



STATE OF CONNECTICUT  
Department of Mental Health & Addiction Services



A Healthcare  
Service  
Agency

**Commissioner's Policy Statement and Implementing Procedures**

<b>SUBJECT:</b>	Civil Patient Transfer into Whiting Maximum Security
<b>P &amp; P NUMBER:</b>	Chapter 6.30
<b>APPROVED:</b>	<i>Miriam Delphin-Rittmon</i> 5/21/18 Miriam Delphin-Rittmon, Commissioner Date:
<b>EFFECTIVE DATE:</b>	July 25, 2013
<b>REVISED:</b>	3/14/2013, 7/25/2013, 10/15/2015, 5/15/2018
<b>REFERENCES:</b>	CGS Sections 17a-498,17a-506, 17a-511, 17a-524, 17a-550, and17a-561
<b>FORMS AND ATTACHMENTS:</b>	<p><b>Attachment A:</b> Form M-24 - Patient Transfer (Under CGS 17a-511) Between Hospitals for Psychiatric Disabilities</p> <p><b>Attachment B:</b> Addendum to Form M-24 for Involuntary Transfer of Involuntary Inpatient to Whiting Maximum Security Service</p> <p><b>Attachment C:</b> WFH CEO Periodic Review of Patient Transferred to Whiting Maximum Security Service</p> <p><b>Attachment D:</b> Addendum to Form M-24 for Voluntary Transfer of Voluntary Inpatient to Whiting Maximum Security Service</p> <p>WFH</p> <p>WFH</p>

**STATEMENT OF PURPOSE:** As noted in CT General Statute 17a-561, the Whiting Forensic Hospital (WFH) exists for the care and treatment of “patients with psychiatric disabilities, confined in facilities under the control of the Department of Mental Health and Addiction Services, who require care and treatment under maximum security conditions,” among several other categories of individuals. The maximum security service of WFH (WMS) offers a range and variety of programs and services for the care, treatment, and recovery of persons with psychiatric disabilities of the age of 18 and over comparable with those offered at other hospitals in the department. It is an environment that is highly structured and secure, where contraband materials are prohibited, and where staff are experienced in the assessment and management of the risk of violence.

When civil patients in DMHAS facilities or other hospitals pose a risk of imminent physical harm to self or others that cannot be adequately managed in those environments, WMS may be the least restrictive environment available to manage that risk for a period of time. This policy guides the 1) exercise and documentation of professional judgment in decision making regarding the transfer of civil patients to WMS and then back again to other settings as soon as the risk of imminent physical harm is sufficiently reduced; and 2) compliance with relevant statutory processes.

## **POLICY:**

I. Involuntary civil patients committed by a probate court under the provisions of CGS 17a-498 may be considered for transfer to WMS under the following conditions:

- (1) The patient poses a risk of imminent physical harm to self or other persons, despite current hospitalization in a structured setting, as manifested by violent or aggressive behavior; and
- (2) Reasonable efforts at treatment have been made without eliminating such risk of imminent, physical harm to self or others; and
- (3) The specific events and behaviors that create the risk, and the specific reasonable efforts at treatment are documented in writing; and
- (4) A consultation has occurred with the Medical Director of WFH (or designee) to determine whether further evaluation is recommended, or alternative treatment interventions are recommended and available; and
- (5) The patient needs close supervision and a highly structured and secure setting that can only be provided at the WMS; and
- (6) The CEO of WFH agrees to the transfer.

II. Voluntary civil patients from non-DMHAS hospitals or DMHAS facilities outside of WFH may be transferred to WMS if the patient gives informed consent to the transfer.

III. Voluntary civil patients from non-DMHAS hospitals or DMHAS facilities outside of WFH may not be involuntarily transferred to WMS unless the patient has been converted to involuntary status by order of a probate court according to the provisions of 17a-498(e) or 17a-506(e); and the conditions outlined above are also met.

## **PROCEDURES:**

### I. Involuntary Civil Patients

#### *A. Application.*

The director (or designee) of a facility outside WFH may make application in writing to the DMHAS Commissioner (or designee) for involuntary transfer of an involuntary patient at his or her facility or division to the WMS after consultation with the DMHAS Medical Director. Such application must be supported by a written statement of facts by the sender's Medical Director (or other physician designee) documenting that:

- (1) the patient poses a risk of imminent, physical harm to self or other persons, despite current hospitalization in a structured setting, as manifested by violent or aggressive behavior; and
- (2) reasonable efforts at treatment have been made without eliminating such risk of imminent, physical harm to others; and
- (3) a consultation has occurred with the Medical Director of WFH (or other physician designee) to determine whether further evaluation is recommended, or alternative treatment interventions are recommended and available; and
- (4) the patient needs close supervision and a highly structured and secure setting that can only be provided at the WMS; and
- (5) the WMS is the least restrictive setting available for the treatment of the patient, noting what other less restrictive measures and settings have been considered and the reason(s) why they are not adequate to manage the risk of imminent, physical harm posed by the patient; and
- (6) for inpatients at a) another hospital or DMHAS facility outside WFH, the Chief Executive Officer of WFH (or designee), agrees to the transfer under the provisions for CGS 17a-511 Transfer of Patients by Agreement WFH.

Form M-24 Patient Transfer (Under CGS 17a-511) Between Hospitals for Psychiatric Disabilities” (included as Attachment A to this policy) will be used for this purpose of application and its documentation, along with the Addendum included as Attachment B to this policy. WFH

#### *B. Acceptance.*

The agreement of the Chief Executive Officer of WFH (or designee), and the Director of the sending hospital/facility (hereafter, collectively referred to as “Sender Director”) to the transfer shall be documented in writing on Form M-24. The signature of the former will also constitute the approval of the transfer by the DMHAS Commissioner.

If there is disagreement between the WFH Director and Sender Director about the necessity of transfer according to the parameters outlined above, the Commissioner will designate the DMHAS Medical Director or other qualified DMHAS physician to review the case and report to the Commissioner. If the Commissioner (or designee) finds that the application sets forth facts justifying the transfer of the patient to the WMS, the Commissioner (or designee) may direct the WFH Director to agree to the transfer. If the Commissioner (or designee) finds that the application does not set forth facts justifying the transfer of the patient to the WMS, the patient will not be transferred.

Pursuant to CGS 17a-511(a), when a patient is transferred to WMS from a facility outside of WFH, one copy of the agreement shall be filed for record in the court by which the patient was committed, and one copy shall be retained in the treatment record of the patient at each of the two treatment entities participating in the transfer.

A copy of the agreement will also be given to the patient and to any legal advocate or other person the patient designates, providing that the patient gives informed consent to the release of the agreement. Patients will be reminded of the availability of advocacy services if they do not designate a legal representative to receive the copy of the agreement.

*C. Revocation or Modification.*

A patient transferred to WMS from a facility outside WFH under these procedures (and any designated representative, if informed consent to release of the information is given by the patient) will be notified in writing on the Addendum (Attachment B) of the right to make application to the court which made the order of commitment for a revocation or modification of such agreement, as per 17a-511(a).

*D. Post-Transfer Treatment Planning and Review.*

A clinician representing the sender's treatment team responsible for the patient will meet with the patient at WMS at regular intervals and attend and participate in the Master Treatment Planning and all Treatment Plan Review sessions at WMS. The purpose of this collaboration is to: (1) identify specific treatment goals to be accomplished while the patient is in maximum security; (2) develop a plan to return the patient to the sender or another appropriate less restrictive alternative in an expeditious manner when the specific treatment goals have been achieved; and (3) provide continuity of care and to develop and maintain client engagement.

*E. Review of Patient's Condition by WMS.*

Involuntary Civil Patients Transferred to WMS from a facility outside WFH

(a) The WFH CEO (or designee) shall periodically review the need for retention in the WMS of each involuntary civil patient transferred pursuant to this procedure who remains in the WMS and shall file a report on the form "WFH CEO Periodic Review of Patient Transferred to Whiting Maximum Security Service" (Attachment C to this policy) with the Commissioner's Designee for each such patient at intervals of not more than two weeks setting forth reasons why the patient needs continued treatment in the maximum security setting and that the WMS is the least restrictive alternative for the patient's treatment.

(b) The Commissioner's Designee shall review these reports and shall either approve the continued stay of the patient within the WMS, or make a finding that the WMS is no longer the least restrictive alternative for the patient's treatment, in which case the patient shall be transferred back to the sender or another appropriate less restrictive setting within one week. The decision of the Commissioner's Designee regarding approval also shall be included on the same report (Attachment C).

(c) A copy of this report shall be provided to the patient and his or her legal representative (if the patient provides informed consent for the release of that information to the representative), and shall be filed in the patient's medical record.

## II. Voluntary Civil Patients willing to consent to transfer to WMS

### *A. Application.*

If a voluntary civil patient is willing to give informed consent to a transfer from a facility outside WFH to the WMS, the sending Director may make application in writing to the DMHAS Commissioner (or designee) for transfer of the voluntary patient to the WMS. Such application must be supported by a written statement by the sender's Medical Director (or other physician designee) of facts documenting that:

- (1) the patient understands the nature of the WMS treatment setting and how it differs from the patient's current treatment setting; and
- (2) the patient's consent is voluntary; and
- (3) the patient has the capacity to render informed consent to such a transfer; and
- (4) there is a legitimate clinical and/or security rationale for accepting the patient's request for transfer to WMS; and
- (5) for inpatients at a facility outside WFH, the CEO of WFH (or designee), agrees to the transfer under the provisions for CGS 17a-511(b) Transfer of Patients by Agreement.

Form M-24 and the Addendum for "Voluntary Transfer of Voluntary Inpatient to Whiting Maximum Security Service from outside Whiting Forensic Hospital" (Attachment D to this policy) will be used for this purpose of application and its documentation.

### *B. Acceptance.*

Voluntary Civil Patients Consenting to Transfer to WMS from a facility outside WFH

In accord with the provisions of 17a-511(b), the agreement of the CEO of WFH and the Sending Director that the above conditions of transfer have been met shall be documented in writing on Form M-24. The signature of the former will also constitute the approval of the transfer by the DMHAS Commissioner.

One copy of the form shall be retained in the treatment record of the patient at each of the two treatment entities participating in the transfer, and one copy will also be given to the patient and to any legal advocate or other person the patient designates, providing that the patient gives informed consent to the release of the agreement. Patients will be reminded of the availability of advocacy services if they do not designate a legal representative to receive the copy of the agreement. The patient (and any designated representative, if informed consent to release of the information is given by the patient) will be notified in writing of the right to make a request for release as outlined below in C. Release Request.

*C. Release Request.*

Voluntary patients transferred to WMS under these procedures shall retain their rights to request discharge under 17a-506 and to request admission to another hospital or facility.

*D. Post-Transfer Treatment Planning and Review.*

A clinician representing the sender's treatment team responsible for the patient will meet with the patient at regular intervals and attend and participate in the Master Treatment Planning and Treatment Plan Review sessions at WMS, as requested by the patient. The purpose of this collaboration is to: (1) identify specific treatment goals to be accomplished while the patient is in maximum security; (2) develop a plan to return the patient to the sender or another appropriate less restrictive alternative when the specific treatment goals have been achieved; and (3) provide continuity of care and to develop and maintain client engagement.

*E. Review of Patient's Condition by WMS.*

The WFH CEO will provide the DMHAS Commissioner or Designee a list of voluntary patients transferred pursuant to this procedure who remain in the WMS on a quarterly basis. In addition, such CEO shall periodically review the need for treatment in the WMS of each voluntary civil patient and shall file a report on the form "WFH CEO Periodic Review of Patient Transferred to Whiting Maximum Security Service" (Attachment C to this policy) with the Commissioner or Designee for each such patient at intervals of not more than three months setting forth reasons why the patient continues to be appropriate for treatment in the maximum security setting, and the patient's continued consent to remain in WMS. A copy of such report shall be provided to the patient and his or her legal representative (if the patient provides informed consent for the release of that information to the representative), and shall be filed in the patient's medical record.

III. Voluntary Patients Unwilling to Give Informed Consent to Transfer

If a voluntary civil patient is not willing to give informed consent to a transfer from a facility outside WFH to the WMS, the sending Director may make application to probate court for civil commitment, under the provisions of 17a-498(e) or 17a-506(e), if appropriate. If the probate court enters an order of commitment, then the above procedures for Involuntary Civil Patients (Section I) will be followed.

IV. Other rights reserved

Nothing in this procedure shall affect any right that a patient may have to exercise his or her rights, or someone acting on his or her behalf, pursuant to CGS §§ 17a-506, 17a-510, 17a-511, 17a-524 and 17a-550 or any other rights that a patient may have to challenge his or her treatment or confinement.