

## **Certification of Preadmission Screening Clinicians**

**July 1, 2016**

### **Certification of Certified Preadmission Prescreening Clinicians:**

Effective July 1, 2016, anyone conducting a preadmission screening evaluation pursuant to requirements in the Code of Virginia must hold a valid certification from DBHDS as a Certified Preadmission Prescreening Clinician.

Application for this certification must be submitted by a Board using the designated forms and approved before the individual may independently conduct preadmission screening evaluations. If validly certified, the individual may conduct preadmission screening evaluations for any Board by which he is employed or under contract and need not seek multiple certifications.

For anyone who was certified by the process existing prior to July 1, 2016, the Board must submit this certification application under these new requirements prior to July 1, 2016 in order to maintain their certification,

Requirements for this certification are outlined below.

Upon submission and review of a completed application, DBHDS will issue a Certificate. The certification will be valid for one or two years and must be renewed annually or biannually as specified below. Recertification must be requested prior to the expiration of a current certificate.

In addition, various supervisory and continuing education requirements are specified below.

### **Enhanced Qualifications for Certified Preadmission Screening Clinicians Beginning 01 July 2016**

1. All new hires must have educational attainment of a Master's or Doctoral degree with an associated professional license **OR** educational attainment that would be required for the following:

Licensed Professional Counselor (LPC)  
Licensed Clinical Social Worker (LCSW)  
Licensed Marriage and Family Therapist (LMFT)  
Licensed Clinical Psychologist (LCP)

Psychiatric Nurse Practitioner or Psychiatric Clinical Nurse Specialist  
MD/DO  
Bachelors Prepared Registered Nurse (BSN) with five years of experience

The following Master's degrees are deemed to meet these requirements:

M.S.W.

PH.D. OR PSY. D in clinical or counseling psychology

A clinical degree in counseling from a program accredited by the Council for Accreditation of Counseling and Related Educational Programs [CACREP]

M.S. in Rehab from a CACREP accredited program

If a Board Executive Director has evaluated the transcript and experience of a potential Preadmission Screening Clinician with a master's degree other than one listed above that includes appropriate clinical training, a request may be submitted to DBHDS for review and a decision whether this requirement is met.

### **Process for Retaining Experienced Staff who do not meet the Enhanced Qualifications as of 01 July 2016**

1. Certified Preadmission Screening Clinicians who do not meet the new minimum educational attainment standards:
  - May be retained as a Certified Preadmission Screening Clinician provided that they were hired on or before 01 July 2008, have had no interruption in their employment conducting preadmission evaluations and pass all of the other certification requirements.
  - May be retained as a Certified Preadmission Screening Clinician if hired between July 1, 2008 and July 1, 2016 provided that they met the educational and other requirements required as of July 1, 2008. Those requirements are referenced in the following link:

<http://www.dbhds.virginia.gov/library/mental%20health%20services/omh-guidance-memo-indep-examin-062608.pdf>

- If at any point after 01 July 2016 an individual certified under criteria for retaining experienced staff leaves the CSB that retained the individual or has a break in employment as a Certified Preadmission Screening Clinician at that Board, that person is no longer eligible for employment as a Certified Preadmission Screening Clinician unless and until the new minimum educational standards are met.
- For the purpose of meeting these requirements, absence from work for an approved sick leave, workers compensation leave, Family Medical Leave, Military or Educational leave or a break in service in order to meet administrative requirements in order to change status [e.g. VRS], with intent to continue employment, will not be deemed a break in service.

- Any Certified Preadmission Screening Clinician retained through this process will be subject to an enhanced quality review standard which will include annual re-certification, and any other procedures as determined by DBHDS.
2. If a Board provides DBHDS with a Request for Variance demonstrating the need, based on hardship, to retain an individual who neither meets the new minimum educational standards nor fits the retention criteria above, DBHDS will make a decision as to whether to certify that person under these provisions. The Board will be required to develop a plan to address the situation that has created the hardship and will develop a plan of action to come into compliance.

### **Orientation Requirements:**

Before an individual can be certified as a Certified Preadmission Screening Clinician, the individual must have completed the requisite on line training modules and an emergency services orientation that meets the requirements of DBHDS.

The orientation process for new Certified Preadmission Screening Clinicians shall include the content and experiential components listed below:

#### **Content Components of Local Orientation:**

1. Orientation to civil commitment process, legal requirements and performance contract related requirements.
2. Orientation to documentation expectations and requirements.
3. Orientation to expectations for use of clinical consultation with peers and supervisors
4. Orientation to local policies and procedures
5. Orientation to role and interface with local law enforcement
6. Orientation to role and interface with magistrates and special justices
7. Orientation to resources for alternatives to hospitalization
8. Orientation to bed registry
9. Orientation to process for securing local private beds
10. Orientation to process for securing state facility beds
11. Orientation to process to access LIPOS or SARPOS funding
12. Orientation to alternatives for special populations [e.g. children, ID/DD or geriatric]
13. Orientation to Federal and State laws about allowed disclosure of information and communication in routine and emergency situations
14. Tour of local facilities [E.g. local hospitals, CSU's, jail, REACH, etc.] as relevant

#### **Experiential Components of Orientation**

1. Completion of 40 hours of observation of direct emergency services client or collateral contact [including telephone evaluation/triage] conducted by a Certified Preadmission Screening Clinician.
2. Completion of direct observation of the new employee by a qualified Certified Preadmission Screening Clinician for 40 hours of direct emergency services work. This cannot commence before #1 is completed.
3. Completion of a minimum of 3 prescreening evaluations under direct observation by a qualified Certified Preadmission Screening Clinician.
4. Attestation by their supervisor that, based upon direct observation, the applicant has reached a minimal acceptable level of clinical competence and procedural knowledge to be certified. This includes such things

as knowledge of relevant laws, interviewing skills, mental status exam, substance use assessment and risk assessment

5. Agreement that for a minimum of three months after certification the newly certified person will consult with a supervisor on any case where he/she intends to recommend a release from an ECO without hospitalization.

Initial orientation will also include successful completion of on line training modules on topics that include legislative and regulatory requirements, disclosure of information and clinical aspects of risk assessment.

Individuals certified prior to July 1, 2016 will have met these orientation requirements if they had completed the training modules and orientation process in place at the time they were originally certified.

Whenever DBHDS requires all Certified Preadmission Screening Clinicians to complete new or updated modules, these must be completed within 60 days of their being posted in order to maintain certification in good standing.

### **Recertification:**

Each Certified Preadmission Screening Clinician must be re-certified every two years unless they are employed under the “process for retaining experienced staff” or under hardship variance provisions, in which case, they must be re-certified annually.

In order to be recertified, Certified Preadmission Screening Clinicians must be able to demonstrate that they have actually conducted preadmission screening evaluations and been involved in the delivery of emergency/crisis intervention services during the last certification period.

In order to be recertified, Certified Preadmission Screening Clinicians must be able to demonstrate that they have received the required level of supervision and continuing education specified below.

### **Enhanced Quality Standards**

Throughout the year, DBHDS will inspect samples of certification documentation to assure the integrity of the process. This will occur as part of regular licensure reviews, critical incident reviews and at other times as determined by DBHDS.

Individuals who directly supervise Certified Preadmission Screening Clinicians must be licensed and have a minimum of two years of experience working in emergency services or with persons with serious mental illness and be a Certified Preadmission Screening Clinician. An individual who directly supervises Certified Preadmission Screening Clinicians is defined as someone who has the authority to direct their work.

All Certified Preadmission Screening Clinicians must have 24/7 access to consultation by a licensed Certified Preadmission Screening Clinician and by a supervisor vested with decision making authority. In most cases this will be the same individual but when necessary to assure appropriate availability it may be provided by two individuals.

All Boards must maintain documentation of individual and/or group supervision hours for every Certified Preadmission Screening Clinician. Upon re-certification, the Board must be able to demonstrate through documentation that the individual has received a minimum of 12 hours annually of individual or group clinical supervision. This requirement is waived for supervisory staff.

All Boards must maintain documentation of continuing education for every Certified Preadmission Screening Clinician. Upon re-certification, every Certified Preadmission Screening Clinician must be able to demonstrate through documentation the completion of a minimum of 16 hours of relevant continuing education per year.

### **Record Audits**

The Board who employs a Certified Preadmission Screening Clinician will annually conduct quality chart review of at least 5% of cases where the Certified Preadmission Screening Clinician performed an emergency evaluation. Results of these reviews and any quality improvement activities undertaken as a result of them must be available for review. Understanding that Boards currently have chart review procedures, DBHDS is not prescribing a form or format for documenting this. What is required is that upon request a Board can identify, for each Preadmission Screening Clinician, which charts were reviewed and be able to show the content and results of the review.