

Understanding the Basics: Expectations and Procedures for Pre-Admission Screening Evaluators

Module # 1

DBHDS Certification Training for Pre-admission Screening Evaluators and Independent Examiners

37.2-809(A) sets out who can be a preadmission evaluator:

Evaluators must:

- **Be a designee of the local community services board**
- **Be skilled in the assessment and treatment of mental illness**
- **Have completed a certification program approved by DBHDS**
- **Be able to provide an independent evaluation**
- **Not be related by blood or marriage to the person being evaluated**
- **Have no investment interest in the facility detaining or admitting the person**
- **Not be employed by the facility except for employees of state hospitals or the U.S. Department of Veterans Affairs**

Evaluators are expected to:

- Do more than simply evaluate the person with whom they are meeting. Evaluators should provide appropriate clinical intervention, as well.
- Reflect the Recovery Model in all of their interactions as pre-admission screening evaluators.
- Explore available least restrictive treatment options in all cases.
- Provide appropriate referrals and follow-up.
- Work collaboratively with the person being evaluated, other professionals, and the person's loved ones.
- Comply with all requirements of Chapter 9 of Title 37.2 of the Code of Virginia

Initiating the Evaluation Process

- Prior to seeing the person, review available collateral information and talk with those involved in the immediate situation:
 - Intake/triage notes, rescue squad run sheets, and/or law enforcement report,
 - Family and collateral contacts,
 - Hospital physician and staff,
 - CSB staff and records,
 - Available medical records and reports

Creating a Successful Interview Setting

- Develop rapport with the person by introducing yourself and personalizing the interview.
- Emergency Services clinicians are often in a position to empower people and encourage self-determination.
- Aim to create the most productive care environment possible: ensure comfort, privacy, and treatment intervention.
- The person's comfort can be facilitated by offering the person food, a beverage or the bathroom.
- Work to reduce the amount of stimuli and proactively prevent the potential for increased agitation.

Introduce the Interview Process

- Take time to explain your role as an evaluator and the purpose of your interview with the person.
- Let the person know about the steps in the process and the possible outcomes that might come about.
- Check with the person to see if the person has any questions for you.
- Use your clinical judgment to decide the parameters of the interview—how long it should go, how wide in scope, etc.

Proceeding with the Clinical Interview

- While meeting face-to-face with the person, gather the following information:
 - Verify personal data
 - Inquire about the presenting situation
 - Ask “What do you want to happen?” or “How can I be of help?”
 - Inquire about a Wellness Recovery Action Plan (WRAP) or Advance Directive (AD)
 - If there is one, obtain it and review it
 - Conduct mental status exam and risk assessment
 - Identify the person's strengths, supports, and resources
 - Develop a provisional diagnosis
 - Collaborate with the person about disposition planning
 - Formulate a provisional disposition plan
 - Complete the Uniform Pre-Admission Screening Form
- Normalize and validate the person's current experience whenever possible.

Disposition Planning

- There are many points to consider when developing a disposition plan for the person.
- The overarching question to ask: What is in the best interest of this individual and the community?
- Evaluators should take into consideration suggestions by the person or the person's loved ones with regard to care placement and treatment interventions.
- Evaluators should discuss their determinations and plan with the professionals that they are collaborating with in order to get other perspectives and input.
- Evaluators should aim to develop a disposition plan that provides the best possible scenario: a plan that is most likely to result in successful outcomes while using the least restrictive means.
- Disposition options fall along a continuum based on how much they restrict a person's liberty:
 - Less restrictive treatment alternatives include outpatient services, housing, and wraparound treatment;
 - Moderately restrictive treatment alternatives include voluntary inpatient hospitalization; and
 - More restrictive treatment alternatives include temporary detention for inpatient hospitalization, and involuntary hospitalization.

Developing less restrictive disposition plans

- Creative disposition planning, as opposed to rote use of custody and commitment-based options, allows for development of least restrictive intervention recommendations.
- Several wraparound services can be combined to create an individualized, less restrictive care plan.
 - Crisis stabilization,
 - In-home crisis services,
 - Next day therapy appointments,
 - Peer counseling,
 - Support groups,
 - Shelter placement,
- It can also be helpful to develop a list of well-suited disposition services and resources for future references.
 - Clinicians,
 - Support groups,
 - Drop-in centers,
 - Homeless shelters,

Why should least restrictive alternatives be sought?

- Least restrictive alternatives are Recovery oriented.
 - Less restriction on a person’s liberty maximizes the person’s rights,
 - Less restrictive alternatives encourage self-determination and empowerment by engaging the person in care rather than forcing the person into care.
 - Less restrictive alternatives instill hope because they demonstrate that treatment in the community is viable.
- Least restrictive alternatives are resource efficient
 - Community-based treatment alternatives avoid the high costs that come with the commitment process and inpatient hospitalization.
 - Refraining from hospitalization when it is not needed allows hospitals to maintain bed availability for those cases in which hospitalization is needed.
- Virginia law requires consideration of least restrictive alternatives.
 - The statute that dictates what a judge or special justice must consider when making a commitment determination includes investigation of least restrictive alternatives. Specifically, the law requires that the preadmission report submit by the CSB to the Court must state “whether there is no less restrictive alternative to inpatient treatment.” (§37.2-816)
 - The judge or special justice must then find that “all available less restrictive treatment alternatives to involuntary inpatient treatment...have been investigated and determined to be inappropriate” before the judge or special justice can order the person to involuntary commitment. (§37.2-817)

Temporary Detention Order as a Disposition

When a TDO is NOT recommended by the CSB evaluator

- The evaluator should discuss the recommendation with collaborating professionals.
- If the recommendation is not changed after such discussion, the evaluator must notify the person who initiated the TDO, if they are present, of the recommendation as well as the petitioner and treating physician
 - If they disagree with the recommendation then the evaluator should facilitate communication between these persons and the magistrate if requested make the arrangements for the person as soon as practicable to communicate with the magistrate prior to the expiration of the ECO.
 - In addition, health care providers (including clinicians providing an emergency evaluation) or providing services to a person subject to an ECO or involuntary admission proceeding should make a reasonable

attempt to notify the person's family member or personal representative including a named health agent in an advance directive at their discretion of the evaluation and the disposition.

- After informing relevant parties, the evaluator should then work with the person and the person's loved ones to develop a post-evaluation care plan.
 - If the selected disposition is voluntary inpatient admission, then the evaluator will work with hospital staff.
- In ALL CASES: **document, document, document** the evaluation and disposition planning processes.

When a TDO is recommended by the CSB evaluator

- The evaluator should document why the person needs involuntary inpatient treatment, including in what ways the person meets the commitment criteria.
- The evaluator must complete all required fields on the Uniform Prescreening Form
- The evaluator should then communicate the recommendation to the collaborating professionals, the person's loved ones (if available), and the person (if clinically appropriate).
- The evaluator must notify the appropriate state facility and notify them of the issuance of the TDO
- The evaluator must then locate an available bed at an inpatient facility able to admit the person.
- Once a bed has been located (or the evaluator determines that the bed of last resort must be used), the evaluator contacts the magistrate to request the issuance of a TDO.
- The evaluator also submits the preadmission screening report to the Court.
- The CSB may change the facility of temporary detention at any point during the period of temporary detention

The CSB's Role in the Civil Commitment Hearing

- By law, a CSB Representative must attend the civil commitment hearing:
 - Attendance can be in-person, or
 - If attendance in-person is not practicable, Attendance can be by two-way audio-visual or telephonic communication, If the hearing is held outside the jurisdiction of the CSB that prepared the preadmission screening report, a member of the CSB in the hearing jurisdiction can attend in lieu of the representative of the CSB that prepared the preadmission screening report
- The preadmission screening report must:

- State whether the person has a mental illness
- State how commitment criteria are met
- Identify any less restrictive alternative to inpatient treatment
- Make recommendations for the person's placement, care and treatment
- Where appropriate, make recommendations for mandatory outpatient treatment
- A CSB Representative should review the preadmission screening report prior to the hearing.
- The CSB Representative should be prepared to testify as to the most appropriate treatment, care and placement recommendations.
- There are four possible outcomes at the hearing:
 - The person may be released if the court finds that the person does not meet the commitment criteria.
 - A voluntary admission may be granted.
 - Voluntary admission from a commitment hearing requires the person to accept admission for a minimum period not to exceed 72 hours and after that period, to give the facility 48 hours notice prior to leaving.
 - A person may be ordered to mandatory outpatient treatment.
 - If MOT is ordered, then the CSB develops the initial MOT plan .
 - A person may be admitted to a facility involuntarily.