



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

FORENSIC REVIEW BOARD

Effective Date: May 26, 2016

Policy #: FP-01

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I. **PURPOSE:**

A. To define the structure and function of the Forensic Review Board (FRB).

II. **POLICY:**

A. Montana State Hospital (MSH) will have a FRB responsible for providing a clinical and administrative review of treatment team recommendations for the following:

1. Privileges to attend activities on the hospital grounds without staff escorts.
2. Treatment and Leisure pass on the hospital grounds.
3. Privileges to attend activities (other than medical appointments/procedures or court hearings) off the hospital grounds.
4. Placement in other mental health programs or facilities.
5. Placement in Department of Corrections programs or facilities.
6. Discharge to the community.
7. Other actions as requested by the patient's treatment team, the Medical Director, the Hospital Administrator.

B. The Board will be comprised of five members:

1. Hospital Administrator (Chair),
2. Medical Director,
3. Director of Nursing, and
4. Two other members of the Hospital's clinical staff appointed by the Administrator.

III. **DEFINITIONS:**

A. Forensic Patient – A patient at the Hospital due to their involvement with the criminal justice system. Generally, these patients are on one of the following types of commitment – Court Ordered Evaluation (COE), Unfit to Proceed (UTP), Not Guilty by Reason of Mental Illness (NGMI), Guilty but Mentally Ill (GBMI). Also may include patients on civil commitments transferred from Montana Department of Corrections facilities, and may include patients on civil commitments who are known to have committed serious criminal acts.

B. Licensed Independent Practitioner (LIP) – a physician or APRN and/or CNS who is a member of the MSH medical staff and attends to the care of the patients at MSH.

- C. Treatment Team – The Treatment Team responsible for the Forensic Patient’s care.
- D. Division – The Addictive and Mental Disorders Division (AMDD) of the Department of Public Health and Human Services (DPHHS)
- E. Department –DPHHS
- F. Administrator – The Administrator of AMDD
- G. Director – The Director of DPHHS
- H. Board – The Forensic Review Board (FRB)

IV. **RESPONSIBILITIES:**

- A. The Forensic Review Board is responsible for reviewing and voting on Treatment Team recommendations regarding privileges and placement of Forensic Patients.
- B. Hospital Administrator or designee – Is responsible for scheduling and chairing FRB meetings. Also responsible for reviewing, approving, and forwarding FRB recommendations to the attending LIP, Administrator, and Director or others as required.
- C. Medical Director – Is responsible for chairing FRB meetings in the Hospital Administrator’s absence.
- D. Board Members – Will contribute time and effort to help assure that the committee remains active, well informed, and responsive to the Hospital and forensic team. Each member is expected to attend and participate in Board meetings.

V. **PROCEDURE:**

A. **To request approval for an increase in privileges for a Forensic Patient:**

1. The attending LIP will request a FRB meeting verbally.
2. Upon receipt of the request, the Hospital Administrator or Designee will schedule a Meeting of the Board. Meetings will normally be scheduled for a regular day and time, but may be changed as needed. The Hospital Administrator or Designee will provide copies of written information submitted by the treating team.
3. The attending LIP and/or other staff will make an oral presentation to the Board. A format for the presentation is provided in Attachment A.

4. The Board will hear the presentation, interview the patient (if desired), discuss the case, and then vote.
5. Following the vote, the patient's attending LIP will ensure that the FRB decision is conveyed to the patient in a timely manner (unless contraindicated).
6. The FRB may seek a legal opinion any time it is determined to be necessary or advisable. The Chair may suspend, delay and reschedule proceedings as a result of this action.
7. The Treatment Team will prepare a final report that includes the information presented to the FRB, and a summary of the presentation and the Board's action, in the format indicated in Attachment A. This report will be signed by Treatment Team members, the Medical Director, and the Hospital Administrator or designee.

B. In the case of recommendation for discharge or alternative placement –

1. The attending LIP may ask to convene the meeting without notice to the patient when doing so could compromise safety or security of the facility or any person.
2. The Chairperson will submit all recommendations to the DPHHS Attorney who will advise the Director of DPHHS. The DPHHS Attorney will file petitions or other documents with District Court when required.
3. When a recommendation for transfer to a correctional facility is made, the patient need not be notified of the Board's action until the time of transfer in order to avoid possible compromise of safety or security that could result.
4. A forensic patient may be transferred to a correctional facility on an emergency basis with approval of the DPHHS and DOC Directors. In such an instance, a FRB meeting will review the transfer after it has taken place.

C. Forensic Review Board Procedure

1. When a regular member of the FRB is not available for a meeting, the Chair may request another employee to participate on the Board.
2. Members of the presenting treatment team may participate in the discussion, but may not vote.
3. Advocates or other parties requested by the patient may attend the meeting and address the Board. However, they may not vote on the recommended action.

MONTANA STATE HOSPITAL
Forensic Review Board Report
Date

Name:
MSH#:
Court Cause #:
Date of Presentation:
Location:
Reason for Presentation:
Forensic Review Board Members Present:
Forensic Program Treatment Members Present:
Department of Corrections Staff Present:
Guests:

Identifying Data:

Pertinent Historical Information:

Hospital Course:

Interview (If Needed)

Medications:

Diagnoses:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Signatures of Forensic Program Treatment Team:

Conclusions and Recommendations of the Forensic Review Board:

Signatures of Forensic Review Board Members:

Opinion of Hospital Administrator with Signature: