

CHAPTER 4

THE PRIVILEGING PROCESS FOR INSANITY ACQUITTEES

The Privileging Process for Insanity Acquittes

I. Graduated release:

The acquittee management program in the DMHMRSAS is based upon a graduated release approach. This approach is a “demonstration” model of clinical risk management, wherein each acquittee is afforded the opportunity to demonstrate his capability for functioning at increasing levels of community access. The following are guidelines for requesting (i) increases in levels of privileges and freedom, and (ii) transfers to less restrictive settings.

- A. Privileges may be granted to insanity acquittees who have been committed to the custody of the Commissioner of the DMHMRSAS by the courts.
- B. Requests for increased freedom and privileges for acquittees should be based upon the principle of graduated release; i.e., gradual increases in freedom based on successful completion of the previous, more restrictive level of privileges.
 - 1. In all instances, the acquittee’s current functional level is to be taken into account when evaluations state that there is a need for graduated release.
 - 2. Graduated release prepares acquittees for conditional release by providing a careful, thoughtful progression in transitioning from the maximum security setting of the Forensic Unit to the freedom of community placement.
- C. Goals of the graduated release process
 - 1. Provide acquittees with privileges consistent with their level of functioning and need for security
 - 2. Ensure adequate risk assessment is conducted before granting increased freedom
 - 3. Provide opportunities for acquittees to manifest appropriate functioning at various levels of freedom
 - 4. Provide treatment teams with information regarding acquittees' ability to handle additional freedom and to comply with risk management plans. This information is critical in considering the appropriateness of conditional release.
 - 5. Minimize risk to public safety

- D. Options in graduated release process
1. Transfer from maximum security Forensic Unit of Central State Hospital to civil unit of state-operated mental health facility
 2. Escorted grounds privileges, accompanied by facility staff
 3. Unescorted grounds privileges
 4. Community visits, escorted by facility staff
 5. Unescorted community visits, not overnight
 6. Unescorted community visits, overnight, but less than 48 hours
 - * 7. Trial visits for greater than 48 hours.
 - * 8. Conditional release
 - * 9. Release without conditions

*** (Asterisks indicate levels of privilege that require prior approval by the court of jurisdiction.)**

II. Risk assessment factors considered by the Forensic Review Panel and the Internal Forensic Privileging Committees (IFPC): The Forensic Review Panel and the IFPCs base their evaluations of privilege and release requests explicitly on the following risk assessment criteria:

- A. Has the treatment team identified and articulated the factors that increase and/or decrease the probability that the acquittee will engage in behaviors that present a risk to others?
- B. Has the treatment team developed a risk management plan that adequately manages the assessed risk?
- C. Is the increased freedom requested justified by the treatment team's assessment of risk and their plan for risk management?

III. Factors used to determine suitability for less restrictive settings and privileges include:

- A. A recommendation from the treatment team that such a transfer or less restrictive privilege is appropriate

- B. A review of the offense for which the individual was acquitted by reason of insanity, with particular attention to
 - 1. The nature and seriousness of the offense;
 - 2. Evidence of similar offenses or behavior in his or her past record; and
 - 3. Reports of what the acquittee has said in regard to such behavior, particularly in regard to
 - a. Remorsefulness,
 - b. Acceptance of responsibility for the behavior, and
 - c. Insight into wrongful nature of the behavior.
- C. Evidence from the medical records and other sources that
 - 1. The acquittee has conducted him or herself in an appropriate manner and has not engaged in any activity which could be interpreted as being dangerous to self or others during his or her hospitalization, particularly during the past six months, and
 - 2. If granted increased privileges or access to less restrictive settings, the acquittee will not present
 - a. A danger to the community or other clients,
 - b. Risk of escape, or
 - c. Danger to self.
- D. Acquittee's current mental status, including
 - 1. Current thoughts about prior delusions, current delusions, NGRI offense, and risk to the general community, identified individuals, family, and/or friends; and
 - 2. Understanding of his or her mental illness and need for treatment.
- E. Acquittee's involvement in treatment.
 - 1. Assessment of how effectively and completely the acquittee has used the programs provided by the treating unit. For example, if the acquittee has not participated in the treatment and activities programs available, transfer or increased privileges for the purpose of making additional programs available would be seriously questioned.
 - 2. Compliance with prescribed psychotropic medication treatment.

- F. Rationale for request, including specific treatment goals to be achieved through increased freedom: It is expected that less restrictive privileges will be integrated with the acquittee's treatment plan, and used to facilitate a graduated transition to conditional release.
- G. Risk management plan that addresses both general risk conditions and specific risk factors for the individual acquittee
1. Risk management plans must be individualized based on
 - a. Acquittee's unique risk factors;
 - b. Physical layout of the facility;
 - c. Management practices unique to the facility;
 - d. Specific names and phone numbers for persons to be contacted if problems arise; and
 - e. Relevant aspects of community resources and locale.
 2. Phase-in periods are useful additions to risk management plans; they can introduce the acquittee to the new freedom in graduated steps.
 3. The acquittee must sign risk management plans for all levels of privileges.
 4. For community privileges wherein the acquittee will not be accompanied by facility staff, but will be accompanied by family or friends, that family member or friend should sign the risk management plan.
 5. Risk management plans for escorted and unescorted community visits should be coordinated with, and signed by, the appropriate community services board(s).
- H. In cases where the acquittee has been previously placed for treatment at a less secure hospital or received less restrictive privileges, attention is given to the acquittee's behavior and general adjustment to hospitalization, particularly
1. Previous aggressive behavior towards others;
 2. Performance with prior privileges (including any prior restrictions on privileges);
 3. Previous escape attempts; and
 4. Risk of aggression the acquittee might present if an escape did occur.
- I. In cases where the acquittee has had previous visits into the community, or has been conditionally released, attention is given to behavior during those times and compliance with established guidelines and conditions.

- J. Input from appropriate community services board(s): The treatment team shall work closely with the appropriate community services board(s) as the acquittee progresses through the graduated release process.
1. The community services board(s) may provide input to the treatment team, to the IFPC, and to the Forensic Review Panel during the entire process of graduated release.
 2. Collaboration with the community services board(s) is particularly important when planning and implementing civil transfer, visits to the community, and conditional release.
- K. Documentation of personal psychosocial strengths, skills, potentially ameliorating “protective factors”, and assets of the acquittee that may be relevant to consideration for increased privileges.

IV. Guidelines for specific steps in graduated release

- A. Civil transfers from Maximum Security:

In cases where the acquittee is being transferred between state facilities, appropriate staff members in the receiving facility shall be involved in the decision-making process.

1. All instances of transfer from maximum security to civil placement require the approval of the Forensic Review Panel.
2. The Forensic Coordinator from the referring or “sending” facility shall send a referral packet to the Forensic Coordinator of the potential receiving facility 14 days in advance of the Forensic Review Panel meeting with a request for review and feedback from the potential receiving facility by the date of the Panel review.
3. The Administrative Coordinator for the Panel shall notify the designated receiving facility of the date of the scheduled review by the Panel.
4. The potential receiving facility shall review the referral packet, review other records as needed, interview the acquittee, as needed, and provide written recommendations to the Panel before the Panel review date.
5. If the designated receiving facility objects to the transfer of an acquittee to that facility, written notification of that objection should be forwarded by that facility to the Forensic Coordinator for the sending facility, to the Forensic Review Panel, and to the Director of the Office of Forensic

Services, prior to the Panel review date.

6. The FRP will review the referral packet and any objections from the receiving facility. The sending facility will be notified of the decision.

B. Grounds privileges

1. Requests for escorted grounds privileges may be reviewed and approved by the Forensic Review Panel, in conjunction with requests for transfer to a civil hospital unit. (The IFPC reviews all requests to the FRP prior to submission to the FRP.) All other requests for either escorted or unescorted grounds privileges must be reviewed by the Internal Forensic Privileging Committee, and approved by the Committee and the Facility Director.
2. A clear rationale for the request must be included in the referral packet: it is expected that grounds privileges will be an integral part of the treatment plan and used to facilitate the transition to an eventual conditional release.

C. Community visits

1. Requests for escorted visits to the community must be reviewed and approved by the Internal Forensic Privileging Committee.
2. Requests for unescorted community visits (not overnight) require review and approval by the IFPC and the Forensic Review Panel.
3. Following the granting of unescorted, non-overnight community privileges by the Forensic Review Panel, the Internal Forensic Privileging Committee must review and approve any subsequent request for unescorted community visits, up to 48 hours.
4. As with grounds privileges, community visits should be part of a thoughtful graduated release and an integral part of the treatment plan.
5. Emergency-visits (Visits that include staff escort into the community involving acquittees who have not yet been approved for such a privilege level by the Panel), such as to attend the funeral of an immediate family member, require the prior review and approval of the Forensic Review Panel.
 - a. Treatment teams should immediately contact the Chair of the Panel with their request and provide a written risk management plan that includes a current risk assessment, mental status interview, and any victim notification requirements.

- b. Recommendation from the treatment team is required before the Panel will consider such requests.
 - c. The Panel may require appropriate security measures to include, but not be restricted to, the use of physical restraints, security personnel, etc.
6. Overnight visits (maximum of 48 hours) require the approval of the IFPC : Section 19.2-182.4 provides for temporary visits to the community of no more than 48 hours if
- a. The visit is of therapeutic value for the acquittee; and
 - b. Such visit would pose no substantial danger to others.
7. Trial visits (visits to the community of more than 48 hours) shall be included only in an overall plan for conditional release and, therefore, must be approved by the court as part of conditional release, following review and approval by the IFPC and the FRP.

V. Notification to Commonwealth's Attorney (§ 19.2-182.4) regarding community visits

- A. Section 19.2-182.4 requires that the attorney for the Commonwealth for the committing jurisdiction be notified in writing of changes in an acquittee's course of treatment that will involve authorization for the acquittee to leave the grounds of the hospital in which he or she is confined.

Specifically, this includes

- 1. Community visits (escorted by facility staff or unescorted), and
 - 2. Trial visits (as part of a court approved overall conditional release plan).
 - 3. Transfers from one DMHMRSAS facility to another, including transfer from the maximum-security forensic unit to a civil unit at Central State Hospital.
- B. After approval from the Internal Forensic Privileging Committee, the Forensic Review Panel and the court, if necessary, and prior to implementation of the community visit or trial visit, the Forensic Coordinator shall provide written notification of this increase in liberty to the Commonwealth's Attorney for the acquittee's committing jurisdiction. The Forensic Coordinator should provide a copy of this notification to the Director of Forensic Services. See form for [Notification of Commonwealth's Attorney](#) later in chapter.
- C. Implementation of grounds privileges only for an acquittee does not require notification to the Commonwealth's Attorney.

VI. Roles and responsibilities of the Internal Forensic Privileging Committee (IFPC)
(See also Tables 4.2 & 4.3)

A. The role of the Internal Forensic Privileging Committee (IFPC, the “Committee”) includes the following:

1. To review and recommend, with Facility Director approval, the following privileges:
 - a. Escorted Grounds
 - b. Unescorted Grounds
 - c. Escorted Community
 - d. Unescorted (up to 48 hour) Community, (subsequent to prior FRP approval of Unescorted (not overnight) Community)
2. To ensure the appropriateness of all requests for increases in privileges submitted to the Forensic Review Panel.
 - a. Before any request is submitted to the FRP, the IFPC must ensure that the treatment team has successfully completed any modifications or additions to the submission that had been recommended by the IFPC.
 - b. The support of both the IFPC and the treatment team is required before any request for an increase in level of privileges is forwarded to the Forensic Review Panel. The only exceptions to this requirement for support of the request by both the treatment team and the IFPC are:
 - i. When the court has ordered the facility to prepare a conditional release plan or a plan for unconditional release, and the treatment team and/or the IFPC are not in agreement that the lessening of restrictions is clinically appropriate; or
 - ii. When a Commissioner appointed evaluator (appointed pursuant to § 19.2-182.2, 19.2-182.5, or 19.2-182.6) has recommended that the acquittee is ready for conditional release or unconditional release and the treatment team and the IFPC do not believe that the lessening of restrictions is clinically appropriate.

B. Internal Forensic Privileging Committee Structure

1. Each Internal Forensic Privileging Committee, or IFPC is comprised of five (5) members, appointed by the facility director. The membership must include the following:

- a. Facility director or designee administrator
 - b. Medical director or psychiatrist
 - c. Forensic coordinator
 - d. Licensed clinical psychologist (if forensic coordinator is not LCP)
2. The facility director will also appoint an additional member (or members) from the following group: Psychology Director; Nursing Director; Social Work Director; additional psychiatrist or clinical psychologist. Staff from other disciplines may be appointed, if approved in advance by the Office of Forensic Services.
3. The following qualifications are required of each IFPC member:
- a. Completion of DMHMRSAS-mandated training in forensics
 - b. Appropriate clinical experience (clinical staff only)
 - c. Completion of prescribed privilege-granting training activities with the Forensic Review Panel, or other DMHMRSAS-approved entity.
4. The following additional parameters apply to each IFPC
- a. The Chair of the IFPC must be a psychiatrist or clinical psychologist.
 - b. The Patient Advocate assigned to the facility attends scheduled meetings.
 - c. A voting quorum consists of at least three members. A psychiatrist and one licensed clinical psychologist must be present at an IFPC meeting, for a voting quorum to exist.
 - d. An IFPC meeting must be scheduled at least once per week.
 - e. A meeting of the IFPC must be held within 14 calendar days of receipt of a request for review of privileges from a treatment team or from an acquittee.
 - f. It is the IFPC's responsibility to review the privileges of every insanity acquittee every 90 days and to document its review findings in the acquittee's medical record. (The Office of Forensic Services is to be provided with a summary of each review, every 90 days.)
 - g. IFPC's will develop and maintain centralized files on acquitees. These files will include, at a minimum, the following:
 - i. Copies of all of the court, hospital and evaluative documents that were provided to the Forensic Review Panel at the initial request for privileges for an acquittee. This information should include the Temporary Custody evaluations, the Initial Analysis of Aggressive Behavior, and the initial FRP privilege request packet, if applicable.
 - ii. Privileging documents supporting all subsequent requests

to either the Forensic Review Panel or the IFPC, up to and including the current request.

5. A complete set of all privileging documents that are submitted directly to the IFPC for the granting of a privilege level for an acquittee will be provided to the Office of Forensic Services for review and quality assurance purposes, and for archiving for the Forensic Review Panel.
6. Scheduled meetings
 - a. The Facility Director and the Chair of the IFPC shall establish times.
 - b. The Committee Chair shall disseminate the dates and times of deadlines for submission of cases to be considered at the meetings.
 - c. If the IFPC will not hold a regularly scheduled weekly meeting, the Facility Director and the Director of the Office of Forensic Services shall be notified in advance, by the Chair of the Committee. If the IFPC fails to convene a meeting, due to the inability to convene a quorum of its members, or due to a lack of packets to be reviewed, the Forensic Coordinator, on behalf of the Chair, will notify the Facility Director and the Director of Forensic Services. When Committee members are not able to attend a weekly Committee meeting, they will inform the IFPC Chair of their absence, as soon as possible, either by telephone, in person, via email, or in other written form. If a quorum is not met at any regularly scheduled weekly meeting, a meeting of the Committee will be convened on an alternate day of the same week.
 - d. If the IFPC does not meet during a given week, an all day meeting or two partial-day meetings will be scheduled for the following week, in order to complete all reviews.
 - e. The Forensic Coordinator is responsible for keeping a calendar record for the Chair of all meetings that are rescheduled.

VII. Roles and responsibilities of the Forensic Review Panel in the privileging process (See also Tables 4.2 & 4.3)

- A. The Forensic Review Panel (FRP, the “Panel”) is an administrative board established by the Commissioner pursuant to § 19.2-182.13 to ensure:
 1. Release and privilege decisions for insanity acquittees appropriately reflect relevant clinical, safety, and security concerns
 2. Standards for conditional release and release planning of insanity acquittees have been met; and

3. Expert consultation is provided to treatment teams working with insanity acquittees.

B. Authority

1. Section 19.2-182.13 provides the Commissioner of DMHMRSAS with the authority to delegate any of the duties or powers imposed on or granted to him or her to an administrative panel composed of persons with demonstrated expertise in such matters.
2. The Division of Facilities Management, Office of Forensic Services shall assist the Panel in its administrative and technical duties.
3. Members of the Panel shall exercise their powers and duties without compensation, and shall be immune from personal liability except for intentional misconduct.

C. Policy

1. Treatment team requests which fall within the categories outlined below shall be presented to, reviewed by, and approved by the Forensic Review Panel, as described herein, prior to implementation of status change.
2. The Panel shall consider the assessment of risk as a central issue in its decision-making.
 - a. The Panel's function is to assess whether the treatment team has adequately considered the issue of risk.
 - b. It is not the role of the Panel to provide an independent judgment on the issue of risk. Rather it is the role of the Panel to review risk assessments completed by treatment teams, and to recommend modifications to those risk assessments, if necessary.
3. The Panel shall review requests only regarding acquittees who are currently in the custody of the Commissioner.
4. It is the policy of the DMHMRSAS that acquittees with active court orders for conditional release who are awaiting placement shall remain under the aegis of the Panel, with regard to their privileging status. (Acquittees in this category will be accorded all community access necessary for implementation of the conditional release plan.)
5. Evaluations performed as a result of an appointment by the Commissioner ("Commissioner Appointed Evaluations") do not require review by the Forensic Review Panel.

- D. Review by the Panel is required for all court-ordered Conditional Release Plans.
1. Whenever a committing court orders that the acquittee's facility and the relevant Community Services Board (CSB) develop a conditional release plan for the acquittee, that plan shall be developed by the acquittee's treatment team and submitted for review to the Forensic Review Panel.
 2. The Forensic Review Panel shall make a recommendation, either approving or disapproving the conditional release plan. The plan shall be submitted to the court of jurisdiction, following review by the Panel, regardless of whether or not the Forensic Review Panel has approved it.
- E. Review and approval by the Panel are required for:
1. All requests from treatment teams for court changes in acquittee's legal status. This includes changes from inpatient hospitalization and custody of the Commissioner to
 - a. Conditional release status in the community, or
 - b. Release into the community without conditions or further court jurisdiction.
 2. Certain requests from treatment teams to increase acquittee's levels of liberty and access to the community while in the custody of the Commissioner
 - a. Transfers to less restrictive units and/or hospitals
 - b. Grounds privileges (escorted by facility staff), in conjunction with transfer from maximum-security hospital placement
 - c. Unescorted community visits, not overnight
 3. The Commissioner has delegated the granting of the following privileges to the Internal Forensic Privileging Committees at each DMHMRSAS hospital:
 - a. Escorted Grounds Privileges (If not previously granted by the FRP)
 - b. Unescorted Grounds Privileges
 - c. Escorted Community Privileges
 - d. Unescorted Community Privileges, up to 48 hours (following prior approval by the FRP of Unescorted Community Access, not overnight.)
 4. Transfers between civil hospitals of acquitees (who have already been approved by the FRP for transfer from the maximum security forensic unit at Central State Hospital) for the purposes of proximity to family or access to appropriate treatment resources are not under the purview of the Panel, but are instead handled through the usual process for transfer between facilities, in consultation with the Office of Forensic Services. The Panel will be notified of such transfers, however.

F. Structural and Operational Parameters of the Panel

1. Composition of the Forensic Review Panel

a. The Structure of the Forensic Review Panel

- i. The membership of the Forensic Review Panel shall include a minimum of at least seven (7) members.
- ii. The membership of the Panel shall include at least two members from each of the following professional categories on the Panel:
- iii. Psychiatrist
- iv. Licensed Clinical Psychologist
- v. Other licensed mental health practitioners, including CSB representatives, if available
- vi. All Panel members will have requisite forensic experience and training, as prescribed by the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services.
- vii. All individuals appointed to serve as members of the Panel who are not employees of DMHMRSAS are required to sign statements indicating their awareness of the need to maintain confidentiality of client records, and promising to maintain such confidentiality.
- viii. Appointments shall be made and renewed at the discretion of the Commissioner. (Each term is for 3 years.)
- ix. Panel members shall receive an orientation to the privileging process, upon appointment by the Commissioner. Panel members will also be provided with annual in-service training.

b. Functional Parameters of the Panel

- i. A quorum of the FRP consists of one half of the total number of FRP members plus one. The quorum must include a psychiatrist and a clinical psychologist.
- ii. All decisions of the Forensic Review Panel regarding privileges and/or Conditional Release require the agreement of a majority of the total Panel membership, including one psychiatrist and one clinical psychologist.
- iii. The opinions and concerns of Panel members who dissent from a majority decision shall be documented and reviewed by the Office of Forensic Services, as requested.

2. Scheduled meetings

- a. The Chair of the FRP shall establish regular weekly meeting times.
- b. The Chair shall disseminate the dates and times of regular meetings, along with deadlines for submission of cases to be considered at the meetings.
- c. If the FRP will not hold a regularly scheduled weekly meeting, the Director of the Office of Forensic Services shall be notified in advance, by the Chair.
- d. When members are not able to attend a weekly FRP meeting, they will inform the administrative coordinator to the Chair of their absence, as soon as possible, either by telephone, in person, via email, or in other written form. If a quorum is not met at any regularly scheduled weekly meeting, a meeting of the Panel will be convened on an alternate day of the same week.
- e. If the Panel does not meet during a given week, an all day meeting or two partial-day meetings will be scheduled for the following week, in order to complete all reviews.
- f. The administrative coordinator is responsible for keeping a calendar record for the Chair of all meetings that are rescheduled.
- g. If the Panel fails to convene a meeting, due to the inability to convene a quorum of its members, the administrative coordinator, on behalf of the Chair, will notify the Director of Forensic Services. The Director of Forensic Services will notify his/her supervisor of the cancellation of the meeting.
- h. The Chair of the Panel will notify the Director of Forensic Services, or the administrative coordinator, of any cancellation of meetings as a result of a lack of packets for review. The Director of Forensic Services will notify his/her supervisor of the cancellation of the Panel meeting.

3. Chair of the Panel

- a. The Chair of the Forensic Review Panel is appointed by the Commissioner. Qualifications for appointment as Chair include: Licensed Clinical Psychologist (or equivalent) or Psychiatrist with forensic expertise, and qualifications and experience as an expert witness.
- b. The direct responsibilities of the Chair of the FRP include the following:
 - i. Works with the Director and staff of the Office of Forensic Services in communicating with the courts, facilities and community services boards on acquittee matters.
 - ii. Represents the FRP and Commissioner in response to witness subpoenas for the Panel from the courts.

4. A full-time administrative coordinator will be assigned to the Panel to provide support services, including:
 - a. Setting and circulating agendas
 - b. Distributing review packets
 - c. Taking minutes of meetings (including attendance),
 - d. Distributing minutes of meetings (including attendance) to all Panel members, and to the Director of Forensic Services, within 5 working days of the meeting
 - e. Providing a copy of the Forensic Review Panel Decision Notification and the Forensic Review Panel Decision Signature Page to the Director of Forensic Services
 - f. Polling the membership to ensure that a quorum will be present for each meeting
 - g. Review of each referral packet, for completeness and readiness for review by the full Panel, in consultation with the Chair, prior to circulation to the Panel
 - h. Notifying Panel members and the Director of Forensic Services of any canceled meetings, and
 - i. Providing other necessary services in support of the Panel's functions

VIII. Facility Forensic Coordinator

- A. Each DMHMRSAS Facility Director shall designate an appropriately trained and credentialed clinical psychologist or clinical social worker to serve as the Forensic Coordinator for that facility. The Forensic Coordinator serves as the primary point of communication between the facility and the FRP, as well as between facility treatment teams and the IFPC, regarding insanity acquittees (See also [Appendix I: Facility Forensic Coordinators](#), for a full description of Forensic Coordinator Responsibilities.)
 1. The Forensic Coordinator must:
 - a. Review all submissions from the treatment teams to the IFPC
 - b. Review all submissions from the facility to the FRP for completeness and compliance with the format required for review of privilege request documents .
 - c. Receive and deliver to the treatment team(s) all information received from the IFPC and/or the FRP
 2. The Forensic Coordinator must, in addition, provide appropriate information to the Office of Forensic Services, regarding IFPC privilege-granting and other acquittee privileging activities.

- B. The Forensic Coordinator responsibilities are critical to the successful management of the NGRI privileging process. The Forensic Coordinator and the Facility Director are responsible for ensuring that the facility manages all insanity acquittees in an appropriate fashion according to the policies of the Department, orders of the court, laws of the Commonwealth and in coordination with the Department's Office of Forensic Services.

IX. The Facility Director

- A. Each Facility Director is responsible for allocating the necessary resources to ensure that all responsibilities of the Forensic Coordinator and the IFPC are performed in an efficacious and expeditious manner. The accomplishment of these responsibilities is crucial to the successful management of forensic patients and is, therefore, a performance issue for the Facility Director, the IFPC, and the Forensic Coordinator, as well as for all personnel in the supervisory chain.
- B. The Facility Director will assure that there are policies and procedures to provide that all staff members who are responsible for the safety and security of NGRI acquittees:
 - 1. Are informed of, and have ready access to, information regarding the NGRI acquittee's current level of privileges, and
 - 2. Continually monitor each NGRI acquittee's level of functioning and only permit the acquittee to exercise privileges consistent with the acquittee's level of functioning, in accord with current risk assessments and court orders.
- C. The Facility Director also has final responsibility and signatory authority for approval of all privilege requests that are granted by the IFPC.

X. THE PROCESS FOR PRIVILEGES GRANTED BY THE INTERNAL FORENSIC PRIVILEGING COMMITTEE (IFPC)

(See [Table 4.5](#) for a summary of the procedures required for the granting of privileges by the IFPC.)

- A. Roles and responsibilities:
 - 1. Insanity acquittee

The insanity acquittee may request an increase in privileges by completing the [Acquittee Privilege Request Form](#). This is done with the assistance of the treatment team psychologist, or other designee responsible for NGRI

privileging at the treatment team level. This treatment team member will assist the acquittee in completing the request form, will obtain the acquittee's signature, and will sign and date the form. The form will then be presented at the next Treatment Team meeting within seven (7) calendar days. The Treatment Team must meet and review all requests for privileges at least once every seven (7) calendar days. The acquittee may only initiate a request for an increase in level of privileges once every 30 days.

2. The Treatment Team

Procedures to be used for privilege requests from the treatment team to the Internal Forensic Privileging Committee:

- a. The treatment team shall submit the completed IFPC privilege request packet to the IFPC via the facility forensic coordinator. The Forensic Coordinator shall review the packet for the IFPC, and provide feedback regarding needed changes and clarifications, within seven (7) working days, prior to formal review of the packet by the IFPC. The treatment team shall submit the revised privilege request packet to the IFPC within 10 working days.
- b. Within 1 working day of receipt of notification by the treatment team of a decision from the Internal Forensic Privileging Committee, regarding a request for an increase in level of privileges, the designated member of the treatment team shall meet with the insanity acquittee and provide to him or her a copy of the written decision of the IFPC, explain the decision, and discuss expectations of the acquittee. This meeting will be documented in the NGRI's medical record.

3. The Forensic Coordinator.

The general responsibilities of the Forensic Coordinator regarding privileges granted by the IFPC include:

- a. Review all submissions from treatment teams to the IFPC, prior to their presentation to that group for formal review.
- b. Receive and deliver to the treatment team(s) all information received from the IFPC.
- c. Specific responsibilities of the Forensic Coordinator include the following:
 - i. Coordinate the submission of requests for increases in privilege levels to the IFPC. The Forensic Coordinator must sign item 27 of the IFPC submission summary sheet

signifying his or her:

- (1) Verification that the packet of information is accurate and complete;
 - (2) Agreement that approval of the request is consistent with Departmental policy; and
 - (3) Verification that the treatment team has asserted that approval of the request will neither expose the NGRI acquittee, nor the community to undue risk.
- ii. Establish the currency of the reports submitted to the IFPC by documenting on item 26 of the IFPC Submission Summary Sheet the date that he or she received the submission from the Treatment Team.
 - iii. Submit the privilege packet to the IFPC within 3 working days after he or she has received the revised and edited privilege request packet which had been previously reviewed by the coordinator and returned to the team, if the document had been returned for revision or editing.
- d. Whenever the Forensic Coordinator receives notification from the IFPC that a decision has been deferred, pending the provision of additional information by the Treatment Team, the Forensic Coordinator shall obtain the requested data and provide it to the IFPC within twenty-one (21) calendar days. If the coordinator has not received the requested information from the treatment team within 21 calendar days of the original request for information, the coordinator shall notify the Facility Director that the requested information has not been received.
 - e. Upon receipt of a decision from the IFPC, the Forensic Coordinator will notify the Treatment Team of the decision within 1 working day. (The designated member of the Treatment Team will be instructed by the coordinator to inform the insanity acquittee of the Committees decision within 1 working day of receipt of such notification.)

B. Specific Operational Activities for Privileges Granted Directly by the IFPC

1. As noted at the beginning of this chapter, the Commissioner has delegated the granting of the following privileges to the IFPCs at each DMHMRSAS hospital:

- a. Escorted Grounds Privileges (if not already approved by the FRP)
 - b. Unescorted Grounds Privileges
 - c. Escorted Community Privileges
 - d. Unescorted Community Access, up to 48 hours (following prior approval by the FRP of Unescorted Community Access, not overnight.)
2. The IFPC shall open a forensic file for each new acquittee upon admission for temporary custody, or upon transfer of an acquittee to placement in that facility. The facility Forensic Coordinator shall have responsibility for the establishment and maintenance of these files. (The Office of Forensic Services will provide copies of all relevant background case information.) These files shall include, at the minimum:
- a. All relevant court orders
 - b. The Initial Analysis of Aggressive Behavior, and any previously completed Updates
 - c. All Competency and Sanity evaluations completed with the acquittee
 - d. Temporary Custody Evaluations and other Commissioner-Appointed Evaluations
 - e. Any Annual Continuation of Confinement Reports
 - f. Reports of criminal investigations and other background case material
 - g. Letters to judges and attorneys
 - h. Copies of Privilege Request Packets previously submitted to the FRP
 - i. All additional materials related to IFPC privileging activities at the facility. (The Forensic Coordinator will also provide these materials to the Office of Forensic Services, for inclusion in the acquittee's Central Office master file.)
 - j. Any previously completed consultative, specialized medical or psychological evaluations.

3. The Facility Director of each facility shall establish a process by which the Forensic Coordinator shall have the authority to coordinate the submission of requests from acquirtees' Treatment Teams to the IFPC.
4. The following information (Review Packet) shall be submitted to the facility Forensic Coordinator for all requests for privilege levels granted by the IFPC:
 - a. The facility forensic file of each acquirtee to be reviewed at an IFPC meeting shall be available for review by the Committee, prior to and during its formal review of a privilege request.
 - b. An updated, concise Analysis of Aggressive Behavior, completed within 30 days of receipt by the forensic coordinator for submission to the IFPC (See [Appendix A](#)).
 - i. Include risk management plan.
 - ii. An updated, analysis of aggressive behavior (AAB) addressing all risk factors identified in the initial and subsequent AAB updates, and including and addressing all risk factors identified during the course of evaluation and treatment.
 - c. Mental Status Evaluation (MSE) completed within 30 days of receipt by the forensic coordinator for submission to the IFPC.
 - d. Completed Internal Forensic Privileging Committee Submission Summary Sheet:
 - i. All documentation required by the IFPC submission summary sheet must be included.
 - ii. The members of the acquirtee's treatment team must sign the submission summary sheet, indicating that they have reviewed all of the documents contained therein.
 - iii. An assessment of the acquirtee's current risk for escape.
5. Each item of documentation should be dated and signed.
6. Requests for escorted community privileges, and unescorted community visits (48 hours maximum) require a statement of agreement signed by the treatment team and the receiving community services board.
7. All requests for grounds or community privileges must include a risk management plan signed by the acquirtee and, for cases involving community privileges, signed by the CSB representative. When

appropriate, relatives or other persons who have agreed to accept responsibility for the acquittee while he or she is in the community should also sign the risk management plan.

8. The facility Forensic Coordinator shall review each privilege request packet prior to circulation to the other IFPC members to ensure completeness. If the facility Forensic Coordinator determines that the packet is incomplete, the Coordinator will return the packet to the treatment team, with recommendations for modifications or additions.
9. The facility Forensic Coordinator shall forward copies of the final version of the privilege request packet to members of the IFPC one week prior to the regularly scheduled meeting.
10. Members of petitioning treatment teams may attend the IFPC's meeting regarding their cases, in order to receive consultation or to provide clarifying information. The Chair of the IFPC will document any information provided to the IFPC that assisted in the IFPC's decision making, but was not included in the original referral packet. This information will be documented in the written IFPC Decision Notification.
11. Acquittes and their designated family members or legal guardians, may attend IFPC meetings, upon request, for purposes of obtaining additional information regarding the Panel's process or decisions regarding that acquittee. (Participation of an acquittee's family shall require the written authorization of the acquittee as a prerequisite to the convening of any meeting of this type.) The IFPC shall provide sufficient time to discuss the relevant concerns of the acquittee at such meetings.
12. IFPC Decision-Making Process
 - a. The IFPC, in accordance with the parameters of the FRP, bases its decision-making explicitly on the following risk assessment criteria:
 - a. Has the treatment team identified and articulated the factors that increase and/or decrease the probability that the acquittee will engage in behavior that presents a risk to others?
 - b. Has the treatment team developed a risk management plan that adequately manages the assessed risk?
 - c. Is the increased freedom requested justified by the treatment team's assessment of risk and their plan for risk management?

- b. Quorum
 - 1. A quorum must be present before a final decision can be made.
 - 2. A quorum consists of three IFPC members, with a minimum of one (1) psychiatrist and one clinical psychologist required for a quorum vote.
- c. Majority Decision required for recommendations to the Facility Director regarding privilege requests
 - 1. As noted above, all decisions of the IFPC regarding privileges require the agreement of at least 3 of the 5 IFPC members.
 - 2. The opinions and concerns of IFPC members who dissent from a majority decision on a privilege shall be documented at each meeting, and reviewed by the Office of Forensic Services for quality assurance purposes, and as requested by IFPC members.
 - 3. When a majority of the IFPC, as defined herein, has rendered a decision, the IFPC's decision is referred to the Facility Director, by the Committee Chair, within one (1) working day, for review and approval or disapproval.
- d. Possible Decisions
 - i. Approve the team's privilege request, no revisions required.
 - ii. Approve with revisions (related to improving the risk assessment and management process) to be reviewed by the IFPC Chair and the Facility Director. The IFPC returns the case to the treatment team for revision with specific recommendations for additions or deletions. All revisions by the treatment team must be reviewed and approved by the Head of that treatment team, prior to resubmission.
 - iii. Defer approval, pending revisions and further review by the IFPC. The IFPC returns the case to the treatment team for more extensive revision, with the requirement that the case be again reviewed, after the changes have been made, by the IFPC and the Facility Director. All revisions by the

treatment team must be reviewed and approved by the Head of that treatment team prior to resubmission. The revisions to the request must be returned for review within two weeks of notification of the deferral.

- iv. Disapprove the request and return the case to the treatment team with an explanation of the reasons for the disapproval, and a statement regarding the type and degree of improvement in the acquittee's functioning which would need to be manifested before the IFPC could grant approval of a privilege request for that acquittee.
- e. Final Decision of IFPC
- i. The IFPC Chair fills out the IFPC Decision Notification. That document includes:
 - (1) The request to the IFPC;
 - (2) The IFPC's assessment of the treatment team's assessment of risk, the risk management plan, and the justification of increased freedom;
 - (3) The decision of the IFPC, signed by the Facility Director; and
 - (4) The IFPC's comments to the treatment team, as appropriate.
 - ii. Notification of all IFPC decisions is provided to the Chair of the Forensic Review Panel within one (1) working day of the endorsement by the Facility Director of a privilege decision by the IFPC. The Facility Director, through the facility Forensic Coordinator, has direct responsibility for notification of the Chair of the Forensic Review Panel of all IFPC privilege decisions.
 - iii. The IFPC Decision Notification and Decision Signature Page are filed in the acquittee's IFPC record. Copies are sent to:
 - (1) The Chair of the FRP
 - (2) The Office of Forensic Services, for inclusion in the acquittee's FRP record
 - (3) The community services board's NGRI Coordinator
 - (4) The head of the acquittee's treatment team, for inclusion in the acquittee's medical record

- iv. The IFPC, through the Forensic Coordinator, will notify the treatment team of its decision within two weeks of the IFPC's receipt of the complete request.
- v. The treatment team informs the acquittee of the results of the IFPC review, within one working day of receipt of the Facility Director-endorsed decision by the treatment team. In the event that the IFPC has disapproved a request from the acquittee for an increase in privileges, the treatment team representative informs the acquittee of the reasons for the disapproval, and provides information regarding the decision review process, as appropriate.

f. Facility Director Endorsement of IFPC Decision Recommendations

All approvals of privileges granted directly by the IFPC require the written approval of the Facility Director, before they are official and valid.

- i. Within one (1) working day of the rendering of a majority decision by the IFPC, regarding a privilege request, the Chair of the IFPC will forward all relevant documentation regarding the request and the IFPC's decision regarding that request to the Facility Director.
- ii. The Facility Director will review and approve or disapprove the decision of the IFPC, within two (2) working days of receipt of the IFPC's decision materials.
- iii. The Facility Director must give final approval of all IFPC decisions, in order for such decisions to be valid and final.

13. Review process for Privilege Requests Disapproved by the IFPC to the FRP.

In the event that the IFPC does not approve the referring treatment team's request additional privileges for an acquittee:

- a. At the request of the acquittee, the treatment team shall document in the patient's record, the team's or the acquittee's request for review of an IFPC privilege request denial. The request shall be forwarded to the forensic coordinator (and copied to the IFPC) on behalf of the acquittee (or the team), within three (3) working days of the acquittee's initial request.
- b. The forensic coordinator will work with the treatment team in

developing a formal review request of an IFPC decision. The coordinator will obtain written documentation from the acquittee's treatment team, addressing and requesting review and revision of the IFPC's decision, within ten (10) working days of receiving notification of the review request from the treatment team.

- c. The FRP shall be provided with all additional documentation required for a thorough review, by the forensic coordinator. The provision of this documentation shall be coordinated with the administrative coordinator for the FRP.
- d. The FRP will review and respond to the request within seven (7) working days from receipt of the review documentation. Following that review, the FRP will render one of the following decisions on the matter:
 - i. A finding upholding the IFPC's original decision on the matter.
 - ii. A directive to the IFPC, to reconsider the original privilege request of the acquittee.
 - iii. A directive rescinding the original decision of the IFPC, and granting the privilege request of the acquittee.
- e. The administrative coordinator will notify both the Chair of the IFPC and the Forensic Coordinator of the review decision within two (2) working days of receipt of the decision from the Chair of the FRP.
- f. The forensic coordinator will notify the treatment team of the review decision within one (1) working day of receiving notification of that decision. The treatment team will notify the acquittee of the decision of the FRP within one (1) working day of notification of that decision, by the forensic coordinator.
- g. If the IFPC is directed to reconsider the request by the FRP, the forensic coordinator will notify the acquittee's treatment team of that decision within two (2) working days. A treatment team member will inform the acquittee of the Committee's decision regarding a review, within one (1) working day of notification by the coordinator.

XI. THE PROCESS FOR PRIVILEGES GRANTED BY THE FORENSIC REVIEW PANEL

(See [Table 4.6](#) for a summary of the procedures required for the granting of privileges by the FRP.)

- A. The FRP must directly review all requests for the following privilege levels for all acquittees committed to the Custody of the Commissioner:
 - 1. Transfer from Maximum Security to a Civil facility (with or without Escorted Grounds privileges)
 - 2. Initial Unescorted Community Access (8 hour passes)
 - 3. Conditional Release (all cases, including Temporary Custody)

- B. The NGRI privileging process at the FRP level also involves the active participation of the acquittee, the Treatment Team, the IFPC, the Forensic Coordinator, the Facility Director, the Office of Forensic Services, and the Community Services Board. The roles and responsibilities of each of these entities remains as described in [Section VII](#) of this manual, in most respects, for FRP privileges. Additional or alternative actions required by each of the aforementioned entities, for the granting of privileges at the FRP level include the following:

- C. The Treatment Team:
 - 1. The treatment team prepares the privilege request packet for review by the FRP within 30 calendar days of the decision to request a privilege increase for an acquittee. The completed privilege packet must be reviewed and approved by the IFPC prior to submission to the FRP.
 - 2. At least once every 365 days, the Treatment Team shall submit to the IFPC for review and forwarding to the FRP, an annual report for each insanity acquittee who has been committed to the custody of the Commissioner. This report shall be submitted even if the treatment team is not requesting an increase in privilege level for the acquittee. The Annual Review Report shall be the same as the report submitted to the committing court, as described in [Appendix E](#), and shall include all components contained therein, as well as a statement summarizing the reasons for the team's decision not to request an increase in privileges for the acquittee, if an increase has not been requested.

- D. IFPC procedures for privilege requests from the treatment team to the FRP:
1. The IFPC shall review all requests for endorsement of privilege increase requests from treatment teams to the FRP within seven calendar days. The IFPC will make its final decision within that same seven calendar days, unless it must request additional information or clarification prior to making a final decision. The IFPC shall provide written feedback to the Treatment Team within 3 working days of its decision.
 2. All approvals of requests from treatment teams for endorsement of requests for changes in privilege levels of the FRP require the approval of three-fifths of the IFPC membership, including one psychiatrist and one clinical psychologist. If there is not a three-fifths majority approval, the change will be considered disapproved.
 3. The IFPC shall approve all modifications that the treatment team has made to the privilege request packet before submission to the FRP.
 4. The Chair of the IFPC shall sign and date the FRP Submission Summary Sheet for each submission to the FRP.
- E. The Forensic Coordinator, in addition to the responsibilities summarized above, has the following responsibilities with the FRP privileging process:
1. The Coordinator will submit the privilege packet to the FRP within 3 working days after he or she has received the completed privilege request packet that has been prepared by the Treatment Team, and approved by the IFPC.
 2. The Coordinator ensures that the IFPC has approved all modifications made by the treatment team to the request, before verifying that the request is ready for submission to the FRP.
 3. On or before January 10, April 10, July 10, and October 10 of each calendar year, the Forensic Coordinator will provide to the Facility Director, the Chair of the FRP, and the DMHMRSAS Director of Forensic Services a summary for the previous quarter. This summary shall include the decisions the IFPC has made during its quarterly reviews of the level of privileges of each insanity acquittee.
 4. In those instances when the privilege request involves transfer of an NGRI acquittee to a less restrictive facility, the sending Forensic Coordinator shall send a referral packet that must be received by the Forensic Coordinator of the potential receiving facility 14 days in advance of the FRP's review of that request.
 5. When there is a request to transfer an NGRI acquittee to a less restrictive treatment facility, the receiving Forensic Coordinator should have in place a process for:
 - a. Documentation of the date he or she received a copy of the

submission packet to the FRP, and request for transfer and its completeness.

- b. Reviewing the request for transfer,
- c. Providing feedback to the Forensic Coordinator of the sending facility, and
- d. Providing a written response to the FRP, prior to the date the FRP is scheduled to review the case.

6. In instances wherein the IFPC approves a request for Conditional Release, or should the court of jurisdiction pursuant to Section 19.2-182.6, order that a Conditional Release plan be prepared, a complete packet must be forwarded to the FRP by the Forensic Coordinator. In cases where the request is for conditional release:

- a. As allowed by the court, an extension of up to thirty (30) days beyond the thirty-day period previously provided to prepare a packet may be granted to the Treatment Team by the IFPC in order to complete a viable conditional release plan in collaboration with the Community Services Board.
- b. In cases where there is a court order requiring the submission to the court of a conditional release plan by a certain date, the facility may have less than 30 days to complete the entire process, including review by the FRP. The FRP must be notified by the Forensic Coordinator of the due date set by the court.

F. Specific Operational Activities for Privileges Granted Directly by the FRP

- 1. The FRP shall open a file for each new acquittee upon admission for temporary custody. All such files are kept in the DMHMRSAS Office of Forensic Services.
- 2. The following information (Review Packet) shall be submitted to the administrative coordinator of the FRP, for all privileging requests:
 - a. Recent Annual Report to the court (See [Appendix E](#))
 - b. An Initial Analysis of Aggressive Behavior. (Required for all newly committed patients, and with court-ordered conditional release plans.) (See [Appendix A](#)).
 - c. Updated Analysis of Aggressive Behavior completed within 30 days of receipt by the forensic coordinator for submission to the FRP (See [Appendix A](#)).
 - i. Include current risk management plan.

- ii. The updated analysis of aggressive behavior (AAB) will include and address all risk factors identified in the initial and subsequent AAB updates, and will include and address all risk factors identified during the course of evaluation and treatment. This update will include a narrative description of history, current status, and planned management strategy for each risk factor.
 - d. The initial and current updated Community Outpatient Treatment Readiness Scale (COTREI; See [Appendix B](#)) completed within 30 days of receipt by the forensic coordinator for submission to the FRP.
 - e. Mental Status Evaluation (MSE) completed within 30 days of receipt by the forensic coordinator for submission to the FRP.
 - f. Completed FRP Submission Summary Sheet
 - i. All documentation required by the submission summary sheet must be included.
 - ii. Item 13 on submission summary must be checked.
 - iii. The members of the acquittee's treatment team must sign the submission summary sheet, indicating their support for the submission, and that they have reviewed all of the documents contained therein.
 - g. An assessment of the acquittee's current risk for escape.
 - h. Any other items specified in the Submission Summary Sheet.
- 3. Each item of documentation should be dated and signed.
- 4. Requests for Unescorted community visits (not overnight) require a statement of agreement signed by the treatment team and the receiving community services board.
- 5. All requests for grounds or community privileges must include a Risk Management Plan signed by the acquittee and, for cases involving community privileges, signed by the CSB representative. When appropriate, relatives or other persons who have agreed to accept responsibility for the acquittee while he or she is in the community should also sign the risk management plan.

6. Requests for conditional release shall include the following additional information (See [Chapter 5](#) and [Appendix G](#)).
 - a. Conditional release plan with components specified on the FRP Submission Summary sheet
 - b. Completed Community Services Board (CSB) agreement and recommendations/comments regarding the proposed conditional release
 - c. Completed acquittee review and agreement to terms of proposed conditional release
 - d. Letters of support and consent from others involved in proposed conditional release plan. May include
 - i. Family,
 - ii. Providers other than CSB, and
 - iii. Friends.
7. The Chair of the FRP, in conjunction with the Office of Forensic Services, shall review referral packets prior to circulation to the other FRP members to ensure completeness. If the Chair finds that the packet is not complete, the Chair, through the administrative coordinator, will return the packet to the facility Forensic Coordinator, with recommendations for modifications or additions.
8. The FRP's administrative coordinator shall forward copies of the entire referral packet to members of the FRP at least one week prior to the regularly scheduled meeting, during which the request will be considered.
9. The FRP may, at the discretion of the Chair,
 - a. Invite or require attendance by the acquittee's Forensic Coordinator
 - b. Require submission of medical and legal records for review.
10. Members of petitioning treatment teams may attend the FRP's meeting regarding their cases in order to receive consultation or to provide clarifying information. The Chair of the FRP will document any information provided to the FRP that assisted in the FRP's decision making, but was not included in the original referral packet. This information will be documented in the written Decision Notification.
11. Acquittes and their designated family members or legal guardians, may attend FRP meetings, upon request, for purposes of obtaining additional information regarding the FRP's process or decisions regarding that

acquittee. (Participation of an acquittee's family shall require the written authorization of the acquittee as a prerequisite to the convening of any meeting of this type.) The FRP shall provide sufficient time to discuss the relevant concerns of the acquittee at such meetings.

12. FRP Decision-Making

- a. The FRP bases its decision-making explicitly on the following risk assessment criteria:
 - i. Has the treatment team identified and articulated the factors that increase and/or decrease the probability that the acquittee will engage in behavior that presents a risk to others?
 - ii. Has the treatment team developed a risk management plan that adequately manages the assessed risk?
 - iii. Is the increased freedom requested justified by the treatment team's assessment of risk and their plan for risk management?
- b. Quorum
 - i. A quorum of the FRP membership must be present before a final decision can be made.
 - ii. A quorum consists of one half of the total number of FRP members plus one. The quorum must include a psychiatrist and a clinical psychologist in order for the FRP to approve an increase in level of privileges.
- c. Majority Decision
 - i. The Chair of the FRP shall take a vote for each decision and record the number and names of FRP members voting to approve or disapprove each privilege request in the minutes of the meeting. All decisions of the FRP regarding privileges and/or Conditional Release require the agreement of a majority of the total membership of the FRP, including at least one psychiatrist and one clinical psychologist voting with the majority in favor of a request. In the event that this majority of the FRP is unable, after thorough review, to reach a decision regarding approval or deferral of a request, the request will be considered disapproved. The members of the FRP will sign all FRP decisions, including those disapproved in this manner.

- ii. The opinions and concerns of FRP members who dissent from a majority decision on a privilege shall be documented at each meeting, and routinely reviewed by the Office of Forensic Services for quality assurance purposes, and as requested by FRP members.

d. Possible Decisions

- i. Approve the team's privilege request or Conditional Release Plan, no revisions required.
- ii. Approve with revisions (related to improving the risk assessment and management process) to be reviewed by the Chair and/or FRP members. The FRP returns the case to the treatment team for revision with specific recommendations for additions or deletions. All revisions by the treatment team must be reviewed and approved by the Head of that treatment team, prior to submission to the FRP.
- iii. Defer for revisions and further review required. The FRP returns the case to the treatment team for revision with specific recommendations for additions or deletions, or with the requirement that the case be again reviewed, after the changes have been made, by the full FRP. All revisions by the treatment team must be reviewed and approved by the Head of that treatment team, prior to submission to the FRP. Revised requests must be returned to the FRP within two weeks of notification of the deferral.
- iv. Disapprove the request and return the case to the treatment team with an explanation of the reasons for the disapproval, and a statement regarding the type and degree of improvement in the acquittee's functioning which would need to be manifested before the FRP could grant approval of a privilege request for that acquittee.
- v. Endorsement of the team's conclusions, or recommendations to the treatment team, when reviewing annual review packets.

- e. Final Decision
 - i. FRP Chair fills out the FRP Decision Notification which includes:
 - (1) The request to the FRP;
 - (2) The FRP's assessment of the treatment team's assessment of risk, risk management plan, and justification of increased freedom;
 - (3) The decision of the FRP; and
 - (4) The FRP's comments to the treatment team, when appropriate.
 - ii. The FRP Decision Notification is filed in the acquittee's medical record and FRP file. Copies are sent to:
 - (1) The acquittee's Forensic Coordinator,
 - (2) The community services board's NGRI Coordinator, and
 - (3) The Office of Forensic Services.
 - iii. The acquittee's Forensic Coordinator provides a copy of the FRP's Decision Notification to the treatment team.
 - iv. The treatment team informs the acquittee of the results of the FRP's review, within one working day.
 - v. In the case of Conditional Release submissions, the FRP provides a cover letter to the court recommending conditional release or release without conditions and includes a model order for the court's convenience. The packet includes the conditional release plan and supporting information deemed relevant by the FRP. If the FRP disapproves a conditional release plan that must be submitted to the court pursuant to the Code of Virginia, the FRP includes its reasons for disapproving the plan in the cover letter to the court, along with the Conditional Release Plan.
 - vi. The treatment team can expect a decision from the FRP within three weeks of the FRP's receipt of the request.
 - vii. FRP members are given a minimum of one week to review submissions before meeting as a group to reach a decision.
 - viii. When a request is for transfer to a less secure setting, the

hospital designated to receive the acquittee is permitted a maximum of ten days to review the submission and provide feedback, before the FRP's review of the request.

- ix. The Chair, via the administrative coordinator, will ensure that FRP Decision Notifications are distributed to the requesting Forensic Coordinator within 48 hours of the decision.
- x. The FRP Decision Signature Page is filed in the acquittee's medical record and in the FRP file.

13. Review process

In the event that the FRP does not approve the referring treatment team's request for transfer, increased privilege level, conditional release, or release without conditions for an acquittee, the following procedure applies:

- a. At the request of the acquittee, the treatment team shall document in the patient's record, his or her request for review of a FRP privilege decision. The request shall be forwarded to the forensic coordinator (and copied to the IFPC) on behalf of the acquittee, within three (3) working days of the acquittee's initial request.
- b. The Forensic Coordinator will work with the treatment team in developing a request for formal review of a FRP decision. The coordinator will forward the written request for review, within ten (10) working days of the treatment team's initiation of the review request.
- c. The forensic coordinator will forward all documentation supporting the review request to the administrative coordinator for the FRP. Copies of all documents will be provided to both the Assistant Commissioner for Facility Management, and to the Chair of the FRP, within one (1) working day of their receipt from the facility.
- d. The Assistant Commissioner for Facility Management shall be provided with all additional documentation required for a thorough review of the FRP's decision, by the administrative coordinator of the FRP.
- e. The Assistant Commissioner for Facility Management will review and respond to the acquittee's review request within seven (7) working days from receipt of the review request documentation.

Following that review, the Assistant Commissioner for Facility Management will render one of the following decisions on the matter:

- i. A finding that agrees with the original decision of the FRP on the matter.
 - ii. A directive to the FRP to reconsider the original privilege request of the acquittee.
 - iii. A directive rescinding the original decision of the FRP, and granting the privilege request of the acquittee.
- f. The administrative coordinator will notify both the Chair of the FRP and the Forensic Coordinator of the review decision within two (2) working days of receipt of the decision from the Assistant Commissioner for Facility Management.
- g. The Forensic Coordinator will notify the treatment team of the review decision within one (1) working day of receiving notification of that decision. The treatment team will notify the acquittee of the decision of the Assistant Commissioner for Facility Management within one (1) working day of notification of that decision by the forensic coordinator.
- h. If the Assistant Commissioner for Facility Management directs the FRP to reconsider the request and the FRP changes its earlier decision to approval, the administrative coordinator for the FRP will notify the forensic coordinator of the revised decision within two (2) working days. The forensic coordinator shall inform the treatment team of all decisions of this type within one (1) working day. A treatment team member will inform the acquittee of the FRP's decision regarding an appeal, within one (1) working day of notification by the coordinator.

TABLE 4.1
Changes in Status:
Whose Permission Is Required Before Granting a Change in Status?

	IFPC	FORENSIC REVIEW PANEL	COMMITTING COURT	COMMONWEALTH'S ATTORNEY (NOTIFICATION ONLY)**
CIVIL TRANSFER	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>No</i>
GROUND PRIVILEGES	<i>Yes</i>	<i>Yes</i> <i>(with transfer)</i>	<i>No</i>	<i>No</i>
COMMUNITY VISITS (ESCORTED BY FACILITY STAFF)	<i>Yes</i>	<i>No</i>	<i>No</i>	<i>Yes</i>
UNESCORTED COMMUNITY VISITS; NOT OVERNIGHT)	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>
OVERNIGHT COMMUNITY VISITS (UP TO 48 HOURS)	<i>Yes</i>	<i>No</i>	<i>No</i>	<i>Yes</i>
CONDITIONAL RELEASE	<i>Yes</i>	<i>Yes*</i>	<i>Yes</i>	<i>Yes</i>
RELEASE WITHOUT CONDITIONS	<i>Yes</i>	<i>Yes*</i>	<i>Yes</i>	<i>Yes</i>
Civil Commitment (Misdemeanant NGRIs only)	<i>No</i>	<i>No</i>	<i>Yes</i>	<i>Yes***</i>

* Review by and approval from the Forensic Review Panel is required before making a recommendation/request to the court for release from hospitalization, Conditional Release, or Release Without Conditions.

** Notification to the Commonwealth's Attorney is mandated by § 19.2-182.4

*** Notification to the Commonwealth's Attorney is mandated by § 19.2-182.5 (D)

Table 4.2**Forensic Review Panel and Internal Forensic Privileging Committee Responsibilities**

Entity	Authority	Membership	Meetings	Decision Making
Forensic Review Panel (FRP)	Appointed By Commissioner, pursuant to § 19.2-182.13 of the Code	At least 7 members, including: 2 psychiatrists 2 clinical psychologists 1 member from CSB (if possible) Other MH professionals	Weekly Quorum: One more than one-half total full-time membership. One psychiatrist & one psychologist must be present at each meeting.	Grants privileges at the following levels for all acqittees: <ul style="list-style-type: none"> ○ Civil transfer from Maximum Security (with/without Escorted Grounds Privileges) ○ Unescorted (not overnight) Community (with/without 48 hour overnight Community) ○ Conditional Release Formal review of all Conditional Release Plans ordered by the courts. Voting: Approval/Disapproval Requires concurrence of majority of members
Internal Forensic Privileging Committee (IFPC)	Delegated to the facilities by the DMHMRSAS Commissioner, pursuant to § 19.2-182.13 of the Code	A total of 5 members, including: Facility Director or designee Medical Director or Psychiatrist; Forensic Coordinator; Clinical Psychologist; other Professionals	Weekly Quorum: Three members, with a minimum of one psychiatrist & one psychologist required for a quorum vote	Grants privileges at the following levels: <ul style="list-style-type: none"> ○ Escorted Grounds ○ Unescorted Grounds (with/without Escorted Community) ○ Escorted Community ○ 48 Hour Unescorted Community (after FRP approval of 8 hour unescorted Community) Voting: Approval/Disapproval Requires concurrence of 3/5 of the membership. Provides leadership/direction re: management of forensic patients at each facility. Review and quality control of all privilege requests from treatment teams to the FRP.

Table 4.3**Roles of the IFPC and the FRP in the Acquittee Management Process**

Entity	Temporary Custody	Initial Commitment	Privilege Levels	Conditional Release
Internal Forensic Privileging Committee	Reviews/Approves for submission to the Forensic Review Panel, court ordered Conditional Release Plans	<p>CSH Maximum only: Reviews/Approves Treatment Team request for civil transfer</p> <p>All hospitals: Reviews/Approves Treatment Team requests for increased privilege levels from Forensic Review Panel</p>	<p>IFPC reviews request from Treatment Teams for approval of all privilege levels including:</p> <ul style="list-style-type: none"> ▪ Escorted Grounds ▪ Unescorted Grounds ▪ Escorted Community ▪ 48 hours community (after FRP grants 8 hours) ▪ 	Review/ Approve all Conditional Release Plans developed by Treatment Team for submission to FRP.
Forensic Review Panel	<p>Reviews all court ordered Conditional Release Plans</p> <p>Submits Conditional Release Plans to court with recommendations</p>	Determines initial placement.	<p>FRP Review required for all:</p> <ul style="list-style-type: none"> ▪ Transfer from Maximum to Civil (with/without Escorted Grounds) ▪ Initial 8 hour Unescorted Community ▪ Conditional Release 	Review for approval or disapproval of all Conditional Release Plans Sends CR plan to the court with recommendations.

Table 4.4
Documentation Required for Requesting Increases in Privileges
Internal Forensic Privileging Committee (IFPC)

- Analysis of Aggressive Behavior updated** within 30 days of submission to Forensic Coordinator
- Clinical Summary Report** which includes the following:
 - current diagnoses (DSM-IV Axis I – V)
 - mental status examination (completed within 30 days of submission, including current ideation related to the NGRI offense, suicidality, and aggression towards others)
 - brief contrast of current MSE to MSE of last FRP request
 - assessment of patient improvement and course of hospitalization
 - current list of treatment activities and medication orders
 - statement regarding level of medication compliance, if applicable
 - history of revocation of privileges, if applicable
 - history of substance abuse/dependence (list drugs)
 - risk assessment for escape (indicate high, medium, or low)
 - support for the request (description of how request fits into graduated release)
- Risk Management Plan** signed by acquittee

Forensic Review Panel (FRP)

- Copies of **all Temporary Custody Evaluations** (if in Temporary Custody or prior to initial Annual Report)
- Copy of **most recent Annual Report to the Court**
- Results of **psychological assessments** (if available)
- Insanity Evaluation** (if available)
- Updated Community Outpatient Treatment Readiness Scale**
- Description of past arrests**, if any; (to include description of NGRI offense; police/court reports, if available)
- Initial Analysis of Aggressive Behavior**
- Analysis of Aggressive Behavior updated** within 30 days of submission to Forensic Coordinator
- Clinical Summary Report** which includes the following:
 - current diagnoses (DSM-IV Axis I – V)
 - mental status examination (completed within 30 days of submission, including current ideation related to the NGRI offense, suicidality, and aggression towards others.)
 - brief contrast of current MSE to MSE of last FRP request
 - assessment of patient improvement and course of hospitalization
 - current list of treatment activities and medication orders
 - statement regarding level of medication compliance, if applicable
 - history of revocation of privileges, if applicable
 - history of substance abuse/dependence (list drugs)
 - risk assessment for escape (indicate high, medium, or low)
 - support for the request (description of how request fits into graduated release)
- Risk Management Plan** signed by acquittee

Table 4.5				
Internal Forensic Privileging Committee Privileging Process: Summary of Roles and Procedures				
Stage	Entity	Privilege Request Development	Timeline	Documentation Required
One	Acquittee	Submit formal request for increase in privilege to treatment team	Once per 30 calendar days	Privilege increase request form
Two	Treatment Team	Receives and reviews request for Increased privileges from acquittee.	Review within 7 calendar days of request	Documentation of team review in acquittee's medical record.
Three	Treatment Team	Development of Privilege Request Packet for IFPC; submission of packet to the IFPC for review	30 days to prepare for IFPC review	Complete IFPC Privilege Request Submission Packet
Four	IFPC	Reviews packet received from treatment team.	IFPC reviews within 7 working days of receipt of complete document.	IFPC, via forensic coordinator provides team with initial written feedback and requests for clarification.
Five	Treatment team	Reviews and edits privilege request packet, following receipt of reviews by IFPC.	Completes any requested changes or additions, within 10 working days, prior to scheduled IFPC review.	Submits revised packet.
Six	IFPC	Completes formal review of request for privileges, after receipt of completed packet with any requested edits or additions by the treatment team.	Facility Director notified of IFPC decision within 1 working days.	IFPC Decision Notification forwarded to Facility Director for formal approval.
Seven	Facility Director	Receives Decision Notification from the IFPC Chair for review, approval/disapproval, signature.	Reviews, approves or disapproves IFPC recommended decision within (2) working days. Submits documentation to Chair of Forensic Review Panel within (1) working day.	IFPC Decision Notification, including Facility Director's signed approval, sent to treatment team. Copy of the Decision Notification and complete privilege request document packet forwarded to the Chair of the Forensic Review Panel, for inclusion in FRP record.
Eight	Treatment team	Team informs acquittee of results of IFPC review. When privilege request has been disapproved, acquittee informed of appeal process	Acquittee informed within 1 working day	Acquittee provided with copy of IFPC Decision Notification. Copy placed in patient's medical record.
Nine	Acquittee	Acquittee exercises additional privileges, if granted by IFPC	Privilege implemented as determined by clinical status	Treatment team documents privilege implementation in acquittee's medical record

IFPC SUBMISSION SUMMARY SHEET

INTERNAL FORENSIC PRIVILEGING COMMITTEE

1. ACQUITTEE'S LAST NAME		2. FIRST NAME		3. MI	4. DATE
5. DOB	6. SS#		7. DATE OF ADMISSION/TRANSFER		8. DATE ADJUDICATED NGRI
9. CURRENT HOSPITAL	10. BLDG/WARD	11. HOSPITAL PATIENT #	12. NGRI OFFENSE(S):		

13. IT IS THE OPINION OF THE TREATMENT TEAM THAT THE LESSENING OF RESTRICTIONS REQUESTED HERE
 IS IS NOT CLINICALLY APPROPRIATE, SUPPORTED BY THE INFORMATION PROVIDED.

14. CURRENT REQUEST (PLEASE ✓)

GROUND PRIVILEGES (ESCORTED)
 GROUND PRIVILEGES (UNESCORTED)
 COMMUNITY VISIT (ESCORTED)
 COMMUNITY VISIT (UNESCORTED, UP TO 48 HOURS)

15. ALL REQUESTS MUST HAVE THE FOLLOWING ATTACHED. (PLEASE ✓ TO INDICATE INCLUSION OR MARK N/A IF NOT APPLICABLE.)

REPORT WHICH INCLUDES THE FOLLOWING:

- ANALYSIS OF AGGRESSIVE BEHAVIOR UPDATED WITHIN 30 DAYS OF SUBMISSION TO FORENSIC COORDINATOR
- CURRENT DIAGNOSES (DSM IV AXIS I-V)
- MENTAL STATUS EXAMINATION (COMPLETED WITHIN 30 DAYS OF SUBMISSION, INCLUDING CURRENT IDEATION RELATED TO THE NGRI OFFENSE, SUICIDALITY & AGGRESSION TOWARDS OTHERS)
 - BRIEF CONTRAST OF CURRENT MSE TO MSE OF LAST PRIVILEGE REQUEST
 - ASSESSMENT OF PATIENT IMPROVEMENT AND COURSE OF HOSPITALIZATION
 - CURRENT LIST OF TREATMENT ACTIVITIES AND MEDICATION ORDERS
 - STATEMENT REGARDING LEVEL OF MEDICATION COMPLIANCE, IF APPLICABLE
 - HISTORY OF REVOCATION OF PRIVILEGES N/A
 - HISTORY OF SUBSTANCE ABUSE/DEPENDENCE (LIST DRUGS)
 - RISK ASSESSMENT FOR ESCAPE (INDICATE HIGH, MEDIUM, OR LOW)
 - SUPPORT FOR THE REQUEST (DESCRIPTION OF HOW REQUEST FITS INTO GRADUATED RELEASE)

16. ALL REQUESTS FOR GROUNDS/COMMUNITY PRIVILEGES INCLUDE: (PLEASE ✓ TO INDICATE INCLUSION OR MARK N/A IF NOT APPLICABLE.)

RISK MANAGEMENT PLAN SIGNED BY ACQUITTEE

DATE RECEIVED PRIOR GROUNDS PRIVILEGES: ESCORTED _____ UNESCORTED _____ NOT APPLICABLE
DATE RECEIVED PRIOR COMMUNITY PRIVILEGES: ESCORTED _____ UNESCORTED _____ NOT APPLICABLE

HAVE PRIVILEGES EVER BEEN REVOKED? YES NO (IF YES, ATTACH EXPLANATION.)

(DMH 944E 1239 05/01/2003)

IFPC SUBMISSION SUMMARY SHEET: page 2

17. ALL REQUESTS FOR COMMUNITY VISITS MUST INCLUDE THE FOLLOWING INFORMATION:

- PROPOSED PLAN FOR VISIT
- NAME, ADDRESS, AND PHONE # OF PERSON(S) VISITED; WHERE PATIENT WILL STAY
- RISK ASSESSMENT AND MANAGEMENT PLAN FOR POSSIBLE:
(1) AGGRESSION, (2) SUBSTANCE ABUSE, (3) MEDICATION NON-COMPLIANCE, (4) ESCAPE (5) MODE OF COMMUNICATION
- PLAN FOR SERVICES DURING VISIT (SCHEDULED? PRN?) NONE
- DOCUMENTATION OF CSB AGREEMENT TO ESCORTED AND UNESCORTED COMMUNITY VISIT (INCLUDE FAMILY/PLACEMENT SITE AGREEMENT)

18. REQUEST DISCUSSED WITH PATIENT

- YES NO

19. WORKING PRIOR TO HOSPITALIZATION <input type="checkbox"/> YES <input type="checkbox"/> NO OCCUPATION:	20. EDUCATIONAL LEVEL	21. YEAR 1ST HOSP	22. NO. OF PRIOR HOSPITALIZATIONS
23. SUBMITTED BY: HEAD OF TREATMENT TEAM (PRINT) _____SIGNATURE TREATMENT TEAM MEMBER (PRINT) SIGNATURE	TREATMENT TEAM MEMBER (PRINT) SIGNATURE_____ TREATMENT TEAM MEMBER (PRINT) SIGNATURE	TREATMENT TEAM MEMBER (PRINT) SIGNATURE_____ TREATMENT TEAM MEMBER (PRINT) SIGNATURE	
24. CONTACT PERSON	25. PHONE NUMBER	26. DATE RECEIVED BY FORENSIC COORDINATOR:	
27. APPROVED BY FACILITY FORENSIC COORDINATOR _____PRINT NAME SIGNATURE	PHONE DATE		

PLEASE SUBMIT THE ORIGINAL (NO FAX COPIES)

(DMH 944E 1239 05/01/2003)

INTERNAL FORENSIC PRIVILEGING COMMITTEE (IFPC) DECISION NOTICE

PAGE 1

1. ACQUITEE'S LAST NAME	2. FIRST NAME, MIDDLE INITIAL	3. DATE REQUEST RECEIVED	4. DATE OF ACTION												
5. REQUEST: <input type="checkbox"/> GROUND PRIVILEGES (ESCORTED) <input type="checkbox"/> GROUND PRIVILEGES (UNESCORTED) <input type="checkbox"/> COMMUNITY VISIT (ESCORTED) <input type="checkbox"/> COMMUNITY VISIT (UNESCORTED, UP TO 48 HOURS; FOLLOWING FRP APPROVAL OF UNESCORTED, NOT OVERNIGHT COMMUNITY) <input type="checkbox"/> CONSULTATION															
6. BASED ON REVIEW OF THE MATERIALS SUBMITTED TO THE IFPC, COMMITTEE MEMBERS HAVE MADE THE FOLLOWING ASSESSMENT: <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">YES _____</td> <td style="width: 15%;">NO _____</td> <td style="width: 10%;">1.</td> <td>HAS THE TREATMENT TEAM IDENTIFIED AND ARTICULATED THE FACTORS THAT INCREASE AND/OR DECREASE THE PROBABILITY THAT THE NGRI WILL ENGAGE IN BEHAVIORS THAT PRESENT A RISK TO OTHERS?</td> </tr> <tr> <td>YES _____</td> <td>NO _____</td> <td>2.</td> <td>HAS THE TREATMENT TEAM DEVELOP A RISK MANAGEMENT PLAN THAT ADEQUATELY MANAGES THE ASSESSED RISK?</td> </tr> <tr> <td>YES _____</td> <td>NO _____</td> <td>3.</td> <td>IS THE INCREASED FREEDOM REQUESTED JUSTIFIED BY THE TREATMENT TEAM'S ASSESSMENT OF RISK AND PLAN FOR RISK MANAGEMENT?</td> </tr> </table>				YES _____	NO _____	1.	HAS THE TREATMENT TEAM IDENTIFIED AND ARTICULATED THE FACTORS THAT INCREASE AND/OR DECREASE THE PROBABILITY THAT THE NGRI WILL ENGAGE IN BEHAVIORS THAT PRESENT A RISK TO OTHERS?	YES _____	NO _____	2.	HAS THE TREATMENT TEAM DEVELOP A RISK MANAGEMENT PLAN THAT ADEQUATELY MANAGES THE ASSESSED RISK?	YES _____	NO _____	3.	IS THE INCREASED FREEDOM REQUESTED JUSTIFIED BY THE TREATMENT TEAM'S ASSESSMENT OF RISK AND PLAN FOR RISK MANAGEMENT?
YES _____	NO _____	1.	HAS THE TREATMENT TEAM IDENTIFIED AND ARTICULATED THE FACTORS THAT INCREASE AND/OR DECREASE THE PROBABILITY THAT THE NGRI WILL ENGAGE IN BEHAVIORS THAT PRESENT A RISK TO OTHERS?												
YES _____	NO _____	2.	HAS THE TREATMENT TEAM DEVELOP A RISK MANAGEMENT PLAN THAT ADEQUATELY MANAGES THE ASSESSED RISK?												
YES _____	NO _____	3.	IS THE INCREASED FREEDOM REQUESTED JUSTIFIED BY THE TREATMENT TEAM'S ASSESSMENT OF RISK AND PLAN FOR RISK MANAGEMENT?												
7. BASED UPON OUR REVIEW OF THE MATERIALS SUBMITTED TO THE COMMITTEE, AND USE OF THE RISK DECISION-MAKING CRITERIA, THE INTERNAL FORENSIC PRIVILEGING COMMITTEE HAS MADE THE FOLLOWING DECISION REGARDING THE REQUEST ON THE ABOVE REFERENCED NGRI: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED PENDING REVISION AS PER RECOMMENDATION, FURTHER REVIEW NECESSARY BY COMMITTEE <input type="checkbox"/> DEFERRED FOR REVISION OR MORE INFORMATION, ANOTHER REVIEW REQUIRED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> REFERRED TO OUTSIDE CONSULTANT <input type="checkbox"/> REMARKS															
8. NOTE SPECIFIC AREAS CHECKED, IF ANY: <input type="checkbox"/> SUBMISSION INCOMPLETE - MISSING: . . . <input type="checkbox"/> THIS IS A ONE-TIME APPROVAL <input type="checkbox"/> ADDITIONAL COMMUNITY VISITS REQUIRE NEW SUBMISSIONS <input type="checkbox"/> PLEASE RESUBMIT WITHIN _____ WEEKS <input type="checkbox"/> NOTIFY COMMUNITY SERVICES BOARD OF COMMUNITY PRIVILEGES <input type="checkbox"/> NOTIFY COMMONWEALTH'S ATTORNEY'S OFFICE OF COMMUNITY PRIVILEGES <input type="checkbox"/> SEE ATTACHED COMMENTS															
9. ANY PRIVILEGES GRANTED ARE TO BE VIEWED ONLY AS A CEILING LEVEL; THE TREATMENT TEAM HAS THE AUTHORITY AND RESPONSIBILITY FOR MONITORING THE NGRI'S CONDITION AND TO REDUCE THE LEVEL OF PRIVILEGES APPROPRIATE TO THE NGRI'S FUNCTIONING. SEE THE <u>NGRI MANUAL</u> FOR A DESCRIPTION OF THE APPEALS PROCESS IN CASES WHERE A REQUEST FOR A PRIVILEGE INCREASE HAS BEEN DENIED.															
_____ CHAIR, INTERNAL FORENSIC PRIVILEGING COMMITTEE		_____ DATE	_____ HOSPITAL:												
(DMH 944E 1241 05/01/2003)															

INTERNAL FORENSIC PRIVILEGING COMMITTEE (IFPC) DECISION NOTICE**PAGE 2**

1. ACQUITTEE'S LAST NAME

2. FIRST NAME, MIDDLE INITIAL

3. DATE REQUEST RECEIVED

4. DATE OF ACTION

5. COMMENTS:

COPIES:

CHAIR: FORENSIC REVIEW PANEL
CSB NGRI COORDINATOR
DIRECTOR OF FORENSIC SERVICES, CENTRAL OFFICE
FORENSIC COORDINATOR OF FACILITY
FORENSIC REVIEW PANEL FILE

(DMH 944E 1241 05/01/2003)

**INTERNAL FORENSIC PRIVILEGING COMMITTEE (IFPC) DECISION NOTICE
SIGNATURE PAGE**

1. ACQUITTEE'S LAST NAME	2. FIRST NAME, MIDDLE INITIAL	3. DATE REQUEST RECEIVED	4. DATE OF ACTION
<p>5. REQUEST</p> <p><input type="checkbox"/> GROUND PRIVILEGES (ESCORTED)</p> <p><input type="checkbox"/> GROUND PRIVILEGES (UNESCORTED)</p> <p><input type="checkbox"/> COMMUNITY VISIT (ESCORTED)</p> <p><input type="checkbox"/> COMMUNITY VISIT (UNESCORTED, UP TO 48 HOURS; FOLLOWING PRIOR APPROVAL OF UNESCORTED NOT OVERNIGHT BY FRP)</p> <p><input type="checkbox"/> CONSULTATION</p>			
<p>6. BASED UPON OUR REVIEW OF THE MATERIALS SUBMITTED TO THE PANEL, AND USE OF THE RISK DECISION-MAKING CRITERIA, THE INTERNAL FORENSIC PRIVILEGING COMMITTEE HAS MADE THE FOLLOWING DECISION REGARDING THE REQUEST ON THE ABOVE REFERENCED NGRI:</p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> APPROVED PENDING REVISION AS PER RECOMMENDATION, FURTHER REVIEW NECESSARY BY: CHAIR / PANEL</p> <p><input type="checkbox"/> DEFERRED FOR REVISION OR MORE INFORMATION, ANOTHER REVIEW REQUIRED</p> <p><input type="checkbox"/> DISAPPROVED</p> <p><input type="checkbox"/> REFERRED TO OUTSIDE CONSULTANT</p> <p><input type="checkbox"/> REMARKS</p>			
<p>7. COMMENTS:</p> <p>SIGNATURE OF COMMITTEE MEMBERS:</p> <p>8</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>9. ENDORSEMENT OF FACILITY DIRECTOR:</p> <p>_____</p> <p>FACILITY DIRECTOR'S SIGNATURE DATE</p>			
<p>COPIES: CHAIR: FORENSIC REVIEW PANEL DIRECTOR OF FORENSIC SERVICES, CENTRAL OFFICE FORENSIC REVIEW PANEL FILE ACQUITTEE'S MEDICAL RECORD</p> <p align="right">(DMH 944E 1240 05/01/2003)</p>			

Table 4.6				
Forensic Review Panel Privileging Process: Summary of Roles and Procedures				
Stage	Entity	Privilege Request Development	Timeline	Documentation Required
One	Acquittee	Submit formal request for increase in privilege to treatment team	Once per 30 calendar days	Privilege increase request form
Two	Treatment Team	Receives and reviews request for Increased privileges from acquittee (Treatment team also submits Annual Review packet for each acquittee not eligible for privilege increase.)	Review within 7 calendar days of request	
Three	Treatment Team	Informs IFPC of decision to request privileges for acquittee	Reports results of review in 3 working days.	Written report of review to IFPC
Four	IFPC	Approves/Disapproves team request to develop privilege request to submit to Panel	Reviews initial request in 7 working days; Notifies team of decision in 3 working days	Written Approval or Disapproval of initial request to develop privilege packet.
Five	Treatment Team and IFPC	Notifies acquittee of IFPC approval/disapproval of acquittee's request Development of Privilege Request Packet for Forensic Review Panel; submit to Panel through the IFPC	Team member informs acquittee within 1 working day 30 days to prepare after IFPC approval	Complete FRP Privilege Request Submission Packet
Six	Forensic Review Panel (FRP)	Receives packet from IFPC; provides initial qualitative feedback to team	Panel reviews request within 3 weeks of receipt of complete document.	Panel staff provides team with initial written feedback and requests for clarification.

Table 4.6, continued: Forensic Review Panel Privileging Process				
Seven	Treatment team	Modifies privilege request packet, in response to FRP review, if necessary	Resubmits edited packet prior to scheduled FRP review.	Revisions, additions to privilege request packet provided to the FRP.
Eight	Forensic Review Panel	Formal review of request for privileges, after receipt of completed packet with any requested edits or additions.	Forensic Coordinator notified of FRP decision in 2 working days	Written FRP Decision Notification to Forensic Coordinator
Nine	Forensic Coordinator	Informs treatment team of FRP privilege decision	Team notified within 1 working day.	Provides copies of FRP Decision Notification to team.
Ten	Treatment Team	Notifies acquittee of FRP approval/disapproval of privilege request. If privilege request not approved, acquittee informed of review process. Include all FRP documents in acquittee's medical record	Team informs acquittee within 1 working day	Acquittee provided with copy of decision notification
Eleven	Acquittee	Acquittee exercises additional privileges, if granted by FRP	Privilege implemented as determined by overall clinical status	Treatment team documents privilege implementation in acquittee's medical record

DMHMRSAS FORENSIC REVIEW PANEL SUBMISSION SUMMARY SHEET

1. ACQUITTEE'S LAST NAME		2. FIRST NAME		3. MI	4. DATE
5. DOB	6. SS#	7. DATE OF ADMISSION/TRANSFER /		8. DATE ADJUDICATED NGRI	
9. CURRENT HOSPITAL	10. BLDG/WARD	11. HOSPITAL PATIENT #	12. NGRI OFFENSE(S):		

13. IT IS THE OPINION OF THE TREATMENT TEAM THAT THE LESSENING OF RESTRICTIONS REQUESTED HERE
 IS IS NOT CLINICALLY APPROPRIATE, SUPPORTED BY THE INFORMATION PROVIDED.

- | | |
|--|---|
| <p>14. CURRENT REQUEST (PLEASE ✓)</p> <p><input type="checkbox"/> ANNUAL REVIEW (NO INCREASE IN PRIVILEGES)</p> <p><input type="checkbox"/> TRANSFER TO CIVIL UNIT AT</p> <p><input type="checkbox"/> GROUND PRIVILEGES (ESCORTED)</p> <p><input type="checkbox"/> GROUND PRIVILEGES (UNESCORTED)</p> <p><input type="checkbox"/> COMMUNITY VISIT (ESCORTED)</p> | <p><input type="checkbox"/> COMMUNITY VISIT (UNESCORTED, NOT OVERNIGHT)</p> <p><input type="checkbox"/> COMMUNITY VISIT (UNESCORTED, UP TO 48 HOURS)</p> <p><input type="checkbox"/> CONDITIONAL RELEASE</p> <p><input type="checkbox"/> UNCONDITIONAL RELEASE</p> <p><input type="checkbox"/> CONSULTATION</p> |
|--|---|

15. ALL REQUESTS MUST HAVE THE FOLLOWING ATTACHED. (PLEASE ✓ TO INDICATE INCLUSION OR MARK N/A IF NOT APPLICABLE.)

- COPIES OF ALL TEMPORARY CUSTODY EVALUATIONS (IF IN TEMPORARY CUSTODY OR PRIOR TO INITIAL ANNUAL REPORT), **OR**
- COPY OF MOST RECENT ANNUAL REPORT TO THE COURT
- RESULTS OF PSYCHOLOGICAL ASSESSMENTS (IF AVAILABLE)
- INSANITY EVALUATION DOES NOT EXIST
- INITIAL & UPDATED COMMUNITY OUTPATIENT TREATMENT READINESS SCALES
- DESCRIPTION OF PAST ARRESTS, IF ANY; (TO INCLUDE DESCRIPTION OF NGRI OFFENSE; POLICE/COURT REPORTS, IF AVAILABLE)
- INITIAL ANALYSIS OF AGGRESSIVE BEHAVIOR
- ANALYSIS OF AGGRESSIVE BEHAVIOR UPDATED WITHIN 30 DAYS OF SUBMISSION TO FORENSIC COORDINATOR
- REPORT WHICH INCLUDES THE FOLLOWING:
- CURRENT DIAGNOSES (DSM IV AXIS I-V)
- MENTAL STATUS EXAMINATION (COMPLETED WITHIN 30 DAYS OF SUBMISSION, INCLUDING CURRENT IDEATION RELATED TO THE NGRI OFFENSE, SUICIDALITY & AGGRESSION TOWARDS OTHERS)
- BRIEF CONTRAST OF CURRENT MSE TO MSE OF LAST FRP REQUEST
- ASSESSMENT OF PATIENT IMPROVEMENT AND COURSE OF HOSPITALIZATION
- CURRENT LIST OF TREATMENT ACTIVITIES AND MEDICATION ORDERS
- STATEMENT REGARDING LEVEL OF MEDICATION COMPLIANCE, IF APPLICABLE
- HISTORY OF REVOCATION OF PRIVILEGES N/A
- HISTORY OF SUBSTANCE ABUSE/DEPENDENCE (LIST DRUGS)
- RISK ASSESSMENT FOR ESCAPE (INDICATE HIGH, MEDIUM, OR LOW)
- SUPPORT FOR THE REQUEST (DESCRIPTION OF HOW REQUEST FITS INTO GRADUATED RELEASE)

16. ALL REQUESTS FOR GROUNDS/COMMUNITY PRIVILEGES INCLUDE: (PLEASE ✓ TO INDICATE INCLUSION OR MARK N/A IF NOT APPLICABLE.)

- RISK MANAGEMENT PLAN SIGNED BY ACQUITTEE

DATE RECEIVED PRIOR GROUNDS PRIVILEGES: ESCORTED _____ UNESCORTED _____ NOT APPLICABLE

DATE RECEIVED PRIOR COMMUNITY PRIVILEGES: ESCORTED _____ UNESCORTED _____ NOT APPLICABLE

HAVE PRIVILEGES EVER BEEN REVOKED? YES NO (IF YES, ATTACH EXPLANATION.)

(DMH 944E 1236 05/01/2003)

17. ALL REQUESTS FOR COMMUNITY VISITS MUST INCLUDE THE FOLLOWING INFORMATION:

- PROPOSED PLAN FOR VISIT
- NAME, ADDRESS, AND PHONE # OF PERSON(S) VISITED; WHERE PATIENT WILL STAY
- RISK ASSESSMENT AND MANAGEMENT PLAN FOR POSSIBLE:
(1) AGGRESSION, (2) SUBSTANCE ABUSE, (3) MEDICATION NON-COMPLIANCE, (4) ESCAPE (5) MODE OF COMMUNICATION
- PLAN FOR SERVICES DURING VISIT (SCHEDULED? PRN?) NONE
- DOCUMENTATION OF CSB AGREEMENT TO ESCORTED AND UNESCORTED COMMUNITY VISIT (INCLUDE FAMILY/PLACEMENT SITE AGREEMENT)

18. ALL CONDITIONAL RELEASE REQUESTS MUST INCLUDE THE FOLLOWING INFORMATION:

- COURT ORDER REQUESTING A CONDITIONAL RELEASE PLAN TO BE DEVELOPED (IF APPLICABLE)
- A WRITTEN CONDITIONAL RELEASE PLAN WITH:
 - STATEMENT AT TOP INDICATING FACILITY AND CSB STAFF COLLABORATED IN THE DEVELOPMENT OF THE PLAN
 - PROPOSED TRIAL VISITS PRIOR TO FULL CONDITIONAL RELEASE, IF APPROPRIATE
 - NAME, ADDRESS, & PHONE OF PROPOSED PLACEMENT, AND AGREEMENT TO PLACEMENT, IF APPROPRIATE
 - STATEMENT OF PATIENT FINANCIAL RESOURCES
 - SPECIFICATIONS OF COMMUNITY TREATMENT PROGRAM
 - SPECIAL CONDITIONS: MANAGEMENT STRATEGIES FOR IDENTIFIED RISK FACTORS
 - MEDICATION COMPLIANCE, IF APPLICABLE
 - ALCOHOL OR DRUG USE
 - FIREARMS OR WEAPONS
 - OTHER RISK FACTORS IDENTIFIED IN AAB AND AAB UPDATES
- ALL NECESSARY SIGNATURES ON CONDITIONAL RELEASE PLAN
- PLAN TO MONITOR COMPLIANCE WITH CONDITIONAL RELEASE
- CSB AGREEMENT AND RECOMMENDATIONS/COMMENTS
- STATEMENT REGARDING REPORTS TO THE COURT
- ACQUITTEE'S REVIEW AND AGREEMENT TO PROPOSED PLAN

19. DATE REQUEST TO TRANSFER WAS SENT TO THE PROSPECTIVE RECEIVING FACILITY

20. REQUEST DISCUSSED WITH PATIENT
 YES NO

21. WORKING PRIOR TO HOSPITALIZATION
 YES NO
OCCUPATION:

22. EDUCATIONAL LEVEL

23. YEAR 1ST HOSP.

24. NO. OF PRIOR HOSPITALIZATIONS

25. SUBMITTED BY:

HEAD OF TREATMENT TEAM (PRINT)

SIGNATURE

TREATMENT TEAM MEMBER (PRINT)

SIGNATURE

TREATMENT TEAM MEMBER (PRINT)

SIGNATURE

TREATMENT TEAM MEMBER (PRINT)

SIGNATURE

TREATMENT TEAM MEMBER (PRINT)

SIGNATURE

TREATMENT TEAM MEMBER (PRINT)

SIGNATURE

DMHMRSAS Submission Summary Sheet, Page 3		
26. CONTACT PERSON	27. PHONE NUMBER	28. DATE RECEIVED BY FORENSIC COORDINATOR:
29. APPROVED BY IFPC CHAIR	30. PHONE NUMBER	31. DATE
31. APPROVED BY FACILITY FORENSIC COORDINATOR PRINT NAME _____ SIGNATURE _____ DATE _____		
PLEASE SUBMIT THE ORIGINAL (NO FAX COPIES) FRPSSS Rev: 3/14/96; 11/96; 9/97;10/99; 3/00 (DMH 944E 1236 05/01/2003)		

FORENSIC REVIEW PANEL DECISION NOTICE

PAGE 1

1. ACQUITTEE'S LAST NAME	2. FIRST NAME, MIDDLE INITIAL	3. DATE REQUEST RECEIVED	4. DATE OF ACTION
5. REQUEST <input type="checkbox"/> TRANSFER TO CIVIL UNIT AT <input type="checkbox"/> GROUND PRIVILEGES (ESCORTED) <input type="checkbox"/> GROUND PRIVILEGES (UNESCORTED) <input type="checkbox"/> COMMUNITY VISIT (ESCORTED) <input type="checkbox"/> CONSULTATION <input type="checkbox"/> COMMUNITY VISIT (UNESCORTED, NOT OVERNIGHT) <input type="checkbox"/> COMMUNITY VISIT (UNESCORTED, UP TO 48 HOURS) <input type="checkbox"/> CONDITIONAL RELEASE <input type="checkbox"/> UNCONDITIONAL RELEASE			
6. BASED ON REVIEW OF THE MATERIALS SUBMITTED TO THE FORENSIC REVIEW PANEL, THE PANEL MEMBERS HAVE MADE THE FOLLOWING ASSESSMENT: YES ___ NO ___ 1. HAS THE TREATMENT TEAM IDENTIFIED AND ARTICULATED THE FACTORS THAT INCREASE AND/OR DECREASE THE PROBABILITY THAT THE NGRI WILL ENGAGE IN BEHAVIORS THAT PRESENT A RISK TO OTHERS? YES ___ NO ___ 2. HAS THE TREATMENT TEAM DEVELOP A RISK MANAGEMENT PLAN THAT ADEQUATELY MANAGES THE ASSESSED RISK? YES ___ NO ___ 3. IS THE INCREASED FREEDOM REQUESTED JUSTIFIED BY THE TREATMENT TEAM'S ASSESSMENT OF RISK AND PLAN FOR RISK MANAGEMENT?			
7. BASED UPON OUR REVIEW OF THE MATERIALS SUBMITTED TO THE PANEL, AND USE OF THE RISK DECISION-MAKING CRITERIA, THE FORENSIC REVIEW PANEL HAS MADE THE FOLLOWING DECISION REGARDING THE REQUEST ON THE ABOVE REFERENCED NGRI: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED PENDING REVISION AS PER RECOMMENDATION, FURTHER REVIEW NECESSARY BY: CHAIR / PANEL <input type="checkbox"/> DEFERRED FOR REVISION OR MORE INFORMATION, ANOTHER REVIEW REQUIRED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> REFERRED TO OUTSIDE CONSULTANT <input type="checkbox"/> REMARKS			
8. NOTE SPECIFIC AREAS CHECKED, IF ANY: <input type="checkbox"/> SUBMISSION INCOMPLETE - MISSING: . . . <input type="checkbox"/> THIS IS A ONE-TIME APPROVAL <input type="checkbox"/> ADDITIONAL COMMUNITY VISITS REQUIRE NEW SUBMISSIONS <input type="checkbox"/> PLEASE RESUBMIT WITHIN ___ WEEKS <input type="checkbox"/> NOTIFY COMMUNITY SERVICES BOARD OF COMMUNITY PRIVILEGES <input type="checkbox"/> NOTIFY COMMONWEALTH'S ATTORNEY'S OFFICE OF COMMUNITY PRIVILEGES <input type="checkbox"/> SEE ATTACHED COMMENTS			
9. _____ CHAIR, FORENSIC REVIEW PANEL DATE			
10. ANY PRIVILEGES GRANTED ARE TO BE VIEWED ONLY AS A CEILING LEVEL; THE TREATMENT TEAM HAS THE AUTHORITY AND RESPONSIBILITY FOR MONITORING THE NGRI'S CONDITION AND TO REDUCE THE LEVEL OF PRIVILEGES APPROPRIATE TO THE NGRI'S FUNCTIONING. SEE THE <u>NGRI MANUAL</u> FOR A DESCRIPTION OF THE REVIEW PROCESS IN CASES WHERE THE PANEL HAS DENIED A REQUEST.			

FORENSIC REVIEW PANEL DECISION NOTICE

PAGE 2

COPIES: DIRECTOR OF FORENSIC SERVICES, CENTRAL OFFICE
 FORENSIC COORDINATOR OF FACILITY
 NGRI COORDINATOR
 FORENSIC REVIEW PANEL FILE

1. ACQUITTEE'S LAST NAME	2. FIRST NAME, MIDDLE INITIAL	3. DATE REQUEST RECEIVED	4. DATE OF ACTION
--------------------------	-------------------------------	--------------------------	-------------------

5. COMMENTS:

 CHAIR, FORENSIC REVIEW PANEL

DATE

COPIES: DIRECTOR OF FORENSIC SERVICES, CENTRAL OFFICE
 FORENSIC COORDINATOR OF FACILITY
 NGRI COORDINATOR
 FORENSIC REVIEW PANEL FILE

(DMH 944E 1237 05/01/2003)

FORENSIC REVIEW PANEL DECISION SIGNATURE PAGE

1. ACQUITTEE'S LAST NAME	2. FIRST NAME, MIDDLE INITIAL	3. DATE REQUEST RECEIVED	4. DATE OF ACTION
--------------------------	-------------------------------	--------------------------	-------------------

5. REQUEST

<input type="checkbox"/> TRANSFER TO CIVIL UNIT AT _____	<input type="checkbox"/> COMMUNITY VISIT (UNESCORTED, NOT OVERNIGHT)
<input type="checkbox"/> GROUND PRIVILEGES (ESCORTED)	<input type="checkbox"/> COMMUNITY VISIT (UNESCORTED, UP TO 48 HOURS)
<input type="checkbox"/> GROUND PRIVILEGES (UNESCORTED)	<input type="checkbox"/> CONDITIONAL RELEASE
<input type="checkbox"/> COMMUNITY VISIT (ESCORTED)	<input type="checkbox"/> UNCONDITIONAL RELEASE
	<input type="checkbox"/> CONSULTATION

6. BASED UPON OUR REVIEW OF THE MATERIALS SUBMITTED TO THE PANEL, AND USE OF THE RISK DECISION-MAKING CRITERIA, THE FORENSIC REVIEW PANEL HAS MADE THE FOLLOWING DECISION REGARDING THE REQUEST ON THE ABOVE REFERENCED NGRI:

APPROVED

APPROVED PENDING REVISION AS PER RECOMMENDATION, FURTHER REVIEW NECESSARY BY: CHAIR / PANEL

DEFERRED FOR REVISION OR MORE INFORMATION, ANOTHER REVIEW REQUIRED

DISAPPROVED

REFERRED TO OUTSIDE CONSULTANT

REMARKS

7. COMMENTS:

8. SIGNATURE OF PANEL MEMBERS:

CHAIR, FORENSIC REVIEW PANEL DATE

Notification to Commonwealth's Attorney

Date: _____

Commonwealth's Attorney
Address

Dear _____:

Under the provisions of Virginia Code § 19.2-182.4, this facility is required to notify you in writing when an individual who has been found Not Guilty by Reason of Insanity and placed in the custody of the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services has been authorized to leave the grounds of the hospital in which he or she is confined. The individual noted below has been so authorized:

- Acquittee:
- Case No.:
- Court of Jurisdiction:
- Register No.:
- Date of Birth:
- Date Of NGRI Finding:

This individual has been approved for community visits by the Forensic Review Panel. During community visits, the individual will:

- _____ be accompanied by hospital staff.
- _____ not be accompanied by hospital staff.

The length of the community visits will be:

- _____ no longer than eight hours.
- _____ no longer than 48 hours.
- _____ as described in the court approved conditional release plan.

If you have any questions regarding the above, please contact me at _____.

Forensic Coordinator

xc: Office of Forensic Services, DMHMRSAS
Defense Attorney
Judge
Community Services Board NGRI Coordinator