

Osawatomie State Hospital  
Rainbow Mental Health Facility

High Risk Discharges  
Patient Referral and Assessment Process  
(Effective December 8, 2006)

**Section I - Background and Purpose:**

This process was created by a chartered team that developed a plan to assess discharge procedures for patients that have pose a high risk for themselves and their communities when discharged from Osawatomie State Hospital (OSH) or Rainbow Mental Health Facility (RMHF). Typically these patients achieve some level of readiness for discharge (from the hospital) in terms of their stabilization according to their presenting problem (at admission). However, community providers believe that due to their history, many of these patients need further assessment before discharge even though the patient is not exhibiting violence or aggression when hospital staff assess readiness for discharge.

Initially, this process will begin December 8, 2006, as a “pilot” with the following Community Mental Health Centers (CMHC’s):

Wyandot Center  
Johnson County Mental Health Center  
Pawnee Mental Health Center  
Valeo Behavioral Health

After some experience with this process, all CMHC’s in the OSH/RMHF catchment area will have access to the process.

**Section II - Criteria for Referral:**

The target population are individuals that portray violent behavior. Violent behavior can be defined as a person with a high degree and/or habitual nature of violence with whom traditional outpatient or community based services have not been effective.

### **Section III -Referral:**

An assessment process is triggered between CMHC and OSH/RMHF hospital staff to further assess discharge readiness when the CMHC Liaison of county responsible and/or the OSH/RMHF Treatment team identify a patient who meets above **Criteria for Referral**.

1. The CMHC Liaison initiates discussion with their CMHC CSS Director or designee.
2. The CMHC CSS Director/designee contacts the OSH/RMHF Social Services Director/designee to initiate the High Risk Discharge Team (HRDT).

### **Section IV - Team and Assessment Process:**

1. When the process is triggered as stated in the above **Referral** process, a team will be convened within one week of admission to begin the **Consensus Assessment Process**. This will be a face-to-face meeting.
2. The team that will conduct the **Consensus Assessment Process** is made up of the following individuals:
  - A. The CMHC Liaison of county responsible
  - B. The OSH or RMHF Treatment Team (ie. Doctor, Psychologist, Ward Nurse, and Social Worker).
  - C. The CMHC Treatment Team of the CMHC who is responsible for the patient:
    - The CMHC liaison
    - The CMHC CSS Director
    - Other CMHC treatment staff (i.e., case manager)
  - D. An independent CSS Director not from the CMHC responsible for the patient (this CSS Director is limited to those who participated on the charter team - Johnson County, Wyandote County, Valeo.
  - E. The team could also include other collateral such as parole/probation officers, guardians, interested family members, etc.
3. The OSH/RMHF Social Services Director/designee initiates an e-mail to the team specified above and cc's the Superintendent to schedule meeting within one week.

### **Section V - Consensus Assessment Process.**

1. The **Patient/Consumer Assessment and Information** form is to be followed as an assessment protocol. A copy of the form is part of this document.
2. The OSH/RMHF Social Services Director will maintain a file of all **Patient/Consumer Assessment and Information forms** in order to create a "data base" for future policy and service delivery consideration.

## **Section VI - Decision Making:**

1. The OSH/RMHF Social Services Director notifies Superintendent when consensus is met and discharge proceeds.
2. If a situation occurs when the team cannot come to consensus, The OSH/RMHF Social Services Director notifies, the Superintendent who then notifies the OSH/RMHF Executive Clinical Program Team (ECPT) for discussion and decision making. The patient stays in the hospital until final consensus is reached by the ECPT (within time frame).

High Risk Discharge  
Patient/Consumer Assessment and Information

**Community Provider Information: (To be completed by responsible CMHC staff)**  
**An agreement must be reached on the question before moving on to the next.**  
**One hour Time Limit.**

Does the patient meet the definition criteria?

What is Criteria for discharge?

- A. Hospital
- B. CMHC
- C. Agreement

Summary of Patient information:

- A. CMHC
  1. Service Provided (be specific)
  2. Summary of History of violence in community
  3. Legal involvement
  4. History of Placement
- B. Hospital
  1. Social History
  2. Hospital Behavior
  3. psychological Evaluation
  4. Screening (copy)
  5. Medications
  6. Special Treatment/ Behavior Plan

Why have traditional outpatient or community based services not been effective?

What prevented services from working effectively:(Be Specific)

What services need to be developed if any:

Any history of stability in community:

HRDC Recommendation: (refer to decision tree)