

<p align="center"><b>GEORGIA DEPARTMENT OF JUVENILE JUSTICE</b></p>	<p align="center">Transmittal # 17-10</p>	<p align="center">Policy # 12.23</p>
<p>Applicability:  <input type="checkbox"/> All DJJ Staff  <input type="checkbox"/> Administration  <input type="checkbox"/> Community Services  <input checked="" type="checkbox"/> Secure Facilities (RYDCs and YDCs)</p>	<p>Related Standards &amp; References:  ACA Standards: 4-JCF-4C-42, 4-JCF-4D-06, 4-JCF-4D-01,  3-JDF-4C-39, 3-JDF-5B-05, 3-JDF-4C-45  NCCHC Juvenile Standards, 2011: Y-D-05  DJJ 5.5, 8.5, 12.6, 12.11, 12.21</p>	
<p>Chapter 12: BEHAVIORAL HEALTH SERVICES</p>	<p>Effective Date: 10/31/17  Review Date: 10/31/18</p>	
<p>Subject: EMERGENCY PSYCHIATRIC HOSPITALIZATION</p>	<p>Replaces: 4/15/13  Support Services</p>	
<p>Attachments:   A – Emergency Admission Certificate (Form 1013)</p>	<p>APPROVED:    _____  Avery D. Niles, Commissioner</p>	

**I. POLICY:**

Any youth in a secure facility who presents a serious and imminent risk of harm to himself/herself or others due to mental illness shall be evaluated by a mental health professional. If the mental health professional determines that the youth cannot be safely and adequately treated in a secure facility, the youth shall be transported and admitted to an acute care facility licensed as an emergency psychiatric receiving facility.

**II. DEFINITIONS:**

**Authorizing Clinician:** For the purpose of this policy, a mental health professional who holds a license that authorizes him/her to complete an Emergency Admission Certificate in accordance with Georgia statute (Form 1013).

**Emergency Psychiatric Receiving Facility:** A facility designated by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) to receive patients under emergency conditions. This includes programs designated as Crisis Stabilization Units by the DBHDD.

**Psychiatric Emergency:** A situation in which the youth appears to be mentally ill and:

- Presents a substantial risk of imminent harm to him/herself or others as manifested by recent overt acts or recent expressed threats of violence which present a probability of physical injury to him/herself or to other persons; or
- Is so unable to care for his/her own physical health and safety as to create an imminently life-endangering crisis.

**Qualified Mental Health Professional (QMHP):** Mental health staff with education, training and experience adequate to perform the duties required in accordance with professional standards. When the QMHP is required to complete assessments, or provide individual counseling to youth with mental illness, the QMHP must have at least a master’s degree in a

Chapter	Subject	Policy #	Page
BEHAVIORAL HEALTH SERVICES	EMERGENCY PSYCHIATRIC HOSPITALIZATION	12.23	2 of 5

mental health related field, training, and experience in the provision of mental health assessment and counseling procedures. A masters-level student under the supervision of a QMHP may perform the functions of a QMHP.

**Regional Behavioral Health Services Administrator (RBHSA):** Mental health staff that provide support to facility behavioral health staff and oversight to ensure the quality and accessibility of all behavioral health services provided in the facility.

### III. PROCEDURES:

- A. When the determination has been made that the youth requires referral to an emergency psychiatric receiving facility, the qualified mental health professional (QMHP) will consult by telephone with the Regional Behavioral Health Services Administrator (RBHSA).
- B. Before referring a youth to an emergency psychiatric receiving facility, an Authorizing Clinician or master's level QMHP must conduct a face-to-face evaluation of the youth. The Authorizing Clinician may complete the Emergency Admission Certificate (Form 1013) (see Attachment A).
  1. The evaluation will be documented in the Juvenile Tracking System (JTS) as an assessment (for youth who are not on the mental health caseload), as a Crisis Intervention progress note (for youth who are on the mental health caseload), or in the JTS Psychodiagnostic Evaluation module. Documentation must include:
    - Referral information;
    - Brief mental status exam;
    - Current diagnosis;
    - Current medications (name, dosage, and purpose); and
    - Plan, including referral to the emergency psychiatric receiving facility.
  2. When a DJJ Authorizing Clinician completes an Emergency Admission Certificate, a copy of the certificate must be filed in the youth's health record. (See DJJ 5.5, Health Records.)
  3. If the evaluation is completed by an Authorizing Clinician not employed by the Department, the facility's mental health staff or health care staff will document the circumstances and outcome(s) of the evaluation in a JTS Psychiatric Hospitalization communication note.
- C. After the determination has been made that the youth requires transportation to an emergency psychiatric receiving facility, the youth will be placed on Level 3 (close

Chapter	Subject	Policy #	Page
BEHAVIORAL HEALTH SERVICES	EMERGENCY PSYCHIATRIC HOSPITALIZATION	12.23	3 of 5

observation) and will be continuously monitored by sight and sound until transport to the emergency psychiatric receiving facility. If a youth is being transported to a medical emergency room for the purposes of medical testing, the youth will be placed on Level 3 (close observation) and will be continuously monitored by sight and sound until transport.

- D. Once the Authorizing Clinician has determined that the youth requires transport to an emergency receiving facility, the Authorizing Clinician and/or the QMHP will call the Georgia Crisis and Access Line (GCAL) at 1-800-715-4225. The Authorizing Clinician and/or QMHP will provide the staff at the GCAL with all requested clinical information in order to help GCAL staff secure a placement for the youth.
  
- E. Once admission to the emergency psychiatric receiving facility has been arranged, the Authorizing Clinician or other designated mental health staff will immediately contact the facility Director or Administrative Duty Officer to inform them that hospitalization is required and to request immediate transport to the emergency psychiatric receiving facility.
  - 1. The facility Director or Administrative Duty Officer will immediately arrange transportation to the emergency psychiatric receiving facility.
  - 2. The mental health staff, in coordination with medical staff, will prepare the documents requested by the GCAL staff or the staff at the emergency psychiatric receiving facility to which the youth is going. The document package must be sent with the youth and given to the admission staff at the emergency psychiatric receiving facility upon arrival.
  - 3. The document package will be forwarded to the emergency psychiatric receiving facility without a signed Authorization to Release Health Information. The youth's original health record will remain at the DJJ facility. (See DJJ 5.5, Health Records.)
  - 4. The document package will be sealed in an envelope prior to being handled by non-healthcare staff. (See DJJ 5.5, Health Records.)
  - 5. The mental health staff will complete a Special Incident Report in accordance with DJJ 8.5, Special Incident Reporting. For hospitalizations resulting from a self-harm behavior, the Special Incident Report must include the codes for the hospitalization (code E2P). It must also include the self—harm behavior code (D code) if the youth has engaged in self-harm behavior..
  
- F. A POST-certified Juvenile Correctional Officer of the same sex as the youth must accompany the youth to the emergency psychiatric receiving facility and must remain with the youth until he/she is admitted.

Chapter	Subject	Policy #	Page
BEHAVIORAL HEALTH SERVICES	EMERGENCY PSYCHIATRIC HOSPITALIZATION	12.23	4 of 5

- G. As soon as possible, but within 24 hours of the youth's admission to an emergency psychiatric receiving facility, the mental health staff will:
- Notify the youth's parent/legal guardian and Community Case Manager (CCM) or appropriate juvenile court/probation office of the admission; and
  - Contact the assigned case manager or clinician at the emergency psychiatric receiving facility to provide information, support case management activities, and assist with discharge planning.

These contacts will be documented as a JTS Psychiatric Hospitalization note.

- H. The mental health staff will coordinate care with the emergency psychiatric receiving facility.
1. The mental health staff will contact the emergency psychiatric receiving facility at least every three (3) days to monitor the youth's progress and plan for the youth's return to the facility. These contacts will be documented as a JTS Psychiatric Hospitalization communication note.
  2. The mental health staff will arrange to attend hospital treatment team meetings or other case conferences or will participate via conference call.
  3. All contacts made regarding a hospitalized youth will be documented as a JTS Communication note.
- I. The facility mental health treatment team will refer hospitalized youth to the Behavioral Health Placement Review Panel (see DJJ 12.6, Behavioral Health Placement Review Panel) within 72 hours (excluding holidays and weekends) of initiation of hospitalization.
- J. When a youth is discharged from a psychiatric treatment facility to a secure facility, he/she will be placed on Level 3 (close observation) for a minimum of two (2) days.
1. A copy of the discharge summary from the emergency psychiatric receiving facility will be placed in the youth's health record. (See DJJ 5.5, Health Records.)
  2. The youth will be evaluated by a DJJ psychiatrist as soon as possible but no later than 10 days from the youth's discharge from the hospital.
  3. The mental health staff will notify the youth's parent/legal guardian and CCM or juvenile court of the youth's return as soon as possible, but within 24 hours. The contact will be documented as a JTS communication note.

Chapter	Subject	Policy #	Page
BEHAVIORAL HEALTH SERVICES	EMERGENCY PSYCHIATRIC HOSPITALIZATION	12.23	5 of 5

4. When a youth is discharged to a different secure placement than the original facility (e.g., mental health unit), the mental health staff at the originating DJJ facility will coordinate care by contacting mental health staff at the destination facility prior to the youth's transfer.
  5. If the youth will not return to the facility upon discharge, whenever possible the mental health staff will enter a JTS Discharge Communication note on the day the youth is discharged from the DJJ facility. The note will describe the youth's present situation and any plans or recommendations for follow-up care.
- K. When a youth is admitted to an emergency psychiatric facility from court, the CCM will immediately notify the facility's primary clinician, who will conduct the follow-up required by this policy if the youth will be returning to the facility or discharge plans are not yet known.
- L. For non-emergency psychiatric hospitalizations (e.g., court ordered psychological evaluations), the mental health staff will assess the youth within 24 hours (excluding weekends and holidays) of facility admission/return to determine level of observation and any need for mental health services. The youth will be seen by the facility psychologist or psychiatrist within 10 days of admission to the facility, regardless of whether the youth was placed on the mental health caseload. Non-emergency psychiatric hospitalizations will not be included in the mental health statistical log database.

**IV. LOCAL OPERATING PROCEDURES REQUIRED: NO**