

**OKLAHOMA DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES**

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TITLE 450

CHAPTER 30

**STANDARDS AND CRITERIA FOR
STATE-OPERATED INPATIENT SERVICES**

EFFECTIVE JULY 25, 2009

Authority: Oklahoma Board of Mental Health and Substance Abuse Services; 43A O.S. §§ 2-101, 3-306, 3-317, 3-403(1), 3-404, 3-406, 3-415 and 3-416.

History: Added at 10 OK Reg 117, effective 10/07/92 (emergency); Added at 10 OK Reg 1853, 05/14/93; Added at 10 OK Reg 1857, effective 06/01/93; Amended at 11 Ok Reg 3781, effective 07/12/93; Amended at 11 Ok Reg 3885, effective 07/11/94; Amended at 20 OK Reg 2146, effective 07/01/03; Amended at 21 OK Reg 1086 effective 07/01/04; Amended at 22 OK Reg 2164, effective 07/01/05; Amended at 23 OK Reg 1962 effective 07/01/06; Amended at 25 OK Reg 2544, effective 07/11/08; Amended at 26 OK Reg 2688, effective 07/25/09.

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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.

450:30-9-2. 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 age eighteen or older who have received maximum benefit of the community based treatment available (“Maximum benefit” is defined as the extent available resources can no longer accommodate or assist in the reduction of psychiatric symptoms in a level of care less restrictive than inpatient services.); 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; or,
- (J) Substance Related Psychiatric 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 over, who meets the admission criteria defined in 450:30-9-3, and 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 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) The written application for voluntary admission shall include:

- (A) the name of facility to which the request is made;
- (B) the current date and time;
- (C) the name and address of the person making the request;
- (D) the signatures of the person making the request;
- (E) the licensed mental health professional conducting the evaluation; and
- (F) the signature of a witness or notary.

(4) 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.

(5) An individual voluntarily admitted to the state-operated inpatient psychiatric unit shall not be detained for a period exceeding seventy-two (72) hours, excluding weekends and holidays, from receipt of notice of the consumer's desire to leave such inpatient treatment facility.

(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 problem with substance abuse 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 are mentally retarded or developmentally disabled 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).
- (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. "Medically unstable" is defined as an immediate life threatening medical disorder or illness that requires emergency care, and severe medical illnesses or disorders for which the state-operated psychiatric inpatient unit does not have the ability to treat.
- (6) Individuals with personality disorders as defined in the current Diagnostic and Statistical Manual published by the American Psychiatric Association and who do not meet the admission criteria stated in 450:30-9-3.

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) The state-operated psychiatric inpatient unit admission function is as follows:

- (1) Comprehensive evaluation prior to admission; and
- (2) Crisis intervention and stabilization regardless of legal status in consideration of relevant legal restrictions on providing treatment including but not limited to medications to individuals admitted on emergency detention status.

(b) The state-operated psychiatric inpatient unit acute care treatment function is as follows:

- (1) Treatment to provide quick reduction and stabilization of psychiatric or acute withdrawal symptoms with ongoing treatment provided in the community; and
- (2) Discharge planning which shall begin at time of admission.

(c) The state-operated psychiatric inpatient unit continued treatment function is as follows:

(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 as soon as the consumer is admitted to the state-operated psychiatric inpatient unit.

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

(d) Any person involuntarily committed for inpatient treatment shall receive a review of his or her involuntary status at least once every three (3) months. The executive director of the state-operated facility with the psychiatric inpatient unit shall take appropriate action based upon this review.

(1) 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 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.

(2) A second, independent evaluation shall be made by the state-operated psychiatric unit clinical director. In cases where the clinical director is also the treating physician, a non-treating physician shall conduct and document the independent evaluation.

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

(4) Summaries and recommendations of the team and the independent evaluation shall be forwarded to the executive director who shall document, in the medical record, actions authorized by him or her based on the review. Such actions may include but not be limited to discharge from the state-operated psychiatric inpatient unit, motion to modify commitment orders, or development of revised treatment plans for services offered for the consumer in the state-operated psychiatric inpatient unit.

(5) Copies of all evaluations including recommendations, 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]