Office of Mental Health & Substance Abuse Services

Regional Forensic Psychiatric Centers: Bulletin 16-10

PACA MH/DS Spring Conference 3/23/2017
Mission Statement:

The Office of Mental Health and Substance Abuse Services, in collaboration with other appropriate state offices, will ensure local access to a comprehensive array of quality mental health and substance abuse services that are reflective of the needs of Pennsylvania citizens, effectively managed and coordinated, and responsive to a dynamic and changing health care environment.
What is a “Regional Forensic Psychiatric Unit”?

The RFPC units were established as defined by the Mental Health Procedures Act:

- to ensure that the intent of the Mental Health Procedures Act is fulfilled
- by providing inpatient psychiatric evaluation and treatment to patients
- as ordered by the criminal justice system
- while ensuring that criminal detention is maintained.
**Who is Served in the Forensic Units?**

*Forensic units, located in a state mental hospital settings, serve patients with a mental illness who have been charged with a crime and are court ordered under the following circumstances:*

- Incompetent to stand trial
- Aid in sentencing
- Pre-sentencing competency evaluation
- In need of treatment and meet the criteria for involuntary commitment treatment
- Guilty but Mentally Ill
- And in certain cases, Not Guilty By Reason of Insanity
Total of 236 beds statewide

Norristown: 117 men; 19 women

Torrance: 80 men; 20 women
Regional Forensic Psychiatric Centers must comply with requirements of:

- The Mental Health Procedures Act
- DHS and OMHSAS Regulations, Bulletins, and Policies
- Medicare/Medicaid certification standards of participation
- Older Adult Protective Services Act
- Act 102
The Mental Health Procedures Act:

- “Establishes rights and procedures for all involuntary treatment of mentally ill persons”

- Specifically provides that “in every case, the least restrictions consistent with adequate treatment shall be employed.”

- Defines “adequate treatment” as “a course of treatment designed and administered to alleviate a person’s pain and distress and to maximize the probability of his recovery from mental illness.”

50 P.S. §§7102 – 7104
Admissions, Transfers, Level of Care and Service Area Designation for the Regional Forensic Psychiatric Centers

Purpose:

- Changes addressed by this policy for the operation of RFPCs.
- Establishment of a centralized referral process to the RFPCs.
<table>
<thead>
<tr>
<th>Table of Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Forensic Level of Care</td>
</tr>
<tr>
<td>✔ Criteria for Admission</td>
</tr>
<tr>
<td>✔ Person Who May Not Be Admitted or Transferred to a RFPC</td>
</tr>
<tr>
<td>✔ Service Area Designations</td>
</tr>
<tr>
<td>✔ RFPC Referral Process</td>
</tr>
<tr>
<td>✔ Emergency Forensics Admissions Exception Procedure</td>
</tr>
<tr>
<td>✔ Transfers from RFPC</td>
</tr>
<tr>
<td>✔ Responsibility for Implementation</td>
</tr>
<tr>
<td>✔ References</td>
</tr>
</tbody>
</table>
Forensic Level of Care

- Standard level of care in place of medium/maximum security facilities

- Provides psychiatric treatment and care in a secure environment

- Opportunities for diversion through centralized referral process

- Non-violent offenses under NGRI status can be referred to civil units at state hospitals
Forensic Level of Care

Psychiatric care and treatment including:

- Evaluation for competency to stand trial
- Competency Restoration
- Psychiatric care for individuals who are found NGRI
- Secure psychiatric care for individuals subject to county detentions or municipal jails
- Inpatient examination to assist with sentencing and disposition
Criteria For Admission

MHPA, Section 401

a person who is charged with a crime or undergoing sentence and who is or becomes severely mentally disabled as defined by section 301, MHPA, may be subject to commitment

MHPA, Section 301

a person who is severely mentally disabled and in need of immediate treatment, may be subject to involuntary emergency examination and treatment
Criteria For Admission

- **Section 304/305**
  - Individuals subject to county detention or municipal jails
  - Incarcerated at SCI Muncy; allocation of 3 forensic beds

- **Section 304, GBMI**

- **Section 304 (g)(2), NGRI of the following offenses:**
  - Murder, Voluntary Manslaughter, Aggravated Assault, Kidnapping, Rape, Involuntary Deviate Sexual Intercourse, Arson

- **Section 402, Competency Restoration**
  - Outpatient Competency Evaluation Program as Diversion

- **Section 403, Hearing and Determination of Incompetency to Proceed**
When an individual does not meet the criteria for admission to the RFPC, but still requires inpatient psychiatric care and treatment, he/she should be admitted to a community treatment setting or the civil unit at a state hospital.
**Persons Who May Not Be Admitted/Transferred**

**Individuals not eligible for admission:**
- Not formally charged with a crime or serving a sentence
- Have been tried and acquitted of a criminal offense
- Charges have been withdrawn, nolle prossed, or dropped
- Charged with a crime and released on bail
- Convicted of crimes and placed on probation
- Found NGRI on charges
- Section 302 and 303 of MHPA
- Sentenced to Department of Corrections, State Correctional Institutions
Persons Who May Not Be Admitted/Transferred

- RFPC: Certified by CMS, as part of psychiatric hospital
  - Not primary medical care facilities; do not provide complex medical care
    - Unconscious or semi-unconscious
    - Recent heart attack or stroke
    - Delirium from organic brain disorder (alcohol/drug toxicity, lithium toxicity, metabolic syndrome)
    - Neurocognitive disorders
    - Impending alcohol/drug withdrawal
    - Serious fractures requiring specialized rehabilitation
    - Need for artificial respiration or other life support systems
    - Advanced Chronic Obstructive Pulmonary Disease, final stages
    - Need for intravenous medications including antibiotics
    - Need for primary nursing care, nursing home level of care, or similar setting
**Torrance RFPC**

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

**Norristown RFPC**

Berks  
Bucks  
Carbon/Monroe/Pike  
Chester  
Delaware  
Lancaster  
Lebanon  
Lackawanna/Susquehanna/Wayne  
Lehigh  
Luzerne/Wyoming  
Montgomery  
Northampton  
Philadelphia  
Schuylkill
Designation of Service Areas For RFPC’S

Torrance State Hospital RFPC

Norristown State Hospital RFPC

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3/16/2017
RFPC Referral Process

- County identified referral coordinator

- Referral packet includes:
  - Pre-Admission Referral form (Attachment 3)
  - Mental Health Commitment or Court Order
  - Supporting Documents
  - Certificate of need if under 22 or over 65 (Attachment 4)
  - Copy of criminal sentencing sheet with expiration dates of minimum and maximum sentences if applicable

- Complete referral sent to RFPC by registered mail, secure fax, scan or personal delivery
### Pre-Admission Referral Form

#### Name: 

#### Over the Counter Medication or Herbal Supplements: 

#### Drug Allergies (Specific Reaction): 

#### Food Allergies (Specific Reaction): 

#### Special Diet: 

#### Environmental Allergies: 

#### Physical Problems (Including injury (e.g., chronic pain; sensory limitation or others as noted)): 

#### Any current/acute/chronic infectious disease: 

#### Ambulance: 

<table>
<thead>
<tr>
<th>Immunizations (Include PPD) List Below or Attached</th>
<th>Yes</th>
<th>No</th>
<th>Date Administered</th>
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#### Recent Psychological Tests: 

#### Prior Psychiatric Hospitalizations: 

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<tr>
<th>Location</th>
<th>Dates</th>
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#### Drug, alcohol and nicotine history: 

#### Drug, alcohol and nicotine treatment history: 

#### Advanced Directives: 

#### Organ Donor: 

#### Income: 

#### Medical Insurance Information: 

#### Name: 

#### Medical Assistance Number: 

#### Medicare Number: 

#### Medicare D Plan: 

#### Next of Kin/Significant Others: 

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>Phone</th>
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#### Immunization Documentation is required: 

1. Affidavit of Probable Cause  
2. Criminal Complaint  
3. Police Arrest Record  
4. Court Order  
5. Sentencing Sheet  

#### 4. Copies of Assessments: 

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<thead>
<tr>
<th>Psychiatric</th>
<th>Included</th>
<th>Not Included/Reason</th>
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<tbody>
<tr>
<td>Nursing</td>
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<tr>
<td>Medical</td>
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<td>Not Included/Reason</td>
</tr>
<tr>
<td>Psychological testing</td>
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<td>Not Included/Reason</td>
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<tr>
<td>Psychosocial</td>
<td>Included</td>
<td>Not Included/Reason</td>
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</table>

#### Competency Evaluation: 

#### Other Disciplines involved in patient's care: 

#### 5. Copies of Reports: 

| Laboratory Reports and/or other medical studies performed including | 
|---|---|
| Consultations | 
| 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: 

#### Signature of Person Completing the Form: 

#### Printed Name/Title: 

#### Phone Number: 

#### Email: 

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3/16/2017

22
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

________________________ 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.
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
Date: 

To: ________________________________ (Referring Source and Agency)

The RFPC Referral and/or Court Order for the Admission of ________________________________
(Name)

to the RFPC was received on ________________________________ (Date).

In order to assure complete and thorough evaluation of the referral, in addition to adequately
addressing any medical concerns or safety/security measures related to the individual, the
following items that were not included must still be provided:

- The Court Order
- RFPC Referral Form Information: ________________________________
- Affidavit of Probable Cause
- Criminal Complaint
- Police Arrest Record
- Assessments: Psychiatric Evaluation __________ Nursing __________ Medical
- Psychological testing __________ Psycho-Social __________
- Competency Evaluation
- Other Assessments/Screens: Laboratory Reports __________ Chest X-Ray __________
- Hepatitis Screen __________ HIV Test __________ Medication Related Testing __________ PPD
- Medication Administration Record
- Progress Notes (for at least weeks):
- Current Treatment Plan
- Certificate of Need under age 22 or 65 and over

Once the specified materials are received the individual will be placed on the RFPC wait list for
admission. The materials may be submitted electronically, mailed or personally delivered to the
attention of: ________________________________, Please direct all questions to

______________________________ (Name), ________________________________ (Phone number)
or via email at ________________________________ (email address).

Sincerely,

______________________________  CEO

Attachment 5
RFPC Referral Process

- Complete packets deemed appropriate for admission, will be placed on RFPC wait list.

- Admission to RFPC is designated by service area and placed on waiting list.

- Court orders requiring expedited emergency admission will be reviewed by OMHSAS Centralized Forensic Coordinator.
  - Recognition that there are individuals whose illness presents the need for emergency treatment within the RFPC resulting in expedited admission.
Emergency Forensics Admissions Exception Procedure

Exception Criteria:
- Medically cleared
- Rapidly deteriorating
- Acutely suicidal; or
- Danger to other inmates

Expedited Admission Process:
- All necessary forms/attachments for admission to RFPC (Attachment 3)
- Emergency RFPC Admission Report (Attachment 6)
- Information submitted to OMHSAS Centralized Forensic Coordinator for review
- If disagreement on individual meeting Exception Criteria, referral will be reviewed by facility Chief Medical Officer and/or OMHSAS Medical Director
Emergency Regional Forensic Psychiatric Center Admission Request

Name of Individual for whom Emergency Referral is being Requested:

Name of Person requesting Emergency Referral:

Date of Request:

Check the appropriate box:

☐ RFPC Referral Pre-admission 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:
Individuals will be transferred out of RFPC whenever legal and/or clinical status warrant different level of care or security

Events:
- Dismissal, withdrawal, nolle prosequi of charges
- Dismissal of charges upon incompetent to stand trial determination
- Dismissal of charges after expiration of a stay of proceedings
- Conviction or guilty plea of charges that does not include incarceration
- Conviction or guilty plea of charges, except under GBMI and committed for involuntary mental health treatment
- Acquittal of criminal charges for any reason other than NGRI
- Acquittal of criminal charges for NGRI, except when charged with an offense listed in section 304 (g)(2)
- Expiration of maximum sentence
Transfers from RFPC

Procedure

- RFPC must receive written order issued by court having criminal jurisdiction that person no longer subject to criminal detention

- RFPC will notify all involved parties of date/location of transfer

- When committed to county or municipal jail, or found GBMI, will return individual to custody of appropriate county/municipal jail

- When no longer under criminal detention, will make determination of appropriate level of care or placement to meet needs of individual
Transfers from RFPC

- Transfer to civil unit of state hospital:
  - Assigned to state hospital within catchment area that includes county of residence
  - Valid commitment court order
  - Will provide same degree of security as for all other individuals under civil commitment
  - RFPC will coordinate transfer within a reasonable timeframe
  - County must agree and have available bed within state hospital
Transfers from RFPC

Transfer to community:
- Court authorizes under a Community Support Plan (CSP), home plan or criminal charges resolved
- Clinical needs will be identified and alternative options pursued
- Continuity of care/discharge planning
- Notice and filing petition for conditional or unconditional discharge to court for individuals under 304 (g)(2) status

Transfer between RFPCs:
- Extraordinary circumstances
- Coordination will occur between both RFPCs
- Approval by the court of criminal jurisdiction
- RFPC where individual originated will notify court of criminal jurisdiction of completed transfer
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.
The Mental Health Procedures Act, 50 P.S. 7101-7503

55 Pa. Code Chapter 5100, relating to “Mental Health Procedures”
Contact Information

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