

**Ventura County, CA
Emergency Numbers**

- ♥ **CIRT** **866 431 2478**
(Children's Intensive Response Team)

- ♥ **911** (violent behavior, weapons, runaways, drugs)

- ♥ **Child's Therapist Emergency #** _____

- ♥ **Psychiatrist's Emergency #** _____

- ♥ **Insurance Company #** _____
Policy _____ **Group** _____

- ♥ **United Parents 805 384 1555**
Parent/peer support, advice, and workshops
805 551 0472 after hours advice (non-emergency)



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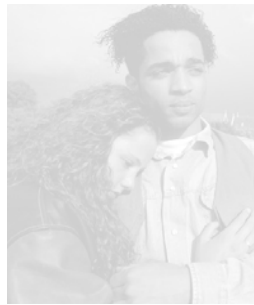


A Parent's Guide to 5150 Hospitalizations Of Children

Questions & Answers



United Parents is a parent run non profit. We are an organization that advocates for and supports families raising children with emotional, behavioral and mental disorders.



If you are reading this brochure, your child has probably been taken to a psychiatric hospital on a “5150 Hold”.

It can be very confusing and frightening for you, your family, and child. Many of us have also experienced emergency psychiatric hospitalizations of our child. Your child is troubled and needs help. You need to be strong and clear about your child’s recovery. Hopefully, this booklet gives you some information to help you understand a very complex situation.

Each county, state and hospital has their own protocols. All must comply with federal, state and county regulations. This brochure is meant to answer some of the most common questions asked by parents.

This is not intended as a legal document or the definitive medical definition of all procedures and protocols. (This is a disclaimer - we’re not attorneys or doctors— we’re parents!)

Coming Home. . .

What should I do to prepare for my child to come home? It is important for you to have a **safety** plan in place when your child comes home. Whatever triggered your child’s erratic behavior may occur again. CIRT, the hospital, and your therapist will help you with this.

- Make sure you have been in touch with your child’s therapist to advise them of the hospitalization, the circumstances leading to the hospitalization, a plan of action for you and your family, and an *immediate* appointment once your child is home. It is important that all family members are a part of this plan.
- Verify or set up an appointment *prior to discharge* with your child’s psychiatrist to review medication and treatment.
- Advise your child’s school of the circumstances and make sure a safety plan is in place at the school for your child’s re-entry to school. Provide the school with a copy of Discharge papers, showing the dates of the hospitalization, so the absences are legally noted as well as school credits issued (for extended stays).
- Give your child some time to adjust to being home. Plan some low-key evenings your child might enjoy. Let them tell you of their experience. Was it helpful? Did anything help them? This is a great time to learn what works, how the hospital assisted your child, if they attended school (*get credits for hours*), how staff interacted with your child. This is important to know if future hospitalizations occur. Getting to know staff and how they work will make things a bit easier for you.
- In Ventura County, contact CIRT **866 431 2478** for follow up. They may have already contacted you. They will help you with a safety plan for your home and follow up with you for 30 days. They will provide you with local resources that will also help support you.
- Discuss with everyone whether there are additional services that might help your child (anger management classes, social skills, increasing frequency of therapy, Parent Support Groups or seminars.) Take advantage of this help!

If at any time you have serious concerns that your child is unstable, you can call CIRT to de-escalate the situation. If drugs are involved, take them to a local hospital emergency room first. Once they are “medically cleared” CIRT or a psychiatric hospital can evaluate them for voluntary or involuntary admission (provided they are safe to transport).

**How will my child be discharged from the hospital? (Continued)**

Your child's personal belongings will be returned to you along with any prescriptions you will need to fill. This prescription is only for a temporary supply. It may be changed or renewed during the scheduled follow up visit with your child's personal psychiatrist.

What are the costs of a 5150? Like all hospitalizations, the parents or guardians will be responsible for the expense of treatment. If the child is a foster child or ward of the court, MediCal or public insurance will be charged. However, children receiving mental health services with their education (CH26.5) are not entitled to free services because of this designation. The expense of their treatment will be covered by whatever insurance the parent or Guardian has. It is important to realize that the hospital OR the psychiatrists may not be part of your insurance network. This will affect cost, percentage of coverage, and result in separate billings. Call your insurance company to ask.

There will also be a cost if an ambulance is used to transport your child. Be sure to give all of your insurance information to CIRT and the hospital.

Speak to the hospital's financial department for details, a payment plan, or financial assistance.

Crisis services are usually covered by insurance.

Legal Ramifications? If a child is involuntarily hospitalized, there are legal issues that can follow them—being denied gun permits, follow up by governmental agencies for terrorist threats/actions, etc. Check the law to understand how a 5150 may impact your child.

In Ventura County, children's crisis is handled by **CIRT, Children's Intensive Response Team**. If a child escalates (becomes out of control), the best course of action is always **prevention**—removing the cause of the problem. Calling CIRT is often enough to calm a child. They will do a safety plan to help avoid future problems.

We hope this pamphlet proves helpful to you during a very trying time. For specific details on the hospitalization, we suggest you call the hospital directly. For continued support, strategies and ideas about supporting your child's recovery, feel free to call us. Good Luck.

What is a 5150?

A 5150 is the Welfare and Institutions code that refers to a legally sanctioned 72-hour psychiatric hold placed by authorized persons to assess and obtain involuntary treatment for an adult person who is suspected to be a "danger to him/herself", "danger to others", or "gravely disabled". For minors, however, the correct code is actually a "5585". For purposes of this pamphlet, and because it is commonly used, we will refer to the "5150" code.

Who can place your child on a 5150?

The only persons authorized to place someone on a 5150 hold are sheriff/police officers and crisis staff as designated by the County Mental Health Director, often members of the County Crisis Team and CIRT.

Who Can Break a 5150 Hold?

Once admitted, only a licensed psychiatrist may break a psychiatric hold after doing a specified evaluation and assessment of your child.

What happens next?

If, after the 72 hour hold is up, the child is still considered to be a “danger to him/herself”, “danger to others”, or “gravely disabled”, a hearing with a judge and patient advocate will be held to “hold over” the child for additional assessment, treatment and planning (called a ‘5250’). Again, this is a legally sanctioned hold that can only be released by a licensed psychiatrist designated by the County Mental Health Director.

When help arrives. . .

- Calmly advise all emergency staff of what is happening.
- Tell CIRT or police of any prescriptions, drugs, etc. your child may be prescribed or have taken illegally.
- Follow the lead of the emergency staff. Give them room.
- Take business cards, or write down all contact numbers .
- If your child is going to be taken to a hospital, you may want to include an extra pair of jeans, t-shirt, or socks in a shopping bag. Mark their name on labels. Do not include valuables, breakables or technological devices.
- If you child has piercings, they are best left at home with any jewelry or valuables.

A therapist will meet with your child. Group therapy is also utilized in most hospitals. Some hospitals also utilize Art Therapy, substance abuse groups, Occupational Therapy, etc. The nurses and staff will encourage and monitor your child.

Can the hospital use restraints on my child?

All hospitals prefer to avoid the use of restraints. They are trained to de-escalate a child whenever possible. Emergency medication may be used to help calm or contain a child. Since the safety of your child and others is a primary goal, however, some restraint may be used (physical or prescription) in order to minimize any danger or further escalation.

What do I do if I have a complaint?

A call or appointment with the hospital administrator would be your first step. The [Patient Rights](#) booklet also gives you information. If that is not satisfactory, you may contact a Patient’s Advocate or follow the procedure listed in the [Patient Rights](#) booklet.

How will my child be discharged from the hospital? You may be asked, or you may ask to meet with the Case Manager or Social Worker at the hospital before your child is released. Ask questions. You will be advised of what strategies, medications and follow up will be necessary.

Make sure you have a safety plan in place (CIRT will work with you on this). Most hospitals may arrange for an appointment with your child’s regular psychiatrist prior to discharge. If your child does not have a psychiatrist, you may be given some referrals. Check with your insurance company.

Can I visit my child in the hospital?

Absolutely! Your participation with your child while hospitalized will be important in your child's stabilization and recovery. Most hospitals will arrange for family therapy, invite you to a family night, and will ask you to come and visit. Only bring items allowed (ask), a written brief history of your child, and signed hospital papers. You will be given copies of paperwork and a Patient Rights booklet.

In the event of an emergency during your visit all visitors will be asked to leave the hospital immediately. This is a psychiatric hospital and occasionally a child may 'melt down' or go out of control. In order for hospital staff to keep everyone safe, visitors are required to leave immediately so staff can insure the safety of all the children and quickly control the emergency.

What treatment will my child receive?

Call them and ask what will happen. Usually, a Case Manager (possibly a social worker) will track your child's progress. They will help gather together a complete medical history of your child. Your information and the history on your child will be critical.

A psychiatrist will meet with your child for evaluation to determine diagnosis, medication adjustments, and recommend a course of action. The psychiatrist will call you to discuss this. It will be critical to report what medications have been or have not been helpful to your child.



What does this mean?

It means that even if you disagree with the "hold", you have no legal right to remove the child from the hold.

When does a 5150 occur?

When a child displays dangerous behaviors, a teacher, counselor, police officer or you the Parent/Caregiver may call CIRT for help. Often, they can de-escalate your child and calm the situation. This is the ideal solution.



A preliminary evaluation is done to determine if the child is a "danger to him/herself", "danger to others", or "gravely disabled". Has the child hurt themselves or attempted to hurt someone else? Does the child have a plan to hurt themselves or someone else? Is the child exhibiting "psychotic" or irrational behaviors that cannot be explained?

If it is determined that hospitalization is required to keep a child safe, CIRT may call an ambulance to transport the child to the nearest hospital for further evaluation. Some police officers will transport a child directly. However, if the child is safe to transport, the parent may drive the child to the hospital and have them assessed. If the assessment meets above criteria, the hold may be written by a clinician at the hospital. You will sign papers to admit them *voluntarily* for treatment.

Generally, voluntary hospitalization is best, less traumatic and has fewer legal complications (see page 10).

Where will my child be taken?

If your child requires hospitalization, there is a delay while CIRT tries to find an appropriate bed. This is called “brokering a bed”.

Availability, age restrictions, insurance coverage are all considerations in looking for a safe, appropriate hospital bed.



Laws regulate that a younger child cannot be placed in a psychiatric hospital with teenagers, or teenagers with adults. Most hospitals have separate wings for each, but currently in Ventura County, no local hospitals can house a child under 12. (They may be transported to

LA, Orange, or San Diego counties.)

CIRT will remain with you and your child while they try to find a bed. If the child is suspected of taking unauthorized drugs or alcohol, they must first go to the local hospital emergency room for “medical clearance” before admission to a psychiatric hospital. Again, it is best if you can transport your child to the emergency room. CIRT can meet you there.

If no psychiatric beds are available, your child may be placed temporarily in a separate section of a psychiatric hospital with adult supervision (they stay with your child). They keep them safe and calm. A psychiatrist may visit your child to do a brief assessment, maybe a social worker will visit.

Other than administering required medications (if the child has prescriptions and staff has your permission) your child will not receive other treatment at this temporary location. Their job is to keep the child safe and secure until an appropriate bed is available. You may be contacted immediately or should feel free to call and follow up within a couple of hours of your child’s admission. You may also be contacted by local resources who assist the hospital with youth and families during this difficult time.

If your child improves before an appropriate bed elsewhere is found, the psychiatrist may recommend discharge before your child is transferred to an age appropriate hospital.

What happens once my child is transported to an appropriate hospital?

Whether you take your child or they are transported by ambulance or police, your child will go through admissions. All jewelry, piercings, possessions, shoe laces, or other items that might be used in a harmful way (‘contraband’) will be removed and placed in a locked cabinet or safe and will be returned to your child when they leave.

A staff will do an intake, taking all relevant information available (from you, or CIRT). If you are not present, you will be contacted to provide additional information, sign papers, and arrange for an appointment. Again feel free to call the hospital (give them a couple hours to settle the child in) to find out who will be managing their care, what procedures are, and when you can visit. Your child will be provided with their Patient Rights and the rules and regulations of the hospital. They will be given a schedule of activities which may include schoolwork.

Can I talk to my child when they are in the hospital?

Yes! Your child has the right to make phone calls to you. The hospital will give you a phone number and recommended times for you to call (so it does not interfere with activities, therapy or school).

Please understand, however, that if your child is still agitated, acting out, or considered ‘at risk’, phone calls may be limited due to safety protocols. You can, however, always call in and check with staff to see how your child is progressing.

