DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT **LOS ANGELES COUNTY POLICY FOR CONDITIONAL LPS AUTHORIZATION (INTER-COUNTY)**	POLICY NO. **202.34**	EFFECTIVE DATE **4/01/09**	PAGE **1 of 3**
APPROVED BY: Director	SUPERSEDES **N/A**	ORIGINAL ISSUE DATE **4/01/09**	DISTRIBUTION LEVEL(S) **2**

PURPOSE

1.1 To define eligibility criteria and procedures for authorization of selected out-of-county professionals to transport persons taken into custody pursuant to Section 5150 of the Welfare and Institutions Code (WIC) to Los Angeles County for placement in Lanterman-Petris-Short (LPS) designated facilities.

1.2 To ensure that discharge planning for the detained clients appropriately uses resources in the county(ies) of initial LPS detention and residence.

POLICY

2.1 The Director of the Los Angeles County Department of Mental Health (LACDMH) may conditionally designate/authorize selected professionals designated and employed in other counties to detain individuals in those counties pursuant to WIC Section 5150 for purposes of placement in LPS designated facilities in Los Angeles County.

2.2 Such professionals must already be LPS designated by another county (primary LPS-designation).

2.3 Conditional LPS designation/authorization may be extended to professionals already LPS designated by a different county when such action serves the interests and clients of Los Angeles County.

DEFINITIONS

3.1 LPS - The Lanterman-Petris-Short Act, a section of the WIC.

3.2 LPS designated facility - An evaluation facility designated by the County and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation.

3.3 Conditional LPS designation/authorization – Approval by the LACDMH Director of an individual with current LPS designation in an approved county to initiate 5150 Application(s) for purposes of placement in an LPS designated facility(ies) in Los Angeles County.

REQUIREMENTS

4.1 Candidates for conditional LPS designation/authorization include: a member of the attending staff, as defined by regulation, and designated by the county of primary LPS designation; a designated member of a mobile crisis team, as provided by WIC Section 5651.7; or other professional person designated by the county of primary LPS designation.

PROCEDURE

5.1 A request for conditional LPS designation/authorization is reviewed upon receipt of the following materials by the LACDMH LPS Designation Coordinator:

5.1.1 Application for conditional LPS designation/authorization (includes reason).

5.1.2 Verification of current LPS designation by an approved county (county of primary LPS designation), including date of expiration of LPS designation by county of primary LPS designation.

5.1.2.1 An approved county of primary designation is one which adheres to the Policy on Inter-County Transport of Involuntarily Detained Individuals, or some other suitable agreement that permits verification of primary LPS designation.

5.2 The LPS Designation Coordinator reviews application materials and makes a recommendation for action, based upon community interests.

5.3 Conditional LPS designation/authorization must be approved by the LACDMH Director, and approval may be conditional for specific LPS designated facilities in Los Angeles County.

5.4 LACDMH LPS Designation Coordinator shall maintain a list of all conditionally designated/authorized individuals.

5.5 Before an LPS designated hospital in Los Angeles County accepts transfers to the hospital of an individual detained pursuant to WIC Section 5150 in a different county, that LPS designated hospital must:

5.5.1 Verify that the professional who detained the individual is conditionally LPS-designated/authorized by Los Angeles County, and that the individual remains currently LPS authorized in the county of primary LPS designation.

5.5.2 Ensure that discharge planning appropriately uses resources in the county(ies) of initial LPS detention and residence.

AUTHORITY

Welfare and Institutions Code, Sections 5150 et seq. and 5585.55 et seq.
California Code of Regulations, Title 22, Section 71517 (a)-(h)

ATTACHMENTS

Attestation for Conditional LPS Designation Applicants

REVIEW DATE

This policy shall be reviewed on or before April 1, 2012.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
ATTESTATION FOR CONDITIONAL LPS DESIGNATION APPLICANTS

Certificate of Applicant:
I attest that all statements made in this application are true and correct. I acknowledge that any false or incomplete statement given here or an omission of material fact will result in my disqualification for conditional LPS Designation.

Reason for requesting Los Angeles County (LAC) conditional LPS Designation authorization:
_____
_____

Site at which assessments will be conducted:
Name of facility/agency_____
Street Address_____
City and Zip Code_____

I attest that I am currently authorized by the County of _____
(County of primary authorization where granted LPS detention authority).
This authority for involuntary detention (5150s) expires on _____
Applicant number (last four digits of the SSN) _____

I further acknowledge that I have received a copy of the "Los Angeles County Policy for Conditional LPS Authorization (Inter-County)" from the designated facility or agency with which I am affiliated, and that I have read and understood this document, and will uphold all applicable legal, ethical, regulatory and reporting principles contained therein and in the standards of my professional license(s). Further, I will uphold basic ethical standards essential to the fulfillment of my responsibilities carried out in the application of my authority for involuntary detention, including but not limited to the following:

- Avoidance of circumstances where work based action may affect or appear to affect private financial interest or personal gain, financial or non-financial.
- Avoidance of any participation in a personal arrangement or business transaction which would generate potential or perceived conflict of interest or compromise my ability to provide treatment fairly and objectively.
- Avoidance of any circumstances that would hinder my ability to provide or refer to service that is of highest quality and effectiveness.
- Recognition and avoidance of any personal situation, habits or behaviors that might impair ability to provide competent care.
- Respect and protection of client confidential information, in accordance with applicable legal and regulatory standards.
- Performance of all duties in a manner that demonstrates an understanding of each client's personal dignity.
- Demonstration of highest standards of personal integrity in all work related activities carried out in the application of my authority for involuntary detention.

I acknowledge that, if I am given authority for conditional involuntary detention, my failure to comply with the above principles and all laws, policies, by-laws or regulations related to involuntary detention, or with those portions of the "Los Angeles County Policy for Conditional LPS Authorization (Inter-County)" related to individuals (including any revisions thereafter adopted), will result in withdrawal of my conditional involuntary detention authority. I acknowledge that conditional involuntary detention authority may also be withdrawn without cause at any time by the LAC Department of Mental Health (DMH) Director.

_____

Signature of Applicant (& Date) PRINT NAME

_____

Credential, License No. and Exp. Date

_____

[Applicant] Work Telephone, Fax Number, and E-mail

_____

Designated Facility or Agency [Site Where Approved to Initiate LPS Involuntary Holds]

_____

Street Address, City and Zip Code

_____

Signature (& Date) of Person in Charge (Designated Facility/Agency) PRINT NAME

_____

[Manager] Work Telephone, Fax Number, and E-mail

[For Use by County Only]
Verification of current primary authorization by LPS Designation Coordinator

_____

_____

_____

Date/Source

_____

LPS Designation Coordinator (Signature & Date)

LAC DMH Director Approval of Conditional LPS Designation

_____

Marvin J. Southard, D.S.W (Signature & Date)

Conditions imposed: ___None. ___Other (specify)_____

_____

_____

Badge Number assigned by LAC DMH:_____

Copy to: Applicant
LAC DMH Stat Clerk