

Clinical Criteria Stabilization and Assessment Services (STAS)

The CSOC Stabilization and Assessment Services (STAS) have been developed to provide short term services for youth whose current clinical need is unknown or has significantly changed from the youth's baseline, creating a crisis in the community or current OOH IOS. These programs are designed for both males and females ages 5-18 years of age. The purpose of the program is to provide intervention and support to stabilize the youth in a highly structured environment while obtaining pertinent assessments which supports decision making for the next episode of treatment. Most often referrals are made in the following situations:

1. Youth is exhibiting signs of regression, in need of clinical stabilization and is in the custody of DCPD and has never been or is not currently engaged with CSOC services. DCPD will make a referral as outlined in the business rules.
2. For the adolescent STAS program (ages 13-18) only, the youth is engaged with CMO and is exhibiting signs of regression, in need of clinical stabilization and is in the community or in an CSOC OOH episode of care and the youth's behavior has regressed to the point that the current program or caregiver is unable to safely manage the youth as determined by the CFT and approved by CSOC. Under these circumstances, CMO or DCPD can make the referral to STAS as outlined in the business rules.

STAS is designed to serve youth on a crisis basis and provides intervention to address complex behavioral health challenges in the areas of risk behaviors, behavioral/emotional needs and life domain functioning. STAS is not designed for youth who meet criteria for an acute hospital setting.

Youth admitted to these services will receive a Biopsychosocial Assessment; Nursing Assessment; Nutritional Assessment, Standardized Trauma Assessment and Psychiatric Evaluation to identify appropriate treatment needs, develop a current and transition care plan. The program will provide the ability to complete specialty evaluations such as, but not limited to, a substance use assessment, fire-setting evaluation, psychosexual or the CABs when indicated. The plan will assist the Child Family Team (CFT) in identify interventions to stabilize behavior, identify an appropriate intensity of service (IOS) (in-home/out-of-home), and plan and coordinate for the necessary services and supports to meet the youth's and family's individualized needs.

Treatment practices include developmentally appropriate, culturally sensitive, and trauma-informed care.

The initial length of stay is up to 90 days.

Admission Criteria	Comments
Youth must meet criteria A-E for admission:	

<ul style="list-style-type: none"> A. Youth must be between the ages of 5 and 18 upon admission. B. The youth cannot be maintained at a less restrictive setting that is readily available to meet the crisis needs, based on the presenting behaviors which may include: behavioral dysregulation, elopement, property destruction, physical/verbal aggression (cruelty to animals, self-injurious behaviors). C. Youth needs assessments to further understand underlying factors contributing to clinical presentation and to guide clinical decision making and next episode of treatment. D. Youth has chronic medical needs which are stable and well-managed, including but not limited to, seizure disorder, diabetes, asthma, etc. E. Presents with symptoms consistent with a DSM 5 diagnosis. <p>Youth meets at least one of the urgent/emergent criteria:</p> <ul style="list-style-type: none"> F. Family is homeless or at imminent risk of homelessness within 24 hours with no identified relatives to care for youth. G. Abandonment. H. Parents/caretaker(s) are unable to care for youth due to sudden hospitalization or incarceration. I. Youth cannot remain home due to current protective service concerns (as documented by DCP&P in referral form). The referent must provide the name of the DCP&P Team Lead who authorized the STAS referral and confirmed all other resources have been exhausted. J. Youth received crisis screening at local screening center and was deemed not appropriate for hospitalization (or youth is currently hospitalized, stable, and discharge ready) and parents/legal guardian refuses to take youth home due to behavioral/safety concerns. K. Child is unable to adequately function in significant life domains: family, school, social or recreational activities and/or activities of daily living due to his or her diagnosis and presenting behaviors, and requires crisis stabilization, close supervision, assessment, and targeted clinical /behavioral interventions. 	
Exclusionary Criteria	

ANY of the following criteria is sufficient for exclusion from this IOS:

- A. Youth who are younger than age 5 or older than 18 (upon request for admission).
- B. The youth's level of cognitive and/or adaptive functioning falls in the moderate to severe range, which does not allow them to actively participate or benefit from STAS treatment services. This would also include the following:
 - The youth has a sole diagnosis of Autism and there are no co-occurring diagnoses, symptoms, or behaviors consistent with a DSM 5 behavioral health diagnosis.
 - The youth has a sole diagnosis of intellectual/developmental disability.
 - The youth has a diagnosis of Autism and an intellectual/developmental disability.
- C. Youth is DD Eligible and exhibits challenges related to adaptive functioning.
- D. The youth is unable to perform skills of daily living and requires custodial care and/or interventions that go beyond the capability of this setting
- E. Youth with significant gait issues or are non-ambulatory shall be reviewed on a youth-by-youth basis by the STAS programs to assess whether they can meet the identified needs.
- F. Youth with substance use treatment needs requiring medical supervised withdrawal management or out of home substance use treatment intervention. Youth with possible substance use will be considered on a case-by-case basis.
- G. The parent/guardian/caregiver does not voluntarily consent to admission or treatment and/or there is no court order requiring such treatment; and DCP&P does not have legal authority to consent to treatment.
- H. The youth is at imminent risk of causing serious harm to self or others including, but not limited to, youth recently assessed as moderate to high risk for fire setting.

<p>I. The youth's presenting challenges compromise the safety of the currently therapeutic environment.</p> <p>J. The youth has a medical condition which would prevent them from participating or benefitting from STAS treatment services.</p> <p>K. The youth is not in agreement with the Child Family Team's (CFT) plan for out of home treatment. There is evidence of multiple attempts by the CFT to engage the youth in the plan.</p> <p>L. The youth is engaging in a recent pattern of violent behavior that compromises the safety of the youth and others in the out of home program.</p>	