Ohio Department of Mental Health
Duty to Protect (Tracking Form)

In Accordance with Section 2305.51 ORC

Name of Patient
Patient Number
Admission Date
Unit

Specific Threat:

1. Person receiving threat: Date: ☐ Yes ☐ No

2. Threat promptly communicated to psychiatrist or RN on patient’s treatment team? ☐ Yes ☐ No

3. Threat determined to be credible by Treatment Team? (If No, document conclusion & rationale in progress note, and go to #9 below. Obligation is complete.) ☐ Yes ☐ No

4. Team Social Worker enters DTP status in Discharge Matrix? Date: ☐ Yes ☐ No

5. Threat promptly reported to CCO? Reported By: Date: ☐ Yes ☐ No

A. Licensed Independent Mental Health Professional assigned by CCO/Designee to provide second opinion? Person assigned: ☐ Yes ☐ No

B. Second opinion determines that threat meets "Duty to Protect" threshold? Conclusion, rationale and any clinical recommendations documented on Duty to Protect form? Completed by: Date: ☐ Yes ☐ No

(If patient does not meet Duty to Protect threshold, to #9 below. Obligation is complete.) ☐ Yes ☐ No

C. Suggestion made to notify to Law Enforcement and/or potential victim? (If No, go to #7A below) ☐ Yes ☐ No

I. CCO notified by second opinion this option suggested? ☐ Yes ☐ No

II. Person designated by CCO to give warning? Designee: ☐ Yes ☐ No

III. Warning given by designee & progress note written documenting person warned, information given, and time of warning? Date: ☐ Yes ☐ No

6. A. Second Opinion finds threat serious, not imminent and suggests follow up evaluation? (If all DTP recommendations completed and no follow-up suggested, go to #9 below.) ☐ Yes ☐ No

B. If yes, "Duty to Protect" sticker placed on front of medical record? Placed by: Date: ☐ Yes ☐ No

A. Plans to grant unsupervised movement, conditional release or discharge? ☐ Yes ☐ No

B. CCO Notified? Date: ☐ Yes ☐ No

C. Licensed Independent Mental Health Professional assigned by CCO/Designee to provide second opinion evaluation? Person Assigned: ☐ Yes ☐ No

7. A. Second opinion professional confirms that threat still meets "Duty to Protect" threshold? Conclusion, rational and any clinical recommendations documented on Duty to Protect form? Completed by: Date: ☐ Yes ☐ No

(If patient does not meet Duty to Protect threshold, to #8 below. Obligation is complete.) ☐ Yes ☐ No

B. Suggestion made to notify Law Enforcement and/or potential victim? ☐ Yes ☐ No

I. CCO notified by second opinion this option suggested? ☐ Yes ☐ No

II. Person designated by CCO to give warning? Designee: ☐ Yes ☐ No

III. Warning given by designee & progress note written documenting person warned, information given, and time of warning? Date: ☐ Yes ☐ No

8. A. Have all Duty to Protect obligations been met (including consultant recommendations)? ☐ Yes ☐ No

B. Date all Duty to Protect obligations complete: Team member signature/Discipline/Date

C. ☐ Yes ☐ No

ALL DUTY TO PROTECT OBLIGATIONS MUST BE COMPLETED BEFORE PATIENT DISCHARGE.
Copies of all documentation relating to DTP issues should be filed in the legal section of the medical record and with Legal Assurance.

Forward copy of this completed document to QA/PI and Legal Assurance.