



Section	Psychiatric Health Facility (PHF)	Effective:	9/1/2009
Sub-section		Version:	2.0
Policy	Admissions Criteria and Conditions	Last Revised:	DRAFT
Director's Approval	_____	Date	_____
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PHF Medical Director's Approval	_____	Date	_____
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Supersedes:	Hospitalization: Admissions to PHF		
Approvals:	PHF Medical Practice Committee: PHF Governing Board:		

1. PURPOSE/SCOPE

- 1.1. To establish criteria and conditions for admission for individuals referred to Santa Barbara County Psychiatric Health Facility (hereafter "PHF").

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Licensed nursing staff (LNS)** – an individual employed or contracted by the PHF who holds a valid California license as a: registered nurse (RN); licensed vocational nurse (LVN); or psychiatric technician (PT).
- 2.2. **Licensed practitioner** – an individual credentialed within a recognized health care discipline and involved in providing the services of that discipline to patients.
- 2.3. **Grave disability** –
 1. A condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing or shelter and there are no responsible family, friends or others willing and able to provide for the person's basic needs; or
 2. A condition in which a person has been found mentally incompetent to stand trial under Penal Code section 1370.

3. BACKGROUND

- 3.1. The PHF is licensed as an inpatient, 16-bed psychiatric hospital. It is a free-standing facility not attached to a medical hospital. Acute medical care is not provided at this

facility. Care of chronic medical conditions may fall beyond the scope of what PHF staff are trained to provide.

4. POLICY

4.1. All individuals 18 years of age and older referred for admission at the PHF shall meet the required criteria for acute psychiatric hospitalization in accordance with applicable provisions of the California Welfare and Institutions Code, California Code of Regulations Title 9 and 22, Centers for Medicare and Medicaid Services (CMS) Conditions of Participation, contractual requirements with the Department of Health Care Services (DHCS), and all other relevant federal and state laws and regulations.

5. ADMISSIONS CRITERIA

5.1. All individuals considered for admission to the PHF shall meet medical necessity criteria as follows:

1. Have, or be reasonably suspected of having, a psychiatric diagnosis listed in the Diagnostic and Statistical Manual, Fifth Edition (DSM-5), published by the American Psychiatric Association and be an included diagnosis in accordance with Title 9 of the California Code of Regulations.
2. Cannot be safely treated at another level of care.
3. Requires psychiatric inpatient hospitalization due to a major mental health disorder as indicated by one (1) of the following:
 - a. Is a current danger to self or others.
 - b. Is gravely disabled as defined in Section 2.3 above.

5.2. Individuals with co-occurring conditions (e.g. substance use, medical issues) may be considered for admission provided that:

1. They meet the necessary criteria noted above; and
2. Their health condition is not a primary diagnosis and can be safely managed within the capacity and capabilities of the PHF. For more information, refer to Section 6 and 7 of this policy.

5.3. An individual referred for admission to the PHF under an involuntary hold shall be assessed in person to determine whether the individual can be properly served without being detained or to determine the appropriateness of the involuntary detention.

5.4. PHF staff shall provide individuals admitted to the PHF required notices in accordance with applicable law, regulations, and PHF policies.

6. EXCLUSIONARY CRITERIA

6.1. The PHF shall not admit or treat patients if the patients' treatment requires medical interventions beyond the level appropriate to a psychiatric health facility including¹:

1. Detoxification from substance abuse.

¹ Please refer to the PHF's "Admissions of Patients on Methadone or Buprenorphine Maintenance Therapy for Substance Use Disorders" policy for further details.

2. Treatment for substance-induced delirium.
- 6.2. The PHF shall not admit or treat patients with the primary diagnosis of chemical dependency, chemical intoxication or chemical withdrawal.
 1. Individuals in other types of crisis related to an included psychiatric diagnosis who also are diagnosed with a secondary substance use disorder may be considered for admission provided the the individuals needs do not exceed the medical capacity and scope of the PHF.
 2. Patients already receiving outpatient withdrawal management services may have this care integrated into the treatments provided at the PHF during the patient's stay in accordance with American Society of Addition Medicine (ASAM) criteria and established withdrawal management protocols for common substances of abuse.
 - 6.3. The PHF shall not admit or treat patients with the primary diagnosis of an eating disorder.
 1. Individuals in other types of crisis related to an included psychiatric diagnosis who also are diagnosed with an eating disorder may be considered for admission provided that the eating disorder is sufficiently in control that the individual can be successfully cared for within the resources and scope of the PHF.
 - 6.4. Persons with a communicable disease that are required to be reported by Title 17, California Code of Regulations, Section 2500, shall not be admitted to the PHF².
 1. A patient who after admission is diagnosed as having a reportable communicable disease or being a carrier shall be promptly transferred to a facility capable of accommodating such patients.
 - 6.5. The PHF shall not admit or treat patients who are non-ambulatory. This includes patients who are:
 1. Wheelchair bound and cannot move themselves independently; or
 2. Bedridden.
 - 6.6. A patient may not be admitted to the PHF if the patient's medical condition cannot be managed by the PHF for any reason.
 - 6.7. At no time shall minors be admitted to the PHF as the PHF has no specific separate housing arrangements, treatment staff, and treatment programs designed to serve children or adolescents.
7. **MEDICAL CLEARANCE SCREENING AND MEDICAL CARE**³
- 7.1. If an individual considered for admission to the PHF presents in an emergency room, the emergency room physician, in collaboration with the admitting PHF licensed practitioner, will determine the need and type of medical clearance for that individual.

² Please refer to the [Santa Barbara County Public Health Department Reportable Disease and Conditions](#) document for a complete list of reportable diseases and conditions.

³ Please refer to the PHF's "Medical Clearance Screening" policy for further details.

1. The admitting PHF licensed practitioner may also determine the specifics of medical clearance required based on the needs of the PHF.
2. If the individual is an established psychiatric client of the Santa Barbara County Department of Behavioral Wellness, typical medical clearance screening may be waived at the discretion of the admitting PHF licensed practitioner with concurrence of the PHF Medical Director.
 - a. Admitting PHF licensed practitioners must explicitly write an order that states the patient is considered to be medically stable.
- 7.2. For individuals presenting at all other settings (e.g., county jail), the need and type of medical clearance will be determined by admitting PHF licensed practitioner.
- 7.3. All patients shall be assessed for medical and psychiatric needs and conditions by LNS at admission.⁴ This assessment includes a review of medical histories and any supporting documentation available at admission.
- 7.4. Every patient shall have a complete history and physical examination within 24 hours after admission unless a history and physical examination has been completed within the previous 30 days and is determined by the attending physician to be current.
- 7.5. Alternative treatment settings shall be arranged for patients with injuries or diseases that require inpatient medical care.
- 7.6. A patient who develops or presents to the PHF with an emergency medical condition will receive stabilizing treatment within the capabilities and capacity of the PHF prior to transfer to an appropriate facility and in accordance with PHF policy.⁵
- 7.7. A PHF admission is not appropriate if a particular patient's medical condition cannot be managed by the PHF for any reason. If the PHF does not have the resources and demonstrated competencies with which to provide needed medical care to a prospective patient, the patient may not be admitted to the PHF.
 1. This shall include patients who, after admission, are diagnosed as having a disease or injury that ordinarily would be treated on an outpatient basis.

8. **ADMITTING PRIVILEGES**

- 8.1. Patients are admitted to the PHF only on the recommendation of a licensed practitioner permitted in the state of California to admit patients to a hospital and appointed by the PHF Governing Board for admitting privileges. Licensed practitioners shall be:
 1. Credentialed in accordance with the Department's *Staff Credentialing and Licensing* policy; and

⁴ Please refer to the PHF's "Medical Care for Patients" policy for further details.

⁵ Please refer to the PHF's "Emergency Medical Condition" policy for further details.

2. Appointed by the PHF Governing Board and PHF Medical Practice Committee in accordance with state law and in accordance with the *Credentialing, Privileging, Appointment, Reappointment, and Appraisal of Medical Staff* policy.
- 8.2. The following categories of licensed practitioners may be granted admitting privileges:
- a. Psychiatrist (MD or DO)

REFERENCE

California Code of Regulations 22 Parts 77113 and 77135
 Code of Federal Regulations 42 Part 482
 Health and Safety Code §1275.1 (b)(2)
 Mental Health Plan Contract
 Welfare and Institutions Code 5008(h), 5150, 5151, 5751.7

RELATED POLICIES

Admissions of Patients on Methadone or Buprenorphine Maintenance Therapy for Substance Use Disorders
 Credentialing, Privileging, Appointment, Reappointment, and Appraisal of Medical Staff
 Emergency Medical Condition
 Medical Care for Patients
 Medical Clearance Screening
 Staff Credentialing and Licensing

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
11/12/19	2.0	Updated to reflect current regulations and department policies.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).