



## ***Probation Service Definition***

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

<b>SERVICE NAME</b>	<b>Acute Inpatient Hospitalization</b> <input type="checkbox"/> <b>Adult</b> <input checked="" type="checkbox"/> <b>Juvenile</b>
<b>Category</b>	Treatment
<b>Setting</b>	Psychiatric hospital or general hospital with a psychiatric unit; capacity to serve youth on a voluntary or involuntary basis.
<b>Facility License</b>	As required by the Department of Health and Human Services (DHHS)-Division of Public Health
<b>Service Description</b>	Acute inpatient hospitalization 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.
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• Before admission to the acute inpatient hospitalization, the following medical and psychiatric 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</li> <li>• The youth's parent/guardian/caregiver must be involved in the assessment, treatment and discharge planning</li> <li>• Family members are encouraged to participate in the assessment/treatment of the youth as appropriate and approved by the youth/guardian. Participation will be documented in the youth's file</li> <li>• Provide a flexible meeting(s) schedule to include evenings and weekends to facilitate family participation</li> <li>• 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</li> <li>• The treatment plan must be reviewed weekly or as medically necessary by the supervising physician</li> <li>• 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, parent/guardian/caregiver to develop community supports and resources. This will also include consultation with community agencies on behalf of the youth/family.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Services may include individual therapy, group therapy, family therapy, medication management and education for diagnosis, treatment and life skills</li> <li>• The need for psychotropic medications is assessed by the physician with ongoing medication management, as needed</li> <li>• Psychological services, as needed</li> <li>• Consultation services available, as needed, for general medical, dental, pharmacology, dietary, pastoral, emergency medical, therapeutic activities and laboratory and other diagnostic services, as needed</li> </ul>
<b>Service Frequency</b>	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
<b>Length of Service</b>	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
<b>Staffing</b>	<p><b>Special Staff Requirements for Psychiatric Hospitals</b></p> <ul style="list-style-type: none"> <li>• Medical Director (Board or Board-eligible Psychiatrist) Psychiatrist(s) and/or Physicians(s)</li> <li>• Advanced Practice Registered Nurse (APRN) or Registered Nurse (RN) with psychiatric experience, specialty</li> <li>• RN(s) and APRN(s) (psychiatric experience preferable); 24-hour nursing staff with a least 1 RN per shift</li> <li>• LIMHP, LMHP, LADC, Psychologist</li> <li>• Director of Social Work (MSW preferred)</li> <li>• Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree)</li> <li>• Technicians, high school with Joint Commission approved training and competency evaluation; 2 years of experience in mental health service preferred</li> <li>• Direct care: The direct care staff shall meet one of the following requirements: <ul style="list-style-type: none"> <li>▪ A bachelor's degree or higher in psychology, sociology or related human service field; or</li> <li>▪ 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.</li> </ul> </li> </ul>
<b>Staff to Client Ratio</b>	<ul style="list-style-type: none"> <li>• Availability of medical personnel must be sufficient to meet psychiatrically/medically indicted treatment needs for youths served</li> <li>• Registered Nurse availability must be assured 24 hours each day</li> <li>• 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</li> <li>• Availability of medical personnel must be sufficient to meet psychiatric/medically necessary treatment needs for individuals served</li> </ul>
<b>Hours of Operation</b>	24 hours/7 days a week

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<b>Service Desired Outcomes</b>	<ul style="list-style-type: none"> <li>• Acute psychiatric and/or substance use disorder symptoms are stabilized. The youth no longer meets clinical guidelines for acute care in a hospital setting</li> <li>• Youth has substantially met treatment plan goals and objectives.</li> <li>• Youth has identified support systems to help maintain stability in the community,</li> <li>• Youth has improved functioning and behavior changes in life domains.</li> <li>• Medication management referral for ongoing prescribing clinician as deemed appropriate,</li> <li>• Safety (crisis) plan has been established; youth and parents/guardian are able to demonstrate they have the knowledge and skills to implement the plan.</li> <li>• Clinician has coordinated with other treating professional as needed.</li> <li>• Sufficient supports are in place and individual can move to a less restrictive environment.</li> </ul>
<b>Unit and Rate</b>	See rate sheet

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