
**ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL**

Effective Date: April 9, 2015

Policy No.: I-0308

Psychiatric Hospitalization

Purpose To provide guidelines for psychiatric hospitalization for children who are the subject of Children and Family Services (CFS) intervention.

Note: This Policy and Procedure (P&P) does not apply to non-minor dependents (NMDs) participating in Extended Foster Care (EFC). Refer to CFS P&P [Extended Foster Care \(EFC\) \(J-0101\)](#).

Approved This policy was approved by Gary Taylor, Director of CFS, on April 9, 2015. *Signature on file.*

Most Recent Revision New. This P&P provides psychiatric hospitalization information that was previously contained in CFS P&P “Mental Health Treatment and Psychiatric Hospitalization for Children” (I-0303), now titled [“Mental Health Screening and Treatment” \(I-0303\)](#).

Background The Lanterman-Petris-Short (LPS) Act of 1967 (comprising Welfare and Institutions Code [WIC] Section [§] 5000 *et seq.*) ended all hospital commitments by the judiciary system except in the case of criminal sentencing (e.g., convicted sexual offenders), and those who are “gravely disabled.” The LPS Act created provisions and criteria for psychiatric in-patient holds.

The Children’s Civil Commitment and Mental Health Treatment Act of 1988 (WIC § 5585), created provisions and criteria for children for psychiatric in-patient holds, defined “grave disability,” and excluded specific conditions and behaviors from the definition of “mental disorder” for children.

In California, children and adolescents up to age 21 who are Medi-Cal beneficiaries and meet medical necessity criteria (as described in California Code of Regulations, Title 9, Chapter 11, §§ 1830.205 and 1830.210) are eligible for Early and Periodic Screening Diagnosis and Treatment (EPSDT) Rehabilitation and Specialty Mental Health Services. Included in those services are crisis stabilization and psychiatric hospitalization.

Definitions

For purposes of this P&P, the following apply:

Consent: Providing permission to receive health services. When provided by a child 12 years of age or older, this involves the ability to understand the information provided by a health care professional and to make a decision between treatment alternatives presented.

Emergency: A situation in which action to impose treatment over the person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the person or others, and it is impracticable to first gain consent. It is not necessary for harm to take place or become unavoidable prior to treatment.

Gravely Disabled Child: A child who, as a result of a mental disorder, is unable to use the elements of life which are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the child by others.

POLICY

Voluntary Psychiatric Hospitalization

Per Welfare and Institutions Code (WIC) Sections (§§) 6002.10 and 6004, children in the care and control of a parent or legal guardian may be voluntarily admitted to private and public psychiatric treatment facilities by the parent, legal guardian, or other person entitled to the child's custody.

Exception: Per Probate Code § 2356, a legal guardian appointed by Probate Court cannot place a child in a psychiatric facility against the child's will. Involuntary placement can only be obtained through a WIC § 5585 (involuntary hold) proceeding.

Per CFS policy, staff will not provide authorization for admission of a non-dependent child or a dependent child who is placed with a parent or legal guardian to a psychiatric facility.

Pursuant to WIC § 6552, a child in out-of-home care may request inpatient mental health treatment. The child's attorney will present the request to the Court on the child's behalf.

Per CFS policy, upon a child's request for inpatient mental health treatment, the assigned SSW will notify the child's attorney and parents or legal guardian via direct telephone contact no later than the next business day after receiving notice of the child's request for such service.

Parental Objection: A parent or legal guardian may object to the child's request for inpatient or outpatient mental health treatment. The assigned SSW will notify the child's attorney via direct telephone contact no later than the next business day after receiving notice of the parent's or legal guardian's objection to the child's request for mental health treatment. The child's attorney will request a court hearing on the matter.

A. **Authorization for Voluntary Treatment:**

The Juvenile Court may authorize a child's request for inpatient or outpatient voluntary mental health treatment if:

1. The evidence brought before the Juvenile Court demonstrates that the child suffers from a mental disorder which may reasonably be expected to be cured or improved by a course of treatment offered by the facility.
2. There is no other available program or facility that might better serve the child's mental health needs and best interest.

B. **Revocation of Consent for Voluntary Treatment:**

A child may revoke his or her request for in-patient voluntary mental health treatment at any time.

The assigned SSW will verify that:

1. The child has notified the mental health facility and/or his or her attorney that the child no longer agrees to accept voluntary treatment at the facility.
2. The mental health facility has notified the Juvenile Court of the child's request; if not, the assigned SSW will be responsible for notifying the Juvenile Court via an Ex Parte Application and Order.

The Juvenile Court may calendar a further hearing or a Placement Review hearing to order a new placement, and will notify all counsel and parties, including the assigned SSW, and the child's parent(s) or legal guardian.

If a hearing takes place, the child will be released to the jurisdiction of the Juvenile Court after the hearing unless the child has been placed on an involuntary hold, pursuant to WIC § 5585.50. Unless, per WIC § 6000(b), a child is a voluntary patient in a psychiatric facility and reaches the age of majority (i.e., 18 years) while hospitalized, he or she will be discharged. If the 18-year-old seeks additional hospitalization for continued care and treatment, he or she may apply for admission into the psychiatric facility as an adult.

Note: The assigned SSW will prepare a new or updated Dispositional/Status or Placement Review report summarizing the events that led to the child's admission to an inpatient treatment facility and subsequent request for discharge, and will make a recommendation to the Court concerning new placement options for the child and any other appropriate dispositional recommendations (e.g., case plan, visitation plan).

Involuntary Psychiatric Hospitalization

Per WIC § 5585.50, a child may be admitted to a psychiatric facility on an involuntary basis if the following criteria are met:

- The child, as a result of a mental disorder, is a danger to others, or to himself or herself, or is gravely disabled

–And–

- Authorization for voluntary treatment is not available

A peace officer, member of the attending staff of a designated evaluation facility, or designated member of a mobile crisis team may take the child into custody and place him or her in a county designated facility for 72-hour treatment and evaluation.

Per WIC § 357, the Juvenile Court, if in doubt as to whether a child has a mental disorder, may order pre-adjudicated children (both before and during the hearing on the petition), to undergo a 72-hour treatment and evaluation in an approved psychiatric facility.

WIC § 359 authorizes the Juvenile Court to order pre-adjudicated children to undergo a 72-hour treatment and evaluation if the child appears to be a danger to him or herself or others as a result of narcotic use.

Per WIC §§ 6550 and 6551, the Juvenile Court, if in doubt as to whether a child has a mental disorder, may order post-adjudicated children (i.e., the petition has been sustained), to undergo a 72-hour treatment and evaluation in an approved psychiatric facility.

Notifications: Per CFS policy, the assigned SSW will complete the following notifications no later than the next business day after receipt of notice that a dependent child placed in out-of-home-care has been admitted to a psychiatric facility:

- Child's parents or legal guardian via telephone contact whenever possible
- Child's attorney via telephone contact
- Juvenile Court via Ex Parte Application and Order to include the reason for the hospitalization (e.g., self-injury, etc.)
- Senior Social Services Supervisor (SSSS) via submittal of *Special Incident Report (F063-03-48)*
- Placement Information Change (PIC) Hotline. Refer to CFS P&P [Placement Change Notification \(K-0209\)](#)

Note: Per CFS policy, the assigned SSSS or Program Manager (PM) will be responsible for completing the required notifications in the event the assigned SSW is unavailable.

Evaluation for Psychiatric Hospitalization

Per CFS policy, if a pre-adjudicated or dependent child is transported to a medical facility to be evaluated for possible psychiatric hospitalization, but is not placed on a LPS hold, the assigned SSW will ensure that the child has appropriate adult supervision while the child is waiting and being evaluated at the medical facility. The SSW will consult with a SSSS and/or PM to identify alternative resources if the caregiver and/or assigned SSW are not available to provide supervision for the child.

If the medical facility requires an authorization to conduct the evaluation, the SSW will attempt to obtain authorization from the child's parent or legal guardian (if the Court has not restricted their right to consent to medical treatment for the child).

If the parent or guardian refuses to consent or cannot be located, the SSW will submit an Ex Parte Application and Order to request authorization from the Juvenile Court.

If, in the opinion of the treating health care professional, the child requires an immediate assessment, and a delay would compromise the child's safety and/or treatment needs, the following will apply:

- A. The child's parent or legal guardian, if not otherwise restricted by a court order, may consent to the evaluation (WIC §§ 369[f] and 369.5[f]).
 - B. The assigned SSW may provide primary consent for the evaluation (WIC §§ 369[d] and 369.5[d]).
 - C. Children age 12 years and older may consent to evaluation if they meet the criteria as outlined in Family Code (FC) § 6924:
 - The professional in charge believes the child is mature enough to participate intelligently in his or her treatment
- And–**
- The child would present a danger to him or herself or others without the treatment
- Or–**
- The child is an alleged victim of incest or child abuse

Note: Per CFS policy, if the medical facility requires a secondary consent in addition to the child’s consent, the assigned SSW may provide the secondary consent after obtaining supervisory approval.

Per CFS policy, the assigned SSW will notify the Court no later than the next business day whenever he or she provides primary or secondary consent for a psychiatric evaluation for a pre-adjudicated or dependent child. Notification to the Court will be completed by Ex Parte Application and Order.

If the child is subsequently admitted for psychiatric hospitalization, the assigned SSW will provide the necessary notifications as outlined above in Policy section “Involuntary Psychiatric Hospitalization.”

Note: Foster parents, relative caregivers, and non-relative extended family members (NREFMs) are not authorized to consent to a psychiatric evaluation for a pre-adjudicated, adjudicated, or dependent child as this type of medical intervention is not within the scope of “ordinary medical care” as defined in Health and Safety Code (HSC) § 1530.6.

Discharge Planning

A. **Dependent Children in Out-of-Home Care:**

When planning for a child’s discharge from a psychiatric facility, the assigned SSW will make reasonable efforts to safely return the child to his or her prior placement. Per CFS policy, the SSW will request a Placement Preservation Team Decision Making (TDM) meeting in the event of a potential disruption to the child’s placement (e.g., the child’s parent/legal guardian/out-of-home care provider is unable to accept return of the child after discharge). Refer to CFS P&P [Team Decision Making \(D-0308\)](#).

If it is determined that the current placement cannot be maintained, the assigned SSW will notify parties as outlined in the “Notice of Placement” Policy section in CFS P&P [Out-of-Home Placement \(K-0208\)](#).

B. **Non-Dependent Children:**

Per CFS policy, when a parent or guardian of a non-dependent child is unable or unwilling to accept return of a child cleared for discharge from a psychiatric facility, on non-detention referrals (e.g., Differential Response [DR] or Emergency Response [ER]), the responding investigating

DR/ER SSW may consider initiating a referral to the CFS Multidisciplinary Consultation Team (MDCT) by completing and submitting the *Orange County Social Services Agency Multidisciplinary Consultation Team Referral (F063-25-375)*. The MDCT staff, if available, may partner with the DR/ER SSW to work with the family to develop a plan for the child's care and supervision post-hospital discharge.

When interventions to develop an alternative placement plan are unsuccessful, the investigating SSW will contact Orangewood Children and Family Center (OCFC) Intake to:

- Advise of plan to file an *Application for Petition (F063-28-43)*
- Request the Court Evaluation and Guidance Unit (CEGU) assess for possible placement at OCFC
 - The investigating SSW will assist CEGU with arranging the assessment at the psychiatric facility

Note: OCFC admission requires administrative approval and additional mandates exist for children aged 12 and under. Refer to CFS P&P [Out-of-Home Placement \(K-0208\)](#).

Note: CEGU is available Monday through Friday from 7:30 AM to 5:00 PM. Authorization for a CEGU assessment to be completed beyond hours of operation requires administrative approval.

If secure transportation (e.g., ambulance) is indicated in order to safely transport the child to OCFC, the assigned investigating SSW will obtain authorization from his or her SSSS and/or PM.

When available, the investigating SSW will provide referrals to the child's parents or legal guardian to assist with recommended follow-up services that are necessary for the child's identified mental health treatment needs as outlined on the discharge plan/recommendations. The investigating SSW will obtain a copy and review the discharge plan; however, for a child under temporary custody, the investigating SSW should not sign any document where the signature line indicates that they are signing as the responsible party or patient representative of the child. The investigating SSW may sign items related to receiving/obtaining instructions/recommendations of a child's follow-up care. Should a facility require signature of a responsible party, the investigating SSW will seek Court authorization when parental

signature is unavailable. As needed, consult with SSSS and/or PM to determine if a hospital hold is necessary. Refer to CFS P&P [Abuse Investigations—Protective Interventions \(A-0414\)](#).

OCFC

Children placed at OCFC that require crisis mental health services and/or psychiatric hospitalization are referred to CEGU staff for assistance and evaluation. As needed, CEGU staff arrange for admission to a psychiatric facility, ambulance transportation, and complete the WIC § 5585 forms for involuntary hospital admission.

OCFC staff will notify the assigned SSW and the child's parent/guardian when a child is admitted to a psychiatric facility.

The assigned SSW will provide other necessary notifications as outlined in Policy section "Involuntary Psychiatric Hospitalization."

Upon notification from the psychiatric facility that a child has been approved for discharge, the assigned SSW will contact OCFC Intake and request assessment services from CEGU. CEGU staff will assess the child to determine if continued placement at OCFC is appropriate and can meet the child's identified emotional and behavioral needs and services.

Note: CEGU is authorized to conduct assessments at all county contracted psychiatric hospitals/facilities, including Los Angeles County. For other out-of-county psychiatric facilities, administrative authorization is required.

When a child will be returned to OCFC upon discharge from a psychiatric facility, the assigned SSW will make reasonable efforts to arrange for the child's transportation from the psychiatric facility back to OCFC. If the arrangements cannot be made in a timely manner (i.e., the child will be transported back to OCFC the same day upon hospital discharge and CEGU clearance), the assigned SSW will make arrangements with OCFC staff to transport the child back to OCFC.

If the child is unable to return to OCFC upon discharge from the psychiatric facility, the assigned SSW will confer with CEGU staff regarding placement recommendations. The assigned SSW will consult with his or her SSSS and PM (as appropriate) concerning the recommended placement options. Refer to CFS P&P [Out-of-Home Placement \(K-0208\)](#).

Court Report Documentation

The assigned SSW will include information concerning the child's mental health needs and services via the appropriate court report for the next scheduled Status Review or Progress Review hearing.

CWS/CMS Documentation

Information pertaining to a child's psychiatric hospitalization will be documented in the child's Health Notebook in CWS/CMS.

For information on data entry of mental health services, refer to [CWS/CMS Data Entry Standards—Health and Education Passport](#).

When a child is admitted to a psychiatric facility, the Existing Placement Notebook will be updated to document the episode of the child's non-foster care placement.

For information on creating a non-foster care placement, refer to [CWS/CMS Data Entry Standards—Non-Foster Care Placements](#)

Filing

Psychiatric hospitalization records obtained by the assigned SSW will be filed in the child's referral or case file. Refer to CFS P&P [Referral and Case Filing \(E-0102\)](#).

REFERENCES**Attachments and CWS/CMS Data Entry Standards**

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- [CWS/CMS Data Entry Standards—Health and Education Passport](#)
- [CWS/CMS Data Entry Standards—Non-Foster Care Placements](#)

Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on the link provided.

- CFS P&P [Extended Foster Care \(J-0101\)](#)
- CFS P&P [Mental Health Screening and Treatment \(I-0303\)](#)
- CFS P&P [Placement Change Notification \(K-0209\)](#)

- CFS P&P [Team Decision Making \(D-0308\)](#)
- CFS P&P [Out-of-Home Placement \(K-0208\)](#)

Other Sources

Other printed references include the following:

None.

FORMS

Online Forms

Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name	Form Number
Special Incident Report	F063-03-48
Orange County Social Services Agency	F063-25-375
Multidisciplinary Consultation Team Referral Application for Petition	F063-28-43

Hard Copy Forms

Forms that may be completed in hard copy (including multi-copy NCR forms) are listed below. ***For reference purposes only***, links are provided to view these hard copy forms, where available.

Form Name	Form Number
None.	

CWS/CMS Forms

Forms that may **only** be obtained in CWS/CMS are listed below. ***For reference purposes only***, links are provided to view these CWS/CMS forms, where available.

Form Name	Form Number
None.	

Brochures

Brochures to distribute in conjunction with this policy may include:

Brochure Name	Brochure Number
None.	

LEGAL MANDATES

[Welfare and Institutions Code \(WIC\) Section \(§\) 357](#) authorizes the Juvenile Court before or during the hearing on the petition to order a child to be held temporarily in a psychiatric facility for observation to determine if the child is or may be mentally ill, and for recommendations concerning the future care, supervision, and treatment of the child.

[WIC § 359](#) authorizes the Juvenile Court during the hearing on the petition to order a child to undergo a 72-hour treatment and evaluation in a psychiatric facility to determine if the child is a danger to him or herself or others as a result of the use of narcotics or restricted dangerous drugs.

[WIC §§ 369 \(d\) and 369.5 \(d\)](#) provides circumstances under which a social worker may authorize emergency medical, surgical, dental, or other remedial care for children taken into temporary custody, pre-adjudicated, or declared dependents of the Juvenile Court.

[WIC §§ 369 \(f\) and 369.5 \(f\)](#) affirms a parent's or legal guardian's right, in the absence of any court restriction, to consent on behalf of their child, to medical, surgical, dental, mental health, or other remedial treatment (children taken into temporary custody, pre-adjudicated, or declared dependents of the Juvenile Court).

[WIC § 5000](#) *et seq.*, also known as the Lanterman-Petris-Short Act, provides criteria for involuntary psychiatric hospitalization, defines "gravely disabled" for adults, and stipulates that children between the ages of three years and 18 years will have an aftercare plan upon being discharged from a state hospital.

[WIC § 5585](#) *et seq.*, also known as The Children's Civil Commitment and Mental Health Treatment Act of 1988, provides criteria for involuntary 72-hour evaluation and treatment and aftercare plans for children, and defines "gravely disabled" and "mental disorder" for children.

[WIC § 6000\(b\)](#) provides criteria for voluntary admission of non-dependent children to state hospitals for mental health care and treatment; authorizes non-dependent children who are voluntary admissions to be discharged from a state hospital, private psychiatric facility, or public psychiatric facility when they reach the age of majority (i.e., 18 years), and allows them to apply for care and treatment in the hospital or facility as an adult.

[WIC § 6002.10](#) provides criteria for voluntary admission of non-dependent children to private psychiatric facilities.

[WIC § 6004](#) provides criteria for voluntary admission of non-dependent children to public psychiatric facilities.

[WIC §§ 6550 and 6551](#) authorizes the Juvenile Court to order an adjudicated (i.e., the petition has been sustained) child to undergo a 72-hour treatment and evaluation in a psychiatric facility to determine if the child is or may be mentally ill.

[WIC § 6552](#) authorizes a child within the jurisdiction of the Juvenile Court to request inpatient or outpatient mental health services.

[Family Code \(FC\) § 6502](#) provides the definition for “age of majority”, which references individuals 18 years of age and older

[FC § 6924\(b\)](#) provides criteria for allowing children 12 years and older to consent to outpatient mental health treatment or counseling, and residential shelter services

[Health and Safety Code \(HSC\) § 1530.6](#) authorizes out-of-home caregivers to provide consent for children in their care to receive ordinary medical and dental treatment, including, but not limited to, immunizations, physical examinations, and X-rays

[Probate Code § 2356](#) places restrictions on a probate guardian’s ability to consent to experimental drugs, in-patient psychiatric hospitalization, and electro-convulsive treatment for a ward under the guardian’s care.

[California Code of Regulations \(CCR\) Title 9, §§ 1830.205 and 1830.210](#) specifies medical necessity criteria for mental health plans (MHPs) reimbursement of Medi-Cal Specialty Mental Health Services.

[CCR Title 22, § 51184](#) provides definitions relating to the EPSDT Program.