UNIVERSITY of VIRGINIA | Institute of Law, Psychiatry, and Public Policy

Children's Residential Crisis Stabilization Units

S.A. Larocco

August 2018

PRODUCED BY THE

Institute of Law, Psychiatry, and Public Policy at the University of Virginia.

Institute of Law, Psychiatry, and Public Policy

1228 CEDARS CT. | SUITE 102 | CHARLOTTESVILLE, VIRGINIA 22903

PHONE: 434.924.5435 | FAX: 434.924.5788 | WEBSITE: UVAMENTALHEALTHPOLICY.ORG

The Institute of Law, Psychiatry and Public Policy (ILPPP) at the University of Virginia is an interdisciplinary program in mental health law, forensic psychiatry, forensic psychology, forensic neuropsychology and forensic social work. Institute activities include academic programs, forensic clinical evaluations, professional training, empirical and theoretical research, and public policy consultation and review.

www.UVaMentalHealthPolicy.org | www.ILPPP.Virginia.edu

Summary

As psychiatric hospitalizations increase in Virginia and the census at the Commonwealth Center for Children and Adolescents is at an all-time high, advocates and policymakers look for alternatives to hospitalization to ameliorate the problem. One such alternative is the crisis stabilization unit, a therapeutic environment for people in a sub-acute state of crisis. Current approaches used in these programs are geared toward patients with depression, anxiety, post-traumatic stress disorder, substance use disorders and executive functioning deficits.

1. Introduction

Crisis stabilization units (CSUs) are residential facilities with up to 16 beds that provide treatment for people in crisis who cannot achieve stabilization in an outpatient setting, but do not require the restrictiveness of a hospital acute ward. The children's CSUs in Virginia have between 6 and 8 beds. Treatment at a CSU is not intended to be long term. Virginia's Department of Medical Assistance Services does not reimburse for more than 15 days per visit or more than 60 days per calendar year.

Virginia's Department of Behavioral Health and Developmental services provides the following definition of crisis stabilization units:

> "Residential Crisis Stabilization Services provide direct care and treatment to non-hospitalized individuals experiencing an acute crisis related to mental health, substance use, or co-occurring disorders that may jeopardize their current community living situation. The goals are to avert hospitalization or re-hospitalization, provide normative environments with a high assurance of safety and security for crisis intervention; stabilize individuals in crisis, and mobilize the resources of the community support system, family members, and ongoing rehabilitation and recovery. Residential crisis stabilization services are provided in a community-based program licensed by the Department. These services are planned for and provide overnight care."[1]

There are currently five such facilities in Virginia that work with children under the age of 18. These include three regional CSUs that were funded in part by the General Assembly's allocation for Child Psychiatry and Children's Crisis Response Services. Currently there are two other units that are licensed by DBHDS but do not receive general funds through the General Assembly's allocation for Child Psychiatry and Children's Crisis Response Services.

Four of the children's CSUs participated in a survey of characteristics and capabilities of their program: one in the Eastern region, one in the Central region, one in the Southwestern region and a non-regional unit in Centreville. The survey asked about the intake process, the populations they work with, utilization, the type of services they provide, their safety features, and their finances. This report explains the results of the survey.

2. The Intake Process

The intake process helps to determine who can be admitted to the CSU and when. Across the four children's CSUs there are similarities and differences. The CSUs in Centreville and Central offer admissions around the clock, while the more rural Eastern and Southwestern CSUs offer admissions from 8:00 AM to 7:00 or 8:00 PM.

Most CSU admissions require some sort of contact with a community services board (CSB). For the Southwestern CSU, the referring CSB decides who can contact the CSU with a referral. The CSU in Centreville requires that a hospital pre-admission screening be completed by Fairfax-Falls Church CSB emergency services. At the Eastern CSB, a representative from a CSB must be identified beforehand to ensure involvement in the discharge process. At the Central CSU, a screening for admission can be completed by CSB or CSU staff.

There are different approaches to medical screening as well. The Centreville and Eastern units require a tuberculosis test. The Centreville and Central units require documentation of current medications. The CSU in Centreville further requires immunization records, while the Southwestern unit requires no medical screening unless the person has a known current or recent medical problem.

Crisis stabilization units have inclusionary and exclusionary criteria for patients. As children's units, the facilities in this survey had a requirement that patients be under 18 and over a certain age. The regional CSUs had a minimum age of 5, while the one in Centreville had a minimum age of 12. In addition to age restrictions, all four facilities require that patients be experiencing a mental health crisis, and be from a specific catchment area. All facilities accept patients as transfers from more restrictive settings. They also accept patients with co-occurring substance use disorder, as long as they do not require medical detox. Table 1 identifies other types of criteria that are used at different units.

Table 1: Criteria for exclusion at different CSUs.

	Criterion					
CSU	Very Limited Cognition	Dangerous Behavior	Inappropriate Sexual Behaviors	Intensive Medical Needs	Involuntary/ Refusing to Participate	Other
Centreville	√	√		√	√	
Central Regional		√	√	√		Actively Suicidal, Psychotic
Eastern Regional	√				√	
Southwestern Regional		√	√	√	√	

Exclusion criteria are not the only reasons for denying admission. The CSU in Centreville also reported frequent problems with having to refuse applicants because the CSU was at capacity. All CSUs reported increased utilization during the school year as compared to the summer, but Centreville was the only one that reported insufficient capacity to handle this increase. This may be related to volume or to length of stay. At the CSU in Centreville, the average length of stay is 40 days, while, in the other three units it is 7-9 days. Table 2 shows the capacities of the children's CSUs in Virginia, including the non-regional unit in Richmond which did not participate in this survey.

Table 2: Total Number of Beds at Children's CSUs	
CSU	Beds
Central Regional	8
Centreville	8
Eastern Regional	6
Richmond	6
Southwestern Regional	8

3. Services

CSUs are therapeutic environments. They provide a variety of services, which require a variety of staff. All CSUs have access to a psychiatrist, whether on site or through telemedicine. They also have therapists, support staff and a program manager. Table 3 shows the variation in other types of staffing. Staffing is reduced overnight, although the Central and Eastern CSUs might hire additional staff by the hour for overnight coverage when census is especially high. The CSU in Centreville does not have therapists on the weekend, although their number of support staff does not vary.

Table 3: Staffing at CSUs					
	Position				
CSU	Program Director	Nurse	Case Manager	Behavior Specialist	Teacher
Centreville	√	√			√
Central Regional	√		√	√	
Eastern Regional		√			
Southwestern Regional		√			

CSUs provide a wide array of sub-acute services. All of the surveyed programs provide individual and family therapy and mental health skill-building. The Southwestern program was the only one that did not provide group therapy. Other services are listed in Table 4.

Table 4: Services Provided at Different CSUs				
Service	Centreville	Central	Eastern	Southwestern
Case Management		√		√
Psychoeducation			√	√
Yoga		√		√
Academic Support	√	√		
Executive Functioning Support	√			
Recreation	√			
Pet Therapy		√		
EMDR				√
Mindfulness Training				√

Mental health skill-building is a broad term for training that is specifically tailored to people with mental health challenges who have difficulty managing their daily lives and functioning in the community. These skills are provided to clients in their late teens and can include housekeeping, money management, employment skills, social skills training, behavioral self-management and other skills of that nature.

Case Management is not a type of treatment, but it supports treatment. It involves evaluating a client's diverse needs and collaborating with their various service providers to facilitate optimum progress.

Psychoeducation entails helping people with mental health challenges understand their condition and the purpose, risks and potential benefits of recommended treatment approaches. Use of psychoeducation in conjunction with treatment has been shown to reduce depressive symptoms in adolescents[2].

Pet therapy is much like other types of therapy, except that animals are brought in to assist. Research has indicated that pet therapy ameliorates depression and anxiety[3].

Eye Movement Desensitization and Reprocessing (EDMR) is an eight-stage treatment that involves using bilateral stimulation to alter a patient's emotional response to traumatic memories. This approach has been shown to reduce post-traumatic stress symptoms in children[4].

Mindfulness training is a treatment that teaches clients to attend to their feelings and sensory impressions without evaluating them. Research has demonstrated that mindfulness training is effective in treating depression and addiction[5].

4. Safety and Involuntary Status

There are some cases in which an adolescent over the age of 14 is in a state of psychiatric crisis, they cannot be treated safely through outpatient care, and they either will not or cannot consent to treatment. When this happens, the CSB Certified Preadmission Screening Clinician, having conducted their pre-admission screening, sends a report to a magistrate to request a temporary detention order (TDO, Code of Virginia § 16.1-340.1). A TDO places a patient at an inpatient facility for up to 96 hours without the need for their consent, with possible extensions if the 96 hours ends on a weekend. A consenting minor may also be placed under a TDO if their guardians do not consent to their treatment. By the end of the TDO period the person will receive an independent psychiatric evaluation and a commitment hearing will be held. From July 1, 2016 to June 30, 2017, 1333 such hearings were held in Virginia for people who were under the age of 18. At the commitment hearing, a judge will decide if the person continues to require inpatient care. From 2013 through 2017, juvenile TDOs increased dramatically, according to data provided by the Supreme Court of Virginia. The children's CSUs do not accept clients who are under a TDO, a fact which may limit the number of hospitalizations they can prevent.

As a part of the survey, the CSU representatives were asked about what sort of changes they believe would be required in order to allow them to accept TDO admissions. All pointed to the security risks that TDO patients tend to pose. Suggested changes included: having a locked facility, having around-the-clock nurse coverage, increased staffing to allow 1:1 attention as needed, relocating to a less open and more secure facility or allowing physical or chemical restraints. Some of these changes, particularly staffing changes, would considerably increase the expense of operating the CSU. Other changes, such as routine use of restraints and altering the environment so that it is no longer a fluid part of the surrounding community, also have the potential to render the CSU environment inappropriate for their current population of sub-acute clients.

This is not to say that CSUs have no security features at all. There are surveillance cameras and/or mirrors, locked storage for sharp objects, chemicals and medications, delayed egress doors and door and/or window alarms. There are also prescribed protocols for handling children when they are aggressive or agitated.

The unit in Centreville uses the Mandt system and Collaborative Problem Solving (CPS) to handle patients who are aggressive or agitated. The Mandt system involves building healthy relationships between the patient and staff to allow staff to teach the patient healthy replacement behaviors and minimize dangerous or concerning behaviors. CPS is an approach that treats behavioral challenges as a result of faulty thinking skills and teaches effective thinking strategies to prevent dangerous or socially inappropriate behaviors instead of punishing them.[6]

The Central unit uses the Therapeutic Options program. This is a program that uses individualized supports, relationship-development and communication-based de-escalation to prevent the need for physical restraint. There are also physical restraint approaches that can be used as a last resort.

The Eastern and Southwestern units use methods endorsed by the Crisis Prevention Institute (CPI). As with the Mandt and Therapeutic Options approaches, physical restraint is

used as a last resort. The emphasis is on de-escalating behavior problems before they become dangerous, using a variety of verbal approaches that are geared toward the specific nature of the escalating behavior.

5. Finance

Funding for CSUs comes from various sources. The Southwestern and Centreville CSUs list Medicaid as their primary source of funding. The CSU in Central CSU lists a grant from Virginia's General Assembly as their primary source of funding, although they also receive money from Medicaid. The Eastern CSU is equally dependent on Medicaid and a state grant. The other two sources of funding were private insurance payments and Comprehensive Services Act (CSA) funds. The CSA (Code of Virginia, § 2.2-5200) provides funding for services to at-risk youth. These funds are managed by interagency teams with representatives from state and local organizations and provided to localities with the understanding that the local government must contribute matching funds.

The representative from the Central CSU said that recent changes in the process for billing Medicaid have added considerably to the cost and administrative burden of operating a CSU. Starting in fiscal year 2018, Medicaid enrollees who received crisis stabilization had their treatment funded by Commonwealth Coordinated Care Plus (CCC+), a network of managed care organizations that provide funding mediated through contact with a care coordinator. According to a number of sources, maintaining communication with care coordinators can be difficult. Calls are often not returned and time-sensitive notifications are delayed.

6. Conclusions

As they are currently managed, children's crisis stabilization units are designed to meet the needs of patients with conditions such as depression, anxiety, post-traumatic stress disorder, substance use disorder and executive functioning deficits, who find themselves in a state of psychiatric crisis that cannot be managed safely through outpatient care. Their patients are either non-aggressive or sufficiently rational that their aggressive behaviors can be managed through verbal de-escalation techniques. For these patients, the CSU can divert them from more costly acute hospitalization. They can also help people transition out of acute care more quickly if the individual has partially stabilized to the point that they no longer need the more restrictive type of treatment.

References

1. Virginia. Department of Behavioral Health and Developmental Services. (2014). *Core Services Taxonomy 7.3*. Richmond, VA: Author.

2. Sanford M., Boyle M., Mccleary L., Miller J., Steele M., Duku E., Offord D.A. Pilot study of adjunctive family psychoeducation in adolescent major depression: feasibility and treatment effect. J. Am. Acad. Child Adolesc. Psychiatry. 2006;45(4):386–495.

3. Dietz, Tracy J., Diana Davis, and Jacquelyn Pennings. "Evaluating animal-assisted therapy in group treatment for child sexual abuse." Journal of child sexual abuse 21.6 (2012): 665-683.

4. Diehle, Julia, et al. "Trauma-focused cognitive behavioral therapy or eye movement desensitization and reprocessing: What works in children with posttraumatic stress symptoms? A randomized controlled trial." European child & adolescent psychiatry 24.2 (2015): 227-236.

5. Goldberg, Simon B., et al. "Mindfulness-based interventions for psychiatric disorders: A systematic review and meta-analysis." Clinical psychology review (2017).

6. Pollastri, Alisha R., et al. "The collaborative problem solving approach: Outcomes across settings." Harvard review of psychiatry 21.4 (2013): 188-199.

Appendix: Locations of Children's CSUs in this Survey

Leland House

13525 Leland Rd

Centreville VA 20120

St. Joseph's Villa

8000 Brook Rd

Richmond VA 23227

Western Tidewater Children's Crisis Stabilization Unit (CCSU)

5268 Godwin Blvd

Suffolk VA 23434

Positive Alternative to Hospitalization (PATH)

525 W Monroe St

Wytheville VA 24382