

Appendix A-6

Forensic Evaluation Protocol

Section 18(a) Transfers of Pre-arraigned Prisoners in Police Custody

Instructions for Emergency Services Programs (ESP) and Designated Forensic Professionals (DFP)

1. The Trial Court protocol for Section 18(a) transfer of pre-arraigned prisoners applies only to persons: a) who have been arrested, booked, denied bail or cannot make bail; AND b) on whom the police have obtained a probable cause determination. (This is known as a Jenkins hearing.)

For prisoners in police custody on an ARREST WARRANT, a probable cause determination is not legally necessary and this protocol can apply without a Jenkins hearing.

This protocol does NOT apply to persons in police custody due to Children in Need of Supervision (CHINS) violations.

2. Whenever possible, the Emergency Services Program (ESP) should assess the situation in person before contacting the DFP. In appropriate cases, the ESP should be prepared to consult with police regarding interventions (such as implementing suicide precautions) in order to minimize the need for hospitalization. (The Criminal Justice Information System should be checked by the police for past suicidality while incarcerated/detained and this information passed along to the ESP.)

The ESP will contact the Designated Forensic Professional (DFP) if it appears that hospitalization is necessary, or if, notwithstanding the opinion of the ESP that hospitalization is NOT necessary, the police request an evaluation by a DFP. The police may not contact the DFP directly.

3. The prisoner meets the criteria for transfer under this protocol if he/she is:
 - presumed to be mentally ill; and
 - in need of treatment *beyond the capacity of the place of detention to safely and humanely manage the prisoner* until he/she can be arraigned in court.
 - Persons who are withdrawing from substance abuse or who, while expressing suicidal ideation or threats, are not assessed as actively suicidal, i.e. with intent, plans, and means, and who can be safely managed by the police in lockup DO NOT meet this criteria absent the presence of active symptoms of serious mental illness.
4. The prisoner meets the criteria for admission to Bridgewater State Hospital (BSH) rather than DMH if he is a male and either:
 - Charged with serious crimes against a person(s);
 - Currently assaultive or presenting with other challenging, potentially significantly dangerous behaviors; or

- Presumed to be an escape risk based on current agitated behavior, a history of escapes or attempts to escape while in custody or while involuntarily civilly committed to a psychiatric facility.

The judge makes the ultimate decision regarding the place of commitment. The DFP should relay evidence regarding the above to the judge when making his/her recommendation regarding the appropriate level of security needed.

Persons less than 19 years of age are prohibited from admission to DMH adult facilities. In such cases, an adolescent inpatient unit will be utilized. (Unless the person meets the criteria for admission to an adult unit under Executive Order 422, which will be determined by DMH.)

5. All prisoners transferred under this protocol must be medically stable. Transportation to a community hospital Emergency Room is required if any of the following conditions are present:
 - A known serious or active medical condition including but not limited to diabetes, asthma, heart disease, cancer, stroke, hepatitis or HIV;
 - Suspicion of significant history of substance use and currently using;
 - Vital signs (if known) are not stable or are not within normal limits;
 - Prisoner reports or there is reason to expect a recent overdose and/or excessive use of medications;
 - Prisoner has significant lacerations or recent hypoxic (oxygen deprivation) event or head injury;
 - Prisoner has significant confusion or disorientation; or
 - Prisoner is pregnant.

Prior to any transfer, it is the responsibility of the DFP to determine if the proper steps have been taken to ensure that the prisoner is medically stable through adherence to the above criteria.

6. In addition to ER evaluations to determine if the prisoner is medically cleared for transfer, the prisoner must be transported to an ER for evaluation if it is not possible to determine his/her mental status due to actual or suspected drug/alcohol intoxication.
7. If the DFP believes that psychiatric hospitalization is needed (or, if the police insist on contacting the judge, notwithstanding the DFP's opinion that hospitalization is not necessary) the police or the DFP will contact the judge on call to request the order. The DFP should be available at that time to speak with the judge to discuss his/her clinical findings, including the need for strict security and to make his/her recommendations known. If hospitalization is not indicated, the DFP should offer consultation to police in managing the prisoner.
8. When a judge orders a DMH facility admission, the DFP calls the DMH off-hours contact person of the facility serving the town of the sending police department. A list of these contacts is appended to this protocol as well as a list of towns served by each DMH Area. The Forensic-on call is available via the Worcester State Hospital Switchboard in case problems arise
9. Persons charged with the following offenses cannot be admitted to the Hathorne Units of Tewksbury Hospital: serious offenses against a person, specifically Murder, Manslaughter, Rape

Kidnapping, Mayhem, serious Assault and Battery (i.e. those involving the use of a weapon and/or physical injury requiring medical attention), Burning a Dwelling/Building or serious Arson. Such persons shall be diverted to the CHANGE HERE_ the Solomon Carter Mental Health Center or the Lemuel Shattuck Hospital Mental Health Units as directed by DMH.

When a judge orders a BSH admission, the police or the DFP will contact that facility directly. (508) 279-4500. Under this protocol, it is NOT NECESSARY to contact the BSH admissions coordinator to pre-screen the admission.

10. A Prisoner Data Sheet must be legibly completed by the DFP on every case. If the prisoner is transferred to an inpatient facility, the form must accompany them. If the prisoner remains in police custody, the completed form, with recommendations noted, must be left with the police. Every effort must be made to include as much information as possible. A copy of the completed form should also be sent to DMH for data collection purposes.
11. If a prisoner has been medically cleared for transfer by the community hospital Emergency Room, documentation of this must be completed by the community hospital staff and sent along with the prisoner.
12. The following written documentation should accompany the prisoner to the receiving facility in order to maximize communication of crucial information:
 - If indicated, clinical notes of the Emergency Services Program
 - Hospital ER record (triage note, physician's notes and orders, lab reports, and nursing sign-off if any medications were dispensed).
 - Medical clearance documentation completed by the hospital ER.
 - The order of commitment issued by the on-call judge.
 - The Prisoner Data Sheet
13. In cases where the person does NOT meet the criteria for hospitalization under this protocol, the ESP and/or the DFP making that determination should be prepared to offer concrete suggestions for safely managing the prisoner until court is open.

For example, depending on the assessment for risk of suicide, the police department should be queried regarding its suicide prevention protocol. Then certain precautions can be recommended: use of constant 1:1 or frequent observation; housing the prisoner in an easily observed area; removal of personal property, clothing, and/or items that could be used for hanging or self-injury; frequent personal interaction and reassurance; etc.