



**JUSTICE AND PUBLIC
SAFETY CABINET
DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

**AUTHORITY and
REFERENCES:
505 KAR 1:130, KRS
15A.0652, KRS 605.100,
KRS 605.150,
KRS 645.250,**

CHAPTER: Juvenile Services in Community

**SUBJECT: Mental or Behavioral Health
Services, Referrals, and Psychiatric
Hospitalization**

POLICY NUMBER: DJJ 621

TOTAL PAGES: 5

EFFECTIVE DATE: February 2, 2018

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COMMISSIONER

I. POLICY

The Department of Juvenile Justice (DJJ) shall act to maintain the safety of youth by providing or referring for mental or behavioral health assessment and treatment services.

II. APPLICABILITY

This policy and procedure shall apply to all the Division of Community and Mental Health Services staff.

III. DEFINITIONS

Refer to Chapter 600

IV. PROCEDURES

- A. Probated youth who appear to have general mental or behavioral health needs, the Juvenile Service Worker (JSW) shall assist with a referral to a community service provider.
- B. Probated youth who appear to have acute mental or behavioral health needs:
 1. The JSW shall assist by providing the parent or caregiver with community resources or local hospitals available to provide immediate assessment.
 2. DJJ shall not sign any paperwork or be responsible for making any financial arrangements for payment of services.
 3. DJJ shall not provide transportation for any probated youth.
- C. Committed youth who appear to have mental or behavioral health needs and reside with a parent or caregiver, the JSW shall make a referral for assessment within two (2) business days to an outside service provider which may include the regional comprehensive mental health care or the designated Managed Care Organization (MCO). If there is no available

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community provider, the JSW shall make the referral to the Juvenile Services District Supervisor (JSWS), who in turn will refer the case to the Regional Psychologist for review and assignment.

- D. Committed youth with acute mental or behavioral health needs who reside with a parent or caregiver:
1. Committed youth who appear to have acute mental or behavioral health needs, the JSW shall direct the parent or caregiver to immediately take the youth to an ongoing service provider, the regional community mental health care crisis stabilization unit, the local emergency room, or the nearest psychiatric in-patient treatment facility to be assessed.
 2. If no other transportation option is available, the JSW may transport the youth and parent or caregiver in a state vehicle for emergency services. A same gender escort shall be required during transportation.
 3. 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 a hospitalization on the behalf of the Department. This approval may be made by phone or faxed signature on the appropriate forms for each hospital.
 3. No other DJJ staff shall sign any financial responsibility forms for psychiatric hospitalizations for DJJ youth.
 4. If a youth is placed in a psychiatric hospital by a parent or caregiver without DJJ staff involvement, the JSW has the responsibility to notify the JSWS and the Regional Psychologist of the event as soon as becoming aware of it. DJJ shall not accept financial responsibility for any hospitalization that was not approved by a Regional Psychologist or the Chief of Mental Health Services.
- E. Committed youth with acute mental or behavioral health needs who reside in therapeutic foster care or private child care:
1. The JSW shall confer with the JSWS and Regional Psychologist or Chief of Mental Health Services prior to admitting the youth to a psychiatric hospital.
 2. With the approval to hospitalize from the Regional Psychologist or Chief of Mental Health Services, arrangements may be made to place the youth in any licensed child psychiatric facility in the state, if a bed is available.
 3. The JSW shall remain the case manager for the youth during hospitalization.
 4. The JSW shall notify the Regional Psychologist of the youth's placement in the hospital and provide consultation services as needed.
 5. The case management responsibility of the JSW for admission to psychiatric placement shall include the JSW notifying the parent or caregiver by phone, home visit, or certified letter as soon as practical or

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no later than the next business day, of the proposed placement in a psychiatric hospital. The responsibility rests with the JSW to furnish the hospital with information which may assist in the proper diagnosis and treatment of the youth.

6. The JSW, youth counselor, and parent or caregiver, if appropriate, shall be responsible for preparing the youth for the placement. The JSW shall be aware of the legal obligation of the hospital to inform both the youth and parent or caregiver of their rights concerning hospitalization.
 7. It is preferable that the parent or caregiver and the JSW or program staff be present at the hospital when the youth is being admitted. For youth placed in therapeutic foster care or private child care, transportation shall be provided by the program staff.
- F. The commitment order shall accompany the youth to the psychiatric hospital at admission.
 - G. If the youth has been admitted to a psychiatric hospital, the JSW shall make initial contact within three (3) business days of admission to begin aftercare planning.
 - H. The JSW shall schedule or participate in a conference with the hospital treatment team after the youth has been evaluated. At the conference, staff shall discuss placement options that may be appropriate for the youth with the treatment team, including, residing with a parent or caregiver.
 - I. Committed youth, the DJJ-1285, Psychiatric Hospital Agreement, shall be used as an official agreement with a psychiatric hospital or a psychiatric unit of an acute care hospital when the Department places a youth in these units.
 - J. Youth sixteen (16) years of age or older, the JSW or program staff shall confer with the youth, in conjunction with the parents, if appropriate, regarding the youth's willingness to voluntarily admit himself to a psychiatric hospital. If a youth is not willing, the JSW or program staff may not proceed with voluntary admission, but may pursue hospitalization, if appropriate, through involuntary procedures.
 - K. Youth who are in need of emergency hospitalization or involuntary hospitalization, refer to KRS 645.120; 645.150. The JSW shall provide information to assist in the observation, diagnosis, and treatment of the youth at the time of admission.
 - L. Involuntary Hospitalization of committed youth:
 1. It is preferable that parents take action to initiate a certification petition for involuntary hospitalization.
 2. Youth who is not already hospitalized, the JSW may proceed as follows if the parent is unable, unavailable, or unwilling to cooperate:
 - a. Confer with the Regional Psychologist and Juvenile Services District Supervisor to make a determination regarding the appropriateness of seeking an involuntary hospitalization.

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- b. Request the recommendations of two (2) Qualified Mental Health Professionals, one (1) of whom shall be a physician. KRS 645.150
- c. Notify the parent or caregiver of the proposed action.
- 3. The JSW shall file the petition in District Court.
- 4. At the certification hearing, the court may take either of the following actions:
 - a. Grant the petition and order the youth to be hospitalized for a period of not more than sixty (60) days, subject to re-certification; or
 - b. Deny the petition.
- 5. When hospitalization is ordered, the court shall also order the person who will transport the youth to the hospital, to deliver to the hospital copies of orders and information concerning the youth.
- 6. Hospitalized youth, sixteen (16) years of age or older, continued involuntary hospitalization shall not occur without the authorization of a District Court judge.
- 7. Youth who are already hospitalized, the hospital may initiate the certification procedure.
- 8. When Department staff is notified that certification procedures are being initiated by the hospital, the JSW shall inform the supervisor and parent as soon as practical. The staff shall keep the parents informed of the certification actions.
- 9. The JSW may be required to provide additional information to the hospital to assist in the treatment of the youth.
- 10. The JSW may be required to provide testimony during the District Court proceedings.

M. Discharge and Aftercare

- 1. At admission, the JSW shall begin developing discharge placement plans. Throughout the hospitalization, the JSW shall confer with the JSDS and Regional Psychologist in the development of these.
- 2. The Aftercare Plan shall include the placement resource for the youth when discharged from the hospital. The treating psychiatrist shall be responsible for determining the youth's appropriateness for discharge.
- 3. Prior to discharge, an exit conference shall be held to discuss the youth's ongoing treatment needs, recommendations, placement arrangements, and projected discharge date. The JSW shall participate in this conference. If the youth will be served for ongoing treatment needs provided by the Community Mental Health Branch, upon notification of youth's discharge the JSW shall notify the DJJ Mental Health staff to ensure participation in the exit conference.
- 4. The JSW shall obtain the inpatient records upon discharge, to be included in the youth's file and provided to DJJ Mental Health.

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5. If the hospital calls and requests that a youth be discharged from the hospital without prior notification or an established Aftercare Plan, the JSW shall not authorize release and immediately call the Regional Psychologist. The Regional Psychologist shall immediately contact the hospital to determine the best course of action for the youth.

V. STAFF TRAINING

The Regional Psychologist and Juvenile Services District Supervisor shall ensure respective staff are trained regarding this policy annually. Newly hired staff shall be trained regarding this policy within three (3) months of effective date.

VI. MONITORING MECHANISM

The Division Director of Community and Mental Health Services or designee and the Quality Assurance Branch, shall develop monitoring protocols.