



<b>ISSUE DATE</b>  <b>July 14, 2016</b>	<b>EFFECTIVE DATE:</b>  <b>Immediately</b>	<b>NUMBER:</b>  <b>OMHSAS-16-10</b>
<b>SUBJECT:</b> Admissions, Transfers, Level of Care and Service Area Designation for the Regional Forensic Psychiatric Centers	<b>BY:</b>  Dennis Marion Deputy Secretary Office of Mental Health and Substance Abuse Services	

**SCOPE:**

County Commissioners  
County MH/ID Administrators/BSU Directors  
Behavioral Health Managed Care Organizations  
Regional Mental Health Community Program Managers  
Chief Executive Officers, State Hospitals  
Chief Forensic Executives, Regional Forensic Psychiatric Centers  
Forensic Liaisons  
Superintendent, State Correctional Facility at Muncy  
County Jail Wardens  
Public Defenders  
District Attorneys  
Mental Health Review Officers  
Courts of Common Pleas Judges  
Magisterial Judges

**PURPOSE:**

This Bulletin implements the protocol and operational changes approved by the Secretary of the Department of Human Services (DHS) for the operation of Regional Forensic Psychiatric Centers (RFPCs). The changes addressed by this policy include the establishment of a centralized referral process to the RFPCs.

**BACKGROUND:**

The Office of Mental Health and Substance Abuse Services (OMHSAS) continues to review and improve its practices in pursuit of recovery supportive services in the least restrictive setting possible for the individual being served.

**ATTACHMENTS:**

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**  
Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning & Program Development, P.O. Box 2675, Harrisburg, PA 17105. General Office Number 717-772-7900.

Attachment 1: Admissions, Transfers, Level of Care and Service Area Designation for the Regional Forensic Psychiatric Centers

Attachment 2: County Service Area Designations

Attachment 3: Regional Forensic Psychiatric Center Pre-Admission Referral

Attachment 4: Certification of Need for Persons under the Age of 22 or Over the Age of 65

Attachment 5: Standard Notification Letter

Attachment 6: Emergency Regional Forensic Psychiatric Center Admission Report

**RELATED BULLETINS:**

99-84-24: Continuity of Care

99-83-42: Guidelines for Voluntary and Involuntary Patients Refusing Physical Examination on Admission

SMH-95-01: Crime Victim Notification: Implementation of Amendments to Act 155; Expanding the Bill of Rights for Victims of Crime

SMH-P-12-01: Unsupervised Leave of Persons Found NGRI

SMH-P-12-04: Information Sharing Between Regional Forensic Psychiatric Centers and State or County Correctional Facilities upon Admission and Discharge

**OBSOLETE BULLETINS:**

This bulletin obsoletes the following OMHSAS Bulletins:

- SMH-P-12-05: Admissions, Transfers, Level of Care and Service Area Designation for the Regional Forensic Psychiatric Centers
- 99-83-25: Referral Procedures for “Guilty But Mentally Ill” Individuals

**Admissions, Transfers, Level of Care and Service Area Designation  
for the Regional Forensic Psychiatric Centers**

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## I. FORENSIC LEVEL OF CARE

The Forensic Task Force of 1991 established one level of forensic care to replace the medium and maximum security designations of specific forensic facilities. Environmental and procedural security safeguards are in place in each RFPC to provide a secure environment to provide patient treatment and care.

Patients who have been charged with, convicted or found Not Guilty by Reason of Insanity (NGRI) of minor, non-violent offenses, who are not sentenced to the jurisdiction of the Department of Corrections and who, as determined by the committing court, do not require the security of the RFPC, may continue to be admitted to civil units at state hospitals.

A centralized referral process will include a concurrent review of individuals for diversion to other housing and services including least restrictive treatment settings appropriate to the patients' clinical and security needs.

The RFPCs are designed to provide psychiatric care and treatment for persons who have involvement in the criminal justice system. They are not a long-term placement option. RFPCs offer the following inpatient services:

- A. Evaluation for competency to stand trial.
- B. If necessary, psychiatric care and treatment to restore competency.
- C. Mental health care and treatment to persons who have been found NGRI of criminal offenses enumerated in the Mental Health Procedures Act.
- D. Mental health care and treatment in a secure facility for persons subject to detention in county or municipal jails.
- E. Inpatient examination to assist with sentencing and disposition of persons who have been criminally convicted and are awaiting sentencing.

## II. CRITERIA FOR ADMISSION

Under section 401(a) of the Mental Health Procedures Act (MHPA), a person who is charged with a crime or undergoing sentence and who is or becomes severely mentally disabled as defined by section 301 of the MHPA may be subject to commitment proceedings for involuntary mental health care and treatment as if he or she were not charged or sentenced. In addition, under section 402 of the MHPA, a court may order involuntary examination and treatment for competence to stand trial.

Persons will be admitted to RFPCs only as ordered by a court. The following court orders will authorize admission to an RFPC:

- A. A court order issued under section 304 or 305 of the MHPA for persons who are subject to detention in county or municipal jails.

- B. A court order issued under section 304 or 305 of the MHPA for persons who are incarcerated at the State Correctional Institute (SCI) – Muncy. OMHSAS will allocate three forensic beds for this purpose. No other SCI inmates will be admitted to RFPCs.
- C. A court order issued under section 304 of the MHPA for a person who has been found Guilty But Mentally Ill (GBMI).
- D. A court order issued under section 304(g)(2) of the MHPA for persons who have been found incompetent to be tried or NGRI the following offenses:
  - 1. Murder
  - 2. Voluntary manslaughter
  - 3. Aggravated assault
  - 4. Kidnapping
  - 5. Rape
  - 6. Involuntary deviate sexual intercourse
  - 7. Arson
- E. A court order issued under section 402 of the MHPA for treatment to restore competence to stand trial or evaluation to determine competence to stand trial. Persons committed to state hospitals pursuant to section 402 of the MHPA may receive competence evaluation and treatment to restore competence in settings other than a RFPC as ordered by the court.

### III. PERSONS WHO MAY NOT BE ADMITTED OR TRANSFERRED TO A RFPC.

- A. The following persons are not eligible for admission to a RFPC, even if they are severely mentally disabled as defined by section 301 of the MHPA, unless they meet one of the criteria specified in Section II, A - E.
  - 1. Persons who are not formally charged with a crime or serving sentence, even those patients who are assaultive or difficult to treat;
  - 2. Persons who have been tried and acquitted of a criminal offense;
  - 3. Defendants against whom charges have been withdrawn, *nolle prossed* or dropped;
  - 4. Persons charged with a crime but released on bail at the time the initial mental health commitment is initiated;
  - 5. Persons convicted of crimes and who have been paroled and against whom no new detainers have been filed;
  - 6. Persons convicted of crimes and placed on probation and against whom no new detainers have been filed;
  - 7. Persons found NGRI on charges other than those listed in Section 304(g)(2) of the MHPA;
  - 8. Persons subject to court ordered commitments pursuant to Section 302 and 303 of the MHPA;

9. Persons sentenced to serve their terms of imprisonment in a SCI operated by the Pennsylvania Department of Corrections.

When persons do not meet the criteria for admission to the RFPC, but still require inpatient psychiatric care and treatment, they should be admitted to a community treatment setting or the civil unit of a state hospital.

- B. RFPCs are certified by the Centers for Medicare and Medicaid Services as parts of psychiatric hospitals. They are not primary medical care facilities and are unable to provide complex medical care to patients who need such care to maintain their health and safety. Therefore, patients with the following conditions are not appropriate for admission to RFPCs:

1. Unconsciousness or semi-consciousness.
2. Recent heart attack or stroke.
3. Delirium from any organic brain disorder; e.g., alcohol or drug toxicity, lithium toxicity, or metabolic syndrome.
4. Neurocognitive disorders.
5. Impending alcohol or drug withdrawal. Patients who are on methadone maintenance may be admitted under the state hospital protocols.
6. Serious fractures requiring specialized rehabilitation.
7. Need for artificial respiration or other life support systems.
8. Advanced Chronic Obstructive Pulmonary Disease in the final stages requiring special isolations and protection.
9. Need for intravenous medications including antibiotics.
10. Need for primary nursing care or nursing home level of care or similar setting.

#### IV. SERVICE AREA DESIGNATIONS

- A. County service area designations for RFPCs have been revised to provide access to beds by each county, according to the county's historical admission needs and or census data and population demographics. County service area designations for each RFPC are appended to this Policy (**Attachment 2**).
- B. Three (3) female beds will be available at a RFPC as determined by DHS for use as needed by inmates incarcerated at SCI - Muncy.

#### V. RFPC REFERRAL PROCESS

- A. Each county should identify a point of contact regarding referrals coordination.
- B. Whenever an individual is referred to an RFPC, the correctional facility will complete RFPC Pre-Admission Referral form. (**Attachment 3**).
- C. The Pre-Admission Referral form, the Mental Health Commitment or Court Order, and information to support the referral will be sent by registered mail, secure fax, scan, or an alternative method such as in person delivery.

- D. A certificate of need is also necessary for all patients under the age of 22 or over the age of 65. (**Attachment 4**)
- E. An incomplete referral will result in the Standard Notification Letter and Pre-admission Referral Form being returned to the referral source with the identification of the missing referral information, (**Attachment 5**). Incomplete referrals will result in a delay in admission to the RFPC.
- F. When the RFPC receives notification of a pending commitment and the request for admission of a person serving a sentence in a SCI or county correctional facility, the referral packet should contain, a copy of the criminal sentencing sheet containing the expiration dates of both the minimum and maximum sentences.
- G. Once the packet is complete, the individual will be placed on a RFPC wait list.
- H. Patients will be admitted to the RFPC designated for their service area based on their place on the waiting list.
- I. Court orders requiring expedited emergency admission will be reviewed by the OMHSAS Centralized Forensic Coordinator for further disposition.

## VI. EMERGENCY FORENSICS ADMISSIONS EXCEPTION PROCEDURE

RFPCs recognize that there are individuals whose illness has presented the need for emergency treatment within the RFPCs and it is important to admit them as expeditiously as possible to ensure that they receive the appropriate care.

### A. Exception Criteria:

1. Individual must be medically clear and not in a state of detoxification; and
2. Individual is rapidly deteriorating during incarceration; or
3. Individual is acutely suicidal; or
4. Individual is a danger to other inmates (extremely violent individuals may not be able to be managed on a forensic unit thus these cases may require further discussion).

### B. Process for Expedited Admission:

1. All necessary forms and attachments for admission to a RFPC must be provided, as detailed in the Regional Forensic Psychiatric Center Pre-Admission Referral (**Attachment 3**).
2. In addition, a copy of an "Emergency Forensic Psychiatric Center Admission Report" (**Attachment 6**) detailing the Exception Criteria will be submitted to

the OMHSAS Centralized Forensic Coordinator along with the completed Regional Forensic Psychiatric Center Pre-Admission Referral.

3. If there is disagreement on the individual meeting the Exception Criteria, the case is reviewed by the facility Chief Medical Officer and if there is still disagreement, a final determination is made by the OMHSAS Medical Director.

## VII. TRANSFERS FROM RFPCs:

RFPCs are not intended to be long-term placement options. Persons should be transferred out of RFPCs whenever their legal and clinical status warrant a different level of care or security.

### Events Triggering a Transfer From a RFPC:

The following events in a criminal case will lead to a transfer from the RFPC.

- A. Dismissal, withdrawal or *nolle prosequi* of criminal charges for a reason other than a finding of incompetence to stand trial.
- B. Dismissal of charges upon a finding of incompetence to stand trial, except when the patient was charged with an offense listed in section 304(g)(2) of the MHPA.
- C. Dismissal of charges after the expiration of a stay of proceedings as specified in section 403(f) of the MHPA, except when the patient was charged with an offense listed in section 304(g)(2) of the MHPA.
- D. Conviction or guilty plea of charges for which the sentence does not include incarceration.
- E. Conviction or guilty plea of charges, except when the patient is found Guilty But Mentally Ill (GBMI) and committed for involuntary mental health care and treatment. (304 or 305)
- F. Acquittal of criminal charges for any reason other than NGRI.
- G. Acquittal of criminal charges for NGRI, except when the patient was charged with an offense listed in section 304(g)(2) of the MHPA.
- H. Expiration of maximum sentence. This event is likely to be known well in advance of its occurrence. Therefore, planning for or transfer of the patient whose maximum sentence is expiring should begin as soon as the patient is admitted.

### RFPC Procedures For Transfers

- A. Before any transfer may occur, the RFPC must receive a written order issued by the court having criminal jurisdiction that the patient is no longer subject to criminal detention.
- B. The RFPC will adhere to all established transfer procedures, and will notify all involved parties of the date and location of transfer.
- C. If an individual who has been committed from a county or municipal jail, or who has been found GBMI, is no longer in need of state hospital level of care, the RFPC will return the patient to the custody of the appropriate county or municipal jail.
- D. When the RFPC receives notice that an individual will no longer be subject to criminal detention, it will make a determination of appropriate level of care or placement to meet the needs of the patient.

#### Transfer of Patients From RFPC to Civil Units of State Hospital

- A. When a patient in a RFPC no longer meets criteria for admission to the RFPC, but still requires a state hospital level of care, the patient may be transferred to a civil unit in the state hospital whose catchment area includes the patient's county of residence, provided that there is a valid commitment order from the court for continued involuntary mental health care and treatment.
- B. The civil unit of a state hospital can only provide the same degree of security for patients transferred from a RFPC as it does for other patients in the civil unit.
- C. The RFPC will be responsible for arranging transportation of the patient to the civil unit on the date of transfer.
- D. This transfer will occur within a reasonable time period.

#### Transfer of Patient to the Community

- A. When the court having criminal jurisdiction authorizes transfer from the RFPC to the community under a Community Support Plan (CSP) or home plan, or criminal charges have been resolved, coordination will occur to address the clinical needs of the individual if mental health treatment is needed. Alternative community options may be pursued.
- B. If an individual is found to no longer need state hospital level of care, the RFPC will follow the continuity of care policies for discharge; which at the minimum will include a discharge plan.
- C. A RFPC will not discharge a patient who is subject to involuntary commitment pursuant to section 304(g)(2) of the MHPA without first providing notice and filing a petition for conditional or unconditional discharge with the court of criminal jurisdiction pursuant to section 304(g)(4) of the MHPA

## Transfers of Persons between RFPC's

In extraordinary circumstances, OMHSAS may transfer an individual between RFPCs. When determination is made that a transfer of a person at an RFPC is appropriate, and approved by the court of criminal jurisdiction, the transfer arrangements will be made between the RFPC's. Once this transfer occurs, the RFPC where the patient originated will notify the court of criminal jurisdiction.

## VIII. RESPONSIBILITY FOR IMPLEMENTATION

The Director of Community and Hospital Operations of OMHSAS will resolve any disagreements among state hospitals and RFPCs arising in the course of the transfer process, and will be responsible for ensuring transfers occur within a reasonable timeframe.

## IX. REFERENCES:

The Mental Health Procedures Act, 50 P.S. §§ 7101-7503

55 Pa. Code Chapter 5100, relating to "Mental Health Procedures"

### County Service Area Designations

Regional Forensic Psychiatric Center at  
Torrance

Allegheny  
Armstrong/Indiana  
Beaver  
Bedford/Somerset  
Blair  
Butler  
Bradford/Sullivan  
Cambria  
Cameron/Elk/McKean  
Centre  
Clarion  
Clearfield/Jefferson  
Columbia/Montour/Snyder/Union  
Crawford  
Cumberland/Perry  
Dauphin  
Erie  
Fayette  
Forest/Warren  
Franklin/Fulton  
Greene  
Huntingdon/Mifflin/Juniata  
Lawrence  
Lycoming/Clinton  
Mercer  
Northumberland  
Potter  
Tioga  
Venango  
Washington  
Westmoreland  
York/Adams

Regional Forensic Psychiatric Center at  
Norristown

Berks  
Bucks  
Carbon/Monroe/Pike  
Chester  
Delaware  
Lancaster  
Lebanon  
Lackawanna/Susquehanna/Wayne  
Lehigh  
Luzerne/Wyoming  
Montgomery  
Northampton  
Philadelphia  
Schuylkill

**Regional Forensic Psychiatric Center Preadmission Referral**

*In order to be considered a complete referral to the RFPC, and thus to be placed on the waiting list, the RFPC Preadmission Referral Form must be completed and asterisked items must be submitted at a minimum. All remaining documentation must be submitted for review prior to scheduling for admission.*

**Name:** Last Name, First Name, and MI

**Maiden Name:** Click here to enter text.

**AKA:** Click here to enter text.

**Municipal or Common Pleas Court Number:** Click here to enter text.

**Home Address Prior to Incarceration:** Address, City, State, Zip Code

Male     Female

**SS#:** Click here to enter text.    **Marital Status:** Click here to enter text.    **Religion:** Click here to enter text.

**Date of Birth:** Click here to enter text.    **Age:** Click here.    **Occupation:** Click here to enter text.

**Veteran:**  Yes     No    **Branch:** Click here to enter text.

**Does the Person Speak English?**  Yes     No

**Primary Language other than English:** Click here to enter text.

**Sensory Problems?**     Hard of Hearing     Deaf     Visual Impairment     Blind

**Level of Education:** Click here to enter text.

New Admission     Readmission

**Date of Last Discharge** Click here to enter a date.

**Unit:** Click here to enter text.

**County of Residence:** Click here to enter text.

**Committing County:** Click here to enter text.

**County of Sentence:** Click here to enter text.

**MH Commitment (check all that apply)**     304     304g2     GBMI     305     402     403     405

**Other (Please clarify)** Click here to enter text.

**Most Recent MH Commitment Date:** Click here to enter a date.

**Effective Date:** Click here to enter a date.    **Duration:** Click here to enter text.

**Reason for Referral as Written on the Court Order:**

Click here to enter text.

**Charges:** Click here to enter text.

**Date of Incarceration:** Click here to enter a date.

**Is Person Currently Sentenced?**  Yes     No    **Max Out Date:** Click here to enter a date.

**Anticipated Court Date:** Click here to enter a date.

**Judge:** Click here to enter text.

**Phone Number:** Click here to enter text.

**Defense Attorney:** Click here to enter text.

**Phone Number:** Click here to enter text.

**Medical Department Contact:** Click here to enter text.

**Phone Number:** Click here to enter text.

**Community Behavioral Health Contact:** Click here to enter text.

**Phone Number:** Click here to enter text.

**Base Service Unit/Service Coordination Unit Prior Mental Health Services:**  Yes  No If Yes, Click here to enter text.

**Name:** Click here to enter text.

**Phone Number:** Click here to enter text.

**Work:** Click here to enter text.

**Cell:** Click here to enter text.

**Date Behavioral Health Notified of Referral to RFPC:** Click here to enter a date.

**Psychiatric/Medical Diagnosis (es) – Please enter all know conditions**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

**Reason for Incompetency if Found Incompetent:** Click here to enter text.

**High Risk Behavior (Past/Present)**

Suicide Attempt(s); Date(s); Method(s): Click here to enter text.

AWOL History

Self-Mutilative

Homicidal

Anorexic

Self-Abusive

History of Fire Setting

Polydipsia

Assaultive/Destructive

Sexually Aberrant Behavior

PICA

Uncontrolled Seizure Disorder

*Other (Please be specific):* Click here to enter text.

**Current Medications (Psychiatric & non-psychiatric)** List below or attach MAR.

Is MAR attached?  Yes  No

Name Of Medication	Dosage	Reason for Medication	Start Date	Takes Meds Yes/No


**Name:** Click here to enter text.

**Over the Counter Medication or Herbal Supplements:** Click here to enter text.

**Drug Allergies (Specific Reaction):** Click here to enter text.

**Food Allergies (Specific Reaction):** Click here to enter text.

**Special Diet:** Click here to enter text.

**Environmental Allergies:** Click here to enter text.

**Physical Problems (Including injury (ies); chronic pain; sensory limitation or others as noted):**

Click here to enter text.

**Any current/acute/chronic infectious disease:**  Yes  No

If yes, explain: Click here to enter text.

**Ambulation:**  Unaided  Cane  Crutches  Walker  Wheelchair  Prosthesis

Specify: Click here to enter text.

<b>Immunizations (Include PPD) List Below or Attached</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date Administered</b>

**Recent Psychological Tests:**  Yes  No *Date of Report:* Click here to enter a date.

**Prior Psychiatric Hospitalizations:**

<b>Location</b>	<b>Dates</b>

**Drug, alcohol and nicotine history:** Click here to enter text.

**Drug, alcohol and nicotine treatment history:** Click here to enter text.

**Advanced Directives:** *Medical:*  Yes  No *Psychiatric:*  Yes  No

**Organ Donor:** Yes No

**Income:** Yes No *Source:* Click here to enter text. *Amount:* Click here to enter text.

**Medical Insurance Information:** Click here to enter text.

**Name:** Click here to enter text.

**Medical Assistance Number:** Click here to enter text. **Medicare Number:** Click here to enter text.

**Medicare D Plan:** Click here to enter text. **ID:** Click here to enter text.

**Next of Kin/Significant Others:**

(1) Name: Click here to enter text. Relationship: Click here to enter text.

Address: Address, City, State, Zip Code

Phone: Home Phone: Work Phone: Cell

(2) Name: Click here to enter text. Relationship: Click here to enter text.

Address: Address, City, State, Zip Code

Phone: Home Phone: Work Phone: Cell

**The Following Documentation is required**

1. \*Affidavit of Probable Cause  \*Criminal Complaint  \*Police Arrest Record
2. \* Court Order
3. Sentencing Sheet
4. Copies of Assessments:
  - \*Psychiatric Included Not Included/Reason Click here to enter text.
  - Nursing Included Not Included/Reason Click here to enter text.
  - \*Medical Included Not Included/Reason Click here to enter text.
  - Psychological testing Included Not Included/Reason Click here to enter text.
  - Psycho-social Included Not Included/Reason Click here to enter text.
  - Competency Evaluation Included Not Included/Reason Click here to enter text.
  - Other Disciplines involved in patient's care  Included Not Included/Reason Click here to enter text.
5. Copies of reports:
  - Consultations
  - Laboratory Reports and/or other medical studies performed including
  - Chest x-ray; EKG; EEG; HIV; Hepatitis; TB; CBC; SMAC; WBC; PPD
  - Medication related blood levels
6. \*Copies of Progress notes and Physician's Orders for at least the last three weeks
7. Copy of current Treatment Plan
8. Certificate of Need Attached if under age 22 or 65 and above? Yes  No

Signature of Person Completing the Form: \_\_\_\_\_ Date: Click here to enter a date.

Printed Name/Title: Click here to enter text. Phone Number: Click here to enter text Email: Click here to enter .

Please fax completed referral to: [Click here to enter text.](#)

Or via encrypted email completed referral to: [Click here to enter text.](#)

At email address: [Click here to enter text.](#)

Attachment 4

**CERTIFICATION OF NEED FOR  
INPATIENT PSYCHIATRIC HOSPITALIZATION OF A  
PERSON UNDER THE AGE OF 22 OR OVER THE AGE OF 65**

Date: \_\_\_\_\_

The undersigned members of the Psychiatric Treatment Team at the

\_\_\_\_\_ hereby certify that  
(Name of Referring Agency)

\_\_\_\_\_, requires psychiatric treatment on an  
(Patient)

inpatient basis. We have examined said patient and find that:

1. The ambulatory care resources in the community do not meet the needs of the patient;  
and
2. Inpatient treatment under the direction of a physician is required; and
3. The provision of such services can reasonably be expected to improve the patient's  
condition or to prevent further regression so the services will no longer be needed.

\_\_\_\_\_  
Psychiatrist/Physician

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Psychologist

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Social Worker, Registered Nurse or  
Occupational Therapist

\_\_\_\_\_  
Name & Title

Ref. Authority 42 C.F.R. 441, Subpart D.



## Emergency Regional Forensic Psychiatric Center Admission Request

Name of Individual for whom Emergency Referral is being Requested:

\_\_\_\_\_

Name of Person requesting Emergency Referral:

\_\_\_\_\_

(Title)

Date of Request: \_\_\_\_\_

RFPC Referral Preadmission Form Attached

The individual has been medically cleared and is not requiring medically monitored detoxification

Name of Practitioner providing medical clearance: \_\_\_\_\_

Reason for Request: (Check all that apply but must meet at least 1 criteria, also must be medically cleared and not requiring medically monitored detoxification)

Rapid deterioration of individual during incarceration, or

Acutely suicidal individual, or

Individual is a danger to other inmates (extremely violent individuals may not be able to be managed on a forensic unit thus these cases may require further discussion)

Signature of Person completing the Emergency Request: \_\_\_\_\_

Date: \_\_\_\_\_