

## Discharge Protocol

Approved Jan 25, 2011

---

### Overview

At Home/Chez Soi is a time limited demonstration research project. As such it is not anticipated that many participants will be discharged. However, there will be infrequent occasions in which a discharge is necessitated by circumstances. The following guidelines are designed to assist ACT and ICM service providers to make recommendations or decisions about discharge of participants who are enrolled in the service intervention. Discharges from TAU are addressed by the Research Team.

### 1.0 Definitions and Meanings

1. **Clinical Support Team** means Service Team Leads and the psychiatrist from CRICH. Other staff may be invited as needed.
2. **Executive Committee** means designated senior staff from the five Partner Agencies. Other agency staff may be invited as needed.

### 2.0 Principles

1. Decisions to discharge from the MHCC At Home/Chez Soi project are expected to be rare. Every effort will be made to ensure participants successfully complete the project while balancing the legislated requirement for staff safety.
2. The MHCC Toronto Site Coordinator will communicate on behalf of the Executive Committee with the participant about the decision to discharge from the project. Communication may also be made to interested third parties (i.e. referral source) when appropriate.
3. If appropriate, the referral source will be consulted throughout the process dependent on participant consent(s) in place.
4. Formal review of discharge decisions will be considered upon receipt of such request by participant or authorized third party for the participant.

### 3.0 Discharge due to death

A participant who dies while involved in the At Home/Chez Soi project will be discharged.

Steps:

1. The Service Provider will formally notify CRICH and any other project members involved with the client
2. The Service Provider will attempt to connect with the participant's next of kin so that tenancy can be legally terminated and the participant's belongings can be removed; in the absence of a next of kin, the Service Provider will facilitate the removal of belongings and the termination of tenancy
3. The Service Provider will notify the relevant income support office
4. Housing Connections will discontinue the housing allowance
5. The Service Provider will write an incident report and submit it to the Site Coordinator
6. The Service Provider will complete a discharge summary describing the following:
  - What happened
  - What was considered
  - What might have been done differently

The summary will be submitted to the Executive Committee for review to contribute to project learnings.

#### **4.0 Discharge due to move away from Toronto**

A participant will be discharged from the project when he/she moves outside of the city of Toronto with the intention of relocating at the discretion of the program manager. Known client intention to leave Toronto will determine immediate discharge.

##### **Steps:**

1. The Service Provider will formally notify CRICH and any other project members involved with the client that the client has moved away from Toronto with the intention of not returning
2. The Service Provider will notify the Executive Committee
3. The Service Provider will complete a discharge summary describing the following:
  - What happened
  - What was considered
  - What might have been done differently

The summary will be submitted to the Executive Committee for review to contribute to project learnings

4. Housing Connections will discontinue the housing allowance when they deem it appropriate to do so. The subsidy may be paid to the housing provider for at least 3 months if client's intentions to return are uncertain. This decision will be made in collaboration with the Service Provider. What must be taken into consideration is the client's own portion of the rent (i.e., ODSP or OW), the date upon which payments will end, the agreement with the landlord, and what approach, if any, should be taken to manage the vacancy losses.
5. Where possible the Service Provider will make a follow-up phone call to the client after three months to confirm that they have settled in another area
6. The Service Provider will send a letter to the participant as soon as possible advising them of the impending discharge, should an address be available
7. The Service Provider and Housing Connections will work together to ensure that tenancy issues and client belongings are dealt with
8. The research team will determine if the client will remain in the study in their new location. Phone interviews may be a possibility and relevant to the research study.
9. The client may be readmitted to the study if they return by the intake deadline, May 31, 2011
10. The Service Provider will write an incident report and submit it to the Site Coordinator

## 5.0 Discharge due to incarceration, hospitalization or institutionalization

Where a participant is incarcerated or hospitalized for an indefinite period, or institutionalized, it may no longer be practical to include them in the research project and they may be discharged. A decision on whether or not it is practical to retain the participant in the study shall include consideration of factors such as anticipated length of time client will be away from the community and the length of time left in the study.

### Steps:

1. The Service Provider will formally notify CRICH and any other project members involved with the client
2. The Clinical Support Team will review the situation and make a determination of whether/when it is appropriate to discharge
3. The Service Provider will complete a discharge summary, when discharge is recommended, describing the following:

- What happened
- What was considered
- What might have been done differently

The summary will be submitted to the Executive Committee for review to contribute to project learnings

4. Housing Connections will address the housing allowance and tenancy issues on a case by case basis, with input from the Service Provider
5. The Service Provider will write an incident report and submit it to the Site Coordinator

## 6.0 Discharge due to participant refusal of service

The participant upon entering the Project had to agree to a face to face weekly contact with their assigned service provider as a condition of participation. The Service Provider organization is expected to problem solve within their team, and develop strategies to reengage the participant based on the specifics of the situation. Before recommending discharge, the Team Manager is expected to engage the client both verbally and through a letter, in order to ensure that the client understands the consequences of refusal and subsequent discharge. A participant who refuses contact with service providers will be discharged from the project after all reasonable efforts have been made to reengage him/her over an extended period of time.

### Steps:

1. The Service Provider will call a meeting of the Clinical Support Team to review the situation and the steps to date to engage and inform the participant of consequences to their decision
2. The Clinical Support Team will make a recommendation to discharge or direct the Service Provider to make additional efforts
3. Upon recommendation to discharge, the Service Provider will bring the recommendation forward to the Executive Committee for approval. The Service Provider will complete a discharge summary, when discharge is recommended, describing the following:
  - What happened
  - What was considered
  - What might have been done differently

The summary will be submitted to the Executive Committee for review to contribute to project learnings

4. Upon approval by the Executive Committee, the Service Provider will formally notify CRICH and any other project members involved with the client of the impending discharge including the referral source, with client consent.
5. The Site Coordinator will advise the participant in writing
6. The Service Provider will offer alternative community supports and resources to the participant, should they be willing
7. Housing Connections will discontinue the housing allowance in coordination with the Service Provider's determination to discharge.
8. The Service Provider will write an incident report and submit it to the Site Coordinator

## 7.0 Discharge due to unacceptable safety risk

A participant who presents significant and imminent risk of harm to others may have to be discharged. The decision to discharge will only be made after every reasonable option for addressing the safety issues has been considered

If a participant is endangering the lives of staff, neighbours or any other person by an act of violence or threats of violence (including physical or sexual threats, harassment, stalking or threats with a weapon) a careful risk assessment will be undertaken by the Program Manager. Each situation would be evaluated on the specific circumstances, and every practical effort would be made to mitigate possible danger so as to avoid discharging a participant; however, where safety cannot be adequately protected, the participant will be discharged.

The possible causes of a participant's risk related behavior will be evaluated and provisions under the Mental Health Act will be used when appropriate.

Any project member can and should bring forward concerns about their risk related to a participant.

### Steps:

1. The relevant Service Provider program manager will request a meeting of the Clinical Support Team to review risk concerns. Others may be invited at the discretion of the Clinical Support Team
2. The Clinical Support Team will set out a Risk Assessment process to be implemented by the service provider
3. The Service Provider will report back to the Clinical Support Team on the risk assessment process; based on the risk assessment, the Service Provider organization will make a decision about their ability to safely serve the participant, and inform the Clinical Support Team, who will make a recommendation to the Executive Committee

that may involve total discharge from the project or partial involvement of the participant (Research but not Service)

4. The Executive Committee will review the recommendation and approve any discharges from the project. The Service Provider agency will determine if the client will be discharged from the agency's service. Although individual Service Provider agencies have the responsibility to decide about clients served by their agency in regards to safety, discharge from the project is determined by the Executive Committee.
5. The Service Provider will write an incident report and submit it to the Site coordinator for a decision about continued project participation.
6. The Service Provider will formally notify CRICH and any other project members involved with the client about the discharge decision including date of discharge
7. The Site coordinator will write a letter to the participant on behalf of the Executive Committee should he/she be discharged from the project
9. Upon recommendation to discharge, the Service Provider will complete a discharge summary describing the following:
  - What happened
  - What was considered
  - What might have been done differently
8. At the appropriate time and after discussion with the Service Provider, Housing Connections will discontinue the housing allowance, liaise with the landlord and determine if further steps are required with regard to the housing.

## 8.0 Discharge due to voluntary withdrawal from the project

Where a participant seeks to voluntarily withdraw from the project, they may be discharged provided the following steps are taken:

### Steps:

1. The Service Provider will review the consequences of withdrawal both verbally and in writing with the participant.
2. The Service Provider will assess whether mental health challenges are playing a role in the participant's stated desire to withdraw, and offer alternatives as appropriate.
3. The Service Provider will seek to involve the participant in the discharge plan.

4. The Service Provider will contact the participant after one month to determine if their desire for discharge has changed. The decision to discharge should be delayed if the client might appear to be willing to return to the project. At least 3 months are allowed for the client to reengage with the project during the intake period ending May 31, 2011. Clients expressing the desire to exit the project should be clear that their housing subsidy will end with discharge.
5. If the client continues to wish for discharge from the project, the Service Provider will bring forward a recommendation to the Clinical Support Team, who will in turn make a recommendation to the Executive Committee.
6. The Service Provider will formally notify CRICH and any other project members involved with the client about the discharge decision including date of discharge.
7. The Service Provider will alert Housing Connections to an impending discharge, who will discontinue the housing allowance and determine if further steps are required with regard to housing. The Service Provider and Housing Connections will determine not only if, but when, the subsidy should be withdrawn. It is important that all parties are in communication throughout this decision process.
8. The Service Provider will write a discharge report and submit it to the Site Coordinator.

## 9.0 Next Steps

### Steps:

1. Provide this protocol, once approved, to Service Providers with request that the Protocol be reviewed with their staff.
2. Ongoing updates to this protocol will be done as required by participating Project Partners for approval by SOT or its delegate.