

HEALTH CARE AGENCY  
BEHAVIORAL HEALTH  
POLICIES AND PROCEDURES

**DRAFT**

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APPROVED BY: \_\_\_\_\_  
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**SUBJECT:** Emergency Hospitalization of Orange County Minors

CHANGE NOTICE: \_\_\_\_\_

**PURPOSE:**

To establish written procedures for proper crisis evaluation and hospitalization of Orange County minors.

**SCOPE:**

This procedure applies to all CYS employees who perform emergency evaluations and hospitalizations in connection with the HCA/CYS OD/On-Call system.

**REFERENCES:**

LPS Act, WIC 5150, WIC 5585.50, AB4642.

**FORMS:**

Intake Information, Informed Consent, Mental Health/Children and Youth Services Admission Authorization Short-Doyle Program, County of Orange Authorization for Medical Transportation, Hospitalization/Diversion Checklist, MIS Document for Transitions Only, Financial Information, Interdisciplinary Progress Notes, Application for 72-hour Detention for Evaluation and Treatment of Minor, Authorization for 72-hour Voluntary Evaluation and Treatment.

**METHOD:**

**I. Emergency OD Procedures:**

OD emergency calls are handled between the hours of 8:00 AM and 5:00 PM. Each division shall follow the guidelines outlined in Appendix I.

**II. Emergency On-Call Procedures**

On-Call hours are from 5:00 PM and 8:00 AM. CYS Administration is responsible for scheduling of the On-Call teams and shall follow the guidelines outlined in appendix I.

## APPENDIX I

DATE: June 21, 2004

Children and Youth Services On-Call and OD Policies and Procedures

### **I. Specific Guidelines for Emergency Evaluations:**

The On-Call Team or Regional OD will respond to all calls from the police, medical emergency rooms, group homes, schools, parent/guardians' homes (with police assistance when necessary, and Service Chief knowledge), Social Services, Probation, ETS and any other public agency, requesting that an evaluation for acute psychiatric hospitalization of a minor be conducted.

#### **A. Responding to a Request for Services:**

Whenever any of the above agencies calls CYS with a request for an emergency mental health evaluation for a child, CYS On-Call/OD staff will:

1. Contact the location where the child is within fifteen minutes of the original call to make arrangements for the evaluation. Once an On-Call/OD is contacted it is the responsibility of that CYS staff to manage the situation. A call should be made to the referral source to set up the evaluation, answer questions and get or give directions as necessary. Please do not use ETS as a conduit for these communications.
2. Determine whether the child has a medical condition or requires medical treatment. If so, assist in arranging an immediate referral to the nearest Emergency Room, for medical clearance prior to a Mental Health assessment.
3. Determine if the minor has private insurance or out of county Medi-Cal. If the caller has verified information that the minor has private insurance or out of county Medi-Cal and is at an ER or a police station, the College Hospital Costa Mesa Crisis Response Team (CRT Team) will evaluate the child. CYS OD/On-Call staff evaluate minors with Orange County Medi-Cal and those that are indigent at Orange County ERs and police stations. For minors in locations such as group homes, schools, etc. that require on site evaluation, CYS provides the evaluation regardless of funding source. The OD/On-Call therapist shall, within ½ hour from the initial call, follow-up with a telephone call to the referring party to insure a proper disposition of the case.
4. Offer the caller an alternative to placing the minor on a legal hold with the option to evaluate the minor at their residence, police/sheriff department, their present location, the nearest Orange County CYS regional clinic, emergency room, or a licensed group home where the minor has been placed. The CYS clinician shall advise the parents that they may be liable for costs incurred if they choose to go to a medical emergency room.
5. In cases where the evaluation takes place in the child's home, every reasonable effort should be made to ensure that it is safe to do so. Exceptions should be made when there are weapons involved or the home situation poses a danger to

the CYS OD/On-Call clinician. The CYS clinician may also request to be accompanied by another CYS clinician to the minor's home or may want to involve the police department of the city where the minor lives.

6. If the minor is in police custody, have the minor's parents be present during the evaluation and, if possible, he/she can take custody of the minor, and the peace officer is free to leave, unless doing so can present a danger to the minor or those around him/her.
7. Evaluate and make a determination as to the disposition of the case as soon as possible when there are no parents available. This is especially important when police are involved.

#### B. Determining Residence of a Minor:

1. Residence of a minor is determined by residence of the custodial parent. If two parents share custody, but do not reside together, it will be based on the residence of the parent who has physical custody. If two parents share physical custody with the child living (on an alternating basis) at both homes, region of residence will be based on the home where the child resided at the time of the emergency episode.
2. If the child's parents reside in California, but not in Orange County, the region that serves the caller (based on the city where the Police Department/requestor is located) will provide care.
3. For children whose residence is out of state, the region serving the caller will serve the child, and then contact the child's parent(s) or Mental Health Department in the child's home state for consultation on how they might wish to be involved in serving the child. The region will provide all required services, hospitalizing the child if necessary, and will liaison with the child's home state, to arrange appropriate after-care.

#### C. Prior to leaving the clinic to begin assessment, or arranging for assessment:

1. The OD staff shall inform the Service Chief of any request for service prior to beginning the assessment of the child. However, if the Service Chief cannot be reached including by pager, the Service Chief from a neighboring region shall be contacted immediately.
2. When time permits, the OD/On-Call Staff will verify whether:
  - a: The child is neither married, emancipated, nor a member of the armed forces (legally a minor).
  - b: Minor has Medi-Cal or no private insurance and the family is unable to pay for the hospitalization.
  - c: The child's physical and/or legal custody is held by the Social Services Agency or Probation Department, so that a representative of either of those agencies may be contacted before finalizing the care plan.

- d: The child is medically clear (if at a medical facility). A mental health assessment may not be conducted for a child who is not medically clear.
- 3. CYS shall begin an evaluation of the minor as quickly as possible even if the above information is not immediately available.

**D. Calls Received Close to the End of the OD/On-call Shift:**

When calls are received within ½ hour before the end of the OD shift, the Regional Service Chief has the option to either decide to approve the overtime of the OD staff member involved with the emergency call, or to call the On-Call Service Chief to see if the On-Call team can respond to the call instead. Vice-versa, when calls are received within ½ hour before the end of the On-Call shift, the On-Call Service Chief has the option to continue with the evaluation or to contact the Regional Service Chief to see if the region where the child is physically located can respond to the emergency.

**E. Evaluation by CYS Staff:**

During the evaluation the CYS staff will:

- 1. Determine whether the person is a danger to self or others or is gravely disabled as a result of a mental disorder and urgently requires hospitalization.
- 2. Determine whether the patient's mental health needs could be met through a less restrictive form of treatment, such as intensive out patient care.
- 3. Work with parents and family (with out of state parents and out of county resources being contacted by phone) in order to determine an appropriate treatment plan.
- 4. Determine if other treatment options have been considered, and ruled out as inappropriate. Such options include but are not limited to the following:
  - a. Crisis intervention, including collateral treatment.
  - b. Temporary placement of the child in an emergency shelter.
  - c. Crisis services with a same-day or next-day regional outpatient appointment.

**II. When Hospitalization is Determined To Be Appropriate**

Once it has been determined that the child must have inpatient mental health treatment, CYS staff will arrange hospitalization and ambulance transportation for the patient to a Short-Doyle or Medi-Cal Contract Hospital, via a voluntary admission or a legal hold.

The CYS system-of-care will then be explained to the child and parent or guardian as appropriate and if they are available, and the CYS clinician will proceed with hospitalization as follows:

A. Short Doyle Admissions

1. Admitting hours: 24 hours.
2. Admission procedures:
  - a. CYS staff locates a hospital bed and call ETS at (714) 834-6900 to fax a confirmation to the receiving hospital.
  - b. Be prepared to provide detailed information regarding your referral.
  - c. Fill out the Short Doyle Admission Authorization form.
  - d. Call the ambulance and arrange for transportation according to the directions found in the UNDER MASTER CONTRACT WITH ORANGE COUNTY, AMBULANCE SERVICE COMPANIES.
  - c. Request parent or guardian follow the ambulance to the hospital in order to provide their staff with the necessary information.
4. Instruct parents that they are to contact a CYS financial counselor by the next working day to set up a financial evaluation.

B. Medi-Cal Admissions

1. For 24-hour admissions: CYS staff locate a hospital bed and make transportation arrangements.
2. Once patient has been accepted, inform ETS of the admission and request they fax a confirmation to the receiving hospital.
3. Request parent or guardian to follow the ambulance to the hospital in order to provide their staff with necessary information.

C. Contract Hospitals for Children and Adolescent Beds.

Hospital	Service	
	Adolescent	Child
College-Cerritos (Short-Doyle & MC)	X	X
College-Costa Mesa (Short-Doyle & MC)	X	
Charter Oaks Covina (Short-Doyle & MC)	X	X

D. Notification of CYS Central

In all instances where an evaluation for hospitalization has occurred, OD or On-Call staff will:

1. Complete the Hospitalization/Diversion Checklist, and Fax it along with the intake sheet, ED, progress notes, copy of signed HIPAA notice, and financial information to 714 834-4595 no later than 9:00AM the next working day. If the evaluation resulted in hospitalization, a copy of the voluntary or involuntary admission form, ambulance voucher, release for CYS to speak with the receiving hospital, and Short Doyle form (if client is unfunded) need to also be faxed.

### **III. When Hospitalization is not appropriate:**

- A. If it is believed that the patient can respond to a less restrictive level of care, staff will make treatment recommendations to the parents or guardians (if available), and will help to arrange alternative care.
  - 1. The consumer and family may be offered an immediate appointment in their region of residence within one full business day from the time of the evaluation.
  - 2. The family can be given a referral elsewhere if appropriate.
  - 3. They will also be informed of other types of supportive services such as youth shelters and community support group/services.
  - 4. A referral back to a private provider can be arranged, if appropriate.
- B. If the minor is on a legal hold, and the person who wrote the hold is unavailable or unwilling to discharge the hold, the OD/On-Call staff member will notify the Service Chief on duty. The Service Chief will make arrangements for a psychiatrist to come out and determine if the legal hold can be discharged. After hours, the On-Call Service Chief may contact the On-Call psychiatrist.
- C. In cases where the minor is in out of home placement through the Social Services Agency (SSA), the CYS clinician must consult with SSA regarding the appropriateness of the placement and the need for treatment. The CYS clinician must call (714) 935-7080 and ask for the Placement Coordination Duty Officer. This social worker will coordinate any immediate services and will relay information to the assigned social worker.

### **IV. General Guidelines:**

#### **Services to Adults or Emancipated Minors:**

CYS provides services to children and adolescents. If a person is over 18, married, in the military or legally emancipated, they should be referred to ETS for disposition through the adult programs.

#### **Services to Residents from Another County:**

If the minor is “visiting” Orange County, but the parent with custody resides in an adjoining County, the minor will be evaluated by the region in which he/she is physically located. Out of County Medi-Cal recipients can be admitted by any hospital on an emergency basis. The hospital holding the minor is responsible for notifying the home county of the hospitalization and securing payment from that county.

#### **Orange County Medi-Cal Recipients Residing in Other Counties:**

When requests for inpatient psychiatric hospitalizations are made by other counties regarding their resident children with Orange County Medi-Cal, the caller should be instructed to:

- a. Take the minor to the nearest psychiatric hospital when safe,
- b. Involve their local police department, or
- c. Call their respective mental health department/PET team.
- d. Notify ETS at (714) 834-6900.

Once a minor has been admitted to their local psychiatric hospital, Orange County QRT will conduct a retrospective review of the need for hospitalization.

#### Children Who Have Been Admitted By Psychiatric Hospitals/Private PET Teams:

1. When calls are received from psychiatric hospitals when “ insurance has run out” or when they discover their patient has no insurance coverage, the hospital will be advised that they are responsible for the appropriate care and disposition of the case. The only exception would be Healthy Families after the 30 day inpatient benefit has expired.
2. If a private PET team has already assessed a minor and determined the need for hospitalization, CYS staff will advise them that it is the responsibility of the PET team members to carry out their recommendation regarding the disposition of the case.

#### Children with Private Inpatient Coverage:

CYS Short Doyle coverage may not be used for patients who have private coverage, but who wish (for any reasons, such as “not using up my benefits,” etc.) to use Short Doyle instead. The only exception would be Healthy Families after their 30 day inpatient benefit has expired.

#### When the child’s parent is not available:

In cases where the police, school, hospital, or any other agency personnel has a minor that needs an evaluation, when the parent is not available, and the agency is asking for on site assistance, CYS staff would then conduct the evaluation. In the absence of a parent, CYS staff will make recommendations to whoever has the child under their care (i.e., the police, hospital, etc.). If the minor does not require hospitalization, it will be necessary to help make other arrangements for the child’s care (perhaps Social Services, or if parents can provide the necessary authorization, a local shelter). CYS staff would make those care recommendations to the police/facility, and assist in any reasonable way, to arrange such care. However, if hospitalization is required, the minor will need to be placed on a WIC 5585.50 hold since a parent is not present to give permission for the hospitalization.

#### Requests For De-tox Beds:

CYS does not have beds for “de-tox” care. Refer to Alcohol and Drug Abuse Services, for appropriate care.

## V. Definitions:

- A. On-Call refers to the emergency team that covers between the hours of 5:00 PM and 8:00AM Monday through Friday; weekends and holidays. CYS Administration is responsible for scheduling coverage for these hours. All On-Call emergencies are received by ETS, which, in turn, contacts the clinician responsible for covering the area that the call originates from. For On-call purposes, Orange County is divided into the South, Central and North areas.
- B. OD refers to emergencies covered during the hours of 8:00AM to 5:00 PM Monday through Friday. Regional Service Chiefs are responsible for scheduling coverage of these hours for their region. All OD calls are directly made to the regional outpatient clinic closest to the location of the consumer. Calls coming in after 5:00 PM will be forwarded to the On-Call team by the OD staff.
- C. Short-Doyle refers to a funding source for a minor who is considered to be a danger to self, danger to others or gravely disabled who does not have insurance or Medi-Cal. The evaluating therapist must complete a "Short-Doyle Authorization Form" before the hospitalization occurs.
- D. Medi-Cal recipients are those consumers who have Medi-Cal benefits that are currently active and who meet medical necessity and cannot be treated safely at a less restrictive level of care. ETS is responsible for verifying Medi-Cal eligibility before a psychiatric hospitalization is completed.
- E. Evaluation and Treatment Service (ETS) is the clearing point for all information pertaining to psychiatric hospitalizations. ETS provides the Confirmation Sheet to the receiving hospital when CYS has placed a minor in an available bed, and determines Medi-Cal eligibility. Their telephone number is (714) 834-6900.
- F. Voluntary hospitalization is a hospitalization in which the parent has given permission to place a minor in a psychiatric hospital under WIC 6000. A "Voluntary Hospitalization Form" has to be signed by the parent or legal guardian.
- G. Involuntary Hospitalization is when there is no parental permission to admit a minor into a psychiatric hospital. This situation requires that a minor be placed on a legal hold under WIC 5585.50.
- H. Crisis Intervention consists of timely intervention in settings, in which the crisis occurs, with a goal of preventing unnecessary and costly disruption of normal living.