



View Point Health

View Point Health – Child & Adolescent Crisis Stabilization Unit

CSU Scope:

- Onsite Crisis Assessment and Stabilization
- MH & SA Crisis Stabilization for adolescents

Philosophy:

We believe that a crisis occurs when an individual's usual coping skills become overwhelmed. During these acute events, we are committed to provide rapid and flexible response focused on restoring equilibrium for the client experiencing the crisis and for the members of their family/support system. Through crisis intervention services, pharmacotherapy, psycho-education, acquisition of therapeutic skills, psychiatric intervention, and 24/7 residential services individuals with behavioral health illness and substance abuse learn to effectively deal with the crisis and to cope with the effects of their illness. An interdisciplinary team approach is used to provide the services as indicated by the client's needs, strengths, and preferences.

- We work in collaborative partnership with individuals and their families:
We believe that periods of crisis are inherently difficult for family members and others who are supporting the client actually experiencing the crisis. Successful crisis stabilization rarely occurs in isolation from a client's support system. We are committed to working in a collaborative partnership with clients, their families and other members of their support systems to stabilize the crisis in the least intrusive or restrictive manner possible always taking into account their unique cultural, ethnic, and personal characteristics.
- We focus on individual and family strengths to create solutions:
Our service approach is strengths based and person centered, building client and the family's strengths and resources to develop achievable solutions. By promoting a mutually respectful, collaborative partnership we empower clients and their families to manage their own path to individual and family resiliency.
- We promote continued support for the clients and family's resiliency:
We understand that individuals who experience a crisis may need additional community based supports to return to their prior level of functioning. We actively work to ensure that client and families access the services that they see as most useful to achieve their stabilization goals.
- We hold ourselves accountable:
We recognize that "helping systems" can reinforce unhelpful behavior patterns as well as support positive change. We continually reflect on the impact of our own attitudes and interactions on the clients and families we seek to serve. We continually strive to improve our ways of offering support and interventions.



View Point Health

Program Description - Child & Adolescent Crisis Stabilization Unit

It is the policy of View Point Health to operate high quality, effective programs in compliance with the established Rules and Regulations of the contracting agency, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), and the accrediting body, the Commission on Accreditation of Rehabilitation Facilities (CARF). Child and Adolescent Crisis Stabilization services are designed to support the well-being of the youth served; build resilience through skill acquisition; and support the integration of the youth back into the community.

Description:

The Child and Adolescent Crisis Stabilization Unit, herein after referred to as the CSU, is a medically monitored, short term stabilization treatment facility that provides psychiatric stabilization adolescents, who demonstrate emotional dysregulation and/or have substance related disorders. The CSU serves as a first-line community-based alternative to hospitalization. The CSU is designated as an Emergency Receiving and an Evaluating Facility, and is NOT a treatment facility designated by the DBHDD to receive individuals for involuntary commitment for treatment. The CSU provides emergency receiving, screening, and evaluation services 24- hours a day, seven days a week, and has the capacity to admit and discharge seven (7) days a week. The CSU is a safe, locked unit with sixteen (16) beds. The CSU provides services that are under the direction of a licensed, trained and qualified psychiatrist. A psychiatrist is on-call 24-hours a day; rounds are made on the unit seven (7) days a week. The goal of the program is to stabilize youth in the least restrictive environment, to assist in crisis stabilization by providing a comprehensive treatment plan utilizing the youth's and/or family's strengths, natural supports and community resources.

The Clinical Program of the CSU is based upon the principles of Dialectical Behavioral Therapy (DBT). The primary approach of DBT treatment is to support the youth with the DBT specific clinical strategy of acceptance and change. The CSU provides a learning environment in a group setting. The groups will help the youth to identify the behavioral responses that were problematic leading to admission. The groups also teach DBT Crisis Stabilization Distress Tolerance Skills. These skills assist the youth in making necessary changes to manage stress/distress before it becomes a crisis. During their stay, the treatment plan is for the youth to identify which specific DBT Crisis Stabilization Distress Tolerance skills would provide a more effective behavioral response in the future.

Additionally, the CSU utilizes a Seven Challenges informed approach as a treatment module for Adolescents and young adults who have substance use problems, co-occurring mental health issues, trauma, and family issues. The goals of the treatment we apply which are appropriate to the acute level of care are to decrease drug use, improve overall mental health and increase awareness of past and present issues and then take control of their lives and move past challenges.



Target Population:

The target population to be served is adolescents ages 14 to 17 from anywhere in the state of Georgia who require psychiatric or behavioral stabilization and/or detoxification. The CSU does not discriminate in its admission decisions based on race, color, ethnicity, national origin, social status, religion, gender, sexual orientation, or handicap.

When an emancipated minor presents for service, the CSU assesses the adolescent's life circumstances to determine if the individual is more appropriately served in an adult environment, and if so, will assist in transferring the individual to the appropriate provider.

For those youths presenting at high risk of suicide or intentional self-harm, the CSU has appropriate policies and procedures for identifying and managing these behaviors.

Staffing:

Program services are provided under the medical direction of a Board Certified psychiatrist and a full-time Nursing Administrator. The physician need not be required to be on-site twenty-four hours a day; however the physician must respond to staff calls immediately, (delay not to exceed one hour).

Registered Nurses are present within the CSU 24 hours, seven (7) days a week and a charge nurse is designated. There is a minimum of one Registered Nurse (RN) present on the unit per sixteen (16) beds. Licensed Practical Nurses (LPNs) are utilized to provide support to the RNs by performing duties.

At all times there is a minimum of three (3) staff present, including the Charge Nurse (RN). If the charge nurse is an APRN, then he/she may not simultaneously serve as the accessible physician during the same shift. The ratio of nursing staff to youths increases on the basis of the clinical care needs of the youths on the unit, including required levels of observation for high risk.

Additional unit staff includes masters level clinicians, Behavioral Intervention Specialist, Mental Health Technicians, Dietary staff, and administrative staff. The functions performed by staff whose practice is regulated or licensed by the State of Georgia are within the scope allowed by state law and professional practice acts.

Minimum staffing ratios are 1 staff for 4 youths (1:4); this staffing includes the charge nurse. If a nursing staff is assigned 1:1 support role, then he/she is not counted in the 1:4 ratio. Staff are not used in a proxy caregiver role; a proxy caregiver is an individual who performs auxiliary services in the care of others when such care and activities do not require the knowledge and skill required of a person practicing nursing as a registered professional nurse and when such care and activities are performed under orders or directions of a licensed physician or person licensed to practice nursing. Proxy caregivers are prohibited from providing services in the CSU.



View Point Health

Services/Program Offering:

Services are age appropriate and designed to meet the needs of each youth. The primary objective of crisis stabilization services is to promptly conduct a comprehensive assessment of the youth and develop a treatment plan that offers crisis intervention services to stabilize the youth to a level of functioning which requires a less restrictive level of care. The CSU assists the youth and families/caregivers in providing education of signs and/or symptoms of illness and relapse prevention strategies.

Academic Support is offered through the DeKalb County School Board. A request for individualized Academic Support can be made by the Guardian. In this case, an attempt by the DeKalb County School Staff to work with youth's teacher(s) from the youth's individual school will be made.

Duration of CSU services for any one episode of care should not exceed twenty-nine (29) calendar days, by which time a determination of the appropriate level of care will be made and facilitation of appropriate linkages will be coordinated by the CSU treatment team. Residential detoxification services offered within the CSU. Should a youth require transfer to a different level of care, the treating physician makes the determination as to the time and manner of transfer so as to ensure no further deterioration of the youth during the transfer between facilities; benefits expected to be gained by the transfer are specified in the youth's record.

Family/Youth and Community Collaboration:

The CSU is committed to collaboration with the youth, as age appropriate, and the family/support network in all aspects of services, always taking into account their unique cultural, ethnic, and personal characteristics. Ongoing and open communication with family, natural supports and community-based colleagues is critical in assisting the youth to live safely and successfully in the community. Members of the "community" identified by the family are encouraged to participate in the stabilization and discharge process. These members include, but are not limited to: Behavioral Health Providers, Department of Family and Children Services, Department of Juvenile Justice, Department of Education or local school systems, police, faith community, neighbors, relatives, recreation or community programs, and employers.

Referral Process/Admission Criteria:

Referrals are received from Georgia Crisis and Access Line, hospital emergency rooms, mobile crisis teams, DBHDD core providers, and other community partners. Youths are admitted on either an involuntary or voluntary basis.

The admission criteria are:

- Youth between the ages of 14-17
- Youth has a moderate - severe behavioral health illness/disorder
- Youth experiencing a severe situational crisis which has significantly compromised safety and/or functioning



- For withdrawal management services, youth meets admission criteria for Medically Monitored Residential Withdrawal Management

Payers Sources and Fees:

Medicaid, CMO- CareSource, Cenpatico, Wellcare, and State Contracted Services cover costs related to CSU admissions and continued stay based on medical necessity criteria. Clients complete a financial application upon VPH enrollment and this application is updated annually or as needed to determine client's eligibility to receive State Contracted Services (SCS) funding.

Clinical Exclusions:

- Youth is not in crisis
- Youth does not present to be a risk of harm to self or others and is able to care for physical and safety needs
- Severity of clinical/medical issues precludes provision of services at this level of care
- Traumatic Brain Injury

Discharge Planning/Criteria:

Discharge planning begins at admission and continues throughout treatment to ensure continuity of care. Discharge is recommended when the youth's crisis situation has been resolved and an adequate continuing care/discharge plan has been established or the youth does not stabilize within the evaluation period and must be transferred to a higher intensity service.