

Sacramento Region Behavioral Health Task Force

Caring for System-Involved Youth in Acute Hospital Settings

Step-by-Step Guide for Hospital Personnel

Youth is taken to a hospital emergency department

Determine who is authorized to sign consent for medical treatment

Non-system involved:

- If parent, no additional authorization is required
- If legal guardian with letter of guardianship, no additional authorization is required
- If "qualified relative" presenting with a caregiver affidavit, no additional authorization is required

System involved:

- If the youth has a probation officer
- If the youth has a child protective services worker
- If there is a foster parent, group home, or shortterm residential treatment administrator

Obtain local form (e.g., <u>JC/E 365</u> in Sacramento County) or a minute order or confirm that parents retain rights to make medical decisions.

Determine who is authorized to sign consent for psychotropic medication

Non-system involved:

• If parent/legal guardian, no additional authorization is required

System involved:

- If the youth has a probation officer
- If the youth has a child protective services worker
- If there is a foster parent, group home, or short-term residential treatment administrator

Obtain JV 220 and 223 or confirm that parents retain rights to make psychotropic medication decisions. See JV 217 for additional information on psychotropic medication forms.

Determine insurance status: Medi-Cal, private, or self-pay

If it is Medi-Cal, identify county of behavioral health responsibility (usually it is in the same county of residence).

Questions to ask:

- **1.** What county is responsibile when the child is in hospital?
- **2.** What county is responsible when the child is discharged?

Identify which county's juvenile court placed the child (dependency court or juvenile justice)

Foster parent, relative caregiver, or group home administrator should have this information. If not, see below.*

Notify the county of jurisdisction (child protective services or probation) that placed the child via 24/7 call line to ensure it is notified that the youth is in the emergency department**

System-involved youth will have an attorney. County social worker/ probation officer must notify child's attorney to let them know the youth is in hospital.

County social worker/ probation officer to determine if there is an existing behavioral health services provider. If so, contact the provider to coordinate care.

* County mental health points of contact for presumptive transfer of foster care youth:
https://www.cdss.ca.gov/inforesources/foster-care/presumptive-transfer/county-points-of-contact

** CPS Emergency Response Hotline Numbers:
https://www.hwcws.cahwnet.gov/countyinfo/county_contacts/hotline_numbers.asp

County Probation Department Contacts:

https://www.cpoc.org/post/find-my-county-probation-department

Family Urgent Response System (FURS) hub to information and resources:

https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/furs

FURS outreach materials: https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/family-urgent-response-system/outreach-materials

Develop a transition/safety plan for inpatient hospitalization or release into the community in the event that hospitalization is not possible

Determine if there is an existing behavioral health services provider and if there is a care plan in place

If yes, notify them that youth is in the hospital.

If no, provide referral to access and linkage to outpatient service provider as appropriate to insurance type.

If the child is in the emergency department for 24 hours without a clear plan, a care conference may be appropriate. A care conference should happen as early as possible (in person, virtual, telephonic) for all youth who will be transitioning from the hospital to another setting/placement. The care team may include:

- Acute care hospital representatives
- County social worker and/or probation officer
- Family/friends as appropriate determined by county social worker and/or probation officer, and/or attorney
- Attorney
- A clinician from the current facility
- Therapeutic team members (i.e., ongoing therapist, flexible integrated therapy)
- Representative from an identified authorized placement (check with county social worker)

Conference goals should include:

- Identifying the least restrictive placement possible, as permitted by court order
- Identifying anticipated time frames
- Planning for safety and security
- Planning for ongoing medical needs after care, including medications
- Planning for ongoing mental health care, including psychiatric medications and authorizations
- Assessing the appropriateness and desirability of voluntary hospitalization during follow-up with attorney

Placement per current court order upon discharge if/when the application/voluntary hold is discontinued:

- Home with parents or legal guardian
- Home of relative or family friend
- Foster care home
- Short-term residential therapeutic program

Note: This list **could apply** to non-minor dependents