

	JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES	REFERENCES: 505 KAR 1:120 4-JDF-4C-04, 33, 39, 45 3-JCRF-4C-14, 27 1-JBC-4C-27, 32, 42 NCCHC Y-A-12, Y-E-08, Y-E-10
CHAPTER: Health and Safety Services		AUTHORITY: KRS 15A.065
SUBJECT: Psychiatric Hospitalization		
POLICY NUMBER: DJJ 405.6		
TOTAL PAGES: 3		
EFFECTIVE DATE: October 5, 2018		
APPROVAL: Carey D. Cockerell		, COMMISSIONER

I. POLICY

Department of Juvenile Justice staff shall arrange for psychiatric hospitalization for youth in need of care.

II. APPLICABILITY

This policy shall apply to all group homes, detention centers, and youth development centers. Reference DJJPP Chapter 6 (Mental Health Services, Referrals, and Psychiatric Hospitalization) for related Community Services policy.

III. DEFINITIONS

Refer to Chapter 1100.

IV. PROCEDURES

- A. Youth whose behavior presents serious danger to self or others and requires constant protective supervision beyond the capabilities of the program, shall be immediately referred by the Superintendent, qualified mental health professional, Regional Psychologist, or designee, for inpatient psychiatric care.
- B. The QMHP or counselor shall consult with a Regional Psychologist or Chief of Mental Health Services to discuss a possible hospitalization.
- C. A DJJ Regional Psychologist, the Director for the Division of Community and Mental Health Services, or the Chief of Mental Health Services may approve and accept financial responsibility for an emergency hospitalization on the behalf of the Department. This approval may be made by phone or electronic faxed signature on the appropriate forms for each hospital.

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- D. No other DJJ staff shall sign financial responsibility forms for a psychiatric hospitalization for a DJJ youth.
- E. Staff shall accompany youth to the hospital and provide supervision as required per DJJ policy and procedure.
- F. The Fiscal Branch shall develop and have approved by The Chief of Mental Health Services or designee a Memorandum of Understanding with each hospital or urgent care center DJJ utilizes for in-patient and emergency psychiatric services.
 - 1. The hospital shall be required to contact the Superintendent for pre-approval for any off-ground services.
 - 2. In the event of an escape, assault, serious injury or any other event of a critical nature, the hospital shall be required to provide direct notification to the Superintendent within 12 hours of the occurrence. An incident report shall be completed by a DJJ staff member per DJJPP Chapter 3, 6, and 7.
 - 3. The hospital shall be required to provide immediate and direct notice to the Superintendent of a Medicaid de-certification decision. A written letter shall not substitute for this notification.
 - 4. The facility nurse, QMHP, or counselor shall request the hospital records at the return of the youth to DJJ.
- G. Parents or legal guardians and the Juvenile Service Worker (JSW) shall be notified as soon as possible if hospitalization is needed for a youth.
- I. In facilities with a QMHP, the Treatment Director shall notify the JSW who shall contact the benefits worker concerning medical/MEDICAID coverage.
- J. In facilities without a QMHP and group homes, the Superintendent or designee shall contact the benefits worker concerning medical/MEDICAID coverage.
- K. The youth shall be returned to the pre-hospitalization placement unless there are extenuating circumstances for a placement adjustment. The Superintendent, the Regional Manager, or Residential Facilities Administrator shall work with the Classification Branch Manager if a placement adjustment is required.
- L. It shall be the intent of the Department to have youth discharged from the hospital no later than 24 hours following Medicaid de-certification. Exceptions to extensions beyond 24 hours may only be made by the Regional Division Director.
- M. When a youth is returned to a DJJ facility from a psychiatric facility the youth's discharge summary shall be incorporated into the treatment plan or medical care plan.

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V. MONITORING MECHANISM

Monitoring shall be accomplished by the Chief of Mental Health Services or designee and the Division of Program Services.