy)

Copy of Renewal:

Original (must go in file): _____ Patient: _____ Patient Representative: _____
Administrator: _____ Rights Advisor: _____ Community Treatment Team: _____

3rd Renewal Date: _____
(mm / dd / yy)

Copy of Renewal:

Original (must go in file): _____ Patient: _____ Patient Representative: _____
Administrator: _____ Rights Advisor: _____ Community Treatment Team: _____

NOTE: MANDATORY REVIEW REQUIRED

4th Renewal Date: _____
(mm / dd / yy)

Copy of Renewal:

Original (must go in file): _____ Patient: _____ Patient Representative: _____
Administrator: _____ Rights Advisor: _____ Community Treatment Team: _____

5th Renewal Date: _____
(mm / dd / yy)

Copy of Renewal:

Original (must go in file): _____ Patient: _____ Patient Representative: _____
Administrator: _____ Rights Advisor: _____ Community Treatment Team: _____

NOTE: MANDATORY REVIEW REQUIRED

6th Renewal Date: _____
(mm / dd / yy)

Copy of Renewal:

Original (must go in file): _____ Patient: _____ Patient Representative: _____
Administrator: _____ Rights Advisor: _____ Community Treatment Team: _____

Mandatory Review by the Mental Health Review Board (Section 53)

Completed Review Board application faxed to (709) 729-4429: _____

Copy provided to:

Original (must go in file): _____ Patient: _____ Patient Representative: _____
Administrator: _____ Rights Advisor: _____

Notification of Review Board hearing received: _____

Date/time of hearing: _____
(mm / dd / yy)

Copy of notification of hearing provided to:

Patient: _____ Patient Representative: _____ Administrator: _____ Rights Advisor: _____

Notification to Review Board Chair, by Fax (709) 729-4429, when:

CTO cancelled: _____ Application withdrawn: _____

Outcome of Hearing:

CTO confirmed: _____ CTO cancelled: _____

Amendment of a Community Treatment Order (Section 44)

Date: _____
(mm / dd / yy)

Where responsibility for the general supervision and management of a CTO is transferred to another psychiatrist and the order is amended, written notice of the transfer of supervision and management responsibilities shall be provided by the psychiatrist or administrator to:

_____ The Person who is the subject of the community treatment order;

_____ The Patient Representative;

_____ The Rights Advisor; and

_____ Each health care professional, person and organization named in the community treatment plan.

Expiry of a Community Treatment Order (Section 47)

Date: _____
(mm / dd / yy)

Where a CTO expires and is not renewed, written notice that the CTO is no longer in effect shall be provided by the psychiatrist or administrator to:

- _____ The Person who is the subject of the community treatment order;
- _____ The Patient Representative;
- _____ The Rights Advisor; and
- _____ Each health care professional, person and organization named in the community treatment plan.

Variation of a Community Treatment Plan (Section 49)

Date: _____
(mm / dd / yy)

Where a community treatment plan is varied by a psychiatrist, or by the community treatment team with the approval of the psychiatrist, the psychiatrist shall give a copy of the varied plan to:

- _____ The Person who is the subject of the community treatment order;
- _____ The Patient Representative;
- _____ The Rights Advisor; and
- _____ Each health care professional, person and organization named in the community treatment plan.

Termination of a Community Treatment Order (Section 50)

Date: _____
(mm / dd / yy)

The psychiatrist responsible for the management and supervision of the CTO may at any time and shall, at the request of the person who is the subject of the order, conduct a psychiatric assessment to determine if the person is able to continue to live in the community without being subject to the order.

Where, as a result of the assessment, the psychiatrist determines that the criteria for a CTO no longer continue to be met, the psychiatrist shall:

- _____ Terminate the CTO; and

provide a written notice to:

- _____ The person named in the CTO;
- _____ The Patient Representative;

_____ The Administrator;
_____ The Rights Advisor; and
_____ The Community Treatment Team.

Revocation of a Community Treatment Order (Section 51)

Date: _____
(mm / dd / yy)

A psychiatrist who has reasonable grounds to believe that the person who is the subject of a CTO has Failed to comply with a condition of the CTO, he or she may issue an order in the approved form to a peace officer.

Prior to issuing an Apprehension Order, the psychiatrist shall:

_____ Have reasonable grounds to believe that the criteria required to issue a CTO continue to be met;

_____ Determine that the person refuses to submit to a psychiatric assessment; and

_____ Determine that reasonable efforts have been made to:

_____ Inform the person of his or her failure to comply with the CTO;

_____ Inform the person of the possibility that the psychiatrist may issue an order for an Involuntary psychiatric assessment and the possible consequences of that assessment; and

_____ Provide reasonable assistance to the person to comply with the terms of the community treatment order.

Order for Apprehension, Conveyance and Examination of a Person who Failed to Comply to a CTO:

Copy: Original (must go in file): _____ Police: _____ Administrator: _____ Patient: _____
Patient Representative: _____

Date/time on Apprehension Order Date: _____ Time: _____
(mm / dd / yy)

Date/time of Expiry of Apprehension Order (within 30 days) Date: _____ Time: _____
(mm / dd / yy)

Upon a person being conveyed under the authority of an Apprehension Order, as soon as practicable, and in any event within 72 hours after arrival, a psychiatric assessment of the person shall be conducted to determine whether:

- _____ The community treatment order should be terminated and the person should be released without being subject to a community treatment order (see Termination of a Community Treatment Order);
- _____ The community treatment order should be continued, with any necessary variations (see Variation of a Community Treatment Order); or
- _____ Where the person conducting the assessment is of the opinion that he or she meets the criteria for involuntary admission, the community treatment order should be revoked and a first certificate of involuntary admission completed.

