



St. Joseph's Villa Crisis Stabilization Services

Referral Process

(Available 24/7, capacity: 8 bed unit)

CSU Phone (804) 874-9119

CSU Fax (804)955-4240

Rev. 7.7.2023

1. Initial call to CSU referral line **(804) 874-9119**
2. CSU informs caller as to bed availability and that admission is a “first come, first serve” basis. If no bed is available, a warm hand-off is made to other crisis resource(s)
3. CSU obtains initial information for the referral and informs the caller that CSU will call back within 15 minutes with admissions decision
4. CSU reviews the information to determine if the client is eligible for services at the CSU
5. CSU calls back within 15 minutes regarding admissions information
 - a If CSB: CSU provides admissions decision (CSB faxes CSB pre-screen or SJV screening form to CSU)
 - b If Direct Access: CSU schedules intake

Program Information

1. CSU is a secure but unlocked facility and is a voluntary program that requires family participation, clients and families have to be willing to agree to be at the CSU and participate.
2. CSU is a 15-day program.
3. If the client has an ID/DD diagnosis REACH is the preferred first option. CSU will consult with REACH to determine which service is most appropriate to serve the client.

Items for Intake

1. CSU will make copy of youth's insurance, Medicaid card and legal guardian/parent identification card
2. Youth's medication and/or prescriptions
3. **Physician's Order Form (POF) with parent/guardian's and physician's signature and date. (CSU will contact physician for signature if unable to obtain at time of admission. Admission will not be delayed due to lack of physician's signature)
4. CSU will conduct Covid screening on site upon arrival

Eligibility Criteria

1. Client must be ages of 5 to 17
2. Individual must meet A. and B. of the following criteria at the time of admission:
 - A. Documentation indicates evidence that person meets criteria for a primary DSM diagnosis.
 - B. **ONE** of the following must be present:
 - Abrupt, substantial changes in behavior noted by severe impairment or acute decompensation in functioning related to behavioral health problem
 - Actual or potential danger to self or others (suicidal, homicidal and/or command hallucinations or delusions)

- If youth is actively suicidal, actively homicidal, or actively psychotic they MUST be willing to participate in safety planning.
- CSU will assess if the youth could implement suicidal/homicidal plans in the CSU environment? IF YES, more information is needed.

If the client presents with a DBHDS medical exclusionary criteria, CSU will not be able to serve person at that time.

- Medically fragile/unstable
- Significant loss of impulse control that threatens safety of person and/or others or ability to care for themselves.
- If the client has a history of Fire setting, we will need additional information on the specifics and risk while in the CSU environment.
- If the client has a history of sex offenses, we cannot admit secondary to licensing restrictions.
- Significant inability to maintain basic care for oneself and keep oneself in the community in age-appropriate manner (not associated with Dementia)
- Substance intoxication with suicidal/homicidal ideation or inability to care for self.

If a client refuses to stay at the CSU:

- CSU Staff will work with them and their family to engage them to agree to treatment.
- If they continue to refuse the family will be asked to come to get the client.
 - Depending on the client's current status, CSU staff will either:
 - a. Refer to community-based services **OR**
 - b. Advise to transport to the ED for assessment for inpatient admission, if warranted.



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Status with CSB, Direct Access or Out of Region 4 Referrals

1. CSU will check if client open to a CSB

a. Clients open to CSB

i. In Region 4 –Referring caller contacts CSB to request a CSU referral form or a prescreen report, that has been updated within the last 48 hours, be faxed to the CSU

1. CSU Fax number **804-955-4240**

ii. Out of Region 4 – Referring caller contacts the local CSB. The referring party must be open or be opened by the local CSB before initiating a request to be referred to the CSU. Requires referral from the CSB. An active referral is made by completing a CSU referral form or the prescreen report be faxed to the CSU.

iii. The last open bed is held for a client living within Region 4

b. Direct Access referrals – not open to CSB

i. CSU obtains the prescreen report if one was done

ii. Information to determine if the client is appropriate for services will be obtained from the initial referral screening (i.e., the Call log) as well from the Service Specific Provider Intake (SSPI) process.

iii. The SSPI is completed prior to final determination for admission

iv. The last open bed in the CSU is held for a client living within Region 4

2. CSU clinical team reviews the referral information to make final determination of eligibility and calls back to the referring caller to relay decision and if accepted, set day/time for intake

**Required Intake Documentation

8. Referring caller obtains and faxes to CSU:

a. Physicians Order Form (POF)- it is always preferred that we obtain medication information on the CSU POF particularly noting what OTC medications are not counteractive with prescribed medications i.e., aspirin, etc.

b. If a **CSB** has a copy of the medication lists from their electronic health record **and** the CSB psychiatrist is the prescribing doctor **and** they are unable to obtain a POF

i. CSU staff will transfer the orders to the POF form

ii. CSU staff will take pictures of the labels on the medication bottles

iii. CSU staff will complete the SSPI

iv. CSU staff will complete the Summary of information from the intake

v. CSU staff will send this information to the CSU psychiatrist to review and approve

c. If POF is not signed by physician prior to admission, CSU will continue to reach out to obtain physician's signature on the POF, and not having the signature will not delay admission to the unit.