

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 6: Patient Care

POLICY: 6.029

SUBJECT: Forensic Risk Review Panel

POINT PERSON: SIMRAT SETHI
SUPERVISING FORENSIC PSYCHIATRIST

APPROVED: GREGORY P. ROBERTS
SUPERINTENDENT

DATE: AUGUST 1, 2012

I. POLICY

- A. All patient movement outside of the Oregon State Hospital (OSH) secure perimeter shall be reviewed and approved by the Forensic Risk Review Panel (FRRP) for individuals admitted to Oregon State Hospital, regardless of program area, who are under the following forensic jurisdiction:
1. Psychiatric Security Review Board (PSRB).
 2. Fitness to Proceed (for transfer to Springs Program only)
 3. PSRB (for transfer to Springs Program)
 4. State Hospital Review Panel (SHRP).
 5. Judicial Commitment ORS 309.052.
 6. Exceptions: Emergency Medical Transport (see OSH Policy and Procedure 6.051, Medical Emergency [Code Blue]).
- B. Patient movement inside of the Oregon State Hospital secure perimeter shall be approved by the patient's Interdisciplinary Treatment Team (IDT).
- C. Transfers from one unit to another inside the secure perimeter shall be reviewed and approved according to the patient transfer policy OSH Policy and Procedure 6.001; Patient Transfers, Intraprogram and Interprogram.
- D. Interdisciplinary Treatment Team members and the patient shall meet with the Forensic Risk Review Panel (FRRP) for review and approval of all patient privilege requests outside of the OSH secure perimeter.
- E. After review, the Forensic Risk Review Panel shall make a determination as to whether:

1. Privileges requested by the patient and/or patient's IDT are approved, or
 2. Denied. The FRRP shall refer the privilege request back to the IDT and patient with recommendations.
 3. The Forensic Risk Review Panel may also revoke previously approved privileges due to documented evidence of increased dangerousness.
- F. In addition to new or expanded privileges, Forensic Risk Review Panel review is required in the following circumstances:
1. Conditional Release Readiness Approval (excluding patients under Fitness to Proceed statutes).
 2. Transitional Living Cottages (RTH) Referral Approval.
 3. Off-campus passes with authorized person (Trails and Bridges Policy and Procedure 3.002).

II. DEFINITIONS

- A. "OSH Risk Management Process" is the means by which OSH IDTs, staff, and patients balance psychiatric care/treatment with public safety and security to manage the safe, secure, and clinically appropriate transition of patients from admission through conditional release/discharge. This process applies to all forensic patients, including those who may be receiving care and treatment in a non-forensic OSH program.
- B. "Risk Assessment" refers to the Short Term Assessment of Risk and Treatability (START), Violence Risk Assessment, and other individualized assessments.
- C. "Risk Management" refers to Security, staffing levels and environmental interventions designed to minimize areas of identified risk.
- D. "Risk Mitigation" refers to clinical interventions, including rehabilitative services identified on the patient's treatment care plan, as well as patient self-management strategies designed to minimize areas of identified risk.
- E. "Privileges" are the assigned security/staffing levels required for a patient to move outside of the secure perimeter.

- F. "Authorized Person(s)" means any person specified by the IDT and approved as an OSH visitor and approved by the Risk Review Panel.
- G. "Forensic Risk Review Panel" is a committee appointed by the Superintendent to:
1. Approve privileges (assigned ability to move outside of the secure perimeter) to OSH forensic patients that support the safe and clinically appropriate transition from inpatient hospitalization to conditional release/discharge to the community.
 2. Review and determine that the Risk Management Process has been sufficiently considered and applied by the patient's IDT, in collaboration with the patient, to effectively manage and mitigate areas of identified individual patient risk during movement outside of the secure perimeter.

Forensic Risk Review Panel members include:

1. Risk Review Supervising Psychiatrist (or designee)
2. Risk Psychologist (or designee)
3. Supervising Social Worker (or designee)
4. Addictions and Mental Health (AMH) Liaison

Adjunct Forensic Risk Review Panel Members include:

1. Program Director
2. Transfer Manager
3. Security Department Director (or designee)

III. PURPOSE

The purpose of the Forensic Risk Review Panel is to:

- A. Review individualized patient risk assessments and identified areas of risk.
- B. Evaluate risk level based on a balance of clinical assessment and security interventions that in combination provide adequate risk mitigation and risk management to ensure public safety and security. Risk mitigation and risk management interventions include:
 1. Evidence of demonstrated patient self-management in areas of identified risk.

2. Clinical progress toward risk reduction and stabilization including any critical therapeutic interventions in identified risk areas.
 3. Security interventions including staffing levels and supervision based on areas of identified risk.
- C. Recommend additional/necessary risk mitigation and risk management strategies to manage individualized patient areas of identified risk.
 - D. Assign privilege levels for patient movement outside of the OSH secure perimeter.
 - E. Approve or deny privileges.

IV. PROCEDURES

- A. A patient, or a patient's IDT, in collaboration with the patient, shall determine that outside secure perimeter privileges would provide additional treatment benefits related to individualized treatment goals, and that areas of identified risk are effectively managed and mitigated at the privilege level requested to adequately ensure public safety based upon:
 1. Evidence of demonstrated patient self-management in areas of identified risk.
 2. Evidence of clinical progress toward symptom reduction and stabilization including the use of critical therapeutic interventions in identified risk areas.
 3. Evidence of adequate security interventions and staffing levels or environmental supports based on assessed risk.
- B. The IDT, in collaboration with the patient when appropriate, shall complete the "Risk Review Form" and then forward it with documentation attached to the identified staff person responsible for coordinating the Risk Review Panel meeting schedule and docket.
- C. The Forensic Risk Review Panel shall meet weekly with patients and the patients' IDTs as scheduled, and, in collaboration, shall review the privilege level requested, patient progress toward treatment goals, risk assessments, risk mitigation plans, and risk management plans.

The FRRP shall identify and analyze individual risk factors for each patient, evaluate risk level, and recommend management methods to mitigate risk and achieves treatment goals in the least restrictive

environment possible while considering the safety of patients, staff, and community members.

1. A quorum of three Forensic Risk Review Panel members is required, and shall include the FRRP Supervising Psychiatrist, FRRP Psychologist, and the FRRP Supervising Social Worker.
 2. A quorum of three IDT members is recommended. It is highly recommended that the psychiatrist/Psychiatric Mental Health Nurse Practitioner (PMHNP), psychologist, social worker, or other staff knowledgeable regarding the patient's care attend the review. Patients are encouraged to participate unless participation is determined to be clinically detrimental to the patient.
- D. After reviewing the privilege request, documentary evidence of risk and risk remediation, and discussion with IDT members and the patient, the Forensic Risk Review Panel shall make a determination that the requested privilege level is either:
1. "Approved" or
 2. "Denied" with recommendations to the IDT and patient for further treatment and/or risk remediation consideration.
- E. The final Forensic Risk Review Panel determination of "Approved" or "Denied" shall be documented on the "Risk Review Form" and signed by the Forensic Risk Review Panel members present, the IDT members present, and the patient. The "Risk Review Form" shall be maintained in the patient's medical record.
- F. The Forensic Risk Review Panel may administratively review certain cases without a hearings process when the IDT or patient's presence is not essential (e.g., when Risk Review is waiting for documentation to approve privileges for patients recently seen at a Forensic Risk Review meeting, or per the Chief Medical Officer's request).
- G. The IDT may decrease or limit privileges granted by the Forensic Risk Review Panel without consulting the Panel. If privileges are held or suspended for less than 60 days, the IDT may return privileges without consulting the Panel. When privileges are limited due to an increase in an area of identified risk, the privilege limitation shall be documented in the patient's medical record and presented at the next Risk Review privilege review.
- H. Privileges may be immediately suspended in the following circumstances (inside and outside of secure perimeter):

1. Unauthorized leave attempt.
2. Peer-to-peer physical assault.
3. Patient-to-staff physical assault.
4. Aggressive sexual behavior.
5. Suicide attempt.

I. Privileges shall be immediately revoked in the following circumstances:

1. Any unauthorized leave shall cause immediate loss of all privileges. The patient shall return to Risk Review for reinstatement of any privilege.
2. Upon transfer to more secure level of care within OSH (e.g., transfer from Bridges to Trails, or transfer from Trails to Harbors).
3. Transfers from Springs to Trails or Harbors due to unsafe behaviors that qualify for a more secure level of care.

J. If privileges are held or suspended for longer than 60 days, or if an automatic privilege revocation occurs, the IDT shall receive Forensic Risk Review Panel approval for any subsequent privilege reinstatement.

K. The FRRP shall update, as appropriate, the patient privilege grid during its meeting.

L. The unit Treatment Care Plan Specialist shall update the privilege grid for any privilege suspension, revocation and reinstatement.

IV. ATTACHMENTS

Attachment A

V. REFERENCES

OSH Policy and Procedure 6.051, Medical Emergency (Code Blue)

Replaces Oregon State Hospital Policy and Procedure 6.029, *Forensic Risk Review Panel*, dated 02/27/2009.



Patient Info:	Name:	Date of Risk Review Hearing:	
	Hospital #:	Date of Birth:	Unit:

Admission Type:	<input type="checkbox"/> PSRB	<input type="checkbox"/> OHA	<input type="checkbox"/> PSRB Revocation	<input type="checkbox"/> ORS 161.370
	<input type="checkbox"/> DOC Inmate	<input type="checkbox"/> Civil Commitment	<input type="checkbox"/> Other:	

Jurisdiction:	Begin jurisdiction:	End of jurisdiction:
	Total length of jurisdiction: ____ Years ____ Months	Current OSH admit date:
	GEI Commitment Offenses :	
	161.370 Charges:	
	Detainer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Note legal entity and requirements:
	Other Outstanding Issue: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: (Sex offender restriction, restraining order, etc)
	Victim notification required: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, see legal section of chart.
	Measure 11 Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes all privileges must be granted by the Risk Review Panel.
Dual Jurisdiction: <input type="checkbox"/> Yes <input type="checkbox"/> No:	If yes, note legal authority and EOJ date.	

Diagnosis:	Axis 1:
	Axis 1:
	Axis 1:
	Axis 2:
	Axis 2:
	Axis 2:
	Axis 3:
	Axis 3:
	Axis 3:

Psychotropic medications:	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
	List Medications:



TREATMENT PLAN

Clinical Benefit:

Risk associated with requested privilege:

Risk Mitigation plan:

ON-GROUNDS: Outside secure perimeter	Requested	Denied	Approved	Date Privileges are approved	Restrictions or Conditions:
2:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2:4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2:8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
With Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Authorized Person(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Solo for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Unsupervised work agreement required
Within 34 <input type="checkbox"/> : 35 <input type="checkbox"/> : 50 <input type="checkbox"/> : or other area _____ at _____ ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

The Psychiatric Security Review Board (PSRB) must be notified in advance of any PSRB client leaving hospital grounds without a staff escort. Such leave must not exceed 48 hours (see ORS 161.400).

OFF-GROUNDS:	Requested	Denied	Approved	Date Privileges are approved	Restrictions or Conditions:
2:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2:4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2:8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CMHP supervised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Authorized Person(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



TRANSITIONAL LIVING COTTAGE:				Transitional Living Cottages require participation in treatment, 2:8 on grounds, and conditional release planning.	
Treatment Team	Requested <input type="checkbox"/>				
Risk Review Panel			Approved <input type="checkbox"/>		Denied <input type="checkbox"/>



TREATMENT TEAM:		Check Box indicates role in preparing START	
Physician:	Date:	START:	<input type="checkbox"/>
Unit Nurse Manager:	Date:	START:	<input type="checkbox"/>
Treatment Care Plan Specialist:	Date:	START:	<input type="checkbox"/>
Social Worker:	Date:	START:	<input type="checkbox"/>
Psychologist:	Date:	START:	<input type="checkbox"/>
Registered Nurse:	Date:	START:	<input type="checkbox"/>
Mental Health Specialist:	Date:	START:	<input type="checkbox"/>
Rehabilitation Therapist:	Date:	START:	<input type="checkbox"/>
Case Monitor:	Date:	START:	<input type="checkbox"/>
Supervising RN:	Date:	START:	<input type="checkbox"/>
Patient:	Date:	START:	<input type="checkbox"/>
Other:	Date:	START:	<input type="checkbox"/>

OSH RISK REVIEW PANEL:	
Forensic Supervising Psychiatrist / Designee:	Date:
Forensic Supervising Social Worker / Designee:	Date:
AMH PSRB Liaison:	Date:
Forensic Risk Psychologist:	Date:
Security Director/Designee:	Date:
	Date:

OSH ADMINISTRATIVE PARTICIPANTS:	
Program Director:	Date:
Transfer Manager:	Date:
Other:	
	Date: