

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 20
SECTION Clinical and Support Services		DESCRIPTION Pre-Screening for Inpatient Hospitalization and Alternatives	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) provides Pre-Screening Services to determine the need for inpatient psychiatric hospitalization and/or alternatives.

STANDARDS:

- A. Pre-Screening Services are provided to meet the following objectives:
 1. Provide immediate evaluation and intervention, 24 hours a day, seven days a week, for persons in crisis.
 2. Utilize the natural support system within the individual’s environment whenever possible, thereby minimizing the need for treatment in a more restrictive setting.
 3. Provide an alternative to hospitalization for acute psychiatric conditions which may be stabilized within a short period of time.
 4. Link with LCCMH direct services.
 5. Provide a support system for individuals with severe mental illnesses thereby minimizing the need for admission or re-admission to the hospital.

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- B. The pre-screening process includes alternatives to hospitalization. Alternatives may be any of the following:
 - 1. Engaging existing support systems
 - 2. Providing crisis intervention and medication
 - 3. Establishing outpatient treatment
 - 4. Linking to Mobile Intensive Crisis Stabilization (MICS) services
 - 5. Referral to crisis residential
- C. If no alternative is appropriate, the on-call staff makes arrangements for admission to a hospital.
- D. Emergency mental health evaluations are provided in the jail for inmates who are sober and report suicidal and/or homicidal thoughts or plans and to those in a psychotic state with active hallucinations or delusions. LCCMH staff provide psychiatric consultation to inmates upon request by the jail medical staff.

PROCEDURES:

- A. Pre-Screening Services are provided by a member of the Triage Team or other designated professional clinical LCCMH staff.
- B. Pre-Screening Services include any of the following activities:
 - 1. Crisis intervention
 - 2. Pre-Admission assessment
 - 3. Linking to the appropriate service
- C. A Pre-Admission Screening Form (T1023) is used as the assessment tool to determine the need for psychiatric inpatient hospitalization. The on-call worker is required to fill out this form at the time of disposition.
- D. If a face-to-face screening for psychiatric hospitalization is required, the on-call staff will meet the person at the Emergency Room of McLaren Lapeer Region,

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the Lapeer County Jail, LCCMH, or in the community. The worker is responsible for assessing the needs of the person.

1. If the person requires hospitalization, their willingness to sign into the hospital voluntarily is addressed.
 2. If appropriate, a petition for involuntary hospitalization is completed.
 3. An individual's blood alcohol level must be below .08 and the attending doctor must provide medical clearance prior to an evaluation.
 4. The attending doctor is responsible for determining when the person is sufficiently stabilized for transfer or discharge, in accordance with 42 CFR 438.114(d)(3).
- E. If it is determined inpatient hospitalization is needed, admission to a local inpatient setting will be pursued.
- F. Inpatient hospitalization is a Level II Service and must be authorized by the Region 10 PIHP Access Center. It is the responsibility of the on-call worker to notify the Access Center within 24 hours or next business day of disposition.
- G. All assessments and psychiatric evaluations are entered into the electronic health record.
- H. All assessments completed where hospitalization was not recommended and individual is not a current recipient of LCCMH services, are scanned into the secure department shared folder.

REFERENCE:

42 CFR 438.114(d)(3)
Pre-Admission Screening Form T1023

TV:lr

This policy supersedes #
#07/06036 dated 07/03/2006.
