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LPS Criteria for Designating and Re-designating Facilities
4/6/17 (revised)

In order to be considered for designation or re-designation the facility must meet and maintain compliance with all criteria listed below. A written policy and procedure (P&P) individually approved and signed by the appropriate hospital administrative staff is required for compliance on all criteria. A medical record review for the presence of the implementation of the criteria is considered to be part of each of the definitions of the standards.

1. CRITERION: Facility complies with all applicable regulations established by the California Department of Health Care Services (DHCS) and the California Department of Public Health Licensing & Certification (CDPH). Facility complies with all legal requirements applicable to its license and/or certification. A designated facility is licensed or certified as a mental health treatment facility or hospital, which may include but is not limited to a licensed general acute care hospital, a licensed psychiatric hospital, licensed psychiatric health facility, or a certified crisis stabilization unit. Other types of facilities may be recommended for designation by the Orange County Deputy Agency Director of Behavioral Health Services (hereafter referred to as the BHS Director) and approved by the Board of Supervisors and DHCS.

STANDARD: Attach current copy of license/certification and policy stating above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

2. **CRITERION:** Facility complies with statutory requirements of Welfare and Institutions Code, Community Mental Health Services, Division 5, and regulatory requirements of Title 9, California Code of Regulations (CCR), Division 1, Chapter 3, Article 4, Section 541, and Chapter 4, Articles 3, 5, 5.5 and 6.

STANDARD: P&P stating above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

3. **CRITERION:** Facility complies with staffing regulations identified in Title 9, CCR, Division 1, Chapter 3, Article 10, Section 663.

STANDARD: Copy of staffing plan P&P, staffing matrix, staff assignment sheets, and a written statement from your psychiatric medical director that the facility meets Title 9 minimum staffing and how that regulation is assured.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

4. **CRITERION:** Facility notifies the BHS Director or designee within 24 hours of any changes related to Criteria 1-3 above e.g., change in licensure/certification status or staffing levels falling below required levels, etc.

STANDARD: P&P stating above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

5. **CRITERION:** Facility provides evaluation and treatment services for persons who, as a result of a mental health disorder, are dangerous to self or others, or gravely disabled.

STANDARD: P&P(s) describe how above is met per W&I Code Section 5150, Section 5250, Section 5260, Section 5270, Section 5300, temporary conservatorships, and full conservatorships. All policies must contain current legal requirements such as but not limited to W&I Code 5008.2 (requires that facilities make every reasonable effort to make information provided by the patient’s family available to the court); WI&I Code 5332 (requires facilities to obtain the patient’s medication history, if possible), and W&I Code 5150.05 (historical course information), W&I Code 5150 (subdivisions (b) and (e), new advisements forms DHCS 1801 and 1802, etc.). Policies for W&I Code Section 5585 are addressed under the separate criteria listed for child/adolescent units.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

6. **CRITERION:** The authorization of psychiatric treatment and attending clinical staff and emergency department physicians of a designated facility to initiate and discontinue 5150/5585 involuntary holds for psychiatric evaluation and treatment (W&I Code Section 5150, et seq.) is in accordance with the policies of the Orange County Health Care Agency (HCA) Behavioral Health Services (BHS) regarding the Lanterman-Petris-Short (LPS) designation of such individuals. Licensed psychiatrists, psychologists, qualified psychiatric nurse practitioners, RNs, LCSWs, and MFTs who are on the psychiatric treatment and attending clinical staff of a designated facility and emergency department physicians of a designated facility are eligible for designation. Policies for W&I Code Section 5585 are addressed under the separate criteria listed for child/adolescent units.

As it relates to W&I Code Sections 5150 and 5585, attending staff is defined in Title 9, Division 1, Chapter 4, Article 3, Section 823 as “any person having responsibility for the care and treatment of the patient, as designated by the Local Mental Health Director, on the staff of an evaluation facility designated by the County.”

STANDARD: Facility has a P&P describing the following: (1) An LPS involuntary detention exam submitted to and approved by the County is used to designate staff; (2) Facility maintains a list of staff trained on each training date; (3) Facility’s LPS trainer submits a copy of the 1st page of the LPS involuntary detention exam with the passing score, trainer’s initials, the staff person’s name, date of exam, and a copy of applicant’s Department of Consumer Affairs Breeze Online Service license verification; (4) copy of an original 5150 or sample if none were written in the past two years (for psychiatrists and psychologists must also include a copy of an original/sample 5250); (5) Facility will inform the County when their designated staff is no longer employed or a member of the medical staff within one week of separation; (6) LPS staff training (to include training manual/materials, exam, answer sheet and LPS in-service training calendar for the previous year); and (7) If any action is taken upon the license of a designated individual who is on active status at

your facility please notify the HCA BHS Designation Consultant as soon as you become aware of any such action within three days.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

7. CRITERION: The facility has a P&P that specifies the qualifying criteria for LPS Trainers. The facility Medical Director shall submit in writing to the BHS Director or designee the following: (1) Name of the applicant to be assigned as their LPS Trainer; (2) Copy of the applicant's professional license; (3) Copy of the facility's P&P that specifies the qualifying criteria for LPS Trainers at their facility; and (4) Written statement from the Medical Director that substantiates that the applicant meets the facility's qualifying criteria. The designated facility and health systems with more than one designated facility shall maintain at least one approved LPS Trainer at all times. The LPS Trainer must maintain designated status under the County of Orange by passing County's LPS Trainer exam every 12 months.

STANDARD: P&P describing how above is met, copy of written request for LPS Trainer, and copy of qualifying criteria set by the Medical Director for LPS Trainers.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

8. CRITERION: Facility has assumed the full medical responsibility for assuring appropriate patient care and has accepted all relevant legal obligations for medical care.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

9. CRITERION: Facility has no gross violations of clinical practice and/or safety precautions relevant to the level of care administered to individuals even though the violations may not be explicitly covered by licensing standards. Designated Facilities must notify the HCA BHS

Designation Consultant in writing within 24 hours regarding any serious adverse events/unusual occurrences pertaining to mental health patients. Information that should be reported includes but is not limited to: suicide, homicide, natural death, substantiated sexual assault, patient injuries as a result of takedowns, serious injuries related to acts of violence on the unit (e.g. broken bones, concussions, or injuries requiring emergency medical care), AWOLs, and/or any adverse event/unusual occurrence that occurs while the patient is in seclusion & restraints.

STANDARD: Copy of most recent CDPH/Joint Commission report with correction plan and copy of log of any and all complaints received by CDPH for the past two years pertaining to designated psychiatric unit(s). Copy of log for the past two years pertaining to psychiatric unit(s) self-reported events (adverse events and unusual occurrences with a brief description of each incident.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

10. **CRITERION:** Authorization of attending designated psychiatrists or designated psychologists with at least five years postdoctoral experience in the diagnosis and treatment of mental health disorders to sign notice of certification for 14-days of intensive treatment (5250), a second notice of certification for additional intensive treatment of suicidal persons (5260), and a second notice of certification for an additional 30 days of intensive treatment for grave disability (5270) are in compliance with W&I Code sections 5251, 5261, and 5270.20 respectively.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

11. **CRITERION:** Probable cause hearings are provided by the facility for individuals certified for an additional 14-days of intensive treatment (5250) and for an additional 30 days of intensive treatment (5270) within four (4) days of the initiation of 5250 and 5270 holds (W&I Code Sections 5256 and 5270.15). In addition, describe the entire Probable Cause hearing process.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

12. **CRITERION:** Designated facility has quality assurance standards and conducts quality improvement studies related to LPS designation.

STANDARD: P&P describing how above is met, copy of QI plan for the designated unit(s), and copies of your most recent two quarterly QI reports with thresholds and indicators.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

13. **CRITERION:** Medical Director has developed, implemented and maintained a system for regular ongoing monitoring of the appropriateness of persons detained under W&I Codes for involuntary detentions.

STANDARD: P&P describing how above is met, which includes criteria and thresholds utilized to determine appropriateness for all holds (5150, 5585, 5250, 5260, 5270, 5300, and t-cons) written by facility staff, how corrective feedback is given to staff performing below standard that includes thresholds for terminating individual designation.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

14. **CRITERION:** Medical Director ensures that appropriate documentation (e.g. logs, records, and State forms) is maintained on all persons detained under W&I Code involuntary detentions.

STANDARD: P&P describing how above is met. Copy of log that documents the sequence of involuntary detention (e.g. date of admission and discharge, date of 5150/5585/5250/5260/5270/5300, date of Riese hearing and outcome, date of certification review hearing and outcome, date of writ and outcome, and date of t-con application submission, and dates of periods of voluntary treatment, etc.).

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

15. **CRITERION:** Facility has a policy allowing the local BHS Director or designee, HCA Authority & Quality Improvement staff and Patients' Rights Advocacy Services to conduct on-site reviews to ensure procedural compliance with pertinent LPS statutes regarding W&I Code involuntary hold provisions, as well as conduct investigations in reference to patient complaints and provide advocacy within the scope of their responsibilities.

STANDARD: P&P stating that above criterion is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

16. **CRITERION:** Patient is given a specific detainment advisement orally when they are first taken into custody for psychiatric evaluation pursuant to W&I Code Section 5150 (f) (1) and (f) (2) (see DHCS form 1801: Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment) and a record is kept of the advisement by the evaluating facility pursuant to W&I Code Section 5150 (g). In addition, each person admitted to a designated facility for evaluation and treatment shall be given an admission advisement at the time of admission pursuant to W&I Code Section 5150 (h)(1) (see DHCS form 1802: Involuntary Patient Advisement).

STANDARD: P&P describing how above is met and copy of DHCS forms 1801 and 1802.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

17. **CRITERION:** Patients are given a copy of Handbook: Rights of Individuals in Mental Health Facilities – admitted Under the Lanterman-Petris-Short Act immediately upon admission (W&I Code Section 5325). All persons shall be personally notified of their rights, in writing, in a language they can understand or shall have their rights brought to their attention by other means if they are unable to read or understand the information provided to them (Title 9, Division 1, Chapter 4, Article 6, Section 862 (b)). In addition Medi-Cal managed care contract facilities are to provide the patient with the Guide to Medi-Cal Mental Health Services.

STANDARD: P&P describing how above is met and a copy of the Patients' Rights acknowledgment form and Patients' Rights Handbook in English, Spanish, Vietnamese, and Farsi.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

18. **CRITERION:** A notation to the effect that notification, or an attempt to provide notification to the patient of their rights, has occurred, shall be entered in the patients' record within 24 hours of admission. (Title 9, Division 1, Chapter 4, Article 6, Section 862 (c)).

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

19. **CRITERION:** The voluntary admission agreement does not require a waiver of any of the patient's rights.

STANDARD: Policy describing how above is met; copy of voluntary admission form that does not, for example, require a waiver of informed consent by stating that the patient, at the time of admission, agrees to all prescribed treatments by their physician.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

20. **CRITERION:** After the involuntary detention has begun, involuntarily detained patients are detained a maximum of 17 days pursuant to W&I Code Sections 5150/5585 and 5250 regardless of the number of days the patient may have been on voluntary status between the initiation of the holds (W&I Code Section 5258).

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

21. **CRITERION:** Conservatees are admitted only when an admission form is signed by the conservator or pursuant to W&I Code Sections 5150/5585.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

22. **CRITERION:** Patients detained by certification for intensive treatment under W&I Code Sections 5250, 5260, and 5270 may request a writ of habeas corpus (W&I Code Section 5275).

STANDARD: P&P describing how above is met, including to whom patient makes request known, how writ is scheduled, how patient is transported, and by whom, etc.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

23. **CRITERION:** A list of patients' rights is prominently posted in the predominant languages of the community and contains the name and phone numbers of the County advocate and the State Patients' Rights Office (W&I Code Sections 5325 and 5325.1) A list of rights set forth in W&I Code 5325 shall be posted in English, Spanish, Vietnamese, Korean, and Farsi in all wards and common living areas (Title 9, Article 6, Section 862 (a)).

STANDARD: P&P describing how the above is met. Include posters listing rights.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

24. **CRITERION:** Denial of patients' rights is reported monthly or quarterly to Orange County Patients' Rights Advocacy Services. Submit DHCS form 1011 quarterly for facilities that do Electroconvulsive Therapy (ECT), DHCS form 1803 individual denial of rights, DHCS form 1804 for denial of rights summary, and DHCS form 1010 for Involuntary Detentions quarterly report for designated facilities. If a patient's right is denied for good cause (W&I Code Section 5325 (a-e) and Title 9, Division 1, Chapter 4, Article 6, Section 865.2), the denial and good cause must be documented in the patient's record by the professional person who is designated to make clinical decisions and who has the authority to deny rights.

STANDARD: P&P describing how above is met, as well as stating conditions under which denial will be withdrawn, copy of denial forms, and copy of last quarterly report.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

25. **Criterion:** The facility must have the county grievance forms made available in the threshold languages (English, Spanish, Vietnamese, Farsi and Korean) and located on each of the units for patients to take without having to make a request. Envelopes should be addressed with the AQIS address (P.O. Box 355 Santa Ana CA 92702-0355) and will need to be placed alongside the forms. Patients have the right to have their completed grievance forms mailed out by the facility.

STANDARD: P&P describing how above is met and copy of the grievance form.

MET: YES _____ NO _____ Internal Policy# _____

NEEDED FOR COMPLIANCE: _____

26. **CRITERION:** A restraint and seclusion advisement form is required to be completed by facility staff with the patient upon admission. The form must have specific provisions in it pursuant to Health & Safety Code Section 1180.2 and 42 CFR Section 482.13. Patients' Rights Advocacy Services makes available a standardized restraint and seclusion form (F346-731 DTP1105) for facilities to use.

STANDARD: P&P describing how above is met and copy of the grievance form.

MET: YES _____ NO _____ Internal Policy# _____

NEEDED FOR COMPLIANCE: _____

27. **CRITERION:** Restraint or seclusion is used only in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under Section 482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law (42 CFR Section 482.13(e)(5)).

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy# _____

NEEDED FOR COMPLIANCE: _____

28. **CRITERION:** A physician or other licensed independent practitioner or a registered nurse or physician assistant, (who has been trained in accordance with the requirements pursuant to 42 CFR 482.13(f)), must conduct a face-to-face evaluation of the patient within 1 hour after initiation of restraint or seclusion when the order is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others (42 CFR Section 482.13(e)(12)). Telehealth methodology cannot be used to conduct the face-to-face evaluation.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

29. **CRITERION:** The original order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, may only be renewed for up to a total of 24 hours (4 hours for adults, 2 hours for children and adolescents ages 9 to 17, or 1 hour for children under 9) (42 CFR Section 482.13(e)(8)(i)(A)(B)(C)).

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

30. **CRITERION:** A restraint and seclusion may not be used simultaneously unless the patient is continually monitored face-to-face by an assigned trained staff member or continually monitored by trained staff using both video and audio equipment. The monitoring must be in close proximity to the patient (42 CFR Section 482.13 (e) (15)). (Please note that video and audio monitoring without 1:1 staff observation is only permissible in facilities licensed as a general acute care hospital or a freestanding psychiatric hospital pursuant to California Health & Safety Code Section 1180.4(i)].

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

31. **CRITERION:** Restraint or seclusion is used only to protect a patient or others from harm when alternative methods (less restrictive measures) are determined to be ineffective (Title 22, Section 70577(j) applies to general acute care hospitals; Section 71545 applies to acute psychiatric hospitals; and Sections 72407, 72409, 72411 and 72413 apply to skilled nursing facilities (SNF). Also see 42 CFR Section 482.13(e)(2) for general acute care hospitals and acute psychiatric hospitals.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

32. **CRITERION:** Facility's P& P manual provides clear and explicit instructions on all aspects of the use of restraint and seclusion pursuant to Title 9, Division 1, Chapter 4, Article 6, Section 865.4 and 42 CFR Section 482.13(e) for general acute care hospitals and freestanding psychiatric hospitals.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

33. **CRITERION:** P&P states that all persons referred on a 5150/5585 not written by facility's designated staff are assessed by designated facility staff as to appropriateness for involuntary detention prior to admission (W&I Code Section 5151).

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

34. **CRITERION:** Policies state that patients who are receiving medications for their psychiatric condition are given both oral and written information about the medication by the physician prescribing the medication and that the physician prescribing the medication obtains the patient's signature on the consent forms (Title 9, Division 1, Chapter 4, Article 5.5, Sections 851-852).

STANDARD P&P describing how above is met and copies of individual informed consent forms for psychotropic medications.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

35. **CRITERION:** Facility makes reasonable attempts to notify family members, or other persons(s) designated by the patient, of the time and place of certification review hearing (W&I Code Section 5253), writ hearing (W&I Code Section 5276), and conservatorship hearing, unless the patient requests otherwise (W&I Code Section 5350.2). Patient may request that family not be notified, unless the proposed conservator is a family member (W&I Code Section 5350.2).

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

36. **CRITERION:** Persons developing the treatment plans for LPS Conservatees must encourage the participation of the client and the client’s family members, when appropriate, in the development, revision, and review of the treatment plan (W&I Code Section 5352.6).

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

37. **CRITERION:** P&P reflects that the patient’s aftercare plan must be prepared prior to discharge in the specified format pursuant to Health & Safety Code Section 1262. A copy of the plan must be given to the patient and, if applicable, to the patient’s conservator, guardian or other legal representative. Facility must also advise the patient that he/she may designate another person, in addition to those named above, to receive a copy of the aftercare plan.

STANDARD: P&P describing how above is met; copy of blank plan.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

38. **CRITERION:** Notification to Department of Justice (DOJ) of weapons prohibition regarding Involuntary patients. This requires that the facility immediately notify DOJ of all patients who have been admitted on a 5150 as danger to self or others, immediately notify DOJ of all patients certified for intensive treatment under W&I Code Sections 5250, 5260, and 5270 if the certification is upheld (W&I Code 8103 (g)(2) or the writ is denied, and will submit a discharge report to the DOJ for involuntary patients discharged more than 31 days from date of admission and for patients admitted on voluntary status but who meet 5150 criteria for danger to self or other that involves firearm or other dangerous weapon .The patient is to receive copies of all reports filed with the DOJ and copies are to be kept in the patient’s medical record.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

39. **CRITERION:** Patient advisement of weapons prohibition and right to a hearing and notification to confiscating law enforcement agency upon release of involuntary patients. This includes that the facility will inform involuntarily detained patients, prior to, or concurrent with discharge, of the five-year weapons prohibition and the procedure for the return of the weapon W&I Code 8102 and 8103 (f)(1)), facility will notify the patient that they may petition the superior court in their county of residence for an order permitting ownership of a firearm and provides the patient with a "Request for Firearms Prohibition Hearing" form FD 4009C (W&I Code (g)(4)), and the facility will notify the confiscating law enforcement agency upon release of the patient from the facility of patients who have had a firearm or deadly weapon confiscated by law enforcement at the time of hospital admission (W&I Code 8102 (b)).

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

40. **CRITERION:** Patient advisement and DOJ notification of weapons prohibition for voluntary patients. Facilities are to notify DOJ of voluntary patients, who upon admission, met criteria for danger to self or others involving the use of a firearm or other dangerous weapon. Facility notifies DOJ of the discharge of voluntary patients, who upon admission, met criteria for danger to self or others involving the use of a firearm or other dangerous weapon. The patient is to receive copies of all reports filed with the DOJ and copies are to be kept in the patient's medical record.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

41. **CRITERION:** P&P reflects compliance with W&I code requirements regarding the use of antipsychotic medications when the patient refuses consent, including filing a petition for a capacity hearing (Riese) as well as the use of antipsychotic medications in emergencies prior to a capacity hearing (W&I Code Sections 5332, 5333, 5334 and 5336). P&P also reflects, per County policy, that the facility will file a Riese petition on patients that receive one but no more than two emergency doses without consent.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

42. **CRITERION:** Policy reflects that patients are administered antipsychotic medications without consent only under emergency situations as defined by W&I code 5008 (m).

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

43. **CRITERION:** Policy reflects that a person is not gravely disabled if the person can survive safely without involuntary detention with the help of responsible family/friends or others who are both willing and able to provide for the person's basic personal needs for food, clothing and shelter. However, family/friends are not to be considered willing to provide support unless they do so in writing (W&I Code Section 5350 (e)(1-4) and W&I Code Section 5250 (d) (1-3)).

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

44. **CRITERION:** Facility has complete policies and procedures concerning temporary conservatorship applications and full conservatorships (W&I Code Section 5350, et seq.). Persons

on a temporary conservatorship shall not be discharged from the facility without the prior approval and consent of the investigating Deputy Public Guardian and temporary conservatorship applications must be submitted by the 9th day of the 5250 hold (County Policy). Patients shall be served the NOTICE OF PROPOSED APPOINTMENT OF TEMPORARY CONSERVATOR at least five (5) days prior to the expiration of the 5250 hold (Edward W. v. Lamkin (2002) 99 Cal. App. 4th 516), and the staff person serving the NOTICE shall complete the PROOF OF PERSONAL SERVICE. Copies of the NOTICE and PROOF OF PERSONAL SERVICE shall be included in the referral packet to the Public Guardian.

Patients who are on WIC Section 5270 and conservatorship is being sought must have their t-con applications submitted to the Public Guardian by the 10th day of the 5270. In addition, the NOTICE OF PROPOSED APPOINTMENT OF TEMPORARY CONSERVATOR must be given to patients at least five (5) days prior to the filing of the t-con.

STANDARD: P&P describing how above is met, including copies of the NOTICE and PROOF OF PERSONAL SERVICE form.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

45. **CRITERION:** Facility has a P&P on providing oral interpretation services with an interpreter who is fluent in English and in the patient’s primary language and who is able to speak or sign, read and interpret in the patient’s primary language quickly and accurately (provisions must include interpreter services for visually and hearing impaired and the developmentally disabled).

The policy & procedure shall contain criteria for competency that shall include at minimum that the interpreter requires knowledge of specialized terms or concepts in both languages and that hospitals must not require, suggest, or encourage the patient or other people with limited English proficiency (LEP) to use family members, friends, or minor children as interpreters. In addition, the P&P shall contain provisions for staff training regarding mental health patient’s needs, annual assessment of staff knowledge, and competencies.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

46. **CRITERION:** Facility has P&P on duty to protect reasonably identifiable victim(s) from threats of physical violence by patients (CA Evidence Code Section 1010, W&I Code Section 5328 (r), CA Civil Code Section 43.92, Tarasoff v. Regents of the University of California, 1976, and Ewing v. Goldstein, 2004). In addition the P&P is to include Notification to law enforcement of patients who communicate to a licensed psychotherapist a serious threat of physical violence against a reasonably identifiable victim (W&I Code Section 8105 (c) and W&I Code Section 5328(r). Also, notification to law enforcement is required when the Tarasoff duty is triggered when information is communicated from a patient's family member to the patient's therapist that leads the therapist to believe the patient poses a serious risk of grave bodily injury to another (Ewing v. Goldstein, 2004).

STANDARD: P&P describing how above is met including Evidence Code Section 1010 definitions of psychotherapists who are mandated reporters.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

47. **CRITERION:** Facility has P&P for making referrals to the County of Orange Inpatient Services Long-Term Care Placement Unit for referrals to State Hospitals, WTRC, RTRC, IMDs, and Residential Care.

STANDARD: P&P describing how above is met including the forms that need to be completed for referral.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

48. **CRITERION:** Facility has a P&P to routinely screen patients for the purposes of detecting spousal and partner abuse (Health & Safety Code Section 1259.5).

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

49. **CRITERION:** Facility has a P&P addressing that they must report, within 72 hours, acts of assault or battery that result in injury or involve the use of dangerous weapons against any on-duty hospital personnel to the local law enforcement agency; facility may report other acts or assault or battery against on-duty staff (Health and Safety Code 1257.7). In addition, facility has developed a security plan with measures to protect personnel, patients, and visitors from aggressive or violent behavior to include personnel training policies related to appropriate responses to violent acts (Health and Safety Code 1257.7).

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

50. **CRITERION:** Facility has a P&P for reporting elder and adult dependent abuse (W&I Code Sections 15600 through 15637).

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

51. **CRITERION:** The facility has a P&P that pertains to reporting child abuse (CA Penal Code 11164 et seq.).

STANDARD: P&P describing how the above is met.

MET: YES _____ NO _____ Internal Policy# _____

NEEDED FOR COMPLIANCE: _____

52. **CRITERION:** Facility has a P&P pertaining to the "Presumption of Competency". (W&I Code Section 5331)

STANDARD: P& P describing how the above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

53. **CRITERION:** Facility has a P&P that states parameters under which patients may have access to their treatment record (Health & Safety Code Section 123110).

STANDARD: P&P describing how the above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

54. **CRITERION:** Facility has a P&P of reporting to local law enforcement immediately by telephone and in writing within two working days any person suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm and any person suffering from any wound or other physical injury inflicted upon the person where the injury is a result of assaultive or abusive conduct (Penal Code Section (11160). Requires that the reporter be providing medical services for a wound or other physical injury.

STANDARD: P&P describing how the above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

55. **CRITERION:** Facility shall at minimum, maintain the community standard of Orange County LPS designated inpatient mental health units regarding the average number of facilitated therapeutic treatment groups offered per day based on the type of population served, which is for adults units, 6 groups; adolescent units, 7 groups; and older adults units, 5 groups.

STANDARD: P&P describing how the above is met and a copy of daily program schedule(s).

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

56. **CRITERION:** At least one facility representative must attend the County’s bi-annual Designated Facilities meeting.

STANDARD: P&P describing how the above is met and documentation verifying facility representative attendance for the prior four meetings.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

**ADDITIONAL CRITERIA FOR DESIGNATING AND REDESIGNATING
ACUTE CHILD OR ADOLESCENT PSYCHIATRIC INPATIENT UNITS**

1. **CRITERION:** The authorization of psychiatric treatment and attending clinical staff of a designated facility and emergency department physicians of a designated facility to initiate and discontinue 5585 involuntary holds on minors (W&I Code Section 5585.50 et seq.) within the facility is in accordance with Orange County HCA BHS policies regarding designation of such individuals.

STANDARD P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

2. **CRITERION:** Facility has a P&P assuring the adherence to all laws pursuant to W&I Code Sections, 5585, 5585.20, 5585.21, 5585.22, 5585.25, 5585.50, 5585.52, 5585.53, 5585.55, 5585.57 and 5585.59 as it applies to the civil commitment of minors in designated psychiatric facilities.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

3. **CRITERION:** Facility has a P&P assuring the adherence to all laws pursuant to W&I Code Sections 6002.10, 6002.15, 6002.20, 6002.25, 6002.30, 6002.35 and 6002.40 as they apply to inpatient admission procedures and the independent clinical review for minors 14 years of age and over and under 18 years of age in private designated psychiatric facilities.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

4. **CRITERION:** Facility has P&P that states that the responsible party (parents or legal guardian) for the minor on a 5585.50 or 5250 who are receiving medications for their psychiatric conditions are given both oral and written information about the medication. In addition, the facility has a P&P that is in accordance with W&I Code 369.5 and Orange County HCA Children & Youth Behavioral Health Services (CYBHS) guidelines for obtaining psychotropic medication consents for children who are dependents of juvenile court or whose status is pending.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

5. **CRITERION:** If a waiver is desired the facility has completed and filed an application for a waiver with HCA CYBHS pursuant to W&I Code Section 5751.7 regarding admission of minors into psychiatric treatment with adults. No one under the age of 16 can be placed with an adult with or without a waiver.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

6. **CRITERION:** Facility has a P&P on providing services to adolescent ethnic populations that are culturally relevant and linguistically appropriate.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

**ADDITIONAL CRITERIA FOR DESIGNATING AND REDESIGNATING
ACUTE GEROPSYCHIATRIC INPATIENT UNITS**

1. **CRITERION:** Facility has a P&P addressing the provision of staff education that includes learning objectives and competencies for older adult patients.

STANDARD: P&P describing how above is met and a list of in-service training topics presented for the current year.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

2. **CRITERION:** Facility completes an interdisciplinary older adult performance improvement study every year.

STANDARD: P&P describing how above is met and a copy of latest QI study.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____

3. **CRITERION:** Facility has P&P on providing services to older ethnic populations that are culturally relevant and linguistically appropriate.

STANDARD: P&P describing how above is met.

MET: YES _____ NO _____ Internal Policy # _____

NEEDED FOR COMPLIANCE: _____
