



OKLAHOMA Mental Health & Substance Abuse

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Title 450

CHAPTER 30. STANDARDS AND CRITERIA FOR STATE-OPERATED INPATIENT SERVICES

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SUBCHAPTER 9. ROLE OF STATE-OPERATED INPATIENT PSYCHIATRIC UNITS

450:30-9-1. Purpose

The purpose of this subchapter is to define the role of state-operated facilities with inpatient psychiatric units serving adults under civil admissions in providing mental health treatment services to individuals within the State of Oklahoma.

450:30-9-1.1. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Discharge evaluation" means documentation in the clinical record

assessing the consumer's progress during treatment, with goals reached, continuing needs, and other pertinent information to determine readiness for discharge.

"Licensed mental health professional" or "LMHP" means a practitioner who meets qualifications as defined in Title 43A §1-103(11).

"Maximum benefit" means the amount of treatment progress at which it can be reasonably determined that continued treatment can no longer accommodate or assist in the reduction of psychiatric symptoms in a level of care less restrictive than inpatient services.

"Medically unstable" means a state in which an immediate, life-threatening medical disorder or illness is present that requires emergency care, or severe medical illnesses or disorders are present for which the state-operated psychiatric inpatient unit does not have the ability to treat.

"Psychiatrist" means a licensed physician who specializes in the assessment and treatment of individuals having psychiatric disorders and who is fully licensed to practice medicine in the state in which he or she practices and is certified in psychiatry by the American Board of Psychiatry and Neurology.

450:30-9-2. Applicability

This subchapter is applicable to state-operated facilities with inpatient psychiatric units.

450:30-9-3. Admission criteria for state-operated inpatient psychiatric units

Individuals appropriate for involuntary admission to a state-operated inpatient psychiatric unit are persons eighteen (18) years of age or older who have received the maximum benefit of the community-based treatment available and who:

(1) Are determined to have any of the following psychiatric diagnoses based on nomenclature established in the most current edition of the Diagnostic and Statistical Manual, published by the American Psychiatric Association:

- (A) Schizophrenia;
- (B) Schizoaffective Disorder;
- (C) Other Psychotic Disorders;
- (D) Bipolar Disorder;
- (E) Depressive Disorders;
- (F) Other Mood Disorders;
- (G) Anxiety Disorders;
- (H) Dissociative Disorders;
- (I) Adjustment Disorders;
- (J) Substance Related Psychiatric Disorders; or
- (K) Personality Disorders; and

(2) Demonstrate they are a risk of harm to self or others as defined in 43A O.S. § 1-103.

450:30-9-3.1. Voluntary formal and informal admissions to a state-operated inpatient psychiatric unit

The executive director of the state-operated inpatient unit may receive and retain as a consumer, when there are available accommodations, any person eighteen (18) years

of age or older, who voluntarily makes a written application for inpatient treatment.

(1) Any person presenting to a state-operated inpatient psychiatric unit for voluntary admission shall be evaluated by a licensed mental health professional, as defined by 43A O.S. §1-103 (11), who is employed by the state-operated inpatient psychiatric unit to determine that the requested admission is appropriate in accordance with the facility's admission criteria. If the licensed mental health professional determines that admission is necessary and an appropriate referral by a community mental health center has not been made, the licensed mental health professional will, when feasible, seek consent from the person making application for admission to contact the local community mental health center to discuss the admission of the consumer and review options for consideration in lieu of admission to the facility.

(2) A person being admitted to the state-operated inpatient psychiatric unit on a voluntary status must be able to grant consent for the admission. The licensed mental health professional shall ensure that the person signing the request for voluntary admission is competent to grant consent. If the person is unable or not competent to give consent, then the individual may be admitted through the civil involuntary commitment process.

(3) An individual presenting for voluntary admission with pending criminal charges against him or her shall not be admitted if he or she is confined in a jail or adult lock-up facility.

(4) An individual formally admitted on a voluntary basis to the state-operated inpatient psychiatric unit shall not be detained for a period exceeding one hundred twenty (120) hours, excluding weekends and holidays, from receipt of notice of the consumer's desire to leave such inpatient treatment facility.

(5) An individual informally admitted on a voluntary basis (without a written application) may leave the facility on any day between the hours of 9:00 a.m. and 5:00 p.m. and at such other times as the executive director of the facility may determine.

(6) The state-operated inpatient psychiatric unit shall refer, with appropriate signed consent by the individual, persons who do not meet the criteria for admission and are refused admission to an appropriate agency or service. Appropriate documentation of the referral and reason for the non-admission shall be made.

450:30-9-4. Community Mental Health Center referrals

The state-operated inpatient psychiatric unit shall develop procedures by which referrals for admission to the unit are accepted from community mental health centers, provided a signed consent for release of information is secured from the consumer. Conditions under which a state-operated inpatient psychiatric unit may accept a referral from a community mental health center are as follows:

(1) The consumer shall meet admission criteria as defined in 450:30-9-3 and 450:30-9-3.1; and

(2) The CMHC shall have no local inpatient psychiatric unit capacity either of its own or a contracted for inpatient service; or

(3) When the environment at the local inpatient psychiatric unit is deemed unsafe.

450:30-9-5. Detoxification referrals

The state-operated inpatient psychiatric unit may develop procedures by which

referrals for admission to the unit for detoxification are accepted from an alcohol and drug program provided an adequate signed consent for release of information is secured from the consumer. Conditions under which a state-operated inpatient psychiatric unit may accept a referral from an alcohol and drug program are as follows:

- (1) The individual shall meet admission criteria as defined in 450:30-9-3 and 450:30-9-3.1;
- (2) Detoxification services are not provided or currently available locally; and
- (3) The specific alcohol and drug program referring the individual to the state-operated inpatient psychiatric unit for detoxification services agrees to participate in discharge planning, with properly signed consent by the consumer, to assure continuity from state-operated inpatient psychiatric unit services to community based services.

450:30-9-6. Criteria for exclusion from state-operated inpatient psychiatric units admission

Individuals inappropriate for admission to state-operated psychiatric inpatient units are considered to be the following:

- (1) Individuals who have a substance use disorder except those in acute withdrawal and for whom no local inpatient services for such treatment are immediately available.
- (2) Individuals with a post-traumatic head injury or other organically based disorders with behavioral manifestations not attributable to a specific mental illness as listed in 450:30-9-3(1), and do not meet the admission criteria stated in 450:30-9-3(2).
- (3) Individuals who have intellectual or developmental disabilities accompanied by behavioral manifestations not attributable to a specific mental illness as listed in 450:30-9-3 (1) and do not meet the admission criteria stated in 450:30-9-3(2).
- (4) Individuals who are homicidal or aggressive, and do not meet the admission criteria stated in 450:30-9-3.
- (5) Individuals who are medically unstable.

450:30-9-7. Referral assistance to be provided by the state-operated psychiatric inpatient unit

The state-operated psychiatric inpatient unit shall assure that procedures are published and followed related to activities which may be initiated at the local level to assist with admissions to the state-operated psychiatric inpatient unit on a consumer's behalf with signed consumer consent. These shall involve the following:

- (1) Evaluation and assessment for consideration of admission to the state-operated psychiatric inpatient unit if performed by a community mental health center or alcohol or drug program and,
- (2) Communication with local law enforcement and courts regarding the appropriate referral process and appropriate court orders.

450:30-9-8. State-operated psychiatric inpatient unit treatment functions

(a) Admissions procedures within a state-operated psychiatric inpatient unit shall include the following:

- (1) Comprehensive evaluation of each consumer prior to admission; and
- (2) Crisis intervention and stabilization services, regardless of legal status but in consideration of relevant legal restrictions on providing treatment including but not

limited to, restrictions regarding medications to individuals admitted with emergency detention status.

(b) Acute care within a state-operated psychiatric inpatient unit shall include the following:

(1) Treatment services to provide rapid reduction and stabilization of psychiatric or acute withdrawal symptoms; and

(2) Discharge planning which shall begin at time of admission and establish ongoing treatment to be provided in the community.

(c) Continued treatment within a state-operated psychiatric inpatient unit shall include the following:

(1) Continued treatment planning which shall begin with the consumer and, pursuant to releases signed by the consumer, the family and the local community mental health center or alcohol or drug program. Treatment planning shall begin when the consumer is admitted to the state-operated psychiatric inpatient unit.

(2) Discharge planning, pursuant to appropriately signed releases by the consumer, which shall include a written discharge plan to address the basic needs of the consumer including but not limited to housing, income maintenance and social support as well as specific provisions for ongoing community-based mental health or substance abuse treatment needs and follow-up care services recommended by the treatment team. When treatment for co-occurring substance abuse and mental health disorders is indicated, discharge planning shall include arrangements to continue treatment for the co-occurring disorders.

(3) Regular communication and meetings with all community mental health centers and alcohol or drug programs within the state-operated psychiatric inpatient unit's service area to support the continuation of care on behalf of the consumer in post-inpatient settings pursuant to appropriately signed releases by the consumer.

(d) Any person involuntarily committed for inpatient treatment to a state-operated psychiatric inpatient unit shall receive a review of his or her involuntary status at regular intervals, in accordance with the following:

(1) The facility shall establish a Utilization Review Committee to oversee the utilization of services. The facility must establish and use criteria to determine the medical necessity of extended stays and the medical necessity of professional services.

(2) The facility shall utilize a psychiatrist not employed by the facility to complete external reviews.

(3) Within the first sixty (60) days of the treatment episode, individuals shall receive a review of their involuntary status by the Utilization Review Committee.

(4) Within the first ninety (90) days of the treatment episode, individuals shall receive an external review of their involuntary status.

(5) Individuals shall receive reviews of their involuntary status within sixty (60) and ninety (90) day intervals as indicated in (3) and (4) above for each subsequent sixty (60) and ninety (90) day treatment period.

(6) If continued care in the involuntary commitment status is indicated, the treatment team shall determine reasons the individual does not meet criteria for discharge and summarize these in a written discharge evaluation. The team's report shall indicate

the exploration of alternatives for continuing care in a less restrictive setting and reasons these alternatives are not clinically indicated.

(7) All evaluations for purposes of such reviews shall be documented in the clinical record.

(8) Copies of all evaluations including recommendations, completed pursuant to this subsection shall be provided to the ODMHSAS Office of Consumer Advocacy.

450:30-9-9. Mechanical Restraints

(a) Mechanical restraints shall not be used on a non-consenting individual unless an inpatient psychiatric facility licensed physician personally examines the individual and determines their use to be required for the safety and protection of the consumer or other persons. This shall not prohibit the emergency use of restraint pending notification of the physician.

(b) The inpatient psychiatric facility shall have a written protocol for the use of mechanical restraints which includes, but is not limited to:

(1) Criteria to be met prior to authorizing the use of mechanical restraints;

(2) Signature of the licensed physician authorizing use;

(3) Time limit of said authorizations;

(4) Circumstances which automatically terminate an authorization;

(5) Setting a time period, not to exceed every fifteen (15) minutes, an individual in mechanical restraints shall be observed and checked by a designated staff under the on-site supervision of a registered nurse;

(6) Requiring in every use of mechanical restraints documentation the specific reason for such use, the actual start and stop times of use, authorizing inpatient psychiatric facility licensed physician signature, and record of times the consumer was observed and checked and by whom;

(7) A chronological log including the name of every consumer placed in mechanical restraints, and the occurrence date. In accordance with 43A O.S. § 4-106, the inpatient psychiatric facility director, or designee shall be responsible for insuring compliance with record keeping mandates;

(8) A process of peer review to evaluate use of mechanical restraints; and

(9) The items listed in (1) through (6) of this rule shall be made a part of the consumer record.

450:30-9-10. Consumer rights

The state-operated inpatient psychiatric unit shall comply with the applicable rules in Title 450, Chapter 15. Consumer Rights.

450:30-9-11. Consumer grievance policy

The state-operated inpatient psychiatric unit shall comply with the applicable rules in Title 450, Chapter 15. Consumer Rights.

SUBCHAPTER 11. EMERGENCY MEDICAL CARE [REVOKED]

450:30-11-1. Applicability [REVOKED]

450:30-11-2. Emergency medical care [REVOKED]

SUBCHAPTER 13. PREGNANT PATIENTS [REVOKED]

450:30-13-1. Applicability [REVOKED]

450:30-13-2. Obstetrical Care [REVOKED]

SUBCHAPTER 15. FORENSIC REVIEW BOARD [REVOKED]

450:30-15-1. Applicability [REVOKED]

450:30-15-2. Definitions [REVOKED]

450:30-15-3. Composition, powers and duties [REVOKED]