

**4.6 PARAMETERS FOR THE PSYCHIATRIC TREATMENT OF CLIENTS IN
INSTITUTIONS FOR MENTAL DISEASE (IMD) and SUBACUTES**

October 2019

I. GENERAL PSYCHIATRIC SERVICES

- A. Psychiatric services should be those treatments that are within the standard of care for the documented diagnosis, symptomatology, and level of function of the client. Psychiatric services include but are not limited to Medication Support and Psychotherapy Services.
- B. Psychiatric services should be available and effectively delivered within the residential treatment setting.
- C. The frequency and duration of clinical visits should be weekly unless there is documentation to reflect that treatment is not necessary at that frequency and can be bi-weekly.
- D. Psychiatric services should be consistent with client and conservator goals.
- E. Use of psychotherapy should be consistent with the most current version of the Parameters for the Use of Psychotherapy issued by the Los Angeles County Department of Mental Health.
- F. Medication usage should be consistent with the most current version of the Parameters for the use of Psychoactive Medications issued by the Los Angeles Department of Mental Health.

II. PSYCHIATRIC ASSESSMENT

- A. The physician in charge of admitting and treatment should be a Board Eligible or Board Certified psychiatrist.
- B. No resident should be admitted without an order accepting the resident from the physician in charge of treatment. The physician should be apprised of all information necessary to make this decision.
- C. Psychiatric assessments should be completed within 7 days. They should be comprehensive, complete and utilize collateral sources of information when available. Assessments should document symptoms and clinical history, include identification of specific psychiatric and medical diagnoses, determination of functional disability, and support the need for current treatment and level of care.

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- D. Current diagnostic nomenclature and conventions should be used.
- E. Assessments should document symptoms, clinical history, and level of function in a manner that supports the need for treatment.
- F. Assessments evaluate client and include:
 - a. Recommendations for tests;
 - b. Review of orders for care, diet, and treatment;
 - c. Appropriate consultations; and,
 - d. Diagnostic procedures that are indicated. They should be of clinical value for the diagnosis given.

III. OTHER PSYCHIATRY RESPONSIBILITIES IN IMDS

- A. The treating psychiatrist is responsible to ensure 24/7 emergency availability for telephone consultation by himself/herself or a specifically designated colleague, and this information should be available at all times for the IMD clinical staff of duty.
- B. The treating psychiatrist should be available for consultation with case manager and members of the treatment team.
- C. The treating psychiatrist should be available for consultation with other social and legal systems.
- D. The treating psychiatrist, or another approved psychiatrist, should testify when necessary, in LPS Conservatorship hearings.
- E. The treating psychiatrist should consult whenever appropriate with other general physicians and physician specialists who are providing care to his/her patients, and document this in the medical record.
- F. The treating psychiatrist, or the medical director (if a psychiatrist), should attend multidisciplinary meetings in order to provide medical input into the treatment planning.

IV. GOAL-ORIENTED TREATMENT PLANS AND DISCHARGE PLANNING

- A. Treatment goals should be realistic for the given diagnosis, severity of symptoms, and current level of function. They should include goals that are necessary to achieve reasonable functional independence.

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- B. Treatment goals should be those, which can be accomplished in a time frame consistent with the optimal length of stay in the treatment setting for clients with a similar severity of symptomatology, and level of function.
- C. Discharge goals should be:
 - a. Clear
 - b. Individualized
 - c. Measurable
 - d. Achievable
 - e. Stating the degree to which symptoms and level of function should be improved in order to accomplish the discharge plan; and
 - f. Reviewed at each multidisciplinary conference.
- D. Each treatment team meeting should be held quarterly.
- E. Each resident should be discharged with adequate planning, including direction from the attending psychiatrist, and input from the treatment team, conservator/family, resident and the Department of Mental Health Intensive Care Division staff.