ICR Process Workflow
Department of Mental Health

Responsible Staff	Detail Process	Time Frame
• Risk Assessment Summary (RAS) • Record Review Status and Summary • Specialized Risk Assessment(s) Update • Specialized Violence Risk Assessment • MI/PSB Referral Form • Specialized Fire Setting Risk Assessment • Specialized Suicide Risk Assessment • Specialized Substance Use Risk Assessment • Risk Review Referral Packet • FMD Risk Review Note • AMD Risk Review Note		
Psychiatric Attending or designee	1. Inform the Patient about how risk screening, assessment and review processes relate to them	On admission and/or as needed
Social Worker	2. Obtain authorization for the release of relevant information from other sources that are not within the DMH record	On admission
ICR Clinician or designee	3. Complete initial RAS based on information available at the time it is conducted	by day 10 of an admission
Treatment Team	4. Complete initial Team Risk Review Process incorporating relevant treatment and risk mitigation recommendations into the Patient's Treatment and Recovery Plan	No later than day 10 of an admission
ICR Clinician or designee	5. Document the Risk Review Status and Summary 6. Update the RAS to incorporate any relevant information acquired after its initial completion	No later than day 20 of an admission
Treatment Team	7. Review the RAS and determine which SRAs, if any, should be considered, required and if an IFRA is required	No later than day 20 of an admission
ICR Clinician and Treatment Team	8. Update the RAS for patients committed for treatment after forensic evaluation admission	No later than 10 days after commitment for treatment
ICR Clinician	9. Prioritize and complete the required SRA(s) based on clinical and discharge decision-making need **Note**: Previous SRAs may be used according to Policy. **Note**: Mandatory IFRA's must be completed in accordance with the IFRA Policy	No later than day 90 of an admission or, for Patients on a forensic evaluation status, their conversion to a treatment status
ICR Clinician(s)	10. Document Specialized Risk Assessment(s) Update regarding status of each assessment 11. Sign Risk Review Status and Summary in ITS	No later than day 90 of an admission or, for Patients on a forensic evaluation status, their conversion to a treatment status
Treatment Team	12. Incorporate relevant treatment and risk mitigation recommendations from SRA(s) and IFRA into the Patient's Treatment Plan	By day 90 and as needed

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ICR Clinician and Treatment Team	13. Review the RAS and update as needed 14.	During Treatment Team Meetings and as needed

Team Risk Reviews for Access or Discharge
Policy Triggers include:
• **Before a Patient with SRA or IFRA requirement has**
    ▪ **Off-Grounds Access**
    ▪ **Unsupervised Access**
    ▪ **Submission of a 16€ 30-day notice of intent to discharge a Patient committed pursuant to M.G.L. c.123, sec. 16(b) or 16(c)**
    ▪ **Discharge**
Facility Protocol Triggers (if provided) also include:		

ICR Clinician or Designee (per facility protocol/procedure)	15. Update the Risk Mitigation Recommendations text within the Specialized Risk Assessment(s) Update per facility protocol	Update after Specialized Risk Assessment(s) and after IFRA reports are completed

Treatment Team	16. Review risk mitigation recommendations from SRAs, IFRA and other sources.
	17. Determine whether further review is required before proceeding with Access or Discharge:
	  – Team Request/Elective
	  - IFRA (including staff supervised off-grounds access)
	  - Incomplete ICR policy implementation'
	  - Concerns around mitigation plans for risk concerns
	  - Team disagreement on risk mitigation planning
	  - FMD/AMD/OIM/CO request
		Before new Access and Discharge Decisions/Orders

Psychiatric Attending or Designee	18. Document Team Risk Review in "Psychiatry TRR/COC Note" (in MHIS Process Notes or by dictation to ITS per facility procedure)	After Team Risk Review and prior to writing Orders for Access and/or Discharge
Psychiatric Attending	19. Provide a Risk Review Referral Packet to the FMD for review as needed	After Team Risk Review and prior to writing Orders for Access and/or Discharge
FMD, AMD, or Central Office Risk Reviews		
FMD	20. Complete FMD Inpatient Clinical Risk Review when the Team Risk Review identifies the need 21. Notify the AMD(s) 22. Document FMD Risk Review Note	No later than 7 days of their receipt of the necessary risk review paperwork.
AMD of patient's Area of Tie	23. Complete AMD Inpatient Clinical Risk Review when the Team Risk Review or FMD Review identifies the need 24. Assure documentation of AMD Risk Review Note	No later than 7 days of their receipt of the necessary risk review paperwork.

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FMD and AMD	25. Request a Central Office Risk Review when considering the discharge of a Patient requiring a MI/PSB SRA and IFRA due to their Level III status. 26. Document the Central Office Risk Review in the medical record.	No later than 7 days of their receipt of the necessary risk review paperwork.