

LPS CLINICAL ASSESSMENT GUIDELINES

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



INTRODUCTION TO THE TOOLKIT

The LPS Clinical Assessment Guidelines (CAG) represent a set of clinical assessment guidelines for persons involuntarily detained. These guidelines are intended to be recommendations for a structured recovery approach and are not presented as standards or requirements.

The project's expert panels and statewide regional stakeholder's meetings informed the guidelines and identified the following as factors that inhibit the implementation of a greater recovery orientation and person-centered approach to involuntary detention.

- Even when they are influenced by external mandates, *local policies may not always take advantage of legitimate options for meeting those mandates.*
- *People lack familiarity with the portability provisions of the federal Health Insurance Portability and Accountability Act (HIPAA) and overemphasize the confidentiality provisions.*
- *Service providers who interact with involuntarily detained persons need improved levels, types, intensities, and arrays of skills.*
- *Service providers need better skills in evidence-based approaches to client care, recovery orientation, relationships with clients (i.e., engagement) during crisis, and recognition and assessment of co-occurring conditions.*
- *We discovered problems related to a lack of up-to-date training of service providers, a generally slow adoption of recovery orientation in public behavioral health care systems, variations in skills and practice principles across various service professions, and a lack of available clinical assessment frameworks (i.e., protocols) pertaining to emergency/involuntary detention.*

In response to such concerns, the Mental Health Services Oversight and Accountability Commission (MHSOAC), CAG project participants, and others requested a toolkit to provide a basis for developing the knowledge, skills, and attitudes needed by administrators and service providers to implement the new guidelines. This toolkit is designed to provide technical support for the implementation of the **Clinical Assessment Guidelines for Persons Involuntarily Detained (i.e., the CAG)**. The toolkit is composed of six modules.



- **Module 1: Philosophies and Practices**
- **Module 2: Core Competencies**
- **Module 3: Administrative Implementation**
- **Module 4: Substance Use Disorders**
- **Module 5: Lanterman-Petris-Short Act and Recovery**
- **Module 6: Performance Measurement**

Inpatient Behavioral Health Services

The development of these guidelines and the toolkit is a response to the importance of inpatient services as an essential and critical component of any behavioral health service system.

Inpatient services, compared to other system services, are characterized by:

- higher costs;
- more restrictive environments;
- service of those who are most severely ill;
- and services that address the most acute clinical risks and disabilities.

Inpatient behavioral health units must be designed to offer comprehensive behavioral health evaluation, diagnosis, and treatment in a **recovery-focused, safe, and healing environment** for clients with acute problems that **cannot be assessed or treated at a lower level of care**.

The primary goal of inpatient behavioral health care is **to provide the level of intensive treatment necessary for safety and stabilization in preparation for a shift to less intensive levels of care as soon as is clinically appropriate and feasible based on available resources**.

Because clients are admitted due to the severity of their symptoms, all behavioral health inpatient units must be secured to accommodate the *needs of clients who are severely agitated or at risk of harming themselves or others*, as well as to provide safety and privacy by controlling others' access to the unit.

Over recent decades, major changes have occurred in inpatient utilization patterns. In the past, people with serious mental illnesses were treated within the four walls of expensive hospitals that restrict their freedom of movement. Now, shortened lengths of stay mean that hospitalized individuals with serious mental illnesses are discharged to the streets and community at earlier stages of recovery.

The community has responded by creating a greater, if not a sufficient, number of staff-enriched service programs, expanded rehabilitation workshops, jobs programs, specialized dual-disorder treatment programs, special programs for children and their families, and expanded special services to historically underserved ethnic populations.

The CAG for Involuntary Detainment and the toolkit, which supports the guidelines' implementation, are responses to the need for coordination in a complex system of care. They are designed to support collaboration, communication, and cooperation between inpatient services and the various other systems of service in support of everyone's recovery.

