



Laurel Heights Hospital Child & Adolescent Specialty Acute Unit

Program Overview and Admission Criteria

Overview

The Acute Program is specifically designed to provide inpatient psychiatric stabilization and treatment for children and adolescents ages 7-17 who present with comorbid autism or other neurodevelopmental disorders.

Staffing

The program is managed by a Board Certified Child and Adolescent Psychiatrist and Board Certified Behavior Analyst (BCBA). The treatment team also includes nurses, licensed therapists, BCBAs, certified recreational therapists, a certified special education teacher, consulting psychologist, consulting doctoral level board certified behavior analyst (BCBA-D) speech and occupational therapists, and mental health technicians.

Program Goals

The primary objective of treatment is to quickly stabilize the symptoms that led to hospitalization, including severe self-injury, suicidal behavior and/or severe aggression. Our second objective is to more thoroughly evaluate a broad range of factors that contributed to the current crisis and implement treatment interventions that can translate to the community.

Admission Criteria

- Imminent and significant risk of harm, including major aggression, suicidal behavior, self-injury, etc.
- Diagnosis of a presenting psychiatric illness with a comorbid Autism Spectrum Disorder (ASD) or related neurodevelopmental disability.
- Failure at other treatment levels OR a physician consultation indicating a condition which precludes safe treatment in a less restrictive setting or at a lesser level of care.
- Symptoms and behaviors require 24- hour continued monitoring and assessment.

Call Admissions: 800.634.KIDS



LAUREL HEIGHTS
H O S P I T A L

Child & Adolescent Specialty Acute Unit



Specializing in stabilizing acute psychiatric crises in children and adolescents severely affected by Autism and other neurodevelopmental disorders

**Call Admissions at 404.888.5475
or
800.634.KIDS**

Admissions 7 days/week

When you call, we will ask you to provide the following information:

- 1) Patient demographic
- 2) Date, time and reason patient was brought to the ER/hospital
- 3) Clinical presentation (depressed/suicidal/homicidal/psychosis, etc)
- 4) What treatment was given at ER/hospital
- 5) Patients must have medical clearance
- 6) Fax the following to 404.888.6000
 - a. Labs
 - b. Face sheet
 - c. Copy of insurance card
 - d. ER notes/physician assessment
(1013 if applicable)
 - e. Mental Health Assessment
- 7) Provide contact information for RN to RN

