Title: Psychiatric Assessment Team Behavioral Health Discharge Planning Policy ENGLISH (Spanish #10046)	**Document #:** 9423
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Sites: St. Charles Bend Campus: St. Charles Madras: St. Charles Prineville: St. Charles Redmond Campus:	**Page 1 of 5**
JobTitle: MANAGER PSYCHIATRIC ASSESSMENT	**Most Recent Review:** 01/31/2024
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SUMMARY OF POLICY:

It is the policy of SCHS that patients presenting in a behavioral health crisis in the emergency department and all inpatient units receive comprehensive crisis assessment/safety planning when being discharged to the community.

SCOPE:

This is a policy that applies to St. Charles Health System within the sites above.

RATIONALE:

Pursuant to HB 3900, OAR 333-520-0070 and ORS 441.053-4, a hospital must include certain elements of transition and discharge planning care that help support patients who are admitted to the emergency department or inpatient unit for a behavioral health crisis. This policy describes those elements and support we are required to provide for patients.

DEFINITIONS:

Please see the **Caregiver Handbook** for standard system terms

Ask Suicide-Screening Questions (ASQ): A questionnaire that includes patients under the age of 18 to identify those individuals requiring further mental health/suicide safety assessment.

Behavioral Health Assessment: an evaluation by a MHP, in person or using telemedicine, to determine a patient's need for immediate crisis stabilization (ORS 414.025(2)).

Behavioral Health Crisis: A disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual's mental or physical health (ORS 441.053).

Behavioral Health Clinician/Mental Health Provider (MHP): a) licensed psychiatrist; b) a licensed psychologist; c) a certified nurse practitioner with a specialty in psychiatric mental health; d) a licensed clinical social worker; e) a licensed professional counselor or a licensed marriage and family therapist; f) a certified clinical social work associate; g) an intern or resident who is working under a board-approved supervisory contract in a clinical mental health field; or h) any other clinician whose authorized scope of practice includes mental health diagnosis and treatment (ORS 414.025(3).

C-SSRS: The Columbia-Suicide Severity Rating Scale (C-SSRS) is a questionnaire used and intended to help establish a person's immediate risk of suicide and is used in acute care settings.

Caring Contacts: (ED Only) Brief communications between the patient and a community provider to successfully transition the patient to outpatient services. The provider can be a mental health professional, peer support specialist, peer wellness specialist, family support specialist or youth support specialist. Peer support, peer wellness, family support and youth support specialists are persons certified by the Oregon Health Authority, Health Systems Division who provide supportive services to persons receiving mental health or addiction treatment (OAR 333-520-0070(d)).

Lay Caregiver: either an individual designated by the patient, parent or legal guardian whom a health care provider may disclose protected health information without a signed authorization (ORS 192.567) or an individual who, at the request of a patient, who agrees to provide aftercare to the patient in the patient's residence (ORS 441.198). It is the hospitals practice to obtain a release of information prior to disclosing health information except in emergency situations and/or when patient condition is such their confusion or level of consciousness prevents their ability to give consent and care would be negatively impacted.

1. For a patient who is younger than 14 years of age, a parent or legal guardian of the patient.

2. For a patient who is 14 years of age or older, an individual designated by the patient or a parent/legal guardian of the patient to the extent permitted under ORS 109.640 (consent law/right to diagnose) and 109.675 (exclusions are not limited to; minor who has been sexually abused by a parent or emancipated minor).

3. For a patient who is 14 years or older, and who has not designated a caregiver, an individual to whom a health care provider may disclose protected health information without a signed authorization under ORS 192.

Lethal Means Counseling: Counseling strategies designed to reduce the access by a patient who is at risk of suicide for suicide by lethal means, including but not limited to firearms (OAR 836-053-1403).

Safety plan: A written plan developed by a patient in collaboration with the patient's lay caregiver, if any, as facilitated by a health care provider that identifies strategies for the patient or lay caregiver to use when the patient's risk for suicide is elevated or following a suicide attempt.

Suicide Risk Assessment: a comprehensive assessment evaluating a patient's level of suicide risk by evaluating; current suicidal ideation and plan, lethality of suicide plan, access to means and/or guns/weapons, history and lethality of past suicide attempts, family history

suicide attempts, suicide risk factors, protective factors, prior inpatient hospitalizations, outpatient behavioral health providers and rating scale of the C-SSRS/ASQ.

POLICY:

1. Emergency Department and/or Hospital Medical Floor Patients: Emergency Department and/or Hospital Medical Floor patients who have presented to the emergency department or have been admitted to an inpatient unit due to a behavioral health crisis will receive a behavioral health assessment that includes care management and long-term needs assessment to ensure the discharge plan is appropriate to the needs and acuity of the patient and the abilities of the lay caregiver. For the purpose of this policy, the following defines a patient in behavioral health crisis:
   a. Admission to a hospital medical inpatient unit for whom admission occurred because of a behavioral health crisis.
   b. Patients receiving care while in the emergency department as a result of a behavioral health crisis and resulting QMHP order for consultation.
2. Requirements for Patients Being Seen: The following elements are required for patients being seen or admitted for a behavioral health crisis when discharging from an emergency department or inpatient unit:
   a. Behavioral health assessment conducted by a mental health professional that includes: a best practice suicide risk assessment, homicide/violence risk assessment and if indicated develop a safety plan and lethal means counseling with the patient and designated lay caregiver (as available) as well as any other collateral contacts. Providers may accept unsolicited information from family and friends not authorized for disclosure.
   b. Be offered and encouraged to designate a lay caregiver/support person to aid in safety and discharge planning.
      i. If a lay caregiver is designated, request patient to sign authorization form Behavioral Health Authorization for St. Charles To Speak with Designated Lay Caregiver ENGLISH (Spanish #10036); Behavioral Health Authorization for St. Charles To Speak with Designated Lay Caregiver SPANISH (English #10035). Inform patient that they can revoke the release of information at any time, the hospital does not require disclosure without patient permission and that only the minimal information necessary will be shared.
      ii. The lay caregiver and their relationship to the patient should be noted in the patient's medical record.
      iii. If the minor is 14 or older and does not to designate the legal guardian or parent as a lay caregiver due to cause, the reasons for that determination should be noted in the medical record.

3. Information on Benefits: Provide information on benefits of involving lay caregiver and disclosing information to him/her, as well as limits to disclosure as outlined within the patient summarization given during admission and at discharge and noted on the release of information disclosure form.

4. Patient Long-Term Needs Assessment: Patient long-term needs assessment that includes, but is not limited to:

   a. Capacity for self-care including but not limited to risk of self-harm, available support network at the location of anticipated discharge and resources available to access prescribed medications or travel to follow-up appointments,

   b. Need for community-based services, and

   c. To the extent possible, whether the patient may return to the place from which they resided prior to hospital admission or emergency department visit or if step-down resources are needed.

   d. Care coordination transitioning to outpatient treatment that includes one or more of the following: primary care provider, community-based providers, peer support, lay caregivers or others who can implement the patient's plan of care.

   e. Schedule follow-up appointment(s) that occurs within 7 days of discharge with a provider that is appropriate to address crisis follow up and ensure the next provider of care receives adequate documentation of the crisis visit. If a follow-up appointment cannot be scheduled within 7 days, document the applicable barriers in the patient's medical record. Provide documentation if follow up is not applicable due to patient transfer to another inpatient/residential facility.

   f. Case management that includes clinical review of the patient record and interview of patient and/or lay caregiver, if available, to determine and address any medical, functional and/or psychosocial barriers to safe discharge, recommend resources and supports, and agreed upon by the patient.

   g. Educate lay caregiver(s) (if available) on diagnosis, treatment recommendations, outstanding safety issues, discharge criteria as well as inform lay caregiver(s) of patient discharge prior to discharge.

   h. This policy will be publicly available on the hospital's website and provided to each patient and patient's lay caregiver (as available) in written form upon admission/discharge from the hospital or release from the emergency department.

   i. For patients presenting with a suicide attempt or suicidal ideation, a caring contact must be attempted within 48 hours of discharge. Caring contacts may be conducted in person, via telemedicine or by phone. Behavioral Health Authorization for St. Charles To Speak with Designated Lay Caregiver ENGLISH (Spanish #10036); Behavioral Health Authorization for St. Charles To Speak with Designated Lay Caregiver SPANISH (English #10035)

5. Discharge Plans: All elements must be completed promptly so as not to delay discharge or transfer to another facility. Completing a behavioral health assessment that includes care management and long-term needs assessment helps ensure the discharge plan is appropriate to the patient's needs and acuity and the abilities of the lay caregiver. If at any time a patient refuses resources or support, safety plan and/or discharge plan/ instructions, the physician will be consulted to reassess readiness for discharge, to include suicide risk.

REFERENCES:

Department of Health and Human Services: Centers for Medicare and Medicaid Services Regulation 42 CFR 412.27(c); 482.61(e) Discharge Planning and Discharge Summary and 482.43

Oregon Health Authority: Discharge planning for patients presenting with behavioral health crisis or hospitalized for mental health treatment fact sheet (Revised 10/18/2022)

ORS 441.053, 441.054

Oregon Administrative Rules: 333-500-0010;333-505-0030, 0050, and 0055; 333-520-0070 and 333-535-0000

Oregon House bill 3900

Lay Caregiver Informational Handout ENGLISH (Spanish #10040)

Lay Caregiver Informational Handout SPANISH (English #10039)