

DMH POLICY

Title: Inpatient Enhanced Clinical Review	Policy #: 12-02 Date Issued: September 13, 2012 Effective Date: December 10, 2012
Approval by Commissioner: <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;">Signature: Marcia Fowler</div><div style="width: 45%;">Date:</div></div>	

I. PURPOSE

Formal risk assessment in Department of Mental Health (DMH) operated and contracted Facilities is a critical element of treatment and discharge planning. Early identification of a Patient's risks and strengths and timely consultation facilitates the ability of the Treatment Team, together with the Patient and when appropriate with the Patient's family or legally authorized representative (LAR)¹, to develop strategies that will shorten hospital stays, increase community access and tenure, enhance recovery while taking into consideration public safety concerns. This policy establishes the criteria and processes for conducting an initial screening of risks and strengths upon an individual's admission to a Facility and for an Enhanced Clinical Review. The Enhanced Clinical Review is an additional review related to risk reduction that informs Facility and Community Access determinations for Patients for whom particular safety considerations have been identified, as described in this policy. The Enhanced Clinical Review processes supplement but do not replace the Patient's individual routine inpatient treatment planning in the context of care that is centered around the individual being served and his or her needs.

¹ Throughout this policy, references to collaboration with and/or involvement of, the Patient in planning and risk review activities shall include, where appropriate, the Patient's family or legally authorized representative (LAR).

II. SCOPE

This policy applies to DMH-operated and contracted inpatient continuing care Facilities and units, including the two adolescent continuing care inpatient units at Worcester.

III. DEFINITIONS

Community Placement Profile: Compilation of documents related to the community placement plan for an individual deemed a Level 3 Sex Offender by the Sex Offender Registry Board.

Enhanced Clinical Review: A process defined in this policy whereby the Facility Medical Director or designee and a Senior Clinical Reviewer provide risk assessment consultation and approval of certain Facility and Community Access and discharges to a Patient's Treatment Team.

Enhanced Clinical Review Referral Packet (Referral Packet): Information submitted to the Facility Medical Director or designee and the Senior Clinical Reviewer to initiate the Enhanced Clinical Review process.

Enhanced Clinical Review Referral Sheet and Review Form: A standard form outlining the content of the Enhanced Clinical Review Referral Packet, the reason(s) for requesting an Enhanced Clinical Review, and the recommendations of the Facility Medical Director or designee and the Senior Clinical Reviewer.

Facility: A DMH continuing care inpatient hospital, unit or bed contracted for or operated by DMH, including DMH operated units in Department of Public Health facilities.

Facility and Community Access: A level of access approved for a Patient. Access levels range from no access beyond a locked area (the most limiting access level) to authorization for the Patient to leave the buildings and grounds unaccompanied for specific periods of time (the least limiting access level).

Independent Forensic Risk Assessment: An evaluation completed pursuant to DMH Policy #10-01R.

Patient: As used in this policy, the term Patient refers to a person hospitalized in a Facility other than an individual committed for observation and examination pursuant to M.G.L. c.123, §§15(b), 15(e), 15(f), 16(a) or 18(a) (forensic evaluation status). However, "Patient" shall include such an individual if the individual's legal status changes from a forensic evaluation status to a treatment status.

Risk Assessment Forms: Forms that incorporate an additional level of clinical assessment beyond the initial admission risk assessment for specific risk domains that are relevant for an individual Patient. These forms are approved by the DMH Deputy Commissioner for Clinical and Professional Services in consultation with the Assistant Commissioner for Forensic Services.

Risk Identification Tool (RIT): A standard tool approved by the DMH Deputy Commissioner for Clinical and Professional Services in consultation with the Assistant Commissioner for Forensic Services that provides systematic functional and safety screening in order to inform treatment and safety planning. Additionally, the RIT identifies whether there are specific risk domains that should be considered for a particular Patient to facilitate clinical risk management and safety planning.

Senior Clinical Reviewer: A Facility clinician who is not part of the Patient's Treatment Team who is designated by the Facility Medical Director as appropriate to conduct Enhanced Clinical Reviews². For Adolescent Enhanced Clinical Reviews, the designated Facility clinician must have expertise in child/adolescent behavioral health. The designated Facility clinician conducts the Enhanced Clinical Risk Review jointly with the Facility Medical Director or designee.

Treatment Team: The multidisciplinary clinical team providing and directly overseeing the care and treatment of a Patient in a Facility.

IV. POLICY

A. Overview

1. The Enhanced Clinical Review policy provides for an added level of clinical review for certain Patients before they are approved for Facility and Community Access or discharge.
2. An Enhanced Clinical Review is required for those Patients specified in Section IV.C.1.a.
3. An Enhanced Clinical Review should be considered for those Patients specified in Sections IV.C.1.b and 1.c.
4. An Enhanced Clinical Review may be requested for any Patient who does not meet the criteria in Section IV.C.1.a at the Treatment Team's discretion.

² Facilities with 45 or fewer patients, due to their smaller size and limited clinical staff, may use a Senior Reviewer with treatment team responsibilities if necessary. In addition, for child or adolescent reviews, the medical director of the Child and Adolescent units or his/her designee will serve as the Senior Reviewer.

5. Patients for whom an Enhanced Clinical Review will be conducted will to the extent possible be involved in a collaborative manner throughout the process.

B. Risk Assessment

1. Risk Identification Tool (RIT)

- a. As part of routine care, each individual admitted to a Facility is assessed for risk issues during the admission process. As part of this process a RIT must be completed on all Patient admissions for treatment.
- b. The RIT may be completed by the attending psychiatrist in conjunction with another assigned Facility clinician, but it is ultimately the responsibility of the attending psychiatrist.
- c. The RIT must be completed within 5 days of admission and updated when significant risk/clinical information becomes available (either historical information not previously known, or new behavioral data that is relevant to risk).

2. Additional Risk Assessments

- a. When specific risk domains are identified in the process of completing the RIT, the Treatment Team shall conduct an additional clinical inquiry in order to further assess the relevant risk factors. Such inquiries shall also be conducted at any time as determined by the attending psychiatrist in consultation with the Treatment Team.
- b. Clinical Risk Assessment Forms related to firesetting, problematic sexual behavior, violence, and suicide shall be completed when these risk domains are identified via the completion of the RIT or at any other time during the Patient's hospitalization. Additional risk assessments shall be documented on the Risk Assessment Forms and shall be appended to the Enhanced Clinical Review Referral Packet when these risk areas are identified for a particular Patient.
- c. Additional risk assessments may be conducted by the Treatment Team, or when appropriate, by outside consultants.
- d. The Treatment Team must complete the additional Risk Assessment Forms within 30 days of admission or of the identification of significant risk/clinical information, whichever is sooner. Additional risk assessments conducted by outside consultants should be completed as soon as possible after requested.

C. Enhanced Clinical Reviews

1. Patients subject to Enhanced Clinical Reviews

- a. Patients who meet the following criteria must be referred for an Enhanced Clinical Review:

- i. All Patients for whom an Independent Forensic Risk Assessment is required pursuant to DMH Policy #10-01R.
- ii. All Patients whose current course of inpatient level of care includes a commitment for treatment to Bridgewater State Hospital from which they were transferred to DMH at the outset of the current hospital period.
- b. All Patients for whom additional risk assessments were conducted pursuant to Subsection B.2, the result of which was verification of additional risk domains, should be considered for the need for an Enhanced Clinical Review.
- c. When additional risk domains are identified pursuant to Subsection B.2, and the Treatment Team thinks that the clinical risk assessment analysis indicates that an Enhanced Clinical Review is not warranted prior to granting increased Facility and Community Access, the attending psychiatrist or designee will consult with a Senior Clinical Reviewer and the Facility Medical Director or designee, who will make the final determination. The determination will be documented on the Enhanced Clinical Review Referral Sheet and Review Form.
- d. An Enhanced Clinical Review may be requested for any Patient by the Patient's Treatment Team or by the Patient's attending psychiatrist in consultation with the Treatment Team.

2. Facility and Community Access or Discharge

- a. Except as provided in IV.C.2.b. & c., a Patient who requires an Enhanced Clinical Review as provided in IV.C.1.a, or for whom an Enhanced Clinical Review has been requested as provided in IV.C.1.b., and IV.C.1.d., may not have unsupervised access of any kind outside of locked space (either on or off-grounds), off-ground access (either supervised or unsupervised), or be discharged until after an Enhanced Clinical Review has been conducted that supports the level of Facility and Community Access or discharge plan.
- b. A referral for an Enhanced Clinical Review is not required for urgent situations that may arise (e.g., family funeral, court appearances, or medical visits off grounds), or when a discharge is ordered by the court or is otherwise required by law under circumstances that do not allow adequate time to conduct such a review (e.g. upon determination that a patient who has submitted a three-day notice is not committable, when a court orders a discharge subsequent to a commitment hearing, or when a patient is arrested and taken into custody). However, the Facility Medical Director/designee must be consulted regarding the granting of access or discharge in such urgent situations and such consultations must be documented in the Patient's record by the attending psychiatrist or the attending psychiatrist's supervised designated prescribing clinician.
- c. After the initial Enhanced Clinical Review, the Facility Medical Director or designee shall determine the next level of Facility and

Community Access (up through and including discharge) at which a subsequent Enhanced Clinical Review will be required, or whether further Enhanced Clinical Risk Reviews may be waived. This determination shall be recorded on the Enhanced Clinical Review Sheet and Review Form.

- d. At each stage of re-review requiring further Enhanced Clinical Review in accordance with IV.C.2.c., documentation shall include updated referral information in accordance with the process described in IV.C.3.
- e. During the Enhanced Clinical Review process the Treatment Team shall inform the Patient that peer and human rights supports are available to the Patient and shall work with the administrative staff of the Facility to ensure that these are provided, if desired by the Patient.

3. Referral Process

- a. The Treatment Team/designee shall complete the Enhanced Clinical Review Referral Packet for those Patients who require or are clinically determined to require an Enhanced Clinical Review at the time that they are considering increasing Facility and Community Access or discharging a Patient as described in Subsection C.2.a. Once completed, the Treatment Team shall forward the Referral Packet to the Facility Medical Director or designee and the Senior Clinical Reviewer. The attending psychiatrist is responsible for the information that is included in the Referral Packet.
- b. For Patients who require an Independent Forensic Risk Assessment pursuant to DMH Policy #10-01R, the Treatment Team/designee shall complete the Enhanced Clinical Review Referral Packet after receipt of the Independent Forensic Risk Assessment report.
- c. For Patients who are incompetent to stand trial and otherwise subject to an Enhanced Clinical Review, the Treatment Team should anticipate a Patient's restoration to competence in order to allow sufficient time for a competence to stand trial update evaluation and an Enhanced Clinical Review to be completed prior to the Patient returning to court on the criminal matter.
- d. The Treatment Team/designee shall complete an Enhanced Clinical Review Referral Packet for Patients at such intervals as determined by the Facility Medical Director or designee pursuant to Subsection C.2.c.
- e. The Referral Packet consists of:
 - i. Enhanced Clinical Review Referral Sheet and Review Form
 - ii. Risk Identification Tool (RIT)
 - iii. Pertinent Risk Assessment Forms
 - iv. Prior Independent Forensic Risk Assessment, if any
 - v. Prior risk assessment consultations (e.g., MIPSB, firesetting), if any
 - vi. If the request is for discharge, a description of the discharge plan, including input from community providers, if any, and the

individual's preferences for community placement will be provided or referenced on the Enhanced Clinical Review Referral Sheet and Review Form.

4. Enhanced Clinical Reviews and Documentation

- a. The Enhanced Clinical Review shall be conducted by the Facility Medical Director or designee and the Senior Clinical Reviewer.
- b. In addition to review of the Referral Packet, Enhanced Clinical Reviews may consist of, as determined by the reviewers, record reviews, face to face meetings with the Patient, further discussion with Legally Authorized Representatives/family, members, and/or treatment providers, and/or review of other relevant assessments (e.g. psychological testing, prior risk consultations), current medications, and relapse prevention and crisis plans.
- c. The reviewers shall document their review and recommendations on the Enhanced Clinical Review Referral Sheet and Review Form and return it to the Treatment Team within 5 business days of receipt of the Enhanced Clinical Review Referral Packet.

D. Special Circumstances

1. An Enhanced Clinical Review conducted in anticipation of the discharge of a Patient designated a Level 3 Sex Offender by the Massachusetts Sex Offender Registry Board must include a Community Placement Profile and related documentation.
2. The Facility Medical Director and/or Chief Operating Officer may consult with DMH senior clinical and/or forensic leadership regarding Patients who present with unique challenges.

E. Critical Pathway for the Enhanced Clinical Review

Facility Day/Timing*	Process Point
Facility Day 1-5	Completion of Risk Identification Tool & Determination of need for additional risk assessments
Facility Day 30	Completion of additional risk assessment forms completed by Treatment Teams & Determination of Need for an Enhanced Clinical Review
At the time the Treatment Team is determining levels of access	Completion of an Enhanced Clinical Review Referral Packet & assignment of the Packet to the Facility Medical Director and Senior Clinical Reviewer
Within 5 Business Days of receiving the Enhanced Clinical Review Packet	Facility Medical Director's and Senior Clinical Reviewer's recommendations sent to the Treatment Team

* For purposes of this policy, for Patients whose legal status changes from a forensic evaluation to a treatment status, the date on which the legal status changes shall be deemed facility day one for the determination of the needs for an Enhanced Clinical Review.

F. Responsibilities of Facility Medical Director and Chief Operating Officer of a Facility

- 1. Facility Medical Director.** The Medical Director of a Facility is responsible for:
 - a. Ensuring the clinical quality of the Enhanced Clinical Review process.
 - b. Ensuring that the Treatment Teams appropriately identify Patients for whom an Enhanced Clinical Review is required or indicated under this policy.
 - c. Facilitating clinical training of staff to maintain an awareness of current risk assessment practices in mental health services.

- 2. Chief Operating Officer of Facility.** The Chief Operating Officer of a Facility is responsible for:
- a. Ensuring Facility staff timely identify Patient for whom an Enhanced Clinical Review is required or indicated under this policy.
 - b. Ensuring Facility staff submits requests for Enhanced Clinical Reviews in a timely manner.
 - c. Working with Facility clinical leadership in overseeing the quality and timeliness of completed Enhanced Clinical Reviews such that this policy does not create untoward delays in advancing Patient Facility and Community Access.
 - d. Ensuring that peer, family and human rights support is available to the Patient and their Legally Authorized Representative/family member regarding the risk assessment process.
 - e. Requesting review of any clinical disagreements pursuant to this policy via the clinical and forensic leadership lines of authority of DMH.

V. POLICY IMPLEMENTATION

Area Medical Directors, Facility Medical Directors, Director of Inpatient Services and Chief Operating Officers of individual Facilities, along with the Deputy Commissioner of Clinical and Professional Services, are jointly responsible for implementing this policy, in consultation with the Assistant Commissioner of Forensic Services.

Attachments as identified within this policy may be revised and re-issued, as needed, without reviewing and/or re-issuing this policy.

VI. REVIEW OF THIS POLICY

This policy and its implementation shall be reviewed at least every three (3) years.