

EMERGENCY RULE

Document# 13350

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**APPENDIX II-K
COVER SHEET FOR EMERGENCY RULE**Document Number 13350Rule Number He-M 614**1. Agency Name & Address:**

**Dept. of Health and Human Services
New Hampshire Hospital
36 Clinton Street
Concord, NH 03301**

**2. RSA Authority: RSA 135-C:4, III;
RSA 135-C:61, II****3. Federal Authority:** _____**4. Type of Action:**Adoption X

Amendment _____

Repeal _____

Readoption _____

Readopt with Amendment _____

5. Date of Filing: March 16, 2022**6. Short Title: Process for Involuntary Emergency Admission****7. Contact person for copies and questions:****Name: Allyson Zinno**

**Address: Dept. of Health & Human Services
Administrative Rules Unit
129 Pleasant Street
Concord, NH 03301**

Title: Administrator- Administrative Rules Unit**Phone #: 271-9604****Fax#: 271-5590****E-mail: Allyson.E.Zinno@dhhs.nh.gov**

****PLEASE ATTACH THE FOLLOWING**, numbered to correspond to the numbers on this sheet (a separate sheet is not required for every item):

8. An explanation of the nature of (a) the imminent peril to public health or safety, demonstrating that the emergency rule is necessary to prevent the imminent peril, or (b) the substantial fiscal harm to the state or its citizens which could otherwise occur if the rule were not adopted as an emergency rule.

9. A summary of the effect if the rule were not adopted.

10. A description of those affected.

***PLEASE SUBMIT 2 COPIES OF THIS COVER SHEET** and all attachments along with 2 copies of the emergency rule to the Office of Legislative Services, Administrative Rules.

****PLEASE SIGN THE FOLLOWING:**

I, the adopting authority,* hereby certify that the attached is an accurate statement explaining why an emergency rule is necessary.

Date: **3/16/2022**

Signature:



Name: **Lori A. Shibinette**

Title: **Commissioner**

Countersigned by:



Lori A. Weaver
Deputy Commissioner

*("Adopting authority" is the official empowered by statute to adopt the rule, or a member of the group of individuals empowered by statute to adopt the rule.)

8. An explanation of the nature of (a) the imminent peril to public health or safety, demonstrating that the emergency rule is necessary to prevent the imminent peril, or (b) the substantial fiscal harm to the state or its citizens which could otherwise occur if the rule were not adopted as an emergency rule.

He-M 614 defines the process for involuntary emergency admission (IEA) to a designate receiving facility (DRF) or New Hampshire Hospital (NHH).

On May 13, 2021, the Governor of the State of New Hampshire issued Executive Order 2021-09, an order directing additional actions to address the mental health crisis in the State of New Hampshire. Specifically, the Governor directed “[t]he Department of Health and Human Services ... to create emergency administrative rules to immediately increase access to services in order to address the mental health crisis in the State of New Hampshire, including requirements for policies and standards by which a hospital must treat patients with mental health concerns.” Additionally, the Governor authorized and directed “[t]he Department of Health and Human Services to expand the number of Designated Receiving Facility (“DRF”) beds on an expedited basis. The Department of Health and Human Services is hereby authorized and directed to take lawful steps to ensure increased access and availability of community-based mental health services.”

The Department of Health and Human Services (Department) is proposing to adopt He-M 614, entitled “Process for Involuntary Emergency Admission” which contains He-M 614.01 on purpose, He-M 614.02 on definitions, He-M 614.03 on criteria for involuntary emergency admission, He-M 614.04 on procedure for involuntary emergency admission, He-M 614.05 on completing the petition, He-M 614.06 on list of licensed practitioners approved to certify involuntary emergency admissions, He-M 614.07 on completion of certificate by certifying provider, He-M 614.08 on filing of completed petition and certification for involuntary emergency admission, He-M 614.09 on rescission of involuntary emergency admission, He-M 614.11 on notice pursuant to RSA 135-C:30, He-M 614.12 on IEA probable cause hearings, and He-M 614.13 on ten-day limitation period for involuntary emergency admission.

The Department is utilizing emergency rulemaking under the authorization of the Governor’s Executive Order 2021-09 of May 13, 2021. By entering into emergency rulemaking and complying with Executive Order 2021-09, the Department will prevent the imminent peril to the public health or safety by immediately addressing the mental health crisis in the State of New Hampshire. While there is no public hearing for emergency rulemaking, the Department will enter into regular rulemaking to permanently adopt He-M 614.

9. A summary of the effect if the rule were not adopted.

If He-M 614 was not adopted, the State of New Hampshire would be unable to continue to address the mental health crisis through administrative rules, policies, and procedures, in a timely manner. The COVID-19 pandemic has created a mental health crisis across the country, leading to substantial documented increases in depression or anxiety in adults and youth, leading to increases in the number of adults and youth going to emergency departments for mental health services. During the height of the COVID-19 pandemic, treatment options were limited, including a limitation on the number of emergency psychiatric beds and community-based services, which further exacerbated the growing mental health crisis. The negative repercussions of the COVID-19 pandemic have led to an increase in the number of individuals seeking treatment and with fewer community-based options available, there has been an increase in the number of individuals in need of an emergency psychiatric bed. Early on during the COVID-19 pandemic, there was a very small waitlist for patients in need of a bed at any state facility for those citizens necessitating mental health treatment. Given the present circumstances there is an urgent need for all partners in the mental health community to accelerate their work and increase the number of psychiatric beds and options for care.

10. A description of those affected.

He-M 614 affects owners and operators of mental health facilities, individuals in mental health crisis, and families of these individuals.

#13350, (eff 3-16-22)

EMERGENCY RULE EXPIRES: 9-12-22

Adopt He-M 614 to read as follows:

PART He-M 614 PROCESS FOR INVOLUNTARY EMERGENCY ADMISSION

Statutory Authority: New Hampshire RSA 135-C:4, III; 135-C:61, II

He-M 614.01 Purpose. The purpose of this rule is to define the process for involuntary emergency admission (IEA) to a designated receiving facility or New Hampshire Hospital (NHH).

He-M 614.02 Definitions.

(a) "Certificate" means the document completed by a certifying practitioner pursuant to RSA 135-C:28, I, stating that the person to be admitted meets the criteria for IEA specified in RSA 135-C:27.

(b) "Certifying practitioner" means a licensed practitioner who has been approved by either a DRF or a CMHP to have the expertise and qualifications to complete an IEA certificate in accordance with RSA 135-C:28, I, and placed on a list of certifying practitioners by the commissioner.

(c) "Commissioner" means the commissioner of the department of health and human services.

(d) "Community mental health program" (CMHP) means "community mental health program" as defined in RSA 135-C:2, IV. The term includes the term community mental health provider.

(e) "Designated receiving facility" (DRF) means a "receiving facility" as defined in RSA 135-C:2, XIV and includes NHH.

(f) "Incapacitated" means that a person, as a result of the use of alcohol or substances, is in a state of intoxication, or mental confusion resulting from withdrawal, such that:

- (1) The person appears to need medical care or supervision to assure his or her safety; or
- (2) The person appears to present a direct active or passive threat to the safety of others.

(g) "Informed decision" means an "informed decision" as defined by RSA 135-C:2, IX.

(h) "Intoxicated" means a condition in which the mental or physical functioning of an individual is substantially impaired as a result of the presence of alcohol or substances in his or her system.

(i) "Involuntary admission" means an order of involuntary commitment made pursuant to RSA 135-C:34-54 by a probate court.

(j) "Involuntary emergency admission (IEA)" means admission to the state mental health system on an involuntary, emergency basis, pursuant to RSA 135-C:27-33, of a person who is in such mental condition as a result of a mental illness as to pose a likelihood of harm to self or others.

(k) "Licensed practitioner" means a physician, physician's assistant (PA), or advance practice registered nurse (APRN) licensed to practice in this state.

(l) "Mental illness" means "mental illness" as defined in RSA 135-C:2, X.

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(m) "Minor" means any person under the age of 18 years.

(n) "Parent" means a biological or adoptive legal custodian of a minor, or a person or agency appointed as a guardian of the person of a minor.

(o) "Petition" means a written document that requests the IEA of a person and that is completed in accordance with the requirements in RSA 135-C:27-28.

(p) "Petitioner" means any individual who has petitioned for an examination of a person for the purpose of an IEA, which may include a certifying practitioner who has conducted or caused to be conducted an examination or completed a certificate for purposes of IEA.

He-M 614.03 Criteria for Involuntary Emergency Admission.

(a) A person shall be eligible for an IEA if the person is in such mental condition as a result of mental illness to pose a likelihood of danger to himself or others. A mental condition that is a result of a mental illness requires that the mental condition be directly linked to mental illness and not the result of any other ailment.

(b) A person shall be considered a danger to himself if any one of the following sets of circumstances exists:

(1) Within 40 days of the completion of a petition and certificate, the person has inflicted serious bodily injury on himself or has attempted suicide or serious self-injury and there is a likelihood the act or attempted act will recur if admission is not ordered;

(2) Within 40 days of the completion of a petition and certificate, the person has threatened to inflict serious bodily injury on himself and there is likelihood that an act or attempt of serious self-injury will occur if admission is not ordered;

(3) The person's behavior demonstrates that he so lacks the capacity to care for his own welfare that there is a likelihood of death, serious bodily injury, or serious debilitation if admission is not ordered; or

(4) The person meets the following criteria:

a. The person has been determined to be severely mentally disabled in accordance with rules authorized by RSA 135-C:61 for a period of at least one year;

b. The person has had at least one involuntary admission, within the last 2 years, pursuant to RSA 135-C:34-54;

c. The person has no guardian of the person appointed pursuant to RSA 464-A;

d. The person is not subject to a conditional discharge granted pursuant to RSA 135-C:49, II;

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e. The person has refused the treatment determined necessary by a mental health program approved by the department; and

f. A psychiatrist at a CMHP has determined, based upon the person's clinical history, that there is a substantial probability that the person's refusal to accept necessary treatment will lead to death, serious bodily injury, or serious debilitation if admission is not ordered.

(c) A person shall be considered a danger to others if, within 40 days of the completion of the petition, the person has inflicted, attempted to inflict, or threatened to inflict serious bodily harm on another.

(d) A person shall not be eligible for an IEA if they are under a conditional discharge and they become a danger to themselves or others. The person should be evaluated under He-M 609 for temporary revocation of their conditional discharge.

He-M 614.04 Procedure for Involuntary Emergency Admission.

(a) A petitioner may petition for the IEA of a person if the petitioner reasonably believes the criteria in He-M 614.03 are satisfied.

(b) The petition for IEA shall be completed by using the State of New Hampshire's, Judiciary Branch, Form NHJB-2826-D, (03/17/2022), , which consists of the following parts:

(1) Involuntary emergency admission cover sheet;

(2) A petition for IEA;

(3) Certificate of examining physician, physician assistant or APRN for IEA;

(4) Notice of hearing; and

(4) Notice of rights of person sought to be admitted.

(c) The petitioner and certifying practitioner may be the same person.

(d) The petitioner shall attend the hearing, in-person or by telephone or video, and must be available to testify.

(e) If a witness is available to testify, the witness's statement shall be completed by a witness who has observed dangerous acts or behaviors by the person sought to be admitted and the witness shall provide the following information on page 4 of the petition:

(1) Information identifying the witness; and

(2) A statement or statements as to specific dangerous acts or behaviors within the last 40 days by the person sought to be admitted observed by the witness.

He-M 614.05 Completing the Petition.

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(a) The petition shall be completed by the petitioner and include the following:

- (1) A petitioner's statement;
- (2) A statement by a witness (Witness' Statement) if a witness is necessary and available to testify;
- (3) A physical examination, if indicated and circumstances permit, conducted by a licensed practitioner; and
- (4) A mental examination, conducted by a licensed practitioner.

(b) The petitioner's statement in (a)(2)a. above shall be completed as follows:

- (1) The petitioner shall review the instructions to petitioner on page 2, and provide the following information on pages 3 and 4 of the petition:
 - a. The name of the person sought to be admitted and the date;
 - b. Information identifying the person sought to be admitted and whether the petitioner believes the person is or has been a danger to self or others; and
 - c. Information identifying the petitioner and a description of specific dangerous acts or behaviors within the last 40 days by the person sought to be admitted; and

(2) The petitioner shall sign the petition.

(c) If a witness is available to testify, the witness's statement shall be completed by a witness who has observed dangerous acts or behaviors by the person sought to be admitted and the witness shall provide the following information on page 5 of the petition:

- (1) Information identifying the witness; and
- (2) A statement or statements as to specific dangerous acts or behaviors within the last 40 days by the person sought to be admitted observed by the witness.

(d) The physical examination shall be conducted within 3 days of the date of the petitioner's statement, as follows:

- (1) A licensed practitioner or their designee shall conduct a physical examination of the person sought to be admitted and provide the following information on page 6 of the petition:
 - a. The name of the person sought to be admitted;
 - b. Information identifying the licensed practitioner or designee such as name, title, phone number, and address;

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c. A detailed description of the nature of the physical examination, including a list of known past or present medical conditions, positive physical findings, and other pertinent medical information that the mental health facility may need to know; and

d. A signed statement that the person sought to be admitted is medically approved for admission to a DRF; and

(2) The licensed practitioner or designee shall perform such physical examination in accordance with the standard of practice applicable to the practitioner pursuant to RSA 326-B, RSA 328, or RSA 329 and the rules promulgated thereunder to ensure that:

a. The person sought to be admitted is medically stable for the level of medical care that the DRF is able to provide; and

b. The individual's medical problems are not impacting their mental status in a way that interferes with diagnosing the mental illness.

(e) The mental examination shall be conducted within 3 days of the petitioner's statement, as follows:

(1) A licensed practitioner or designee shall conduct a mental examination of the person sought to be admitted and provide the following information on page 7 of the petition:

a. The name of the person sought to be admitted;

b. Information identifying the licensed practitioner or designee such as name, title, phone number, and address;

c. A detailed description of the nature of the examination, including a list of any past or present mental condition, hospitalizations for psychiatric reasons, psychotropic medications, current mental status, orientation, memory, judgment, speech productiveness, coherence, emotional tone, insight, activity level, appearance and any other pertinent information on the person's mental state; and

d. The signature of the licensed practitioner or designee; and

(2) The licensed practitioner or designee shall not perform the mental examination of the person sought to be admitted until after the individual has been determined medically stable for admission to a DRF or NHH; and

(3) The licensed practitioner or designee shall perform such mental examination in accordance with their standard of practice pursuant to RSA 326-B, RSA 328 or RSA 329 and the rules promulgated thereunder.

(f) Upon request for IEA by a petitioner, if the person sought to be admitted refuses to consent to a mental examination, a petitioner or a law enforcement officer may request a justice of the peace to order the examination as follows:

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- (1) The request shall be in the form of a complaint and prayer for compulsory mental examination pursuant to RSA 135-C:28, II and NHJB-2826-D (03/17/2022), which shall be signed and sworn to before a justice of the peace; and
 - (2) The complaint shall be submitted to the justice of the peace along with the petitioner's statement section of the petition.
- (g) The certifying practitioner shall not sign the certificate if:
- (1) The person has untreated medical ailments that may be the cause of the person's mental health concerns;
 - (2) The person has medical ailments that cannot be safely treated by the medical services available at the DRF; or
 - (3) The person is incapacitated from alcohol or substance use.

He-M 614.06 List of Licensed Practitioners Approved to Certify Involuntary Emergency Admissions.

- (a) The commissioner or designee shall maintain a list of certifying practitioners who are approved by either a DRF or a CMHP to certify an IEA.
- (b) To be approved, as a certifying practitioner, the practitioner shall:
- (1) Have experience with the laws and rules governing the mental health services system; and
 - (2) Attend annual training on involuntary emergency admissions, non-emergency involuntary admissions, and voluntary admissions.
- (c) Certifying practitioners approved in accordance with (a) and (b) above who are on the list are authorized to certify individuals under both RSA 135-C:27-33 and RSA 135-C:36.
- (d) DRFs and CMHPs in each mental health region of the state shall provide the names of all certifying practitioners they have approved to the department.
- (e) When a DRF or CMHP accepts or removes approval for a certifying practitioner, it shall provide the names of the new or removed certifying practitioner to the commissioner.
- (f) The department may remove a certifying practitioner from the list if the certifying practitioner fails to comply with these rules in accordance with the following process:
- (1) Prior to removing a certifying practitioner from the list, the commissioner shall provide a warning to the certifying practitioner that specifies the non-compliance with this rule and gives the certifying practitioner an opportunity to come into compliance;
 - (2) After receiving the warning, if the certifying practitioner continues to not comply with the rules, the department shall remove the certifying practitioner from the list; and

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(3) Upon removal of a certifying practitioner, the department or designee shall inform the DRF or CMHP that approved the certifying practitioner that the certifying practitioner has been removed.

(g) The DRF or CMHP may reapprove the certifying practitioner after the certifying practitioner receives additional training on involuntary emergency admissions, non-emergency admissions, and voluntary admissions and it is determined that the certifying practitioner has had sufficient education to perform IEAs in accordance with the requirements of this rule.

(h) If the DRF or CMHP reapproves a certifying practitioner, it shall inform the department of the new approval.

He-M 614.07 Completion of Certificate by Certifying Practitioner.

(a) The certificate shall be completed in accordance with the following:

(1) Within 3 days of completion of the petition, a certifying practitioner shall state the following on page 8 of the petition and certificate:

a. He or she is a licensed practitioner who is on the list identified in He-M 614.06 as approved to certify IEAs;

b. He or she is not a relative of the person named in the petition who is alleged to be mentally ill;

c. He or she has conducted or has designated a licensed practitioner to conduct a physical examination, if indicated and circumstances permit, of the individual;

d. He or she has conducted or has designated a licensed practitioner to conduct a mental examination of the individual;

e. The time and date that he or she personally examined the person sought to be admitted and that this time and date are within three (3) days of completion of the attached petition;

f. Certify that as a result of the physical and mental examinations that the certifying practitioner has completed and/or reviewed, and the acts or behaviors the licensed practitioner has observed or which were reported by the petitioner and/or witness, the criteria of RSA 135-C:27 are satisfied, as the person is in such mental condition as a result of mental illness as defined above that he or she poses a serious likelihood of danger to self or others as described in He-M 614.03(b);

g. He or she understands they may be required to appear in court for a hearing;

h. The DRF which can best provide the degree of security and treatment required by the person sought to be admitted;

i. That the certifying practitioner informed the person of the DRF that the person will be or will likely to be transported to after the facility has been determined;

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j. That the certifying practitioner has contacted the DRF and conveyed that this IEA is pending;

k. All statements are true; and

l. The certifying practitioner's signature, printed name, address and phone number.

(2) A certifying practitioner shall not complete a certificate for a person:

a. Who consents to voluntary mental health treatment at any time the individual is under the care of the certifying practitioner, unless the individual withdraws that consent and the practitioner subsequently determines that an IEA is necessary;

b. Unless the certifying practitioner has determined that the dangerous behavior(s) is not caused by an untreated physical ailment;

c. Unless the certifying practitioner has determined that the dangerous behavior(s) is not caused by the influence or acute withdrawal from alcohol or other substances;

d. Unless the certifying practitioner has determined that the dangerous behavior(s) is not caused by an intellectual disability as defined in RSA 135-C:2, X; or

e. Unless the certifying practitioner has determined that the dangerous behavior(s) is not caused by a neurocognitive disorder, such as Alzheimer's disease or dementia; and/or

f. Unless the certifying practitioner has reviewed and considered a less restrictive voluntary option for treatment in accordance with He-M 614.10(a).

(b) The petition and certificate are not complete until:

(1) All requirements of He-M 614.04 through 614.07 are met; and

(2) The DRF in which the individual is transferring to is identified on the certificate. If a DRF bed is not available for an individual to transfer to, the certifying practitioner must identify on the certificate the DRF which best meets the needs of the patient; and

(3) Be signed and dated by the certifying practitioner.

He-M 614.08 Filing of Completed Petition and Certificate for Involuntary Emergency Admission.

(a) Immediately upon completion of the certificate, the certifying practitioner or designee shall transmit the petition and certificate in its entirety to the DRF identified on the certificate.

(b) If NHH is identified as the DRF on the petition and certificate, the completed petition and certificate shall be sent directly to NHH.

(c) If another DRF is identified on the petition and certificate, the completed petition and certificate shall be sent to that DRF with a copy of the petition and certificate sent to NHH.

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(d) If the DRF receives the petition and certificate and it is determined that the petition and certificate is not completed in accordance with the requirements of this rule, the petition and certificate shall be considered invalid.

(e) If a certificate is determined invalid, the individual subject to the certificate shall not be considered in the state mental health services system until a certificate is complete.

(f) The certifying practitioner shall be responsible for completing the certificate fully prior to resubmitting to the department.

(g) The DRF shall contact the certifying practitioner to notify them that the certificate is invalid and that the individual is not in the custody of the state mental health system.

(h) As soon as the completed petition and certificate has been received by the DRF, the DRF shall immediately file it with the applicable district court to allow the court to schedule a probable cause hearing, even if the individual has yet to be transferred to the DRF.

(i) The applicable district court shall be the court that has jurisdiction over the location of the DRF that has, or will have, custody of the person sought to be involuntarily admitted at the time of the probable cause hearing.

(j) If the person is transferred from the hospital to a different DRF than the one originally identified on the certificate, or discharged to another non-DRF location, the hospital shall notify the DRF of the transfer immediately upon knowledge of the change.

(k) The DRF shall then notify the court in which the petition was filed and inform the court of the disposition and location, if known, of the individual.

(l) Only the DRF identified on the petition and certificate shall be responsible for filing the completed petition and certificate with the courts but all DRFs are able to consider for admission any completed petition and certificate received by any DRF.

He-M 614.09 Delivery to Receiving Facility. Delivery to a DRF shall be in accordance with RSA 135-C:29.

He-M 614.10 Rescission of Involuntary Emergency Admission.

(a) Following completion of a certificate pursuant to RSA 135-C:28 and before custody of the person is accepted by a law enforcement officer pursuant to RSA 135-C:29, the certificate may be rescinded and the person who is the subject of the certificate released in any of the following circumstances:

- (1) A mobile crisis team under contract with the department accepts transfer of the person's care;
- (2) An assertive community treatment team operated by a CMHP accepts transfer of the person's care;
- (3) A community-based provider accepts transfer of the person's care;

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(4) Clinical reasons preclude the continuation of an IEA; or

(5) The certifying practitioner finds that the person no longer meets the criteria of RSA 135-C:27.

(b) The reason(s) for rescission under (a) above shall be provided to the department.

(c) Pursuant to RSA 135-C:29-a, no civil action shall be maintained against a person who rescinds an involuntary admission in accordance with (a) above, provided that the practitioner is acting in good faith within the limits of their authority.

He-M 614.11 Notice Pursuant to RSA 135-C:30.

(a) Upon completion of the certificate, the certifying practitioner or designee shall provide the patient the notice of rights of person sought to be admitted, included in the IEA Form NHJB-2826-D (03/17/2022) to the individual in custody.

(b) The notice identified in (a) above does not replace the notice required to be given by the DRF in accordance with RSA 135-C:30.

He-M 614.12 IEA Probable Cause Hearings.

(a) Within 3 days after completion of the certificate, not including Sundays and holidays, and subject to the notice requirements of RSA 135-C:24, there shall be a probable cause hearing in the district court having jurisdiction over the matter to determine if there is probable cause for involuntary emergency admission in accordance with RSA 135-C.

(b) For 48 hours prior to the hearing, the person sought to be admitted shall not be given medication or treatment that would adversely affect their judgment or limit their ability to prepare for the hearing unless the person sought to be admitted makes an informed decision to consent to treatment or unless a medical or psychiatric emergency exists in accordance with the following:

(1) A person's judgment is adversely affected or their ability to prepare is limited if they are unable to work with their counsel and unable to understand the reasons why an involuntary emergency admission is sought; and

(2) If medication or treatment is given to the person sought to be admitted prior to the probable cause hearing, the physician prescribing the medication shall advise the district court of the nature of the medication, the reason for it, and its probable effect upon the person in writing, prior to the hearing or if at the hearing, presented by the physician.

(c) For good cause, the person or the person's attorney may file a motion requesting a change of venue or transfer.

(d) The hospital or DRF having custody of the person at the time the probable cause hearing is scheduled is responsible for ensuring the person has transportation to the hearing, if transportation is necessary.

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He-M 614.13 Ten-Day Limitation Period for Involuntary Emergency Admission. The 10-day limitation period for IEAs shall be in accordance with RSA 135-C:32.

APPENDIX

RULE	SPECIFIC STATE STATUTE THE RULE IMPLEMENTS
He-M 614	RSA 135-C:4, III; 135-C:61, II

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<https://www.courts.nh.gov>

INVOLUNTARY EMERGENCY ADMISSION (IEA) COVER SHEET

NOTICE: THIS COVER SHEET SHALL BE COMPLETED FOR EVERY INVOLUNTARY EMERGENCY ADMISSION AND SUBMITTED TO THE COURT ALONG WITH THE PETITION AND CERTIFICATE. THE PETITION WILL NOT BE CONSIDERED COMPLETE UNTIL IT IS FILLED OUT IN ITS ENTIRETY, INCLUDING THIS COVER SHEET. PLEASE PRINT LEGIBLY OR TYPE.

Name of Person Sought to be Admitted: _____

Date of Birth of Person Sought to be Admitted: _____

Petitioner's Information

Instructions to the Petitioner: Provide a personal cell phone or other direct number where you will be available during business hours. Failure to provide a direct number or to answer the Court's telephone call at the time of the hearing may result in dismissal of the Petition. Provide an email address that you will check regularly while the case is pending. All notices from the Court will be provided by email only and will come from an email address that includes a court location and IEA@courts.state.nh.us (e.g. ConcordCircuitIEA@courts.state.nh.us).

Petitioner's Name: _____

Petitioner's Daytime Direct Phone Number: _____

Petitioner's Email Address: _____

Hospital Information and Information About Person Sought to be Admitted (Petitionee)

Instructions to the Certifying Clinician: Provide an email for the hospital to receive notices from the Court. The patient must be given a copy of any notice from the Court. Additionally, provide a daytime telephone number where the patient can be reached. If the patient has access to a cell phone, this number may be the patient's cell phone. The attorney appointed to represent the patient will attempt to call the patient at this number.

Name of Hospital Where Certificate Completed (Pg. 8): _____

Name of Clinician Who Completed Certificate (Pg. 8): _____

Title of Clinician Who Completed Certificate (Pg. 8): _____

Date Certificate of Admission Was Signed (Pg. 8): _____

Email Address for Notices to Hospital/Petitionee: _____

Fax Number for Notices to Hospital/Petitionee: _____

Phone Number to Reach Petitionee at Hospital: _____

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<https://www.courts.nh.gov>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

Name of person sought to be admitted _____ Date: _____

INSTRUCTIONS TO PETITIONER:

1. Involuntary Emergency Admission (IEA) Forms:

- a. **Petition:** (pages 3 - 4) Any "responsible person" may be the petitioner. The person should complete and sign the "Petitioner's Statement." The petitioner must be prepared to testify at the IEA hearing. Only one person may be the petitioner. The petitioner must include specific information about the person's behaviors deemed to be dangerous as a result of mental illness.
- b. **Witness statement:** (page 5) A second person may complete and sign the "Witness's Statement" and add information about the person's dangerous behaviors. This information is not required, but a witness who completes the form should be prepared to testify.
- c. **Physical exam and mental health exam:** A physician, physician assistant (PA), advanced practice registered nurse (APRN), or designee shall complete and sign the physical exam (page 6) and mental health exam (page 7).
- d. **Certificate:** Only a physician, PA, or APRN authorized by a community mental health program or Designated Receiving Facility may complete and sign the certificate of examining physician (page 8). Designees may not complete and sign page 8. Every line of the certificate must be completed. Failure to do so may result in dismissal of the petition and discharge of the petitionee to the community.

2. **Complaint and Prayer:** If a person who is exhibiting dangerous behaviors towards self or others as a result of serious mental health symptoms will not consent to be taken to a hospital emergency room, a petitioner may complete and sign a petition (pages 3-4) and a petitioner or law enforcement officer may complete and sign a complaint and prayer and have the complaint and prayer signed by a justice of the peace. With the IEA petition (pages 3-4 completed) and the complaint and prayer signed by a justice of the peace, a law enforcement officer is authorized to locate the person and deliver the person to a local hospital for an emergency mental health examination. If the person is willing to go to a hospital for a mental health evaluation, and it can be done safely, the complaint and prayer form is not needed. The complaint and prayer form may be found on the Court's website: www.courts.nh.gov.
3. **Custody:** The physician, PA, or APRN signing the certificate shall specify whether transport to the facility named in the certificate (page 8) shall be by ambulance or law enforcement. (For children, the parent, guardian or legal custodian shall be consulted pursuant to RSA 135-C:29, II).
4. **Hearing:** The petitioner must attend an IEA hearing, which will be held by the Circuit Court within 3 days (excluding Sundays and holidays) after the certificate is completed. The petitioner and any witness(es) may be asked to testify to facts in addition to what they have written on the petition. The petitioner and any witness(es) should have a copy of their statements with them so they can refer to the statements during the hearing.
5. **Contact:** The petitioner must provide a direct telephone number (not to a switchboard or receptionist) on the cover sheet, where they can be reached in the three days following the completion of the certificate. The petitioner will receive a copy of the completed petition including the notice of hearing via email from the court. If the petitioner does not attend the hearing, in person or by phone, the petition may be dismissed and the person may be discharged back to the community.

Case Name: _____

Case Number: _____

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

PETITIONER'S STATEMENT

To the Honorable Judge/ Hearing Officer of the _____
Court Name

1. I, _____, respectfully represent that
Name of petitioner

Name of person sought to be admitted Date of Birth Age
of _____
and Street (Do not list PO Box) City State Zip

needs to be involuntarily admitted to a Designated Receiving Facility on an emergency basis, because the person is in such a mental condition as a result of mental illness as to pose a likelihood of danger to self or others. I understand that a Designated Receiving Facility is a hospital in New Hampshire that is specifically authorized to treat a person's acute symptoms of mental illness.

2. I believe the person has engaged in the following dangerous acts: (check one or more boxes)

RSA 135-C:27, I (Danger to self)

- ☐ (a) Within the past forty (40) days, the person has inflicted serious bodily injury on themselves or has attempted suicide or serious self-injury and there is a likelihood the act or attempted act will recur if admission is not ordered. RSA 135-C:27, I(a).
- ☐ (b) Within the past forty (40) days, the person has threatened to inflict serious bodily injury on themselves and there is a likelihood that an act or attempt of serious self-injury will occur if admission is not ordered. RSA 135-C:27, I(b).
- ☐ (c) The person's behavior demonstrates that the person so lacks the capacity to care for their own welfare that there is a likelihood of death, serious bodily injury, or serious debilitation if admission is not ordered. RSA 135-C:27, I(c).
- ☐ (d) The person meets **all** of the following criteria:
- (1) The person has been determined to be severely mentally disabled in accordance with rules authorized by RSA 135-C:61 for a period of at least one year;
 - (2) The person has had at least one probate court involuntary admission, within the last two years, pursuant to RSA 135-C:34-54;
 - (3) The person has no guardian of the person appointed pursuant to RSA 464-A;
 - (4) The person is not subject to a conditional discharge granted pursuant to RSA 135-C:49, II;
 - (5) The person has refused the treatment determined necessary by a mental health program approved by the Department of Health and Human Services; and
 - (6) A psychiatrist at a mental health program approved by the Department of Health and Human Services has determined, based upon the person's clinical history, that there is a substantial probability that the person's refusal to accept necessary treatment will lead to death, serious bodily injury, or serious debilitation if Involuntary Emergency Admission is not ordered.

RSA 135-C:27(II) (Danger to others)

- ☐ Within the past forty (40) days the person inflicted, attempted to inflict, or threatened to inflict serious bodily harm on another.

Case Name: _____
Case Number: _____

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

3. Physical examination of: _____
Name of person sought to be admitted

Print Physician, PA, APRN, or Designee's name & title
(Sign signature block at the bottom of the page)

Phone number where reachable

and Street (Do not list PO Box) City State Zip

NOTE: Describe in detail the nature of the physical examination and list any known past or present medical conditions, medications, positive physical findings or other pertinent medical information that the mental health facility may need to know during confinement. If physical examination is not done, state reason.

☐ See additional page(s)

By signing below, I certify that the patient named above is medically approved for admission to an inpatient psychiatric Designated Receiving Facility.

REQUIRED SIGNATURE:

Date

Signature of physician, PA, APRN, or designee
completing page 6

Print or type name of physician, PA, APRN, or designee
completing page 6

Case Name: _____

Case Number: _____

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

4. Mental examination of: _____
Name of person sought to be admitted

Print Physician, PA, APRN, or Designee's name & title
(Sign signature block at the bottom of the page)

Phone number where reachable

and Street Address (Do not list PO Box)

Town/City

State

Zip

NOTE: Describe in detail the nature of the examination and list any past or present mental condition, hospitalizations for psychiatric reasons, psychotropic medications, current mental status, orientation, memory, judgment, speech productiveness, coherence, emotional tone, insight, activity level, appearance and any other pertinent information on the person's mental state.

☐ See additional page(s)

REQUIRED SIGNATURE:

Date

Signature of physician, PA, APRN, or designee completing page 7

Print or type name of physician, PA, APRN, or designee completing page 7

Case Name: _____
Case Number: _____

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

**CERTIFICATE OF EXAMINING PHYSICIAN, PHYSICIAN ASSISTANT OR APRN
FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)**

I, _____, certify as follows:
Print name of certifying physician, PA or APRN (required)

☐ I am a physician, PA, or APRN licensed by the State of New Hampshire, and I am approved to certify involuntary admissions by:

☐ A community mental health program: _____
Print name of program

OR

☐ A Designated Receiving Facility: _____
Print name of DRF

☐ I am not a relative of the person named in this petition who is alleged to be mentally ill.

☐ On _____, at _____ ☐ a.m. ☐ p.m., which is within three (3) days of completion of the attached petition, I personally examined: _____
Name of person sought to be admitted

☐ I ☐ conducted, or ☐ designated _____
Print name, degree, & title of designee responsible for conducting the physical exam
to conduct the physical examination of the person, which is completed on page 6.

☐ I ☐ conducted, or ☐ designated _____
Print name, degree, & title of designee responsible for conducting the mental exam
to conduct the mental examination of the person, which is completed on page 7.

☐ As a result of such examinations which I have completed and/or reviewed, and the acts or behaviors I observed, or which were reported to me by the petitioner (and witness) listed on the attached petition, I find and hereby certify that in my opinion, the criteria of RSA 135-C:27 are satisfied, as the person is in such mental condition as a result of mental illness that the person poses a serious likelihood of danger to self or others.

☐ I understand that I may be required to appear in court for a hearing concerning this certificate, especially if my certificate is illegible.

☐ The Designated Receiving Facility which can best provide the degree of security and treatment required by the person sought to be admitted is as follows: (check one DRF)

☐ Concord Hospital - Franklin ☐ Cypress Center ☐ Elliott Hospital ☐ Hampstead Hospital
☐ New Hampshire Hospital ☐ Parkland Hospital ☐ Portsmouth Regional Hospital

☐ I contacted, or designated _____ to contact the facility checked above.
Printed name of person designated

☐ I conveyed that this Involuntary Emergency Admission is pending and provided the Notice of Rights that was attached as page 10 to the person sought to be admitted.

☐ The foregoing statements are true to best of my knowledge and belief.

REQUIRED SIGNATURE (do not sign this section unless you are a certifying physician, physician assistant or APRN)

Date

Signature of physician, PA or APRN completing this certificate

Print name & title of physician, PA or APRN completing this certificate

and Street (Do not list PO Box)

City

State

Zip

Phone number where you can be reached

Case Name: _____

Case Number: _____

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

NOTICE OF HEARING

(to be completed by Court staff only)

This Petition has been scheduled for:

Probable Cause Hearing

Date: _____

Location: _____

Time: _____

This hearing will be heard telephonically or via video. Prior to the start of the hearing the Court will contact all parties using the information provided on the cover sheet. If this information is incorrect, contact the Court immediately.

1. Please do not speak when another person is speaking. You will be given your opportunity to speak.
2. Please be in a location with as little background noise as possible. You may be required to mute yourself if the background noise at your location becomes a distraction.
3. Please do not participate in the hearing while driving. Be in a location with adequate cellular service.
4. If there are other people with you, please identify those individuals at the beginning of the hearing. There may be reasons the Judge may ask others with you to leave the room.

If you are unable to appear at this scheduled hearing, you must request a continuance from the Court and explain the reasons why you are unable to appear. You must appear on the scheduled date unless you receive notification from the Court that a request to continue the hearing has been granted.

NOTICE OF APPELLATE RIGHTS

If you receive an adverse decision in the Court you have the right to appeal the decision of the Circuit Court by filing an appeal in the New Hampshire Supreme Court. This is an appeal only on questions of law. In other words, the Supreme Court will not re-determine questions of fact already decided by the Circuit Court. You must file your appeal with the Supreme Court within thirty (30) days of the date on the Circuit Court's written notice of the decision. You may wish to contact an attorney to help you with this.

☐ Petition with completed Notice of Hearing emailed to all parties by the court

Date and time of email

Case Name: _____

Case Number: _____

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

NOTICE OF RIGHTS OF PERSON SOUGHT TO BE ADMITTED

Any person sought to be involuntarily admitted for involuntary emergency admission has the following rights:

1. To be represented by legal counsel.
2. To have legal counsel appointed if you are unable to pay for counsel.
3. To have a hearing in the Circuit Court within three days, not including Sundays and holidays, to determine if there was probable cause for involuntary admission.
4. To apply for admission on a voluntary basis.
5. To consult with legal counsel prior to a change in admission status.
6. That involuntary emergency admission cannot exceed a period of 10 days, not including Saturdays and Sundays, unless the period is extended pursuant to RSA 135-C:32.
7. That no treatment shall be administered during involuntary emergency admission unless the person makes an informed decision, as defined in RSA 135-C:2, IX, to consent to treatment, or unless a medical or psychiatric emergency exists in accordance with RSA 135:21-b.
8. That the person or their attorney has the right to waive the probable cause hearing in accordance with RSA 135-C:31.

If you have questions about these rights, please contact your legal counsel. If legal counsel is being appointed because you are unable to pay, legal counsel will contact you prior to the probable cause hearing.