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| **Inpatient Services** | |
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| **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: 2. Suicidal ideation, typically with plan, means, and/or intent 3. Suicide attempt 4. Self-injurious behavior w/intent to seriously harm or kill self 5. Destructive acts, risk taking, or loss of control of extreme nature that pose risk to self 6. The child/adolescent is demonstrating and/or expressing current or very recent significant risk of threat or harm others which may include: 7. Verbal threats of significant harm to others, typically with plan, means, and/or intent 8. Significant physical aggression to others w/intent to cause harm 9. Destructive acts, risk taking, or loss of control of extreme nature that pose risk to others 10. Extreme & rapid changes in emotional states of such severity that results in imminent safety risk to self or others. 11. Psychosis – auditory or visual hallucinations, disorientation or memory impairment, disordered/bizarre behavior and/or delusional symptoms resulting in current danger to self or others. 12. Command hallucinations directing harm to self or others. 13. 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. |
| **Psychosocial, Cultural, and Linguistic Factors** | 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.  Specifically, for acute inpatient mental health services, the following factors should be considered:   * Level of supervision available in the home and/or community. * Means and capacity of caregivers to follow safety plan. * Recent critical life event or stressors. * Transportation to facility. * Involvement with Juvenile Justice system. * Gender accommodation considerations. * The individual and family’s beliefs/behaviors related to health and illness, help seeking, and natural supports. * 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. |
| **Exclusion Criteria** | **Any** of the following criteria is sufficient for exclusion from this level of care:   1. The treating or evaluating psychiatrist does not recommend hospitalization and has deemed a lesser level of care is sufficient. 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 & neglect by primary caregiver).      1. A parent/legal guardian/youth age14 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).      1. The child/adolescent has been diagnosed with a chronic mental illness, and there is not an acute exacerbation of symptoms w/imminent safety risk. 2. 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. |
| **Continuing Stay Criteria** | **Any** of the following criteria, as determined by a qualified medical professional, is sufficient for continued stay at this level of care:   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.      1. 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. |
| **Discharge Criteria** | **Any** of the following criteria, as determined by a qualified medical professional, is sufficient for discharge from this level of care:   1. The child/adolescent no longer meets the admission or continued stay criteria. 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.      1. The child/adolescent has demonstrated an ongoing unwillingness to participate in treatment and does not meet the criteria for an involuntary hold. |