



MOBILE PSYCHIATRIC

ASSESSMENT TEAM

STANDARDS
OF
PRACTICE

Mobile Psychiatric Assessment

Representatives of Orange County LPS designated psychiatric hospitals that provide emergency outreach mental health evaluations or mobile psychiatric assessments have agreed to abide by the Orange County Standards of Practice as a condition of their participation in the Orange County network of emergency mental health outreach teams. Mental health outreach services are provided to enhance the overall service delivery capacity of the Mental Health system within Orange County. The standards were developed in order to ensure that high quality emergency psychiatric services are provided and that they are consistent with the Orange County Health Care Agency's policy on the Designation of Psychiatric Hospitals.

Section I

Standards

Mobile psychiatric assessment teams operating in Orange County agree with the following:

1. Only facilities within Orange County, which have been designated by the local Behavioral Health Services Director and the Board of Supervisors, and approved by the State of California Department of Mental Health, shall perform mobile outreach services.
2. Each outreach team shall have a Program Director who is responsible for the coordination, overall operational management, quality assurance monitoring, and scheduling of staff.
3. Psychiatric staff assigned to mobile outreach teams shall meet the requirements and qualifications as defined in W&I Code Section 5150, complete prescribed and approved HCA/BHS LPS training, and demonstrate competency in LPS statutes, including patients' rights.
4. Mobile outreach teams can provide emergency services in medical Emergency Departments, local police departments or substations, and within their own hospital with the exception of Mission Hospital Laguna Beach Modified PET Team which is restricted to their own hospital and Mission Hospital Mission Viejo.
5. Mobile outreach team staff may provide services in an acute medical facility with prior County approval if they are credentialed by the facility as Allied Health Professionals or the equivalent, and the facility has formally requested their services.
6. Under no circumstances shall mobile outreach service staff enter a private residence for the purpose of initiating 5150 involuntary detentions.
7. Outreach staff shall not enter another county in order to provide outreach services, unless that county's Mental Health Director grants such authority.
8. All teams will operate 24 hours a day 7 days a week.
9. Assessments will be provided to medical Emergency Departments and local police departments (Mission Hospital Laguna Beach Modified PET Team is excluded from local police departments) as a community service and will be based on the clinical needs of patients without regard to their financial status, age, race, religion, or ethnic origin. Mobile assessment teams may contract with an acute care hospital, Independent Practice Association or a Managed Care Insurance group for payment for services but cannot bill nor receive payments from patients directly. Mobile outreach team will still respond to Emergency Departments even if no financial agreement.
10. The evaluating team shall respond by telephone to the initial request for an assessment within 30 minutes or less (initial callback time) to the requesting site.

11. An estimated time of arrival (ETA) of one hour or less to the evaluating site should be offered by the evaluating team whenever possible. If a team cannot offer a reasonable ETA, the requesting party will have the option of calling another team.
12. Each team member functions as a consultant in a medical setting where there is also a physician in attendance such as in an Emergency Department. The outreach worker will discuss the recommended psychiatric disposition with the attending physician.
13. The transfer from the Emergency Department will require a discharge or transfer order from that attending physician.
14. The team member will provide a written evaluation that includes a referral to the least restrictive level of care. If inpatient psychiatric treatment is recommended, the patient will be given information regarding the options for inpatient treatment from a list of Orange County designated inpatient facilities based upon bed availability, clinical needs of the patient, and source of funding. The team member will notify the Orange County Evaluation & Treatment Services (ETS) at (714) 834-6900 of any confirmed Mental Health Plan beneficiary or unfunded patient for whom psychiatric inpatient treatment is recommended. ETS will direct the outreach team member regarding the disposition of the Medi-Cal beneficiary or unfunded patient. The team's facility will admit the patient to their inpatient psychiatric unit, regardless of ability to pay, until an appropriate inpatient facility can be secured. If outpatient psychiatric treatment is recommended, the individual will be given the appropriate referrals for mental health services in his/her community.
15. Outreach team staff may request that all indicated laboratory work be completed before the consultation can be effected.
16. Outreach team staff shall not dispense prescriptions or medications of any type at any time.
17. Records for all telephone calls requesting outreach services shall be maintained for at least four (4) years and contain at least the following minimum information:
 - ◆ Identification of client and demographics (i.e. address, date of birth, etc.)
 - ◆ Time and date the request was received
 - ◆ Referral source or the person requesting outreach services
 - ◆ Identification of problem
 - ◆ Disposition (i.e. outreach service was initiated; if not, what recommendations were made)
 - ◆ Name of outreach person taking the call

18. Records of all direct outreach service contacts shall be maintained for at least seven (7) years and shall contain the following basic information:
 - ◆ Time the field contact was initially requested
 - ◆ Time the outreach service staff arrived at the community site
 - ◆ Referral source or person requesting outreach services
 - ◆ Site of the evaluation
 - ◆ Client's identifying information
 - ◆ Reason for the contact/identified problem
 - ◆ Time field contact was concluded
19. Monthly and quarterly outreach team reports (September, December, March, and June) are to be submitted to the HCA/BHS/AMHS Program Manager II. Reports shall be submitted on the appropriate County forms.
20. Each outreach team shall submit to the County before commencing outreach services, policy and procedures that conform to the Standards of Practice for mobile psychiatric assessment teams outlined in this agreement.
21. Each outreach team service will be included in its hospital's redesignation audit that is regularly scheduled and conducted by HCA/BHS/Inpatient Services and PRAS. As part of the hospital's redesignation audit, the outreach team service portion of the site review shall specifically focus on compliance with the Standards of Practice, WIC 5150 procedures, and patients' rights.
22. The renewal of a hospital's designation status shall include compliance of its outreach team with the Standards of Practice, WIC 5150 procedures, and patients' rights.

Section II

Welfare and Institutions Code Section 5150 Procedures and Patients Rights

When a person, as a result of a mental disorder, is considered to be a danger to self, danger to others, or gravely disabled, that person may be detained involuntarily for psychiatric evaluation and treatment. (WIC 5150)

- 1) "Detention" means that a person takes or causes another to be taken to a designated mental health facility and there applies to have the detained person evaluated.
- 2) Designated facilities are those facilities authorized by the County and approved by the State Department of Mental Health, according to W&I Code 5404 and Title IX Regulations.
- 3) Only persons authorized pursuant to WIC 5150 and County requirements may initiate a detainment.
- 4) Team members taking persons into custody have the responsibility of assuring the safeguarding of the personal property in the possession of or on the premises occupied by the person (WIC 5156).
- 5) Persons who are detained under WIC 5150 must be advised of certain information at the time and place where they are detained (WIC 5157 (a) and (b)).
- 6) A detention may be initiated by an authorized person when there is probable cause to believe a person is dangerous to self or others, and/or gravely disabled. Probable Cause is defined as having more evidence for than against.
- 7) Probable cause to believe that a person meets the detention criteria may be based on the accounts of someone other than the authorized person. That person may be civilly liable for giving an intentionally false statement (WIC 5150).
- 8) Persons authorized to take a person into custody, or cause a person to be taken into custody must consider available relevant information about the historical course of a patient's mental disorder if he or she determines that the information has a reasonable bearing on the determination as to whether the person is DTSO or GD as a result a mental disorder. Historical course information now includes evidence presented by current or former providers (includes related support service providers), evidence presented by one or more family members, the patient, or any other person designated by the patient when it has direct bearing on the determination of whether the patient is DTSO or GD as a result of a mental disorder (WIC 5150.05(b)).
- 9) Inability to complete the advisement at detainment is only allowed for good cause (substantial reason) and the authorized person must enter the reasons for non-completion on the detention form (WIC 5157).
- 10) When an authorized person determines there is probable cause that a person meets one or more of the specified criteria, that person may initiate a 72-hour application and cause that person to be taken to a designated facility by making a written application (WIC 5150). The written application must include:
 - a) Name of the person
 - b) Name of evaluating facility
 - c) Circumstances under which the person's condition was called to the attention of the authorized person
 - d) Specific criteria the person is believed to meet as a result of a mental disorder
 - e) The facts, stated with sufficient detail to warrant the belief that the person meets this criteria
 - f) The signature, discipline, and affiliation of the authorized person
 - g) The time and date the 72 hour application was initiated

- 11) Involuntary detention under LPS may not be used to authorize non-psychiatric medical treatment. If the person's condition should become life threatening or pose a serious threat to his/her health and the person is unable to give an informed consent, the court may be petitioned for medical authorization (Probate Code 3200-3211).
- 12) Authorized personnel initiating a 72-hour detention may not be held civilly or criminally liable for any actions by a patient released at or before the end of the involuntary period, provided that the person received an appropriate and timely evaluation and whatever treatment his/her condition required (WIC 5113 and 5154).
- 13) When completing a 72-hour application, team members should be mindful that it is a legal rather than clinical document. Statements made on the form need to be anchored in observable, describable behavior that substantiates a finding of probable cause to believe the person is a danger to self or others, and/or gravely disabled due to a mental disorder. In other words, what did the person say or do to indicate that he or she meets the detention criteria? Clinical impressions by themselves will not suffice. Phrases such as "Ms. M is confused and agitated" do not speak to the issue of specifically how she is unable to provide for food, clothing or shelter. Nor is the conclusive statement that "the patient is suicidal" itself adequate to support a finding of danger to self. The application must state the facts upon which that conclusion was based. The declaration on the form should encompass as much solid evidence as possible within reasonable limits. Note that improbable beliefs or circumstances may not always be a product of delusional thinking. Their validity should be checked out if there is even a remote possibility of truth.
- 14) If the patient is being detained on the basis of danger to others, the application should document the specific threats or attempts at bodily harm the person in question made, along with the dates, if known. This information is not only needed for the 72-hour hold, but may be essential for the establishment of subsequent intensive treatment.
- 15) It is important that the form be legible to ensure that all the information contained in the application for treatment is evaluated properly. Moreover, the signer's name should be printed along with the signature, so that the ETS staff can compare the name on the 5150 application with the list of designated individuals distributed by the County of Orange.
- 16) For those clients who may need evaluation at the ETS, a WIC 5150 application should be written only after the person is considered medically stable for psychiatric treatment in a freestanding psychiatric facility or would have been discharged to home were it not for the psychiatric emergency. (See Section III.)

Section III

Medical Guidelines for Transfer to Orange County Evaluation and Treatment Services

Because ETS is a designated outpatient clinic, acute medical support services are limited. Diagnosing acute medical problems, initiating emergency treatment, and stabilizing a client's medical condition are beyond the scope of treatment available at the ETS. In general, clients must be appropriate for treatment at home without patient medical follow-up 24 to 36 hours after treatment at the ETS. Listed below are some of the basic guidelines for admission to the ETS.

1. An individual must be able to perform normal activities of daily living unless otherwise noted.
2. Vital signs should be within normal limits and discussed with the physician at the ETS.
3. The ETS physician may request copies of lab tests to be faxed to the ETS prior to acceptance of the individual.
4. The blood alcohol level must read lower than .15 per D/L and there should be no signs or symptoms of alcohol withdrawal.
5. Acetaminophen overdoses require a blood level of the medication at four hours post ingestion. There may be cases which require subsequent acetaminophen blood levels as indicated. The ETS physician is responsible for deciding whether to transfer and accept the patient at the ETS after consultation with the emergency department physician.
6. Patients with a chronic medical condition who require an indwelling catheter may be accepted pending review by the ETS physician.
7. More detailed information about medical clearance can be found in the *Orange County Psychiatric Evaluation and Treatment Services Medical Admission Guidelines*, a copy of which is available from ETS. Please refer to these guidelines for any questions regarding medical clearances.

Section IV

Children and Youth Services

1. During regular business hours the local Children and Youth Services mental health clinic in the area where the minor resides should be called for consultation if the minor is indigent or has Orange County Medi-Cal. If the minor has private insurance or Out of County Medi-Cal, a private mobile psychiatric outreach team must be called.
2. Local medical Emergency Departments may elect to call CAT Triage at (866) 830-6011) after business hours, weekends and holidays to initiate consultation with the Orange County Children and Youth Services if the minor is indigent or has Orange County Medi-Cal. If the minor has private insurance or Out of County Medi-Cal, a private mobile psychiatric outreach team must be called.

Section V

Placement & Transportation to the Designated Psychiatric Facility

1. Each outreach team service is responsible for securing an appropriate bed for the patient.
2. Sending facility will arrange for patient transportation to the Orange County ETS or to a designated inpatient facility.
3. The original WIC 5150 application and other necessary paperwork must accompany the patient to the ETS or to the designated inpatient facility.
4. The patient's property will be inventoried with the Emergency Department staff and secured with the ambulance drivers and will accompany the patient to the ETS or designated inpatient facility.

Section VI

Term. The term of this Agreement shall commence as of the date set forth on the signature page of this Agreement and shall continue in full force and effect for a period of two (2) years unless terminated sooner as provided herein.

Termination. Either party may terminate this Agreement at any time and for any reason upon at least thirty (30) days prior written notice to the other party.

Amendment. This Agreement shall supersede all other agreements relative to the subject matter hereof by and between the parties. This Agreement may be amended but only by an instrument in writing signed by all parties to the Agreement.

The following designated psychiatric facilities have read and agreed to comply with this Agreement pertaining to the Standards of Practice in providing outreach mobile psychiatric assessment in the County of Orange. It is understood that noncompliance with the Standards of Practice may lead to corrective action including suspension of services.

Mission Hospital Laguna Beach

_____/_____
Hospital Administrator Date

_____/_____
Medical Director Date

HCA/BHS/Evaluation & Treatment Services

_____/_____
Program Manager II Date

_____/_____
ETS Medical Director Date

HCA/BHS/Inpatient Services

_____/_____
Program Manager II Date

AMHS Division Manager

_____/_____
Annette Mugrditchian, LCSW Date

Deputy Agency Director

I have reviewed and concur with the foregoing:

Mark A. Refowitz
Deputy Agency Director
Behavioral Health Services

Date