

# APPENDIX G

## FORENSIC COORDINATOR RESPONSIBILITIES

Since 1987, the Commissioner has required that all DB HDS operated mental health facilities designate a Forensic Coordinator. The primary focus of the Forensic Coordinator is to improve the management of forensic patients in DBHDS facilities. Due to the unique involvement of forensic patients in both the mental health and criminal justice systems, they require special focus to ensure that they are being managed in a most appropriate fashion.

Our system is responsible for providing treatment and evaluation services to forensic patients while remaining sensitive to the needs of the courts as well as the security and safety concerns of the patient, staff and the general public. Forensic patients frequently have unique reporting requirements to the courts or restrictions which need to be addressed. The Forensic Coordinator for each facility is responsible for ensuring that the facility manages all forensic patients in an appropriate fashion according to the policies of the Department, orders of the court, and laws of the Commonwealth and in coordination with the Division of Forensic Services, Forensic Services section.

Each facility shall establish internal procedures to ensure that the Forensic Coordinator is immediately notified of all forensic patients admitted to the facility.

The responsibilities of each Forensic Coordinator include, but are not limited to, the following. The Forensic Coordinator shall

- I Ensure that all forensic admissions, transfers and discharges, are made in accordance with appropriate policies, court orders, and legal standards.
- II Review each court order for the hospitalization, evaluation, temporary custody, commitment, treatment or discharge of forensic patients for legal sufficiency. Whenever a court order does not comport with the Code of Virginia or other legal standards, the Forensic Coordinator will work with the courts and the attorneys to obtain a revised court order which meets legal standards. If, after making documented attempt to obtain an appropriate court order, the Forensic Coordinator requires assistance, he or she shall contact the Director of Forensic Service in a timely manner to request technical assistance and support.
- III Monitoring the management, progress, conditional release planning, and discharge planning for all forensic patients.
  - A. Notify the Director of Forensic Services of all admissions, transfer, and discharges of insanity acquittees (NGRIs) within one working day of the event.

- B. Notify the Director of Forensic Services of any attempted escape, serious incident, or death of any forensic patient within one working day of the event.
- C. Consult with the treatment team(s) and other appropriate staff regarding management decisions for forensic patients. Ensure that a mechanism is in place to identify forensic patients upon their admission and provide notification of that forensic status to appropriate personnel which includes, but is not limited to, treatment team members, direct care staff, and safety and security staff. Develop and monitor appropriate means of managing the security of acquittees during off-site special hospitalization episodes, or when acquittees must be transported to medical appointments away from the facility.
- D. Work closely with the treatment team(s) and the court(s) to monitor the schedules of due dates of reports and dates of hearings for forensic patients
  - 1. Maintain current listings of all scheduled court hearings, and due dates for reports to the courts for forensic patients.
  - 2. Ensure that appropriate persons and entities are notified of hearing dates.
  - 3. Ensure that reports are submitted to the court(s) on time.
  - 4. Ensure that the NGRI Coordinator of the appropriate CSB/BHA is notified of all court dates scheduled for insanity acquittees in the custody of the Commissioner.
  - 5. Notify any person(s) who have requested victim notification in writing (and by phone if time before the hearing is limited) as soon as possible after becoming aware of the likelihood of a court hearing for an insanity acquittee. Verify the specific date and time of the hearing by contacting the Commonwealth's Attorney or the Clerk of the court. If scheduling changes occur, notify any person(s) who have requested victim notification of the accurate time and date of the hearing as soon as possible.
  - 6. Review and approve, personally, each final signed NGRI annual report before the report is provided to the court in order to ensure that policies and procedures are followed.

7. Submit copies of all subpoenas for any staff member to provide court testimony regarding an insanity acquittee to the Office of Forensic Services, along with a statement from the subpoena recipient, regarding whether or not he or she plans to testify in favor of release or continued commitment of the acquittee, when questioned on the matter, by the court.
- E. Serve as the primary point of communication with the FRP regarding insanity acquittees to insure that requests for privileges are congruent with patients' clinical needs and the legal parameters determined by the patients' forensic status.
1. Review and approve all submissions from the facility to the Panel.
  2. Receive and deliver to the treatment team(s) all information received from the Panel.
  3. Ensure that reports are submitted to the court(s) on time.
- IV Oversee the process for the implementation and monitoring of privileges for all forensic patients, with a process of appropriate documentation.
- A. Develop and maintain a database summarizing the current forensic status and approved privileges for each forensic patient within the facility.
  - B. Oversee a means to audit that privileges are being appropriately implemented.
  - C. Ensure that forensic patients are served in the most appropriate level of security.
  - D. Make certain that all the clinical teams responsible for the evaluation and treatment of forensic patients are aware of any case management restrictions.
  - E. Participate in the Forensic Review Committee internal to each facility which reviews levels of privileges for forensic patients.
- V Advise the facility Director of all forensic training needed by facility staff.
- A. Maintain a listing of all facility staff who are qualified, by education and training, to perform Commissioner-Appointed Evaluations of insanity acquittees.

- B. Develop an annual schedule for all qualified staff, who lack the requisite training, to attend appropriately training provided by the Institute of Law, Psychiatry and Public Policy.
  - C. Provide to the facility Director, on an annual basis, a listing of all psychologists and psychiatrists responsible for the evaluation and treatment of forensic patients.
    - 1. Note the names of those individuals who have not completed the requisite training provided by the Institute of Law, Psychiatry and Public Policy, and
    - 2. Provide a plan for scheduling their attendance at appropriate training.
- VI Maintain communication with the Office of Forensic Services to provide information and to seek consultation regarding forensic cases.
  - VII Remain abreast of changes in forensic issues, policies and practices and communicate this information to appropriate staff. Attend training events and annual symposia presented by the Institute of Law Psychiatry and Public Policy.
  - VIII Attend all meetings of the facility Forensic Coordinators. Subsequently, distribute pertinent information to facility staff. Convene meetings of facility staff, when appropriate.
  - IX Maintain and supervise the currency of all patient data for patients admitted to the facility, in the Forensic Information Management System (FIMS) database. Provide monthly statistical reports of forensic services at the facility; participate in other data collection activities for the Office of Forensic Services.
  - X Review the forensic policies and procedures of the facility on an annual basis.
  - XI Develop and maintain currency of facility NGRI legal and privileging files for each acquittee.
  - XII Provide comprehensive oversight of document production, transmission and receipt among facility treatment teams, the IFPC, the FRP, and the Office of Forensic Services, regarding the process of privileges granted by the facility IFPC.