

PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - THERAPY SERVICES
ADMINISTRATIVE DIRECTIVE NO. 402
(Replaces AD 402 dated 10/6/2005)

Effective Date: September 7, 2006

SUBJECT: SECURITY/ESCAPE RISK ASSESSMENT

I. PURPOSE

To ensure that each person committed to Coalinga State Hospital (CSH) is adjudged by the hospital staff for a potential of escape.

II. AUTHORITY

Current California Department of Mental Health Special Order 903.05.

III. POLICY

All Individuals committed to CSH shall be assessed as to their potential for escape. Such assessment shall result in a categorization as either: ALERT, HIGH, MEDIUM, or LOW.

IV. METHOD

- A. The security/escape risk assessment shall be completed by the admitting unit's Wellness and Recovery Team as soon as possible, but no later than two (2) weeks from the date of admission. All first admissions to a state hospital shall be admitted to a locked unit. Within the first two weeks of admission, an escape risk profile using the criteria listed below will be used to determine potential security risk of each Individual. This shall be done by using the Security/Escape Risk Assessment Form (MH7019) attached to this Administrative Directive.
- B. The following are the criteria for the determination of a risk profile.
 - 1. The Individual's PRIOR history of escape, or attempted escape as an adult (18 or over).
 - 2. Whether, within 30 days prior to the completion of the assessment, the Individual has received "important news" (e.g., change in commitment status, divorce by spouse, death of a parent, birth of a child, etc.). The "news" could be either "good" or "bad" in nature; the significance is that it has a major impact on the Individual.
 - 3. Length of sentence the Individual is currently facing at the time of the assessment.

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4. Current medical/physical condition.
 5. Current chronological age.
 6. Number of prior felony convictions or assaults.
 7. Presence of an Axis II diagnosis of antisocial, borderline and/or narcissistic personality disorder.
- C. An Individual who, as an adult (18 or over), has an escape history that involves one or more successful escapes from a state hospital, locked psychiatric or correctional facility, or one or more attempts at escape from a state hospital or locked facility, shall be automatically rated as a HIGH security risk.
- D. An Individual who, in addition to having a positive escape history, has during the month prior to the assessment received "important" news as described in the second criteria about shall be rated as on ALERT.
- E. If an Individual has no escape history as an adult, the remainder of the risk assessment tool shall be used to determine his relative escape risk status. This results in a continuum of escape risk potential with scores ranging from 17 to 54. All Individuals in this continuum shall be rated LOW or MEDIUM escape risk. Individuals scoring between 17 and 40 shall be rated as LOW, and Individuals scoring between 41 and 54 shall be rated as MEDIUM.
- F. If a good clinical reason exists (e.g., Individual is non-ambulatory, etc.), an Individual may be reduced in level of security risk. Similarly, escape risk levels may be increased if good clinical reasons exist (e.g., verbalization of intent to escape, etc.). The Wellness and Recovery Team provides a rationale for clinical override of the scoring in the "Final Rating" of the assessment form. The Executive Director shall approve all reductions or increases in risk ratings.
- G. The assessment may be updated on an as-needed basis; only those SRA's with a "High" or "Alert" score should be reviewed annually.
- H. The assessment of the Individual's escape risk potential shall be entered in the Wellness and Recovery Team Conference Report of the clinical record.
- I. One document will be sent to Health Information Management Department (HIMD) for input into the Admission Discharge Transfer (ADT) system. HIMD will then file in unit chart.
- J. The Security/Escape Risk Assessment form will be filed under the Recovery/Assessment tab in the Individual's record.

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- K. Wellness and Recovery Teams are responsible to ensure that adequate precautions are taken on all Individuals to prevent escape. Special precautions shall be implemented on all Individuals rated on ALERT status.

- L. Upon transfer, when the receiving hospital assesses the Individual to be at a different risk rating, and agreement cannot be reached with the sending hospital staff, placement in the most appropriate facility will be determined by the involved Executive Directors and the Deputy Director, Long Term Care Services.




W. T. VOSS
Executive Director

Form Attached: Security/Escape Risk Assessment
(MH 7019) Rev. 6/99

Patient Name: _____ Aliases: _____


1. This patient's escape/escape attempt history involves one or more successful escapes from a state hospital, locked psychiatric or correctional facility, or one or more attempts at escape from a state hospital or locked facility.

Yes, patient has escape history  → to # 2

Escape/escape attempt incident location: _____ Date of incident _____

No, patient has no escape history  → to # 3

2. Within the month prior to this assessment the patient has received important news (either good or bad; e.g. birth of a child, divorce by spouse, change in PC status, diagnoses with major physical disability)

Yes, patient has received news. Details given below. Rate patient ALERT on final Rating Section on Reverse. 

No, patient has not received news. Rate Patient HIGH on final Rating Section on reverse. 

3. Patient's chronological age is:

- 28 and under → 9 points
- 29-45 → 6 points
- 46 and over → 3 point

3. SCORE

4. Axis II diagnosis of Antisocial Personality Disorder, Narcissistic and/or Borderline Personality Disorder or Personality disorder with Antisocial Feature.

- Patient DOES carry an Axis II of Antisocial Personality Disorder, Narcissistic and/or Borderline Personality disorder → 6 Points
- Rater is uncertain as to patient's Axis II diagnosis → 4 Points
- Patient is definitely NOT antisocial or borderline → 2 Points

4. SCORE

5. This patient's total number of prior FELONY convictions whether in California or elsewhere:

- 9 or more → 9 points
- 2 - 8 → 6 points
- 0 - 1 → 3 points

5. SCORE

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6. Patient is CURRENTLY facing (if PC 2684 use estimated Parole Release Date. If PC 1370 maximum sentence if convicted on current charges).

15 or more years → 18 Points

4 – 14 → 12 Points

0 – 3 → 6 Points

6. SCORE

7. Patient's current/physical medical condition:

Excellent Patient has no significant health problems or physical/medical conditions AND demonstrates evidence of above average physical conditioning or ability (e.g. weight lifting, running, good athletic ability, etc.) → 9 Points

Average Patient has no significant health problems or physical/medical conditions, but does NOT show evidence of above average physical conditioning. → 6 Points

Below Average Patient has one or more significant health problem or physical/medical conditions which effect his mobility, agility and/or endurance. → 3 Points

7. SCORE

Raters: Please add the number of points this patient obtained on questions 3 – 7 inclusive.

Patient's total score at this rating: 41 – 51 → MEDIUM

7 – 40 → LOW

TOTAL POINTS

SUM 3-7

FINAL RATING: ALERT HIGH MEDIUM (SCORE: _____) LOW (SCORE: _____)

Please provide rationale for clinical override to scoring if final rating differs from scoring:

Rater Name	Date of Rating	Telephone Number
Rating Hospital	Unit	Other
Executive Director Approval (required <u>only</u> for Clinical Override Scores)		Date

Security/Escapes Risk Assessment Definitions

The following definitions are to be used in determining the appropriate response to Question 1 of the Security/Escapes Assessment for.

Escape/Unauthorized Absence (ES/UA): Any successful escape/unauthorized absence of any patient. Special circumstances include other UA attempts which put the patient or hospital personnel in significant jeopardy, which create significant problems in hospital operations, or which are sufficient concern to warrant the attention of Headquarters Official

Escape/Unauthorized Absence – Failure to Return from Pass (ES/FP): Any successful escape/unauthorized absence of any patient from an authorized home visit, or grounds pass or off grounds pass.

Escape Attempt/Unauthorized Absence Attempt (EA/UAA): Probable cause to believe a patient is planning to escape or has tried to escape but was unsuccessful. May also indicate a patient who left an authorized area with intent to self discharge, but is located and apprehended before successful completion.

Unauthorized Movement (UM): Indicates a patient who is not attempting to self-discharge, and who either returns by self or is located on grounds or in the immediate vicinity, e.g. does not return on tir while on grounds pass.

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