


DMH POLICY

Title: Community Risk Management	Policy #: 24-02 Date Issued: July 10, 2024 Effective Date: February 1, 2025
Approval by Commissioner:  Signature: Brooke Doyle, M.Ed., LMHC Last Review: July, 2024	

I. PURPOSE

This policy provides a framework for an integrated Risk Management approach for the systematic identification, assessment and management of certain clinical risk(s) for individuals served by the Department of Mental Health (DMH). This framework incorporates best clinical practices, accessible consultation, training, and continuous quality improvement to ensure Risk Management activities are pro-active, structured, evidence-based and consistent across settings. Further, Risk Management strategies are identified and delivered in the context of an individual's unique strengths and identity, e.g. race, ethnicity, gender identity and sexual orientation.

DMH is committed to an integrated Risk Management approach in which all DMH staff have responsibility for recognizing signs of risk and utilizing Risk Management strategies that are informed by standardized practice of routine clinical screening, assessment and consultation. Staff work with individuals and families served to develop and implement Service Plans and interventions that promote individuals' strengths and recovery while optimizing safety and addressing behaviors that contribute to identified and assessed risk(s). To the extent feasible, individuals and families-served are engaged in all processes to identify and understand what factors may contribute to risky behaviors and to develop Risk Management Plans that address such risks, recognizing that individual's interest and ability to participate may vary over time. Risk Management strategies include specific strategies the person and family-served may use, staff strategies to support and/or intervene with the person-served, and administrative practices/procedures. All efforts must be made to maintain an engagement focus while, at the same time, proactively working to identify and reduce the impact of risk related behavior(s) for the individuals experiencing them, families and others supporting them and our greater communities.

This policy repeals and replaces DMH Policy #13-01 Community Risk Mitigation Policy.

II. SCOPE

This policy applies to all DMH areas, site offices, outpatient settings, and community-based services, with the exception of single service approvals for community-based services in which the provider is responsible for initial contact. For these services, the provider is responsible for notifying DMH of signs of elevated risk. In addition, the policy applies to all personnel with responsibilities for service planning, delivery, monitoring, and coordination, clinical assessment, treatment and consultation, and including staff responsible for the supervision and oversight of such personnel, areas, offices, settings and services.

III. DEFINITIONS

Clinician: An independently licensed mental health clinician, including substance use disorder clinicians, or licensed mental health clinician, including substance use disorder clinicians, supervised by an independently licensed clinician.

Consultation: The process whereby staff obtain clinical supervision and recommendation from a Clinician to better understand how to address an individual's risk.

Independent Forensic Risk Assessment: An evaluation completed pursuant to DMH Policy #21-03.

Multi-Disciplinary Team: Staff and clinicians who are responsible for clinical assessment and consultation regarding risk issues and Risk Management activities. Multi-Disciplinary Teams may be at the program, site and area level. Staff on the team may include, but not be limited to, case managers, mental health workers, clinicians, managers (e.g. Site Directors) and risk managers. The area will also have a multi-disciplinary team comprised of Senior Clinicians who are responsible for oversight of Risk Management activities.

Risk: The nature, severity, imminence, frequency/duration and likelihood of harm to self or others.

Risk Assessment: Through evaluation of an individual's prior history and current behavior and clinical presentation, risk assessment is an evidence-based process to identify the presence of on-going lifetime and imminent/urgent/acute risk concerns including triggers, warning signs, treatment recommendations, and potential mitigating actions and referral needs based on intensity, frequency, and imminence. Such assessments are part of service planning and service delivery. DMH risk assessments utilize evidence-based tools as identified in DMH Risk procedures.

Risk Domains: Categories of risk related to harm to self or others.

Risk Management: The systematic identification, assessment, management of risk for individuals and administrative oversight designed to prevent or limit adverse outcomes.

Risk Management Plan: A staff plan designed to identify, prevent and mitigate an individual's risk of physical harm to self or others through early recognition, support and implementation of appropriate action steps. Plans must be consistent with an individual's Service Plan and their preferences. Risk Mitigation Plans specify areas of identified risk domain(s), experiences that potentially activate behaviors that contribute to risk, early warning signs of potential risk behaviors, signs of imminent risk, and include staff interventions to respond to early warning signs and to mitigate imminent risks as well as on-going strategies to support and monitor individual's well-being and to reduce their vulnerability to behaviors that contribute to risk.

Risk Review: A formal process that provides for administrative and clinical review and consultation regarding risk.

Risk Screening: The process through which a person is identified as potentially likely to engage in specific risk behavior. Risk screenings are conducted using evidence-based or evidence-informed tools at pre-established intervals, or as determined necessary based on the individual's clinical presentation or current risk factors.

Senior Clinician: An independently licensed mental health clinician who has specific risk assessment competencies as determined by DMH.

Service Plan: Any treatment and recovery plan, including an individual service plan and/or community service plan pursuant to DMH regulations 104 CMR 29:00.

Supervisor: Person responsible for clinical and/or administrative supervision of staff.

IV. POLICY OVERVIEW

The clinical and risk information obtained at any contact within the service system is used to inform immediate needs, to prioritize individuals and families with critical need services, to guide individual service planning, to facilitate safe transitions of care, to develop risk mitigation strategies, and to identify individuals who may need further review, consultation, planning and/or monitoring. It is expected that individuals who are identified as having risk mitigation needs will be monitored and when indicated, re-assessed, at multiple points of contact within the care delivery system. During transitions of care, the timely and effective transmission of verbal and written clinical and risk information is critical to ensure the individual's safety and adapt effective interventions into and between community settings and services.

DMH will engage in performance improvement activities that enhance the identification and assessment of risk for improving individuals' and family outcomes.

Individuals may have risks in multiple Risk Domains but the focus of this policy is the management of the Risk Domains that jeopardize the individual's safety and well-being and/or the safety of others. In this policy, violence means the intentional use of physical force or power, threatened or actual, against oneself or others that results in or has a high likelihood of injury, death, or psychological harm.

The Risk Domains addressed in this policy include:

- violence,
- suicide,
- self-injurious behavior
- problematic sexual behavior,
- fire setting,
- substance use, and
- inability to care for self.

V. POLICY OBJECTIVES

The objective of competent Risk Assessment and Risk Management is to minimize the likelihood of adverse outcomes and promote health and functioning in all life domains meaningful to the individual. The risk assessment process is a cyclical one that includes:

- Identification of the potential for risk through screening
- Comprehensive risk assessment using clinical interviews and Risk Assessment instruments
- Development of a Risk Management Plan that considers the risk factors identified in the screening and assessment and outlines risk mitigation strategies
- Implementation of the Risk Management Plan
- Reviewing the interventions and Risk Management Plan to evaluate its effectiveness and the need for revisions

Risk Management strategies are informed by the conclusions and recommendations made in the Risk Assessment. There should be a direct relationship between the assessment and the Risk Management Plans. Risk Management Plans must identify specific risk mitigation strategies that will be used to address risk variables. These strategies must be incorporated into individual service plans and treatment plans. Plans must identify who is responsible for implementing each step in the plan. Periodic reviews must occur to evaluate progress on the Plan and to see if there are

any obstacles to the implementation of the Plan. Changes will be made to the plan as the degree of risk changes.

Risk Management throughout the continuum of care is an ongoing process influenced by all circumstances, internal and external, that may affect the individual's functioning and therefore, affect the risk concerns. Risk levels fluctuate depending on multiple variables and should be viewed as a dynamic process that will require re-screening and re-assessment as circumstances change.

VI. THE RISK ASSESSMENT PROCESS

- 1. RISK SCREENING**
- 2. RISK ASSESSMENT**
- 3. MONITORING**
- 4. SPECIALIST CONSULTATION**

- 1. Risk Screening** is part of any routine mental health assessment. Risk Screening establishes the need for further action, evaluation or treatment, if any.
 - a) All individuals must be screened at initial points of contact with DMH (e.g., service authorization) and at initiation of any DMH community service.
 - b) Each program and entry point identifies the staff responsible for Risk Screening.
 - c) Risk Screening processes, as approved by DMH Central Office, must be used for structuring the screening and for documenting the results of the screening and actions taken as result, if any.
 - d) If staff identify a new risk or a change in risk during a screening, a Supervisor must be notified to review the acute situation and determine need for Risk Assessment and/or immediate Risk Management planning. If there is imminent risk, the referring Clinician and/or Supervisor should independently take any action needed to stabilize the situation.
- 2. Risk Assessments** are completed by Clinicians when risk is identified through Risk Screening to assess historical and current risk and to develop a Risk Management Plan that addresses the risk variables that exist over time.
 - a) Risk Assessment must be conducted for individuals who have been identified through Risk Screening or monitoring activities as having elevated risk historically, newly identified risk and/or have elevated risk that is not abating.
 - b) A Risk Assessment includes a clinical interview and the use of relevant Risk Assessment instruments. Both the clinical interview and the validated Risk Assessment instruments are important components in a Risk Assessment. The Risk Assessment is designed to assess risk factors that may impact future functioning and to inform the Risk Management Plans. These are conducted by Clinicians with demonstrated competency to assess the relevant risk areas. The Clinician completing the Risk Assessment provides initial recommendations for immediate actions and completes a full assessment

report in a clinically appropriate time frame (no more than 4 weeks). The Clinician and other members of the Multi-Disciplinary Team develop a Risk Management Plan based on the findings and recommendations of the assessment.

- c) The Risk Management Plan provides a summary of all risk factors identified through the Risk Screenings and Risk Assessments. The plan identifies historical factors, current mental status and current functioning, and risk scenarios that are anticipated based on the individual's clinical presentation and environmental circumstances. A clinical formulation is presented in the plan that includes specific risk mitigation strategies related to the identified risk factors. The Risk Management Plan must be accessible to an individual's treatment team and incorporated with their Service Plan.
- d) The Risk Screening, Risk Assessment and Risk Management Plan should inform, and ultimately determine, the most effective interventions and the intensity of services needed. It requires the engagement of the individual, their family and their support network in order to be successful. Whenever possible, individuals served actively participate in the Risk Screening and assessment processes as well as in the development of Risk Management Plans. The plan must consider risk variables over time and the imminency of risk that may change as the person's circumstances change. The plan must include strategies that reflect the level and complexity of the risk that has been outlined in the Risk Assessment. The Risk Management Plan must be readily accessible to all staff working with the individual.
- e) The Risk Management Plan must include the schedule for monitoring and review of the plan. Whenever possible, staff must collaborate with individuals and families served in review of their plans. At any time, the staff providing services to the individual and/or the Multi-Disciplinary Team may request a re-assessment based on possible changes to the risk profile, including but not limited to: the Risk Management Plan has not been effective at mitigating risk, substantial changes to the clinical presentation of the individual, and changes in the service delivery environment.
- f) The goal of Risk Assessment and Risk Management is to minimize the likelihood of an adverse outcome where either the individual or another person is harmed. Based on the steps outlined above, the Risk Management process should result in appropriate interventions that are proportionate to the level of the risk.

3. Monitoring

- a) The Risk Management Plan includes a schedule for monitoring risk factors at intervals specific to the individual, the current and historical risk factors and current and anticipated circumstances.
- b) For staff who meet with individuals served on an ongoing basis, monitoring typically takes the form of informal check-ins that occur during routine interactions in a clinically informed manner. The Risk Management process builds on the previously acquired understanding of the risk issues and on the development of a collaborative relationship with the individual and family

served where risk issues are discussed, monitored and re-assessed. Monitoring interventions must be documented.

- c) If staff identify elevated risk during a monitoring intervention, a Supervisor must be notified to review the acute situation and discuss if there is a need for additional Risk Assessment and immediate modification of the Risk Management Plan. Risk mitigation measures may be modified or added that address the needs of the individual in a clinically appropriate time frame. The Supervisor may conclude that the existing plan is sufficient to mitigate the risks and consult with the referring staff member on any steps that should be taken to implement the plan. If there is imminent risk, the referring Clinician and/or Supervisor should independently take any action needed to stabilize the situation. The Supervisor should also determine if the Multi-Disciplinary Team should be consulted based on the issues related to elevated risk, such as recent violent behavior or risk-related behavior, suicide risk, history of serious violence or risk-related behavior, or any constellation of risk factors that have historically led to harm to the individual or others. Referral by the Supervisor to the Multi-Disciplinary Team should result in a Risk Review and may result in a Risk Assessment based on the team's clinical discussion and conclusions related to risk.
 - d) Risk Reviews are conducted when risk concerns are raised by service providers or other involved persons in the individual's clinical care. Risk reviews may be triggered by a Risk Screening, Assessment, or a change in circumstances or risk factors identified through monitoring interventions, or on a periodic schedule determined by the Multi-Disciplinary Team. The purpose of the Risk Review is to review the individual's status as it relates to risk, evaluate the current Risk Management and Service plans for the effectiveness of risk mitigation strategies, make changes to the plans if necessary, and make a referral for a Specialized Assessment and Consultation, if deemed appropriate.
4. **Specialized Assessment and Consultation:** The purpose of a Specialized Assessment and Consultation is to provide additional evaluative information and support for clinical teams who, through the Risk Assessment process, have identified that an individual has a significantly elevated risk profile and that management of those risks will need specialized consultation.

Individuals with elevated risk in any of the Risk Domains may be referred for a Specialized Assessment in accordance with established procedures. Special Assessments must be conducted for persons who have required Independent Forensic Risk Assessments (IFRA) while inpatient, persons classified as Level II or III with the Sex Offender Registry Board or documented problematic sexual behavior, persons with significant criminal histories or incarcerations, persons with histories of fire-setting, and persons with significant histories of suicide attempts.

Once the clinical specialist has completed the evaluation, a consultation with the treatment team and/or other involved parties must occur within one month of the submission of the report to review the findings and recommendations that are proposed. Based on this case discussion, the Risk Management and Service Plans must be updated as needed.

Clinical specialists will use validated risk assessment measures. The final report must be entered into the individual's record in a manner that provides accessibility to clinicians and staff who are monitoring risk behaviors and are implementing the recommendations.

VII. COMMUNICATION DURING CARE TRANSITIONS

During transitions of care, the timely and effective transmission of verbal and written information is critical to ensure the individual's safety and the safety of others. Individuals served by the DMH will often be seen in various settings, including DMH and non-DMH services over the course of treatment trajectory. For that reason, the continuum of care related to risk management needs to be addressed from a longitudinal perspective. Acute, reactive responses to acute events will still be necessary for imminent risk situations, however, effective Risk Management Plans address chronic risk issues and should provide staff with a framework for consistent responses that can help reduce the likelihood of an acute event.

Regardless of the precipitants, whether chronic or acute, Risk Management requires a comprehensive approach. DMH staff are responsible for ensuring that relevant clinical information related to risk is collected and communicated effectively at each entry point and at each transition point in the individual's care, including transitions to services provided by another health care provider. Information that should be communicated during transitions includes historical risk factors and previous assessments related to risk, past interventions and outcomes, and recommendations, if any, related to future treatment planning. Staff should document the referrals and the community linkages that are made at each transition point.

It is the responsibility of the referring party to communicate with the receiving party about risk issues and risk management strategies that have been employed and to provide all reports and records to the receiving programs that are properly released from DMH files in accordance with all applicable state and federal privacy laws and DMH privacy regulations and policies. To ensure a seamless transition of care, when an individual is being referred for service(s), the referring party must provide a brief written summary of the individual's known risk issues or concerns, include supporting documentation, and review verbally such issues or concerns with the receiving program so each party can ask, clarify and confirm information specific to the individual. Referring parties must document the written and verbal exchange of risk information. Each referring party must have a procedure, approved by the DMH

Central Office, which details how written and verbal communication will occur and be documented.

VIII. STAFF TRAINING, COMPETENCIES

1. DMH community-based direct care and clinical staff must complete an annual training related to this policy and associated procedures and documentation standards.
2. DMH community-based direct care and clinical staff training shall include information on Risk Management related to Risk Screening, identification, Assessment, treatment planning, and mitigation, and documentation requirements of this policy, relevant to the role and qualifications of the staff and the service model.
3. All staff responsible for Risk Screening and identification of risk concerns and monitoring risk shall be trained on use of standard Risk Screening processes and tools as well as Risk Management skills including situation awareness, violence prevention and de-escalation strategies, and disengagement skills.
4. Clinical staff shall be trained in standard and when applicable, evidence-based Risk Assessment tools.
5. Consultants utilized to complete Risk Assessments and mitigation planning must have demonstrated competencies in the risk area they are consulting about and will be approved by the Area Director or designee in consultation with the Area Medical Director and Central Office, as indicated.

IX. POLICY RESPONSIBILITIES & IMPLEMENTATION

DMH Central Office Responsibilities:

1. Develops and distributes statewide procedures to establish standards for implementation of DMH Community Risk Management Policy.
2. Oversees and supports Area performance monitoring and improvement activities.
3. Utilizes statewide clinical and risk data to advise improvements in evidence-based practices, risk mitigation activities, and improving outcomes.
4. Ensures, via the Deputy Commissioners for Mental Health Services and Child, Youth, and Family Services, that Area operational and clinical leadership implement the provisions of this policy.

5. Ensures, via the Deputy Commissioner for Clinical and Professional Services and the Assistant Commissioner for Forensic Services, access to clinical expertise and consultation.

Area Offices Responsibilities:

1. Establish, in accordance with DMH statewide procedures, Area-based and as appropriate, Site-based, activities including:
 - a) Development of Area and/or Site-based workflows, consistent with this policy and DMH statewide procedures, to implement requirements of this policy.
 - b) Tracking, monitoring and regular review of individuals identified through comprehensive Assessment as moderate/high risk on any of the defined risk areas.
 - c) Review of Critical Incident and Complaints reported pursuant to Commissioner's Directive #27 and any complaints regarding any incident or condition that is believed to be dangerous, illegal, or inhumane.
 - d) Access to clinical consultations to provide risk consultation/recommendations and establish procedures to track and follow-up to any action steps in recommendations.
 - e) Processes that ensure the timely completion of risk mitigation activities including, but not limited to, Risk Assessment and clinical/risk consultations.
 - f) Review of risk management data and reports regularly to inform performance improvement activities.
 - g) Utilizes Area clinical and risk data to advise improvements in risk mitigation activities and improving outcomes.
2. Each Area Director is responsible for overall implementation of this policy within their Area and delegating roles where otherwise not described.

X. REVIEW

DMH shall review this policy and its implementation annually.