



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>	Miriam Delphin-Rittmon, Commissioner                      Date: 10/15/2015
<b>EFFECTIVE DATE:</b>	October 15, 2015 <i>Miriam Delphin-Rittmon</i>
<b>REVISED:</b>	7/25/2013, 3/14/2013
<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 from outside Connecticut Valley</p> <p><b>Attachment C:</b> WFD Director 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 from outside Connecticut Valley Hospital</p> <p><b>Attachment E:</b> Voluntary Transfer of Voluntary Civil Inpatient to Whiting Maximum Security Service (WMS) from a CVH Division</p> <p><b>Attachment F:</b> Involuntary Transfer of Voluntary Civil Inpatient from CVH Division to Whiting Maximum Security Service</p>

**STATEMENT OF PURPOSE:** As noted in CT General Statute 17a-561, the Whiting Forensic Division (WFD) of Connecticut Valley Hospital (CVH) 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 WFD (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 WFD (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 Director of WFD agrees to the transfer.

II. Voluntary civil patients from non-DMHAS hospitals or DMHAS facilities or divisions of CVH 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 other than CVH 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.

IV. Voluntary civil patients at CVH may be considered for involuntary 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 WFD (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 Sending Medical Director documents items 1-5 in writing and the Sending Director agrees to the transfer in writing.
- (7) The Director of WFD agrees to the transfer in writing.
- (8) The Commissioner (or designee) approves the transfer in writing.

## **PROCEDURES:**

### I. Involuntary Civil Patients

#### *A. Application.*

The director (or designee) of a facility outside CVH or a division of CVH 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. 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 WFD (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, the Director of WFD, acting as designee for the Chief Executive Officer of CVH, agrees to the transfer under the provisions

for CGS 17a-511 Transfer of Patients by Agreement; or b) for patients transferred from a division of CVH, the Director of WFD agrees to the transfer.

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. In the case of a patient transferred from a Division of CVH, Form M-24 will be signed by the Medical Director of the sending division as the Superintendent’s Designee. On Form M-24, where appropriate, fields may be completed as “see addendum.”

*B. Acceptance.*

The agreement of the Director of WFD, acting as designee for the Chief Executive Officer of CVH, and the Director of the sending hospital/facility/CVH Division (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 WFD 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 WFD 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 CVH, 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 patient that is transferred from a Division of CVH to WMS shall have a copy of the transfer agreement retained in his/her treatment record at CVH.

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.*

(1) A patient transferred to WMS from a facility outside CVH 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).

(2) Patients transferred from a division of CVH may request revocation or modification of their transfer according to procedures outlined under subsection (E)(2) below.

*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.*

1) Involuntary Civil Patients Transferred to WMS from a facility outside CVH

(a) The WFD director 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 "WFD Director 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.

2) Involuntary Civil Patients Transferred to WMD from a Division of CVH

If a patient transferred to the WMS from a division of CVH disagrees with a decision approving continued stay within the WMS, the patient or his or her legal representative may request further review by the Commissioner of the decision. To request such review, the patient or legal representative may submit the objection to the decision to the Commissioner along with any documents, statements or affidavits in support of the objection. The Commissioner may designate a qualified independent psychiatrist who shall personally visit the hospital and review the patient's medical record and interview the patient, the patient's physician, the director or others, as he or she deems necessary, and shall make a report and recommendation to the Commissioner regarding the need for continued stay in WMS. A copy of such report shall be

filed in the patient's medical record and shall be provided to the patient and his or her legal representative (if the patient provides informed consent for the release of the report to the legal representative). The Commissioner shall give due consideration to the arguments and supporting material presented by the patient and his or her legal representative, as well as the report of the designated qualified psychiatrist, and shall decide the matter, approving or disapproving the continued stay of the patient in the WMS (using Attachment C). The decision of the Commissioner shall be filed in the patient's medical record and 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). If the Commissioner finds that the WMS is no longer the least restrictive alternative for the patient's treatment, the patient shall be transferred back to the sender or another appropriate less restrictive setting within one week.

## 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 CVH or a Division of CVH 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 CVH, the Director of WFD, acting as designee for the Chief Executive Officer of CVH, agrees to the transfer under the provisions for CGS 17a-511(b) Transfer of Patients by Agreement; or for patients transferred from a division of CVH, the Director of WFD agrees to the transfer.

Form M-24 and the Addendum for "Voluntary Transfer of Voluntary Inpatient to Whiting maximum Security Service from outside Connecticut Valley Hospital" (Attachment D to this policy) will be used for this purpose of application and its documentation. In the case of a patient transferred from a Division of CVH, Form M-24 will be signed by the Medical Director of the sending division as the Superintendent's Designee. On Form M-24, where appropriate, fields may be completed as "see addendum."

### *B. Acceptance.*

- 1) Voluntary Civil Patients Consenting to Transfer to WMS from a facility outside CVH

In accord with the provisions of 17a-511(b), the agreement of the Director of WFD 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.

## 2) Voluntary Civil Patients Consenting to Transfer to WMS from a Division of CVH.

For patients transferred from a division of CVH, one copy of the agreement on Form M-24 and the Addendum (Attachment E to this policy) shall be retained in the patient's CVH treatment record 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.

### *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 WFD director will provide the 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 director shall periodically review the need for treatment in the WMS of each voluntary civil patient and shall file a report on the form "WFD Director 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 CVH 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. Involuntary transfer of voluntary civil patients at CVH

#### *A. Application.*

The director (or designee) of a Division or subdivision of CVH (sender) may make application in writing to the DMHAS Commissioner (or designee) for involuntary transfer of a voluntary patient at his or her division to the WMS. 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 WFD (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) The Director of WFD agrees to the transfer.

The form "Involuntary Transfer of Voluntary Civil Inpatient from CVH Division to Whiting Maximum Security Service" (Attachment F to this policy) will be used for this purpose of application and its documentation.

#### *B. Acceptance.*

The agreement of the Director of WFD and the Director of the sending CVH Division (hereafter, "sender") to the transfer shall be documented in writing on the form included as Attachment F to this policy. The DMHAS Commissioner (or designee) must approve the transfer agreement, and the approval will be noted on the same form.

If there is disagreement between the WFD 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 WFD 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.

One copy of the agreement shall be filed in the CVH treatment record of the patient. 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. Request for release or for Revocation or Modification.*

Voluntary patients at CVH 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. Patients transferred from a division of CVH (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 request revocation or modification of their transfer according to procedures outlined under subsection (E)(4) below.

*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.*

(1) The WFD director shall periodically review the need for retention in the WMS of each voluntary civil patient transferred pursuant to this procedure who remains in the WMS and shall file a report on the form "WFD Director 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.

(2) The Commissioner's Designee will review these reports and will 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 will be noted on the same form (Attachment C).

(3) 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.

(4) If a patient transferred to the WMS from a division of CVH disagrees with a decision approving continued stay within the WMS, the patient or his or her legal representative may request further review by the Commissioner of the decision. To request such review, the patient or legal representative may submit the objection to the decision to the Commissioner along with any documents, statements or affidavits in support of the objection. The Commissioner may designate a qualified independent psychiatrist who shall personally visit the hospital and review the patient's medical record, and interview the patient, the patient's physician, the director or others, as he or she deems necessary, and shall make a report and recommendation to the Commissioner regarding the need for continued stay in WMS. A copy of such report shall be filed in the patient's medical record and shall be provided to the patient and his or her legal representative (if the patient provides informed consent for the release of the report to the legal representative). The Commissioner shall give due consideration to the arguments and supporting material presented by the patient and his or her legal representative, as well as the report of the designated qualified psychiatrist, and shall decide the matter, approving or disapproving the continued stay of the patient in the WMS. The decision of the Commissioner shall be filed in the patient's medical record and 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). If the Commissioner finds that the WMS is no longer the least restrictive alternative for the patient's treatment, the patient shall be transferred back to the sender or another appropriate less restrictive setting within one week.

#### V. 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.

**PATIENT TRANSFER (UNDER C.G.S. Section 17a-511)  
BETWEEN HOSPITALS FOR PSYCHIATRIC DISABILITIES**

M-24 Rev. 3/99

**TO: COMMISSIONER OF MENTAL HEALTH AND ADDICTION SERVICES  
STATE OF CONNECTICUT**

<b>TRANSFER</b>	From (Sending Institution)		Date Admitted
	To (Receiving Institution)		Date Admitted
<b>PATIENT</b>	Full Name (Last, First, Initial)	Religion	Date of Birth
	Name and Address of Correspondent (if applicable)		Tel. No.
<b>INTERESTED PARTIES</b>	Name and Address of Next of Kin (if applicable)		Tel. No.
	Legal Status of Patient (cite statute)		
<b>PHYSICIAN'S STATEMENT</b>	Current Medication		
	Clinical Reasons for Transfer		
	Date	Physician's Name	Physician's Signature
<b>CAUTIONS</b>	(Suicidal, Assaultive, etc.)		
<b>COURT REPORTS</b>	Due (Date or Time Period)		
<b>KEY COMMUNITY RELATIONSHIPS</b>			
<b>SPECIAL CONDITIONS</b>			

Other Remarks, if any

<b>INSTITUTION</b>	We, the undersigned, agree to the transfer, as described above, of the patient named above. Such transfer is hereby authorized with the approval, of the Commissioner of Mental Health and Addiction Services, or in the case of a person under eighteen years of age, the approval of the Commissioner of Children and Families, as embodied in the General Statutes of the State of Connecticut, under the Section stated above.			
	<b>Sending Institution</b>	Date	Superintendent's Name	Superintendent's Signature
	<b>Receiving Institution</b>	Date	Superintendent's Name	Superintendent's Signature

**Distribution: Original form is sent with the patient to the Receiving Institution  
Copy of form is filed in the patient's medical record**

Involuntary Patients: Copy of the transfer form is *filed with the court* by which such person was committed.

Voluntary Patients: Copy of the transfer form is *given to the patient*.

A copy of the fully executed transfer form, including the signature of the receiving facility's CEO, is obtained and filed in the patient's medical record.

**Addendum to Form M-24 for Involuntary Transfer of Involuntary Inpatient to Whiting  
Maximum Security Service**

Patient Name:

DOB:

Sender:

Sender's statement of facts  
(to be completed by Sender's Medical Director or physician designee)

What current/recent violent or aggressive behavior(s) creates a risk of imminent physical harm to self/others in the current treatment environment?

**What efforts have been made** in the current treatment environment to manage this risk **and why have they not been successful** in sufficiently ameliorating such risk?

Has a consultation occurred with the Medical Director of the Whiting Forensic Division (or other physician designee)?

Date / time of consultation:

Parties involved in consultation:

What less restrictive interventions have been considered and why are they not adequate to manage the risk?

Is further evaluation of risk management recommended?

Are alternative treatment interventions recommended to manage this risk?

Do the medical directors (or designees) agree that transfer to WMS is the necessary intervention to manage the present risk of imminent physical harm to self/others?

How are the supervision, structure and security of WMS expected to achieve amelioration of risk?

Sender's Medical Director Print Name \_\_\_\_\_

I attest that I have completed this form myself or, if completed by others, have reviewed it and affirm the contents in their entirety. I also acknowledge that this form will 1) become part of the patient's medical record; 2) be copied and given to the patient; and 3) be copied and given to the patient's attorney or other advocate identified by the patient. I understand that the admission of a civil patient to a maximum security forensic hospital is a serious matter, with important implications for the patient, and that it should only be sought in the most difficult situations of uncontrollable aggressive behavior.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Copies: (Check as Applicable)**

- 1 to probate court of record (always required)
- 1 to patient's medical record at sender (always required)
- 1 to patient's medical record at WMS (always required)
- 1 to patient (always required)
- 1 to any legal advocate or other person designated by the patient (with patient's informed consent and signed Release of Information) \_\_\_\_\_

**Notice to Patient**

**You have the right to an advocate to help you if you object to this transfer.**

**You and/or your advocate have the right to apply to the probate court to modify or revoke this transfer under state law: CGS 17a-511(a)**

**WFD Director Periodic Review of Patient Transferred  
to Whiting Maximum Security Service**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Hospital/Facility/Division from which patient was transferred to WMS:  
Date of transfer: \_\_\_\_\_

Date of report: \_\_\_\_\_

*(check one):*

Transfer of involuntary civil patient under 17a-511(a) \_\_\_\_\_ (report every 2 weeks)

Transfer of involuntary civil patient within CVH \_\_\_\_\_ (report every 2 weeks)

Involuntary transfer of voluntary civil patient within CVH \_\_\_\_\_ (report every 2 weeks)

Voluntary transfer of voluntary civil patient from other hospital/facility under 17a-511(b) \_\_\_\_\_  
(report every 3 months)

Voluntary transfer of voluntary civil patient within CVH \_\_\_\_\_ (report every 3 months)

The patient no longer requires continued treatment in the maximum security setting \_\_\_\_\_

The patient continues to require treatment in the maximum security setting \_\_\_\_\_  
*(describe reasons here)*

**WFD Director or Designee**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**DMHAS Commissioner's Designee Approval of Continued Treatment in WMS**

I approve the continued treatment of the patient at WMS, based on the documentation provided. \_\_\_\_\_

WMS is no longer the least restrictive alternative for the patient's treatment. \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Copies: 1 to patient's medical record at WMS (always required) ✓  
*(Check as* 1 to patient (always required) ✓  
*Applicable)* 1 to any legal advocate or other person designated by the patient (with patient's  
informed consent and signed Release of Information) \_\_\_\_\_

**Addendum to Form M-24 for Voluntary Transfer of Voluntary Inpatient to Whiting  
Maximum Security Service from outside Connecticut Valley Hospital**

Patient Name:  
Sender:

DOB:

Sender's statement of facts  
*(to be completed by Sender's Medical Director or physician designee)*

What is the patient's understanding of the nature of the WMS treatment setting and how it differs from the patient's current treatment setting?

Is the patient's consent voluntary (explain)?

What is the clinical and/or security rationale for accepting the patient's request for transfer to WMS?

Sender's Medical Director Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Copies: (Check as Applicable)**

- 1 to patient's medical record at sender (always required)   ✓
- 1 to patient's medical record at WMS (always required)   ✓
- 1 to patient (always required)   ✓

1 to any legal advocate or other person designated by the patient (with patient's informed consent and signed Release of Information) \_\_\_\_\_

**Notice to Patient**

**You have the right to an advocate to help you with this transfer.**

**You still have the right to request discharge from the hospital (as a voluntary patient)**

**Voluntary Transfer of Voluntary Civil Inpatient to Whiting Maximum Security  
Service (WMS) from a CVH Division**

Patient Name:

DOB:

Division requesting transfer (Sender) to WMS:

Sender's statement of facts

*(to be completed by Sender's Medical Director or physician designee)*

What is the patient's understanding of the nature of the WMS treatment setting and how it differs from the patient's current treatment setting?

Is the patient's consent voluntary (explain)?

What is the clinical and/or security rationale for accepting the patient's request for transfer to WMS?

Sender's Medical Director Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WFD Director Agreement to Transfer**

I agree to the transfer of the patient to WMS, based on the documentation provided.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sender Director Agreement to Transfer**

I agree to the transfer of the patient to WMS, based on the documentation provided.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**DMHAS Commissioner Approval of Transfer**

I approve the transfer of the patient to WMS, based on the documentation provided.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Copies: (Check as Applicable)**

1 to patient's medical record of WMS (always required)

1 to patient (always required)

1 to any legal advocate or other person designated by the patient (with patient's informed consent and signed Release of Information) \_\_\_\_\_

**Notice to Patient**

**You have the right to an advocate to help you with this transfer.**

**You still have the right to request discharge from the hospital (as a voluntary patient)**

**You and/or your advocate have the right to request further review of your continued stay in Whiting by the Commissioner of DMHAS**

Attachment F  
Whiting Civil Patients Policy

**Involuntary Transfer of Voluntary Civil Inpatient from CVH Division to Whiting Maximum Security Service**

Patient Name:

DOB:

Division requesting transfer (Sender) to WMS:

Sender's statement of facts

*(to be completed by Sender's Medical Director or physician designee)*

What current/recent violent or aggressive behavior(s) creates a risk of imminent physical harm to self/others in the current treatment environment?

What efforts have been made in the current treatment environment to manage this risk and why have they not been successful in sufficiently ameliorating such risk?

Has a consultation occurred with the Medical Director of the Whiting Forensic Division (or other physician designee)?

Date / time of consultation:

Parties involved in consultation:

What less restrictive interventions have been considered and why are they not adequate to manage the risk?

Is further evaluation of risk management recommended?

Are alternative treatment interventions recommended to manage this risk?

Do the medical directors (or designees) agree that transfer to WMS is the necessary intervention to manage the present risk of imminent physical harm to self/others?

How are the supervision, structure and security of WMS expected to achieve amelioration of risk?

Sender's Medical Director Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WFD Director Agreement to Transfer**

I agree to the transfer of the patient to WMS, based on the documentation provided.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sender Director Agreement to Transfer**

I agree to the transfer of the patient to WMS, based on the documentation provided.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**DMHAS Commissioner Approval of Transfer**

I approve the transfer of the patient to WMS, based on the documentation provided.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Copies: (Check as Applicable)**

1 to medical record of WMS (always required)   ✓  

1 to patient (always required)   ✓  

1 to any legal advocate or other person designated by the patient (with patient's informed consent and signed Release of Information) \_\_\_\_\_

**Notice to Patient**

**You have the right to an advocate to help you if you object to this transfer.**

**You have the right to request discharge.**

**You and/or your advocate have the right to request further review of your transfer by the Commissioner of DMHAS.**