



**LAC
DMH**
LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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MARVIN J. SOUTHARD, D.S.W.
Director

ROBIN KAY, Ph.D.
Chief Deputy Director

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Medical Director

August 26, 2015

Via email transmission

Dear LPS Designated Facility Administrator:

Attached is the revised *LPS DESIGNATION GUIDELINES AND PROCESS FOR FACILITIES WITHIN LOS ANGELES COUNTY*, Seventh Edition (Revised August 2015) ["LPS Designation Guidelines"] governing the LPS designation of both facilities and individuals in Los Angeles County. The document is effective immediately. Please provide the following personnel in your facility, at a minimum, copies and information concerning the updated LPS Designation Guidelines: all appropriate management staff; psychiatric admitting attending staff, inclusive of those approved to write seclusion and restraint orders; and, all professional staff members privileged by the facility and authorized by the Los Angeles County Department of Mental Health ["LAC DMH"] to initiate involuntary holds at your facility and off-site, including Psychiatric Emergency Team ["PET"] members.

A "Summary of Revisions to LPS Designation Guidelines (7th Edition)" is also attached, listing the main changes to the LPS Designation Guidelines. For example, several changes were made to reflect revisions to the Welfare and Institutions Code ["WIC"] Sections 5150 *et al.* that became effective in 2014. Other changes define LPS training requirements for individuals with lapsed LPS authorizations. An addition was made to provide guidance to facilities with electronic records as to documentation requirements for 72-hour hold applications and patient advisements. The PMRT-PET Partnership Nine Point Plan was updated to reflect current practice. A new FAQ was added related to LAC DMH expectations regarding expiration of WIC 5150 for clients on non-inpatient detention.

Please ensure that your facility is operating within the boundaries of the attached *LPS Designation Guidelines And Process For Facilities Within Los Angeles County* (and any revisions thereto). DMH believes that conformance with these requirements supports community service, quality of care, patients' rights, safety, and ethical standards for the care and treatment of individuals who are involuntarily detained.

Your cooperation and partnership in ensuring proper utilization of the designation authority by meeting the requirements specified in the LPS Designation Guidelines is greatly appreciated.

Sincerely,

Marvin J. Southard, D.S.W.
Director

MJS:MC:mc

Attachments (2)

LPS Designated Facility Administrator

August 26, 2015

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- c: Robin Kay, Ph.D., Chief Deputy Director
- Roderick Shaner, M.D., Medical Director
- Stephanie Jo Reagan, Principal Deputy County Counsel
- Jaime Garcia, Regional Vice President, HASC
- Richard C. Luckham, Mental Health Court Services, Superior Court, Department 95
- Eric Stone, Program Manager, Health Facilities Inspection Division
- Connie Draxler, Deputy Director, Office of the Public Guardian
- Mary Williams, Director, Patients' Rights Office

SUMMARY OF REVISIONS TO LPS DESIGNATION GUIDELINES (7th Edition)

PAGE(S)	CHANGE	PURPOSE OF CHANGE
6	<p>I.B.1.n – I.B.1.o</p> <p>When a county-operated LPS designated facility has determined under WIC 5585 that acute psychiatric inpatient admission is necessary for an LPS-detained adolescent, and determines that no acute psychiatric inpatient adolescent beds are available in non-publicly operated LPS designated facilities, the county-operated LPS designated facility must transfer the adolescent to an LPS designated acute inpatient adolescent bed in a DHS facility, with priority for admission based upon the time the adolescent has been detained prior to admission.</p> <p>1) County-operated LPS designated facilities attempting to transfer must document regular efforts to identify and access available county-operated acute psychiatric inpatient beds in instances in which there are no acute psychiatric inpatient adolescent beds available in non-publicly operated LPS designated facilities for an LPS-detained adolescent.</p> <p>County-operated LPS designated public facilities with acute psychiatric adolescent inpatient beds must:</p> <p>1) Provide a verified daily census to Countywide Resource management.</p> <p>2) Have a policy and procedure that describes the manner in which county-operated LPS designated facilities access adolescent inpatient beds based on the priority noted above.</p>	<p>Added to better coordinate admission of adolescents in county-operated LPS designated facility Emergency Rooms to available county-operated inpatient adolescent beds.</p>
7	<p>I.B.1.q and I.B.1.r -</p> <p>Upon transport of an individual detained under WIC 5150 to an LPS designated Urgent Care Center (UCC) from a non-LPS designated location, a reassessment for probable cause should be conducted and, if probable cause is found, a new detention application should be completed at that time by an LPS authorized individual.</p> <p>Transport of an individual detained under WIC 5150 to an LPS designated UCC from an LPS designated location may occur only under circumstances in which the WIC 5150 will not expire within 24 hours of the time the detainee arrives at the UCC.</p>	<p>Added to clarify timeframes for key elements of assessment and resultant decision-making.</p> <p>Rationale: As UCC is an alternative crisis center that focuses on individuals with rapidly evolving situations, re-evaluation for probable cause should occur immediately upon arrival. State requirements preclude detention under WIC 5250 in UCC's.</p>
9	<p>I.B.1.hh –</p> <p>The facility indemnifies, defends, and will hold harmless the Los Angeles County Department of Mental Health, Los Angeles County Board of Supervisors, and the State Department of Health Care Services, and their officers, agents and employees, from and against any and all claims, losses, liabilities, or damages arising out of, or resulting from the facility's or its designees' exercise of County-granted LPS authority to detain and treat patients on an involuntary basis.</p>	<p>Changed to reflect assumption of responsibility for LPS designation by the State Department of Health Care Services.</p>

SUMMARY OF REVISIONS TO LPS DESIGNATION GUIDELINES (7th Edition), continued

PAGE(S)	CHANGE	PURPOSE OF CHANGE
9	I.D.1.a – [Policies and Procedures] --Patients' due process rights, including procedures relating to certification ("probable cause") hearings, writs of habeas corpus, medication capacity ("Riese") hearings, and five day notice requirements prior to establishment of temporary LPS conservatorships, and how the facility will assure that all requirements are met with regard to these rights;	Changed to ensure policies reflect that LPS designated facilities must meet the legal requirement to give patients notice five days prior to establishment of temporary LPS conservatorships. [Implemented in 2013]
11	I.E.6 – The facility's physical plant has fire clearance from the Office of the State Fire Marshall and meets 2012 Life Safety Code (CMS 482.41).	Revised to reflect the current edition of the Life Safety Code.
12	I.E.10 – The facility provides adequate, safe, and appropriately secure space, and also any necessary security personnel or staff acting in a security role, to meet the clinical and safety needs for all facility-based hearings, such as probable cause, 5270, Riese, Roger S., and clinical reviews.	Added to address security and safety in facility-based probable cause hearings.
12	I.F.1.n – [Data Collection] # deaths (including up to 72 hours post-discharge); # critical incidents, e.g. suicides, homicides, physical abuse, serious injury, taser use	Added to further define what is to be reported by designated facilities (i.e., deaths occurring up to 72 hours after discharge).
12	I.F.2 - Electronic Records: For purposes of detention in an LPS designated facility, documentation of the WIC "Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment" and the "Involuntary Patient Advisement", including documentation that is generated by electronic means, must contain all of those elements of the current LAC DMH LPS "Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment" and the "Involuntary Patient Advisement".	Added to provide guidance to facilities with electronic records. Addresses documentation requirements for electronic records for 72 hour hold applications and patient advisements.
13	I.F.4 – Comprehensive mental health assessments of voluntary and involuntary patients include documentation substantiating the need for current treatment and level of care, and are completed by the attending practitioner within 24 hours of admission.	Revised to include other practitioners (i.e., licensed psychologists), in addition to psychiatrists, whose scope of licensure and practice allows them to be attending practitioners and do mental health assessments in inpatient facilities.
13	I.F.8 – The facility must ensure full compliance with WIC Section 5328.1, which pertains to provision of information to family members, and must have internal policies and clinical documentation that reflect these practices.	Added after review of LAC DMH Policy 104.4, that largely tracks WIC Section 5328.1. The statement reflects that compliance with WIC 5328.1 should be mandated by hospital policy, and evidence of staff compliance documented in every patient record.
13	I.F.13 – The facility responds timely to all inquiries from DMH outpatient providers of service responsible for the care of any individual hospitalized at the facility, and works cooperatively with the providers to establish effective transition to outpatient care.	Added to ensure inpatient facility coordination of discharge plans with DMH outpatient service providers.

SUMMARY OF REVISIONS TO LPS DESIGNATION GUIDELINES (7th Edition), continued

PAGE(S)	CHANGE	PURPOSE OF CHANGE
22	<p>V.C.5 – For failure to properly and competently implement, complete and document evaluation activities, 5150 applications, and/or verbal or written advisements and logs for 72-hour detention as required in WIC Section 5150(f)-(h) and/or in LAC DMH LPS Guidelines;</p>	<p>Revised to reflect 2014 revisions to WIC: former Section 5157 is now in WIC Section 5150(f)-5150(h).</p>
23	<p>V.D.1-V.D.3 – The Los Angeles County Director of Mental Health may <u>reinstate approval</u> of a facility's authorization of a <u>qualified hired, rehired or returning individual</u> to exercise its delegation of authority under the following circumstances:</p> <p>Individual left facility/professional staff for reasons not related to any disciplinary action for which involuntary detention authority was suspended or withdrawn during the prior authorization period; <u>and</u>;</p> <p>Individual left facility/professional staff for no longer than six months and the Individual's written and signed agreement with the facility and LAC DMH has <u>not</u> expired, <u>or</u>,</p> <p>Individual left facility/professional staff for no longer than three years and the last authorization period was of at least three years duration. [Also See Guidelines item II.C.2.]</p> <p>If the written and signed agreement has expired, the individual left facility/professional staff for longer than six months, and the person's last LPS authorization was of less than three years duration, the individual takes the LAC DMH-approved LPS Detention Authorization Training Course and written examination the next time it is offered. No reinstatement of 5150 detention authority will be granted until the individual has passed the written examination.</p>	<p>Revised to clarify LPS training requirements for individuals whose prior LPS authorizations have lapsed, and to ensure LPS designated facilities can obtain LPS authorizations for appropriate staff (e.g. qualified new hires) in a timely fashion.</p>
33, 34	<p>Appendix D – [Oral/Written Advisements] WIC SECTIONS 5150(f)-5150(h)</p>	<p>Revised to reflect 2014 revisions to WIC. Former Section 5157 is now in WIC Section 5150(f)-5150(h), and some wording has been modified. Includes new requirement for documentation of the language or modality used to communicate the advisement in the patient record.</p>
38, 39	<p>Appendix H – Monthly Data Report <u>DIRECTIONS:</u> By the 10th of the following month, complete MDR Report and <u>FAX</u> to (213) 738-4646 <u>or EMAIL</u> (encrypted for PHI) to: mczubiak@dmh.lacounty.gov</p>	<p>Added encryption under email directions to ensure patient health information is transmitted confidentially. Minor formatting changes were made to enhance use of form.</p>
42	<p>Appendix I [Patients' Rights Training - Master Outline II.B.2 –</p> <ul style="list-style-type: none"> • 5 Day Notice Requirement for Temporary LPS Conservatorships • Writ Rights on Temporary LPS Conservatorships 	<p>Topics were added to training outline, including 2013 5 Day Notice Requirement for Temporary LPS Conservatorships to ensure LPS designated facility compliance with mental health court procedures.</p>

SUMMARY OF REVISIONS TO LPS DESIGNATION GUIDELINES (7th Edition), continued

PAGE(S)	CHANGE	PURPOSE OF CHANGE
44	<p>Appendix J – PMRT-PET Partnership: Nine Point Plan – July 2014 Former #2 was deleted (DMH-ACCESS will monitor/dispatch field requests for non-HMO or private insurance clients and may request PET assistance, based on bed availability, continuity of care, client/family need, and Intensive Service Recipient (ISR) treatment plans.)</p>	<p>Replaces Ten Point Plan of July 2011. Former #2, an outmoded practice, was deleted.</p>
45	<p>Appendix K [Operational Grid for Los Angeles County-Permitted 5150 Activity for 5150 Detention Authorized Individuals] - *Note: MH Psychiatrists and Supervising Psychiatrists are LPS authorized during their work in DMH directly operated programs to detain individuals under WIC 5150. This should occur in instances in which probable cause for such detention exists. DMH MD authorizations do not require LPS Applications and Attestations. DMH may extend such authorization to other license categories.)</p>	<p>Revised 4/27/15: Added a notation to clarify that LAC DMH psychiatrists are authorized during their work in DMH directly operated programs to detain individuals under WIC 5150 at Program-Specific Sites (Program specific exceptions as arranged), in instances in which probable cause for such detention exists. Also denotes that DMH MD authorizations do not require LPS Applications and Attestations, and the potential for such authorization to be extended to other DMH employee license categories.</p>
46-48	<p>Appendix L [FAQs regarding changes in LAC DMH procedures related to WIC 5150 detention, Revised July 28, 2015] - [Memo deleted]</p> <p>Answer 3: Yes, presuming that less than 72 hours of assessment, evaluation, and crisis intervention have taken place during that time, and that all other aspects of the detention noted comply with DMH LPS designation guidelines and other criteria for transfer acceptance are present....etc.</p> <p>Minor changes to wording were made to: Question 4; Answer 4, 6, 7, 8, 9, 10, 11, and Question 11.</p> <p>Answer 5: DMH considers WIC 5150 application to be valid for purposes of admission to an LPS designated facility, unless or until a period of more than 72 hours of custody for mental health assessment, evaluation, and crisis intervention has occurred.</p> <p>Answer 11: DMH considers the second WIC 5150 application to be valid and superseding the original WIC 5150 application only in cases in which the individual in custody has not been provided with assessment, evaluation, or crisis intervention pursuant to WIC 5150. In such cases, the most recent assessment is likely to represent the more accurate reflection of the presence of probable cause for further detention.</p>	<p>Deleted: Memo, dated December 21, 2012, on Frequently Asked Questions (FAQs) Regarding Detention Under Welfare and Institutions Code (WIC) 5150, as necessary information can be found in the FAQs.</p> <p>Added phrase to Answer 3 to reflect 2014 revisions to WIC 5150: presuming “that less than 72 hours of assessment, evaluation, and crisis intervention have taken place during that time.”</p> <p>Minor changes were made for clarity, to improve terminology, and to update or reflect codes more definitively (e.g., 1799 corrected to 1799.111).</p> <p>Answer 5 was revised to incorporate 2014 WIC 5150 changes –the WIC 5150 application is considered to valid for admission to an LPS designated facility, unless more than 72 hours of mental health assessment, evaluation, and crisis intervention has occurred.</p> <p>Answer 11 was revised to reflect 2014 WIC 5150 changes – a second WIC 5150 application is valid only in cases in which the individual has not been provided with assessment, evaluation, or crisis intervention pursuant to WIC 5150.</p>

SUMMARY OF REVISIONS TO LPS DESIGNATION GUIDELINES (7th Edition), continued

PAGE(S)	CHANGE	PURPOSE OF CHANGE
48	<p>Question 12: If 72 hours of evaluation, assessment, and crisis intervention for an individual who was detained under WIC 5150 outside of admission to an LPS designated facility lapses, and the detainee still meets criteria for 5150 detention, under what circumstances does DMH consider a subsequent WIC 5150 application to be valid?</p> <p>Answer 12: DMH considers the validity of any current WIC 5150 application to be independent of any previous episode of non-inpatient detention for purposes of determining compliance with DMH LPS designation and authorization guidelines. Individuals and facilities should consult with their legal counsel regarding the requirements of and compliance with WIC 5150.</p>	<p>Question 12 and Answer 12 were added to address an inquiry related to the LAC DMH expectations regarding expiration of WIC 5150 for clients on non-inpatient detention.</p>

8/24/2015