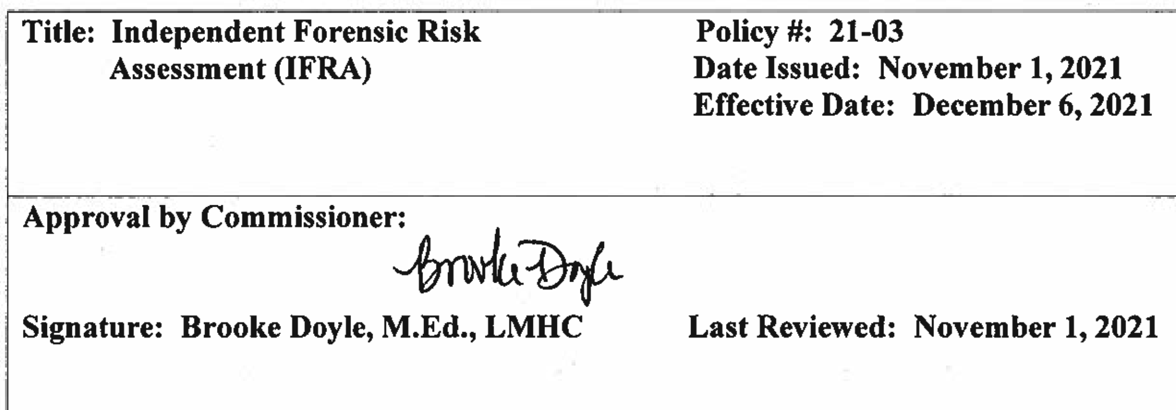
DMH POLICY



Title: Independent Forensic Risk Assessment (IFRA)	**Policy #: 21-03** **Date Issued: November 1, 2021** **Effective Date: December 6, 2021**
Approval by Commissioner: **Signature: Brooke Doyle, M.Ed., LMHC**	**Last Reviewed: November 1, 2021**

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 specialized consultation as needed, facilitate the ability of the Treatment Team and the Patient/LAR, and, as applicable, community providers, to develop timely and effective strategies for treatment, risk mitigation, and discharge planning. Ultimately, this collaborative effort aims to shorten hospital stays, increase community access and tenure, and enhance recovery, while taking into consideration the safety of the Patient and the public.

This policy establishes the criteria and processes and associated documentation requirements for Independent Forensic Risk Assessments (IFRA) and Forensic Consultations.

Forensic Services, through IFRAs, provides risk assessments and recommendations regarding risk management to aid Treatment Teams in considering Unsupervised Community Access and discharge for Patients with a history of criminal charges for serious violent offenses. Because Unsupervised Community Access and discharge support rehabilitation and recovery, a timely process for a thorough and complete risk assessment, referral and consultation is integral to this policy.

This policy repeals and replaces Policy #10-01R, Independent Forensic Risk Assessment.

II. SCOPE

This policy applies to DMH-operated and contracted continuing care adult inpatient Facilities. Elective IFRA consultations for Patients under the age of 19 in an DMH

contracted intensive Residential Treatment Program (IRTP) or Adolescent Continuing Care Inpatient unit may be requested.

III. DEFINITIONS

Adolescent Continuing Care Inpatient Unit: A locked inpatient unit for adolescents 13 to 18 years of age operated or contracted by the Department of Mental Health.

Area Medical Director (AMD): The senior psychiatrist with responsibility for clinical oversight of DMH clients and services in a particular DMH Area.

Assistant Commissioner: The Assistant Commissioner for Forensic Services.

Case Assignment Date: The date that referral materials are forwarded to the IFRA Consultant or mobile forensic team. If materials are forwarded after 4 PM, the following business day will be considered the case assignment date.

Days: Sunday through Saturday, including legal holidays.

Deputy Commissioner: Deputy Commissioner for Clinical and Professional Services.

Elective IFRA: An IFRA requested by the Treatment Team for a Patient who does not meet the criteria for a mandatory IFRA. This may consist of a full IFRA evaluation or a Forensic Consultation, at the discretion of the IFRA Program Director.

Facility: An adult continuing care inpatient hospital contracted for or operated by DMH, including DMH-operated units in a Department of Public Health hospital.

Facility Medical Director (FMD): The senior psychiatrist responsible for the clinical and administrative supervision of Psychiatric Attendings, and the clinical oversight of care provided in a DMH-operated or contracted inpatient Facility.

Forensic Consultation: A risk consultation requested by a Treatment Team after approval by the IFRA Program Director. A Forensic Consultation can range from brief phone based consultations, help with determining whether an elective IFRA should be considered, or clarification of the need for an IFRA.

Forensic Consultation Note: A clinical note written by the Forensic Consultant.

Forensic Services: The division within DMH that, among other activities, conducts IFRAs to assist Treatment Teams in their risk assessment and risk management functions.

IFRA Consultant: An independently licensed clinician approved by the Assistant Commissioner, or designee, to perform an IFRA, an Elective IFRA, or Forensic

Consultation. This Forensic Services clinician is not part of the Patient's Treatment Team.

IFRA Program Director: A senior DMH Forensic Services employee who is appointed by the Assistant Commissioner to oversee clinical, administrative and other functions relevant to this policy as provided herein or as determined by the Assistant Commissioner.

IFRA Referral Packet: The referral form, Specialized Violence Risk Assessment (SVRA), and other standardized documents approved by the Assistant Commissioner necessary to complete an IFRA. Any pertinent additional information may be included at the discretion of the Treatment Team.

Intensive Residential Treatment Program (IRTP): A locked, clinically intensive treatment program for adolescents 13 to 18 years of age operated or contracted by the Department of Mental Health.

Patient: 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). "Patient" shall include individuals whose legal status changes from a forensic evaluation status to a treatment status.

Senior Forensic Reviewer: A senior DMH Forensic Services clinician who is appointed by the Assistant Commissioner to provide clinical oversight of all completed IFRA reports and Forensic Consultation Notes, by reading and providing written comments on them in accordance with this policy. The Senior Forensic Reviewer must have substantial experience in risk assessment and risk management and performs other functions relevant to this policy as determined by the Assistant Commissioner. The Assistant Commissioner may designate more than one Senior Forensic Reviewer and/or a clinician to cover for the Senior Forensic Reviewer when not available.

Specialized Violence Risk Assessment (SVRA): A report of the assessment and recommendations based on the integration of evidence based and evidence informed dynamic and static variables in a specific Risk Domain. The SVRA is comprised of evidence based assessment tools and incorporates formulations and recommendations. This form and other assessment tools are developed and/or may be modified at the discretion of the Assistant Commissioner in consultation with the Deputy Commissioner.

Risk Assessment Summary (RAS): A risk assessment summary tool that is used to collect and synthesize risk related data obtained during the admission assessment process and throughout the inpatient stay in order to inform treatment and safety planning and to determine whether or not additional, more in-depth specialized risk assessment(s) are necessary to inform risk mitigation efforts and discharge planning.

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

Unsupervised Community Access: A Patient's access to open, unsecured areas of the Facility, or access to the community, without being supervised by DMH Facility staff. Privileges to leave a Facility's secured areas with vendor staff, community providers, or family, are considered to be Unsupervised Community Access.

IV. POLICY

A. Overview

1. The IFRA policy provides an added level of clinical risk review for certain Patients with histories of criminal charges for serious violent offenses before they are granted Unsupervised Community Access or discharged.

2. IFRAs are mandatory for Patients specified in Section IV.E.1. If the Treatment Team is considering Unsupervised Community Access or discharge to the community following a s. 16(e) notice, the IFRA must be completed before the s. 16(e) notice is submitted.

3. Elective IFRA evaluations or Forensic Consultations may be requested for Patients who do not meet the criteria for mandatory IFRAs, but for whom their Treatment Teams have heightened concerns about risk. This may include persons committed pursuant to s. 16(b) IST or 16(c) IST who are being returned to court as competent to stand trial, or pursuant to s. 18(a) and 18(b) who may no longer be in need of hospitalization. Requests for an Elective IFRA or Forensic Consultation must be initiated by the Patient's Treatment Team and be approved by the applicable Facility Medical Director. Forensic Consultations may be requested by treatment staff working with persons under the age of 19 in an IRTP or Adolescent Continuing Care Units.

4. Referrals for Elective IFRAs or Forensic Consultations can occur at any point in the course of an admission.

5. During the IFRA or Forensic Consultation process, the Treatment Team shall inform the Patient that 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.

B. Screening for Risk

All persons admitted to DMH Facilities, including persons who are committed for observation and examination, are initially screened and assessed for risk through routine admission assessment processes. Information relevant to risk is collected and reviewed throughout a person's admission and organized in one document, the Risk Assessment Summary (RAS) pursuant to the Inpatient Clinical Risk Policy. The

RAS is updated as new information relevant to the need for specialized risk assessments (SRAs) is obtained over the course of the inpatient stay. Information collated in the RAS informs treatment and safety planning, and the identification of specific risk domains that may require further SRAs and the need for an IFRA. Every Patient must be identified for their need for an IFRA within twenty (20) days of admission

C. **Completion of the Specialized Violence Risk Assessment on admission or change to treatment status.** If a Patient meets the criteria for an IFRA, the Patient's Treatment Team must complete an SVRA for the Patient within ninety (90) days of a Patient's admission to the Facility. The SVRA shall be used by the Treatment Team to inform treatment planning from a risk management perspective. The SVRA shall be filed in the Patient's medical record.

D. **Forensic Consultations**

1. Treatment Teams with the approval of the Facility Medical Director, can request consultation through the IFRA Program Director who in turn will designate the IFRA consultant to address the clinical concern. The IFRA Program Director may decline a consultation request.

2. Such consultations may be utilized as part of the IFRA and Forensic Consultation processes or consultations concerning risk concerns not covered by this policy.

3. A summary of the consultation and recommendations will be entered into the medical record by a designated member of the Treatment Team.

E. **IFRAs**

1. **Patients Subject to mandatory IFRAs.**
Any Patient being considered for Unsupervised Community Access or discharge and who has ever been (a) convicted, or (b) adjudicated Incompetent to Stand Trial, or (c) adjudicated Not Guilty by Reason of Insanity for any of the following charges must have an IFRA completed:
a. Murder
b. Manslaughter
c. Kidnapping
d. Rape
e. Mayhem
f. Assault & Battery with Intent to Murder, including any charge where there is an attempted lethal injury (e.g., Assault & Battery With Intent to Kill, Attempted Murder)
g. Assault & Battery with Intent to Rape
h. Assault with Intent to Murder, including any charge where there is an apparent intention or threat of lethal injury (e.g., Assault to Kill, Assault with Intent to Kill)

i. Assault with Intent to Rape
j. Indecent Assault & Battery on a Child Under 14
k. Arson, including any intentional fire-setting where fire-setting related language is included in the formal criminal charge (e.g. burning of a dwelling)
l. Stalking
m. Any Patient who has been designated a Level 3 Sex Offender by the Sex Offender Registry Board (SORB) in Massachusetts
n. Any Patient meeting criteria analogous to those defined in IV.E.1a-IV.E.1m in another jurisdiction. Determination of whether charges in another state or country meet the criteria for a mandatory IFRA will be made by the IFRA Program Director.

2. **Unsupervised Community Access and Discharge.** A Patient who meets the criteria for a mandatory IFRA or where an Elected IFRA has been implemented shall not be granted Unsupervised Community Access or be discharged until either:
   a. An IFRA Consultant's IFRA report is completed and commented on by a Senior Forensic Reviewer and the report and comments are reviewed and acted upon by the Patient's Treatment Team as provided in Section IV.F.9; or
   b. The Patient's Treatment Team is notified in writing by the IFRA Program Director pursuant to Section IV.F.2 or by the IFRA Consultant and Senior Forensic Reviewer pursuant to Section IV.E.5, that an IFRA is not needed.
   c. The IFRA consultant or Senior Forensic Reviewer may require an additional IFRA or Forensic Consultation. If they disagree, the Senior Forensic Reviewer's opinion prevails.

3. If the recommendations in the IFRA report and/or Senior Forensic Reviewer's comments do not support the plans for Unsupervised Community Access or discharge, the process described in Section IV.F.9 must be completed and resolved before the Patient may be granted the Unsupervised Community Access or discharged.

4. **Updated IFRA When Unsupervised Community Access or Discharge Premature.** If the Assistant Commissioner and the Deputy Commissioner decide that Unsupervised Community Access or discharge is premature, the Treatment Team must submit an updated IFRA Referral Packet when they are of the opinion that the Patient has made the requisite gains to proceed with Unsupervised Community Access or discharge. The IFRA Consultant in conjunction with the Senior Reviewer shall determine the level of review indicated at this point, which may be a full IFRA or a Forensic Consultation. In any event, the IFRA Consultant shall produce a full IFRA report or a Forensic Consultation Note which shall be submitted for senior review. Should the IFRA Consultant disagree with the Treatment Team's opinion, the process outlined in section IV.H shall be implemented.

5. **Waiver of Subsequent IFRAs after an Initial IFRA.** Both the IFRA Consultant and the Senior Forensic Reviewer must make a recommendation regarding the need for an IFRA following the IFRA for Unsupervised Community Access. If there is disagreement between the two, the Senior Forensic Reviewer's opinion prevails.

6. **Need for Additional IFRA.** There may be situations when the Senior Forensic Reviewer, or the Treatment Team are of the opinion that an additional IFRA or Forensic Consultation (beyond the two mandated IFRAs) is indicated. In those circumstances an additional IFRA or Forensic Consultation shall be conducted.

F. IFRA Process

1. **Completion of the SVRA.** Treatment Teams shall prioritize the required SVRA together with other Specialized Risk Assessment required by the ICR Policy based on clinical and discharge decision-making need, and complete them as soon as possible, but no later than 90 days from the Patient's admission.

2. **Determining if an IFRA is Necessary.** The Treatment Team may request a waiver of the IFRA or may request a Forensic Consultation. To do so, they will submit the SVRA and document the reasons for requesting the waiver to the IFRA Program Director. The IFRA Program Director will determine the need for an IFRA or a Forensic Consultation, and will notify the Treatment Team in writing of such decision and its basis within seven (7) Days of receipt of the complete SVRA and any additional information requested. The Treatment Team will incorporate the SVRA, the waiver request, and the Program Director's response in the Patient's medical record.

3. **IFRA Referrals and Consultations.** IFRAs or Forensic Consultations will be conducted at two points in the Patient's hospital stay:
   a. When the Treatment Team is considering granting the Patient Unsupervised Community Access; and
   b. When the Treatment Team is considering discharging the Patient from the Facility.

4. **Referrals.** A Referral Packet for an IFRA must be made at least fifty (50) Days before the planned Unsupervised Community Access or discharge. Referrals may be sent back to the Treatment Team by the IFRA Program Director or designee for clarification and/or additional information, at the Program Director's discretion. The IFRA Program Director will make the determination that a referral packet is complete.

5. **Review of the Referral Package by Forensic Services.**
   a. Within five (5) Days of receipt of a complete Referral Packet, the IFRA Program Director or designee shall review it to determine if all necessary information is included and if the information is clear. If it is not, the IFRA

Program Director or designee shall notify the Treatment Team. The IFRA Program Director or designee shall discuss the status of the missing information with the clinician who completed the referral document(s) or some other designated member of the Treatment Team. If the Treatment Team has not obtained the additional information or made reasonable efforts to obtain that information and the additional information is not received by Forensic Services within thirty (30) additional Days, the IFRA Program Director, or designee, shall notify the Treatment Team that the IFRA referral is closed and that Treatment Team must resubmit an updated Referral Packet.

b. If the Treatment Team disagrees with the IFRA Program Director's determination that the IFRA Referral Packet is not complete, or if there is any other problem identified in the IFRA Referral Packet that cannot be resolved between the IFRA Program Director and the Treatment Team, the matter will be resolved promptly in accordance with Section IV.H.

6. **Assignment of an IFRA Consultant.**
   a. Within six (6) Days of a determination that a referral is complete and an IFRA is necessary, the IFRA Program Director, or designee, will assign the case to an IFRA Consultant.
   b. Within seven (7) Days of the case assignment date the IFRA Consultant shall contact the Treatment Team to schedule a meeting to discuss risk and mitigation issues, and to interview the Patient. At least one mental health professional on the Patient's Treatment Team must attend the initial interview but all Treatment Team members are invited to attend all Patient interviews.

7. **IFRA Consultant's Report.** The IFRA Consultant assigned to complete the IFRA must provide the Senior Forensic Reviewer with a written report documenting their risk assessment and recommendations regarding risk mitigation. The report must contain an explicit opinion about whether risk is sufficiently mitigated for Unsupervised Community Access and/or discharge. If the IFRA Consultant does not think that the risk is sufficiently mitigated for Unsupervised Community Access and/or discharge, the report must recommend strategies for further risk mitigation. The report must be submitted to the Senior Forensic Reviewer within twenty (20) Days of the Case Assignment Date.

8. **Senior Forensic Review.** The Senior Forensic Reviewer must review the IFRA Consultant's report and provide written comments on the report or request additional information from the IFRA Consultant within six (6) Days of receiving the report. If the IFRA Consultant has to amend the IFRA, it must be returned to the Senior Forensic Reviewer within seven (7) Days. In these cases, the Senior Forensic Reviewer will automatically be given an additional six (6) Days after the revised IFRA is submitted to review the final draft. The IFRA Consultant's report and the Senior Forensic Reviewer's comments will be submitted to the Treatment Team through the attending psychiatrist. Forensic Services will also notify the Facility Medical Director and the Area Medical Director of the completion of the IFRA.

9. **Review and Action upon Receipt of IFRA Report.**
As soon as practicable after receipt of the IFRA report and the comments of the Senior Forensic Reviewer, the Treatment Team must meet to review the report and the Senior Forensic Reviewer letter. If the Treatment Team agrees with the IFRA recommendations, they will be reviewed with the Patient and incorporated into treatment planning. If the Treatment Team does not agree with the IFRA report recommendations, the matter will be resolved in accordance with Section IV.H.

G. Elective IFRA

1. An Adult Treatment Team, IRTP, or Adolescent Continuing Care Inpatient Unit that has heightened risk concerns about a person who does not meet criteria in Section IV.E.1, may refer that person for an Elective IFRA with the approval of the applicable Facility Medical Director or designee.

2. Referrals for an Elective IFRA should be made at least fifty (50) days before the results of the consultation are needed (e.g., granting Unsupervised Community Access or discharge). The IFRA Referral Packet must include a concise statement of the reason for referral.

3. The IFRA Program Director may decline an Elective IFRA request. The IFRA Program Director, or designee, will notify the Treatment Team in writing of such decision and its basis within seven (7) Days of receipt of the complete Referral Packet or all necessary information. The Treatment Team shall incorporate the information regarding this decision and its basis in the Patient's medical record. If the Treatment Team disagrees with the IFRA Program Director's determination not to accept an Elective IFRA referral, the matter will be resolved in accordance with Section IV.H.

4. The form and scope of an Elective IFRA shall be determined by the IFRA Program Director in consultation with the Treatment Team.

H. Disagreements Concerning Process or Recommendations

1. If the Treatment Team disagrees with the IFRA recommendations or a decision by the IFRA Program Director about the necessity for a mandatory IFRA, or that an Elective IFRA or Forensic Consultation referral should be declined, the Treatment Team shall immediately consult with the FMD and the COO to determine the most expeditious process for resolving the disagreement. The resolution process must include additional consultation with the IFRA Consultant and Senior Forensic Reviewer and/ or a clinical review/case conference to include the Patient's Treatment Team and the Facility clinical administration when applicable. If the parties involved cannot resolve the disagreement, the FMD will notify the AMD(s) of the Facility's Area and the Area of discharge. The AMD(s)

or designee, will decide, within seven (7) Days, if they also disagree. The FMD will document this decision.

2. If disagreement remains, the AMD(s) shall refer the case to the Assistant Commissioner and the Deputy Commissioner. The Assistant Commissioner and Deputy Commissioner shall have seven (7) Days to decide how to proceed. The Assistant Commissioner shall write a letter to the attending psychiatrist, copied to the FMD and IFRA Program Director summarizing their decision, which will be final. The FMD shall ensure that this letter is added to both the electronic and paper medical record.

I. Critical Pathway for the IFRA Process

Facility Day/ Timing	**Process Point**
IFRA - Within 50 days of planned Unsupervised Community Access change or discharge – referral to Forensic Services	Mandatory Referrals –IFRA Referral Packet provided to IFRA Program Director
Within 6 Days of receiving a completed IFRA Referral Packet	Assignment to IFRA Consultant
Within 7 Days of receiving a completed IFRA Referral Packet	Notification to the Treatment Team by the IFRA Program Director, or designee, that the IFRA is not necessary (or if a Forensic Consultation, that the referral is not accepted)
Within 7 Days of the Case Assignment Date	IFRA Consultant contacts the Treatment Team to schedule an interview with the Patient
Within 20 Days of the Case Assignment Date	IFRA Consultant's report sent to the Senior Reviewer
Within 6 Days of receiving the IFRA Consultant's report	Senior Reviewer shall write the Senior Review letter or contact the IFRA Consultant to request additional information
Within 7 Days of receiving the Senior Reviewer request for information	Revised IFRA report shall be re-submitted to the Senior Reviewer
Within 6 Days of receiving the revised report	Senior Reviewer shall write the senior review letter
Within 7 Days of receiving notice of a dispute	The Assistant Commissioner and the Deputy Commissioner shall have determined next steps and the decision shall be documented in the medical record

J. **Responsibilities of IFRA Program Director, Facility Medical Director, Chief Operating Officer of a Facility, Area Medical Director, Assistant Commissioner for Forensic Services, and Deputy Commissioner for Clinical and Professional Services**

1. **IFRA Program Director.** The IFRA Program Director is responsible for:
   a. Ensuring that the timeframes set forth in Section IV.F are adhered to by Forensic Services.
   b. Overseeing the quality of completed IFRA Consultants' reports and the Senior Forensic Reviewer's letter.
   c. Timely resolution of any issue related to the IFRA process except for those to be resolved as in IV.H in accordance with this policy.
   d. Overseeing the quality and completeness of the IFRA Referral Packet.
   e. Determining the need for an IFRA or Forensic Consultation.
   f. Recruiting, vetting and training new IFRA Consultants.

2. **Facility Medical Director.** The Facility Medical Director of a Facility is responsible for:
   a. Ensuring that the Treatment Teams appropriately identify Patients requiring IFRA consultations under this policy as specified in IV.E.1., within twenty (20) days of admission or change to a treatment status.
   b. Reviewing the Treatment Team's request for an Elective IFRA or Forensic Consultation and approving, when in agreement, the referral to Forensic Services.
   c. Ensuring the clinical quality of the SVRAs.
   d. Ensuring that the Treatment Teams follow-up appropriately on IFRA recommendations including, as necessary, the notification of the COO and AMDs of the need for consultation concerning clinical disagreements between the Treatment Team and IFRA Consultant in accordance with Sections IV.F.9 and H.
   e. Facilitating clinical training of staff, in collaboration with Forensic Services, to maintain an awareness of current risk assessment practices in mental health services.

3. **Chief Operating Officer of Facility.** The Chief Operating Officer of a Facility is responsible for the oversight of:
   a. Timely identification of Patients who fall under this policy.
   b. Timely submission of requests for IFRAs or Elective Forensic Consultations.
   c. Ensuring that at least one mental health professional who is a member of the Patient's Treatment Team attends the interview(s) of the Patient with the IFRA Consultant.
   d. Ensuring that peer and human rights support is available to the Patient regarding the risk assessment process.
   e. Ensuring that Facility staff submits additional information as requested by Forensic Services.

f. Ensures the FMD has consulted with the AMD concerning disputes between the Treatment Team and the IFRA Consultant and, if necessary, the AMD has raised continued disputes to the Assistant Commissioner and the Deputy Commissioner for resolution in accordance with Sections IV. H.

4. **Area Medical Director.** The Area Medical Director is responsible for:
   a. Receiving referrals from the FMD and COO when there is a disagreement between the Treatment Team and the IFRA Program Director regarding the necessity for an IFRA, Elective IFRA or Forensic Consultation.
   b. Deciding whether to pursue an IFRA after the IFRA Program Director has decided it is unnecessary.
   c. Referring the case to the Assistant Commissioner and Deputy Commissioner when they also disagree with the IFRA Program Director that an IFRA is not necessary.

5. **Assistant Commissioner:** The Assistant Commissioner for Forensic Services is responsible for:
   a. Appointing IFRA Consultants.
   b. Appointing the IFRA Program Director.
   c. Reviewing, updating, and modifying, if necessary, the standardized documents comprising the IFRA Referral Packet.
   d. Appointing Senior Forensic Reviewers.
   e. Making the final decision, along with the Deputy Commissioner, when there are disagreements between the AMD and Senior Forensic Reviewer regarding the advisability of Unsupervised Community Access or discharge.
   f. Documenting, in writing, the decision of the Assistant Commissioner and Deputy Commissioner when a disagreement has been referred to their level for resolution.

6. **Deputy Commissioner**: The Deputy Commissioner for Clinical and Professional Services is responsible for:
   a. Collaborating with the Assistant Commissioner to review, and modify, if necessary the standardized documents comprising the IFRA Referral Packet.
   b. Making the final decision, along with the Assistant Commissioner, when there are disagreements between the AMD and Senior Reviewer regarding the advisability of Unsupervised Community Access or discharge.

V. POLICY IMPLEMENTATION

The Assistant Commissioner or designee, in collaboration with Area Medical Directors, is responsible for implementing this policy, including developing any necessary procedures and standardized forms.

VI. REVIEW OF THIS POLICY

This policy and its implementation shall be reviewed annually.

VII. REFERENCED DOCUMENTS

A. Risk Assessment Summary (RAS)
B. Specialized Violence Risk Assessment (SVRA)
C. IFRA Referral Packet