LPS CLINICAL ASSESSMENT GUIDELINES

for Improved Assessment and Delivery of Clinical Service to Involuntarily Detained Individuals

GUIDELINES AND CODES

Stabilization and De-escalation

1.01 All first responders and behavioral health service staff should identify and document the following:

    1.01 (a) the specific factors that led the officer to declare a need for involuntary hold (least restrictive environment)

    1.01 (b) input from family members, when possible using person centered inquiry

    1.01 (c) the individual's disposition, location, and history, if known (person centered)

    1.01 (d) indicators of medical, psychiatric, and physical needs, if known (person centered)

Engagement

2.01 Exercise clear and effective communication skills relationship based inquiry

2.02 Validate the individual's perspective of the situation (person centered)

2.03 Create nonjudgmental, supportive environments (respectful)

2.04 Create environments that feel safe for the individual

2.05 Inquire about the individual's comfort (e.g., dry, warm clothing; food; water) prior to making assessment inquiries (respectful)

2.06 Address client concerns about personal effects (e.g., cars, bikes, pets, personal belongings, home) (respectful)

2.07 Develop and implement an action plan to secure personal effects

2.08 Include family members and significant others as identified by the client in the discussion when possible. (self-direction)

2.09 Focus the engagement process on goal driven services and discharge

2.10 Practice a recovery orientation

Initial Clinical Assessment

Initial Clinical Assessment Process by Behavioral Health Staff

3.01 Use a team or collaborative process whereby the mental health clinician references the information provided by the first responder, including information about prior law enforcement contact (not limited to professional interventions and natural support networks)

3.02 Access behavioral health records to the extent possible (person centered, respectful)

3.03 Draw out the individual's own experience of the situation through inquiry, not accusation (person centered)

3.04 Conduct a systematic review of interventions that have previously benefited the detained individual

3.05 Inform the first responder regarding the disposition of the involuntary hold and status of the individual following the assessment (community based)

Initial Clinical Assessment Content

3.06 Assess for medical necessity for involuntary hold (least restrictive environment)

3.07 Include information about history of care (person centered, respectful)

3.08 Identify alternatives to the hold, such as community and family supports, and reasons for using or not using these alternatives (least restrictive environment; natural support networks)

3.09 Identify the individual's needs regarding securing personal property, pets, cars, other family members/children, safety, medical/physical needs (respectful, focus on meaningful life roles)

3.10 Identify strengths (e.g., problem-solving capacities, capacity to engage others, interests and motivations, awareness of strengths and limitations, symptom management abilities) (strengths based)

3.11 Include information about involvement with support systems (e.g., family, friends, agencies) (strengths based, community based, natural support networks, meaningful roles; recovery can occur independent of professional interventions)

3.12 Address issues relevant to the client's ethnicity, social class, religion, gender, sexual orientation, and generational or other cultural considerations; be linguistically appropriate (culturally relevant, respectful)

3.13 Address any ongoing assessment content that is logistically feasible in view of time constraints and client's ability to communicate such information

Admission/Assessment

4.0 Admissions. There were no guidelines for this segment. It was agreed upon by the expert panel and regional stakeholders that the admission process is generally standard across the counties.

Ongoing Assessment Process

5.01 Use a team or collaborative process

> **5.01 (a)** Use an assessment team, including friends, family members, etc., **as requested by the client**; inclusion of family members can provide significant information about individual history, daily routines, etc., that could influence the assessment and intervention plan (not limited to professional interventions; natural support networks)
>
> **5.01 (b)** Make the individual aware of the option to include family members and significant others in the assessment process, and the potential benefits of doing so (empowerment, natural support networks)
>
> **5.01 (c)** Respect the individual's decisions about engaging others (self-direction, self-responsibility, person centered, respectful)
>
> **5.01 (d)** Access behavioral health records, including a review of the client's own crisis-related perspectives and preferences as expressed in documented pre-detainment assessments (person centered, respectful)
>
> **5.01 (e)** Draw out the individual's own experience of the situation through inquiry, not accusation (person centered)
>
> **5.01 (f)** Use motivational interviewing principles, as relevant (person centered)

5.01 (g) Facilitate the client's communication with individuals and resources of the client's choice to obtain information about his/her history, status, and post-discharge options (self-responsibility)

5.01 (h) Facilitate the individual's communication with the individuals and resources that the individual has selected to participate in the discharge planning process (self-responsibility)

Ongoing Assessment Content

5.02 The ongoing Assessment should inform discharge planning decisions and occur simultaneously with the discharge planning process (this is not yet a concluded discharge plan).

5.03 To inform discharge planning, the ongoing assessment should include **content** that informs . . .

5.03 (a) decisions regarding restoration of role functioning and/or introduction to new roles (focus on life roles)

5.03 (b) the individual's stage of change, to which the discharge plan goals and objectives can be linked (person centered)

5.03 (c) a determination of the kinds of goals and objectives that would be realistic, achievable, and meaningful to the individual and that are either initiated by the individual or acceptable to the individual (person centered, self-determination)

5.04 Include information about history of care that may be available from other sources (person centered)

5.05 Identify the individual's needs regarding securing personal property, pets, cars, other family members/children, safety, medical/physical needs (respectful)

5.06 Identify strengths (e.g., problem-solving capacities, capacity to engage others, interests and motivations, awareness of strengths and limitations, symptom management abilities) (strengths based)

5.07 Include information about client's involvement with support systems (e.g., family, friends, agencies) (focus on meaningful life roles; not limited to professional interventions)

5.08 Address issues relevant to the client's ethnicity, social class, religion, gender, sexual orientation, and generational or other cultural considerations; be linguistically appropriate (culturally relevant, person centered, respectful)

5.09 Evaluate the individual's functioning in various roles (e.g., employment, child-rearing, participation in training or education, neighborhood participation (focus on meaningful life roles)

5.10 Identify the individuals and resources with whom the individual chooses to communicate during the detainment (self-direction)

5.11 Identify the individuals and resources that the individual has selected to participate in the discharge planning process (self-direction; not limited to professional interventions)

Formulation/Narrative

6.01 The formulation should clearly convey the following:

6.01 (a) that the documented diagnosis (or diagnoses) is valid.

6.01 (b) which problems are primarily due to the symptoms of the diagnosed mental disorder

6.01 (c) which problems are primarily due to factors other than symptoms of the diagnosed mental disorder

6.01 (d) which strengths are relevant to solving each major problem

6.01 (e) which resources are available for solving each major problem

Treatment (Decision Making and Intervention)

7.01 The assessment of treatment includes the following: . . .

    7.01 (a) recommendations made to the individual during the hold

    7.01 (b) the individual's response to recommendations (person centered)

    7.01 (d) therapeutic interventions provided to the individual during the hold

    7.01 (d) the individual's response to therapeutic interventions provided (person centered)

    7.01 (e) contacts with significant others during the hold (not limited to professional interventions)

    7.01 (f) the individual's response to contacts with significant others (person centered)

    7.01 (g) an evaluation of the individual's potential and willingness to engage in outpatient care and supports (self-direction)

    7.01 (h) staff communication and collaboration with potential outpatient follow-up service providers (community-based services)

    7.01 (i) client communication with potential outpatient follow-up service providers (self-responsibility)

    7.01 (j) access to centralized information within a system of care, fully implementing the "portability" purpose of HIPAA while remaining within the confidentiality and security provisions of the law (community-based services)

Discharge Planning

8.01 Discharge decisions should be informed by a validated instrument whenever possible

8.02 Discharge decisions should be based on a documented, systematic review of interventions that have previously benefitted the detained individual

8.03 Exercise clear and effective communication skills (relationship based)

8.04 Validate the individual's perspective of the situation (person centered)

8.05 Include family members and significant others as identified by the client (self-direction)

8.06 Focus the discharge process on post-discharge follow-through (goal-driven services)

8.07 Express a recovery orientation; therefore, discharge plans must . . .

    8.07 (a) be person centered

    8.07 (b) reflect the client's self-direction and build self-responsibility

    8.07 (c) empower the client with information and connections to supportive resources

    8.07 (d) be strengths based

    8.07 (e) be respectful

    8.07 (f) be culturally relevant regarding ethnicity, religion, social class, gender, sexual orientation, and other cultures that are meaningful to the client

    8.07 (g) be hopeful; stimulate hope

8.07 (h) identify relevant community-based services and natural support networks

8.07 (i) not be limited to professional interventions

8.07 (j) focus on quality of life goals and meaningful life roles

8.07 (k) express goals/objectives that are sufficiently clear and specific to enable valid and reliable outcome evaluation

Care Coordination

9.01 Confirm that the planned follow-up resources are in place and ready to engage with the individual (respectful)

9.02 Confirm that the individual remains committed to the decisions about use of chosen follow-up resources and remains willing to follow through (self-direction, self-responsibility)

9.03 Confirm that the individual's basic needs (e.g., housing, meals, adequate clothing, access to medications) can and will be met if the individual and designated resources follow through on their commitments (respectful, meaningful life roles)

Discharge

10.01 Provide the individual with an opportunity to say goodbye to staff and peers to the extent possible (respectful)

10.02 Assess, with the individual, progress that was accomplished during the hold (strengths based)

10.03 Convey a realistic sense of the individual's positive course of resolution that can be projected into the future, and assess the individual's awareness of these positive developments (strengths based, self-responsibility)

10.04 Assess, with the individual, how the present experience of stabilizing and resolving the crisis state may be helpful in coping with future crises (strengths based, self-responsibility)

Supports for Wellness and Recovery

11.01 A post crisis management team should be provided for this phase of support

    11.01 (a) The post crisis management team should function as a wraparound type of warm handoff to community services as a link to convey   family supports

    11.01 (b) The post crisis management team should follow up with individuals after discharge to ensure they connect with outpatient services

    11.01 (c) Engage peer support organizations to participate on the team as aftercare and resource educators, liaisons, and aftercare case managers (recommended as a best practice)

11.01 (d) The post crisis management team should use best practices such as Emotional CPR (National Empowerment Center).

11.02 Whether it is possible to construct a post crisis management team as a stand-alone resource, increased care coordination among disparate agencies ultimately serving the same individuals should serve this function in a *de facto* manner.

11.03 Engage the supportive efforts of Peer Navigators

Pre-Detainment Assessment

Pre-Detainment Assessment Process

A person living with mental illness can be better able to receive, consider, communicate, and be deliberate about options, as well as arrive at informed preferences, when symptoms are stabilized rather than during the hectic turmoil of a 5150 crisis. When an individual is being involuntarily held – the person still has the right to make and change decisions at that time. However, effective planning during outpatient care or even with family members, in anticipation of a possible 5150 hold, provides the client in crisis with the benefit of reflecting on his or her own previously expressed decisions.

12.01 Whenever this information can be gathered during pre-detainment service contacts within a service system, those issues involving decisions—that is, to identify client preferences—will be made using a process of **Shared Decision-Making** in which . . .

12.01 (a) the service provider and client communicate together using the best available evidence (collaborative, empowerment)

12.01 (b) clients are supported while deliberating on the possible attributes and consequences of options (empowerment)

12.01 (c) informed preferences are determined based on a choice of the best action that respects client autonomy, to the extent this is desired, and is ethical and legal (self-determined)

12.02 Make the client aware of the option to include family members and significant others in the assessment process, and the potential benefits of doing so

12.02 (a) Those clients who have considered and made decisions to include family and significant others during the outpatient service assessment process will be best able to formulate such decisions during their detainment-based assessments.

12.03 Conduct the pre-detainment assessment in a way that strengthens the client's decision-making capacity

12.04 Use a decision-making process. A systematic approach to decision-making is a skill. Most people need to practice systematic approaches to decision-making, just as we need to practice any skill. The client who has had repeated opportunities to do so during a course of outpatient services will be best empowered to do so when presented with a shared decision-making approach during an involuntary hold. To support the development of decision-making skills during pre-detainment assessments, staff should implement the following guidelines:

12.04 (a) If the client brings up a cluster of issues, see if it helps to partialize and prioritize them (empowerment)

12.04 (b) Identify and clarify the client's **subjective experience** and response to each issue (respectful, empowerment)

12.04 (c) Weigh alternative options by "trying them out" hypothetically in discussion; for example: "What do you like best about . . .? What do you like least about . . .?" (empowerment)

12.04 (d) Ask the client to choose preferences, but don't limit choices to only one primary preference unless the client chooses to do so (self-direction, self-responsibility)

12.04 (e) Help the client identify the steps taken in identifying preferences (empowerment) (Note: The five guidelines above involve a person-centered, strengths-based approach to supporting client empowerment.)

12.05 Make pre-detainment assessment findings accessible during detainment. Whenever information can be gathered during pre-detainment service contacts within a service system, the information should . . .

12.05 (a) be documented in a record that is accessible to psychiatric emergency and inpatient services within the same service system (community based)

12.05 (b) be accessible to psychiatric emergency and inpatient services within the same service system (community based)

12.05 (c) be accessed by psychiatric emergency and inpatient services within the same service system (community based)

12.05 (d) be made available to collateral service providers in accordance with the portability provisions of HIPAA and the coordination of care provisions of the Welfare and Institutions Code section 5328

12.05 (e) be accessible to the client by using language the client can understand and is likely to recognize (culturally relevant, self-responsibility)

Pre-Detainment Assessment Content

12.06 Identify the individual's preferences regarding . . .

12.06 (a) language for communicating about strengths, symptoms, problems, and service preferences (culturally relevant)

12.06 (b) family members from whom the client does and does not want to receive support (self-direction; not limited to professional interventions)

12.06 (c) friends, peers, staff, agencies, and others from whom the client does and does not want to receive support (self-direction; not limited to professional interventions)

12.06 (d) clinical intervention strategies, intervention techniques, medications, and style of relationship with behavioral health service providers (self-direction)

12.07. Identify the individual's conception of . . .

12.07 (a) his/her problems

12.07 (b) possible solutions to problems

12.07 (c) barriers to achieving solutions

12.07 (d) his/her strengths

12.07 (e) the causes of his/her problems

12.07 (f) how significant others view his/her problems
12.07 (g) types of resources that he/she sees as supportive
12.07 (h) types of entities that he/she sees as stressful
12.07 (i) communities with which he/she identifies
12.07 (j) communities in which he/she prefers to participate
12.07 (k) aspects of life that support solutions to his/her problems
12.07 (l) aspects of life that exacerbate his/her problems
12.07 (m) treatments, advice, help, or healing efforts that he/she has sought out in the past
12.07 (n) the value of treatments, advice, help, or healing efforts that he/she has sought out in the past
12.07 (o) Effective strategies he/she has used in the past to deal with the problem.

12.07 (p) strategies he/she has used in the past that proved ineffective in dealing with the problem or that made the problem worse."

Note: All the above constitute a person-centered approach.