

# OREGON STATE HOSPITAL

PORTLAND – SALEM

## POLICIES AND PROCEDURES

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**SECTION 6 :** PATIENT CARE

**POLICY: 6.042**

**SUBJECT: Short-Term Assessment of Risk and  
Treatability (START)**

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**POINT PERSON: RUPERT GOETZ  
DIRECTOR OF CLINICAL SERVICES**

**APPROVED: GREGORY P. ROBERTS  
SUPERINTENDENT**

**DATE: APRIL 27, 2012**

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### **I. POLICY**

The Short-Term Assessment of Risk and Treatability (START) is a risk assessment tool used to assess risk and inform treatment planning for patients at Oregon State Hospital (OSH). The use of the START is threefold. First, the START shall be completed and reviewed by the Interdisciplinary Treatment Team (IDT) within 30 days of admission and thereafter must be updated at least every 90 days for the duration of the patient's hospitalization period. Second, the START shall be used following any significant event that marks a substantial change in the patient's current or anticipated level of risk. Finally, the START shall be used to guide and inform decision making around change in levels of supervision including, but not limited to, transfer to a higher or lower security unit, on- or off-grounds passes supervised by staff, on- or off-grounds passes with family or friends, buddy/solo passes, and discharge planning.

### **II. PROCEDURES**

- A. The START shall be completed on patients hospitalized through Guilty Except for Insanity (GEI), Civil Commitment (CC), By Guardian, and By Inter-institutional Transfer (e.g., Department of Corrections, Oregon Youth Authority). The Springs Program may decide to administer the START on patients when it is clinically appropriate.
- B. Upon admission to the hospital, one individual member of the IDT shall be assigned the task of completing the Brief Summary of Historical Risk Behaviors Identified on the START. This shall be completed within five days of admission and updated throughout the patient's hospitalization as new information is obtained. This task may be assigned to the Registered Nurse,

Psychologist, Social Worker or another IDT member as decided on by the team and specifically identified.

In Portland and Springs, a Registered Nurse shall be assigned this responsibility. Patients of .370 status shall be exempt unless presented at Risk Review for transfer to Springs.

- C. Within 30 days of admission, the IDT shall meet and complete the START Summary Sheet.
- D. The START shall be completed in accordance with the procedures described in the START Manual (Webster, Martin, Brink, Nicholls & Middleton).
- E. The START shall be scored using an interdisciplinary team approach. A member of the IDT shall manually enter the scored START in the electronic record found on the I-drive. No fewer than two members of the IDT must be present to complete the START. The IDT members who are not present at the time the START is completed, or other staff who work closely with the patient, may submit their clinical impressions to the completing members of the treatment team.
- F. The Treatment Care Plan shall explicitly consider the identified “critical” and “key” items along with any “vulnerabilities” scored as a 2. Where the Treatment Care Plan does not specifically recommend treatment interventions in the domains indicated above due to a determination that an intervention may be unnecessary, inappropriate, or premature, a rationale for shall be indicated in the patient’s medical record. Additionally, other items (vulnerabilities or strengths) may be addressed as deemed necessary by the IDT.
- G. The Risk Formulation shall include a review of all Specific Risk Estimates and Signature Risk Signs. The Risk Formulation shall include any mitigating risk factors, such as Key Items, how the Treatment Care Plan shall address these risks, and the rationale for the current or requested privilege level.

A Specific Risk Estimate rated as “Yes” on T.H.R.E.A.T. (Threat of Harm that is Real, Enactable, Acute and Targeted) shall initiate immediate safety and risk management procedures.

- H. The IDT shall complete the Risk Management Plan taking into consideration Specific Risk Estimates of the patient.

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- I. For the Harbors, Trails, and Springs Programs, the IDT shall provide documentation under the Current Management Measures listed below.
  1. The IDT shall use this information to determine the patient's current level of risk and to recommend changes in the patient's risk management level.
  2. Under the "Monitoring" section of the Risk Management Plan, the IDT shall identify specific behaviors that need to be monitored and/or recommend methods of monitoring.
  3. Under the "Treatment" section, specific treatment interventions suggested by the START shall be identified.
  4. Under the "Supervision" section, the IDT shall identify the current level of supervision and any appropriate restrictions.
  5. Under the "Safety Planning" section, the IDT shall identify a plan for mitigating risk.
  6. Requests for changes in privilege level shall be justified by the START and the psychiatrist/psychiatric mental health nurse practitioner shall document the rationale for such changes in a progress note.
- J. In Portland and Springs, the IDT shall identify the current level of privileges under the Risk Management Measures:
  1. Safety/Warning Status: The patient is permitted to leave his or her unit to attend activities at the Treatment Mall and on the secure patio.
  2. Engagement Status: The patient is permitted to attend activities within the secure perimeter of the hospital.
  3. Transition Status: The patient may be permitted to attend activities outside of the secure perimeter escorted by staff or persons approved by the IDT.
  4. Community Re-Integration Status: The patient may be permitted to attend activities outside of the secure perimeter unescorted.
- K. In Portland and Springs, the Risk Formulation shall include a review of all Specific Risk Estimates rated moderate or high. The Risk Formulation shall include any mitigating risk factors and how the Treatment Care Plan shall address these risks and the rationale for the requested privilege level. If the

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patient is rated high on elopement, justification for passes shall be included in addition to the most likely place the patient would go if he or she were to elope.

- L. When a patient is transferred between units, the START, along with the Treatment Care Plan, shall be reviewed at the 72-hour IDT meeting.

### **III. ATTACHMENTS**

START form (Attachment 1) – Forensic Psychiatric Program and Geropsychiatric Recovery Program

START form (Attachment 2) – Adult Treatment Services

### **IV. REFERENCES**

CMS Standards, 482.61

The Joint Commission, Comprehensive Accreditation Manual for Behavioral Health, 2010, Provision of Care Chapter

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, 2010, Provision of Care Chapter

Webster, C.D., Martin, M., Brink, J., Nicholls, T.L., Desmarais, S.I. (2009). Short-Term Assessment of Risk and Treatability (START). Version 1.1. Coquitlam, British Columbia, Canada: BC Mental Health and Addiction Services

Replaces Oregon State Hospital Policy and Procedure 6.042, *Short Term Assessment of Risk and Treatability (START)*, dated 7/29/2010.