



Health Care Agency BHS Adult Mental Health Services Policies and Procedures	<u>Section Name:</u> II - Program
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<u>APPROVED</u>	<u>SIGNATURE</u>	<u>DATE</u>
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SUBJECT:

ETS Psychiatric Emergency Evaluation and Detentions, WIC 5150

PURPOSE:

To provide uniform and consistent emergency evaluations to patients detained at ETS under WIC 5150.

SCOPE:

This policy & procedure applies to all ETS clinicians serving patients that present to ETS for emergency psychiatric evaluation.

ETS is certified by the California State Department of Mental health as a Crisis Stabilization Unit. Patients admitted to ETS are to be discharged or transferred to the appropriate level of care within 24 hours. ETS routinely accepts patients that are detained under WIC 5150 and provides evaluation, crisis intervention, and stabilization services. If a patient is in need of acute inpatient hospitalization, ETS facilitates the transfer of the patient to an appropriate inpatient facility. In addition, ETS also provides referral services to the following treatment alternatives: Orange County Adult Mental Health Services regional outpatient clinics, Alcohol & Drug Abuse Services regional outpatient clinics, Regional Center, private psychiatrists, and primary care physicians. Other referral options include but are not limited to Older Adult Services, homeless programs, Asian Pacific Services, shelters, and sober living homes.

FORMS:

5150 Application
72-Hour Hold Advisement
5151 Form
Patients' Rights Handbook

REFERENCES:

WIC 5150 et seq.

METHOD:

- I. When a patient arrives at ETS on a WIC 5150 (72 hour hold), licensed ETS staff shall review the 5150 Application for completeness and appropriateness and complete the 5151 form stating whether the patient meets the criteria for a 5150 involuntary hold.
- II. If the patient meets 5150 criteria, they will be admitted to ETS for further evaluation and stabilization. The 5150 criteria exists if the patient is an imminent danger to him or herself or others, or is gravely disabled. The definition of gravely disabled means a condition in which a

person, as a result of a mental disorder, is unable to provide for his or her basic personal needs for food, clothing and shelter.

- III. If the patient is evaluated by staff as not meeting 5150 criteria, ETS staff will refer to the ETS psychiatrist for evaluation. The ETS psychiatrist will evaluate the patient to determine whether the patient can be discharged to a lower level of care or needs further treatment. If further treatment is needed the patient will be allowed to sign in voluntarily. If the patient will be discharged to a lower level of care, the patient will be referred to a lower level of care, as listed above under the section entitled "Scope".
- IV. Upon admission, the patient will be advised of the reason that they were detained, the date and time of the beginning of the 72-hour period, and when the 72-hour period will expire pursuant to WIC 5157. The period of detainment includes weekends and holidays.
- V. If ETS staff initiates the 5150, they must consider available relevant information about the historical course of the patient's mental illness. Information of this nature includes evidence presented by current or former treatment providers, family members, the patient or any other person designated by the patient in the determination if probable cause exists to initiate a 5150.
- VI. If licensed ETS staff initiates a 5150, the staff must provide a complete advisement to the patient and give the patient the original detainment advisement, placing a copy in the record. The advisement must include the staff members name, position, name of agency, and that the patient is not under arrest but is here for evaluation and treatment by mental health professionals who will inform them of their rights. They shall also be told that they can make a telephone call to let family or friends know that they are at ETS and that they can keep their personal belongings with them on the unit as long as there is no contraband.
- VII. For all patients admitted to ETS, nursing staff and/or the psychiatrist shall acquire the patient's medication history if possible. All attempts shall be documented in the medical record (i.e. calls to hospitals, outpatient clinics, outside providers, etc).
- VIII. Patients on a 72-hour hold may be released prior to the end of the hold if the face-to-face examination by the ETS psychiatrist causes him/her to believe that the patient is no longer in need of further involuntary evaluation and treatment. All evaluations shall be documented in the patient's medical record.
- IX. If the patient was admitted on a 5150 or 5250 as gravely disabled the following will apply in the determination of the appropriateness for release. A person is not gravely disabled if that person can survive safely without involuntary detention with the help of responsible family, friends or others who are both willing and able to help provide for the person's basic personal needs for food, clothing or shelter. The patient must be able to avail from this help and agree to the discharge plan.
- X. Prior to the early release of a patient on a 5150, the hold will be reviewed to determine whether the detaining police officer indicated that they wanted to be notified when the patient is released. If the law enforcement agency requested notification of the release, ETS staff will call the appropriate police department and notify the watch commander of the pending discharge and document the contact notification in the medical record.