

3.10 EMERGENCY/CRISIS SERVICES

3.102 23-Hour Crisis Observation, Evaluation, Holding, and Stabilization (Child/Adolescent)

Description of Services: This level of care provides up to 23 hours of care in a secure and protected, medically staffed, psychiatrically supervised treatment environment that includes continuous nursing services and an on-site or on-call physician. The primary objective of this level of care is for prompt evaluation and/or stabilization of children/adolescents presenting with acute psychiatric symptoms or distress. Before or at admission, a child psychiatric assessment is conducted and a treatment plan developed. As part of the planning, every effort should be made to involve the parents or legal guardian in the process unless such involvement is contraindicated. The treatment plan should place emphasis on crisis intervention and diversion services necessary to stabilize and restore the child/adolescent to a level of functioning that does not require acute hospitalization. This level of care may also be used for a comprehensive assessment to clarify previously incomplete patient information that may lead to a determination of a need for a more intensive level of care. This service is not appropriate for children/adolescents who by history or initial clinical presentation require services of an acute care setting exceeding 23 hours. Duration of services at this level of care may not exceed 23 hours, by which time stabilization and/or determination of the appropriate level of care will be made with facilitation of appropriate treatment and support linkages by the treatment team.

Criteria

Admission Criteria

All of the following are necessary for admission to this level of care:

1. Symptoms consistent with a DSM-IV-TR (Axes I-V) diagnosis likely to respond to therapeutic intervention.
2. Indications that the symptoms may stabilize and an alternative treatment may be initiated within a 23-hour period.
3. Presenting crisis cannot be safely evaluated or managed in a less restrictive setting.
4. The child/adolescent and/or parent or legal guardian is willing to sign-in voluntarily or the child/adolescent has been brought to the facility involuntarily in accordance with relevant State Statutes.

In addition to the above, at least one of the following must be present:

5. An indication of actual or potential danger to self as evidenced by serious suicidal intent or a recent attempt with continued intent as evidenced by the circumstances of the attempt, the child/adolescent's statements, or intense feelings of hopelessness and helplessness.
6. Command auditory/visual hallucinations or delusions leading to suicidal or homicidal intent.
7. An indication of actual or potential danger to others as evidenced by a current threat and the means to seriously harm or kill someone as a result of their psychiatric illness.
8. Loss of impulse control leading to life-threatening behavior and/or other psychiatric symptoms that require immediate stabilization in a structured, psychiatrically monitored setting.
9. Substance intoxication with suicidal/homicidal ideation and/or impaired judgment that puts the individual at risk to harm self or others.
10. The child/adolescent is experiencing a crisis demonstrated by an abrupt or substantial change in normal life functioning brought on by a specific cause, sudden event, and/or

	<p>severe stressor which is reasonably expected to diminish with immediate acute interventions</p> <p>11. The child/adolescent demonstrates a significant incapacitating or debilitating disturbance in mood/thought/or behavior interfering with ADLs to the extent that immediate stabilization is required.</p>
Psychosocial, Occupational, and Cultural and Linguistic Factors	<p><i>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</i></p>
Exclusion Criteria	<p><i>Any of the following criteria are sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> 1. The child/adolescent can be safely maintained and effectively treated at a less restrictive level of care. 2. Threat or assault toward others is not accompanied by a DSM-IV-TR diagnosis. 3. Presence of any condition of sufficient severity to require acute psychiatric inpatient, medical, or surgical care. 4. The primary problem is social, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting the criteria for this level of care. 5. Admission is being used as an alternative to incarceration.
Continuing Stay Criteria	<p><i>There is no continued stay associated with 23-hour observation. Children/adolescents must be transferred to a more/less intensive level of care.</i></p>
Discharge Criteria	<p><i>Any of the following criteria are sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> 1. Treatment plan goals and objectives have been substantially met, and/or a safe, continuing care program can be arranged and deployed. 2. The child/adolescent no longer meets admission criteria or meets criteria for less/more restrictive level of care. 3. Length of stay at this level of care has surpassed the program's maximum 23-hour length of stay, and a plan for continuation of services at another level of care has been established. 4. The child/adolescent, family, guardian and/or custodian are competent but non-participatory in treatment or in following the program rules and regulations. The non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues. In addition, either it has been determined that involuntary inpatient treatment is inappropriate, or a court has denied a request to issue an order for involuntary inpatient treatment. 5. Consent for treatment is withdrawn and either it has been determined that involuntary inpatient treatment is inappropriate or the court has denied involuntary inpatient treatment. 6. Support systems allowing the child/adolescent to be maintained safely in a less restrictive treatment environment have been thoroughly explored and or secured, including age appropriate transitional services when appropriate.