CRISIS STABILIZATION (Children and Adolescents)

Providers contracted for this level of care or service will be expected to comply with all requirements of these service-specific performance specifications. Additionally, **providers of this service and all contracted services will be held accountable to the "General" performance specifications.**

Crisis Stabilization is provided for youth who do not require hospital level of care. Services are designed to prevent or ameliorate a behavioral health crisis that may otherwise result in a youth under the age of 21 being removed from and are focused on the rapid return of the youth to their home/community environment. Crisis Stabilization staff continuously evaluate and treat the youth as well as teach, support, and assist the parent or caregiver to better understand and manage behavior that has resulted in current or previous crisis situations. Crisis Stabilization services also link the youth to other appropriate services. Crisis Stabilization services are available to a youth based on medical necessity in short-term (typically 24-48 hours and typically no more than 7 days), therapeutic staff-secure settings that provide 24-hour behavioral health care for youth in crisis. Crisis Stabilization services offer an opportunity for the family to restore safety and stability to the home environment while the youth is in a developmentally appropriate, structured, community-based therapeutic environment. Crisis Stabilization services include solution focused assessments, crisis counseling, intensive, solution focused family interventions, assisting the youth and parent(s)/caregiver(s) in developing coping and behavior management skills, and working collaboratively with any existing service providers to prepare for the youth's return to their home environment.

Crisis Stabilization is delivered in group care facilities (for youth under 18), and on adult crisis stabilization units (for youth 18-21). These are short-term therapeutic, staff-secure settings that provide 24-hour behavioral health care for youth in crisis.

** Crisis Stabilization services are not designed for youth requiring complex changes to existing medication regimes, those youth who are at imminent risk of harm to self or others, or youth living in 24-hour group care settings (e.g., DMH residential, DYS detention, and secure treatment facilities).

Components of Service

	1. Providers of Crisis Stabilization are group care facilities for youth under 18 and adult crisis stabilization units for youth 18 to 21. Crisis Stabilization services must be delivered by a provider with demonstrated infrastructure to support and ensure a. Quality Management /Assurance b. Utilization Management c. Electronic Data Collection / IT

	d. Clinical and Psychiatric Expertise e. Cultural and Linguistic Competence 1. All referrals for Crisis Stabilization are made by ESP/Mobile Crisis Intervention and are accompanied by behavioral health assessment information and a focused treatment plan provided by the referral source. 2. The Crisis Stabilization provider responds to all requests for crisis stabilization bed availability information within 10 minutes and requests for admission within 30 minutes, 24 hours per day 7 days per week. Youth are admitted 24 hours per day, 7 days per week. 3. Care is rendered in a clinically appropriate, solution-focused manner and is focused on the youth's rapid return to his/her home, community or group home environment; and provides the following: ▪ Rapid engagement with the youth and parent(s)/caregiver(s) to ensure timely return to home/community environment. ▪ A solution focused crisis assessment performed within 4 hours of admission that identifies strengths and needs of the youth and caregiver(s); addresses antecedents to, and potential strategies to ameliorate or resolve the current crisis and prevent future need for removal from the home environment. ▪ Face to face meeting(s) with youth and parent/guardian/caregiver(s) of a child/adolescent, and Mobile Crisis Intervention within 24 hours of admission. ▪ Face to face meeting(s) with youth and parent/guardian/caregiver(s) of a child/adolescent, state agency personnel and current providers. ▪ Motivational Interviewing ▪ Solution focused, crisis counseling for the youth and parent(s)/caregiver(s). ▪ Consultation to families, providers, and others as appropriate ▪ Development and implementation of Risk management/safety plans ▪ Skill building with youth and parent(s)/guardian(s)/caregiver(s) ▪ Psychopharmacological management, including availability of on-site prescriber ▪ Coordination with in-home and outpatient providers as applicable ▪ Referral to other services as appropriate 4. Crisis Stabilization programming is designed to support and assist children and their caregivers to prepare for the youth's rapid return to their home/community/group home environment. The solution focused assessment and treatment plan will address potential barriers to this and

	strategies will be developed and implemented to address those barriers. 5. The Crisis Stabilization setting is accessible to parents/caregivers and families. Meetings are scheduled so as to accommodate the caregiver's/parent's or youth's current support system's schedule. This includes evenings and weekends. The Crisis Stabilization provider ensures and encourages daily access to children for parent(s), guardians, family member(s), or substitute caregivers. The decision will be made in conjunction with supervisory and/or psychiatric backup, and will be documented in the youth's record with rationale. 6. The Crisis Stabilization provider facilitates community integration activities including visits to promote family involvement, to maintain a family frame of reference, and to facilitate transition back into the youth's home environment. 7. The Crisis Stabilization provider has written procedures for determining the medical necessity for a referral to the following: • A hospital when a youth requires non-psychiatric medical screening or stabilization • A more restrictive behavioral health level of care when the youth is unable to be maintained safely in the Crisis Stabilization setting
Staffing Requirements	
	1. The Crisis Stabilization provider maintains appropriate staffing patterns to safely care for all persons at all times and to support and assist parents/caregivers in preparing for the youth's return to their home or group home environment, 24 hours per day, seven days per week, including weekends and holidays. This includes awake, supportive, overnight staff. 2. The Crisis Stabilization provider maintains a written plan that delineates (by shift and unit) the number and qualifications of its professional staff including nurses, social workers, and other mental health professionals in relation to its average daily census. 3. Master's level child-trained clinicians must be available on-site seven days per week from 7 a.m. to 7 p.m., and available on-call by phone from 7p.m. to 7a.m. 4. The Crisis Stabilization provider ensures 24-hour availability of a child-trained psychiatric clinician (i.e. a board-certified or board-eligible child psychiatrist or a child trained Psychiatric Nurse mental Health Clinical Specialist. The provider will ensure adequate on-site psychiatric coverage to guarantee performance specifications are met. The psychiatric clinician: • Provides consultation to staff members and

	parents/guardians/caregivers on psychiatric issues, and face to face consultation with the youth as requested. • Does not make substantive changes to the youth's current medication regime without consent. • Is available for phone consultation within 30 minutes of a request. • Gives prescriptions to the parent/guardian/caregiver PRIOR to discharge in order to ensure the youth has an adequate supply of medications until his/her next scheduled appointment with an outpatient psychiatric clinician. 5. A Medication Administration Program (MAP) trained staff member must be available to ensure children receive prescribed medications at all times. 6. All Crisis Stabilization staff must be certified in Crisis Prevention Intervention (CPI) or other crisis intervention certification program (e.g., Therapeutic Crisis Intervention) through the provider agency that employs them. 7. All Crisis Stabilization staff members receive documented periodic training on program-related topics, including program policies and procedures. At onset of employment and at least annually thereafter, training, on performance standards and clinical criteria, *Systems of Care* philosophy and *Wraparound* planning process, medications and side effects, First Aid/CPR, child-serving agencies and processes (e.g., DCF, IEP, DYS, etc.), family systems, crisis intervention, conflict resolution, motivational interviewing, risk management, partnering with parents/caretakers, child development, cultural competency, and related core clinical issues/topics. 8. The provider ensures that all clinical work is subject to regularly scheduled and ongoing supervision consistent with staff licensure levels and credentialing criteria.
Service, Community, and Collateral Linkages	
	1. Crisis Stabilization services are accessed through ESP/ Mobile Crisis Intervention. The Crisis Stabilization provider develops and maintains formal written affiliation agreements and working relationships with all ESP's/Mobile Crisis Intervention teams in their natural service area to ensure successful transitions into the Crisis Stabilization setting and back to the youth's home or group home environment. 2. The Crisis Stabilization provider adheres to established procedures for determining the medical necessity of a referral to a hospital should a youth require non-psychiatric medical screening or stabilization. 3. The Crisis Stabilization provider adheres to established procedures for

	assessing and documenting need for referral to a more restrictive behavioral health level of care when the youth is unable to be maintained safely in the Crisis Stabilization setting. 4. With consent, treatment providers, family members, and any involved state agency personnel are contacted at admission regardless of time of admission or day of the week for the purpose of coordinating care. 5. With consent, Crisis Stabilization staff maintains daily contact with parent/caregiver/guardian while the youth is receiving this service. 6. Crisis Stabilization staff initiates contact with the Mobile Crisis Intervention team, current In-home therapy or outpatient service providers, state agency personnel and ICC care manager if youth is engaged in ICC, upon admission; and invites their participation in a treatment planning meeting to be held within 24 hours of admission. 7. Crisis Stabilization staff maintain regular ongoing contact with the Mobile Crisis Intervention team, current In-home therapy or outpatient service providers, state agency personnel and ICC care coordinator if youth is engaged in ICC, in order to coordinate solution focused strategies and services to the youth's existing treatment plan/Individual Care Plan (ICP) and ensure the rapid return of the youth to his/her home/community/group home setting.
Process Specifications	
Treatment Planning and Documentation	1. Treatment planning is individualized and age appropriate to the youth's changing condition with realistic and specific solution-focused goals articulated and tasks assigned. Treatment planning addresses antecedents, within multiple eco-domains, to the crisis, strategies and tasks to ameliorate and resolve the crisis and prevent future need for out of home placement as a result of the child's mental health condition, and with consent, includes active parent/caregiver, ESP/Mobile Crisis Intervention team, current provider(s) and other support system involvement. For youth in ICC all treatment planning must be coordinated with the ICC care coordinator. 2. There is documented active coordination of care with relevant providers, ICC and state agency personnel as appropriate. 3. Unless contraindicated, parent/guardian/caregiver or group home staff is actively involved in the treatment as required by the treatment plan. 4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice; 5. Crisis Stabilization staff obtains consent for admission and ensures that, with consent, parent/guardian/caregiver or group home staff receive all

	relevant information related to maintaining contact with the program and youth. This includes phone numbers for all relevant staff (e.g., program director, primary clinician, etc.). 6. Building upon the focused treatment plan recommendations from the referring ESP/Mobile Crisis Intervention team, Crisis Stabilization staff conducts a solution focused crisis assessment and completes an initial focused treatment plan with the youth and parent/guardian/caregiver(s) of a child/adolescent by a master's level, child-trained clinician within 4 hours of admission. 7. A treatment-planning meeting to include the youth and parent/guardian/caregiver of a child/adolescent, existing providers and state agency personnel, and natural supports identified by the parent/guardian is scheduled within one business day of the admission. 8. A risk management/safety plan is developed in conjunction with the child, parent/guardian/caregiver, and any existing service providers prior to discharge. If the youth has an existing risk management/safety plan, it is collaboratively reviewed and revised if necessary at the treatment-planning meeting. 9. Daily contact is made with the youth's parent/guardian/caregiver or group home director while the youth is receiving this service and documents it in the youth's medical record. 10. If appropriate, psychopharmacology consultation is being arranged.
Discharge Planning and Documentation	There is documented active discharge planning from the beginning of treatment. 1. A discharge planning meeting is held prior to discharge from Crisis Stabilization that includes the youth and parent/guardian/caregiver of a child/adolescent and existing or newly identified providers (e.g., ICC, In-home Therapy Services provider, etc.). 2. Crisis Stabilization staff provides the youth, parent/guardian/caregiver or group home staff with a copy of the solution focused crisis assessment. 3. With consent, Crisis Stabilization staff provides the parent/guardian/caregiver or group home staff with a discharge plan that includes recommendations for behavior management strategies and/or community-based services and supports that have been arranged for the youth and parent/guardian/caregiver. For children with ICC, this plan is coordinated with and informed by the youth's Individual Care Plan (ICP). 4. Crisis Stabilization staff secures all necessary aftercare services. If the youth receives ICC or In-home therapy services, all referrals for aftercare services must be planned and coordinated with the youth's

	ICC care coordinator or In-home therapist. 5. With consent, the Crisis Stabilization provider sends copies of the solution focused crisis assessment and discharge plan to the youth's current treaters, the ESP/Mobile Crisis Intervention team and state agency personnel as appropriate. 6. Crisis Stabilization staff reviews the current risk management/safety plan with the youth and his/her parent/guardian/caregiver or group home director prior to discharge and ensures that the parent/guardian/caregiver has a copy of the current risk management/safety plan at time of discharge. 7. Prior to discharge, the Crisis Stabilization psychiatric clinician provides any needed prescriptions to the parent/guardian/caregiver or group home staff to ensure that the youth has an adequate supply of medications until his/her next scheduled appointment with a new or existing outpatient psychiatric clinician.