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| NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE | CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.37</u> |
| SUBJECT: NOT GUILTY BY REASON OF INSANITY (NGRI) TREATMENT AND MONITORING PROPONENT: <u>Robert MacLeod, Administrative Dir.</u> <i>Name/Title</i> <u>Medical/ Forensic Services 271-3707</u> <i>Office Phone #</i> | EFFECTIVE DATE <u>07/01/09</u> REVIEW DATE <u>07/01/10</u> SUPERSEDES PPD# <u>New</u> DATED <u>N/A</u> |
| ISSUING OFFICER: <hr/> <i>William Wrenn, Commissioner</i> | DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____ |
| REFERENCE NO: See reference section on last page of PPD. | |

I. PURPOSE:

To provide confinement, security and treatment for persons committed pursuant to RSA 61:9-a Not Guilty by Reason of Insanity (“NGRI”) to the Secure Psychiatric Unit (“SPU”) based on the court’s finding of dangerousness for a period of 5 years unless earlier discharged, released or transferred by due course of law.

II. APPLICABILITY:

To all staff involved with providing housing, supervision and treatment of NGRIs in the care and custody of the NH Department of Corrections.

III. POLICY:

It is the policy of the Department of Corrections’ Secure Psychiatric Unit that:

- A. An admission/orientation program for all newly arrived residents shall be conducted following their arrival. The admission/orientation program shall include the following:
1. Ensure that all residents are properly identified and court papers are complete and accurate.
 2. A thorough search in individuals and possessions
 3. Properly record authorized resident property and remove any unauthorized property
 4. Ensure that each resident is showered and has an issue of state clothing and toiletry items.
 5. A complete medical and health screening to include inquiry about past hospitalizations and treatment for psychiatric and medical conditions
 6. Record personal data
 7. Give residents a Patient Handbook and obtain written receipt thereof. If a literacy problem exists, staff will assist the resident in understanding the documents.
 8. Assign a case number and ward
 9. Explanation of mail and visiting procedures
 10. Assist residents in notifying their next of kin/families of admission
 11. Photographing and notation of identifying marks

12. Ensure continuity of care from admission to discharge including referral to community care or transport to another receiving facility. In order to provide continuity of care, an Authorization for Release of Information will be obtained from the resident to contact previous caregivers and to share information with community providers upon referral to them.

IV. PROCEDURE:

A. Admission procedures will include:

1. Upon arrival to and before acceptance at SPU, a registered nurse shall inspect the court order/paperwork to determine whether the individual is legally committed to SPU (see PPD 1.14 for specifics on criteria for each category of admission). The nurse will inquire from the sending facility whether the resident has received care from any hospital or community health care center.
2. All residents and their belongings will be thoroughly searched upon admission for contraband. All items will be listed on a property inventory form and kept on file in the Reception Room. The resident will retain a copy.
3. The property room officer will take care of all unauthorized items. They will be boxed up and mailed to a relative or friend at the resident's expense. Arrangements to have the box picked up at SPU during operational hours can be made with the relative or friend. All excess property will be mailed out.
4. The nursing staff will require that all residents take a shower upon admission. At this time, residents will be supplied with a safety smock, soap, shampoo, comb, etc.
5. The property officer shall see that all residents are given a safety smock, which must be worn at all times, except for recreation or other authorized activities. Shoes and boots will be kept in a secured locker in the Reception Room. All residents will wear tennis sneakers and slippers. Footwear shall have no laces and must have Velcro straps or be a slip-on type.
6. The property officer will photograph all new residents. An index card will note identifying marks and other unusual physical characteristics. This photograph and card will be kept on file in the Reception Room for further reference.
7. Upon admission to SPU, a nurse shall see each new resident for a health and psychiatric assessment (see related PPDs 6.03 and 6.28). A psychiatrist or psychiatric nurse practitioner will examine the resident and a treatment plan will be initiated (see PPD 6.14). The psychiatrist, physician, physician's assistant or advanced registered nurse practitioner (ARNP) will obtain signed releases from the resident for the purpose of contacting past treatment providers and obtaining pertinent information relative to the resident's treatment history, diagnoses and response to treatment.
8. The social worker or registered nurse will offer the resident an Authorization for Release of Information Form to sign so that information may be obtained. The resident may also be asked to sign an Authorization for Release of Information to a family member who may be able to offer more information regarding past hospitalization and treatment.
9. At the request of the resident, a social worker shall assist the resident in contacting their next of kin to inform them of the resident's admission to SPU.
10. All residents receiving treatment and/or services at SPU are assigned a case number for an efficient numbering and filing system. The SPU Medical Records Department will issue this number which will serve as an efficient numbering and filing system for resident identification and record retrieval.
11. The SPU Treatment Team will hold an initial treatment team meeting for all new residents within 24 hours of admission, excluding weekends and holidays. At this meeting the resident will have the opportunity to meet with the treatment staff. Disciplines to be represented will be, but not limited to:
 - a. Psychiatry
 - b. Psychology
 - c. Social services

- d. Nursing
 - e. Recreation
 - f. Security
12. The social worker will meet with all new residents and gather a social history within 10 days of admission.
 13. The psychologist will meet with all new residents and gather psychological data and perform relevant psychological tests within 10 days of admission.
 14. The master treatment plan meeting for all new residents will occur within 10 days of admission, excluding weekends and holidays. The treatment team will meet with the resident prior to the master treatment plan meeting to complete discipline specific assessments and to develop plans to address problem areas.
 15. All residents are placed on E Ward day area or the infirmary upon admission according to their clinical needs. They will remain here until the admitting psychiatrist or psychiatric ARNP has determined placement based on assessment.
- B. Discharge from SPU
1. Prior to a physician's or ARNP's order to discharge from SPU:
 - a. The DOC psychiatrist will complete the Transfer from SPU Form (attachment 2) and submit it to the Director of Medical & Forensic Services and the NGRI case manager for review.
 - b. The Director of Medical & Forensic Services or designee will review the Transfer Form from SPU and make a determination as to whether the transfer will be approved.
 - c. Once the transfer has been approved by the Commissioner of DOC and the Director of Medical & Forensic Services or designee, the NGRI case manager will notify the SPU social worker who will then prepare a discharge letter of the resident's stay in SPU that will be supervised by the resident's attending physician. This discharge letter is sent with the resident to the receiving facility and a copy to the NGRI case manager. The summary will outline the course of treatment, resident progress and medications to be taken and recommendations for follow-up care.
 2. A registered nurse will:
 - a. Access the health record for suitability for travel
 - b. Complete the SPU Unit Release (attachment 2)
 - 1) Medications to be taken, including dosage and amount
 - 2) Any other pertinent data or instructions to aid the transportation officers in observation and management or to aid the receiving facility in providing continuity of care
 3. A reception officer will:
 - a. Deliver the bagged medications to the transportation officer
 - b. Present the release slip to the transportation officer, pointing out special instructions
 - c. Direct the transportation team to sign the release slip under section "signature of patient or responsible party."
 - d. Sign the release slip under "instruction and witness"
 - e. The transportation officer is given the yellow copy with instructions to keep for their own use/information and pass on to the authorities at the receiving facility.
 - f. Return the white copy to the registered nurse for physician signature and filing
 - g. In addition to the preceding, reportable communicable disease results such as TB, HIV and STDS will be forwarded to the Site Infection Control Coordinator for follow-up with the appropriate public health agencies.
- C. Discharge from New Hampshire Hospital (NHH) to Another Unit
1. When a person committed or transferred to the unit under to RSA 651:9-A no longer clinically requires the security provided by the unit the Department of Corrections and New Hampshire Hospital shall initiate his/her discharge as follows:
 - a. A NHH psychiatrist will complete the Unit Transfer Form and submit the form to the NGRI case manager who will inform the Director of Medical & Forensic Services of the intended transfer.

- b. The Treatment Team of the resident will present the proposed transition plan including, but not limited to changes in medications, recommendation for treatment goals and supervision and safety issues to the NGRI Case Manager and review this with the Director of Medical & Forensic Services or designee in order to recommend a new court order to the court via the Attorney General's Office.
 - c. The Director of Medical & Forensic Services or designee and the Commissioner of DOC will review the Transfer from SPU Form and make a determination whether to approve the transfer.
 - d. The form will at a minimum include:
 - 1) The names of the members of the Treatment Team
 - 2) Identification of the underlying criminal offense
 - 3) Clinical rationale for Transfer
 - 4) Diagnostic Image (Axis I – IV)
 - 5) Comprehensive Treatment Plan
 - a) On-going treatment recommendations/medications
 - b) Safety plan
 - c) Discharge plan
 - e. The Commissioner may approve the transfer to the State Mental Health Services System for any person committed pursuant to RSA 651:9a upon a determination by the treating physician that the person presents a potentially serious likelihood of danger to self or others as a result of a mental illness, but the person no longer requires the degree of safety provided by the unit.
 - f. No transfer may occur without the prior approval of the Superior Court. Any person transferred for purposes of treatment shall be under the care and custody of the Commissioner of Health and Human Services, but shall for all other purposes, including, but not limited to, discharge, granting of privileges, parole and recommitment, remain under the jurisdiction of the Commissioner of the Department of Corrections and the Superior Court.
 - g. Any person who was committed or transferred to the unit may participate in prison pre-release programs if the Commissioner deems it appropriate. However, persons who object and who do not have a State Prison sentence shall not be placed in State Prison programs.
- D. Transitional Services after Discharge from SPU
1. Pursuant to RSA 651:11-a, IV (c), the Commissioner of the Department of Corrections or the Director of another program or facility not within the Department of Corrections responsible for administering a condition or regimen imposed on a person conditionally discharged under RSA 651:9-a, IV (a) shall notify the Attorney General, the NGRI Case Manager and the Court having jurisdiction over the person of any failure of the person to comply with the conditions or regimen, or of any other circumstances which create a reasonable likelihood that it is dangerous for the person to remain conditionally discharged.
 2. Upon such notice or upon other probable cause to believe that the person has failed to comply with the condition or prescribed regimen of medical, psychiatric or psychological treatment, or that other circumstances exist which create a reasonable likelihood that it is dangerous for the person to remain conditionally discharged, the person may be arrested, and upon arrest shall be taken without unnecessary delay before the Court having jurisdiction over him.
 3. The Court shall, after a hearing, determine whether the person should be remanded to SPU or another suitable facility on the basis that in light of his failure to comply with the conditions imposed by the Court, including any prescribed regimen of medical, psychiatric or psychological care or treatment, or because of other circumstances, his continued release would create a substantial risk of bodily injury to himself or another person or serious damage to the property of another.
 4. In the clinical course of treatment, most NGRI cases will step down to NH

Hospital. In these cases, the DOC NGRI Case Manager will be the liaison between NHH and DOC to keep abreast of the current treatment plan and to inform the Administrative Director of Medical & Forensic Services as well as the SPU Medical Director of the patient's progress. These updates will occur monthly with a quarterly summary documented on the NGRI Tracking Form (Attachment 3). Any requests from NHH to reduce the custody level of a NGRI, will be facilitated through the Transfer Request Form. The DOC NGRI Case manager will gather the required information and any additional information regarding risk to the community upon discharge and provide said request to the Director of Medical & Forensic Services/designee for review with the Commissioner.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Third Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Third Edition Standards

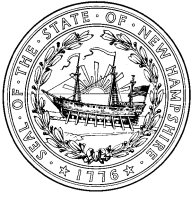
Other

MACLEOD/pf

Attachments

Guidelines for NGRI Transfer Process From SPU

1. Resident is identified by Medical Director by the SPU treatment team as possible step down from SPU.
2. Letter is written by the Department of Corrections' Psychiatric Medical Director supporting the clinical rationale to be considered for transfer.
3. Letter forwarded to NGRI Mental Health Case Manager for the DOC and the Director of Medical & Forensic Services and/or designee.
4. Information obtained and initial "Request to Initiate NGRI Transfer" form is completed by Department of Corrections Psychiatric Medical Director or designee.(see attached form).
5. Information forwarded to the Director of Medical and Forensics or designee for decision to accept, revise, or deny continuation of the process.
6. Once accepted by the Director of Medical and Forensics, the information will be turned over to be reviewed by the Commissioner for final approval
7. Final review of the "Request for Transfer" will be done by the Commissioner of Corrections and the Director of Medical and Forensics, with a written recommendation to the Recommended Step Down Facility to either agree or disagree with the transfer.



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL & FORENSIC
SERVICES

William L. Wrenn
Commissioner
Bob MacLeod
Director

P.O. BOX 1806
CONCORD, NH 03302-1806
603-271-3707 FAX: 603-271-5643
TDD Access: 1-800-735-2964

Request to Initiate NGRI Transfer

Date: _____ Court of Origin _____
Name: _____
DOB/Age: _____
Next Committal Hearing Due: _____

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|----------------|
| Diagnosis |
| Axis I: _____ |
| Axis II: _____ |
| GAF: _____ |

Offense:

Clinical Rationale for Transfer:

Comprehensive Treatment Plan(Discharge plan, ongoing treatment recommendations, safety plan)

Medication Regime:

REVIEWED BY THE DIRECTOR OF MEDICAL AND FORENSICS

Decision Pursue Transfer _____ Yes _____ No

Date: _____

Signature: _____

REVIEWED BY THE COMMISSIONER OF THE DEPARTMENT OF CORRECTIONS

Decision Pursue Transfer _____ Yes _____ No

Date: _____

Signature: _____

NH Department of Corrections NGRI Tracking Form/Elements for Review

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|--|--|---|---|---|---|---|---|-----------------|---|---|----|----|----|----|----|-----------------------|----|----|----|----|----|----|----|-----------------------|----|----|----|----|----|----|----|----|
| Name of Patient & DOB: | | | | | | | | Contact Person: | | | | | | | | Current Legal Status: | | | | | | | | Date of Next Hearing: | | | | | | | | |
| Month: (Check off the face-to-face meeting dates with an X) | Jul-08 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Areas Reviewed | Current Living Situation (where, with whom, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Current Levels of Privileges | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Current Medication Regime (any recent medication changes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Status of Treatment (Note any indication of changes in Treatment) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Any documented changes in symptoms per treatment provider reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Attendance/Engagement in Treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Compliance with Court Order | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Stressors Reported or Noted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Issues of Concern | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature of Reviewer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Summary of Monthly Review/Comments: _____

Current Diagnosis:

Axis I: _____
 Axis II: _____
 Axis III: _____
 Axis IV: _____
 Axis V (GAF): _____

PPO Name (if Applicable)
 Input from Probation Parole Officer: _____

Name of Clinical Representative and Contact Number (If applicable):
 Input from NH Hospital Clinical Representative: _____

Name of Community Clinical Representative and Contact Number (If applicable):
 Input from Community Clinical Representative: _____

Facilitating Conditional Discharge for Not Guilty by Reason of Insanity (NGRI)

One implication of **RSA 651:11-a IV(a)(1)** is the involvement of the Department of Corrections in any conditional discharge. The Department is “involved” typically through the SPU. The language of paragraph (1) suggests that the court should only consider conditions or options that the Department of Corrections “has certified to the court as appropriate.” Therefore, before any conditional discharge placement proposal is presented to the court, SPU should be notified and consulted, whether or not the patient currently resides in the SPU. The position of the Department of Corrections, through the SPU, should be communicated to the court.

Guidelines and Timelines for NGRI Transfer Process NHH or THS

Events

THS → Community

APS → THS

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|---|---|--------|--|--|
| 1 | Resident is identified by the treatment team as clinically appropriate for possible step down from NHH or THS <i>*Review Current Court Stipulation to see if it requires a new order for transition</i> | | 4 Business Weeks Prior to Anticipated Discharge Date | 96 Business Hours Prior to Anticipated Discharge Date |
| 2 | A comprehensive discharge plan written by the treating psychiatrist and/or designee supporting the clinical rationale to be considered for transfer is sent to the NGRI clinical case manager c/o Dept Of Corrections, 105 Pleasant St, Main Building, 3 rd Floor or faxed to 271-7350 | | 2 Business Weeks Prior to Anticipated Discharge | 48 Hours Prior to Anticipated Discharge |
| 3 | NGRI mental health case manager for the DOC reviews comprehensive discharge plan with the Director of Medical & Forensic Services and/or designee for any safety or security issues regarding the discharge plan. | If Yes | 1 Business Week | 24 hours |
| | | If No | | |
| 4 | After the comprehensive discharge has been reviewed, the NGRI clinical case manager and the Director of Medical and Forensics Services make decision(s) to accept, revise or deny continuation of the process. If the plan is denied the NGRI clinical case manager or the Director of Medical and Forensic Services will work collaboratively with the treatment team in an effort to make the discharge safe and secure | | Same week as above | 24 hours |
| 5 | Once the comprehensive discharge plan is accepted by the Director of Medical and Forensics, the information will be turned over to be reviewed by the Commissioner for final approval | | Steps 5 & 6 One Business Week | 24 hours |
| 6 | Final review of the comprehensive discharge plan will be done by the Commissioner of Corrections and the Director of Medical and Forensics, with a written recommendation to the Recommended Step down Facility to either agree or disagree with the transfer. | | Steps 5 & 6 One Business Week Prior to Anticipated Discharge *NGRI Clinical case manager works with AGs/County Attorney to amend the Court Document if necessary | 24 hours Prior to Anticipated Discharge *NGRI Clinical case manager works with AGs/County Attorney to amend the Court Document if necessary |