Tennessee Department of Mental Health
Emergency Transfer from an *RMHI* to *FSP*

1. **PURPOSE**:

To provide guidelines for the emergency transfer of a service recipient from a Regional Mental Health Institute (RMHI) to the Forensic Services Program (FSP) at Middle Tennessee Mental Health Institute.

2. **POLICY**:

The forensic staff in the Office of Forensic Services will ensure that the emergency transfer of a service recipient from an RMHI to FSP is expeditious, based on appropriate clinical judgment and in consideration of the welfare and safety of the service recipient, as well as other service recipients and staff.

The following criteria must be met in order for a transfer to be considered:

A. the individual requires emergency care and treatment that cannot be provided for by the transferring facility; and
B. the transfer is in the individual's best interest; and
C. the individual has a substantial likelihood of injuring himself/herself or others if not treated in a secure facility, and,
D. the individual is not under a voluntary commitment.

3. **SCOPE**:

This policy applies to TDMH and to the RMHIs, including the Forensics Services Program (FSP).

4. **PROCEDURE**:

A. After determination by the treating clinicians that the service recipient meets the criteria for emergency transfer, the following procedures must be implemented: The Chief Officer/Designee of the referring RMHI will:
   (1) Place a telephone call to the designated Forensic Specialist in the Office of Forensic Services and the Forensic Coordinator at FSP. If a transfer is needed during non-working hours, please contact the Assistant Commissioner of the Division of Planning, Research and Forensics.
   (2) No later than 2 hours after verbal request, FAX the following to the Director of Forensic/Juvenile Court Services or to the designated forensic specialist:
      (a) Recommendation for transfer from the referring Chief Officer/Designee that includes the rationale for transfer and the interventions taken to treat the individual prior to the request. This recommendation must include, but is not limited to, the following: use of restraint/seclusion, changes in medication, use of PRN medications, and/or changes in unit assignment (Attachment A). An emergency transfer should not be requested until all

appropriate interventions have been tried and have been documented and deemed unsuccessful.

(b) Documentation of the need for transfer from either a licensed physician with expertise in psychiatry or a licensed psychologist with health service provider designation (Attachment B).

(c) A written report of a physical examination completed by a licensed physician within the last six (6) months with an addendum within the last twenty-four hours that indicates that the service recipient is physically stable prior to transfer.

(d) A written report of a mental status assessment and evaluation completed by a physician or licensed psychologist within the last twenty-four (24) hours.

(e) The most recent risk assessment, if a forensic service recipient.

(f) The transfer request cannot be processed without all of the above information.

B. Upon receipt of the above information, the designated Forensic Specialist at the Office of Forensic Services will:

(1) Review the request and complete an emergency transfer check sheet. (Attachment #1)

(2) Make a recommendation to the Director of Forensic/Juvenile Court Services, the Assistant Commissioner of Planning, Research and Forensics, and the Commissioner.

(3) Attach items (2)(a) through (2)(e) (justification for the transfer, certification of need, the physical exam, and the mental status assessment and evaluation).

C. Upon review of the above information, the Director of Forensic/Juvenile Court Services, the Assistant Commissioner of Planning, Research and Forensics, and the Commissioner will verbally:

(1) Authorize transfer, via the Forensic Specialist, or,

(2) Request that further information be received before authorization, or,

(3) Deny the transfer.

D. If the emergency transfer request is denied, the Forensic Coordinator at the RMHI who requested the transfer and the designated Forensic Specialist at the Office of Forensic Services will develop an alternative safety plan (e.g., behavioral modification, change in medications, moving the service recipient to a different unit) and identify an appropriate period of time for review of this new safety plan.

E. If the emergency transfer request is approved, then the designated Forensic Specialist at the Office of Forensic Services will:

(1) Verbally convey the decision to the Chief Officer/Designee of the referring facility, the Chief Officer of MTMHI/Designee, and to the forensic coordinator of FSP.

(2) Prepare a letter from the Commissioner of TDMH to the service recipient (Attachment C) with a copy faxed, followed by mail, to both the sending and receiving Chief Officers.

F. Upon receipt of the verbal authorization, the referring Chief Officer/Designee will:

(1) Assure that the service recipient receives a signed statement from the referring Chief Officer/Designee (Attachment D) notifying the service recipient of the authorized transfer.

(2) Obtain a signed receipt of the notice to the service recipient (Attachment E). Note: If the service recipient is unwilling or unable to sign this attachment, this must be documented and then witnessed by a second RMHI staff.

(3) Verbally contact the appropriate relative/conservator, followed by written notice of transfer (Attachment F).

(4) Set up a teleconference between the referring psychiatrist and the receiving psychiatrist to discuss diagnosis and medication decisions.

(5) File a complaint for commitment under Title 33, Chapter 6, Part 5, Tenn. Code Annotated, if necessary (if the service recipient has not already been judicially committed).

G. The service recipient may then be transferred, accompanied by a copy of the service recipient's clinical record. This should occur no later than twenty-four (24) hours from receipt of verbal approval of the transfer request.

H. The Chief Officer/Designee of the referring facility will then notify the committing court (Attachment G) of the emergency transfer.

I. The Chief Officer/Designee of the referring facility will prepare and send a transfer packet to the designated forensic specialist in the Office of Forensic Services that will include:

(1) A copy of the court commitment order (if available).

(2) A copy of court notification (Attachment G) of the transfer.

(3) A copy of the notification of the transfer to the service recipient (Attachment E) and to the appropriate relative/conservator (Attachment F).

J. The designated Forensic Specialist in the Office of Forensic Services will then prepare a letter to the service recipient (Attachment H) from the Commissioner indicating that the continued need for treatment in the secure facility will be determined within 72 hours.

K. Within 72 hours of the transfer to FSP, the treatment team at FSP will determine if there is need for continued care and treatment for up to 30 days.

(1) If continued treatment at FSP is recommended:

(a) The Chief Officer/Designee of MTMHI will send written notification to the service recipient (Attachment I), copied to the designated Forensic Specialist at the Office of Forensic Services.

(b) The Commissioner will send written notice to the service recipient of the authorization of the continued need for care and treatment in a secure facility (FSP) (Attachment J), copied to the referring and receiving Chief Officers.

(2) If continued treatment at FSP is not needed:

(a) The FSP Coordinator will notify the referring RMHI Chief Officer/Designee by telephone, followed by letter, and the service recipient must be returned to the referring facility within twenty-four (24) hours of the decision, and,

(b) Notify the designated Forensic Specialist in the Office of Forensic Services by telephone, followed by a copy of the letter to the Chief Officer/Designee of the referring RMHI.

L. Within thirty (30) days of the transfer to FSP, the FSP treatment team will determine if continued care and treatment at FSP is required beyond thirty (30) days.

M. If continued treatment beyond thirty (30) days at FSP is recommended:

(1) The Chief Officer/Designee of MTMHI will notify the service recipient (Attachment K), and,

(2) Will request approval from the Commissioner of TDMH, via the Forensic Coordinator of FSP. This must include the justification of the need for continued care and treatment in the secure facility (Attachment L).

N. Three (3) original copies of the authorization form (Attachment M) for continued care and treatment at FSP are then routed to the following for signature:

(1) Director of Forensic/Juvenile Court Services.

(2) Assistant Commissioner of Planning, Research and Forensics.

(3) Commissioner.

O. If the need for continued care and treatment is approved by the Commissioner, the Commissioner will:

(1) Notify the Chief Officer of the referring facility via authorization memo (Attachment M).

(2) Notify the Chief Officer of MTMHI via authorization memo (Attachment M).

(3) Notify the service recipient (Attachment N) and include a complaint form (Attachment O).

(4) Notify the appropriate relative/conservator (Attachment P) and include a complaint form (Attachment O).

P. If continued treatment at FSP is approved, the FSP Coordinator will notify the committing court of this approval of need for continued treatment (Attachment Q).

Q. If continued treatment at FSP is not recommended:
   (1) The Chief Officer/Designee of MTMHI will notify the Chief Officer/Designee of the referring facility (copied to Forensic Specialist in the Office of Forensic Services), and,
   (2) Return the service recipient to the referring facility within twenty-four (24) hours of the decision.
   (3) Forensic coordinator of RMHI will notify the service recipient's family and the committing court of the service recipient's return to the RMHI.

R. The Forensic Coordinator of FSP will notify the designated Forensic Specialist in the Office of Forensic Services of the date of the service recipient's return to the referring facility.