

RELEASE CHECKLIST FOR NGRI's COMMITTED PURSUANT TO T.C.A. § 33-7-303(c)

INSTITUTE: _____ **NAME:** _____ **CHART #:** _____

DATE ADMITTED: _____ **CHARGES:** _____

COUNTY/COURT: _____ **CMHC OR OTHER PROVIDER:** _____

CMHC FORENSIC COORDINATOR: _____

DISCHARGE RECOMMENDATION: _____

ADMINISTRATIVE

YES **NO**

A. Does the commitment order require mandatory judicial review of release?

If no, proceed with the following questions. **If yes, skip to 8.**

1. Has the treatment team and attending physician considered the following:

Clinical information?	<input type="checkbox"/>	<input type="checkbox"/>
Crime for which the patient was adjudicated NGRI?	<input type="checkbox"/>	<input type="checkbox"/>
Release pursuant to Title 33, Chapter 6, Part 6, Tenn. Code Ann. (Civil MOT)?	<input type="checkbox"/>	<input type="checkbox"/>
Needed follow-up services?	<input type="checkbox"/>	<input type="checkbox"/>

2. Has the above record been presented to another licensed physician for review and recommendation?

3. Have the written recommendations of both physicians been forwarded to the chief officer for a decision?

4. If the chief officer concurs, has a written notice been sent to the following:

The committing court?	<input type="checkbox"/>	<input type="checkbox"/>
The patient?	<input type="checkbox"/>	<input type="checkbox"/>
The licensed physicians?	<input type="checkbox"/>	<input type="checkbox"/>
The district attorney?	<input type="checkbox"/>	<input type="checkbox"/>
Office of the Deputy Assistant Commissioner?	<input type="checkbox"/>	<input type="checkbox"/>

5. If the chief officer does not concur, has a written notice been sent to the following:

The patient?	<input type="checkbox"/>	<input type="checkbox"/>
The licensed physicians?	<input type="checkbox"/>	<input type="checkbox"/>

6. If release is pursuant to Title 33, Chapter 6, Part 6, Tenn. Code Ann., has an outpatient treatment plan been developed?

	YES	NO
7. Has the committing court been notified of plan for release pursuant to Title 33,Chapter 6, Part 6, Tenn. Code Ann.?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the staff conference include two licensed physicians?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did the staff conference consider committability pursuant to Title 33, Chapter 6, Part 5, Tenn. Code Ann., in addition to the issues listed in question 1 above	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the letter to the court include the following?		
Name, legal status, date of admission, and crime for which the individual was adjudicated NGRI?	<input type="checkbox"/>	<input type="checkbox"/>
Reason for admission?	<input type="checkbox"/>	<input type="checkbox"/>
Statement that the patient no longer meets judicial commitment standards?	<input type="checkbox"/>	<input type="checkbox"/>
Statement that the patient will be referred to a mental health center or other provider for follow-up services?	<input type="checkbox"/>	<input type="checkbox"/>
11. Was the letter sent to the following:		
Judge?	<input type="checkbox"/>	<input type="checkbox"/>
Patient?	<input type="checkbox"/>	<input type="checkbox"/>
Patient's next of kin?	<input type="checkbox"/>	<input type="checkbox"/>
District Attorney and Defense Attorney?	<input type="checkbox"/>	<input type="checkbox"/>
Licensed physicians who recommended release?	<input type="checkbox"/>	<input type="checkbox"/>
Office of Deputy Assistant Commissioner?	<input type="checkbox"/>	<input type="checkbox"/>
12. Was the letter sent by certified mail, return receipt requested?	<input type="checkbox"/>	<input type="checkbox"/>
13. Was the appropriate CMHC or other provider involved in the planning of aftercare services?	<input type="checkbox"/>	<input type="checkbox"/>

CLINICAL

1. Is the family supportive of the release?	<input type="checkbox"/>	<input type="checkbox"/>
Is there court opposition to the release?	<input type="checkbox"/>	<input type="checkbox"/>
Is there community opposition to the release?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
2. Is the patient to be discharged into the same environment in which the crime occurred?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the patient have a history of noncompliance with treatment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there criminal history associated with noncompliance?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a history of alcohol/drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Were alcohol/drugs involved in the crime?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the patient had on-campus and off-campus privileges?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any problems?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient possess self-care living skills, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the patient been violent, assaultive, threatening within the last six months of hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe, i.e., what did the patient do? How often? When was the last episode? What was done about it?		
