Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
Transfer Summary	1) NSG	1) Patrick is a 56 yo Single male - DCMI. Commitment expires 2-21-03. Has a hearing for re-commitment scheduled on 2-19-03. He also has a rule 20.02 Scheduled for 1-28 + a hearing on 2-12-03. He had been harassing + threatening the Nursing department @ the U of M - ongoing since 1989. In July 2002 made threats towards a Ramsey Co. Judge. On admission in Sept. he was reportedly delusional + exhibiting bizarre behavior but no aggression. Since transfer to Miller South he has continued to be somewhat grandiose but generally very pleasant + easy to re-direct. Has no CD issues. Is med compliant + a good understanding of his meds. Denies any side effects. Has had no physical complaints. Appetite is good. Sleeps average 8° a night. ADL's are adequate with prompts. Has had no elimination problems. Has used pass privileges without incident. Pt is eager to transfer to Como as a transition before discharge back to his apartment. A) Pt has shown a fair ability to maintain delusional beliefs. Ready for transfer to less restrictive environment. P) Transfer on 1/27/03 per wishes of Psychiatrist

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Facility Name:

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#30042 ADM 9-10-02

DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1/23/03 2:05	2 S. SW/CD	Transfer Summary
		Transfer to Como unit on 1/23/03.
		Notified family and CCM. Patrick
		has an apartment in the community
		to return to. He is interested in
	psychiatric exam	securing employment. Rule 20.02
		~~hearing~~ is scheduled for 1/28/03
		and hearing is 2/12/03. Writer will
		contact Cheryl Hanson, court liason
		to notify court. [illegible] SWSR
1-24-03 9:00 AM		LEFT ON PASS AT THIS TIME, TO RETURN BY
		9:00 p.m THIS EVENING (1-24). STATED HE
		WAS TAKING AN MTC BUS TO ✓ ~~ST. PAUL~~ ERROR [illegible]
		ON HIS APARTMENT IN ST. PAUL, AS HE
		HOPES TO BE DISCHARGED THERE VIA THE
		COMO UNIT. [illegible]
1/24/03 3:00 pm	nsg	(D) Pt. is out on pass to his
		apartment and has been pleasant
		with staff and peers. R. ~~[illegible]~~ AST
1-24-03	nsg 4:30 p	Pt. returned from pass. Turned in pass slip. closure

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Progress Notes DOB 12-11-45

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1/27/03	cont.	to arrange their delivery. Patrick will
	msg	be oriented. Transfer order in place.
		[illegible] RN
1-27-03 NSG	10:50 PM	D: Pt attended cooking group Pt helped prepare
		and cook and clean Pt was social and encourage
		others in group Continue to monitor
		[illegible] HST
11:45 AM 1-28-03	MHg	~~D:) Patrick will be leaving to be with friends.~~ error
11:45 PM 1-28-03	MHg	D:) Patrick attended the AM community
		meeting today. Patrick came to the nursing
		office to talk about going to court to
		try and get his apartment back. Patrick
		showed staff a copy of a picture of a trashed
		apartment. Patrick was sure he did not
		do it and Patrick accused his landlord
		of trashing his apartment to try a and
		get him out. Staff will continue to
		observe Patrick's behavior. — [illegible] HST
1/27/03	SW 1pm	Completed info for CCU social service
		intake — DK planning mtg scheduled
		1-30-03 coordinating with Cheryl

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Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1-25-03 NSG.	2pm	Patrick left for PRN pass into community. Going by car with friend for lunch. Taking a walk around old campus then down to Anoka. Expected return on or before 7pm. [illegible] HST
1-25-03 NSG	4pm	D. Returned from day pass. Turned in green slip. Checked for contraband c̄ none being found. Cooperative c̄ check in procedure. Said that the pass went well. [illegible] HST
1/26/03	NSG 945P	D) Pt watching T.V., ordered out for pizza "its my last night here + might aswell do it up." pt smiling. had snacks, pt watching football, went [redacted]
1/27/03	9:45A NSG	D) Patrick arrived to [illegible]. Pt. reports he is not planning to return to his apt. in the community. "they don't want a senior". Patrick was spoke of his senior status x 6 since arriving. Reports his landlord "busted up my place". Pt. reports he was pending court for rule 20.02 & commitment. MAKE did not arrive c̄ pt. writer called [illegible] RN on M5 who plans

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Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1-27-03	Dr cont—	next week.
		A. Kitchen screen complete & reviewed. Menu plan & grocery shopping complete. Meal observation complete & ~~competent~~ group competent. competent
		P. Cook 1:1 c Pat for Tater Tot hot dish & spagetti. These are new menu items for Patrick. Be available if Pat has concerns about menu planning, & also if he wants to try new recipes etc. Therapist will encourage involvement in cooking groups. Diane Nason COTA/L.
1-29-03 OT		D. Therapist provided 1:1 cooking skills for making tator tot hotdish per his request to try something new on his menu plan. Patrick was eager to try. He cleared a cooking area first putting the dish drainer on the stove. He was reminded he would be cooking in that space & removed it to the table. He read the recipe & gathered supplies. He began cooking the hamburger by breaking it up but didn't turn on the burner until therapist asked if he was ready to cook it. He cooked the meat thoroughly & followed directions for the entire recipe & stew

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2 11-15

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1-27-03 OT		D. Therapist met c Patrick to review the kitchen screen. He completed this screen 2x's and between the 2 forms he responded correctly to all the questions. Therapist observed Patrick while preparing a frozen all in one meal. He was able to measure the ingredients, followed the directions, knew how to use sharps correctly. Clean up spills after cooking, but not as he spilled things. He determined if the food was done by tasting a small cookfork full. He needed cues to wash dishes thoroughly. He did question if he should keep the leftovers in the fridge. A kitchen evaluation was complete at AMRTC on 12/31/02 & OTR states he did fine. Menu planner required some adjustments & grocery list was done 1:1 with this therapist. Patrick did use the menu suggestion handout while menu planning & included items he has never prepared before. While grocery shopping Pat compared prices when this was brought to his attention & realized he could purchase everything with his $50 limit. He circled the items he couldn't get & will purchase them

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Progress Notes

Patient's Name and Number: Patrick O'Dougherty BHB #39972 Transfer to Como 1-27-03

SUMMARY OF INITIAL PSYCHIATRIC ASSESSMENT (see attached copy of dictated Psychiatric Assessment)

FINAL DIAGNOSIS: (Do not abbreviate)

Axis I: Schizophrenia, paranoid type - R/O Bipolar disorder, manic with psychotic features

Axis II: deferred

Which Diagnosis is primary?

Axis III: Nonspecific GI sx's ;

Axis IV: legal problems, lack of social support

Axis V: GAF at Admission: 30 GAF at Discharge: 55

PERTINENT FINDINGS ON PHYSICAL EXAMINATION (include date): No acute medical problem

PERTINENT LABORATORY RESULTS (include date of each study): 9/11/02 TSH 1.32 Total T4 8.4 Total T3 158 } WNL

HOSPITAL COURSE: ___Additional comments on reverse

Cooperative c̄ structure & treatment programming.
No harassment, stalking behaviors at the present time
Responded better on Geodon & Wellbutrin c̄ mood stabilization & alleviation of grandiose, paranoid delusions / Flight of ideas
No aggressive behaviors - No self harm behaviors
No reports of chemical usage
Rule 20.02 → exam/evaluation by Hennepin Co District Court Psychologist on 1-28-03 & Court Hearing 2-12-03

PERTINENT FINDINGS ON MENTAL STATUS AT DISCHARGE: Oriented x 3 - Concentration: good - speech: relevant. Mood: euthymic - mild hypomania recently - No acute grandiose/paranoid delusions (improved) - No hallucinations NO SI, NO HI

PROGNOSIS: Fair

DISCHARGE MEDICATIONS (including medications for non-psychiatric illnesses): ~~Wellbutrin SR 300 mg qd~~ ~~Geodon 80 mg bid po~~ Risperidal 4mg qhs, Lithobid 600 mg BID ~~Protonix 40 mg bid~~ MVI 1 qd po ~~Calcium 1500 mg qd~~ ~~Selsun blue shampoo 3x/week~~ WF ~~Calcium~~ tid

AFTER CARE RECOMMENDATIONS:
Psychiatric followup & meds
+ general care (self-med)

X This document will serve as the final Psychiatric summary
___A more complete dictated summary will follow.

Physician's signature [signature] MD Date 1/23/03

PSYCHIATRY

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2-4-03 OT		D. Patrick has attended his first morning meeting on 1/30 - he tried to participate in menu planning but states "I don't cook." 1/31 during brunch group he was shown how to roll out crescent rolls He needed cues to read the package directions) x2 He set the table & had good social skills. 2/3/03 he cut onions & set out plates for the group. Good participation in morning meeting 2/4/03. participating in stress activity. A. Good progress toward outcome. P. Continue current outcome. Diane Nason corn.
2-6-03		D. Therapist met c Patrick today per his request to learn to make spagetti. Patrick is unsure of his cooking skills. He was able to follow the package directions on boiling the spagetti after reading it 2xs. He browned ground beef for his sauce but asked several times if the meat was done. He wasn't sure what to do next, if he should mix the sauce together etc. He invited his roommate to share the meal. He also questioned "how do I know if the noodles are done"? Therapist

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Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1-29-03 OT cont		cues needed. Patrick has decided to cook the last dish for supper so he put it in his refridge. He is keeping the recipe for future use.
		A. Completed cooking task.
		P. Continue skill building in this area, Evening staff will follow up on use of the oven this evening. Therapist will meet 1:1 to cook spagetti Diane Nason COTA.
1-31-03 OT		D. Therapist met 1:1 with Patrick today to assist c preparation of upcoming weeks menu plan. He was much more focused this time + able to identify meals + used the grocery list, knowing what went under which food groups. He will make a copy of this menu plan along with last weeks to incorporate in the following weeks plan; then he can rotate his plans each week.
		A. Assist provided to menu planning - this task was much easier for Patrick this week.
		P. Follow up on how grocery shopping goes + be available if needed for future meal planning. Diane Nason COTA.

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Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1/30/03	Nsg	Discharge planning meeting today at unit
12N		attended by Patrick, his ccm - G. Lopez,
		L. Wright, LSW-AMRTC, D. Nason - COTA-AMRTC & writer
		T. Talldog[illegible]. Few medical concerns, knowledgeable
		of meds and thankful for having generally good
		health & few medications. Will cont. to
		work i staff for evaluation of cooking
		and cleaning skills. Able to take bus
		as needed c pass ~~provided by CCM~~ he buys himself. [illegible]
		Financial concerns are minimal and ccm
		assisting c w. energy bills & if any past
		due rent etc. Concern/question brought
		up re: eating at congregate dining [illegible]
		services in community. Patrick said he
		did not to eat alone and partly did this for
		socialization reasons. Working i L. Wright
		toward Relapse Prevention Plan.
		Not eligible for MA 2° assets. Reluctant to
		↓ assets. Exploring MAEPD and requesting
		vocational assistance. RSDI approx 1000/mo
		& has investment accts. Plan to cont / cont
		T. Talldog[illegible] RN

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Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1/28/03	SW com	Hansen, the court hearings suggest he may require to complete Rule 20.03 & commitment matters. [signature] SW
1-28-03 10:10 PM	NSG	D: Pt friendly and social. Pt was on time for meds. [signature] HT
2:17 Pm 1-29-03	NSG	D:) Patrick forgot to sign out this AM. Patrick said he had been out taking care of business and errands. Patrick said he met some one who might be able to ~~get his apartment back~~ (error) to help him move his belongings. Patrick talked about his apartment. Patrick is currently cooking with Diane the oats. — Verner Hultman HST
1-29-03 10:10 PM	NSG	~~D: Pt came and filled med E Monday. No concerns or complaints. Continue to monitor.~~ ERROR [signature] HT
1/29/03 10pm	NSG	D – pt. prompted to take HS meds – reminded of time & importance of self reporting. Pt. states his hot dish turned out OK for supper. In apt. all evening. — [signature]

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Progress Notes

A [illegible]A METRO REGI[illegible]AL TREATMENT [illegible]TER

SOCIAL SERVICE
DISCHARGE PLANNING MEETING

PATIENT: Patrick O Dougherty
DATE OF DISCHARGE PLANNING MEETING: 1-30-03

ATTENDANCE: (client, members of AMRTC treatment team, county case manager/community supports, family)
Patrick - George Lopez CCM, Lynn Wright LSW Tim Todd L
Diane Nason OT

I. INDIVIDUAL TREATMENT PLAN:
ITP reviewed ☐ yes ☒ no

II. PASS PLANNING RECOMMENDATIONS (input from team, county, family/support network, client)
Criteria for passes (include discussion of initial notification to county/family)
day passes only - - may consider overnight later

Will county case manager/team visit client during passes? ☐ yes ☒ no
If yes, identify process for notifying client's county team of planned passes:

III. DISCHARGE AND AFTERCARE RECOMMENDATIONS: (reflect input from inpatient team, county, family/support network, client.)
Recommended level of care upon discharge , with supporting data. Identify any specific facilities.

☒ Independent living (alone or with family/friend)
☐ Supported Housing /Apt. Training Program/Shared Housing
☐ Rule 36
☐ Inpatient or Residential Chemical Dependency
☐ Sober House
☐ Corporate Foster home
☐ Private Foster Home
☐ Nursing Home
☐ Assisted Living
☐ Board and Lodge
☐ Other : specify

Recommended aftercare services: Check all that apply ☒ Psychiatric aftercare ☒ Continued Case Management ☐ Intensive Case Management ☒ Day treatment (mental health) ☐ Outpt. Eating Dx. Treament ☐ Outpt. Chemical Dependency Treatment ☐ Outpatient DBT ☒ Medication monitoring ☐ Home health care ☐ Financial services (rep. Payee/ money management etc); ☒ Vocational/educational services ☐ Medical ☐ Other

Recommendation for provisional or direct discharge, with supporting data:
provisional - commitment & tension due hearing 2-19-03

Anticipated length of stay: (address any Utilization Management issues)
3 months

IV. FAMILY & SOCIAL SUPPORT SYSTEM INVOLVEMENT:
Client's identified support system:
Release of information signed ☒ yes ☐ no
Comments: has releases on file - stated that he wants family involved upon discharge -

IV. REASSESSMENT AND INTERVENTIONS
Based on the above information, are modifications or additions recommended for treatment or discharge planning?
☒ Yes Describe: assessment
☐ No

PRIVATE DATA
Do not release without consent
Data Subject, pursuant to MN
Stat. 13.46, subd. 2 (a)

OT services to assist in all areas - focus to resolve Rule 20.03 - other change - Part time work

DISCHARGE AND AFTERCARE CHECKLIST

Discharge need	Action needed ?	Person responsible/target date
Housing Needs Referrals completed: Applications: Identification: ☐driver's license ☐State ID ☐birth certificate ☐Soc. Security card. Other: OK	arrange storage ☐ No ☐ Continue to assess ☐ Yes: Schedule to tour + apply at Wilder Hi Rise Resolve 20.03	Patrick L. Wright Patricks HC County Patrick L. Wright
Transition Needs:	good with bus - purchases own bus passes ☐ No ☐ Continue to assess ☐ Yes: Background ✓ Resolve issues at old apart + put belongings in storage	L. Wright George Lopez by 2-13-03
Finances (income & insurance) ☐ SSI ☒SSDI ☐GA ☐ Veteran benefits #1048 ☐GAMC/MA ☐ Paycheck ☐ Private Insurance	☐ No ☐ Continue to assess ☐ Yes: over asset for MA - will apply MA EPD	~~upon D/C~~
Psychiatric/medication follow-up ☐verified can return to previous dr.	☐ No ☒Continue to assess ☐ Yes: saw HCMC Dr Hall -	
Mental Health Aftercare (day tx. therapy, CSP, Intensive case management or adjunct support services etc)	☐ No ☐ Continue to assess ☐ Yes: attend Apollo tour participate in Como groups likes to attend Dorothy Day Center for socialization + a meal	D. Wason -
Vocational/Educational	☐ No ☐ Continue to assess ☒Yes: would like assistance to locate work ~~refer to RS~~	G. Lopez - ~~Patrick~~ L. Wright
Legal Status:	☒ No ☐ Continue to assess ☐ Yes: commitment expected on 2-19-03	Dr Parcina HC to int. 2-3-03
Relapse Plan/ Crisis Supports Relapse Plan Developed? ☐yes ☒no Relapse Plan reviewed/updated between passes?☐ yes ☐no	☐ No ☐ Continue to assess ☐ Yes: scheduled to develope 2-3-03	
Medical Needs	☒No ☐ Continue to assess ☐ Yes: explained must work with nursing for all appts	

Client Comments and Signature:

[signature]

Case management/family Comments and Signatures:

[signature]

Date of next Discharge Planning Meeting:

AMRTC Social Worker: [signature] Date: 1-30-03

Original: medical record (progress notes) copy: county case management; client

George to coordinate with current landlord to arrange back payment - George relays - Lynn request check from pt TC acct Patrick a single str gl- Fear. to arrange move/trash to transport) -

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1/30/03	SW R Noon	D/C planning held this day. See separate note this section [illegible]
1/31/03	NSG 1PM	D) Patrick attended cooking group and helped prepare, and clean up. Patrick was pleasant & social with staff and peers. B Stark HST
9:37PM 1-31-03	NSG	D:) Patrick came to nursing office and asked staff if it was ok to microwave food in its cooking pan. Staff found out Patrick was getting ready to microwave food he had already prepared in a metal pan. Staff tried to make it very clear that he should never microwave with any metals. Staff went up to the kitchen to assist Patrick. Patrick was unsure what to do to microwave his food. Staff suggested how to proceed and let him do the preparation. Staff suggested 3 minutes in the microwave instead of the 5 or 6 minutes Patrick was going to do. — Patrick had a male visitor this evening. Patrick and friend went out (continued)

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Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1/30/03	Dcg	to explore health insurance options.
12N		Strongly motivated to seek work, interested
		in tax preparation. Plans for DC include
		~~provide~~ PROC* provisional discharge which
		Patrick is on board with. Patrick does
		have legal issues which court-appointed
		attorney are assisting him with. DC housing
		at this time is for semi-independent living
		i.e. own apt. with congregate dining. Also
		to cont with psychiatric care p dc, possible
		medication monitoring. During meeting
		Patrick strayed from topic of discussion
		several times. At times he realized this
		for example when he was speaking about
		vocational concerns he said he could
		"try to tone it down" —— [signature]
cont.		Logistics of moving, storage, labor discussed
		regarding moving from present apt. Several
		options discussed and plan is to explore
		past living situation, "already hired movers", storage
		facility, etc. —— [signature]

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Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
~~ERR~~	~~LOS~~	~~D: Pt was watching TV No Concerns or Complaints Continue to Monitor~~ [signature]
2-2-03 Nsg	2:50 PM	D: Pt was very Talkative this morning Pt went to Church Pt has been Social No Concerns or Complaints Continue To monitor [signature]
2/3/03	8:30A Nsg	D) Pt. has dry, scaly & flaking scalp. reports using white rain or his shampoo. Pt. reports pruritic. Writer placed on clinic board for 2/4/03 req. Nizoral shampoo. — [signature]
2/3/03	SW 10A	Met with Patrick — he is confused about how/who will accompany him to the (now verified) Court hearings 1) 2-7-03 @ 1:30 401, So 4th St Mpls - Public Safety Bldg 2) 2-12-03 @ 3PM - Judge Belois @ the court bost center 3) 2-19-03 which sheriffs will transport re: the commitment for Mental Health — Have left messages for his public defender Craig Boone (actually voice mail was full) & courts transportation

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Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
		continued
9:37PM 1-31-03	Nsg	to eat and Patrick returned around
		9:00PM. Patrick has been pleasant and
		cooperative this evening. — Werner Hultman HST
2/1/03 2:45PM	Nsg	Patrick self reported for am meds on time.
		Did not express any physical or psycholog-
		ical c/o. Talked c staff for a time about
		shuttle craft disaster that happened this
		AM. Strayed from subject several times
		to topics not connected c disaster
		then would return to original conversation
		He appears not to be aware he has strayed
		from topic of conversation. Signed out
		for day pass to book store at 11AM.
		Expects to return to unit about
		4 PM. [signature]
2/1/03 7:30P	Nsg	D) Patrick went down to John's
		pizza and has been downstairs
		talking with staff this shift.
		Patrick says he is ~~closing~~ doing
		well at Como and he likes it
		here. No problems noted B. Smith HST

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Progress Notes DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
		↓ continued
8:59pm 2-3-03	NAJ	the bathtub. Patrick plans to take a bath
		this evening. Patrick talked a little about
		being an author, and having once owned
		a now defunct publishing company.
		Patrick was observed interjecting inappropriate
		comments to the group discussion.
		For example the group was talking about
		receipies and menu ideas when Patrick
		interjecting comments about former Pres.
		Clinton. When staff was ready to
		leave his apartment after helping with the
		Bathtub plug Patrick made comments about
		"the mickey mouse mafia in California"
		Verner Huttman HST
2/4/03	7:30A	D) Dr. Bruner gave T.O. for level II meds on 2/3/03.
	UEG	— [illegible] RN —
2/4/03	1030A	D) Dr. Tunmerle gave T.O. for Nizoral shampoo
	UEG	for scalp. — [illegible] RN
2/4/03	SW 5p	Toured Wilder apts on Milton
		He liked it - Has application to
		return - also received a very

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[illegible]UGHERTY, PATRICK /M

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Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/3/03	SW cont	division does not answer - also left message for Cheryl Hauser completed relapse prevention plan - challenged Patrick re: the level of his statements which he tends to disclose - especially when "under pressure". Will continue to explore options for D/C - Wilder apt town + application 2-pp
2/3/03		addendum - Patrick reported he visited NAMI office & he reported he was referred to the Consumer Survivor Network - He seemed excited to explore what this org can offer him
8:59AM 2-3-02 Supper group	NSG D:)	Patrick attended the cooking - supper group and participated. Patrick cut the onions, and set the table, and he helped clean up. Patrick took instructions well. Patrick needed assistance to work his plug to

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SIDE 1 (OVER)

Progress Notes

EXAMINATION (Check appropriate blank and comment below regarding significant findings):

	WNL	ABNORMAL		WNL	ABNORMAL
General appearance	✓		Judgment and insight	✓	
Muscle strength and tone Gait and station	✓		Attention span Concentration	✓	
Speech		✓	Orientation	✓	
Thought processes		✓	Recent and remote memory	✓	
Associations/psychosis		✓	Fund of knowledge	✓	
Suicidal/homicidal ideation	✓		Mood and affect	✓	

Mild-mod / chronic grandiosity

No overt paranoid delusions

ASSESSMENT OF CURRENT STATUS: Apparent baseline functioning

DIAGNOSIS: Schizophrenia, paranoid

PLAN: - continue meds
- supportive therapy & reality testing
- work on Discharge Plan - Referral to comm/ or halfway

UNIT/FLOOR TIME: 20 min. OVER 50% COUNSELING/COORDINATION OF CARE ✓ YES ___ NO

SIGNATURE: [signature]

PRINT NAME: [signature]

DHS-1035C (1-98)

SIDE 2

PZ-82350-01(4/01)

Facility Name: ODOUGHERTY, PATRICK

Patient Name:

MREC #: AMRTC BHIS D/# 39972

Birthdate: #20042 ADM 9-10-02

Sex: DOB 12-11-46

Program/Unit:

Physician's Progress Notes - Psychiatry

DATE: 1/3/02 TIME: 4:20 pm

REASON FOR ENCOUNTER (INCLUDE PATIENT'S CHIEF COMPLAINT, IF ANY); HISTORY OF ILLNESS FROM PREVIOUS ENCOUNTER TO PRESENT; AND REVIEW OF PSYCHIATRIC SYSTEM:

Talked to patient who is excited about court's order appointing her P.D. from AMRTC (therapeutic passes also allowed). Team has referred her to tomorrow's mtg such as community unit Conn / or Muller.

COUNSELING/COORDINATION OF CARE AND/OR OTHER INFORMATION: Cooperative to tx program attending groups; no aggressive behaviors; No chemical use; no self harm. He's redirectable, as he exhibits chronic grandiose thought / mode with rambling speech about his discharge plan / living arrangement.
No harassment / stalking behaviors reported

RESPONSE TO AND COMPLICATIONS OF CURRENT MEDICATIONS: Med compliant
NO S/E side effect

If you ask, we will give you this information in another form, such as Braille, large print or audiotape

Facility Name: ODOUGHERTY, PATRICK /M
Patient Name:
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex:
Program/Unit: DOB 12-11-46

DHS-1035C (1-98)
SIDE 1 (OVER)

Physician's Progress Notes Psychiatry

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1/6/03		Pt was given menu plan to complete for Como referral
		[illegible]
1703		Pt attended all assign groups - happy
		with 4° pass on Wed to go shopping
		in the morning - in the local community
		Tona Sue stated she'll drop him
		off at River Dale - A pleasant
		[illegible]
1-7-03		2:45 pm Staff on unit called and stated
		a pt. was having an emesis after
		his meals outside on the concrete
		almost every day. This staff
		described pt. and it sounded
		like Pat, when approached he stated
		that he was throwing up and
		after meals had a gaging feeling.
		Dr. Ram called the pharmacy
		And Changed the lithium from
		~~liquid~~ capsule to pill form [illegible]

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex: DOB 12-11-45
Program/Unit:

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
1/3/03 SW	33 Vp	D) SOCIAL WORK PROGRESS NOTE Met with Patrick on several occasions. Patrick was found competent, the court liaison Cheryl Hansen verified that the client can go to the community unit with the court as is was not stated in the order. SW completed referral to Miller and Como Community Unit. SW spoke with financial worker Jody Steele regarding medical assistance and verified application received by Ramsey County. Patrick needs to spend down from $3,000 with the Van Guard account / per Cindy Lindemeier, Ramsey County Financial Worker. Patrick reports his assets were not that high and that his proofs of income will show that. A) Ramsey County Financial Worker will inform Jody Steele of their requirements to process MA application. P) Refer to Miller and Como Unit. Follow up on medical assistance and Rule 20.02. CCM to seek Ramsey County housing subsidy for independent living after the Como Community Unit. Donabelle Ibsw
1/4/03 NSG	9pm	(D) pt. has been upon unit this shift. In dayroom c peers. C/o peer # 526 touching him in dayroom & would not stop when pt. asked him to. Pt. delt c problem in appropriate manner & was pleasant all shift. Karl HST
1/5/03 NSG	830 pm	(D) pt has been up on unit all shift. Using C level privs appropriately. Interacting alot c peers on unit & very pleasant & talkative. Pt. expressed no complaints to staff this shift. Karl HST
603 SG	2 20 P	D) Pleasant. Went to anger man, comm. mtg, grief + loss group, mall walk, self care and relaxation. He wants to buy new clothes. No harassing behavior noted. M. Ann-Kung HST SC

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: JDOUGHERTY, PATRICK
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-45

SIDE 1 (OVER)

Progress Notes

DATE: 3/7/03 **TIME:** 0800

REASON FOR ENCOUNTER (INCLUDE PATIENT'S CHIEF COMPLAINT, IF ANY); HISTORY OF ILLNESS FROM PREVIOUS ENCOUNTER TO PRESENT; AND REVIEW OF PSYCHIATRIC SYSTEM:

Routine followup to reassess meds.
Mr. is 56 y/o c̄ >30 year hx of psychotic illness, possibly 295.32 c̄ mood/psychotic features. At baseline still has mild speech disorganization - negative sx absent. No overt delusions. Describes himself as "schizophrenic" & "an author". His interest is in Mental Health policy/legislation

COUNSELING/COORDINATION OF CARE AND/OR OTHER INFORMATION:

Last weekend reports that he got "stressed" over continued work on his ongoing Kala 30.01 (Lead). Sleep OK. Self care ok. Not guarded or suspicious. No voices. No SI / mood sx.

RESPONSE TO AND COMPLICATIONS OF CURRENT MEDICATIONS: Aripiprazole c̄ psychotic sx in remission - no side effects to meds.
His past Li levels all 0.6 (Li). Except for one 1.1 at AMATC (Error c̄ meds).
Will repeat Li level.

If you ask, we will give you this information in another form, such as Braille, large print or audiotape

Facility Name:
Patient Name: Atheda O'Dougherty
MREC #:
Birthdate:
Sex:
Program/Unit:

DHS-1035C (1-98)
SIDE 1 (OVER)

Physician's Progress Notes - Psychiatry

EXAMINATION (Check appropriate blank and comment below regarding significant findings):

	WNL	ABNORMAL
General appearance	✓	
Muscle strength and tone Gait and station	✓	
Speech		✓
Thought processes		✓
Associations/psychosis		✓
Suicidal/homicidal ideation	✓	
Judgment and insight	✓	
Attention span Concentration	✓	
Orientation	✓	
Recent and remote memory	✓	
Fund of knowledge	✓	
Mood and affect	✓	

Has mild/moderate speech disorganization. Tangential. Have to refocus him to complete discussion.

ASSESSMENT OF CURRENT STATUS:

DIAGNOSIS: R/O Schizophrenia R/O Schizoaffective.

PLAN: Continue Risp 4mg HS & Wellbutrin [illegible]. Discussed with him possibility of ↑ Risp. to 5 or 6mg HS. Reports that he has not been [illegible] "stressed out" "last weekend was a rough weekend for me" (court related issues). He said he would keep open mind & think possible [illegible].

UNIT/FLOOR TIME: 30 min. OVER 50% COUNSELING/COORDINATION OF CARE X YES ___ NO

SIGNATURE: [signature]

PRINT NAME: R. J. Brunner

DHS-1035C (1-98)

SIDE 2

PZ-82350-01(4/01)

Facility Name:
Patient Name: Patrick O'Dougherty.
MREC #:
Birthdate:
Sex:
Program/Unit:

Physician's Progress Notes - Psychiatry

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3-5-03	Psy 1705	Neuropsych. Consultation: Patrick completed battery of neuropsych tests ~ 3 hrs. Pt. was cooperative, attentive to the task & appeared to put forth adequate effort to estimate his current neurocognitive functioning. Additionally, pt.'s mood appeared normal & congruent affect, he was oriented x 3 and answered questions, albeit in a tangential or circuitous fashion @ times. Pt. responds to redirection & while his thinking seems disorganized, based on his speech content, he is capable of logical, rational decision making & has the capacity to understand questions & multi-stepped instructions. Pt. stated that he struggled w/ SI over the past weekend, but stated that discussing the problem helped & he no longer has SI. Pt. was pleased w/ writer's suggestion that he be referred for ind. Tx therapy to help him cope w/ the stress that results from his legal situation. Writer will make referral. NP results pending scoring, writer will submit formal report in early next wk. Please refer questions to me at x4228 @ AMRTC. K. Ryan, Psy.D
3-5-03 8:45pm	NSG	100K Pat grocery shopping. Pat did pretty well. He was on time, and he stayed within his

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

DOUGHERTY, PATRICK /M

AMRTC BHIS #39972

#20042 ADM 9-10-02

DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
	cont.	allocated budget. His choice of food items was on the overall balanced. Pt was appreciative of Staff's efforts. He cleaned up his apt —— BOH (HST)
3/6/03 RW	745 Reviewed	P) Patrick was not made any medical complaints the past 2 weeks. He denies alteration in elimination. Patrick has maintained his apartment. Patrick has increasingly expressed his frustration & recent court events. Patrick was recommitted until 2/19/04, Tarasoff remains intact. Patrick's rule 20.02 is extended until Aug. & Sept. He seems to verbalize an understanding of this now. Patrick met & Kristen Ryan on 3/5/03. Expressed some S.I. that was fleeting. Reported he had no intent or plan for harm. Patrick continues to present & the accelerated flight of ideas. Working w him on sticking & the "basics" on a more frequent basis. He remains on level III meds. A) Progressing towards goals. P) Cont. med ed. —KRSchenck

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

SIDE 2

DOUGHERTY, PATRICK /M
PRIVATE DATA
Do not release without consent of Data Subject, pursuant to MN stat. 13.46 subd. 2 (a)
AMRTC BHIS # 39952
#20042 ADM 9-10-02
DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3/2/03	q 50 hrs	Further regarding thoughts of suicide and plans put in place for Patrick to attempt to occupy idle time i productive activities, checking in i staff and reduction of med dosed to limit Rx medication. Med-counter obtained from Patrick and placed in unit med-cart. Also requests to see a therapist about suicidal thoughts. — T Eldridge
3/3/03 10:10 hrs	NSG	Patrick is offline at this time and signed out to go to Apollo Club. Stated he was "ok" when written asked if he felt safe at that time. Has now done his hygiene, showered, combed hair. Now saying "I think I got too tough a case, ... I never wanted it", "I just said something ... as a joke". This statement is reference to his ongoing legal problems involving a threat to a Hennepin County judge. — T Eldridge
3/4/03	SW JP	D/C planning meeting See separate note this section — T Eldridge
3/4/03	SW JP	Completed application for Wilderness with send letter to accompany referral JM

DRS-1035(6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3/4/03	SW	continue to eval + crimnal history [illegible] LSW
9:00 PM 3-4-03		Msg'd:) Patrick came to staff wanting to talk with staff about some of his legal issues and about a certain judge. One of the questions Patrick repeated many times was "what is the judge after?" Staff tried using distraction and later told Patrick we are not qualified to discuss legal issues. Patrick denies doing anything illegal and asked staff what he should say to kristen the psychologist Staff reminded Patrick that we do not coach a prep to see the psychologist. Patrick said he knew that and then asked what our role was (?). Patrick did eventually allow staff to change the subject to discharge plans. Patrick denies any suicidal ideation. Verner Stellmon HST
3/5/03 2pm	NSG	D- pt. met c psychologist at 1:30 pm for eval. CBrown, RN

DHS 1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

3-18-03 - Safe Alternatives apt program George
Complete Wilder appl. Patrick Patrick
Lynn

DISCHARGE AND AFTERCARE CHECKLIST

Discharge need	Action needed ?	Person responsible/target date
Housing Needs Referrals completed: Applications: Identification: ☐ driver's license ☐ State ID ☐ birth certificate ☐ Soc. Security card. Other:	Landlord Paid now ☐ No Transfer belongings ☐ Continue to assess ☐ Yes: arrange movers Contact landlord get permission to pack- ▽ Patrick to be there by himself	George George George -
Transition Needs:	☐ No continue to attend ☐ Continue to assess CCKS programming ☐ Yes: attend Apollo	Patrick Patrick -
Finances (income & insurance) ☐ SSI ☐ SSDI ☐ GA ☐ Veteran benefits ☐ GAMC/MA ☐ Paycheck ☐ Private Insurance	☐ No continue to address ☐ Continue to assess ☐ Yes: credit problems Credit Advisors re: credit resolution	Patrick Lynn Patrick Lynn
Psychiatric/medication follow-up ☐ verified can return to previous dr.	☒ No See Dr Baumer 3-7 ☐ Continue to assess re: suicidal ideation Dr Baumer ☐ Yes:	Patrick
Mental Health Aftercare (day tx. therapy, CSP, Intensive case management or adjunct support services etc)	☐ No meet with Lynn ☐ Continue to assess review bills ☐ Yes: Bucham Level Z meels	Patrick - Always
Vocational/Educational	☐ No Via Apollo - Kerry ☐ Continue to assess explore jobs. ☐ Yes:	Patrick -
Legal Status:	☐ No Sept (or Aug) Reeval ☐ Continue to assess for competency ☐ Yes:	
Relapse Plan/ Crisis Supports Relapse Plan Developed? ☒ yes ☐ no Relapse Plan reviewed/updated between passes? ☐ yes ☐ no	☐ No ☐ Continue to assess on file ☐ Yes:	—
Medical Needs	☐ No would like eye exam ☐ Continue to assess ☐ Yes:	

Client Comments and Signature:

Patrick A. O'Dougherty

Case management/family Comments and Signatures:

[signature]

Date of next Discharge Planning Meeting: 4-1-03 11:30 AM

AMRTC Social Worker: [signature] Date: 3-4-03

Original: medical record (progress notes) copy: county case management; client

[initials]

...JKA METRO RE...NAL TREATMENT CENTER

SOCIAL SERVICE
DISCHARGE PLANNING MEETING

PATIENT: Patrick O'Dougherty
DATE OF DISCHARGE PLANNING MEETING: 3-4-03

ATTENDANCE: (client, members of AMRTC treatment team, county case manager/community supports, family)
Patrick George Lopez CCM Diane Nelson CCM Cindy Bean LPN.

I. INDIVIDUAL TREATMENT PLAN:
ITP reviewed ☐ yes ☒ no

II. PASS PLANNING RECOMMENDATIONS (input from team, county, family/support network, client)
Criteria for passes (include discussion of initial notification to county/family)
no passes - days only -

Will county case manager/team visit client during passes? ☐ yes ☐ no NA
If yes, identify process for notifying client's county team of planned passes:

III. DISCHARGE AND AFTERCARE RECOMMENDATIONS: (reflect input from inpatient team, county, family/support network, client.)
Recommended level of care upon discharge , with supporting data. Identify any specific facilities.

still under consid. assessment

☐ Independent living (alone or with family/friend)
☐ Supported Housing /Apt. Training Program/Shared Housing
☐ Rule 36
☐ Inpatient or Residential Chemical Dependency
☐ Sober House
☐ Corporate Foster home
☐ Private Foster Home
☐ Nursing Home
☐ Assisted Living
☐ Board and Lodge
☐ Other : specify

Recommended aftercare services: Check all that apply ☐ Psychiatric aftercare ☒ Continued Case Management ☐ Intensive Case Management ☐ Day treatment (mental health) ☐ Outpt. Eating Dx. Treament ☐ Outpt. Chemical Dependency Treatment ☐ Outpatient DBT ☐ Medication monitoring ☐ Home health care ☒ Financial services Cred. Reduce (rep. Payee/ money management etc); ☒ Vocational/educational services ☒ Medical ☐ Other as needed

Recommendation for provisional or direct discharge, with supporting data:
provisional - commitment extended 1 year
Anticipated length of stay: (address any Utilization Management issues) 3+ months exping 2-19-04

IV. FAMILY & SOCIAL SUPPORT SYSTEM INVOLVEMENT:
Client's identified support system:
Release of information signed ☐ yes ☐ no
Comments: releases on file - wishes family involved at D/C

IV. REASSESSMENT AND INTERVENTIONS
Based on the above information, are modifications or additions recommended for treatment or discharge planning?
☒ Yes Describe: * further assess need for MHI
Patrick to be re-evaluated by Dr Ryan re Neuropsychological eval
☐ No

3-3 suicidal ideation - moved toward Level 2 needs assessment by Dr Bauner on 3-7-03

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/24/03	SW 12 am	Patrick & I delivered the check for his landlord to pay bill so his belongings can be moved. Check delivered to George Lopez [illegible]
2-26-03 NOC	8:00 pm	D: Patient has been seen minimally today. He was timely + appropriate @ med. times in which he filled his med-order. Dressed + acting appropriately. No problems or complaints noted or reported.
2/27/03 2PM	Nsg	Patrick at unit until 1PM. He signed out at that time to go to "CSH". Completed cleaning in his apt today & signing out. Required prompting by telephone for AM meds. Expects to return to unit about 5PM.
2-28-03 1030pm	NSG	Patrick stayed in his room most of the afternoon. He did however come to the office for his meds. No major complaints — Rob (LPT)
3/1/03 10PM	Nsg	Patrick self reported for PM & HS meds today. Hygiene & dress poor. Out during

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name: [illegible]HERT[illegible], PATRICK
MREC #: AMRTC BHIS #39972
Birthdate:
Sex:
Program/Unit:
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3/1/03 10AM	NSG	a Shuttle to what he called a "locking group."
3/2/03 9P	NSG	D) Came on time for meds. Turned in menu-planner. In apartment most of shift.
9:50AM 3/3/03	NSG	Patrick prompted by telephone to report for am meds. When in office he said to writer he was having "bad thoughts". When asked what thoughts were he mpaired writer he was "Thinking about suicide". He further said in regards to these thoughts "I don't want them" and "I don't want to do it". Stated he felt safe at this time. He then made positive statement that "I've got my health and my looks". Denies possible anxiety or apprehension to moving from unit as source of thoughts. Patrick also said he thought things were actually going well for him in general and said "I've got the world by the tail, I think". States if he were to follow through with suicidal thoughts he would probably attempt overdose of medications. Refused to meet SW who spoke to him/cont

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972

#20043 ADMIT DATA 9-10-02

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/27/03 OT cont.		He corrected turned on the oven per recipe & fried hashbrowns. He was cued for safety: use of pot holders. He wasn't sure if hashbrowns were cooked long enough, but therapist kept asking him & he was able to make the decision & yes they were done. Patrick also initiated clean up by washing dishes.
		A. Fair to good progress toward outcome.
		P. Continue current outcome. Duane Mason COTA.
3/5/03 OT		D. Patrick is reminded to attend morning meeting which he does. He is always attentive to the information presented, such as healthy snacks. He actively participated in social activity by responding to conversation questions & listened well to others response. He gave suggestion for menu plan this week. Patrick has shown improvement in cooking skills this week, while following package directions & measuring ingredients for making sloppy joes. He also prepared strawberries per verbal directions, by washing them & slicing them & arranging on a plates. Pat required cue not to

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972
#20042 ADM 9-10-02

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3/5/03 OT	cont	drip water from the sink to the table, to provide safe area for walking. He responds well to these cues. He has been slightly quieter this week & has expressed concerns over legal issues. Patrick shared the coping technique he used to get through a difficult time this week & that was to use positive thinking when bad thoughts occurred. He also asked to borrow the twenty four hour a day, book & let therapist know that the readings were beneficial.
		A. Good progress toward outcome & use of coping skills P. Continue current outcome. Diane Nason MSW, LICSW
3/12/03 OT		D. Patrick attended 3/7 morning meeting - remained quiet after arriving late. He did respond when asked questions/opinions & let staff know he was worried about his situations. He was excused 3/11 due to an appointment. 3/7 cooking group Patrick cut onions), measured spices for the chilli & helped c dishes. He doesn't initiate tasks but follows directions well. 3/10 he was able to prepare chicken salad cooperatively c male peers.

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

(continued in progress note section)

AMRTC BHIS #39972

#2004 ADM 9-10-02

DOB 12-11-73

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/22/03 10:30p	NSG	D/C pt. out of facility til 8pm. Returned & took HS meds. Remains pleasant but delusional - talking non stop & not sensical. CKBean, LPN
2/23/03 8:00am	NSG	Pat came down to the office and took his meds. Engaged in conversation, marked by flight of ideas. Talked about adult foster care as a better alternative-Barb H.
2/24/03 10:7pm	NSG	Patrick spent evening at unit in apt & except when he came to office for his meds. Voiced a physical or psychological c/o. Requested page copied from a book he wrote. Page was about Chinese people. This copy to be placed in an envelope & a brochure entitled "Chinese in Minnesota". He is wanting this to a "friend" who he says adopted a child of Chinese decent. Unsure as to if he included a letter or note for her in envelope. Hygiene, dress appear unkempt. [illegible]
2/25/03	SW SBM	Spoke with Patricia - Informed him to plan to go [illegible] patient acct

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/24/03	SW cont	to accept check made out to [illegible] landlord to release belongings + will pick up check on Wednesday 2-26 + coordinate with [illegible] for storage etc. [signature]
2/25/03 10:30PM	Nsg	Patrick away from unit during evening at a lecture + returned at curfew time & self reported for [illegible] meds. Watched news on T.V. for a short time. Polite & appropriate behavior observed when interacting c staff. [signature]
2/26/03	NSG 8:30A	D) Patrick will be going to Anoka to see Kirsten Ryan from psychology dept. at 9:30 AM. B Stunk HST
2/26/03	9A	D) NO appts at Anoka due to "flu". Patrick will need to be rescheduled. B Stunk HST
9:30 AM 2-26-03	Nsg	D:) Patrick went grocery shopping yesterday at 1pm. Patrick bought appropriate foods and kept it under $35.00. Patrick shopped in a timely manner and was appropriate. [signature]

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:
Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/19/03 10:35 am	Nsg	Patrick refused to [illegible] at this time accompanied by unit sw. Patrick reports "I guess things went ok". Patrick further explained that the court recommitted him x 1 year. — [signature]
3/19/03	SW 10:30 A	Attended court at the court re: commitment extension - 1 year extension received re mental health commitment - Spoke a length with the atty Lou Mande - Mr Mande has been involved with Mr O'Daughrty for mental health + rule 20 proceeding. He confirmed that the delusions are very fixed in Mr. O'Daughrty - It was testified in court he has no standing at U of M - In fact he has harassed the History dept for many years - In terms of the Rule 20 - Mr Mande will

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: [illegible] M
MREC #:
Birthdate: AMRTC BHIS #39972
Sex:
Program/Unit: #20042 ADM 9-10-02

SIDE 1 (OVER)

Progress Notes DOB 12-11-45

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/19/03	SW Comm	Fax info stating that M-D Daughter
		is not released from the charges
		Will await info to staff in team
		re: status of competency - [illegible] LSW
2/20/03	9A Nsg	D Email from Cheryl Hansen indicated that
		Judge Belois did not rule on 20.02 + feels he
		is still incompetent + too disorganized to assist
		c legal counsel. Another eval is due on 8/12/03
		+ hearing on 9/12/03. — RASchoelberke
2/20/03	NSG noon	D Patrick has been in his apt.
		most of shift, and just signed
		out to go Downtown. BSlade [illegible]
2-21-03 2pm	NSG	Patrick attended the group meeting this morning.
		He helped with the group cooking. He prepared
		hashbrowns and partook in the meal. Later
		stayed in his apartment. Kitchen was cleaned
		and Patrick looked quite contented. — BOH (HST)
2/21/03 9:20 PM	Nsg	Patrick spent evening at unit. Displayed self preservation
		skills c his participation in [illegible] this evening
		evening. Self reported for HS meds. In apt this
		evening. — [signature]

DHS-1035 (6-91)
PZ-1035-05

Facility Name: [illegible] PATRICK /M
Patient Name:
MREC #: AMRTC BHIS #39972
Birthdate:
Sex: #20042 ADM 9-10-02
Program/Unit: DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/18/03	SW 9A	Met with Patrick re: bills & debts. Patrick has pd many outstanding bills but still has in excess of $15,000 to organizations. Patrick & I developed a list of things to accomplish before next D/C planning mtg. Patrick has changed his stance to not pay certain debts. It appears he is receiving family advice to resolve issues outside of legal means. Check is being cut at patient accts for payment of rent at current residence to release belongings. Patrick has secured a storage location. Will continue to assist. Commitment hearing to extend set for 2-19-03. I expect Judge Belon to also rule on outcome of 2-12 hearing for Rule 2 outcome. Although resolved, Judge Belon feels he is not competent yet. Additional neuropsych testing

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: Patrick O'Dougherty-
MREC #: [illegible] PATRICK /M
Birthdate: 12-11-45
Sex:
Program/Unit: AMRTC BHIS #39972
#20042 ADM 9-10-02

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/18/03	Staff	court review to be scheduled — Improvement has been noted by this writer — small as it may be — but slightly more focused during conversation — He is goal oriented to resolve financial problems — He also received rejection letter from an apartment complex — due to criminal & financial concerns — He is rethinking application to W. Ter Apts — Will make application but made it clear that the decision will be determined until a later date due to on-going psychiatric needs
2/19/03 8:20 AM	Mag	Patrick self reported for am meds. Hygiene appears passable. Reported he was aware of re-commitment hearing this am. Deputy here at 8:15 AM to discuss escort Patrick to court. Deputy verified Patrick had a bus card for transportation to hearing. - T.

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972

SIDE 2

20042 ADM 9-10-02

DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title

DHS-1035 (6-91)
PZ-1035-05

Facility Name: [illegible] PARK IM

Patient Name:
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex:
Program/Unit: DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/16/03	cont.	ceedings next wk. Kristen Ryan wants to
	UBS	reevde. Patrick was presented as tangential
		@ times. He was more approp. engaged in
		grp activities. Initially desiring indep. apt. Pa
		discharge & now exploring fostercare. Patrick
		continues to focus on past accomplishments. He
		is on level III mere. Patrick needed assistance
		learning to make a bed. He has sought assistance
		on other ILS activities. He has had no
		verbals c̄ peers or staff. A) ILS need development.
		Sx present yet manageable in less acute
		setting. P) cont. med ed, ILS assistance, report
		Sx to MD. —— RABschwoeller RN
2/17/03	NSG	D – pt. attended dinner group - assisted
9p		c̄ cooking + cleaning. Noted ⊖ unusual
		behavior. Prompt for HS meds. —— CKBeanjean
2/18/03	25B	D) Patrick has court tomorrow. Deputies will p/u @
	UBS	815am and he will provide own transportation
		back. P) ~~Late shift to inform~~ error RAB ~~pt.~~ Pt. informed
		of the above. —— RABschwoeller RN

DHS-1035 (6-91)
PZ-1035-05

Facility Name: DOUGHERTY, PATRICK, M

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/11/03 10PM	[illegible]	Patrick apparently spent evening in apt. Seen minimally except when he self reported for HS meals. Set up level II meals ̄s problem. [signature]
2/12/03	NS 3PM	1) Patrick signed out to go to work and should return about 5-5:30. No problems noted [signature]
2/12/03 NS	NS	Patrick returned to unit about 5:30pm. Upon return when asked if he went to court today he said he had and the case was now "put on the back burner". Later in evening writer asked if that meant they may drop charges if he stays out of trouble he said "yes". Denied having papers from court. Filled his meal-menu for first time this evening ̄s problems. Instructed on storage and level III meal expectations [signature]
2-13-03 110		Pat signed out to go watch the movie 'Chicago'. He said he will coming back at about 5pm — [illegible] (CHST)

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name: DOUGHERTY, PATRICK /M
MREC #: AMRTC BHIS #39972
Birthdate:
Sex:
Program/Unit: #20042 ADM 9-10-02

SIDE 1 (OVER)

Progress Notes

DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2-14-03 240pm	NSG.	Pat attended the cooking group. He helped mixed the Salad and did pretty good. He also attended the group meeting. Generally in a good mood. Staff talked to him about arranging papers on his reading Table. ——— BOH (HST)
10:00pm 2-14-03	NSG	D:) Patrick went to Black Bear coffee house for a short while and he said he liked it. Patrick told staff he might accept adult Foster Care since he has had so much trouble with his apartment. Patrick has been in his apartment the last couple of hours. — Verne Hoffman HST
2-15-03 NSG	1:25 PM	D: Pt went out and got a Storage Locker for his belongings that are at his home. Pt has been friendly and appropriate. Continue to Monitor — [illegible signature]
2/16/03 RN	1030 Narr	D Patrick was not presented c medical concerns. Denies attention in elimination. He was been attending court p court appointed examiner exam. Wm. Cheryl @ time report that he was court in 8/03 as Judge Belois questions his current competency & ability to participate in def. of his 26 charges. Patrick Due re-commitment pro—

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:
Patient Name: O'DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/6/03	Cont.	A) Altered thought process. adjusting
	NSG	to COMO. P) Cont. to assess pt. stability
		& begin discharge planning. Assess eff-
		acy of Wizoral. — RNSchweller RN
2/6/03 NSG	10⁰⁵ pm	D: Patrick has been appropriate + friendly this
		evening. Timely for meds. He asked
		to use the mpls phone pages + floor which
		he returned accordingly. Dressed +
		acting appropriately when seen. No complaints
		or concerns noted or reported. [signature]
2/7/03		D) Dr. Baumer gave T.O. to move to level III
	NSG	meds c̄ 7-day supply. RNSchweller RN
2/7/03	10⁰⁰ p	D) Needed prompt for HS meds. States he had fallen
		asleep. In apartment all evening. J Wolzman
2:29PM 2-7-03	NSG	D:) Patrick called nursing office about his
		refrigerator door not being able to close.
		Staff went up to the apartment and found the
		refrigerator door ajar. The refrigerator door
		did seal when staff pushed the door shut
		the first time. Patrick proceeded to talk
		at about the Minneapolis police adding
		continue

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: AMRTC BHIS #39972
MREC #: #20042 ADM 9-10-02
Birthdate:
Sex:
Program/Unit: DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/10/03 10AM	N4	Patrick self reported for his medication this am. Vaicod & physical or psychological c/o. Signed out at 9:45 AM to go to Social Security office. Did not specify time of return.
2:13pm 2-10-03 Living Skills	N4	D:) Patrick's bedroom needed a change of bedding and a quick picking up of notebooks and books. Patrick told staff the sheets keep sliding off the bed. Staff help Patrick make a complete bed. Patrick did not know what to do with the linen. Staff showed Patrick where the linen goes. Patrick appreciated the help and said he had not thought of doing some of the things such as moving the bed and making hospital corners. Staff re-explained the rules re cleaning and the cleaning schedule. — Elaine Hallman, HST
2-11-03 NS6	3:25 pm	D: Patrick was grocery shopping with his allowed group today. He made good food choices & stayed within his budget. He navigated well through Cub foods & was able to locate all items sought.

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: [redacted] PATRICK M
MREC #:
Birthdate:
Sex:
Program/Unit:

SIDE 2

BHIS # 39972
ADM 9-10-02
DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2-11-03 OT cont.		He was going to put the noodles in without cooking them first as directed. He did display good safety skills when using the oven.
		A. Resident is making slow but steady gains toward outcome. Cooperative & receptive to directions etc.
		P. Continue current outcome. Diane Nason COTA
2-18-03 OT		D. Patrick attended am meeting on 2/14 - participated in menu planning - He was excused from 2/18 morning meeting. At the Friday brunch group Patrick mixed the fruit cocktail & bananas after slicing them. He needed a cue how to mix. He helped a cleanup & stated he enjoyed the meal. Pat also attended the monday evening dinner group.
		A. Slow gains toward outcome. Needs cues for tasks.
		P. Continue current outcome. Invite Patrick to help prepare muffins prior to brunch group. D. Nason COTA
2/27/03		D. Patrick attended both morning meetings this week. He was asked to attend cooking group early to assist 3 other peers in making muffins - following a recipe. He agreed & helped by measuring some ingredients as directed, mixed batter & poured batter into cupcake pan.

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: D. DOHERTY, PATRICK /M
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex:
Program/Unit: DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2/6/03 D. OT cont.		showed him how to safely check the noodles or suggested use of a timer. He was also shown how to safely drain & rinse the noodles. Today Patrick was escorted on a tour to the Apollo CSP. He showed interest in the computer room. He took a membership application & plans to join.
		A. Patrick practiced making spagetti successfully. He completed a tour of Apollo CSP.
		P. Be available for future cooking skills, Help Patrick c̄ membership form if needed. — Diane Nason COTA [signature]
2-11-03 OT		D. Patrick forgot to attend morning meeting on 2/6/03. He says he was busy cleaning his apartment. 2/7/03 he cut tomatoes as directed. Needs cues to clean up his work area. He is pleasant & cooperative c̄ peers & staff. He needed cues throughout preparation of an omelette. After completing omelette he felt he could make this on his own. 2/10 he worked c̄ female peer to prepare tuna hot dish. He had difficulty following the recipe. Was cued how to cut onions, how to drain tuna fish & how to grate cheese.

DHS-1035 (6-91)
PZ-1035-05

SIDE 1 (OVER)

Facility Name:
Patient Name: O'DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC MHIS #39972
#20042 ADM 9-10-02

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
		Lengthy background check. Has poor credit + disputes some of the 35000 plus bills outstanding also [illegible] unlawful detainer - Will schedule to see Patrick to Thursday also received voice mail from Public Defender re: 2-7 hearing saying he doesn't know about hearing - left another message that Patrick received [illegible] from background check that there is a hearing + plans to attend [illegible]
8:31pm 2-4-03	Nsg	D:) Patrick has come to the nursing office several about issues on his mind such as legal issues with a landlord, books he had written, etc. Patrick had cleaned ~~his~~ [illegible] his kitchen. Patrick said he had been busy and today had been stressful.
		Verner Huttman PST
7:10pm 2-5-03	Nsg	Patrick went grocery shopping today at about 5 pm. He did well staying within his allocated budget. He made
		cont'd

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: O'DOUGHERTY, PATRICK /M
MREC #: AMRTC BHIS #39972
Birthdate:
Sex:
Program/Unit: #20042 ADM 9-10-02

DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
2-5-03	nsg	a variety of selections but stayed mostly with
cont'd		pre package food. Patrick was at times not certain as to
		where to go or what to get. He had a little bit of difficulty
		bagging his groceries. upon return to the unit he was
		appreciative and did offer c word of thanks. ——Bob HST
2/6/03	12pm	D) Patrick arrived on 1/27/03 to Como unit.
	nsg.	He has not c/o alteration in elimination.
RN	[illegible]	Patrick was evaluated by Dr. Pan[illegible]
		from Hennepin Co. courts for Rule 20.02
		Patrick has made c/o presentation of
		medical concerns. speech is often rapid
		& he is tangential. Patrick was cooperate &
		c program expectation & programming.
		Patrick desires an apt. & has poor credit hx.
		He is reported to have been sl. intrusive
		in staff space. He is often off topic.
		Nizoral was Rx for scalp. Cooking skills
		are noted to need development. He
		has court hearings re: recommitment
		& criminal charges pending. He reports
		desire to resume some employment &.

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:
Patient Name: [illegible]UGHERTY, PATRICK /M
MREC #: AMRTC BHIS #39972
Birthdate:
Sex:
Program/Unit: #20042 ADM 9-10-02
DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
		indicated sometimes people are turned off by his talking about himself. He was asked to consider that when he is more manic he may present himself and his accomplishments in too strong a way. He was encouraged to try to be aware of his mood and guard against behaviors that are generated by mania. He also processed coping skills to use when he is feeling depressed. He has a tendency to contact quite radical groups and was encouraged to use caution because he may not know the total agenda of such groups and if they are involved in any questionable activities that could work against him. He has gained a little insight into people feeling threatened by him invading their boundaries.
		(P) Meet next week. [signature] MS. LP

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, [illegible] RICK /M
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02

SIDE 1 (OVER)

DOB 12-11-45

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4/9/03	NSG 10PM	D) Patrick went grocery shopping tonite and did very well. Patrick was pleasant and very social with his peers & staff. Patrick said he is getting settled in his new apt. NO problems noted B Smith HST
4/10/03 10:15pm	NSG.	Pt was in the office to check on his mail. Signed out on pass; and had his HS meds on time upon return. Pt's mood was good. No other concerns. Bob (HST).
4/11/03	9:55A NSG	D) Dr. Baumer gave T.O. for level IV meds to start p̄ Lithium + Risperdal level next wee. — PHSchoeller RN
4/11/03	11:40A NSG	D) Patrick has ∅ lipid panel since hospitalization. Risk factors present. Placed on clinic board for mon. requesting lipid panel. — PHSchoeller RN
4-11-03 NSS	2:50 pm	D: Patrick has been polite & appropriate today. He was present & participatory at both morning mtg. & cooking grp. today per program. No complaints or concerns noted or reported. Cont to encourage & support. [signature] HST

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:
Patient Name: D[illegible]UGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4-4-03 NSG	10 40 pa	D: Patrick has been seen minimally today. He was seen sleeping in his bedroom with his lights off when staff went to his apt. to prompt him for his evening medications. Staff tried calling him x3 with no response. He stated "oh, I woke up for meds, but put my head down again & must've fallen back asleep". He apologized & stated he'd come right down to the NSG station when he dc immediately. Appropriate & friendly when seen & spoken to.
2:37 PM 4-5-03	NSG	D:) Patrick has been in his apartment most of the day. While staff was in his apartment checking the refrigerator staff observed Patrick eating with roommate & on his computer. Patrick's computer was viewed towards the University of Minnesota. — Verner Hoffman #57
1:45 4-6-03	NSG	D:) Patrick came for level 3 self meds on time and on his own. Patrick watched TV in the community room. When he turned the channel to a religious program staff suggested he still had time to go to church Patrick responded the religious program was from Brooklyn Center. →

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK continue
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex:
Program/Unit:

DOB 12-11-45

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
		↓ Continued
1:45pm 4-6-03		Patrick was observed in his bedroom laying on his bed this afternoon. — Hesan Hussman HST
4/7/03 9pm	NSG	D - pt. prompt for 9pm meds. Offered c/o CONCERNS. — KBeaujean
4/7/03	LWA SW	1:1 with Patrick - Discussed his messages on my voicemail to be "discharged soon". Processed with him & he has now received advice from family to "take it slow". He feels better & will slow down the desire to be discharged soon - He wants to find part time work.
4/8/03	NSG 10 PM	D) Patrick attended cooking group and helped cook & clean. Patrick moved into apt 305 this evening and said he likes it a lot. BJ SimA 1457
4/9/03 1:40 p — psychology		D) He met for psychotherapy today. (A) He reports his mood is much improved. He talked about his life time accomplishments and also Cont.

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972

SIDE 2

20042 ADM 9-10-02
DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4/1/03	SW Eow	Met also with CCM George Lopez for QCPM - see separate note for details [signature]
4/1/03 9:30	WSg	D) Patrick attended the supper group and helped cook + clean. Patrick finished the cleaning in his kitchen and came down on time for meals. No problems noted B Smith HS?
4/2/03	SW 1015AM	Will attempt again to contact Mr Frank Rajkowski atty - see release in file - Patrick has apparently been working through Mr Rajkowski for many legal/housing matters - Before I proceed with further matters I will consult Mr Rajkowski [signature]
2:40pm 4-2-03	Mg	D:) Patrick went to AMRTC for therapist with psychologist. While Staff and peers waited for other peers to finish Patrick shared a little about his race and conspiracy theories. Patrick has been pleasant and cooperative.

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

[illegible]ERT[illegible], P[illegible]RICK Carol M Hellgren HST
AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
4/2/03	SW 11:30	Phone conversation with atty Frank Rybarczyk. He is also Patricks cousin. He has been assisting Patrick in a variety of matters when Patrick requests. He is currently working to get a letter from his landlord M. Daly Foundation encouraged me to contact Riverside Plaza + see how this debt can be resolved. I will forward info Patrick has requested to send to Mr Rybarczyk when I have it.
4/2/03 11pm	NSG	D - pt. NEEDED SEVERAL prompts for HS meds. States he FELL ASLEEP. CKBERGLUND
4-3-03 NSG	945 fn	① D: Patrick has been seen minimally today, but polite + friendly when seen. He came to the NSG. station today requesting a few light bulbs + to tell staff they could recheck his living room because he finished cleaning. He did a good job cleaning the living room. Talks a lot about being a writer + getting a job.

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
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SIDE 2

DISCHARGE AND AFTERCARE CHECKLIST

Discharge need	Action needed?	Person responsible/target date
Housing Needs Referrals completed: Applications: Identification: ☐driver's license ☐State ID ☐birth certificate ☐Soc. Security card. Other:	☐ No Contact landlords Riverside Plaza & My Baby get letter ☐ Continue to assess ☐ Yes: Safe House referral Contact Atty Frank Cajewski to reinstate	Lynn + Patrick George F/U Lynn George
Transition Needs:	☐ No ☐ Continue to assess team ☐ Yes:	
Finances (income & insurance) ☐ SSI ☐SSDI ☐GA ☐ Veteran benefits ☐GAMC/MA ☐ Paycheck ☐ Private Insurance	☐ No establish payee ☐ Continue to assess ☐ Yes: payee credit counseling needs MA or MAEPD by finding job refer to assets	Lynn – Dr Baume Patrick contact SS Lynn –
Psychiatric/medication follow-up ☐verified can return to previous dr.	☐ No ~~Dr Hall~~ to find Ramey to doctor ☐ Continue to assess ☐ Yes:	Lynn W.
Mental Health Aftercare (day tx. therapy, CSP, Intensive case management or adjunct support services etc)	☐ No Job search ☐ Continue to assess ☐ Yes: on level 3 med Sees Lang Adey Therapist	Nursing ongoing Dr Adey – George
Vocational/Educational	☐ No refer to Rehab Sch ☒ Continue to assess voc services ☐ Yes:	George
Legal Status:	☐ No Reeval for Competency ☐ Continue to assess due August Sept ☐ Yes:	—
Relapse Plan/ Crisis Supports Relapse Plan Developed? ☒yes ☐no Relapse Plan reviewed/updated between passes? ☐ yes ☐no	☐ No ☐ Continue to assess on file ☐ Yes:	—
Medical Needs	☐ No eye exam ☐ Continue to assess ☐ Yes:	Nursing Patrick

Client Comments and Signature:

Patrick A. Dongus

Case management/family Comments and Signatures:

Date of next Discharge Planning Meeting: 5-1-03 10am

AMRTC Social Worker: _____ Date: 4-1-03

Original: medical record (progress notes) copy: county case management; client

ANOKA METRO REGIONAL TREATMENT CENTER

SOCIAL SERVICE
DISCHARGE PLANNING MEETING

PATIENT: Patrick O Dougherty
DATE OF DISCHARGE PLANNING MEETING: 9-8-03

ATTENDANCE: (client, members of AMRTC treatment team, county case manager/community supports, family)
Patrick O Dougherty - George Lopez CCM Lynn Wright SW

I. INDIVIDUAL TREATMENT PLAN:
ITP reviewed ☐ yes ☒ no

II. PASS PLANNING RECOMMENDATIONS (input from team, county, family/support network, client)
Criteria for passes (include discussion of initial notification to county/family)
none taken

Will county case manager/team visit client during passes? ☐ yes ☒ no
If yes, identify process for notifying client's county team of planned passes:

III. DISCHARGE AND AFTERCARE RECOMMENDATIONS: (reflect input from inpatient team, county, family/support network, client.)
Recommended level of care upon discharge , with supporting data. Identify any specific facilities

- ☒ Independent living (alone or with family/friend)
- ☒ Supported Housing /Apt. Training Program/Shared Housing
- ☐ Rule 36
- ☐ Inpatient or Residential Chemical Dependency
- ☐ Sober House
- ☐ Corporate Foster home
- ☐ Private Foster Home
- ☐ Nursing Home
- ☐ Assisted Living
- ☐ Board and Lodge
- ☐ Other : specify

Wilder Longterm
Sobe House short term

Recommended aftercare services: Check all that apply ☒ Psychiatric aftercare ☒ Continued Case Management ☒ Intensive Case Management ☐ Day treatment (mental health) ☐ Outpt. Eating Dx. Treament ☐ Outpt. Chemical Dependency Treatment ☐ Outpatient DBT ☐ Medication monitoring ☐ Home health care ☒ Financial services (rep. Payee/money management etc); ☒ Vocational/educational services ☐ Medical ☐ Other

Recommendation for provisional or direct discharge, with supporting data:
provisional through 2-19-04
Anticipated length of stay: (address any Utilization Management issues)
3 months

IV. FAMILY & SOCIAL SUPPORT SYSTEM INVOLVEMENT:
Client's identified support system:
Release of information signed ☐ yes ☒ no
Comments:

IV. REASSESSMENT AND INTERVENTIONS
Based on the above information, are modifications or additions recommended for treatment or discharge planning?
☒ Yes Describe: continue working on relocation + resolution
☐ No

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3/29/03	10 A	D) Patrick has not presented a medical
RN Rehab		complaint the past 2 weeks, denies
		alteration in elimination. Patrick
		has [illegible] participated in Ambassador
		tree and apparently was back-owed
		tree. Patrick has been exploring housing
		options. He continues to have loose
		associations & is often tangential in
		speech. He remains on level III meds.
		Patrick has brought his computer to
		the unit. Pt. was instructed on appropriate
		use. A) Essentially no Δ in status. P)
		Develop discharge plan environment.
		Assist c̄ development of aftercare
		needs. Consider level IV meds.
		[signature]
3-30-03 NSG	10⁴⁵ pm	D: Patrick has been seen minimally today, however, polite
		& appropriate when seen. Turned in near-planner.
		No complaints or concerns noted or reported.
		Cont to encourage & support
		[signature]

DHS-1035 (6-91)
PZ-1035-05

Facility Name: [illegible]UGHERT, PATRICK /M

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3-31-03 NSG	10:30 p	D: Patient has been friendly & appropriate today. Earlier in the shift he reported that his toilet kept running & upon investigation he was correct. Staff made some adjustments & it seemed to work. He was both helpful & thankful. Appropriate throughout. No problems or concerns noted or reported. [signature]
4/1/03	SW 9:30	Met with Patrick updated re: credit debt - He is reluctant at this time to pay off all debts, leaving [illegible] He did sign release for his atty Frank Rajkowski, He will contact Lutheran Social Services for credit counseling — Patrick will apply for jobs part time. This writer will attempt to access letters from East [illegible] to verify [illegible] Patrick also agrees to having a payee - These are criteria for acceptance to [illegible] program

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:
Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972

#200432 ADM 9-10-02
12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3/21/03	Cont.	therapy @ AMRTC. Risperdal + Li+ levels completed. H) Progressing c tx plan goals. P) Cont. to assist c goals & steps towards indep. to return to the community. — RASchoeller RN
3/22/03 8:30 pm	NSG	D - pt. returned from day pass - requested assisted ~~staff~~ error error from staff to fix locked drawer in his bedroom. Took HS meds.. Observed no tension or anxiousness from pt. Will monitor pt — CKBeanyLPN
~~3/22/03 6:15 p~~	~~NSG~~	~~D) Patrick was not~~ ERROR RAS
DW Voellau		
3/24/03 8:55 A	NSG	D) Dr. Baumer gave T.O. to D/C PRN Ativan & Haldol as they have not been utilized. — RASchoeller RN
3/24/03	2:40 p	D) Patrick arrived for meds s prompts. He was noted working on a computer in his apt. He reports that his comp. & he has his own acct. he logs into. Reviewed appropriateness and use of phone line. — RASchoeller RN

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

DOUGHERTY, PATRICK /M
AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3/25/03 9:00 pm	NSG	Pat was on time for his hs meds. Picked up his mail. Had a quiet but friendly disposition towards staff. No major concerns. —— Boh (HST).
3/26/03 10:30 am	Psychology	D Pt met for Psychotherapy today. (A) He reports a good improvement in his mood with no suicidal ideation. He is continuing to work on his social support system. (P) Met with him next week. Jennifer Lee, MS LP
3-26-03 11:45 am	NSG	Pat went to the clinic to meet with Psychotherapist this morning. States session was good. He was appreciative of staff. —— Boh (HST)
9:34 PM 3-27-03	NSG	D:) Patrick came for meds on time and on his own. Patrick talked about the internet and has been writing letters this evening. —— Renee Hettmann RN ST
3/28/03 3:35 p	NSG	D Patrick called writer x 3 today. Each call was approx. 3" in length & tangential in topics. Anxiety re: housing appeared evident due to nature of topics & listening. —— Priscilla Lee

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK /M
MREC #:
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972

SIDE 2

#20042 APM 9-10-02
DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3/19/03 2:40P	NS of	D) Patrick went up to AMRTC for his appt. with Larry Aley. Patrick was pleasant and very social on the way to + from Anoka. B Smith
10:00pm 3-19-03	Nsg	D:) Patrick went grocery shopping around 5pm this afternoon. Patrick bought mostly prepared foods such as pizza, Banquet TV dinners, Michelina dinners, and yogurt. Patrick was pleasant and cooperative. — Jeanne Hultman HS1
3/20/03	SW 4P	Returned phone call to Diane - manager at Parkside Square - she would consid Patrick's application if he 1) proves payment of 2 past unlawful detainers and 2) be assigned a payee - Will discuss with Patrick + also further address his financial situation
3/20/03 10:30pm	Nsg	Patrick away from unit at start of shift. Returned at 4:30pm. [illegible] appt until prompted for his meds. When in office taking meals he started discussion c staff present. While talking cont. T. [illegible]

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name: DOUGHERTY, PATRICK
MREC #:
Birthdate: AMRTC BHIS #39972
Sex:
Program/Unit: #20042 ADM 9-10-02

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	T. Tuddy — All Progress Notes Must Show Signature and Title
3/20/03 10:30a	Nsg	Patrick Δ'd subject frequently. When staff members attempted to cue Patrick that he did not know what Patrick was talking about Patrick cont. to talk Δ'd subjects. T. Tuddy
3/21/03 RW	1045A Nsg Notes	D) Patrick has not presented c medical complaints or concerns the past 2 wks. He has denied alterations in elimination. Patrick has been cooperative c staff on ADLs. His self care seems some-what lower, i.e. wrinkled / dirty clothes, less unkempt than prev. He cont. to have some disorganization to thought process. Patrick has been exploring discharge options. He has packed up his belongings from prev. apt. He re-explored Wilder Square apartments. Rep payee is being explored. Pt. denies any level III meds & will be looking @ level II meds. Patrick continues to exp. stress surrounding legal status. He started work

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:

Patient Name:
MREC #: 00 DOUGHERTY, PATRICK /M
Birthdate:
Sex:
Program/Unit: AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3-19-03 OT		D. Patrick attended 2 of 2 morning meetings this week. He gave feedback to the inspirational reading, sharing a personal experience about compromising principles. He arrives regularly & on time for 2 of 2 cooking groups. Mixed measured ingredients for quiche by following verbal directions & looking at recipe. He also safely sliced cantalope after demonstration from HST. 3/17 Patrick was very social a group of peers & courteously asked others to pass the food.
		A. Good progress toward outcome. Patrick is paying attention to recipes & verbal instructions well. His manners have been good.
		P. Continue current outcome a target date 4/27/03.
		Diane Nason CSTA.
3/26/03 OT		D. Patrick is given reminders to attend morning meetings & seems to need the reminders. He does participate. He actively participated in meal prep at 3/21 & 3/24 cooking groups. He followed package directions successfully. He enjoyed the Asian salad but says he probably would not make it for himself / he would buy it. Patrick

DOUGHERTY, PATRICK /M

DHS-1035 (6-91)
PZ-1035-05

Facility Name: AMRTC BHIS #39972

Patient Name:
MREC #: #20042 ADM 9-10-02
Birthdate: DOB 12-11-46
Sex:
Program/Unit:

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3/26/03 or cont		is always pleasant with peers & staff. Patrick cooperatively contributed to menu plan working well w 2 other peers.
		A. Very good gains toward outcome.
		P. Continue current goal. Diane Nash CDA
4-2-03		D. Patrick attended 1 of 2 morning meetings. Excused
OT		one time while in a meeting. During cooking groups on 3/28 + 4/1 Patrick along with a peer mixed the ingredients for tuna melt sandwiches - He required some coaching on spreading the mixture on the buns. He also helped w dishes on 3/28. He helped prepare the pie crust for taco pie, ladled in meat mixture + also wiped the tables. He requested not to do dishes since he does them at most meals. Therapist agreed someone else could take a turn.
		A. Good progress, although Patrick feels he won't make the food items on his own.
		P. Continue current outcome. Diane Nash CDA
4-9-03		D. Patrick attended 2 of 2 morning meetings this week.
OT		He viewed the "Healthy eating" video + completed the worksheet by identifying his supper meal, the positive

DHS-1035 (6-91)
PZ-1035-05

Facility Name: ANOKA-METRO REGIONAL TREATMENT CENTER

Patient Name:
MREC #: AMRTC BHIS # 39972
Birthdate: # 20042 ADM 9-10-02
Sex:
Program/Unit: DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3/12/03		A. Good progress toward outcome this week.
M OT cont		P. Continue current outcome & target date 4/27/03.
		Diane Nason COTA
3-13-03	Nsg	D:) Patrick has been downstairs the last hour watching TV. Patrick has been very quiet. Patrick has had no complaints this evening.
		Verner Hoffman HST
1 PM 3-14-03	NSG	Patrick participated in group activities this morning. Indicated that he would like to send out post cards to friends for the St. Patrick day. He also participated in meal preparation. Did a good job by finishing his assigned duty. He helped clean the dishes, and also vacuum the floor.
		Bott (HST)
3-15-03	10	D: Patrick signed out to a discernable location on sign out board @ 2:45 pm today. He returned at 8:45 pm & signed in accordingly. Dressed & acting appropriately upon return. Polite & friendly when spoken to. No complaints or concerns voiced or reported by Patrick HST
3/16/03	Nsg	Patrick self reported for the week. Behaviors polite
1:40PM		& appropriate c staff. Reports he may go to a movie

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

ARTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
		cont'd T. Tabby
3/16/03 1:40PM	Nsg	later today, but he was not in unsure at that time. In apt 80 per today except meals. Completed & turned in menu planner for coming week. T. Tabby
3/17/03 10p	Nsg	D- pt. attended cooking group & self reported for AS meds. ABeaulieu
3/18/03	2pm Nsg.	D) Patrick required ϕ prompts for am meds. Pt. discussed housing options & hope for Wilder Square. He met c SW re: housing. He made a few random calls c statements about his legal circumstances. Pt. inquired on physical appearance for appointment to housing visit. A) Progressing c goals. D) Cont. to monitor mood. Intervention around med-compliance in the community. PBaldwin/RN
3-19-03 10:15a Psychology		D) He met for psychotherapy today. D) He followed through with several assignments to add social support to his life. No suicidal ideation reported and mood improved. Admits to difficulty with insight. Continue with therapy. Terry Bay MS LP

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name:
MREC #:
Birthdate:
Sex:
Program/Unit:

[redacted] /M

AMRTC BHIS #39972
#20042 ADM 9-10-02
DOB 12-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
-cont- 3/13/03 Psychology		does struggle a lot with feeling lonely. During the session he worked on a list of things he can do to bring more structure and social contact into his life. He will also talk to staff from Como to get their ideas. He did a good job of coming up with things to do and will report to this writer next week how well he has followed up on his ideas. This writer gave him his office number and said he may call during the week if he feels a need to talk. Met with him next wednesday for his therapy session. Tara Bailey MS.LP.
1:15pm 3-12-03 NSg		D:) Patrick went to AMRTC to see a psychologist. -see note above- Patrick said he found the therapy helpful. Patrick said he he is all moved out of his old apartment. Patrick said he was glad to have that apartment situation

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: [illegible] PATRICK [illegible] /M
MREC #: AMRTC UHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex:
Program/Unit: DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
		behind him. Patrick was not as talkative
		as previously known. — Renee Hultman HST
3-12-03 NSG	10[05] p	D: Patrick went grocery shopping with his allowed pop today.
		Dressed + acting appropriately throughout. He had
		to be instructed to minimize his soda purchase from
		a 24 pc to a 12 pc because the 24 pc was almost $6.00
		He also was instructed to minimize his snack items to
		only 2 items. He had a box of ritz crackers,
		a bag of chips, + a pkg of oreos. He was told
		he could keep two, + replace the other with
		something more nutritional in value. He did not
		argue + cooperated with staff's requests. Friendly
		+ polite throughout. [signature] HSO
3/13/03	SW 9A	Patrick informed me his move
		went well. He now has all
		his belongings secured. He feels
		relieved + now wants to "take it
		easy" Although he continues to
		ask if he should find an apt
		I continually indicate he should
		wait + we will discuss at [signature]

DHS-1035 (6-91)
PZ-1035-05

Facility Name:
Patient Name: DOUGHERTY, PATRICK
MREC #:
Birthdate:
Sex:
Program/Unit:

MRTC BHIS #39972
#20042 ADM 9-10-02
DOB 08-11-46

SIDE 2

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
3/7/03	9	D Patrick was reviewed c Dr. Baumer. Risperidone
	Mg.	level as a telephone order. - PA Shelter
3/7/03	2	D Patrick met c Dr. Baumer today. He
	Mg.	will go to labs next mes. Pt is moving
		apts. Internally. meds found un-
		secured upon maintance checks/apt.
		checks. Patrick has not heard about moving
		his belongings from community apt.
		Pt. advised on proper medication
		storage. Pt's med-minder returned.
		A cooperative, med storage reminders
		needed. P) support + assist c move,
		Cont. med ed. Flu on labs. - PA Shelter
3-7-03 9pm.	NSG	Patrick came to the office for his meds, upon his return
		from pass. He was offred his loose change that writer
		found on top of his night stand. His apt was cleaned
		by writer after his vacation. ——— BOH (HST).
3-8-03 4:10 pm	NSG	Pt called the office this evening to inquire about the
		cushions for their apt. Sofa. He was informed that
		they are being cleaned. He stayed in his room and
		watched a movie with his roommate — BOH (HST)

DHS-1035 (6-91)
PZ-1035-05

Facility Name:

Patient Name: DOUGHERTY, PATRICK M
MREC #: AMRTC BHIS #39972
Birthdate: #20042 ADM 9-10-02
Sex:
Program/Unit: DOB 12-11-46

SIDE 1 (OVER)

Progress Notes

Date Time Disc.	Prob. #	All Progress Notes Must Show Signature and Title
9-20 pm 3-9-03	NSG	Pat came down to the office on time for his medications. He was invited to join in watching a movie by staff. pt. declined. Requested for pizza. staff unable to deliver. ——— BOH (HST).
3/10/03 10:30PM	Nsg	Patrick spent evening at unit. Attended cooking group this afternoon ē good participation. Self reported for HS med. Denied ø physical or psychological c/o. — [illegible]
3/11/03 9:05 A	NSG	D) Patrick went to Lab this am for Risperdal + Li+ level. + [illegible] RN
3/11/03 NSG	2:40 pm	D: Patrick went to [illegible] diagnostics today for labs. ~~[illegible]~~ (error pn) ~~[illegible] morning [illegible]~~ (error pn) He signed out of his apt. and [illegible] up belongings at 9:20 AM + [illegible] a return time of 5:00 pm. Dressed + acting appropriately throughout + at time of departure. No complaints or concerns noted or reported. [illegible signature]
3/12/03 Psychologist 10:15 am		(D) He met with this writer for psychotherapy today. He said a couple weeks ago he was lonely and was thinking suicidal thoughts but denied any current suicidal ideation. He did say he con-

DHS-1035 (6-91)
PZ-1035-05

SIDE 2

Facility Name:
Patient Name: O'DOUGHERTY, PATRICK /M
MREC #: AMRTC BHIS #39972
Birthdate:
Sex:
Program/Unit: #20042 ADM 9-10-02
DOB 18-JUN-46

Patient Name: Patrick O'Dougherty **BHIS:** 39972

REGISTRATION
Have patient repeat three words after you have said them. Examiner says, Tony, purple, 128 (1 second to say each). Give 1 point for each word repeated correctly. (3 points) 3

Then repeat the words until patient learns all three. Count trials and record. ___

ATTENTION AND CALCULATION
Serial 7s (begin at 100 and subtract backwards by 7). Stop after 5 answers. One point for each Correct (5 points) 3

Alternatively, spell "earth" backwards. The score is the number of letters in correct order. ___

RECALL
Ask for the 3 objects repeated above. Give 1 point for each correct. (3 points) 3

LANGUAGE
Name a pencil and a watch. (2 points) 2

Repeat "No, ifs, ands, or buts." (1 point) 1

Follow a 3-stage command: "Take a paper in your right hand, fold it in half using both hands, And put it on the floor". (3 points) 3

Read and obey the following: "Close your eyes." (1 point) 1

Write a sentence. (1 point) 1

Copy design (1 point) 1

Total: 28

LEVEL OF CONSCIOUSNESS

Comments: Alert.

BIOPSYCHOSOCIAL FORMULATION

Biopsychosocial formulation: This is a 55 year old, Caucasian male, here under Rule 20.01 charged with one count of felony terroristic threats. The patient has a long standing history of paranoid schizophrenia with several past psychiatric hospitalizations. It is unclear when his last hospitalization occurred. The patient has been off his medication since August 1 and was re-started again on August 19. He apparently decompensated at that time and has succumbed to a series of psychotic delusions. It can best be described as paranoid. It is unclear at this time whether the patient has suffered any type of traumatic brain injury. He denies alcohol abuse or illicit drug usage at this time.

DIFFERENTIAL IMPRESSION

Axis I. Schizophrenia paranoid type.

Axis II. Deferred

Axis III. None

Axis IV. Legal problems
Lack of social support, and housing is a problem after discharge.

Patient Name: Patrick O'Dougherty **BHIS:** 39972

Affective states: Include Euthymic.

Mood: Was elevated.

Thought processes: Included preservations, tangentially, blocking, halluce associations and flight of ideas.

Disorders of perception: Denies.

Thought content: Includes paranoid ideation.

Delusions: Persecutory grandiose.

Suicidal ideation: Denies.
Homicidal ideation: Denies.

Physiological parameters of psychological significance: Includes hypo _____. Comments: History of hypo _____ per patient.

Somatic complaints: Weight gain. Comments: Include 6 to 7 pound weight gain since June.

Alertness and level of consciousness (*alternative for cognitive exam is to use MMSE): Alert.

Orientation: Oriented to time, place, person and situation.

Memory: Within normal limits for all concentration.

Concentration: Serial sevens.

Abstract thinking: Able to abstract similarities.

Fund of information and intelligence: Is above average.

Comment on how intelligence was estimated: Was by quizzing him on historical events and simple mathematic calculations.

Judgment: Social judgment.

Insight: None.

Comments: Patient states that he is unusual but not delusional.

6. MINI MENTAL STATUS EXAM

ORIENTATION
What is the (year-1) (season-1) (date-1) (day-1) (month-1)? (Maximum 5 points) 5

Where are we (state-1) (county-1) (city-1) (hospital/clinic-1) (floor-1)? (5 points) 5

Patient Name: Patrick O'Dougherty **BHIS:** 39972

Family structure: He states his mother's age is 82 and his mother's occupation is Social Worker, retired. He did not know his father's age but he stated that his father was deceased. His parent's marital status. His parents were married, widowed and mother remarried. Sibling #1, his name is Mike. He is 54 years old. He is a biological brother. Sibling #2 is Margaret, age 52, biological sister. Sibling #3 is Marianne, she is 49 years old, biological sister, Sibling #4 Maureen is a biological sister, age 48.

Family history of psychiatric problems, suicide attempts, drug abuse/alcoholism, psychiatric medications: Patient indicates that he has a paternal aunt with mental retardation.

Legal history: History of repeated harassments towards departments at the University of Minnesota beginning in 1989.

Military history: ROTC in college.

Social history: Per patient, the patient has no children and was never married. He lived in a 3 bedroom apartment in St.Paul with two other student roommates.

4. MEDICAL HISTORY

Sleep difficulties: Includes snores heavily. As he claims to have a little sleep apnea.

Smokes: Denies, although he states that he smoked several years ago as a teen. **Packs per day**:
Other uses of tobacco: Denies.

Number of cups of coffee, tea or cola per day: 3 to 4 cups of coffee and one cola.

Allergies: He states the Haldol causes gagging and Prolixin causes tardive dyskinesia as does Cogentin.

Health problems (including surgeries and traumatic brain injuries): He states that he had a tonsillectomy as a child as well as pneumonia as a child.

Sexual history including any sexual problems: The patient indicates that he is heterosexual and celibate at this time.

Current medications: Risperdal, 3 mg. as well as Ativan prn.

Medication history: Risperdal, Thorazine, Ativan, Prolixin, Haldol and Cogentin. Again he states that Haldol causes him gagging and Prolixin and Cogentin causes him tardive dyskinesia.

5. MENTAL STATUS EXAM

General appearance: Includes normal weight and age appropriate.

Attitude during interview: Was traumatic.

Dress and personal habits: Appeared appropriately groomed.

Motor behavior: Normal.

Speech: Excessive verbalization.

Comments: Excessive rambling and incoherent speech.

Facial expression: Anxious and stares into space.

demonstrated perseverative tendencies. The test results were consistent with organic cerebral dysfunction and was eventually discharged on May 29, 1996 with a diagnosis of schizophrenia paranoid type with continuous and mild tardive dyskinesia. Medical records subsequent to 1996 were not available as other patients prior treatment history, although it is noted in records that the patient has tried anti psychotics including Prolixin, Mellaril and Haldol as well as Risperdal, Thorazine and Cogentin. Pre-admission assessment shows that the patient is currently on Risperdal Elixir 2 mg.

2. HARM POTENTIAL/ALCOHOL/DRUGS

Harm Potential

Ever thought about suicide: Denies.

Circumstances:

When was the last time: Denies.

History of suicide attempts:

When and how:

Current self harm potential: Denies.

Current harm to others potential: Denies.

ALCOHOL/SUBSTANCE USE

Average number of drinks per day: Denies.

Has patient ever felt or been told that he/she is drinking too much? Denies.

History of Blackouts, Delirium Tremens, Seizures: Denies.

Ever used drugs of abuse? Denies.

Last time patient took drugs: Denies.

Drugs of abuse: Denies all drugs of abuse.

3. PSYCHIATRIC/FAMILY HISTORY

Past psychiatric history: Per court records the patient's sister reported that the patient has suffered from schizophrenia for greater than 30 years and had decompensated in the last year. Records from HCMC indicate that the patient has an extensive psychiatric treatment history with multiple hospitalizations for the treatment of schizophrenia paranoid type. During prior psychiatric hospitalizations the patient evidence psychotic symptoms inclusive of the following: Grandiose and paranoid thinking, disorganized thinking, rambling, tangential and over inclusive speech as well as religious preoccupation. Per the patient he had been diagnosis once in 1996 with bipolar schizophrenia and hypo[illegible] and defensive personality.

Childhood developmental/psychiatric problems: He denies.

History of physical, emotional or sexual abuse: He denies.

Patient Name: Patrick O'Dougherty **BHIS:** 39972

STATE OPERATED SERVICES
PSYCHIATRIC ASSESSMENT

IDENTIFICATION DATA

Assessment Date: 9-10-02

Assessment Time: 3:15 pm

Gender: Male

Age: 55

City:
State:

Marital Status: Single
Education: PhD in history

Race: Caucasian
Religion: Roman Catholic

Occupation: He was once a Professor at the University of Minnesota.

Referral Source: HCMC and court papers, patient himself who was unreliable throughout most of the interview. He does have a advance directive status informal living well, and his court authorized medications status is no. His legal status is DC/MI 8-21-02 expires 2-21-03.

1. COMPLAINT/PRESENT ILLNESS

Chief complaint: "Some people said that I harassed them so the court sent me here."

History of Present Illness: A coherent medical history was difficult to obtain because the defendant was often guarded, tangential and non seneschal in his responses. He is currently here on a Rule 20.01 Subdivision 5 commitment. Records indicate that the patient has allegedly been harassing and threatening the History Department at the University of Minnesota since 1989. The Officer investigating his current harassment was sent a fax from Mr. O'Dougherty saying that he had a felony and that the police feel that Mr. O'Dougherty was going to get him fired. The defendant stated he had gotten a large number of people hired and fired within the University of Minnesota. In December 2001 the officer investigated another complaint of harassment against the defendant and in January 2, 2002 the patient left a message on the officers voice mail threatening to have him court marshaled and implicated in a cover up in the murder of Jacob Wetterling and other youths in the St. Cloud area. He was charged on March 15, 2002 with a gross misdemeanor count for harassment for this. On July 2, 2002 Mr. O'Dougherty made threats to a judge of Hennepin County Court. On July 2, 2002 he spoke to a receptionist and made threats to this judge. On July 5, he was in the Hennepin County Courthouse and demanded financial information on three judges. On July 8, he was back making another disturbance at the Government Center. He stated that certain judges are responsible for the routing of Highway 55 and deporting a Port Rican female. He was arrested on July 8 and charged with one count of felony terroristic threats. He was transferred to HCMC on August 8, 2002. Records from HCMC in Minneapolis indicate that the patient has created a diagnosis of schizophrenia, paranoid type for many years and has had multiple prior psychiatric hospitalizations at HCMC Metropolitan Medical Center, Anoka Metro Regional Treatment Center and at a Prison Medical Unit in Georgia. He has a prior admission at Hennepin County Medical Center from June 5 to June 23 1989 predicated by his threats to the University of Minnesota History Department staff and agitated behavior on campus. Another admission from April 10 to April 21st, 1989 was reciprocated by the patients threats to professors at the University and a decision to drive to visit Senators in Washington while evidence in grandiose delusional threatening ideas. Records indicate that the patient was also brought to Hennepin County Medical Center Crisis Intervention Center on May 2, 1996 following concerns regarding his decompensation and alleged threatening letters and phone call to staff at the Neuman Center at the University of Minnesota as well as the priest. The patient was then transferred to Adult Psychiatry and evaluated by Dr. Bruggemeyer on May 6, 1996. She noted that the patient appeared vicarious, very difficult to interrupt, rambling and tangential and over inclusive. He was religiously pre-occupied and spoke about militaristic directions in the human center. During the course of this hospitalization the patient was noted to have a full scale IQ of 101 and test results revealed minor impairments in his non-verbal abilities, the media and delayed recall and working memory. At that time he also

Patient Name: Patrick O'Dougherty AMRTC # 20042 BHIS # 39972

Medical Complications/Care Needs (Include ECT if appropriate in this section): None

Chemical Dependency/Abuse: (Impact on mental health issues; if primary diagnosis, prior treatment, Rule 25 assessors recommendations and if approved for funding for a chemical health program) NA

Based on above documentation, level of care need is assessed to be: (Underline/Bold)

Acute	**Ongoing Inpatient**	Open Unit	Intensive Community Services
None	CD Inpatient	CD Outpatient	

Disposition:

A. Met criteria for inpatient MH care: **admitted to AMRTC.**

B. Did not meet criteria for MH Inpatient care

Alternative Disposition:

No Alternative Disposition Possible Due to: (Check all that apply)

Lack of appropriate housing ( ) Insufficient supports available ( ) Lack of funding: ( )

Other:

Comments (Other relevant data not described above, e.g. special needs/concerns)
Barbara Bradford SW'er 612-336-0122, 9-5-02, He has calmed down quite a bit. He is a delightfully crazy man. He has a delusion that makes him annoy people. He is not as irritable. He was talking non stop and non sensical.

Signature of Assessor: Rose Fredrick RN,C **Date Completed:** 9.9.02
(typed signature and title) 9-5-02

ANOKA-METRO REGIONAL TREATMENT CENTER
INTEGRATED DISCHARGE SUMMARY/PROVISIONAL DISCHARGE

NAME: Patrick O'Dougherty
UNIT: Miller South
MREC #: 39972
DATE OF BIRTH: 12/11/46
SOCIAL SECURITY #: 474-52-2912
ADMISSION DATE: 10/23/03
DATE AND TYPE OF DISCHARGE: 12/23/03, Provisional Discharge
PROVISIONAL DISCHARGE EXPIRES: 2/19/04
DISCHARGE ADDRESS AND PHONE: 750 N. Milton Ave., St. Paul, 55104, 651-487-5761.
COMMITMENT/LEGAL STATUS: County: Hennepin; Type of Commitment: DC/MI
Original Date: 2/19/03; Expiration Date: 2/19/04 Will extension be requested? Will be determined by the county case manager; County request for extension due by: 1/19/04; Jarvis: Yes; Price Sheppard: No

ADVANCED DIRECTIVES:

☐ Yes (copy attached)
☒ No, but information was provided
☐ Declined information on Advanced Directives

EMERGENCY CONTACT) Maureen O'Dougherty, 612-285-9419

AMRTC CONTACT PEOPLE	NAME	NUMBER
Psychiatrist	Darell Shaffer, M.D.	(763) 712-4368
Social Worker	Patricia Lillion	(763) 712-4019
Primary Nurse	Peg Gronskei, RN	(763) 712-4462
Psychologist		
Other (LPN, Chaplain, HST, etc.)		

OTHER COMMUNITY PROVIDERS/RESOURCES: (i.e., county case manager; combined fund; counseling/day treatment; vocational/educational;) George Lopez, Ramsey County Human Services, 160 E. Kellogg Blvd., St. Paul, 55101, 651-266-4039. Mr. O'Dougherty will meet with Dennis Kuik, LICSW, 763-712-4430 Community Transition Services. Patrick has been referred to an intensive team. Team members will do "eyes on meds" 2-3 times weekly. Patrick is not eligible for MA at this time and will get medications through self pay or medication program at Dr. Eckern's office. He is leaving AMRTC will 30 day supply of Eskalith and coupons for Risperidol.

Patient's Name and Number: Patrick O'Dougherty, #39972

PSYCHIATRIC AFTERCARE: Dr. Eckern, Ramsey County Mental Health Center, 1919 University Ave., Suite 200, St. Paul, Mn. 55104, 651-266-7999. First appointment is 1/21/04 at 3:00 PM.

FUNDING SOURCES: (insurance; MA; section 8; conservator/guardian/representative payee; Veterans benefits; SSDI; SSI; etc. - include amount received)
Income: RSDI- $1062.70

Insurance: MA- Denied, over assets. Medicare A & B- 474-52-2912
STRENGTHS: He is very intelligent, went to college. He has an apartment to return to. He has a good income. His sister Maureen is supportive.

GOALS: Mr. O'Dougherty identifies goals as:

Participants in Aftercare Planning: Darell Shaffer, M.D., George Lopez, Ramsey CCM, Patricia Lillion, SW AMRTC, Patrick O'Dougherty

Patricia Lillion
Social Worker Signature

12/18/03
Date

Patient's Name and Number: Patrick Dougherty

SUMMARY OF INITIAL PSYCHIATRIC ASSESSMENT (see attached copy of dictated Psychiatric Assessment)

FINAL DIAGNOSIS: (Do not abbreviate)
Axis I: SCHIZOAFFECTIVE DISORDER

Axis II: NONE

Which Diagnosis is primary?

Axis III: NONE

Axis IV: MODERATE

Axis V: GAF at Admission: 20 GAF at Discharge: 75

PERTINENT FINDINGS ON PHYSICAL EXAMINATION (include date):

No ACTIVE FINDINGS

PERTINENT LABORATORY RESULTS (include date of each study):
TRIGLYCERIDES 240 H, CHOLESTEROL 229 H LDL 136 H - 11/13/03
WBC + DIFF - OK 11/3/03 Li level 0.8 H/A 2+ GLUCOSE 10/24

HOSPITAL COURSE: ___Additional comments on reverse

Pt is 56 yr old MALE. LAST HOSP Here Sept 2002, H/O homicidal + threatening History Dept of U of M Also became threatening to judge. H/O arrest for 8 - charged w/ terroristic threats. Pt had been off meds. Meds re-started on acute unit + psychotic sx were moderately diminished. Transferred to Nilla unit. Pt initially remained paranoid + delusional. W/ additional time pt delusions receded from focus but could be elicited on questioning.

PERTINENT FINDINGS ON MENTAL STATUS AT DISCHARGE:
Alert + oriented. Good recall. Cooperative. Accom. Fairly hyperverbal but not pressured - easily redirected + able to laugh.

PROGNOSIS: Fair 70% organized + good direction for the most part

DISCHARGE MEDICATIONS (including medications for non-psychiatric illnesses):

see copy of MAR

AFTER CARE RECOMMENDATIONS:
F/U w/ OUT PT psychiatrist

X This document will serve as the final Psychiatric summary
___A more complete dictated summary will follow.

Physician's signature 12/19/03 Date

PSYCHIATRY

MEDICATION ADMINISTRATION RECORD

14 DAY

Enter PENCIL # of forms in use. 1

O'DOUGHERTY, PATRICK /M

AMRTC BHIS #39972

ADM 10-23-03

DOB 12-11-46

Diagnoses: I Schizoaffective / Manic
Hypercholestemia hx III Overweight

Allergies: NKA

Diet: Regular

Scheduled Medications

2003 December — Data Given

Date / Init	Exp Date / Time	Medication – Dosage Frequency – Rt. Of Adm.	HR	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26	12/27	12/28	12/29	12/30	12/31
11-23-03 CA	1/23	MVI i tab po qd	8A	DH	JH												
					3P			12N									
12-1-03 RR	3/1	Risperdal 1.5mg po	8A	DH	JH												
		* FM If ref. see prn 8/12	4P	u													
		T10	8P	u													
10-27-03 CH	1/27	Eskalith 900 mg po HS	8P	u													
12-18-03 DH	reading results	Mantoux 0.1ml	Int	DH													
		read in 48°	time	1pm													
			site / Results	L forearm													

PZ-81084-01B Patrick O'Dougherty

Patient's Name and Number: Patrick O'Dougherty 39972

DISCUS DATE: 10-23-03 SCORE: 0
Mantoux/Chest x-ray: (circle) Yes / No Date: 12-18-03 Results: 0.0 mm

MEDICATIONS:

Allergies NKA

Prescriptions Sent: (Yes) / No
Medications sent for 3 days

Patient Understands the Following About His/Her Medications:

✓ Effects ✓ Side Effects ✓ Food/Drug Interactions
✓ Visual Identification ✓ Schedule
____ Refused all medication education. Reason: _____

Patient's Approach to Medication: (check all that apply)

✓ Compliant
✓ Independently reports for medications at designated times
✓ Requests PRN's appropriately
____ Needs encouragement to take PRN's
____ Often refuses medications
____ Refuses all medications
____ Cheeks medications
____ Special approaches (list):

Comments: _____

Diet/Special Instructions: Regular diet

PLAN FOR PRIMARY MEDICAL CARE/PROVIDER OF PRIMARY MEDICAL CARE:

Name/Address/Phone of Provider: Community Human Service Dept. Ramsey County Mental Health Center, Suite #200 1919 University Ave. West, St. Paul MN 55104, Dr Michael Ekern MD 651-266-7999

Date of Appointment: CCM. is setting p care appt for Patrick

Physical Limitations/Needs: Ø

Special Approaches and Patient's Response/Preferences: good sense of humor - responds well to straight forward approach

Patient's Name and Number: Patrick O'Dougherty

SUMMARY OF PROGRESS TOWARD TREATMENT PLAN GOALS: (list long-term treatment goals response, successful/unsuccessful interventions)

1) Eliminate or acute, reactive, psychotic sxs & return to normal functioning in affect, thinking, & relating -
Patrick interacts c staff & peers appropriately, s evidence of overt psychotic sxs/ +

RECOMMENDATIONS FOR AFTERCARE GOALS AND NEEDS:

psychiatric aftercare & med. management
CCM services (intensive team)

A. Culver, RN
RN Signature

12/19/03
Date

NURSING

Patient's Name and Number: Patrick O'Dougherty

FUNCTIONAL SKILLS SUMMARY for COMMUNITY LIVING

Social Skills:

__ Seeks out people, ability to work well in small groups or groups of three or more.
X Talks to others if approached, ability to work in small groups under three people.
__ Difficulty initiating/maintaining conversations. Social interaction best on one to one basis.
__ Minimal interaction with others.

Coping Skills:

X Knows and practices positive coping skills with an acceptable level of frustration/tolerance.
__ Needs one or two reminders to use positive coping skills.
__ Requires 1:1 discussions to use positive coping skills.
__ Poor application of coping skills.

Cognitive Skills:

Problem solving and decision making skills:

X Problem solving and decision making skills are practiced with very little problems.
__ Needs 1-2 reminders to problem solve and make positive decisions.
__ Requires 1:1 discussions for problem solving and making positive decisions.
__ Needs outside interventions/behavior program for problem solving/decision making skills.

Ability to follow direction:

X Follows directions with no reminders.
__ Needs 1-2 reminders to follow directions.
__ Follows 1 - dtep direction and may need visual prompt or demonstrations.
__ Needs 1:1 assistance to follow directions.

Health and Wellness:

X Seeks out leisure activities. Independently participates.
__ Will do activity/group if asked. Individual leisure with assistance and encouragement.
__ Needs encouragement to continue activity with group. Minimal leisure involvement on own.
__ Minimal interest/abilities for group[assignments.

Living Skills: (Money management, Transportation, Cooking)

X Self-management living skills met independently with minimal support systems.
__ Self-management living skills met with moderate supports.
__ Self-management living skills met with maximum supports.

Dress and Grooming:

X Self-management skills are met for personal hygiene and personal appearance independently.
__ Self-management skills are met for personal hygiene and personal appearance with moderate support systems.
__ Self-management skills are met for personal hygiene and personal appearance with maximum support systems.

Patient's name and Number: Patrick O' Dougherty.

FUNCTIONAL SKILLS SUMMARY
for COMMUNITY LIVING

Number of Weekly Schedule Service Hours 30+ hrs wkly.

Participation level:

Never Engages _____ Always Engages

1 2 3 4 (5)

Summary of Transition Services:

Mr. O'Dougherty attended & participated fully in the following transition services: Possibilities Pass Review & County Re-Entry groups: Took PRN add weekend passes & successfully shared & processed knowledge and ways to utilize community resources. Cooperative & Discharge process & Milieu Programming & expectations/guidelines. Looking forward to discharge to own home.

Strengths and Progress made in Functional Skill areas:

Good progress made in the areas of identifying (+) coping skills & strategies to utilize & apply, improved County knowledge and resources to assist & supporting in the community. States he feels comfortable & discharge plans.

Recommendations/Comments/Continued support Needed:

Continued County Case Manager supports. Encourage membership at CSP-Drop-in Center: to expand social, leisure interests & pursuits. Consider possible Mental Health Initiatives/services to support discharge placement.

Therapist's Signature _____ Date 12.22.03

My Relapse Prevention Plan for Discharge:

1. **What do I notice about my self and what do other people notice when I am doing well?**
   I HAVE SERENITY AND I AM NOT SLEEPING TOO MUCH OR I AM NOT OVERMEDICATED

2. **What things do I need to do on a regular basis to stay well and healthy?**
   I NEED TO TAKE MY MEDS, PERFORM ON MY JOB, AND CONNECT WITH MY SUPPORT GROUP. I NEED TO EAT AND SLEEP WELL.

3. **What situations or behaviors could cause my mental illness or my desire to abuse alcohol or drugs get worse?**
   PARANOID BEHAVIOR CAUSES MY MENTAL ILLNESS TO TRIGGER

4. **What are the warning signs that I am not doing well or need help?**
   PARANOID BEHAVIOR, RACING THOUGHTS AND ISOLATION ARE MY WARNING SIGNS.

5. **What things can I do to care for my mental health, cope with stress and stay well?**
   TAKE MY MEDS, EAT AND ~~SLEEP~~ SLEEP WELL AND AVOID OVER ISOLATION.

6. **Who can I call for help and support?**
   DR. MICHAEL KICKERT, PSYCHIATRIST FIRST CALL MINNESOTA RAMSEY 651-266-7999 AFTER HE

☒ Anoka County: MILLER SOUTH	Mercy Hospital Crisis Program	763-422-4614
☐ Dakota County: ARMC	River Winds Crisis Program	866-422-6522
☐ Hennepin County:	Crisis Intervention Center	952-891-7171
	Outreach Program (BEOP)	612-347-2011
	Crisis Intervention Center	612-347-3161
	Suicide Prevention	612-347-2222
	Crisis Connection	612-379-6363
	Crisis Home Program	612-347-3170
☒ Ramsey County: APOLLO CRISIS	Crisis/Mental Health Intake Unit	651-266-7900
	Hewitt Crisis Home	651-266-7900
☐ Sherburne County:	St. Cloud Mental Health Center	800-635-8008
☐ Washington County	HIS	651-777-4455

Patient — Date: 12/19/03

Social Worker — Date: 12/20/03

AMRTC Provisional Discharge Plan

Patient Name: Patrick O'Dougherty Number 39972

1. I agree to work the aftercare plan developed with my treatment team and county case manager, which includes caring for my mental health by working with support providers, seeing my doctor or nurse and taking medications prescribed by my physician.

2. I understand I can amend my aftercare plan after consultation and consensus with my case manger.

3. I understand my commitment will expire on 2/19/04 unless it is extended by the court.

4. I will not harm or threaten to harm myself or others.

5. I will keep appointments with my psychiatrist as scheduled.

6. I will take meds as prescribed.

7. I will keep appointments w/ CCM.
8. I will keep appointments with Dennis Kuik
9. I will keep appointments with case management team. "Eyes on meds" medication monitoring

Criteria for Revocation:

I understand that my provisional discharge may be revoked if I experience symptoms requiring inpatient hospitalization or if there is a serious likelihood that my safety or the safety of others will be jeopardized if I am not hospitalized.

I understand my case manager will work with me to utilize the least restrictive alternative, which may include utilizing my relapse prevention plan, crisis stabilization services, partial hospitalization, increased levels of supportive services and community hospitalization.

Patrick R. O'Dougherty 12/18/03

Patient/Conservator Date

Patricia Kellick

AMRTC Social Worker County Case Manager

10. I will not fax, call, send letters to the University of Minnesota.
11. I will transition to intensive case management when available.

To: **RAMSEY COUNTY MENTAL HEALTH CENTER**
1919 University Ave West, suite 200, St. Paul, Mn 55104

*For a **"Med Express Appointment"** complete and fax this form to:*

Fax # **651-266-7850** Number of pages:

Attention: **Peggy or Mona** Phone: 651-266-7999

Agency From: ANOKA - METRO RTC

Contact Person: Patty Kellic Phone: 763-712-4019

Referral Information needed for "Med Express Appointment":

CLIENT NAME: DOB 12-11-46

- Social Security # 474-52-2912
- **Community Address:** 750 N. Milton Ave. St. Paul 55104
- **Community Phone #:** 651-487-5761
- Diagnostic Assessment
- Medication History — Send both of these
- Doctors notes for past 3 months or Discharge Summary
- ~~Insurance & ID *those seen~~ at the RCMHC must have insurance through the county (MA or PMAP) or have no insurance
- Case Manager name: Jorge Lopez phone: agency: RC HS
- What is the language if an interpreter is necessary: (to be arranged by referral source or the case manager)

Comments: She has been seen by Dr. Eckert in the past

When this information has been received, the client and/or case manager and the referring social worker will be contacted with an appointment time.