

# LPS CLINICAL ASSESSMENT GUIDELINES

for Improved Assessment and Delivery of Clinical Service  
to Involuntarily Detained Individuals



## Module 6, Part I

Performance Measurement Process:  
Methods for Measuring Performance in Public Behavioral  
Health Programs

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## Introduction and Overview

### Overview

Module 6 addresses **performance measurement that can support managers and staff in their efforts to implement the CAG Guidelines while maintaining accountability to community partners and stakeholders**. The module focuses on outcome measures and implementation fidelity following the CAG Guidelines for services provided in an involuntary detention setting and is presented in two parts:

**Part I:** Performance measurement essentials applicable to the LPS Clinical Assessment Guidelines

**Part II:** Tools and Strategies using Data Available in Public Records Relevant to Performance Measurement applicable to LPS Clinical Assessment Guidelines – Adapted abridged version of the Full Service Partnership (FSP) Performance Measurement Toolkit.

The appropriate performance measurement process for the CAG Guidelines involves an evaluation of the extent to which the guidelines are implemented in practice (implementation fidelity studies). For example:

- To what extent are the various recovery model-based guidelines, such as those related to shared decision-making, being used with clients?

The point of this process is not to determine the effectiveness of these practices, such as the extent to which shared decision-making reduces rather than increases the frequency of re-hospitalizations, but rather to ***evaluate the extent to which the guidelines are implemented.***

### Key Topics

- Performance measurement content: indicators of effective implementation of clinical assessment guidelines
- Data available in public records relevant to performance measurement
- Performance measurement process, adapted from the CIBHS Full Service Partnership Toolkit.

### Learning Objectives

Behavioral health service stakeholders familiar with the content of this module will be able to:

- **Develop databases** to inform evaluations of implementation fidelity to the CAG Guidelines
- **Evaluate** the extent to which involuntarily detained clients are being served in a manner consistent with the recovery-oriented CAG Guidelines
- **Engage** key stakeholders in performance evaluation efforts with an optimal sense of engagement teamwork and accountability.

### Target Audience

This module is designed primarily for use by administrators and middle managers accountable for implementing the CAG guidelines.

## Indicators of Effective Implementation of the Clinical Assessment Guidelines



## Indicators of Effective Implementation of the Clinical Assessment Guidelines

Several important questions may be asked about the clinical assessment guidelines:

- To what extent have they been implemented?
- To what extent has their implementation led to improvements in the quality of life for involuntarily detained individuals?
- To what extent has their implementation led to improvements in the efficient and effective functioning of public behavioral health service systems?

The second and third questions cannot be answered until the extent to which the guidelines have been implemented has been assessed. The CAG Guidelines can only effect the lives of clients and the functioning of service systems to the extent that they are put into practice.

The performance indicators contained in this module are designed for use in implementation fidelity studies. Once it is determined that a program is serving clients and the community with a high degree of fidelity to the CAG Guidelines, it will then be possible to conduct summative evaluations to answer questions such as those below.

Do the CAG Guidelines, when implemented, lead to:

- greater consumer satisfaction?
- improved psychosocial functioning?
- progress on the milestones to recovery scale?
- better engagement with post-discharge community resources?
- reduced frequency of hospitalizations?
- reduced use of seclusion and restraint during hospitalization?

Questions such as these can be answered by comparing consumer satisfaction, psychosocial functioning, and so on in terms of the:

- status post-implementation to status pre-implementation.
- status in counties with high degrees of fidelity to the Guidelines with otherwise comparable counties that have low degrees of fidelity to the Guidelines.

Indicators of effective implementation of the clinical assessment guidelines include:

- evaluation of inpatient services within a system of care.
- evaluation of the clients clinical record.
- client survey results.

## Evaluating Inpatient Services within a System of Care

Public behavioral health services are provided in systems of care. It is a well-known property of social systems that every part of a system influences every other part and that the whole is greater than the sum of its parts.

Not all individuals held in involuntary detention have had prior contact with behavioral health outpatient therapeutic, case management, or rehabilitation services. The individual's experience of inpatient services and the inpatient service staff's ability to implement the CAG Guidelines affects treatment in both inpatient and outpatient settings. The inpatient detention could be the individual's first experience with mental healthcare. In effort to best understand each client's health history and to effectively track the clients progress and care continuum both progress and challenges. The inpatient records should follow the individual to aftercare and outpatient services to better understand each client's health history.

Evaluations of inpatient program performance vis-à-vis the CAG Guidelines must be interpreted in the context of the services from which the client has come and those that should be identified in the inpatient discharge plan. Much of this historical and contextual information is contained in outpatient clinical records, if such records are available.

### Evaluation of Clinical Records

Clinical records are expected to document clinically significant information, especially information provided by the staff for purposes of informed consent and orientation to a service program, as well as recommendations, interventions, and communications with colleagues and the client's significant others.

Some CAG Guidelines specifically refer to information that a client should be informed about. It is important to note that the clinical record should include the client's level of understanding of the information in addition to acknowledgement that the information was provided.

Expectations are established in the codes of ethics for each major behavioral health profession and in the unprofessional conduct sections of state license laws for these professions. The following are examples of such guidelines.

#### Psychologist

##### 6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work **in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law.** (American Psychological Association)

#### Marriage and Family Therapists

1.15 DOCUMENTING TREATMENT DECISIONS: Marriage and family therapists are encouraged to carefully document in their records **when significant decisions are made.** . .

3.3 CLINICAL RECORDS: Marriage and family therapists create and maintain patient records, whether written, taped, computerized, or stored in any other medium, **consistent with sound clinical practice.** (California Association of Marriage and Family Therapists)

## Social Workers

### 3.04 Client Records

(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(b) Social workers should include sufficient and timely documentation in records **to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.**

(National Association of Social Workers)

## Psychiatrist

A physician shall continue to study, apply, and advance scientific knowledge; maintain a commitment to medical education; **make relevant information available to patients, colleagues, and the public;** obtain consultation; and use the talents of other health professionals when indicated... (5-2) In the practice of their specialty, the psychiatrist **consults, associates, collaborates, or integrates his or her work with that of many professionals,** including psychologists, psychometricians, social workers, alcoholism counselors, marriage counselors, public health nurses, and the like. . . . (5-3) When the psychiatrist assumes a **collaborative** or supervisory role with another mental health worker, he or she **must expend sufficient time to assure that proper care is given.** (American Medical Association, *The Principles of Medical Ethics, with Annotations Especially Applicable to Psychiatry; Section 5*)

### **DOCUMENTATION STANDARDS FOR CLIENT RECORDS** (Source: *Contract between the County Mental Health Plan and the California DHS*)

The clinical documentation will include updated information regarding:

- Presenting problems and relevant **conditions affecting physical and mental health** (e.g., living situations, daily activities, **social support**);
- **Client strengths** in achieving service plan goals;
- "Special status situations that present a **risk** to clients or others"; and
- Mental health history, including previous treatment dates, providers, therapeutic **interventions and responses**, sources of clinical data, **relevant family information**, past and present use of tobacco, alcohol, caffeine and all other drugs, **DSM diagnosis, or ICD diagnosis** "consistent with the presenting problems, history, mental status examination," and/or other assessment data.

The client plan will:

- have **specific, observable, or quantifiable goals**; and
- identify the **proposed type(s) of intervention(s)**.

Interventions will:

- be consistent with goals
- be consistent with the diagnosis
- document the client's participation in and agreement with the plan.

Progress notes will:

- be related to the client's progress in treatment
- provide timely documentation of **relevant aspects of client care**
- consistently document the following:
  - client encounters
  - **clinical decisions**
  - **interventions**
  - **referrals to community resources**
  - **follow-up care.**

### **B. and P. C. 4992.3 (LCSW) and 4982 (LMFT) (Businesses and Professional Code)**

The (licensing) board may deny a license or a registration or may suspend or revoke the license or registration of a licensee or registrant, if he or she has been found guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:

- (t) **Failure to keep records** consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.

Most CAG Guidelines refer to one or more of these issues. They are the clinically significant aspects of potential involuntary hold situations. Therefore, risk management attorneys often say that for forensic purposes, "If it isn't documented, it didn't happen." The same principle applies to use of clinical records for program evaluation purposes. Therefore, the clinical record provides a viable database for reviewing many of the CAG Guidelines.

### **Client Survey Results**

Other CAG Guidelines refer to the kind of client experience that should be achieved (e.g., feel safe, include family members as identified by client, client concerns about this, be informed about that). The client is usually the best source of information about what he or she has experienced, and this information is not necessarily accurately reflected in the clinical record.

Client surveys are often the best source of information regarding what the client has experienced and is informed about. **Engaging clients in evaluative efforts is consistent with recovery model principles regarding client self-responsibility and engagement in meaningful life roles.**

### **Custom Designing a CAG Outcome Performance Study to Fit Your Organization**

The planning of an outcome performance study should begin with a decision-making process to prioritize the CAG Guidelines to align with county local resources and policies. California counties have different resources, process, and protocols for involuntary detention. Therefore, it is difficult to establish a set of priorities that will fit all county needs. We recommend that the decision-making process include stakeholder input to capture the intended meaning of the guidelines and serve as a valuable staff development process as participants become familiar with what is expected of them.

The following matrix offers information sources for performance indicators corresponding to each CAG guideline. The matrix can be used to assist with the development of outcome measurement criteria based on the priorities identified through the decision-making stakeholder process.

## Indicators of Performance in Relation to CAG Guidelines



## Indicators of Performance In Relation to CAG Guidelines

GUIDELINE	INDICATOR
<b>1. Stabilization and De-escalation</b>	
<p><b>1.01</b> Both first responders and behavioral health service staff should identify and document:</p> <ol style="list-style-type: none"> <li>a. the specific factors that led the officer to declare a need for an involuntary hold</li> <li>b. input from family members, when possible</li> <li>c. the individual's disposition, location, and history, if known</li> <li>d. indicators of medical, psychiatric, and physical needs, if known.</li> </ol>	<p><b>1.01 (a)</b> Can be measured by a review of documentation. Evaluations should determine:</p> <ul style="list-style-type: none"> <li>• the specificity of the documented factors</li> <li>• the adequacy of the rationale for the 5150.</li> </ul> <p>Track improvements over time.</p> <p>Items (b), (c), and (d) contain contingencies. Interviews would be required to determine "if possible" and "if known."</p>
<b>2. Engagement</b>	
<p><b>2.01</b> Exercise clear and effective communication skills.</p> <p><b>2.02</b> Validate the individual's perspective on the situation.</p> <p><b>2.03</b> Create nonjudgmental, supportive environments.</p> <p><b>2.04</b> Create environments that feel safe (e.g., evaluate the need for handcuffs, police car, ambulance).</p> <p><b>2.05</b> Inquire about the individual's comfort (e.g., dry, warm clothing, food, water) prior to making assessment inquiries.</p> <p><b>2.06</b> Address client concerns about personal effects (e.g., cars, bikes, pets, personal belongings, home).</p> <p><b>2.07</b> Develop and implement an action plan to secure personal effects.</p> <p><b>2.08</b> Include family members and significant others as identified by the client.</p> <p><b>2.09</b> Focus the engagement process on discharge.</p>	<p><b>2.01</b> The kinds of communication skills and practices referenced in this set of guidelines are commonly evaluated in internship and residency programs where a substantial portion of faculty and supervisor time is allocated for the evaluation function (Manring et al. 2003).</p> <p><b>2.04–2.08</b> Items related to a client's experience could be assessed using a client survey, especially with regard to:</p> <ul style="list-style-type: none"> <li>• environments that feel safe;</li> <li>• inquiries about comfort;</li> <li>• client concerns about personal effects; and</li> <li>• inclusion of significant others per client request.</li> </ul> <p>Survey a sample of clients to determine which family members they identified to be included. Compare this to (a) documented contacts with family members and (b) surveys of those family members regarding their report of contact from staff.</p> <p>Track improvements over time.</p> <p>Additional information about client surveys and</p>

2.10 Practice a recovery orientation.	other options relevant to this set of guidelines are described in <a href="https://slideheaven.com/evaluating-competence-in-psychotherapy.html">https://slideheaven.com/evaluating-competence-in-psychotherapy.html</a> (on the Internet).
<b>GUIDELINE</b>	<b>INDICATOR</b>
<b>3. Initial Clinical Assessment</b> <b>Initial Clinical Assessment Process by Behavioral Health Staff</b>	
<p>3.01 Use a “team or collaborative process” whereby the mental health clinician references the information from the first responder, including information about prior law enforcement contact.</p> <p>3.02 Access behavioral health records to the extent possible.</p> <p>3.03 Draw out the individual's own experience of the situation (through “inquiry, not accusation”).</p> <p>3.04 Conduct a systematic review of interventions that have previously benefited the detained individual.</p> <p>3.05 Inform the first responder regarding the disposition of the involuntary hold and status of the individual following the assessment.</p> <p><b>3. Initial Clinical Assessment</b></p> <p><b>Initial Clinical Assessment Content</b></p> <p>3.06 Assess for medical necessity for involuntary hold.</p> <p>3.07 Include information about history of care.</p> <p>3.08 Identify alternatives to the hold, such as community and family support and reasons for using or not using these alternatives.</p> <p>3.09 Identify the individual's needs regarding securing personal property, pets, cars, other family members (e.g., children), safety, and medical or physical needs.</p> <p>3.10 Identify strengths (e.g., problem-solving capacities, capacity to engage others, interests and</p>	<p>Review sample of charts for presence and number of:</p> <p>3.01 references to information from first responder and information about prior law enforcement contact</p> <p>3.03 descriptions of the client's own experience of the situation</p> <p>3.04 references to previous interventions that have benefited the client</p> <p>3.05 references to follow-up communication with the first responder.</p> <p>Track improvements over time.</p> <p>3.02 This item contains a contingency (“if possible”). Interviews would be required to determine what was possible.</p> <p>Review sample of charts for:</p> <p>3.07 history of care (per a predetermined standard)</p> <p>3.09 individual's needs regarding personal property, etc. (per a predetermined standard)</p> <p>3.10 strengths (per a predetermined standard, including those specified in the guideline)</p> <p>3.11 information about support systems (per a predetermined standard)</p> <p>3.12 diversity issues as relevant to each individual client (per a predetermined standard).</p> <p>Survey clients and significant others, if involved, regarding what they were told regarding:</p>

<p>motivations, awareness of strengths and limitations, symptom management abilities).</p> <p><b>3.11</b> Include information about involvement with support systems (e.g., family, friends, agencies).</p> <p><b>3.12</b> Address issues relevant to the client's ethnicity, social class, religion, gender, sexual orientation, generation, and other cultural considerations. Be linguistically appropriate.</p> <p><b>3.13</b> Address any ongoing assessment content that is logistically feasible in view of time constraints and the client's ability to communicate such information.</p>	<p><b>3.08</b> alternatives to the hold.</p> <p>Track improvements over time.</p>
<p><b>GUIDELINE</b></p>	<p><b>INDICATOR</b></p>
<p><b>4.0 Admission</b></p> <p>There were no guidelines for this segment. It was agreed upon by expert panel and regional team stakeholders that the admission process is generally standard across counties.</p>	
<p><b>5. Ongoing Assessment</b></p>	
<p><b>Ongoing Assessment Process</b></p> <p><b>5.01</b> Use a "team or collaborative process."</p> <p><b>5.01 (a)</b> Use an "assessment team" including friends, family members, and so on, <b>as requested by the client</b>; <b>inclusion of family members</b> can provide significant information about individual history, daily routines, and the like that could influence the assessment and intervention plan.</p> <p><b>5.01 (b)</b> The client should be made aware of the option of including family members and significant others in the assessment process and the potential benefits of doing so.</p> <p><b>5.01 (c)</b> The client's decisions about engaging others should be respected.</p> <p><b>5.01 (d)</b> Access behavioral health records, including a review of the client's own crisis-related perspectives and preferences as expressed in documented pre-detainment assessments.</p> <p><b>5.01 (e)</b> Draw out the individual's own experience of the situation (through "inquiry, not accusation").</p>	<p><b>5.01 (a)</b> Review a sample of charts to determine what proportion of clients had family members and friends who were contacted for assessment information and the number of such individuals who were contacted.</p> <p><b>5.01 (b)</b> Survey a sample of clients to find what proportion were informed of options about including family members and significant others in the assessment process and the potential benefits of doing so.</p> <p><b>5.01 (c), (g), and (h)</b> These items require a comparison of information from client surveys (i.e., What decision was made regarding inclusion of others?) and chart documentation, specifically in what proportion of cases were:</p> <p><b>(c)</b> the documented staff's actions consistent with the client's decision?</p> <p><b>(g)</b> if applicable, actions taken to facilitate client communication with the client's chosen resources?</p> <p><b>(h)</b> if applicable, actions taken to facilitate client communication with those chosen to participate in</p>

<p><b>5.01 (f)</b> Use motivational interviewing principles, as relevant.</p> <p><b>5.01 (g)</b> Facilitate the client's communication with individuals and resources with whom the client chooses to communicate to obtain information about his or her history, status, and post-discharge options.</p> <p><b>5.01 (h)</b> Facilitate the client's communication with those individuals and resources to whom the client chooses to invite as participants in the discharge planning process.</p> <p><b>5.02</b> The ongoing assessment should inform <b>discharge planning</b> decisions and occur simultaneously with the discharge planning process (not yet a concluded discharge plan).</p> <p><b>5.03</b> To <b>inform discharge planning</b>, the ongoing assessment should include content, which informs:</p> <p><b>5.03 (a)</b> decisions regarding restoration of role functioning and/or introduction to new roles</p> <p><b>5.03 (b)</b> the individual's stage of change so that discharge plan goals and objectives can be linked to the individual's stage of change</p> <p><b>5.03 (c)</b> a determination of the kinds of goals and objectives that would be realistic, achievable, and meaningful to the individual to be either initiated by the individual or acceptable to the individual.</p> <p><b>5.04</b> Include information about history of care that may be available from other sources.</p> <p><b>5.05</b> Identify the individual's needs regarding securing personal property, pets, cars, other family members (e.g., children), safety, and medical and physical needs.</p> <p><b>5.06</b> Identify strengths (e.g., problem-solving capacities, capacity to engage others, interests and motivations, awareness of strengths and limitations, symptom management abilities).</p> <p><b>5.07</b> Include information about client's involvement with support systems (e.g., family, friends,</p>	<p>the discharge planning process?</p> <p>Track improvements over time.</p> <p><b>5.02</b> Survey discharge planning staff regarding what information was communicated to them by staff conducting ongoing assessments. What information was helpful in discharge planning? What information that would have been helpful was not available from the ongoing assessment?</p> <p><b>5.03 (a), (b), and (c)</b> Review a sample of clinical records. Evaluate the proportion contain information regarding clients':</p> <ul style="list-style-type: none"> <li>• pre-admission role functioning</li> <li>• stage of change</li> <li>• desired goals</li> <li>• other issues reported by discharge planning staff as relevant to the issues addressed by these three guidelines.</li> </ul> <p><b>5.05</b> Review a sample of charts for the referenced information.</p> <p>Track improvements over time.</p> <p><b>5.06, 5.07, and 5.09</b> For clients with pre-admission outpatient contacts:</p> <p><b>(a)</b> Review outpatient chart to identify the presence of each strength or issue listed in these guidelines.</p> <p><b>(b)</b> Review inpatient chart to see which of those strengths or issues were referenced by the inpatient staff.</p> <p><b>5.06, 5.07, and 5.09</b> For clients without pre-admission outpatient contacts:</p> <ul style="list-style-type: none"> <li>• survey a sample of clients to identify the presence of each strength or issue listed in these guidelines</li> <li>• review inpatient chart to see which of those strengths or issues were referenced by the inpatient staff.</li> </ul> <p><b>5.10 and 5.11</b> Compare responses to a survey of clients with inpatient documentation. In what</p>
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<p>agencies).</p> <p><b>5.08</b> Address issues relevant to client's ethnicity, social class, religion, gender, sexual orientation, generation, or other cultural considerations, and be linguistically appropriate.</p> <p><b>5.09</b> Evaluate the individual's role functioning (e.g., employment, raising children, participation in training or education, neighborhood participation).</p> <p><b>5.10</b> Identify those individuals and resources that the individual chooses to communicate with during the detainment.</p> <p><b>5.11</b> Identify those individuals and resources that the individual chooses to involve in the discharge planning process.</p>	<p>proportion of cases were these congruent?</p> <p>Track improvements over time.</p>
<b>GUIDELINE</b>	<b>INDICATOR</b>
<b>6. Formulation / Narrative</b>	
<p><b>6.01</b> The formulation should clearly convey:</p> <p><b>6.01 (a)</b> that the documented diagnosis(es) is (are) valid</p> <p><b>6.01 (b)</b> which problems are primarily due to the symptoms of the diagnosed mental disorder</p> <p><b>6.01 (c)</b> which problems are primarily due to factors other than symptoms of the diagnosed mental disorder</p> <p><b>6.01 (d)</b> which strengths are relevant to solving each major problem</p> <p><b>6.01 (e)</b> which resources are available for solving each major problem.</p>	<p><b>6.01 (a)</b> Review a sample of charts to answer:</p> <ul style="list-style-type: none"> <li>• Were DSM criteria met for the documented diagnosis(es)</li> <li>• Were diagnoses evident from symptom descriptions but not documented?</li> </ul> <p><b>6.01 (b)</b> Review a sample of charts to answer:</p> <ul style="list-style-type: none"> <li>• What proportion of functional problems were linked to: <ul style="list-style-type: none"> <li>○ specific symptoms as a cause or trigger (not only to a diagnosis)</li> <li>○ a cause or trigger other than symptoms of a mental disorder?</li> </ul> </li> <li>• Were distinctions made between causes and triggers of functional problems?</li> </ul> <p><b>6.01 (d) and (e)</b> Review a sample of charts to answer each question.</p> <ul style="list-style-type: none"> <li>• What three most impactful problems were identified in the chart; and</li> <li>• What proportion of those major problems</li> </ul>

	<p>were linked to:</p> <ul style="list-style-type: none"> <li>○ relevant strengths</li> <li>○ resources?</li> </ul> <p>Track changes (improvements) over time.</p>
<b>GUIDELINE</b>	<b>INDICATOR</b>
<b>7. Treatment (Decision-Making and Intervention)</b>	
<p><b>7.01</b> The Assessment of Treatment includes:</p> <p><b>7.01 (a)</b> recommendations made to the individual during the hold</p> <p><b>7.01 (b)</b> the individual's response to recommendations</p> <p><b>7.01 (c)</b> therapeutic interventions provided to the individual during the hold</p> <p><b>7.01 (d)</b> the individual's response to therapeutic interventions provided</p> <p><b>7.01 (e)</b> contacts with significant others during the hold</p> <p><b>7.01 (f)</b> the individual's response to contacts with significant others</p> <p><b>7.01 (g)</b> an evaluation of the individual's potential and willingness to engage in outpatient care and support</p> <p><b>7.01 (h)</b> staff communication and collaboration with potential outpatient follow-up service providers</p> <p><b>7.01 (i)</b> client communication with potential outpatient follow-up service providers.</p> <p><b>7.01 (j)</b> access to centralized information within a system of care, fully implementing the "portability" purpose of HIPAA while remaining within the confidentiality and security provisions of HIPAA.</p>	<p><b>7.01</b> Identify a set of key recommendations and interventions needed by all on involuntary holds. Review charts to determine in what proportion of each case:</p> <ul style="list-style-type: none"> <li>● these recommendations were made</li> <li>● charts documented client response to these recommendations</li> <li>● the key interventions were made</li> <li>● charts documented client's response to these interventions</li> <li>● charts documented an evaluation of the individual's potential and willingness to engage in outpatient care and support</li> <li>● charts documented: <ul style="list-style-type: none"> <li>○ staff collaboration with outpatient follow-up providers, and number of contacts per case</li> <li>○ client communication with outpatient follow-up providers, and number of contacts per case.</li> </ul> </li> </ul> <p>Track improvements over time.</p>
<b>8. Discharge Planning</b>	
<p><b>8.01</b> Discharge decisions should be informed by a validated instrument whenever possible.</p> <p><b>8.02</b> Discharge decisions should be based on a</p>	<p><b>8.01</b> Which validated instruments have been adopted by the service system? Review charts to determine the proportion in which these instruments</p>

<p>documented, systematic review of interventions that have previously benefited the detained individual.</p> <p><b>8.03</b> Exercise clear and effective communication skills.</p> <p><b>8.04</b> Validate the individual's perspective on the situation.</p> <p><b>8.05</b> Include family members and significant others as identified by the client.</p> <p><b>8.06</b> Focus the discharge process on post-discharge follow-through.</p> <p><b>8.07</b> Express a recovery orientation; therefore, discharge plans must:</p> <p><b>8.07 (a)</b> be person-centered</p> <p><b>8.07 (b)</b> reflect the client's self-direction and build self-responsibility</p> <p><b>8.07 (c)</b> empower the client with information and linkage to supportive resources</p> <p><b>8.07 (d)</b> be strengths based</p> <p><b>8.07 (e)</b> be respectful</p> <p><b>8.07 (f)</b> be culturally relevant (ethnicity, religion, social class, gender, sexual orientation, generation, and other cultures that are meaningful to the client)</p> <p><b>8.07 (g)</b> be hopeful and stimulate hope</p> <p><b>8.07 (h)</b> identify relevant community-based services and natural support networks</p> <p><b>8.07 (i)</b> not be limited to professional interventions</p> <p><b>8.07 (j)</b> focus on quality of life goals and meaningful life roles</p> <p><b>8.07 (k)</b> express goals/objectives that are sufficiently clear and specific to enable valid and reliable outcome evaluation.</p>	<p>were used.</p> <p><b>8.02</b> Identify standards for what constitutes a "systematic review" of previously beneficial interventions. Review charts to determine the proportion in which these standards were met.</p> <p><b>8.03</b> See Item 2.01 above.</p> <p><b>8.04, 8.07 (c), (e), (f), (g)</b> Items related to the client's experience could be assessed using a client survey, especially with regard to the following:</p> <ul style="list-style-type: none"> <li>• What information did you receive about supportive resources?</li> <li>• Did you feel respected?</li> <li>• What is (are) your cultural identity(ies)? Did your discharge plan address each of these?</li> <li>• Are you more hopeful now than you were before you participated in developing this discharge plan?</li> </ul> <p><b>8.05</b> Survey a sample of clients to find out which family members they identified to be included. Compare this to (a) documented contacts with family members and (b) surveys of those family members regarding their report of discharge planning contact from staff.</p> <p><b>8.07 (k)</b> Ask a sample of clients, "How will you know when each of these goals/objectives has been achieved?" Ask the same question of (a) a family member, (b) an outpatient staff member, and (c) the inpatient staff. Are their expectations congruent?</p> <p>Track improvements over time.</p>
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GUIDELINE	INDICATOR
<b>9. Care Coordination</b>	
<p><b>9.01</b> Confirm that the planned follow-up resources are in place and ready to be engaged with the individual.</p> <p><b>9.02</b> Confirm that the individual remains committed to the decisions about use of chosen follow-up resources and remains willing to follow through.</p> <p><b>9.03</b> Confirm that the client's basic needs (e.g., housing, meals, adequate clothing, access to medication) can and will be met if the individual and designated resources follow through on their commitments.</p>	<p><b>9.01</b> Review charts to determine:</p> <ul style="list-style-type: none"> <li>• how many planned follow-up resources were listed</li> <li>• how many were confirmed for availability.</li> </ul> <p><b>9.02</b> Review charts to determine reference to client's confirmed commitment.</p> <p><b>9.03</b> Identify standards specifying basic needs to be addressed. Require that each be addressed with a documented confirmation. Review charts for confirmed reference to each basic need.</p> <p>Track improvements over time.</p>
GUIDELINE	INDICATOR
<b>10. Discharge</b>	
<p><b>10.01</b> Provide to the extent possible the individual with an opportunity to say goodbye to staff and peers.</p> <p><b>10.02</b> Assess with the individual progress accomplished during the hold.</p> <p><b>10.03</b> Convey a realistic sense of the individual's positive course of resolution that can be projected into the future, and assess the individual's awareness of these positive developments.</p> <p><b>10.04</b> Assess, with the individual, how the present experience of stabilizing and resolving the crisis state may be helpful in coping with future crises.</p>	<p><b>10.01</b> Ask a sample of clients if they had an opportunity to say goodbye to peers to their satisfaction.</p> <p><b>10.03</b> Survey a sample of clients to determine their awareness of positive developments resolved during the inpatient stay. Confirm whether these developments were reviewed with them by staff.</p> <p><b>10.04</b> Survey a sample of clients to determine their awareness of how the present experience of stabilizing and resolving the crisis state may be helpful in coping with future crises. Confirm whether these issues were reviewed with them by staff.</p> <p>Track improvements over time.</p>
<b>11. Supports for Wellness and Recovery</b>	
<p><b>11.01</b> A <b>post-crisis management team</b> should be provided for this phase of support.</p> <p><b>11.01 (a)</b> The post-crisis management team should function as a wraparound type of warm handoff to</p>	<p><b>11</b> For counties with a post-crisis management team, survey a sample of clients for answers to the following questions:</p> <ul style="list-style-type: none"> <li>• Has the team contacted you since your discharge from inpatient services?</li> </ul>

<p>community services and linkage for family supports.</p> <p><b>11.01 (b)</b> The post-crisis management team should follow up with individuals after discharge to ensure that they connect with outpatient services.</p> <p><b>11.01 (c)</b> Engage peer support organizations to participate on the team as aftercare and resource educators, liaisons, and aftercare case managers as recommended as a best practice.</p> <p><b>11.01 (d)</b> The post-crisis management team should use best practices such as Emotional CPR (National Empowerment Center).</p> <p><b>11.02</b> Whether construction of a post-crisis management team as a stand-alone resource is possible, increased care coordination amongst disparate agencies ultimately serving the same individuals should serve this function in a de facto manner.</p> <p><b>11.03</b> Engage the supportive efforts of Peer Navigators.</p>	<ul style="list-style-type: none"> <li>• Has the team asked you about your connection with outpatient services?</li> <li>• What is a peer support organization? (If the client does not know the answer, give a definition and examples.)</li> <li>• Did a peer support person from the team contact you regarding how well you are doing in the community?</li> </ul> <p><b>11.02</b> What proportion of cases have documented contact information for service agencies relevant to the client's needs? What was the number of such contacts documented per case? What proportion of these contacts were newly documented following inpatient discharge?</p> <p>Track improvements over time.</p>
<b>GUIDELINE</b>	<b>INDICATOR</b>
<b>12. Pre-Detainment Assessment</b>	
<p><b>Pre-detainment Assessment Process</b></p> <p>Clearly, a mentally ill individual will be much better able to receive, consider, communicate, deliberate about options, and arrive at informed preferences over the course of many months of outpatient services when circumstances are stable, in contrast to the hectic turmoil of a 5150 crisis. Of course, the individual being involuntarily held still has the right to make and change decisions at that time, but effective planning in anticipation of a possible 5150 hold <b>provides the client in crisis with the benefit of reflecting on his or her own previously expressed decisions.</b></p> <p><b>12.01</b> Whenever this information can be gathered during pre-detainment service contacts within a service system, those issues involving decisions (e.g., identifying client preferences) will <b>be made using a process of shared decision-making</b> in</p>	<p><b>12.01</b> What proportion of a sample of outpatient charts document the client's choices or preferences regarding:</p> <ul style="list-style-type: none"> <li>• whether to include significant others in their care?</li> <li>• which significant others to include?</li> <li>• preferred medications?</li> <li>• medications to be avoided?</li> <li>• which community resources are valued by the client?</li> <li>• what arrangements the client would want if an involuntary hold were ever needed?</li> </ul> <p><b>12.02</b> Review a sample of charts for documentation:</p> <ul style="list-style-type: none"> <li>• that this information was provided</li> <li>• of the client's response to this information.</li> </ul> <p>Track improvements over time.</p>

which:

**12.01 (a)** service provider and client communicate together **using the best available evidence**

**12.01 (b)** clients are supported to **deliberate about the possible attributes and consequences of options**

**12.01 (c)** **informed preferences** are determined based on a choice of the best action, which respects client autonomy to the extent this is desired, ethical, and legal.

**12.02** Clients should be made aware of the **option of including family members and significant others in the assessment process** and of the potential benefits of doing so.

**12.02 (a)** Those clients who have considered and made decisions about including family and significant others during the outpatient service assessment process will be best able to formulate such decisions during the course of their detainment-based assessments.

**12.03** **Conduct the pre-detainment assessment so that it strengthens the client's decision-making capacity.**

**12.04** **Use a shared decision-making process.** A systematic approach to decision-making is a skill. Most people need to practice systematic approaches to decision-making, just as we need to practice any skill. The client with opportunities to make decision during outpatient services benefits most from being presented with a shared decision-making approach during an involuntary hold. To support the development of decision-making skills during pre-detainment assessments, staff should implement the following guidelines:

**12.04 (a)** If the client brings up a cluster of issues, see if it helps to **partialize and prioritize** these:

**12.04 (b)** The client's **subjective experience** and response to each issue should be identified and clarified.

**12.04 (c)** **Weigh alternative options** by trying them

**12.04** Select a sample of outpatient charts that have been open for more than 1 year.

In what proportion of the charts was there documented evidence of partializing and prioritizing when the client raised a cluster of issues?

Identify up to three issues that required a client's decision. In what proportion of the charts was there documented evidence of:

- the client's experience regarding the issues?
- the client's engagement in weighing alternative options?
- the client's choice or preference?
- the intervention regarding helping the client identify steps that were taken in identifying

<p>out hypothetically in discussion. For example, "What do you like best about something? What do you like least about something?"</p> <p><b>12.04 (d) Ask the client his or her preferences,</b> but don't limit choices to only one primary preference unless the client chooses to do so.</p> <p><b>12.04 (e) Help the client identify the steps taken in identifying preferences.</b></p> <p><b>12.05 Make pre-detainment assessment findings accessible during detainment.</b> Whenever information can be gathered during pre-detainment service contacts within a service system, the information should:</p> <p><b>12.05 (a)</b> be documented in a record that is accessible to psychiatric emergency and inpatient services within the same service system.</p> <p><b>12.05 (b)</b> be accessible to psychiatric emergency and inpatient services within the same service system.</p> <p><b>12.05 (c)</b> be <i>accessed</i> by psychiatric emergency and inpatient services within the same service system.</p> <p><b>12.05 (d)</b> be made available to collateral service providers in accordance with the portability provisions of HIPAA and the coordination of care provisions of the Welfare and Institutions Code section 5328</p> <p><b>12.05 (e)</b> be accessible to the client by using language the client can understand and is likely to recognize.</p> <p><b>12.06</b> Identify the individual's preferences regarding:</p> <p><b>12.06 (a)</b> language for communicating about strengths, symptoms, problems, and service preferences</p> <p><b>12.06 (b)</b> family members from whom the client does and does not want to receive support</p> <p><b>12.06 (c)</b> friends, peers, staff, agencies, and others from whom the client does and does not want to</p>	<p>preferences?</p> <p>Track improvements over time.</p> <p><b>12.05 (c)</b> In what proportion of inpatient charts is there reference to information obtained from:</p> <ul style="list-style-type: none"> <li>• the outpatient record?</li> <li>• communications with outpatient staff?</li> </ul> <p><b>12.05 (e)</b> Select a sample of clients with outpatient histories who have been involuntarily held, subject to the client's consent to participate. Determine whether access to the clinical record is covered by the HIPAA access to records standards. Present each client with his or her outpatient clinical record. Interview clients to determine their understanding of:</p> <ul style="list-style-type: none"> <li>• a sample from their assessment findings</li> <li>• each goal/objective from their treatment plan</li> <li>• randomly selected progress notes.</li> </ul> <p>Track improvements over time.</p> <p><b>12.06</b> Select a sample of clients with outpatient histories who have been involuntarily held within the past 6 months. Interview clients to determine, at the time of having received services:</p> <ul style="list-style-type: none"> <li>• their preferred language for communicating about major clinical issues</li> <li>• the family members from whom the client did and did not want to receive support at the time of having received services</li> <li>• the significant others and agencies from whom the client did and did not want to receive support at the time of having received services</li> <li>• client preferences regarding: <ul style="list-style-type: none"> <li>• clinical interventions</li> <li>• medications</li> <li>• style of relationship with service</li> </ul> </li> </ul>
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<p>receive support</p> <p><b>12.06 (d)</b> clinical intervention strategies, intervention techniques, medications, and style of relationship with behavioral health service providers.</p> <p><b>12.07</b> Identify the individual's conception of:</p> <p><b>12.07 (a)</b> his or her problems</p> <p><b>12.07 (b)</b> possible solutions to these problems</p> <p><b>12.07 (c)</b> barriers to achieving solutions</p> <p><b>12.07 (d)</b> Individual strengths</p> <p><b>12.07 (e)</b> the causes of his or her problems</p> <p><b>12.07 (f)</b> how significant others view his or her problems</p> <p><b>12.07 (g)</b> the types of resources that he or she sees as supportive</p> <p><b>12.07 (h)</b> the types of entities that he or she sees as stressful</p> <p><b>12.07 (i)</b> the communities with which he or she identifies</p> <p><b>12.07 (j)</b> the communities in which he or she prefers to participate</p> <p><b>12.07 (k)</b> aspects of life that support solutions to his or her problems</p> <p><b>12.07 (l)</b> aspects of life that exacerbate his or her problems</p> <p><b>12.07 (m)</b> treatments, advice, help, or healing efforts that have been sought out in the past</p> <p><b>12.07 (n)</b> the value of treatments, advice, help, or healing efforts that have been sought out in the past</p> <p><b>12.07 (o)</b> what he or she has done in the past to deal with the problem that was effective</p> <p><b>12.07 (p)</b> what he or she has done in the past to deal with the problem that was ineffective or made the problem worse.</p>	<p>providers.</p> <p>Review these clients' outpatient records to determine:</p> <ul style="list-style-type: none"> <li>• language used in services provided</li> <li>• family members, significant others, and agencies included in services</li> <li>• which of these were provided, regarding interventions, medications, and style of relationship with service providers.</li> </ul> <p>Compare documented information with client reported information.</p> <p>Track improvements over time.</p> <p><b>12.07</b> Select a sample of clients with outpatient histories who have been involuntarily held within the past 6 months.</p> <p>Interview clients to determine their conception of each item listed at the time of having received services.</p> <p>Review these clients' outpatient records to determine what was documented regarding the client's conception of each item listed.</p> <p>Compare documented information with client-reported information.</p> <p>Track improvements over time.</p>
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