

## Inpatient Services

### Acute Inpatient Mental Health (Child/Adolescent)

Description of Services: Acute inpatient for mental health treatment represents the most intensive level of psychiatric care. Typically, the child/adolescent who requires this level of care poses a significant danger to self or others or displays severe psychological dysfunction. Assessments and interventions are provided in a 24-hour secure, medically staffed and psychiatrically supervised treatment environment. Twenty-four hour skilled nursing care, daily medical evaluation and management, and a structured milieu are required. Intervention of last resort may include restraint or seclusion.

The goal of acute inpatient is to stabilize children/adolescents who display acute psychiatric conditions associated with a relatively sudden onset and short, severe course or a marked exacerbation of symptoms associated with a more persistent, recurring disorder. In order for treatment progress to transfer to the home and community setting, active family/guardian involvement is critical and expected unless contraindicated.

#### Criteria

##### Admission Criteria

The child has been evaluated by a qualified medical/mental health professional and has demonstrated symptoms consistent with a DSM diagnosis that requires and can reasonably be expected to respond to intervention in this level of care

AND, at least one of the following:

1. The child/adolescent is demonstrating and/or expressing current or very recent risk of threat or harm to self which may include:
  - a) Suicidal ideation, typically with plan, means, and/or intent
  - b) Suicide attempt
  - c) Self-injurious behavior w/intent to seriously harm or kill self
  - d) Destructive acts, risk taking, or loss of control of extreme nature that pose risk to self
  
2. The child/adolescent is demonstrating and/or expressing current or very recent significant risk of threat or harm others which may include:
  - a) Verbal threats of significant harm to others, typically with plan, means, and/or intent
  - b) Significant physical aggression to others w/intent to cause harm
  - c) Destructive acts, risk taking, or loss of control of extreme nature that pose risk to others



	<ol style="list-style-type: none"><li>3. Extreme &amp; rapid changes in emotional states of such severity that results in imminent safety risk to self or others.</li><li>4. Psychosis – auditory or visual hallucinations, disorientation or memory impairment, disordered/bizarre behavior and/or delusional symptoms resulting in current danger to self or others.</li><li>5. Command hallucinations directing harm to self or others.</li><li>6. The child/adolescent has experienced severe or life-threatening side effects of atypical complexity from using psychotropic medication and requires this level of care to safely make adjustments.</li></ol>
<b>Psychosocial, Cultural, and Linguistic Factors</b>	<p>Psychosocial, cultural, and linguistic factors may influence an individual's clinical state and need to be considered and addressed to allow for effective treatment in all levels of care.</p> <p>Specifically, for acute inpatient mental health services, the following factors should be considered:</p> <ul style="list-style-type: none"><li>• Level of supervision available in the home and/or community.</li><li>• Means and capacity of caregivers to follow safety plan.</li><li>• Recent critical life event or stressors.</li><li>• Transportation to facility.</li><li>• Involvement with Juvenile Justice system.</li><li>• Gender accommodation considerations.</li><li>• The individual and family's beliefs/behaviors related to health and illness, help seeking, and natural supports.</li><li>• Linguistic factors including the individual having an opportunity to have a voice in his/her own treatment and the right to receive an assessment and services in his/her primary language.</li></ul>

<p><b>Exclusion Criteria</b></p>	<p><b>Any</b> of the following criteria is sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> <li>1. The treating or evaluating psychiatrist does not recommend hospitalization and has deemed a lesser level of care is sufficient.</li> <li>2. The hospitalization is being requested in the absence of safety concerns related to a psychiatric need (such as respite or safety concerns related to child abuse &amp; neglect by primary caregiver).</li> <li>3. A parent/legal guardian/youth age 14 or older is not willing to sign admission paperwork/consent for a voluntary admission and the child/adolescent does not meet criteria for an involuntary admission (Ch. 51).</li> <li>4. The child/adolescent has been diagnosed with a chronic mental illness, and there is not an acute exacerbation of symptoms w/imminent safety risk.</li> <li>5. The child's/adolescent's primary concern is a medical or substance-induced condition which needs to be treated on a medical or detoxification unit. A psychiatric needs assessment may be completed after medical condition has been stabilized.</li> </ol>
<p><b>Continuing Stay Criteria</b></p>	<p><b>Any</b> of the following criteria, as determined by a qualified medical professional, is sufficient for continued stay at this level of care:</p> <ol style="list-style-type: none"> <li>1. The child/adolescent continues to require intensive treatment and supervision in a 24-hour, medically staffed and psychiatrically supervised treatment environment to stabilize mood or behavioral symptoms of a psychiatric disorder.</li> <li>2. The child/adolescent requires continued monitoring in a 24-hour, medically staffed and psychiatrically supervised treatment environment to monitor side effects and response to a new or adjusted psychotropic medication.</li> </ol>



<b>Discharge Criteria</b>	<p><b>Any</b> of the following criteria, as determined by a qualified medical professional, is sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"><li>1. The child/adolescent no longer meets the admission or continued stay criteria.</li><li>2. The child's/adolescent's mood and/or behavioral symptoms have improved to such a degree that they can be adequately addressed in a less restrictive environment.</li><li>3. The child/adolescent has demonstrated an ongoing unwillingness to participate in treatment and does not meet the criteria for an involuntary hold.</li></ol>
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