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SUBJECT:

Information Sharing Between Regional Forensic
Psychiatric Centers and State or County
Correctional Facilities upon Admission and
Discharge

BY:



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SCOPE:

OMHSAS Executive Staff
County MH/MR Administrators
Chief Forensic Executives, Regional Forensic Psychiatric Center (RFPC)
Chief Executive Officers, State Psychiatric Hospitals

BUSINESS PARTNERS:

Public Defenders
County Jail/Prison Wardens
Criminal Justice Advisory Boards
Superintendents, State Correctional Institutions

PURPOSE:

To state policy and establish uniform procedures regarding the transmittal of confidential clinical information at the time of admission to the Regional Forensic Psychiatric Center (RFPC), when RFPC patients are returned to correctional facilities or as otherwise determined necessary.

BACKGROUND:

The timely transmittal of relevant clinical information regarding RFPC forensic patients being admitted from, or discharged to state or county correctional institutions is essential to continuity of care and treatment. Uncertainty about the legislative and regulatory base for releasing

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

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confidential clinical information to correctional facilities has, at times, led to the transmission of incomplete or occasionally no information when patients are returned to county jails/prison and state correctional institutions (SCIs).

Such failure to provide complete discharge information to aftercare providers is inconsistent with OMHSAS policy regarding continuity of care and runs counter to the confidentiality provisions of ACT 143, DPW regulations (50 P.S. Section 7111) and Health Insurance Portability and Accountability Act (HIPAA).

Section 111 (1) of ACT 143, as amended (50 P.S. Section 7111 (1)) states that confidential information may be released, with or without the patient's consent, to those engaged in providing treatment for the patient.

Section 7100.111.2 (a) (1) of the Department's regulations, published October 13, 1979, states that confidential information may be disclosed, with or without the patient's consent, to professional treatment staff of SCI's and county prisons when the information is necessary to provide for continuity of care and treatment.

HIPAA (45 CFR 164.512 (k) (5)), provides for release of PHI to a correctional institution for the below purposes:

- A. For the health care of the individual.
- B. For the health and safety of the individual, other inmates, officers or employees of or others at a correctional institution; or
- C. For the health and safety of persons responsible for the transporting or transferring inmates; or
- D. For the administration and maintenance of the safety, security, and good order of the correctional facility, including law enforcement on the premises of the facility.

POLICY

RFPCs shall provide all clinical information necessary to professional treatment staff in correctional facilities for the continued care and treatment of the patient after discharge to an SCI or county jail/prison. Information shall be clearly communicated to enhance use in ongoing treatment.

PROCEDURES

- A. At the time of the referral for admission to the RFPC, the following will be provided:
 - 1) Submission of a completed referral packet initiates the referral to the RFPC as delineated in OMH 91-04.
 - 2) The completed packet and required substantiating documents must be received prior to an individual being considered for admission. Not completing the referral packet will result in significantly delayed process for admission.
- B. At the time of discharge from the RFPC, the following will be provided:
 - 1) At the time of discharge, the RFPC shall transmit to the receiving correctional facility complete information regarding all medications the patient is to receive. This

information may either accompany the patient or be received by the correctional facility prior to the patient's arrival.

- A. Within five (5) working days after the patient's discharge to a correctional facility, the RFPC shall transmit to the correctional facilities director of treatment, mental health professional or medical staff a discharge summary which includes the following information: A psychiatric summary, including the patient's diagnosis and behavior at admission, a review of the course of treatment and the current diagnosis and behavior.
- B. A summary of psychological testing and conclusions.
- C. A summary of all medications administered to the patient in the six months preceding discharge, including a description of the clinical effectiveness and patient's response to each medication used.
- D. A summary of the most recent physical, medical and neurological examination if applicable, including all relevant test results.
- E. Recommendations for the continued care and treatment upon return to the correctional institution.

The correctional facility should be contacted in advance to determine whether or not it has professional treatment staff and whether or not it maintains medical files which are separate from the patient's criminal justice record. For county jails which do not have professional treatment staff or do not maintain medical files separate from the patient's criminal justice record, the aftercare information should be sent to the appropriate County MH/MR administrator. The County MH/MR administrator shall then arrange for follow up and aftercare based on the discharge information.

OBSOLETE BULLETIN: This Policy obsoletes Mental Health Bulletin 99-83-40.

ATTACHMENT 1: Acronyms and Definitions

**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, 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.

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 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.

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.