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SMH-P-12-05

SUBJECT:

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

BY:


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Director of Community and Hospital Operations

SCOPE:

OMHSAS Executive Staff
County Commissioners
County MH/MR Administrators/BSU Directors
Regional Mental Health Community Program Managers
Chief Executive Officers, State Mental Hospitals
Chief Forensic Executive, Regional Forensic Psychiatric Centers (RFPCs)
Forensic Liaisons

BUSINESS PARTNERS:

Superintendent, State Correctional Facility at Muncy
County Jail Wardens
Public Defenders
District Attorneys
Mental Health Review Officers
Judges, Courts of Common Pleas
Magisterial Judges

PURPOSE:

This Policy implements the protocol and operational changes in the adult state mental hospital forensic system approved by the Secretary of the Department of Public Welfare (DPW). The provisions become effective immediately as dated on this policy.

COMMENTS AND QUESTIONS REGARDING THIS POLICY SHOULD BE DIRECTED TO:

Director, Bureau of Community and Hospital Operations, DPW-OMHSAS, P.O. Box 2675, Harrisburg, PA 17105-2675 or phone 717-783-8335

The changes addressed by this policy include:

- The operation of two RFPCs at Torrance and Norristown State Hospitals
- The establishment of new catchment areas to be served by the facilities
- The establishment of a centralized referral process to the RFPCs

BACKGROUND:

The Office of Mental Health and Substance Abuse Services (OMHSAS) has engaged in a broad reorganization of mental health services since 2003. Some of the changes have seen the state hospital system consolidate and the elimination of some state hospitals entirely. The community-based system of care has been expanding through this reorganization effort in order to better serve individuals in their homes and their home communities. This effort will be more successful as a result of enhanced cooperative relationships between the Corrections system and the Mental Health system focused on the treatment of offenders with presenting mental health issues.

Obsolete Bulletin: This Bulletin obsoletes Mental Health Bulletin OMH 91-04, Admissions, Transfers, Level of Care and Service Area Designation for the Regional Forensic Psychiatric Centers.

The following are attachments to this policy:

Attachment 1: County Service Areas for Regional Forensic Psychiatric Centers

Attachment 2: Preadmission Form

Attachment 3: Guilty but Mentally Ill (GBMI) Referral Form

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I. FORENSIC LEVEL OF CARE

Environmental and procedural security safeguards are in place in each RFPC to provide the custody and control necessary to ensure secure detention. Therefore, for purposes of commitment and transfer, all RFPCs shall provide the most restrictive level of care, treatment and control. A centralized referral process will be implemented to assure timely admissions within 30 days of referrals whenever possible.

A. REGIONAL PSYCHIATRIC FORENSIC CENTERS

The RFPCs shall provide inpatient evaluation and/or treatment to persons committed under the Mental Health Procedures Act (MHPA) who have been found Not Guilty by Reason of Insanity (NGRI) of offenses enumerated in Section 304 (g) (2) of the MHPA, and persons subject to detention in county or municipal jails who require treatment and/or evaluation in a secure facility. Whenever an individual is referred to an RFPC the correctional facility shall complete a preadmissions contact form (Attachment 2). The preadmissions contact form along with the mental health commitment order and other referral material which may be required to the RFPC shall be sent by registered mail/ secure fax as part of the admissions referral. An incomplete packet will result in significantly longer wait times for admissions.

Individuals meeting the criteria for admission to a RFPC as defined in this Policy shall be admitted to the RFPC designated to serve the county having criminal jurisdiction of the individual; i.e. the county where charges are pending, the county of conviction, or the county maintaining jurisdiction of the patient found NGRI of charges enumerated in Section 304 (g) (2) of the MHPA.

1. Criteria for Admission to a RFPC

Admission to RFPC shall be limited to persons who have been committed for inpatient psychiatric examination and/or treatment under the provisions of the MHPA and who:

- a. Have been formally charged with a criminal offense, including having a prison booking number, and whose charges remain outstanding; or,
- b. Have been convicted of an offense but have not been sentenced (aid in sentence 405); or,
- c. Have been convicted of an offense, are sentenced to a county or municipal jail, and are currently serving that sentence, including persons found Guilty But Mentally Ill (GBMI); or,
- d. Have been adjudicated incompetent to stand trial and ordered for involuntary treatment in an inpatient setting pursuant to 402 (b) of the MHPA (not to exceed a specific period of 60 days), when the court is reasonably certain involuntary treatment will provide the individuals with the capacity to stand trial; or,

- e. Have been committed pursuant to Section 304 (g) (2) 50 P.S. 7304 (g) (2) of the MHPA following a finding of “Acquitted Because of Lack of Criminal Responsibility” (NGRI) on charges enumerated in Section 304 (g) (2) of the MHPA; i.e., murder, voluntary manslaughter, aggravated assault, kidnapping, rape, arson or involuntary deviate sexual intercourse; or,
- f. Have been adjudicated incompetent to stand trial and are subject to reexamination of competency no less than every 90 days, subject to the time limits imposed in Section 403 (f) of the MHPA; , i.e., in no instance shall the proceedings be stayed for a period in excess of the maximum sentence that may be imposed for the crime or crimes charged, or five years, whichever is less ; or
- g. Individuals who are re-entering community from the county jails or state correctional institutions within Pennsylvania who need continued state hospital level of care under 304 (b), 304(c) and with OMHSAS approval; or
- h. Three (3) female beds will be available at Torrance RFPC for use as appropriate by individuals served at the Department of Corrections (DOC).

B. SERVICE AREA DESIGNATIONS

1. County service area designations for RFPCs have been revised to provide equitable access to beds by each county, according to the county’s historical admission needs. County service areas for each RFPC are appended to this Policy.
2. Through the centralized referral process the designated RFPC based on service area will receive the admission. If there are no vacancies upon complete referral, the referring county will be offered the opportunity for admission to another RFPC should a vacancy be identified. If there is no availability at either RFPC, individuals will be placed on a waiting list on a first come first serve basis.

C. GUIDELINES FOR THE ADMISSION OF PATIENTS

1. Persons serving sentences in a State Correctional Institution shall not be committed for treatment to the forensic section of a state mental hospital other than the designated three (3) beds for Muncy.
2. Patients who have been charged with, convicted or found NGRI of minor, non-violent offenses, who are not sentenced to the jurisdiction of the DOC and who, at the discretion of the committing court, do not require the custody and control measures provided by the forensic system to ensure secure detention, may continue to be admitted to civil wards of state mental hospitals, consistent with hospital policy and the approval of the hospital superintendent.
3. In the majority of cases, persons charged with, convicted of, or found NGRI of offenses enumerated in Section 304 (g) (2) of the MHPA will be referred to a forensic facility, rather than a civil section. Should an admission be ordered to the civil section of a state mental hospital, the courts must clearly understand

- the patient will not be subject to any security precautions in excess of those provided to the hospital's civil patients and that no extraordinary measures will be taken to ensure detention.
4. Patients in the community on bail, probation, parole or release for which the criminal justice system and Bureau of Community and Hospital Operations has determined confinement in a secure setting is no longer needed, are not eligible for admission to a forensic facility. If inpatient treatment is needed a civil commitment may be pursued.

D. CONVERSION OF INVOLUNTARILY COMMITTED FORENSIC PATIENTS TO VOLUNTARY STATUS

1. Involuntarily committed forensic patients who are subject to criminal detention may not be converted to voluntary status unless prior approval has been obtained from the RFPC Chief Executive and the procedural requirements set forth in Section 407 of the MHPA have been met.
2. Involuntarily committed forensic patients found NGRI of offenses enumerated in Section 304 (g) (2) may not be converted to voluntary status unless prior approval has been obtained from the RFPC Chief Forensic Executive and the procedural requirements set forth in Section 304 (g) (2) of the MHPA have been met.

E. REFERRAL PROCEDURE REGARDING THE MOVEMENT OF GUILTY BUT MENTALLY ILL (GBMI) INDIVIDUALS TO RFPC'S

Whenever a GBMI individual incarcerated in a county correctional facility is committed to a RFPC, the referring correctional facility shall immediately contact the RFPC by phone and complete Section I of Attachment 3, "GBMI Referral Form." Section I shall be transmitted along with the mental health commitment order and other referral material which may be required to the receiving RFPC. This information shall be sent by mail as part of the admissions referral. An incomplete packet will result in significantly longer wait times for admissions.

II. TRANSFER OF FORENSIC PATIENTS BETWEEN FORENSIC FACILITIES

Transfer of forensic patients between forensic facilities shall be made at the discretion of the DPW subject to the needs of the patient and the availability of the resources necessary to meet those needs. It is expected such transfers shall occur only in extraordinary circumstances. Decisions regarding such transfers and the resolution of disputes involving such transfers shall be made by the Director of the Bureau of Community and Hospital Operations or his/her designee.

All transfers shall occur in collaboration with and be preceded by timely notification within three (3) weeks of determination to the following parties according to existing DPW policies and regulations:

1. Court of criminal jurisdiction;
2. The committing court – court order;
3. County Administrator of referral, County Administrator of origin, BSU of origin and Community Program Manager via MH 537-6183 (Aftercare Plan Summary and Discharge Form);
4. The patient's attorney or public defender, if applicable;
5. The District Attorney of the county in which the patient is subject to detention or has been found NGRI on 304 (g) (2) charges;
6. Medical Director, Office of Mental Health and Substance Abuse Services; and
7. Warden of the jail or prison in which the patient is subject to incarceration.

As soon as the transfer of the individual to the receiving facility is completed, the next of kin; legal guardian; is notified within 48 hours. The following medical information must be included:

1. An updated Medication Administration Record,
2. Any current medical problem data and
3. Any recent change in clinical psychiatric status.

In addition, transfers with the following co-occurring medical conditions will not be accepted:

1. Unconscious or semi-conscious individuals,
2. Recent heart attack or stroke,
3. Delirium from any organic brain disorder; e.g. alcohol or drug toxicity, lithium toxicity, or metabolic disease,
4. Impending alcohol or drug withdrawal, unless already detoxed (individuals on methadone maintenance may be admitted under the State Hospital Facilities Services Protocols.),
5. Serious fractures or other wounds requiring treatment,
6. Anyone requiring artificial respiration or other life support systems,
7. Advance Chronic Obstructive Pulmonary Disorder in the final stages of illness requiring special isolation and protections,
8. Any IV medications, including antibiotics and
9. Patients who require primary nursing care or need management in a nursing home or similar setting.

III. PERSONS INELIGIBLE FOR ADMISSION OR TRANSFER TO A REGIONAL FORENSIC PSYCHIATRIC CENTERS

Persons who may not be admitted or transferred to a RFPC include:

1. Persons who are not formally charged with a crime or serving sentence, including 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 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 NGR1 on charges not enumerated in Section 304 (g) (2) of the MHPA;
8. Persons on 302 and 303 commitments shall not be admitted to the RFPC; and
9. Persons who have served their maximum sentence from the DOC whom the justice system and the Bureau of Community and Hospital Operations have determined that the individual no longer needs the secure setting.

IV. TRANSFERS OF INDIVIDUALS WHO CONVERT TO CIVIL STATUS FROM FORENSIC FACILITIES TO CIVIL UNITS OF STATE HOSPITALS

Individuals in RFPCs who convert to civil status shall be transferred to a civil unit of a state hospital serving their county of residence as soon as feasible but no later than the first available open bed date at the appropriate civil hospital catchment area.

1. Conditions under which a forensic patient would be converted to civil status are: (i.e.; is no longer subject to criminal detention)
 - a. The charges have been dropped, nolle prossed, or the prosecution has been withdrawn; or,
 - b. There has been an acquittal on charges; or,
 - c. The patient has been placed on probation; or,
 - d. The patient has been placed on parole; or,
 - e. The patient has been placed on bail; or,
 - f. The patient has served the maximum sentence; or,
 - g. The patient has received credit for time served, causing the sentence to expire; or,
 - h. The committing court has ordered the patient's transfer to a civil unit; or
 - i. Individuals from county jails or state correctional institutions who had been served within the RFPC who no longer are in need of a secure setting.
 - j. A finding that there is a sustainable possibility that the person will not become competent in the foreseeable future 403 (d).
2. Procedures for transfer of patients from forensic to civil wards:
 - a. Requirement for legal status notification

Before transfer may occur, the RFPC must receive notification from the appropriate criminal justice authority that the patient is no longer subject to criminal detention, or that transfer to a civil ward has been ordered by the court. The DPW will make a good faith effort to obtain this written

confirmation, but cannot effect a transfer unless and until such confirmation is received. When the RFPC is verbally notified by the appropriate criminal justice authority that the patient is no longer subject to criminal detention or that transfer to a civil state hospital has been ordered by the court, the RFPC shall immediately phone the appropriate criminal justice authority to ask for written confirmation and follow this call with a request by certified mail. If no response has been received within 14 working days, a second certified letter shall be sent, and the Departments' legal staff shall be notified that intervention is required to obtain confirmation of the patient's legal status from the appropriate judicial authority. When applicable, the patient's attorney shall be notified if written confirmation is not forthcoming, and the patient shall be advised of his right to contact Pennsylvania Disability Rights Network, Inc. (PDRN) for assistance.

b. Requirement for Commitment Review

When the RFPC receives written confirmation that the individual is no longer subject to criminal detention, forensic staff shall review the current mental health commitment to determine if a new commitment must be obtained prior to transfer. If the patient is on a commitment under Article III of the MHPA, and has more than 15 days remaining on this commitment, a new order need not be obtained. However, if the patient is on a commitment under Article IV of the MHPA or has less than 15 days remaining on the current commitment, the RFPC must notify the committing court that a new commitment under Article III of the MHPA must be obtained prior to transfer.

c. Requirements for Transfer

When the RFPC has verbal notification that an individual is no longer subject to criminal detention and an appropriate civil commitment exists to permit transfer to a civil hospital, the RFPC will verbally notify the admissions office of the receiving hospital and establish a date for transfer. Verbal notification will initiate onset of transfer discussion, verbal notification must be verified by written determination prior to transfer. The goal of the DPW is the transfer shall occur as soon as feasible but no later than the first available open bed date at the appropriate civil hospital catchment area.

The RFPC will adhere to all established transfer procedures, and will notify the following parties of the date and location of transfer:

1. Criminal Court/MHRO;
2. Chief Executive Officer (CEO) of the receiving hospital, who shall notify the respective Regional Manager;

3. County Administrator of the patient's county of residence, and BSU, using MH form 537-6138 (Aftercare Plan and Discharge Summary);
 4. Patient's next of kin/significant other or legal guardian;
 5. Executive Director of the Community and Hospital Operations; and,
 6. Transportation-The RFPC will be responsible for arranging transportation of the patient to the civil hospital on the date of transfer.
3. Special Considerations and Procedures in the Transfer to Civil hospitals of Individuals Nearing the Completion of Maximum Sentence:
- a. The Admissions Office or intake worker at a RFPC who receives notification of a pending commitment and the request for admission of an individual found GBMI or convicted of a criminal offense, who has been sentenced to a term of imprisonment in a county or municipal correctional facility, shall require a copy of the criminal sentencing sheet containing the expiration dates of both the minimum and maximum sentences accompany the initial forensic commitment. The individual will not be admitted without the accompanying sentencing sheet.
 - b. Within five (5) business days of the initial forensic admission or the forensic recommitment of a patient whose sentence will expire during the term of the current commitment to a RFPC, the RFPC shall verbally, and in writing, notify the admissions office of the civil hospital serving the patient's county of residence that a forensic-to-civil transfer may be forthcoming. The individual will be evaluated to determine if they are still in need of treatment in a continued secure setting. If it is determined that an individual is no longer in need of a secure setting but does require ongoing state hospital level of care, the name and home address of the individual, the date and nature of the mental health commitment, and the expected date of sentence expiration shall be provided to the receiving civil hospital. Copies of this written notification shall be sent to the Regional Managers and Chief Executive Officers responsible for the RFPC, the county of residence and the receiving civil hospital. At the time of verbal notification, a tentative transfer date shall be established no later than the first available open bed date at the appropriate civil hospital catchment area after the expected expiration of sentence. 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.
 - c. The pre-transfer patient information package usually required prior to the transfer of a patient between two state hospitals shall be sent to the civil hospital no later than 30 days before

the expiration of the sentence along with an appropriate commitment. However, if there are fewer than 30 days remaining on the sentence at the time of admission, the pre-transfer package shall be forwarded to the receiving hospital no later than five (5) days before the transfer is scheduled.

- d. If the RFPC determines the patient for who a tentative transfer date has been set should be returned to the correctional facility or the jurisdiction of the criminal court before the sentence expires, because the patient is no longer in need of inpatient hospitalization, the RFPC shall promptly notify the receiving civil hospital that the scheduled transfer has been cancelled. A copy of the letter of notification shall be sent to the Regional Manager, Chief Executive Officer of the receiving hospital, the Mental Health Administrator of the county of residence, and any other parties who were officially notified of the pending transfer.

4. Special Considerations in the Transfer of all other Forensic Patients to Civil Hospitals

- a. RFPCs are seldom able to anticipate what charges are to be dropped or nolle prossed, that probation or parole will be approved, that credit will be given for earned time, that the individual will be found not guilty of the offense of which he has been accused, or that the court will order transfer to a civil hospital. However, when the RFPC has received verbal notice of one of these events, it shall promptly contact the appropriate criminal justice authority for written confirmation of the status change, and review the patient's commitment as described in this Policy.
- b. The individual will be evaluated to determine if they are still in need of treatment in a continued secure setting. If it is determined that an individual is no longer in need of a secure setting but does require ongoing state hospital level of care, then name and home address of the individual, the date and nature of the mental health commitment, and charges are dropped or nolle prossed, shall be provided to the receiving civil hospital. If necessary to expedite prompt transfer, the pre-transfer information package shall accompany the patient to the receiving facility on the date of transfer. Transfer shall not be delayed in order for the pre-transfer package to be mailed to the receiving facility in advance of the transfer. 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.
- c. Victim Notification will occur as required by SMH 95-01 when appropriate.

V. RESPONSIBILITY FOR IMPLEMENTATION

The Director of Community and Hospital Operations of the Office of Mental Health and Substance Abuse Services shall resolve any disagreements among state hospitals and RFPCs arising in the course of the transfer process, and shall be responsible for ensuring transfers occur during the prescribed timeframes.

VI. RELATED BULLETINS

- 99-83-40 Proper Implementation of Discharge or Transfer Procedures for Certain Persons in the Category "Acquitted Because of Lack of Criminal Responsibility"
- 99-83-41 Continuity of Care
- 99-83-42 Referral Procedures for "Guilty but Mentally Ill" Individuals
- 99-83-43 Clinical Information to be Provided by State Hospitals to State and County Correctional Facilities Upon Discharge of Forensic Patients OMHSAS
- 90-03 Unsupervised Leave of Persons Found NGRI

- SMH 95-01 Crime Victim Notification

Attachment 1

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

COMMUNITY CASE MANAGER(ICM, CTT, ETC) _____
 PHONE# WORK: _____ CELL: _____

DATE BSU NOTIFIED OF TRANSFER TO RFPC: _____ AGREE DISAGREE

PSYCHIATRIC/MEDICAL DIAGNOSIS(ES) – Please enter all known conditions

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V

REASON FOR INCOMPETENCY IF FOUND INCOMPETENT:

HIGH RISK BEHAVIOR: (Past/Present)

- Suicide Attempt(s); Date(s); Method(s) _____
- 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) _____

CURRENT MEDICATIONS: (Psychiatric and non-Psychiatric)

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

If additional space is needed for medication, please continue on page 4

OVER THE COUNTER MEDICATION OR HERBAL SUPPLEMENTS: _____

DRUG ALLERGIES (Specify Reaction): _____

FOOD ALLERGIES (Specify Reaction): _____

SPECIAL

DIET: _____

ENVIRONMENTAL ALLERGIES: _____

PHYSICAL PROBLEMS (Including recent injury(ies); chronic pain; sensory limitation or others as noted):

ANY CURRENT/ACUTE/CHRONIC INFECTIOUS DISEASE? YES NO If yes, explain _____

AMBULATION: UNAIDED CANE CRUTCHES WALKER WHEELCHAIR PROSTHESIS

SPECIFY: _____

IMMUNIZATIONS (Include PPD)	DATE ADMINISTERED
1.	
2.	
3.	

RECENT PSYCHOLOGICAL TESTS: YES NO DATE OF REPORT: _____

PRIOR PSYCHIATRIC HOSPITALIZATIONS: _____

DRUG, ALCOHOL AND NICOTINE HISTORY: _____

DRUG AND ALCOHOL TREATMENT HISTORY: _____

ADVANCE DIRECTIVES: MEDICAL: YES NO PSYCHIATRIC: YES NO

ORGAN DONOR: YES NO

INCOME: YES NO SOURCE: _____ AMOUNT: _____

MEDICAL INSURANCE INFORMATION: _____

MEDICAL ASSISTANCE #: _____ MEDICARE#: _____

MEDICARE D PLAN: _____ ID #: _____

NEXT OF KIN/SIGNIFICANT OTHERS:

(1)NAME: _____ RELATIONSHIP: _____

ADDRESS _____ CITY, STATE, ZIP CODE _____

PHONE: (H) _____ (W) _____ CELL PHONE _____

(2)NAME: _____ RELATIONSHIP: _____

PRINTED

NAME/

TITLE: _____

PLEASE FAX COMPLETED REFERRAL TO: _____ AT: () _____

OR VIA *ENCRYPTED* EMAIL COMPLETED REFERRAL TO: _____

AT EMAIL ADDRESS: _____

Attachment 3

GUILTY BUT MENTALLY ILL (GBMI) REFERRAL FORM

SECTION I. Referral of GBMI individual from a county correctional facility to a state mental hospital.

Instructions: To be completed by correctional facility staff and sent to the state mental hospital designated in Item 10 below. Copies are to be sent to:

Director, Bureau of Community & Hospital Operations
Office of Mental Health and Substance Abuse Services
Bureau of Hospital Operations
P. O. Box 2675
Harrisburg, PA 17105-2675

1. Name and correctional facility case number of GBMI individual: _____

2. Name of correctional facility GBMI individual currently placed in: _____

3. County GBMI individual resided in prior to incarceration: _____

4. County of sentence: _____
5. County of mental health commitment: _____
6. Type of mental health commitment (Section of the Mental Health Procedures Act): _____
7. Purpose of mental health commitment (check one): Evaluation: _____ ; Treatment: _____ ;
Evaluation and Treatment: _____
8. Date of mental health commitment: _____
9. Length of mental health commitment and expiration date: _____

10. State mental hospital GBMI individual being referred to: _____

11. Major Criminal charge(s): _____

12. Length of sentence and expiration date: _____

13. Name of correctional facility GBMI individual to be returned to if different from facility identified in Item 2, above: _____
14. Date this referral sent to state mental hospital: _____
15. Name and signature of correctional facility superintendent or designee:
NAME _____
SIGNATURE _____

*Attach "Sentence Status Summary Report," Form 16D, if available.

GUILTY BUT MENTALLY ILL (GBMI) REFERRAL FORM

SECTION II: Notification of admittance of GBMI individual to a state mental hospital.

Instructions: To be completed by state mental hospital at the time the GBMI individual is admitted and sent to the:

Director, Bureau of Community & Hospital Operations
Office of Mental Health and Substance Abuse Services
Bureau of Hospital Operations
P. O. Box 2675
Harrisburg, PA 17105-2675

If the individual has been sentenced but was court committed to the hospital prior to placement in a correctional facility, a copy of the form along with the criminal commitment and sentencing orders should also be sent to the:

A. Deputy Commissioner
Department of Corrections
P. O. Box 598
Camp Hill, PA 17011

B. Sheriff/Warden of the county jail for those individuals sentenced to a county correctional facility.

1. Name of GBMI individual: _____
2. Name of state mental hospital individual currently placed in: _____

3. Date admitted: _____
4. County GBMI individual resided in prior to conviction: _____

5. County of sentence (if sentenced): _____
6. County of mental health commitment: _____
7. Type of mental health commitment (Section of Act 143): _____

8. Purpose of mental health commitment (check one): Evaluation:_____ ; Treatment:_____; Evaluation and Treatment:_____
9. Date of mental health commitment: _____
10. Length of mental health commitment and expiration date: _____

11. Criminal charges convicted of: _____
12. Length of sentence (if known):_____
13. Date this form transmitted per the above "Instructions": _____
14. Name and signature of correctional facility superintendent or designee:
- NAME _____
- SIGNATURE _____

**Acronyms and Definitions Related to the
Regional Forensic Psychiatric Center Bulletins**

Acronyms

BSU Base Service Unit

CSP Community Support Program

SCU Service Coordination Unit

CITCSP Comprehensive Individual Treatment and Community Support Plan

DOC Department of Corrections

GBMI Guilty But Mentally Ill

HIPAA Health Insurance Portability and Accountability Act

IST Incompetent to Stand Trial

MHPA Mental Health Procedures Act

NGRI Not Guilty By Reason of Insanity

OMHSAS Office of Mental Health and Substance Abuse Services

RFPC Regional Forensic Psychiatric Centers

SRTP Sexual Responsibility and Treatment Program

SCI State Correctional Institution

SMH State Mental Hospital

Definitions

The Act: The Mental Health Procedures Act of 1976, and as amended in 1978, Act 143

Active Treatment: Psychiatric treatment and rehabilitation interventions that ameliorate problems or symptoms and promote the acquisition of skills including recovery, supports and resources needed for community living. All interventions must be specifically designed to improve an individual's condition. For an activity to be considered a part of active treatment there must be a specific relationship between the activity and a goal or objective of an individualized treatment plan.

Comprehensive Individual Treatment and Community Support Plan (CITCSP): A strength-based process where a person's support and treatment team meet with the person to assist in discovering self-identified goals; skills, and community opportunities for successful community integration and recovery.

Correctional Facility: Any detention facility, jail or prison directly operated by or contracted for by a municipal, county or state government.

Forensic patient: Any defendant who is committed under Article IV of the Mental Health Procedures Act, 50 PS § 7101 et seq. or other legal commitments to the state forensic service.

Guilty But Mentally Ill (GBMI): A defendant may be found GBMI at trial if it is determined beyond a reasonable doubt that the person is guilty of an offense, and was mentally ill at the time the offense was committed.

Incompetent to Stand Trial (IST): Substantial inability to understand the nature or object of the proceedings against him/her or to participate and assist in his/her defense.

Inpatient Forensic Psychiatric Program: An identifiable, organized and licensed program, operated under the governance of a state, county or municipal correctional facility, that provides 24 hour inpatient psychiatric services in physical space dedicated to the program's use, to criminally detained or incarcerated persons with serious mental illness who are admitted or committed to inpatient psychiatric care under the provision of the Mental Health Procedures Act and provide secure detention.

Not Guilty By Reason of Insanity (NGRI): A legal status that means the individual has been adjudicated by a court or jury as not responsible because of mental infirmity, disease or defect.

Regional Forensic Psychiatric Centers: Provide active psychiatric treatment and/or psychiatric evaluation in a medium security facility to persons that are involved with the county-based judicial/corrections systems.

Treatment Team: An interdisciplinary team of at least three persons appointed by the program director, who are involved in the patient's treatment, including at least one physician and one health professional in mental health.