



Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Acute Inpatient Hospitalization <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Treatment
Setting	Psychiatric hospital or general hospital with a psychiatric unit; capacity to serve youth on a voluntary or involuntary basis.
Facility License	As required by the Department of Health and Human Services (DHHS)-Division of Public Health
Service Description	Acute inpatient service is the most intensive level of psychiatric care. It is designed to provide medically necessary, intensive assessment, psychiatric treatment and support to stabilize youth who display acute psychiatric conditions. Typically, the youth poses a significant danger to self or others, or displays severe psychosocial dysfunction. Special intervention may include physical and mechanical restraint, seclusion and a locked unit. Services are provided in a 24-hour secure and protected, medically staffed and psychiatrically supervised treatment environment. 24-hour skilled nursing care, daily medical care and a structured treatment are required.
Service Expectations	<ul style="list-style-type: none"> • The following assessments must be conducted: Initial Diagnostic Interview (IDI), nursing assessments, laboratory, radiological, substance use disorder; physical and neurological exams and other diagnostic tests as necessary. • The youth’s family must be involved in the assessment, treatment and discharge planning. Initial contact with the legal guardian/family must occur within the first 72 hours. • Family members are encouraged to participate in the assessment/treatment of the individual as appropriate and approved by the individual, and their participation or lack of participation is documented in the youth’s record. • Provide a flexible meeting(s) schedule to include evenings and weekends to facilitate family participation • Provide an intensive and comprehensive active treatment program that includes professional psychiatric, medical, surgical, nursing, social work, psychological, and activity therapies required to carry out an individual treatment plan for each individual and their family. • The treatment plan must be reviewed weekly or as medically necessary.

	<ul style="list-style-type: none"> • Discharge planning begins at the time of admission and includes: next appropriate level of care arrangements, scheduled follow-up appointments and assistance for the youth/family to develop community supports and resources. Consultation with community agencies on behalf of the youth/family. • Services may include individual therapy, group therapy, family therapy and education for diagnosis, treatment and life skills. • The inpatient services will have access to dietary, pastoral, emergency medical, recreational therapy, psychological, laboratory and other diagnostic services. • The need for psychotropic medications is assessed by the physician with ongoing medication management, as needed. • Psychological testing services, as needed. • Consultation services available, as needed, for general medical, dental, pharmacology, dietary, pastoral, emergency medical, therapeutic activities. • Laboratory and other diagnostic services, as needed.
Service Frequency	Face-to-face evaluation and treatment by a physician, or a physician extender, six out of seven days; Psychiatric nursing interventions are available to youth 24/7; Programming services provided daily.
Length of Stay	Is individualized and based on clinical criteria for admission and continuing stay, as well as the youth's ability to make progress on individual treatment/recovery goals.
Staffing	<p>Special Staff Requirements for Psychiatric Hospitals</p> <ul style="list-style-type: none"> • Medical Director (Board or Board-eligible Psychiatrist) Psychiatrist(s) and/or Physicians(s) • Advanced Practice Registered Nurse (APRN) or Registered Nurse (RN) with psychiatric experience, specialty • RN(s) and APRN(s) (psychiatric experience preferable); 24-hour nursing staff with a least 1 RN per shift • LIMHP, LMHP, LADC, Psychologist • Director of Social Work (MSW preferred) • Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree) • Technicians, high school with Joint Commission approved training and competency evaluation; 2 years of experience in mental health service preferred • Direct care: The direct care staff shall meet one of the following requirements: <ul style="list-style-type: none"> ▪ A bachelor's degree or higher in psychology, sociology or related human service field; or ▪ Be 21 years of age and have a minimum of two years' experience working with behavioral health, two years education in the human service field or a combination of work experience and education with one year of education substituting for one year of experience.

Staff to Client Ratio	<ul style="list-style-type: none"> • Availability of medical personnel must be sufficient to meet psychiatrically/medically indicated treatment needs for youths served. • Psychiatric RN availability must be assured 24 hours each day • The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient’s active treatment program. • Availability of medical personnel must be sufficient to meet psychiatric/medically necessary treatment needs for individuals served
Hours of Operation	24 hours/7 days a week
Service Desired Outcomes	<ul style="list-style-type: none"> • Acute psychiatric and/or substance use disorder symptoms are stabilized. The youth no longer meets clinical guidelines for acute care in a hospital setting • Youth has substantially met treatment plan goals and objectives. • Youth has identified support systems to help maintain stability in the community, • Youth has improved functioning and behavior changes in life domains. • Medication management referral for ongoing prescribing clinician as deemed appropriate, • Risk reduction plans has been established; youth knows how to implement this plan • Clinician has coordinated with other treating professional as needed. • Sufficient supports are in place and individual can move to a less restrictive environment.
Unit and Rate	Per day; see rate sheet

[Click here to view
Service Interpretive Guideline]