Filling Out the New State of Maine “Blue Paper” (revised September 2014)

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State of Maine New “Blue Paper”

The goals of today’s webinar are:

A. To ensure that the September 2014 version is being used.

B. To clarify that the information requires answers to the questions (i.e., what symptoms show mental illness, what behaviors caused by the illness show likelihood of serious harm).
Letter to Stakeholders from Guy Cousins

July 18, 2014

The Department of Health and Human Services has revised the Application for Emergency Involuntary Admission to a Mental Hospital (MH-100). As you may be aware, the commissioner is authorized by statute to develop the forms relating to commitment. The changes to the form are intended to address concerns raised by District Court judges, as well as advocates and others involved in the mental health system, about the quality of information provided on blue papers. Our hope is that changes to the form will assist preparers in providing necessary information from the start so that care will not be delayed by the need to supplement.

Changes include the following:

• The words “blue paper” appear on the caption, since, with some faxing for judicial signatures now allowed, the judicial signature does not always appear on a copy that is blue.

• The statutes now refer to a “psychiatric hospital” instead of a “mental hospital.” The revised blue paper reflects that.

• Section 1 is revised to separate the applicant’s observations about mental illness and likelihood of harm.

• Section 2 is revised so that symptoms of mental illness must be described separately from actions and behaviors (not symptoms) that show likely harm. The instructions on the back reinforce that the narrative information for any of the three kinds of harm must support the specific kind of harm (harm to self, harm to others, or inability to protect self from harm). And while section 2 retains a space for designating the least restrictive method of transportation, the instruction on the back notes that this can be N/A if the patient is already at a psychiatric hospital.

• Section 3 is revised to address the situation where the patient is already at the psychiatric hospital and no transportation is required.

Please find the new form attached to this communication. The form is also available on the DHHS website at http://www.maine.gov/dhhs/samhs/mentalhealth/rights-legal/involuntary/forms.html.

The Department offers any necessary technical assistance to ensure implementation. Please let me know if you want to discuss this further.

Sincerely,

Guy R. Cousins, LCSW, LADC, CCS
Director, Office of Substance Abuse and Mental Health Services (SAMHS)
STATE OF MAINE “BLUE PAPER”

APPLICATION FOR EMERGENCY INvolUNTARY ADMISSION TO A PSYCHIATRIC HOSPITAL

1. Application.
   I hereby apply for emergency admission of
  ___________________________________________________________
   Proposed patient’s M.R.I. number
   ________________________________________________________
   to
   ________________________________________________________
   Psychiatric hospital
   Under 38-M.R.S.A. § 3863. I believe that the proposed patient has a
   ________________________________________________________
   mental illness because
   ________________________________________________________
   and as a result poses a
   ________________________________________________________
   likelihood of serious harm because
   ________________________________________________________

   Date
   Applicant’s printed name
   Applicant’s signature
   Applicant’s capacity
   Name and address of proposed patient’s guardian, spouse, parent, adult child, next of kin, or friend:

2. Certifying Examination. I hereby certify that:
   (i) I am a licensed ___________________________.
       and that I examined ___________________________ today.
   (ii) My opinion is that the proposed patient has a mental illness, exhibiting the following symptoms:

   [ ] A. Describes threats or attempts at violence or serious self-inflicted harm
   [ ] B. Describes recent behavior or violent behavior or recent conduct placing others in reasonable fear of serious physical harm
   [ ] C. Describes recent behavior and how it shows inability to guard patient from serious physical or mental harm
   (iv) I have confirmed that adequate community resources are unavailable for care and treatment of the proposed patient’s mental illness.
   (v) I believe that the least restrictive form of transportation for the proposed patient’s clinical needs is

   [ ] Ambulance or other (please specify)

   Date
   Time
   Examiner’s printed name
   Examiner’s signature

   I find this application and certificate to be regular and in accordance with law. The proposed patient may be admitted to
   ________________________________________________________
   Psychiatric hospital
   If the proposed patient is not currently at that hospital,
   ________________________________________________________
   Person authorized to take proposed patient out of custody and transport the proposed patient to that hospital
   ________________________________________________________
   Date
   Time
   Judicial officer’s printed name
   Judicial officer’s signature
   (Signature, Title, or Signature and Title of the Judge or Judge of the Peace)

INSTRUCTIONS

Generally
   A. The application cannot be altered after it has been signed by an examiner or judicial officer.
   B. A psychiatric hospital is any hospital that is equipped to provide inpatient care and treatment for people with mental illness.
   C. The psychiatric hospital named in the application may decline to admit the person, in which event the transporting agency must return the proposed patient from the hospital.
   D. The application expires 3 days after the patient’s admission to the hospital, except that if the third day is a weekend or holiday, the application expires on the next business day following the weekend or holiday.

Section 1
   A. Any health officer, law enforcement officer or other person may fill out section 1.
   B. The applicant should provide name and address of the proposed patient’s guardian, spouse, parent, adult child, next of kin, or (if none of those exists) friend so that the hospital can fulfill its obligation to notify that person.

Section 2
   A. The certifying examination must take place no more than two days before the person is admitted to the hospital.
   B. The certifying examiner must describe both symptoms of mental illness and actions or behaviors creating a likelihood of serious harm. The three boxes in subsection (ii) pertain to the three statutory bases for the finding of likelihood of serious harm. The certifying examiner must check at least one box and provide the narrative information about actions or behaviors to support the opinion that the person’s mental illness creates a likelihood of harm.
   C. The grounds for the opinion about illness and harm may be based on personal observation or on history and information from other sources considered reliable by the examiner.
   D. If patient does not require transportation, subsection (v) may be noted as N/A.

Section 3
   A. Between 11:00 p.m. and 7:00 a.m., a proposed patient may be transported to the psychiatric hospital designated in section 3 and held for evaluation and treatment pending judicial endorsement if the endorsement is obtained as soon as possible outside those hours.
   B. The applicant must fill in the name of the transporter and the destination hospital before seeking judicial endorsement.
Generally:

A. The application cannot be altered after it has been signed by an examiner or judicial officer.

B. A psychiatric hospital is any hospital that is equipped to provide inpatient care and treatment for people with mental illness.

C. The psychiatric hospital named in the application may decline to admit the person, in which event the transporting agency must return the proposed patient from the hospital.

D. The application expires 3 days after the patient’s admission to the hospital, except that if the third day is a weekend or holiday, the application expires on the next business day following the weekend or holiday.
1. Application.

I hereby apply for emergency admission of ___________________________________, _______, ____________ to ________________________________ under 34-B M.R.S.A. 3863. I believe that the proposed patient has a psychiatric hospital mental illness because______________________________________________________, and as a result poses a likelihood of serious harm because_______________________________________________________.

Grounds for belief about mental illness

Grounds for belief about likely harm, including nature of harm

__________________________________
Applicant’s printed name

__________________________________
Applicant’s signature

__________________________________
Applicant’s capacity

Name and address of proposed patient’s guardian, spouse, parent, adult child, next of kin, or friend:

__________________________________

__________________________________
A. Any health officer, law enforcement officer or other person may fill out section 1.

B. The applicant should provide the name and address of the proposed patient’s guardian, spouse, parent, adult, next of kin, or (if none of those exists) friend so that the hospital can fulfill its obligation to notify that person.
2. **Certifying Examination.** I hereby certify that:

(i) I am a licensed ________ and that I examined _____________________________ today.

   MD/DO/PhD/PA/NP/RN,CS

   Proposed patient

(ii) My opinion is that the proposed patient has a mental illness, exhibiting the following symptoms:

   ____________________________________________________________________________

(iii) My opinion is that the proposed patient’s **recent actions and behaviors** (not symptoms), described below, show that the proposed patient’s illness poses a likelihood of serious harm under paragraph A, B or C.

   □ ____________________________________________________________________________
   A. Describe threats of or attempts at suicide or serious self-inflicted harm

   □ ____________________________________________________________________________
   B. Describe recent homicidal or violent behavior or recent conduct placing others in reasonable fear of serious physical harm

   □ ____________________________________________________________________________
   C. Describe recent behavior and how it shows inability to avoid risk or protect self from severe physical or mental harm

(iv) I have confirmed that adequate community resources are unavailable for care and treatment of the proposed patient’s mental illness.

(v) I believe that the least restrictive form of transportation for the proposed patient’s clinical needs is ____________________________________________________________________________.

   Ambulance or other (please specify)

   Date                   Time                   Examiner’s printed name                   Examiner’s signature
A. The certifying examination must take place no more than two days before the person is admitted to the hospital.

B. The certifying examiner must describe both symptoms of mental illness, and actions or behaviors creating a likelihood of serious harm. The three boxes in subsection (iii) pertain to the three statutory bases for the finding of likelihood of serious harm. The certifying examiner must check at least one box and provide the narrative information about actions or behaviors to support the opinion that the person’s mental illness creates a likelihood of harm.

C. The grounds for the opinion about illness and harm may be based on personal observation, or on history and information from other sources considered reliable by the examiner.

D. If patient does not require transportation, subsection (v) may be noted as N/A.

I find this application and certificate to be regular and in accordance with law. The proposed patient may be admitted to ___________________________. If the proposed patient is not currently at that hospital, Psychiatric hospital ___________________________ is authorized to take the proposed patient into custody and transport Person authorized to take proposed patient into custody the proposed patient to that hospital.

____________________________________     ______________________     ______________________
Date                    Time                Judicial officer’s printed name                   Judicial officer’s signature             (District, Probate or Superior Court Judge or Justice; Justice of the Peace)
A. Between 11:00 p.m. and 7:00 a.m., a proposed patient may be transported to the psychiatric hospital designated in section 3 and held for evaluation and treatment pending judicial endorsement if the endorsement is obtained as soon as possible outside those hours.

B. The applicant must fill in the name of the transporter and the destination hospital before seeking judicial endorsement.
To support an emergency involuntary hospitalization, a blue paper must describe the proposed patient’s actions, and the basis for a conclusion that harm is likely as a result of mental illness. The form itself contains the conclusions necessary to satisfy the law. By signing the form, the individuals filling it out are agreeing with those conclusions. The individual does not need to write in the conclusions. The form does NOT, however, contain the specific facts that support the conclusions. That is what the individuals filling in the form must provide.

The applicant who fills out section 1 must provide information sufficient to show the grounds for (i.e., the facts that support) a lay opinion that the individual is mentally ill and therefore poses a likelihood of serious harm. The grounds provided must be more than conclusory statements that the person is mentally ill and poses a likelihood of harm.
The medical practitioner who fills out and certifies section 2 must first determine which of three conclusions about likelihood of harm is applicable: does the person pose a likelihood or harm because of:

1. a substantial risk of physical harm to the person as manifested by recent threats of, or attempts at, suicide or serious self-inflicted harm (in shorthand, harm to self or paragraph A)

2. a substantial risk of physical harm to other persons as manifested by recent homicidal or violent behavior, or by recent conduct placing others in reasonable fear of serious physical harm (in shorthand, harm to others, or paragraph B), or

3. a reasonable certainty that the person will suffer severe physical or mental harm as manifested by recent behavior demonstrating an inability to avoid risk, or to protect the person adequately from impairment or injury (in shorthand, inability to care for self, or paragraph C).
Then the practitioner must describe facts sufficient to support his or her professional opinion that the individual is mentally ill and therefore poses the identified likely harm. The information must describe symptoms of the illness, and actions and behaviors caused by the illness that show the harm. The practitioner may rely on his or her own observations or on reliable information provided by others as the facts that support the practitioner’s conclusion that the individual is mentally ill and therefore poses a likelihood of harm.

Below are some examples of descriptions from blue papers, with a discussion of their adequacy to satisfy the legal requirements.
Paint a picture for the medical practitioner and the judicial officer.

“I believe that the proposed patient has a mental illness because [grounds for belief about mental illness].”

• ... he has a diagnosis of ________________.
• ... he has been committed on the basis of mental illness in the past.
• ... he has a prescription for psychiatric medications.
• ... he is not making sense when he talks.
• ... he appears to be answering inner voices.
Paint a picture for the medical practitioner and the judicial officer.

“...and as a result poses a likelihood of serious harm because [grounds for belief about likely harm, including nature of harm].”

- ...he is threatening to kill himself.
- ...he is threatening to harm others.
- ...he can’t answer questions or make any sense.
- ...his home is filled with feces and trash.
Provide a clinical assessment based on symptoms and specific behaviors, articulating the facts about the behaviors so the judicial officer can understand how the mental illness and behaviors create a risk of harm.

“...patient has a mental illness, exhibiting the following symptoms:”

- Psychosis
- Hallucinations
- Mania
- Pressured speech
- Muteness
- Delusions (describe them)
- Disorganized thought and impaired judgment
- Etc.
Provide a clinical assessment based on symptoms and specific behaviors, articulating the facts about the behaviors so the judicial officer can understand how the mental illness and behaviors create a risk of harm.

“...recent actions and behaviors (not symptoms), described below, show that ... illness poses a likelihood of serious harm...”

**Paragraph A:** “... serious threats of or attempts at suicide or serious self-inflicted harm.”

<table>
<thead>
<tr>
<th>Statement</th>
<th>Discussion</th>
<th>Acceptable Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>He says he’ll kill himself.</td>
<td>Okay</td>
<td></td>
</tr>
<tr>
<td>He cut his wrists with a razor.</td>
<td>Okay</td>
<td></td>
</tr>
<tr>
<td>He jumped off a bridge.</td>
<td>Okay</td>
<td></td>
</tr>
<tr>
<td>He is hallucinating.</td>
<td>Conclusion with no actions or behaviors described.</td>
<td>He told me that he must purify himself by releasing his blood</td>
</tr>
<tr>
<td>He is delusional.</td>
<td>Conclusion with no actions or behaviors described.</td>
<td>He believes that he is Jesus, and plans to walk on the river in lead boots to prove it.</td>
</tr>
</tbody>
</table>


Paragraph B: “…recent homicidal or violent behavior or conduct placing others in reasonable fear of serious harm.”

<table>
<thead>
<tr>
<th>Statement</th>
<th>Discussion</th>
<th>Acceptable Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>He acts threatening.</td>
<td>This is a vague, conclusory statement</td>
<td>He got in his car screaming, and threatened to run his neighbor over.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>He is assaultive.</td>
<td>This is a conclusory statement that doesn’t adequately describe the actions or behaviors that led to the conclusion.</td>
<td>He hit [pushed, spit at, tripped, etc.] group home staff. OR He hit group home staff in the past and is threatening to do it again.</td>
</tr>
<tr>
<td>He is delusional.</td>
<td>Delusions alone to not demonstrate risk of harm.</td>
<td>He believes that he is an FBI agent and must assassinate the next person who walks through the door.</td>
</tr>
<tr>
<td>He was harassing people.</td>
<td>Whether there was harassment is a conclusion that doesn’t adequately describe the actions or behaviors that led to the conclusion.</td>
<td>He was yelling obscenities at people and lunging at them.</td>
</tr>
</tbody>
</table>
Paragraph C: “...recent behavior and how it shows inability to avoid risk or protect self from severe physical or mental harm.”

<table>
<thead>
<tr>
<th>Statement</th>
<th>Discussion</th>
<th>Acceptable Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>He is unable to care for himself.</td>
<td>That is a conclusory statement without facts to support it.</td>
<td>He cannot shower, eat, dress, or take his diabetes medicine alone, and won’t accept help.</td>
</tr>
<tr>
<td>He has disorganized thought processes</td>
<td>This isn’t behavior. Further, disorganization doesn’t necessarily make people dangerous.</td>
<td>He is unable to communicate his needs because his thoughts and speech are so disorganized.</td>
</tr>
<tr>
<td>He has poor impulse control.</td>
<td>That, without more, doesn’t show likelihood of serious harm.</td>
<td>He was running down the street naked at midnight.</td>
</tr>
<tr>
<td>He has poor insight into his illness.</td>
<td>This isn’t behavior. Many people without insight into their illness manage in the community without posing a likelihood of serious harm. There must be recent behavior resulting from the illness and showing risk of harm.</td>
<td></td>
</tr>
<tr>
<td>He has stopped taking his meds.</td>
<td>That without more doesn’t show likelihood of serious harm.</td>
<td></td>
</tr>
</tbody>
</table>
Maine SAMHS Webpage: Rights and Legal Issues - Involuntary Hospitalization

Contact Information

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