

# Understanding the Involuntary Psychiatric Evaluation Process and Work-flow for Transfer: ER to a Pre-screening Agency



A dual-aspect training: May 8, 2017

Created and  
presented  
collaboratively  
by:

- Connections AZ/Urgent Psychiatric Center (UPC)
- Community Bridges/Community Psychiatric Emergency Center (CPEC)
- RI International/Recovery Response Center (RRC)
- Crisis Preparation and Recovery, Inc. (CPR)
- Health Services Advisory Group (HSAG)

# Objectives

- Identify the four categories of safety concern that may necessitate involuntary psychiatric evaluation.
- Identify the three pre-screening agencies in Maricopa County.
- Recall or know where to locate the six steps of the transfer process.

# Terms and Acronyms

- ACOT – Amended Court-ordered Treatment
- AZDHS – Arizona Department of Health Services
- BHMP – Behavioral Health Medical Professional
- COE - Court-ordered Evaluation
- COT – Court-ordered Treatment
- DTO – Danger to Others
- DTS – Danger to Self
- ER/ED – Emergency Room/Emergency Department
- GD – Gravely Disabled
- LE – Law Enforcement
- PAD – Persistently and Acutely Disabled
- PNP - Psychiatric Nurse Practitioner
- PSA – Pre-screening agency

## Why can a person's rights be suspended for involuntary psychiatric evaluation?

- Arizona Revised Statutes (ARS) Title 36, gives authority for a person's rights be suspended temporarily if there is a validated concern for that person's safety or the safety of others.
- The state of Arizona Dept. of Health Services (AZ DHS) has granted authority to the Psychiatrists and Psychiatric Nurse Practitioners (PNPs) at the Pre-screening Agencies (PSAs) to assess the likely validity of a request for the person to be held involuntarily for 'Court-ordered Evaluation' (COE).
- If the PSA providers believe the safety concerns are valid and imminent, an 'order' to pick up the person and bring him to the pre-screening agency is then sent by the PSA to the law enforcement (LE) entity where the person is located. The person is then literally picked up by LE and taken to the PSA for further evaluation.

# Pre-screening Agency

There are three pre-screening agencies that this process applies to in Maricopa County:

## East

- Community Psychiatric Emergency Center (**CPEC**)/Community Bridges
- 358 E Javelina Dr., Mesa, AZ 85210
- 877-931-9142

## West

- Recovery Response Center (**RRC**)/RI International
- 11361 N 99<sup>th</sup> Ave, #402, Peoria, AZ 85345
- 602-636-4605

## Central

- Urgent Psychiatric Center (**UPC**)/ Connections AZ
- 1201 S 7th Ave, #150 Phoenix, AZ 85007
- 602-416-7600

## The role of the PSA

It cannot be over-emphasized that Pre-Screening Agencies (PSAs) have the very difficult and delicate role of seeking to ensure the immediate safety of all parties involved in a petition request and also ensuring that the rights of citizens being petitioned are honored and protected in this process.

# Who can initiate/request an involuntary evaluation?

- The person of concern must be over 18
- Anyone over 18 having a valid ID, who is willing to testify in court if needed and has directly observed the safety concerns for the other person may request COE consideration. This person is called the 'petitioner.'
- There must also be a second witness over 18 who will testify if needed as to the safety concerns with the person being petitioned.

Please note that for simplification, a single masculine pronoun is used in patient/client examples



# Types of behavioral health civil commitments

- COE – Court-ordered Evaluation (determines whether a person is believed to need a formal entity to order treatment or if the person will be able to pursue his needs or not of his own volition)
- COT – Court-ordered Treatment (a literal order from civil court detailing expectations for a person to participate in treatment, including length of time, medication adherence and even the provider the patient will see for care)
- ACOT – Amended Court-ordered Treatment (used to amend terms of existing COT terms, usually because of non-compliance with prior orders)

Often the type of commitment needed is unknown but acting to ensure the safety for all parties involved is the priority regardless of the type of court order needed

# What is the basic criteria for a petition to be requested?

There must be indication of imminent\* safety concerns related to the person being petitioned:

- Danger to self (DTS)
- Danger to others (DTO)
- Persistently and Acutely Disabled (PAD)
- Gravely Disabled (GD)

\*Imminent meaning that it is believed by the petitioner that without immediate intervention the person is highly likely to harm himself or someone else

The person of concern is either unwilling or unable to agree to evaluation and treatment voluntarily:

- Refuses outright by statements or actions
- Repeatedly leaves treatment after stating agreement
- Is too psychotic to give consent

# Forms submitted to request an involuntary evaluation

Forms A and B are templates submitted to the PSA for consideration and become part of the civil court record.

- This process is referred to as:
  - Petition
  - Involuntary petition
  - T-36
  - 72-hour hold
  - Mental Health Hold
  - Civil commitment
  - In other states may be called by different terms

# Information Needed

Personal information about the person of concern:

- Name
- Address (including being homeless to show that Maricopa County is the appropriate county)
- Date of birth
- Social Security Number
- Height
- Weight
- Hair and eye color
- How long the person has been in Arizona
- Education level
- Tattoos
- Known relatives or significant others

Provide as much information as you know or can find out

# Content of Petition

In regard to justifying the request for involuntary evaluation, the petitioner will also need to be prepared to answer/explain (in writing):

- **Immediate or imminent safety concerns**
  - Actual threats/statements or actual behaviors
- **History that supports current concerns**
  - Similar situations in which safety concerns have occurred with the person being petitioned
- **Why the person is believed unwilling or unable to seek treatment voluntarily**
  - Verbally refused
  - Too psychotic to be reliable or appropriately give consent
  - Left treatment against medical advice (AMA) today or repeatedly
- **Why it is believed the person has a behavioral health disorder causing the behavior**
  - SMI status
  - Current or past diagnoses
  - Medications consistent with having a mental health diagnosis
  - Current or past inpatient or outpatient treatment
  - Current or previous court-ordered treatment

# STEP ONE

## **A/B Petition forms received at the pre-screening agency**

- Tracking forms will be utilized for data collection throughout the process
- Each pre-screening agency operates an admission desk to process petitions. They have different titles but each desk can accept petitions 24 hours per day, seven days a week.
- It is the responsibility of the PSA to communicate the status of the petition back to the evaluating team (CPR) and or the E.R. at each stage of the process. This will increase the communications outreach for the PSA agency.

## STEP TWO

### **Intake packet contents:**

- Once the petition is received an intake packet will be created at the pre-screening agency. The packet will contain the original petition (previously reviewed and notarized) and medical clearance documentation received from the ER. The packet will be delivered to the Behavioral Health Medical Professional (BHMP) for review.
- The ER should make every effort to send labs, H&P notes, MD notes, RN notes, social work notes and any other relevant medical clearance documentation along with the petition.
- Each pre-screening agency may have a unique process to create the intake packet but will all use the same review process and timeline.

## STEP THREE

### **Review of packet by Behavioral Health Medical Provider (BHMP)**

The BHMP will review the petition and/or medical clearance documentation within two hours of receipt. If medical clearance documentation is not within the initial packet, acceptance will be “pending medical clearance”

- If medical clearance is in question by the BMHP at the pre-screening agency, providers will complete a doc-to-doc for further clarification of the medical status. Providers are to document who they spoke to, time the doc-to-doc occurred and the outcome achieved.
- If additional testing is required, the ER will provide medical clearance documentation as it arrives and the petition will be “pending medical clearance” for a period of up to 72 hours.



## Why are Pre-screening Agencies cautious about 'Medical Clearance?'

PSAs are stand-alone facilities (not attached to a medical facility)

- An ambulance is called and the patient is taken back to an ER if there is a medical concern/exacerbation
- Most lab tests and medical treatment are not readily available
- Thorough medical clearance procedures help to establish a high level of confidence that there is not a medical/physical reason for the patient's behavior/presentation:
  - Head injury
  - Electrolyte or blood sugar issues
  - Substance use impairment that will resolve relatively quickly
  - UTI or other infections
  - First-time psychotic episodes
  - Any question of intentional ingestion to self-harm

Ultimately, this helps to ensure that the patient's medical needs are thoroughly assessed and addressed before transfer for psychiatric care rather than a medical need being unintentionally missed in thinking the patient's presentation or complaints are solely secondary to having a behavioral health diagnosis.

## STEP FOUR

### Coordination of Intake Transfer

Once the intake packet is reviewed and accepted by the BHMP( a two-step process of Psychiatric and Medical Providers), the BHMP will date and time stamp acceptance and deliver the folder to the designated RN on duty to complete the intake transfer.

- The designated RN will have 30 minutes to complete the RN-to-RN and finalize the transfer process. A date and time will be documented once the RN-to-RN is completed.
- The PSAs recognize that multiple factors that may effect this 30-minute RN-to-RN process: shift change, missed calls, trauma events, ED patient volume etc. The PSA will document each attempt made to complete the RN-to-RN.

## STEP FIVE

### Submitting a pick-up order for transfer

- The RN at the PSA delivers the completed intake packet to the admissions desk. The admissions desk staff completes the law enforcement pickup order and sends it to the appropriate municipality. Admissions desk staff will confirm receipt of the pick-up order with dispatch of the law enforcement agency by phone and time stamp these steps.
- Each jurisdiction/municipality has a distinct process to serve the pick-up order and not every law enforcement agency has a dedicated Crisis Intervention Team (CIT) or squad dedicated to this process. The admission desk staff will outreach law enforcement as needed to ensure that the pick-up order is served in a timely manner

## STEP SIX

### **Timely transport of the patient by Law Enforcement (LE)**

- LE receives the pick-up order and proceeds to bring the patient to the PSA within 24 hours of order being sent to LE
- The petition will be declined/dropped by the PSA if the patient does not arrive within 24 hours of the pick-up order being issued due to “time constraints expired”
- LE will then be notified by the PSA to disregard the pick-up order
- Each PSA has an admission desk staff who will notify law enforcement of this time constraint well before the 24-hour period expires
- PSA staff, ER staff and petitioner will discuss patient status and appropriate next steps should this situation occur

Once a pick-up order has been issued, law enforcement may transport the patient to any of the three pre-screening agencies, regardless of which agency issued the pick-up order.

# Process Integrity

Each PSA will document and track each step to ensure that the process is uniform:

1. Date and time petition is reviewed
2. Date and time petition is accepted
3. Date and time medical documentation is received
4. Date and time the RN-to-RN is completed (could be multiple attempts)
5. Date and time the pickup order is sent to law enforcement
6. Date and time patient arrives to the pre-screening agency

## Review steps for requesting an involuntary evaluation

1. Person over 18 (with one other witness over 18 available) submits Forms A and B to one of the Pre-screening Agencies
2. Petition is reviewed and notarized by desk staff at PSA and submitted to Psychiatrist or PNP for consideration
3. PSA may contact petitioner for questions/clarifications
4. Pre-screening professional makes decision and advises petitioner
5. PSA and/or petitioner advises ER staff of petition status
6. PSA and ER collaborate on transfer process
7. A pick-up order is sent to law enforcement agency where the patient is located
8. Patient is transferred by LE to PSA for Evaluation
9. Evaluation process at PSA may be a few hours to a few weeks depending on the patient's presentation and if a court hearing for further evaluation is requested or required

## Review steps for transfer from E.R. to Pre-screening Agency

1. Forms A/B received and authorized by PSA: admission packet started
2. ER advised of petition status by PSA agency: labs, H&P, MD/RN/social work notes and other relevant documentation sent to PSA by ER staff to complete packet
3. BHMP will review completed packets within 2 hours to determine next steps (completed, pick-up sent, labs needed, doc-to-doc needed, etc.)
4. If accepted as complete, BHMP will give packet to RN on duty at PSA; RN has 30 minutes to complete RN-to-RN to arrange transfer
5. RN on duty at PSA gives packet to PSA Admission Desk staff who completes and sends out a pick-up order to the appropriate LE agency
6. LE picks up the patient and transports to PSA within 24 hours. If patient is not received at PSA within 24 hours, the petition is declined/dropped. PSA staff, ER staff and petitioner will discuss patient status and appropriate next steps.

# What happens if...

- A person elopes from the ER who is being held on a petition?
- A person is discharged from the ER for whom a petition was being sought but had not been authorized yet?
- A patient attempts to leave the ER when there is a petition in place?
- An emergent petition request is denied by the screening agency but the ER staff or family/loved ones still believe the person needs timely assessment and intervention?