SOLANO COUNTY DEPARTMENT OF
HEALTH SERVICES

APPLICATION FOR THE DESIGNATION OF FACILITIES FOR INVOLUNTARY DETENTION OF MENTALLY DISORDERED PERSONS FOR TREATMENT AND EVALUATION

NAME OF FACILITY: Kaiser Fairfield Crisis Stabilization Unit (CSU)

Requests designation as a Lanterman-Petris-Short (LPS) facility to provide crisis stabilization services. This facility is located in the County of Solano at:

Street: 520 Chadbourne Road
City/ Zip Code: Fairfield, CA 94534
NPI Number: 1336222397

The above named facility is appropriately licensed (Title 22, California Code of Regulations, Division 5, Chapters 1 and 2) as (copy attached) a:

- ☐ General acute care hospital with an acute psychiatric bed classification
- ☐ Acute psychiatric hospital
- ☐ Psychiatric health facility
- ☑ Other (please specify): Crisis Stabilization Unit (CSU)

Most recent The Joint Commission (TJC) Accreditation (attach copy of accreditation letter):

Accreditation Expires:

Facility is NOT TJC Accredited ☑

Number of psychiatric beds:

Adult:	6 Locked	Unlocked
Child:	Locked	Unlocked
Adolescent:	Locked	Unlocked
Geriatric	Locked	Unlocked

In support of this application, the facility presents by attachment:

PATIENT SERVICES

1. A statement of community need for Crisis Stabilization services.

   This will help the overall mental health system in the county by providing support for all the EDs in the county and reduce boarding time in the emergency rooms. With the shortage of inpatient psychiatric beds, this service will prevent unnecessary psychiatric hospitalizations and make more room available in local Emergency Departments. Also, this service will collaborate with and support the new county mobile crisis teams ability to access immediate mental health services.

2. Evidence that patients will be properly housed and that both their psychological and medical needs will be fully evaluated and appropriate treatment instituted promptly after admission (this is to include, but is not limited to the following policies and procedures):
   a. Admissions and determination of medical necessity.
   b. Criteria for utilization of various treatment modalities;
   c. Management of agitated patients.

3. A description of the facilities and specialty program/units in which involuntary patients will be housed;
   See attached Word document (Response to #3 and #4)

4. In support of this application, the facility presents by attachment of program description for the following programs/ treatment modalities:
   ☐ Child (0-12) ☐ Adolescent (13-17)
   ☑ Adult (18-63) ☐ Geriatric

5. Electroconvulsive Treatment (ECT):
   ☐ Electroconvulsive treatments WILL BE provided
   ☑ Electroconvulsive treatments will NOT be provided
   (include the policy and procedures governing the use of ECT)

6. A statement of the maximum number of involuntary patients that will be enrolled on a 5150 hold at any period in time.
   a. The maximum number of involuntary patients per 5150 hold at any time is six during a duration of 23hr 59 minutes

PERSONNEL QUALIFICATIONS AND PROGRAM STAFF PLAN

1. Evidence that the mental health Crisis Stabilization service is under the direction and supervision of an **Administrative Director, Medical Director, Nursing Director, and Social Services Director** who qualify under Section 620(d), 623, 624, 625, or 626 Subchapter 3, Community Mental Health Services under Title 9, California Code of Regulations. (Attach copies of resume/ curriculum vitae and California licenses.) Include designation by name, professional title, licensure, copy of curriculum vitae of **Director's Designee**.

   Mental Health Head of Service(resume/CV/License attached):
   Nahid Shavakhi, RN, MSN

   Mental Health Program Director/ Administrator In Charge (resume/ CV / License attached):
   Wana S Salehi, PsyD

   Mental Health Program Medical Director (resume/ CV / License attached):
   Arlene Burton, MD

   Director's In Charge Designee (resume/ CAI/ Licensed/ attached):
   Parastoo Mossadeghi, PsyD

2. A statement of facility and staff experience in the provisions of providing Crisis Stabilization services with those requirements and standards of the Community Mental Health Services Act, Division 5, Welfare and Institutions Code (WIC) and Title 9, CCR, Subchapter 4, pertaining to involuntary treatment and patients' legal and civil rights. Included there under is:
   a. A listing of mental health staff by classification and by full time equivalents which meet those requirements and standards of the Community Mental Health Services Act, Division 5, Welfare and Institutions Code, and Title 9, California Code of Regulations, Subchapter 4, Community Mental Health Services under the Lanterman Petris-Short Act; additionally, facility provides assurance that staff licensing requirements are met and monitored systematically.

Proposed Staffing - Discipline/License		**FTE***
Psychiatrists		1
Clinical Psychologists		1
Social Workers		.5
Registered Nurses		5
Vocational Nurses		0
Psychiatric Technicians		0
Other (Specify):	Mental Health Professionals (PsyD, MFT, LCSW, Psych Assnt)	2
Other (Specify):	On Call Psychiatrist	0
Other (Specify):	Administrative Assistant	0

*Kaiser and Solano County currently working with DHCS to determine appropriate staffing

b. Minimum mental health staff on duty at any given time:

Licensed Discipline	FTE*		
	AM	PM	Night
Psychiatrists	1.0		
Psychologists	1.0		
Social Workers	.5		
Registered Nursed	1.0	1.0	1.0
Vocational Nurses			
Others (Specify): Administrative Assistant	1.0		
Others (Specify):On Call Psychiatrist		1.0	1.0
Others (Specify):Mental Health Professionals	2.0	2.0	2.0

*Kaiser and Solano County currently working with DHCS to determine appropriate staffing

ACKNOWLEDGEMENT OF RESPONSIBILITIES

Kaiser Fairfield Crisis Stabilization Unit (CSU)

NAME OF FACILITY

Agrees:

1. To assume the full responsibility for assuring appropriate patient care and accepts all legal obligations relevant thereto;
2. To indemnify, and hold harmless the Solano County Department of Health Services, Solano County Board of Supervisors, and the State Department of Health Care Services, its officers, agents and employees, from and against any and all claims, losses, liabilities, or damages arising out of, or resulting from the facility's or its designees' exercise of County-granted LPS authority to detain and treat patients on an involuntary basis;
3. To assess all persons who present at the facility on legal hold and proceed in accordance with the attached policy;
4. That it does not expect the County of Solano, or its Short-Doyle program, to assist in meeting the expenses incurred in treating the patients accepted under LPS designation;
5. To remain in compliance with the criteria for designation as a facility for the involuntary treatment and evaluation of mentally disordered persons, per the attached policy;
6. To ensure all facilities are conversant with involuntary detention statutes, patients' rights statutes and regulations. Documentation shall be available to the Department of Health Care Services which includes date, topics covered, and personnel in attendance, by name;
7. To supply appropriate reports and/or information as required by the State Department of Health Care Services and as requested by the local Mental Health Plan Director.

8. Notify the local Mental Health Director of any circumstances which would affect the facility's ability to meet the designation criteria, or would modify the existing facility or program so as to necessitate further review.
9. Give prior notice to the Local Mental Health Director of any anticipated change in ownership, licensure status, and/or accreditation status.
10. Allow the local Mental Health Director and/or designees to review the facility for designation and to monitor the facility for continuing compliance.

Wana S Salehi, PsyD	Sub-Regional Director of Integrated Urgent Services
Name	Title
Wana Salehi, PsyD	7/26/2024
Signature	Date