

AGENCY NAME - Crisis Stabilization Services

Program Statement

Crisis stabilization services are provided to children and adolescents ages 6-17 that have symptoms and current presentation that requires skilled professional staff to address their needs. Crisis Stabilization services will be provided by the program for a maximum of 5 days. This service is designed as an intervention that seeks to stabilize the child and/or family's situation when the current crisis situation warrants the additional level of service as noted above.

Program Notification

Child Placing Agencies with a history of making referrals to the provider agency will be notified that Crisis Stabilization Services will be provided within the facility. New referring agents will be notified of the provision of Crisis Stabilization Services.

Referral Process

Step 1: The community-based crisis services provider (county or agent of the county) will complete a crisis assessment that includes a response plan.

Step 2: If the consumer's response plan includes the need for voluntary crisis stabilization services, then the entity completing the crisis assessment will provide clinical information to the stabilization provider in order for the provider to determine medical necessity and appropriateness for the voluntary crisis stabilization services at their facility. Note: The county and guardian authorize the use of the voluntary crisis stabilization services.

Step 3: At the time of referral contact, the crisis stabilization provider will complete an admission screening (gather clinical information) to determine client's appropriateness for the crisis stabilization services. Additionally, clients will be admitted based on their compatibility with current residents in the program to ensure that each individual's needs can be met by the program. The program must provide staffing to meet the needs of the child.

Admissions

Children considered appropriate for the crisis stabilization services are youth between the age of 6 and 17.

Stabilization services are short term, intensive services to children undergoing a mental health crisis and used to stabilize a child's behavior. The stabilization services shall be provided with the purpose of achieving one or more of the following outcomes:

- a. Reducing or eliminating an individual's symptoms of mental illness so that the person does not need inpatient hospitalization.
- b. Assisting in the transition to a less restrictive placement or living arrangement when the crisis has passed.

Medicaid Guidelines indicate that the following factors support continued Crisis Stabilization services:

- Continued risk of self- harm
- Continued risk of harm to others
- Impaired functioning due to symptoms of mood and / or thought disorder
- Recent failure of less restrictive options (independent living, community support program, group living)
- Lack of available /effective supports (including family) to maintain functioning and safety (e.g. “If supports are withdrawn, the person would be at high risk for relapse which would lead to more restrictive placement”)
- Need for intensive monitoring of symptoms and/or response to recent medication change
- Recent history of the above that supports the belief that if supports are withdrawn risk for more restrictive setting would be imminent

Note: The provider’s documentation should support the above. If the consumer does not meet one of the above, then interventions should be coded as “non-billable”.

The completed documentation will be placed in the client chart.

Additionally, clients will be admitted based on their compatibility with current residents in the program to ensure that each individual’s needs can be met by the program.

AGENCY NAME Program Director, Assistant Director, or a specifically assigned supervisor shall review potential resident’s referral information. If the information does not contain or clarify treatment issues/presenting problems adequate to determine appropriateness for crisis stabilization services, the referring agent will be contacted for this information. In some cases, a representative of the AGENCY NAME program may be required to interview potential referrals to finalize a determination.

During the referral process all pertinent medical information should be included in the social history gathering process. Records regarding significant medical, behavioral, dietary or emotional concerns, as well as current medications will be gathered and referenced at the time of admission. This information is included in the stabilization packet provided by the county to the child and his/her guardian. The child and his/her guardian shall complete an admissions agreement for crisis stabilization services. This agreement shall evidence informed consent.

A medication sheet will be completed at intake for all medications the client is currently taking, including psychotropic and over-the-counter medications. The sheet must include the following information: the name of the resident, the current month and year, the name and strength of the medication, times given. A signature at the bottom of all medication sheets is also required. A “Medical Health Record Face Sheet” will be completed for each resident.

Clients admitted to the AGENCY NAME program for crisis stabilization services will be screened by qualified staff using a suicide risk assessment. Other services may be accessed based on individual and family needs.

Crisis Stabilization Admissions Paperwork

The community-based assessment completed by the county or their agent will assess the child's immediate behavioral and mental health needs.

The specific admissions forms completed will identify that the child is being admitted for crisis stabilization services.

AGENCY NAME staff shall ensure that all of the following forms are completed by parent/guardian prior to the intake of a child into the respite services program.

Voluntary Crisis Stabilization Admissions Agreement will cover the following:

- Guardian responsibility for the costs of the Stabilization Services
- Informed Consent
- Patient Rights
- Consent to participate in services
- Medical Services and Emergency Consent
- Medication Distribution Consent
- Current medications in their original container

Stabilization Services Face Sheet will cover the following:

- Necessary contact information
- Medical history/ health concerns
- Mental Health History
- Trauma History
- Other special needs

Voluntary Crisis Stabilization Services Agreement will cover the following:

- Informed Consent
- Cost of Crisis Stabilization Services

Releases will be obtained for the coordinating county and the other service providers actively working with the child.

The child should bring with them to crisis stabilization services:

- Any prescribed medications in their original containers.
- Clothing.
- School materials.

Client Orientation

Staff receiving a child at intake for crisis stabilization shall provide a review of house rules, tour of facility, overview of resident's rights, and assist in child's adjustment to placement. All resident's personal possessions and clothing items are reviewed and recorded upon admission. Resident's with insufficient clothing shall receive clothing that fulfills the basic maintenance requirements for full participation in programming, when appropriate/applicable.

The Client Intake Packet will be reviewed and includes:

- Written information of resident rights and review verbally.
- Documentation of all belongings brought into facility.
- Review house rules.
- Identification of Emergency Exits.

The structure of the AGENCY NAME program may allow for crisis stabilization clients to participate in the daily milieu and activities of residential program clients. The determination to have the child participate will be made based on the child's individual needs at the time of stabilization. The program components include an educational and vocational program, recreational activities and structured groups designed to develop positive coping skills, communication skills and teambuilding. In specialized crisis stabilization situations requiring more individualized programming, arrangements will be made to offer activities supportive of the child's needs. For example, if a stabilization child is not appropriate to participate in AODA group, staff might work one on one with him in role-playing situations and developing problem solving skills.

Crisis Stabilization Services Staff Qualifications

Crisis stabilization staff will be qualified resident care workers and the program will maintain a staff to client ratio that meets the needs of the children served. Crisis stabilization clients will participate in scheduled daily activities including educational services, recreational services, and therapeutic milieu according to their ability and need.

New employees working in the program (in a direct care capacity) are required to complete 80 hours of supervised training in various components of the AGENCY NAME program. The orientation may include the following components:

- Complete personnel information with program supervisor
- Patients Rights with program supervisor
- Review intake packet with day supervisor
- Review all resident forms used and be advised of all emergency procedures with day supervisor
- Alarm procedures with day supervisor
- Observe day and evening structure
- Watch blood borne pathogens video
- Behavior management tools and philosophy with day supervisor

- Developmental Care
- Creating a therapeutic milieu
- Human sexuality
- Teamwork
- Working with Groups
- Sensitivity to racial and cultural differences among residents
- Read examples of charting and behavioral assessments then review with evening supervisor
- Physical Intervention/denial of rights with program supervisor
- Run/suicide risk procedures with evening supervisor
- Computer procedures with evening supervisor
- Complete charting on one resident
- Review policy & procedure manual and resident rights with supervisor

In addition to the trainings noted above, staff providing crisis stabilization may be trained in the following as well:

- Overview of DHS 34, including it's services and requirements
- Crisis Stabilization Programming Policy and Procedures
- Job responsibilities for staff in the program
- Applicable parts of 48, 51, 55 and related rules
- The provisions of s 51.30 and DHS 92 regarding confidentiality of treatment records
- The provisions of s 51.61 and DHS 94 regarding patient's rights
- Basic mental health and psychopharmacology concepts applicable to crisis situations
- Techniques and procedures for assessing and responding to the emergency mental health services needs of persons who are suicidal, including suicide assessment, suicide management, and prevention
- Techniques for assessing and responding to emergency mental health service needs of persons who appear have problems related to the abuse of alcohol or other drugs.
- Techniques and procedures for providing non-violent crisis management for clients, including verbal de-escalation, methods for obtaining backup, and acceptable methods of self-protection and protection of the client and others in an emergency situation.

Each crisis stabilization client will also be assigned a case manager – who will consult the medical, psychiatric, dietary, and social service providers on an as needed basis for each client's individual needs.

A client file will be maintained for every crisis stabilization client. In the file, a crisis stabilization care episode log and daily documentation will be maintained with information of intake, discharge, time released, and who the client was released to and the signature of staff who released the child.

The Assistant Director of the program will be responsible for the oversight of the Crisis Stabilization Services program.

Ongoing Stabilization Services

Each day the child receiving stabilization services will be evaluated based on crisis stabilization criteria to determine his/her ongoing need for services.

On the first business day following the initiation of crisis stabilization services and daily thereafter, the stabilization provider will communicate with the county to examine the child's current status and the ongoing need for stabilization services. This contact will be documented in the client file.

Discharge

For Crisis Stabilization Services, the discharge plan will be coordinated in collaboration with the county worker and based upon the status of the child. A crisis assessment may be used to make the determination to discharge.

The county will be responsible for the child's transition back to the community within the 5-day timeline. If the child is not able to be discharged within the 5-day limits, then the county worker will determine the type of placement and the legal authority of the placement that will be initiated.

The county case manager will establish a time and person to pick up the child at the end of the crisis stabilization services. Stabilization staff will only release a child to the identified party.

The Stabilization Provider case manager will complete a Crisis Stabilization Discharge Summary for each episode of care. This summary shall include information about how the child did while in the program and any significant incidents, as well as the name of the individual the child was released to.

This document will also indicate that all belongings that were checked in at intake are leaving with the child, as well as all medications and any medical equipment.

Program Evaluation

At discharge the parent/caregiver as well as the client will be provided a survey to evaluate the crisis stabilization services.