

**TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
SERVICES
CHAPTER 30. STANDARDS AND CRITERIA FOR STATE-OPERATED INPATIENT
SERVICES**

SUBCHAPTER 9. ROLE OF STATE-OPERATED INPATIENT PSYCHIATRIC UNITS

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.

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

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

~~(5)~~(4) An individual ~~voluntarily~~formally admitted on a voluntary basis to the state-operated inpatient psychiatric unit shall not be detained for a period exceeding ~~seventy-two (72)~~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.

450:30-9-6. 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~~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 are ~~mentally retarded or developmentally disabled with~~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. ~~“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.~~

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

(a) ~~The state-operated psychiatric inpatient unit admission function is as follows~~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 ~~on~~with emergency detention status.

(b) ~~The state-operated psychiatric inpatient unit acute care treatment function is as follows~~Acute care within a state-operated psychiatric inpatient unit shall include the following:

- (1) Treatment services to provide ~~quick~~rapid 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 ~~and establish ongoing treatment to be provided in the community.~~

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

follows 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, as soon as~~ Treatment planning shall begin when the consumer is admitted to the state-operated psychiatric inpatient unit.

(2) ~~Planning~~ 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~~ 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 ~~including~~ and meetings with all community mental health centers and alcohol or drug programs within the state-operated psychiatric inpatient ~~unit~~ unit's 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,~~ 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 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 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.

~~(4)~~ (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.

~~(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)~~ (7) All evaluations for purposes of such reviews shall be documented in the ~~medical~~ clinical 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)~~(8) Copies of all evaluations, including recommendations, completed pursuant to this subsection shall be provided to the ODMHSAS Office of Consumer Advocacy.