



Children's Crisis Stabilization Unit (CSU)

PROGRAM DESCRIPTION

The Children's Crisis Stabilization Unit (CSU) is designed to help young people experiencing acute distress from mental health challenges, social stressors, and/or the effects of substance abuse. The goal is to stabilize the crisis situation so young people can quickly return home or to another community setting. The CSU provides rapid, resolution-focused treatment through a comprehensive assessment, stabilization of the child's condition through psychosocial (i.e. individual, group, and family therapy) and psychopharmacological interventions, and restoration of the child's functioning sufficiently to allow transition to a less intensive treatment setting. Though there will be some youth whose crises may require additional further interventions such as acute inpatient care, the expectation is that the CSU will significantly reduce medically unnecessary inpatient admissions. A CSU admission is not to substitute a Children, Youth and Family (CYF) or Juvenile Probation Office (JPO) placement.

MEDICAL NECESSITY CRITERIA (OMHSAS-approved)

Admission Criteria

Member must meet all of the following Criteria:

1. The presence of an ICD-10/DSM 5 Psychiatric Diagnosis
2. The member must be between 5 and 17 years of age.
3. Presenting with an exacerbation of psychiatric symptoms or emotional disturbance including:
 - a. Potential threat to safety of self or others, or symptoms which severely impair age-appropriate functioning.
4. Requires 24-hour clinical monitoring
5. Clinical evaluation indicates that the individual would benefit from a brief period (5 days) of additional observation and assessment, resolution-focused treatment, and aftercare planning
6. Stabilization of the member is expected to be brief and temporary, and the youth would benefit from rapid and resolution-focused treatment
7. Family and any current service providers do not believe that the member can be safely managed in a less restrictive setting until intensive intervention can resolve the presenting crisis
8. Has a reliable home or placement environment with family or collateral supports willing to collaborate and participate in treatment as determined by the clinical team.
9. The youth and/or guardian are willing to participate in treatment voluntarily.

Exclusion Criteria

If one of the following is met, the member is excluded from eligibility for the service:

1. The youth and/or guardian does not voluntarily consent to admission and treatment.
2. The individual can be safely treated in a less restrictive or intensive level of care.

3. The youth's psychiatric condition is of such severity that it can only be safely treated in an inpatient setting or is not expected to resolve with brief, intensive intervention.
4. Youth with acute instability in their medical condition, including but not limited to poorly controlled diabetes, poorly controlled feeding or eating disorder, and vital sign instability.
5. Youth who require one to one support due to psychiatric severity, chronic medical conditions, or level of cognitive/adaptive functioning.
6. Youth with co-occurring mental health and substance use disorders for whom the substance use disorder is the primary presenting problem and/or there is acute medical instability due to intoxication or withdrawal from a substance.

Continued Stay Criteria

Member must meet all of the following Criteria:

1. The member's condition continues to meet admission criteria at this level of care
2. The member's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate
3. The member is making progress towards resolving the presenting crisis through a combination of intensive and resolution-focused individual, family and milieu therapies, psychosocial interventions, and, if applicable, psychopharmacological intervention
4. Barriers to progress are identified and strategies to address them are being implemented.
5. A treatment plan has been developed and includes the individual's and family's goals, strengths and preferences. The treatment plan has been developed, implemented and updated, based on the consumer's clinical condition and response to treatment. Treatment planning should include active family or other support systems involvement, as appropriate and/or feasible.
6. An individualized discharge plan has been developed which includes specific, realistic, objective and measurable discharge criteria and plans for timely, appropriate follow-up care.
7. The individual and family/natural supports are actively involved in treatment, or there are active, persistent efforts being made that can reasonably be expected to lead to the consumer's engagement in treatment
8. There is a documented active attempt at coordination of care with relevant providers and multisystem partners when appropriate.

Discharge Criteria

Member must have an individualized discharge plan with appropriate and confirmed follow up care scheduled within 7 days of discharge from the CSU.

AND

Member must meet any of the following criteria:

1. The individual's/family's documented treatment plan goals and objectives have been substantially met.
2. The individual/family no longer meets admission criteria, or meets criteria for a less or more intensive level of care