

Policy Name:	Admissions Process to State Psychiatric Hospitals	Policy Number:	BHS/SVS 610
Commission:	Behavioral Health Services	Date Established:	2/1/2018
Applicability:	Community Mental Health Centers & any “treatment facility” as defined by the Kansas Care and Treatment Act, K.S.A. 59-2946(n)	Date Last Revised:	
Contact:	Behavioral Health Services Commissioner	Date Effective:	3/23/2018
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Status/Date:	Final/3/23/18	Number of Pages:	6
<i>Revision History</i>			

I. Policy

To clarify the laws surrounding the admission process to the Kansas State Psychiatric Hospitals.

II. Procedures

A. PRE-ADMISSION

- a. A state hospital depends on a local Qualified Mental Health Professional (QMHP) providing the hospital admission staff and admitting physician a written crisis assessment with accurate information about the immediate psychiatric and medical treatment needs of a person experiencing a psychiatric crisis. The process by which a QMHP conducts a crisis assessment is commonly called a screen.
- b. Generally, a psychiatric crisis occurs when, because of a person’s mental illness, the demands of a serious, acute, emotionally hazardous situation exceeds the abilities and resources available in the community to provide adequate care and treatment of a person’s mental illness.
- c. A crisis assessment is a face-to-face appraisal by a QMHP to define the nature and acuity of the psychiatric crisis, determine the appropriate intervention (which may or may not include an application for hospitalization), and develop active treatment recommendations that best meet a person’s needs for ongoing psychiatric treatment.
- d. A QMHP documents the results and conclusions of the screen by using the Mental Health Screening Form. It is the discretion of the state admission staff and admitting physician to request additional information regarding the person’s psychiatric and medical treatment history. Before a person is admitted to a state psychiatric hospital, a nurse-to-nurse and/or a doctor-to-doctor consult must take place unless the admitting state hospital determines it is not necessary.
- e. The screening process assists the QMHP in determining whether a person can be treated in the community or should be referred to the appropriate acute care facility for inpatient

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psychiatric treatment. Only after community options have been exhausted should an application for admission be made to the state psychiatric hospitals. Screening can take place at various community locations, including but not limited to, a CMHC, community hospital, or law enforcement center. There is no requirement regarding the location of the evaluation, but issues of safety and confidentiality should be considered.

- f. It is the role of a QMHP to help determine which psychiatric crises require screening for inpatient hospitalization as opposed to those that can be attended to by community-based outpatient services.
- g. A mental health screen may be performed when: (1) requested by a person who believes they are experiencing a psychiatric crisis, a community agency, such as law enforcement or corrections, other individuals, including relatives and guardians; or (2) when it is the professional assessment of the QMHP that management of a person’s acute psychiatric crisis may require more than outpatient treatment. Risk factors, both medical and psychiatric, identified during a screen and documented on the Mental Health Screening Form provide critical information necessary for the state hospital staff to determine whether the person meets statutory criteria for acute inpatient psychiatric care.

B. GUIDELINES FOR DETERMINING IF A PERSON WILL BE ADMITTED TO A STATE PSYCHIATRIC HOSPITAL

- a. Before a person is admitted to a state psychiatric hospital, admission staff and an admitting physician will review the mental health screen with accompanying documentation related to a person’s mental health and medical treatment history, as well as, information obtained during nurse-to-nurse and doctor-to-doctor consults to determine if the person will be admitted.
- b. Admission to the State Psychiatric Hospitals:
 - i. Voluntary Patients: A mentally ill person may be admitted to a treatment facility as a voluntary patient when there are available accommodations and the head of the treatment facility determines such person is in need of treatment therein, and that the person has the capacity to consent to treatment, except that no such person shall be admitted to a state psychiatric hospital without a written statement from a qualified mental health professional authorizing such admission.
 - ii. Involuntary Patients: The following guidelines are to ensure that, before admission to a state psychiatric hospital for care and treatment, a person meets the criteria of a “mentally ill person subject to involuntary commitment for care and treatment,” as defined by K.S.A. 59-2946(f), see below.

(f)(1) “Mentally ill person subject to involuntary commitment for care and treatment” means a mentally ill person, as defined in subsection (e), who also lacks capacity to make an informed decision concerning treatment, is likely to cause harm to self or others, and whose diagnosis is not solely one of the following mental disorders: Alcohol or chemical substance abuse;

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antisocial personality disorder; intellectual disability; organic personality syndrome; or an organic mental disorder.

(2) “Lacks capacity to make an informed decision concerning treatment” means that the person, by reason of the person's mental disorder, is unable, despite conscientious efforts at explanation, to understand basically the nature and effects of hospitalization or treatment or is unable to engage in a rational decision-making process regarding hospitalization or treatment, as evidenced by an inability to weigh the possible risks and benefits.

(3) “Likely to cause harm to self or others” means that the person, by reason of the person's mental disorder: (A) is likely, in the reasonably foreseeable future, to cause substantial physical injury or physical abuse to self or others or substantial damage to another's property, as evidenced by behavior threatening, attempting or causing such injury, abuse or damage; except that if the harm threatened, attempted or caused is only harm to the property of another, the harm must be of such a value and extent that the state's interest in protecting the property from such harm outweighs the person's interest in personal liberty; or (B) is substantially unable, except for reason of indigency, to provide for any of the person's basic needs, such as food, clothing, shelter, health or safety, causing a substantial deterioration of the person's ability to function on the person's own.

- c. With the above as the guide for determining appropriateness for admission, it must be clearly indicated that the person’s behaviors are symptomatic or a direct result of a diagnosed mental illness (excluding the above exceptions). Further, the individual must be able to benefit from, and participate in the active treatment provided by the hospital treatment staff.
- d. A person may be admitted to a state psychiatric hospital when demonstrating an acute significant impairment of one or more of the following factors and who is at clear risk of harm to themselves or others as noted above.
 - i. Abnormal thinking that interferes with the ability to care for themselves and dependents. Abnormal thinking may include:
 1. Paranoid thinking.
 2. Ideas of reference.
 3. Loss of reality testing.
 4. Loss of time concept.
 5. Confusion or incoherence.
 - ii. Abnormal perceptions that interfere with the ability to care for themselves and dependents outside the structure of a state psychiatric hospital. Abnormal perceptions may include:
 1. Auditory hallucinations
 2. Visual hallucinations
 3. Unable to recognize familiar people
 4. Other sensory hallucinations
 - iii. Abnormal feelings that interfere with the ability to care for themselves and dependents outside the structure of a state psychiatric hospital severe enough to threaten self,

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others, and property (where likely property damage is considered substantial).
Abnormal feelings may include:

1. Severe depression likely to cause a suicide attempt.
 2. Anger and/or rage that provoke feelings of wanting to harm other people.
 3. Unusual fear, anxiety and/or panic that are likely to cause self-injury.
- iv. Abnormal behavior that interferes with the ability to care for themselves and/or dependents outside the structure of a state psychiatric hospital severe enough to threaten self, others, and/or property (where likely property damage is considered substantial). Abnormal behaviors may include:
1. Suicide threats or attempts of a serious nature.
 2. Homicidal threats or attempts of a serious nature.
 3. Self-care failure due to interference with judgment that may cause self-injury or aggravate illness.
 4. Mutism or catatonia that makes it impossible to assess the patient without hospital admission.
 5. Mania
 6. Failure of self-care
- e. Persons presenting with one or more of the following conditions or under one or more of the following circumstances will not be considered for state psychiatric hospital admission:
- i. Persons not screened by a QMHP through a participating CMHC.
 - ii. Persons not presenting in an acute psychiatric crisis, even if in need of some psychiatric treatment which could be met on an outpatient or on a less-than-inpatient basis.
 - iii. Persons whose primary needs would be better met through services for intellectual disability or other developmental disabilities. (This does not apply to persons presenting with severe psychiatric symptoms who also happen to have intellectual disability or other developmental disabilities and who will be able to participate in, and benefit from active treatment.)
 - iv. Persons presenting with a diagnosis or diagnoses including dementia or other neurocognitive disorder, who are unable to participate in or benefit from active treatment.
 - v. Persons presenting with an alcohol or substance abuse crisis, not obviously accompanied by a psychiatric crisis (provided the psychiatric crisis is not symptoms solely associated with the substance abuse, and not presenting by a law enforcement officer for detention at the social detoxification unit).
 - vi. Persons exhibiting extreme sexual acting out which is harmful to self or others and is not related to psychiatric symptoms.
 - vii. Persons requiring specialized medical/nursing care services beyond state hospital capabilities to provide. Specialized medical services beyond hospital capabilities include but are not limited to:
 1. Intravenous catheters, ports, or permanent venous access; foley catheters, intravenous medications, intravenous fluids.
 2. Dialysis
 3. Intensive care services
 4. Ventilators
 5. Services associated with total nursing care (i.e., patient confined to bed, cannot feed self requires toileting assistance)

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6. Wound Care (depends on severity of wound and the care required)
 7. Other services generally provided in a medical hospital or nursing home should first be discussed with the state hospital physician before referral.
 8. Persons who would not be medically stable outside of a medical or nursing facility (based on a medical examination by a physician or doctor to doctor consult), or who are in need of significant medical care or treatment unrelated to or independent of any psychiatric symptoms. (If a Person is in hospital, facilitate doctor to doctor consultation to ensure the client is stable for transfer.)
Note: The capability for state psychiatric hospitals to provide the medical services listed above is very limited – they are a specialty hospital for psychiatric services. If “yes” to any of the above, a consultation with the medical director and a nursing staff by the referring physician is required to ensure the person receives the right care at the right place.
- viii. Persons not presenting in an acute psychiatric crisis who, however, present evidence of harm to self and others, and the diagnosis or diagnoses are primarily related to conduct disorder, antisocial personality disorder or traits of antisocial personality disorder.
 - ix. Persons presenting with a primary diagnosis of borderline personality disorder, and whose presenting issues are a direct manifestation of that diagnosis.
- f. When diversion options have been exhausted, or are not appropriate, there are considerations a QMHP should attend to prior to applying to the state psychiatric hospitalization for a person:
 - i. The QMHP should make reasonable attempts to discuss hospital admission with the person to determine their willingness to engage in inpatient care.
 - ii. If it appears that the person may meet criteria for admission to a state psychiatric hospital, the QMHP should determine whether the admission is voluntary or involuntary. If voluntary, efforts should be made to exhaust all community hospital options within the state before referring to a state hospital.
 - iii. The QMHP will coordinate admission with the state hospital admission office and is expected to be prepared for a consult with medical staff, especially if the clinician feels the acceptance of a person for admission might propose a challenge (medically fragile, intoxication).
 - iv. The QMHP should document any recommendations for treatment including type of intervention needed, possible length of treatment, and discharge recommendations. Any recommendations should be included with the mental health screen.
 - g. Before a person is admitted to a state psychiatric hospital:
 - i. The QMHP should:
 1. Contact the admissions office of the hospital,
 2. Forward a copy of the screening instrument and the letter authorizing admission (typically fax and sending paper packet with the patient) and assist the admissions office in any other way to arrange the admission,
 3. Explain the process to the person and help them collect any other documents or information that they will need in order to be admitted.
 - ii. If the hospital professional has any concern about the appropriateness of the QMHP’s determination, a call will be made to the QMHP to see if additional information is available or to clarify the QMHP’s recommendation that the person should be admitted to the state psychiatric hospital. The state hospital psychiatrist will review the screening

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instrument and make an independent assessment of the diagnostic impression and the need for hospitalization.

- iii. If the state psychiatric hospital accepts the application to admit the person, the QMHP should make reasonable efforts to coordinate secure transportation for the person to the state psychiatric hospital depending on local or regional resources. The QMHP should give consideration both to the person’s safety during transport, but also the use/disuse of restraints, making the process as humane as possible. The QMHP should make every effort to make the transportation as least restrictive as possible, utilizing family, case managers, attendant care, etc. Law enforcement should be considered the last option for transportation.
- h. When a district court revokes an order for outpatient treatment and orders the immediate detention of the patient in a state psychiatric hospital, a written statement (i.e., a “screen”) from a qualified mental health professional detailing the circumstances that led to the revocation and the patient’s current psychiatric and medical status shall be filed with the court before hospital staff admit the patient.
- i. No patient shall be admitted to a state psychiatric hospital pursuant to any provision of the Kansas Care and Treatment Act for Mentally Ill Persons, K.S.A. 59-2945, et al, including any court-ordered admissions, if the Secretary has notified the Kansas Supreme Court and each district court which has jurisdiction over all or part of the catchment area served by a state psychiatric hospital, that the census of a particular treatment program of that state psychiatric hospital has reached capacity and that no more patients may be admitted.
- j. It is important to understand that the decision to admit a person to a state psychiatric hospital depends on the coordinated efforts between KDADS staff and our community partners. The goal is to provide the right care at the right time and at the right place to persons experiencing an acute psychiatric crisis.

Authority

Federal Authorities

42 C.F.R. 482

State Authorities

K.S.A. 59-2945, *et al*

Related Information

PUBLIC COMMENT PERIOD: October 4, 2017 to October 6, 2017

RELATED CONTENT:

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