Psychiatric Hospitalizations

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Introduction

The policies and procedures for psychiatric hospitalization discussed in this section apply to children who are in protective custody of the Juvenile Court and for whom Jurisdiction has been established.

There are two types of psychiatric hospitalization:

- Involuntary
- Voluntary

Background

At times, children discharged from psychiatric hospitals are unable to return to the placement where they resided prior to hospitalization. These children may difficult to locate a placement for due to their unique needs. At times, these children are temporarily placed at Polinksy Children's Center (PCC) pending appropriate placement, and may require more than the standard supervision and care provided by PCC. Children are discharged from psychiatric hospitals to PCC without a definitive long-term placement plan. These cases can be complex and often involve assessing the child's treatment/placement needs and the caregiver's ability to care for the child.

Before a child can be entered into PCC a Virtual Assessment Meeting (VAT) needs to be held with primary social worker, PCC intake staff, and others that can best assess the child's needs in placement. Hospital clinicians and staff are encouraged to participate. See VAT information in the PCC Placement chapter, for further information on the process.

Background (cont.)

In addition to a VAT, a Child and Family Team Meeting (CFTM) should be held to provide support for finding appropriate services and the best placement to meet the child/youth's needs.

This assessment and placement planning process is necessary to:

- best address the child's needs,
- avoid discharging the child to PCC, and
- make the child's stay at PCC as brief as possible, if it is necessary to discharge to PCC.

Policy

All children released from psychiatric hospitals will be placed in the most appropriate setting to meet their needs. To insure that the best possible placement decision is made prior to discharge, a CFTM should be held at the facility. If a placement is not available at the time of release, SWs will use the notification and assessment process below, to provide the best possible interim placement.

Who are these children

This policy applies to all children who:

- dependents of the Juvenile Court,
- are in psychiatric hospitals
- subsequent to the CFTM, have no placement plan other than discharge to PCC, or placement is uncertain.

Involuntary hospitalization

A child who may need inpatient psychiatric treatment may be taken to the Emergency Screening Unit (ESU) by a social worker, caregiver or law enforcement. ESU will evaluate whether or not the child needs treatment in a psychiatric facility. The table below displays the steps taken when a child may need hospitalization.

Step	Who	Action
1	ESU/ Psychiatric Facility	Determine if the child is: • Dangerous to self, and/or • Dangerous to others, and/or • Gravely disabled as a result of a mental disorder. If **YES**, the child is placed on 72-hour (5150) hold and notification must occur. If **NO**, the child is released and go to Step #5. **NOTE:** If the assigned SW is involved with this hospitalization process, go to Step #2. If the assigned SW is not involved, go to Step #3.

Involuntary hospitalization (cont.)

Step	Who	Action
2	Assigned SW	• Notify the child's attorney by phone within 6 hours of admission. • If the attorney is not available, notify the Patient Advocacy Program within 6 hours. • Go to Step #5.
3	Psychiatric Facility	Call the Child Abuse Hotline, if hospitalization occurs after business hours (including the weekend and/or holiday).
4	CWS Hotline	• Contact the assigned SW or PSS, if the SW is not available. If neither is available, leave a message. • Search for the child's attorney using CWS/CMS. • Notify the child's attorney or Patient Advocacy Program within 6 hours. • Record information in CWS/CMS Contact Notebook.
5	Assigned SW	Immediately notify the following parties, by telephone, that the child was evaluated by ESU and inform them of the outcome (release or admission): ○ Parents ○ Parents' attorneys ○ Child's attorney ○ CASA ○ Tribal Affiliation ○ Treating therapist ○ Treating psychiatrist.
6	Child's Attorney	Once notified of the child's admission, within 24 hours: • Interview the child at the hospital. • Explain to the child his rights in a manner which assists the child to understand the hospitalization. • Counsel the child regarding voluntary treatment options. • Assure all procedural requirements are met. • Represent the interests of the child during any Certification Hearing or review conducted under Lanterman Petris Short (LPS).
7	Assigned SW	See the child at the hospital within one working day to assess the child's safety and ensure that the child's needs are being addressed.

Involuntary hospitalization (cont.)

Step	Who	Action
8	Admitting Physician/ Designee	Provide SW with a treatment and aftercare recommendation as soon as possible and no later than at the time of discharge.
9	Assigned SW	Incorporate recommendations into placement planning process.

Notification and assessment process

Follow these steps to complete the notification and assessment process:

Step	Who	Action	When
1	Assigned SW	Contact the PCC Intake SW for any child meeting the above criteria.	As early as possible during the child's hospitalization.
2	PCC	Emergency Shelter Care Unit (ESCU) will facilitate a telephonic case conference that includes the following: • SW • PSS • Placement Specialist • Residential Screener • Stabilization Treatment Assessment Transition (STAT) Representative • Psychiatric Hospital SW, and • Treating Psychiatric Hospital Personnel (when available).	Upon Notification.
3	Attendees	Develop a case/interim plan for the child upon the child's release from the hospital.	Prior to the end of the case conference.

Goal

The goal of this process is to provide the best possible interim placement for children being released from psychiatric hospitals in order to ensure both the safety and care of these children and all the children at PCC.

Hospital's agreement

CWS has informed all child and adolescent psychiatric hospitals in the county of the above policy. When it is agreed a child will be released to PCC, the hospital will provide a discharge summary and all the child's medications/prescriptions upon the child's admission to PCC or other placement.

Patient Advocacy Program

Per W & I Code 5325 (h), every individual involuntarily or voluntarily detained for psychiatric evaluation or treatment at any health facility has a right to "see and receive the services of a patient advocate who has no direct or indirect clinical or administrative responsibility for the person receiving mental health services." There are state as well as federal mandates for a patients' rights advocacy system. The client must have access to these services. Each patient is given a "Patient's Rights Manual" upon admission and the phone numbers to the advocacy programs are posted at the psychiatric facilities.

For the County of San Diego, the Patient Advocacy Program is offered through Jewish Family Service. The Patient Advocate assists with various issues a psychiatric patient might face. The Patient Advocate also informs clients of their rights and ensures that those rights are upheld. The Patient Advocacy Program further helps assure the highest level of service at a psychiatric facility.

SW responsibilities

When a child is admitted into a psychiatric facility, the assigned SW is responsible for the following:

- Notifying all parties listed above in Step # 5
- Following all steps in the Change of Placement (COP) - Court Requirements PM file
- Seeing the child at the hospital within one working day of admission
- Attending treatment team meetings
- Planning for an appropriate placement including scheduling a CFT (see Child and Family Team Meetings), if the child is not able to return to previous placement
- If the child has been in an out-of-home placement and the SCP is willing to hold the bed for the child, following Bed Hold procedures (see Temporary Absences) and
- Giving the following documents to the facility:
    - child's current Health and Education Passport (HEP),
    - Application and Order for Release of Protected Health And Education Information (04-24),
    - current psychotropic medication authorization order, and
    - current psychological/psychiatric evaluation, if requested.

NOTE: If the treating physician at the facility prescribes changes to previously authorized medications, the facility is responsible for faxing a completed JV-220 application to Meadow Lark Dept. 1.

Expiration of 72-hour hold

At the expiration of the 72-hour hold, the child will be released to the custody of CWS for placement, unless the child:

- is certified for the 14-day hold under Section 5250, et. seq. of the W&I Code; or
- completes an application for voluntary hospitalization on the advice of his attorney.

14-day holds

The 14 days are used for further evaluation and treatment planning. A 14-day hold occurs when an individual must remain hospitalized for at least 14 days because he is:

- Dangerous to self, and/or
- Dangerous to others, and/or
- Gravely disabled as a result of a mental disorder.

A gravely disabled minor is defined as one who is unable to use the elements of life which are essential to health, safety and development, including food, clothing, and shelter, even though provided to the minor by others.

If a child is placed on a 14-day hold, he will have a Certification Hearing. The child will be represented by his attorney, Patient Advocate or other court-appointed attorney.

The child has a right to a *writ* at any time during the 14-day hold. A writ is a formal legal document ordering or prohibiting an action. A writ can be obtained by the child's attorney.

Further involuntary treatment

The basis for further involuntary hospitalization is:

- A 30 day LPS Temporary Conservatorship. The Public Conservator investigates and makes a recommendation to the Superior Court to establish such a conservatorship for grave disability; there is no automatic hearing to establish a Temporary Conservatorship.
  - A second 14-day hold for "imminently suicidal" patients.
- A 180-day hold for patients who present a demonstrated danger of inflicting substantial physical harm to others.

State psychiatric hospitalization

At times, a child cannot successfully reside in any type of licensed facility because of a mental disorder. A child may be eligible for therapeutic hospitalization at a state facility level, if the child meets the Lanterman Petris Short (LPS) criteria. The criteria states that the child must be:

- Dangerous to self, and/or
- Dangerous to others, and/or
- Gravely disabled.

The above mental health decisions are made through assessment by the treating psychiatrist and/or conservator.

Additional information

The following additional information applies to involuntary hospitalizations:

- There is no Juvenile Court hearing.
- SWs do **not** normally attend the Certification or Temporary Conservatorship Hearings.
- No signatures by parents, the Court, CWS, or attorneys are required.
- It is the sole responsibility of the facility and its professional staff to determine the need for any involuntary procedures.
- The child's conservator has authority to authorize mental health treatment and the SW will consult and collaborate with the conservator.

Facility release

The SW will follow these steps when there is a plan to release the child from a psychiatric facility.

Step	Action
1	Arrange a psychiatric hospital discharge meeting.
2	Identify potential placements and make referrals.

3	• Notify the following:
	  ○ Parents
	  ○ Parents' attorneys
	  ○ Child's attorney
	  ○ CASA
	  ○ Tribal Affiliation
	  ○ Treating therapist
	  ○ Treating psychiatrist
	  ○ Temporary or Public Conservator, if the child is on conservatorship
	• Document in CWS/CMS Contact Notebook that the above individuals were notified.

4	Follow all steps in the Change of Placement (COP) - Court Requirements PM file.
5	Obtain an agreement regarding placement from the child's conservator, if applicable.
6	• Arrange placement, upon discharge. • If a long term placement will not be made, complete a 15-day review.

Voluntary treatment

Whenever possible, the SW willensure these procedures are completed prior to the dependent or non-dependent child being transported to Emergency Screening Unit (ESU) for screening/evaluation for voluntary hospitalization:

Step	Who	Action
1	Assigned SW	If possible: • Assess the child's need by talking to the child and the SCP. • Consult with ESU on appropriate action. If ESU determines face-to-face assessment is necessary, then: • Arrange transportation to ESU, if necessary. • Notify the child's attorney.
2	Child's Attorney/ Patient Advocate	Advise the child about voluntary hospitalization.
3	Child	Sign the "Application for Voluntary Treatment" (provided to the child by the psych hospital at the time of admission).
4	Child's Attorney/ Patient Advocate	• Certify the application by signing it. • Forward the application to the assigned SW. **NOTE**: The child is usually hospitalized at this point.
5	Assigned SW	• Notify the following: o Parents o Parents' attorneys o CASA o Tribal Affiliation o Treating therapist o Treating psychiatrist • Prepare an ex parte request within three judicial days of the signing of the voluntary application. • Attach following items to the ex parte: o The voluntary application signed by the child and the attorney/Patient Advocate. o An affidavit by the attending physician/therapist stating that: ▪ the child suffers from a mental disorder; ▪ the facility is qualified to treat the disorder; and • There is no other facility available to better treat the disorder.

Voluntary treatment (cont.)

Step	Who	Action
6	Any Party	If objecting to voluntary hospitalization for treatment, set a Special Hearing within 3 judicial days and notice all other parties.
7	Juvenile Court	Issue an order authorizing or not authorizing the voluntary admission of the child for treatment.
8	Assigned SW	If an order is not issued, arrange: • immediate discharge of the child, • transportation, and • placement.

Child's revocation of voluntary treatment

A court order authorizing the **voluntary** admission of a child for treatment does not deprive the child of the right to revoke the voluntary application. The revocation procedures are described below:

Step	Who	Action
1	Child	Notify the following individual(s) that he/she no longer agrees to accept treatment at the facility: ○ The attending physician/designee; or ○ His/her attorney. **NOTE**: If the child notifies the SW first, the SW will notify the physician and child's attorney, and then proceed to Step #3.
2	Physician/ Designee or Child's Attorney	Notify the assigned SW as soon as it is known the child is revoking his application.

Child's revocation of voluntary treatment (cont.)

Step	Who	Action

3	Assigned SW	• Find a permanent placement for the child, if unable to return to previous placement.
		• Document the child's revocation in CWS/CMS Contact Notebook.
		• Calendar a Special Hearing for the next judicial day and notice the following parties:
		  ○ Parents
		  ○ Parents' attorneys
		  ○ CASA
		  ○ Tribal Affiliation
		  ○ Treating therapist
		  ○ Treating psychiatrist.
		
		After the court hearing, the child will be released to CWS, unless provision of Lanterman Petris Short (LPS) are satisfied.
		
		If the child is released to CWS, arrange transportation to placement.

Alignment with SET

- SET Value 1 by building shared understanding and agreement through family engagement, collaborating with the whole family to create well-being, and honoring and incorporating the voices of children and youth.
- SET Value 2 by providing opportunities for biological, kinship, and resource families to communicate and work together for the youth's best interests and utilizing shared decision making with the child/youth voice and well-being at the forefront.
- SET Value 3 by having a continual focus on children's well-being while they are in the care of CWS.
- SET Value 4 by maintaining open communication and transparency with families and community partners as well as ensuring that staff and community partners have a shared vision for safety, permanency, and well-being.