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ADMINISTRATIVE/FISCAL/CLINICAL/PHF POLICY AND PROCEDURES

COUNTY OF SANTA BARBARA
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

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| Section - PSYCHIATRIC HEALTH FACILITY | Effective: 9/1/2009 |
| Policy - HOSPITALIZATION: ADMISSIONS TO PHF | Revised: |
| Director's Approval <u><i>Ann Detrick</i></u> | Date <u>9-29-09</u> |
| Assistant Director's Approval <u><i>[Signature]</i></u> | Date <u>9-29-09</u> |
| Form Ref. ADM-7.1 | Reviewed: |
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POLICY:

For admission to PHF, the County of Santa Barbara free-standing acute psychiatric inpatient hospital, the client shall meet medical necessity criteria set forth in (1) and (2) below:

(1) One of the following diagnoses in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association:

- (A) Pervasive Developmental Disorders
- (B) Disruptive Behavior and Attention Deficit Disorders
- (C) Feeding and Eating Disorders of Infancy or Early Childhood
- (D) Tic Disorders
- (E) Elimination Disorders
- (F) Other Disorders of Infancy, Childhood, or Adolescence
- (G) Cognitive Disorders (only Dementias with Delusions, or Depressed Mood)
- (H) Substance Induced Disorders, only with Psychotic, Mood, or Anxiety Disorder
- (I) Schizophrenia and Other Psychotic Disorders
- (J) Mood Disorders
- (K) Anxiety Disorders
- (L) Somatoform Disorders
- (M) Dissociative Disorders
- (N) Eating Disorders
- (O) Intermittent Explosive Disorder
- (P) Pyromania
- (Q) Adjustment Disorders
- (R) Personality Disorders

(2) A person must have both (A) and (B):

- (A) Cannot be safely treated at another level of care; and
- (B) Requires psychiatric inpatient hospital services, as the result of a mental disorder, due to the indications in either 1 or 2 below:

- 1. Has symptoms or behaviors due to a mental disorder that (one of the following):
 - a. Represents a current danger to self or others, or significant property destruction.
 - b. Prevented by illness from providing for, or utilizing, food, clothing or shelter.
 - c. Presents a severe risk to the beneficiary's physical health.
 - d. Represents a recent, significant deterioration in ability to function.

2. Requires admission for one of the following:
 - a. Further psychiatric evaluation.
 - b. Medication treatment.
 - c. Other treatment that can reasonably be provided only if the patient is hospitalized.

PROCESS:

- **CARES North/South Mobile Crisis**, 805-884-6828/1-888-868-1649 is responsible for evaluating clients for 5150 holds per the criteria set forth as above.
- **ADMHS CARES/Access Team 24 hour Mental Health Referral line** (1-888-868-1649) may receive phone calls requesting emergency evaluation.
- **ADMHS Outpatient Clinics** will have the capability of performing a 5150 evaluation on walk-in clients.
- **Hospitals** can request a 5150 evaluation by CARES/Access Team staff.
 - CARES will respond to local hospital emergency departments requesting 5150 evaluations. It is ADMHS' expectation that hospital emergency departments will provide a preliminary physical and mental health assessment prior to the CARES' 5150 evaluation.
- **Law enforcement officers** may request a 5150 evaluation by CARES/Access Team via the Sheriff's Dispatch/911 system.

PROCEDURE:

- The CARES/Access Team staff will communicate with the PHF psychiatrist on-call who must approve the admission to PHF or other acute psychiatric inpatient facility prior to the completion of the 5150 advisement and transportation of the client.
- All clients meeting 5150 criteria must also meet the additional admission criteria of "medical clearance" –
 - PRELIMINARY "medical clearance" examinations may be performed by any medically licensed professional (MD/DO, RN, LVN, LPT, paramedic) employed by CARES, an ADMHS or Department of Public Health Outpatient Clinic, hospital emergency department staff, or private physician.
 - For purposes of admission to Santa Barbara County's Psychiatric Health Facility (PHF), any disagreement or dispute regarding "medical clearance" will be finally determined by the on-call Psychiatrist.
- The PHF is licensed as a 16-bed psychiatric facility. The 16-bed capacity may be exceeded upon the order of the PHF psychiatrist on-call, in consultation with the Program Manager or the Medical Director, based on the following considerations:
 - This decision should be made in consultation with the PHF Nurse Supervisor or on-call Supervising Nurse, when possible.
 - The clinical appropriateness of the evaluated person for the treatment offered at the PHF.
 - The level of acuity in the current PHF treatment milieu.
 - The PHF staffing level, including the availability of additional staff called in to maintain staffing ratios and a safe milieu.
 - Any special patient needs such as close supervision, seclusion or restraint, or medical care
 - Other pending admission needs
 - The likelihood of impending discharges from the PHF
 - The absence of other available inpatient psychiatry beds.
- The CARES worker is responsible for contacting other psychiatric hospitals to identify an inpatient bed if PHF does not have availability.
- The CARES worker is responsible for providing or arranging for transportation of client to admitting facility.
- Upon client arrival to PHF, the PHF Nursing Admission Process will be completed. (See P & P Clinical 1.3 – PHF Nursing Admission Process.)