Crisis Stabilization Unit
Behavioral Health Quality Review
Final Assessment Report

The Georgia Collaborative ASO	**Provider Name:**
	DeKalb Community Service Board GAC 000428
	Location of Review:
	450 Winn Way, Decatur, GA 30030
	Regions of Operation:
	Region 3
	Date Range of Review:
	September 19-22, 2016

Quality Assessors: Dorian Milam RN, Helen Rohrich RN, Brianne Slover LCSW		
Records Reviewed: 15	**Provider Tier Level:** 1	
CSU Beds: 30	**Temporary Observation Beds:** 6	**Transitional Beds:** 0

The ASO Collaborative in partnership with the Department of Behavioral Health and Developmental Disabilities (DBHDD) believes in easy access to high-quality care that leads to a life of recovery and independence for the people we serve. The Quality Division is dedicated to ensuring services provided are person-centered and include a commitment to wellness and recovery.

Individual's Perception of Care Number Interviewed: 5	Staff's Perception of Care Number Interviewed: 5
	
The Individual Interview is not calculated into the overall score.	The Staff Interview is not calculated into the overall score.

	Individual Interviews			Staff Interviews		
Focused Outcome Area	**Yes**	**No**	**NA**	**Yes**	**No**	**NA**
Choice	24	0	1	25	0	0
Person-Centered Practices	33	0	2	39	0	1
Whole Health	47	14	14	64	1	0
Safety	30	0	0	90	0	0
Rights	49	0	1	35	0	0
Community Life	18	0	2	20	0	5

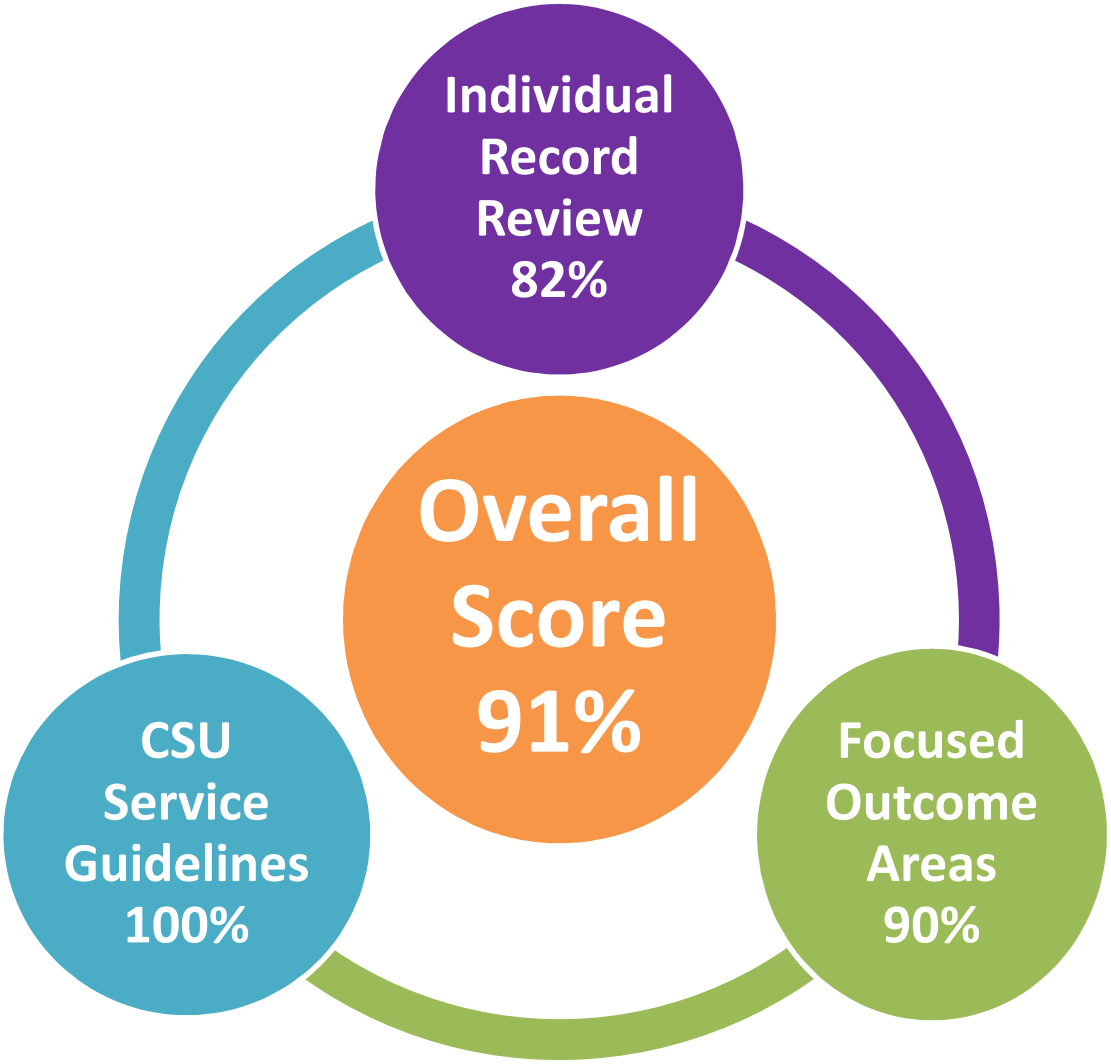
Individual Interview Observations:

- All five individuals interviewed reported that they are satisfied with supports and services they are receiving while on the Crisis Stabilization Unit (CSU).
- All five individuals interviewed reported that they are provided choices in short and long term treatment upon discharge from the CSU.
- All five individuals interviewed reported they feel supported in moving towards their goals/dreams.
- All five individuals interviewed reported that they felt safe while on the CSU.
- The following are comments made by individuals during interviews:
    - "They treated me really well, I enjoy the meetings."
    - "My medication has been adjusted since coming to the CSU and I am feeling a lot better now."
    - "I really enjoy the groups that they offer here and meeting people who face the same issues as me."
    - "I really like the doctor, I can talk to him about anything."
    - "The agency is helping me to get a doctor and a dentist after I am discharged."

Staff Interview Observations:

- All five staff interviewed reported that they present options of supports and services to the individuals served on the CSU.
- All five staff interviewed reported that they feel proficient in de-escalation training and techniques.
- All five staff interviewed reported awareness of what constitutes abuse, neglect and exploitation.
- The following are comments made by staff during the interviews:
    - "I really enjoy working with these individuals and seeing the difference in them between when they arrive and when it is time to discharge. Two individuals who I worked with just came back to visit and let me know that they are still in Outpatient Treatment and are doing really well. They came back to thank me."

- "The CPI training that is provided was really beneficial. We have had to use what we learned, but I feel as though I was prepared for the situation."
- "We are a great functional family and the managers have an open door policy."
- "I like this job because I have grown in knowledge especially working with substance use. I like to work in both units. The staff works together very well."
- "We refer to Mercy Medical (a hospital for the homeless population) and to DeKalb Medical or Grady Hospital if needed."

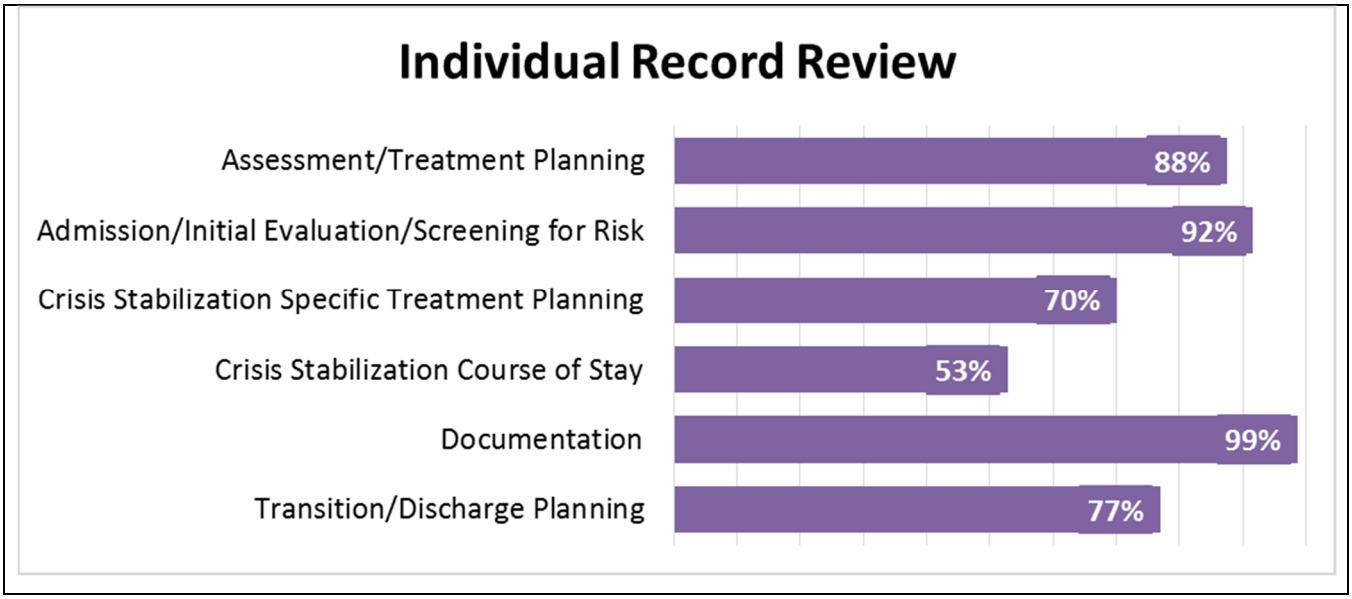


The overall score is calculated by averaging the three areas:

- Individual Record Review
- Focused Outcome Areas
- CSU Compliance with Service Guidelines

Each area accounts for one-third (33.33%) of the Overall Score.
Review questions are based on DBHDD and Medicaid requirements.

Previous Score	Overall	IRR	Service Guidelines	FOA
1/15/16	91%	91%	100%	83%
FY16 Statewide Average	83%	78%	82%	88%



*The individual category scores are an average of questions within the category and are for the agency's reference only.

Individual Record Review

82%

Strengths:

- A Fall Risk Assessment is completed on each individual upon admission.
- A Psychosocial History, Spirituality and Culture form is completed on individuals on admission which discusses family supports, housing and cultural issues.
- The facility conducts screening for Tuberculosis (TB) on admission to the CSU.
- The CSU utilizes a trauma assessment scale upon admission which includes abuse, neglect, violence and sexual assault history.

Opportunities for Growth:

Assessment/Treatment Planning/Billing Individual Record

- Eight of nine applicable records reviewed did not show evidence that co-occurring health conditions, in addition to the primary presenting conditions, were addressed and documented in the Individual Recovery Plan (IRP) or Nursing Care Plan (NCP). For example, one individual had a history of hypertension, which was not addressed in the treatment plan. Another individual was diagnosed with hypertension and chronic obstructive pulmonary disease (COPD) which were not included in the treatment plan.
- In three of 14 applicable records, the discharge plan did not include specific step-down service/activity/supports to meet individualized needs. For example, one individual's step down service was left blank in the treatment plan. Another individual's treatment plan stated "To be fully discharged

	after treatment from presenting symptoms." This is not a step down service. **Admission/Initial Evaluations/Screening for Risk** • Three of seven applicable records did not include American Society of Addiction Medicine (ASAM) Criteria for admission to the CSU for Withdrawal Management. **Crisis Stabilization Specific Treatment Planning** • None of the 11 applicable records reviewed contained documentation which supported that each individual's plan of care was discussed by the treatment team every 72 hours. Per staff, the treatment plan is developed by the individual and his or her therapist upon admission. The treatment plan is then discussed by the therapist, the prescribing practitioner, and RN on the next business day. Discussion of each individual's plan of care every 72 hours was not found in the treatment records. • None of the 11 applicable records reviewed contained documentation supporting that each individual was present or offered to participate in his/her treatment team meetings. CSU staff report that the individual being served does not attend treatment team meetings. **Crisis Stabilization Course of Stay** • Eight of 15 records reviewed did not contain documentation that the individual participated in one or more therapy/training services such as Individual Counseling, Family and Group Outpatient Services. Groups are held on the unit on a daily basis but the participation of individuals being served is not always noted in the clinical record. • Eight of 15 records reviewed did not contain documentation supporting that the individual was offered groups on the CSU as clinically necessary. Groups are held on the unit on a daily basis but the participation of individuals being served is not always noted in the clinical record. **Transition/Discharge Planning** • Three of 13 applicable records reviewed did not contain all documentation for discharge/aftercare plans. For example, one individual was discharged from the CSU on July 25th but did not receive a follow up appointment with the aftercare provider until July 28th. Another individual's record had no notation of discussion with the receiving agency. Another individual's discharge plan did not include the name of the receiving facility. **Non-Scored Items** • None of the 11 applicable records reviewed contained documentation of follow-up and connection to continuing care after discharge. • Three of eight applicable records did not include a reconciled medication list at the time of discharge. • One individual had been readmitted to the CSU within 30 days of a previous discharge. • Twelve of 15 records reviewed did not contain a minimum set of vital signs every eight hours. One individual did not have any vital signs taken in the first 24 hours and another individual did not have any vital signs taken during her last two days while in the CSU.

Focused Outcome Areas

90%

Strengths:

- The CSU employs a Licensed Clinical Social Worker (LCSW), a Licensed Associate Professional Counselor (LAPC) and a Licensed Master of Social Work (LMSW) who can provide one on one therapy, discharge planning, as well as, assisting with general case management functions on the unit.
- Visitors are escorted through a metal detector prior to entering the CSU.
- The CSU employs both male and female security guards 24 hours a day, seven days a week.
- The CSU is monitored via security cameras in all areas with the exception of bathrooms and individual bed rooms.

Opportunities for Growth:

Whole Health

- Five of ten applicable records reviewed did not contain documentation of safeguards utilized for medications which are known to have substantial risk or undesirable effects that have been identified (e.g. lab testing, Abnormal Involuntary Movement Scale (AIMS), assessments, etc.). Individuals were prescribed Haldol as well as Latuda without documentation of an AIMs being performed.

Safety

- Twelve of 15 records reviewed did not contain documentation that the individual or guardian had been educated on the risks/benefits of all medication prescribed as evidenced by a signed consent form that correlated to each medication.

Community Life

- Three of 14 applicable records documentation did not support staff and the individual discussed aftercare placement for discharge during their course of stay.

CSU Compliance with Service Guidelines		
Program Offerings		
1	The Crisis Stabilization Unit (CSU) meets all staffing requirements: a. Physician or staff member under Physician b. Full time Nursing Administrator is an RN c. RN present in facility at all times d. Staff to Individual ratio is based on acuity level e. Licensed or credentialed staff present to provide Individual, Group and Family Therapy	Yes
2	Child and Adolescent: There is at a minimum of (3) staff present within the C&A CSU including the charge nurse at all times. (If the charge nurse is an APRN, then he/she may not simultaneously serve as the accessible physician during the same shift.)	NA
3	Child and Adolescent: Staff to Individual ratio is no more than (4) Individuals to every (1) staff (including the charge nurse.)	NA
4	Child and Adolescent: Staffing demonstrates the ratio of nursing staff to individual's increases on the basis of the clinical care needs of the individual, including required levels of observation for high risk individuals.	NA
5	Provider adheres to their policy which define requirements and procedures for timely notification to prescribing professional regarding drug reactions, medication problems, medication errors and refusal of medications.	Yes
6	There are protocols for handling of licit and illicit drugs brought into the service setting. This includes confiscating, reporting, documenting, educating, and appropriate discarding of the substances. The provider adheres to said protocols.	Yes
7	Provider is adhering to their current policy and procedure for safe storage of medications.	Yes
8	Provider adheres to their Infection Control Plan.	Yes
9	Provider adheres to their Seclusion and Restraint procedures.	Yes
10	Provider adheres to their procedures for monitoring of therapeutic blood levels, if required by the medication, such as Blood Glucose testing, Dilantin blood levels and Depakote blood levels; kidney or liver function tests.	Yes
11	Individuals who are Deaf, Deaf-Blind, and Hard of Hearing Policies and procedures are present for adherence to Required Components of Crisis Service Plans for Provision of Crisis Services to Individuals who are Deaf, Deaf-Blind, and Hard of Hearing.	Yes
12	NON-SCORED: The agency has an identified Model or Curriculum for SU treatment on the CSU.	Yes
Staff Training		
13	The agency has a physician who is either on site or available twenty-four (24) hours a day by telephone with 3.7-WM.	Yes
14	If the CSU physician(s) is/are not a psychiatrist there is one available for consultation.	NA
15	Does the agency have an Addictionologist on staff in the CSU or access to one for consultation?	Yes
16	NON-SCORED: Child and Adolescent: Does the C&A CSU provide services under the direction of a psychiatrist with training or experience in working with children and youth?	NA

	# Yes	# No	# NA	SCORE
	10	0	4	100%

CSU Compliance with Service Guidelines

100%

Strengths:

- The facility employs three full time physicians, two psychiatrists and one family practitioner. The agency has an Addictionologist available for consultation.
- The facility employs six physician extenders, one full time and five on a part time basis. These staff members cover crisis walk in individuals and temporary observation on nights and weekend.
- The daily CSU unit schedule includes mental health and substance abuse groups as well as a medication education group which is conducted by the nursing staff.
- Both Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups are held four times a week.

Opportunities for Growth:

- There were no opportunities for growth noted during this review.

Additional Comments on Practices

Practices/Concerns beyond the general scope of the review were discovered by the Quality Assessors that may have the potential to impact service delivery, quality of care, or may represent a risk for the provider. The following practices or concerns were noted during the review:

Strengths:

- Although a claims review of billed units was not part of this review, it is noted there were no potential billing issues identified during this review.

Opportunities for Growth:

- One paper record contained the documentation of the incorrect individual.
- During the tour of the facility there were a couple of issues noted with the physical appearance of the building. The issues noted were as follows:
  - Sheetrock in the CSU area was damaged and in need of repainting.
  - A blue latex glove was noted on the ground in the outdoor exercise yard used by individuals.

Technical Assistance Recommendations

Providers are reminded of the responsibility to maintain internal processes which ensure immediate and permanent corrective actions on issues identified during the quality review process. DBHDD may request corrective action plans (CAPs) as quality review findings warrant as well as review agencies' internal documentation regarding corrective actions and ongoing quality assurance and quality improvement.

Individual Record Review
Assessment/Treatment Planning/Billing Individual Record Review
Ensure co-occurring health conditions, to include MH/IDD/SA/Medical/Physical, in addition to the primary presenting condition, have been assessed, addressed, coordinated, and documented if applicable in the Individual Recovery Plan (IRP) or Nursing Care Plan (NCP).
Ensure the discharge plan includes specific step-down service/activity/supports to meet individualized needs.
Admission/Initial Evaluation/Screening for Risk
Ensure Individual meets ASAM Admission Criteria for Medically Monitored Residential Withdrawal Management.
Crisis Stabilization Specific Treatment Planning
Ensure the individual's plan of care is discussed a minimum of once every 72 hours with the treatment team.
Ensure the individual was present or offered to participate in his/her plan of care discussion during treatment team.
Crisis Stabilization Course of Stay
Ensure the Individual participated in one or more therapy/training services such as Individual Counseling, Family and Group Outpatient Services.
Ensure documentation supports the Individual is offered groups on the CSU.
Transition/Discharge Planning
Ensure Discharge/Transition plans include required documentation specifically a follow up appointment within 24 to 48 hours after discharge, documentation of discussion with the receiving facility and name of the receiving facility.
Non-Scored
Ensure there is evidence in the medical record of follow-up and connection to continuing care.
Ensure the individual receive a reconciled medication list at the time of discharge.
Ensure there is a minimum set of Vital Signs every 8 hours.
Focused Outcome Areas
Whole Health

	Ensure there are documented safeguards utilized for medications which are known to have substantial risk or undesirable effects that have been identified (e.g. lab testing, AIMS, assessments, etc.)
	Safety
	Ensure there is documentation the Individual (or legal representative, guardian/parent of a minor) has been educated on the risk/benefits of all medications prescribed and there is a signed consent form that correlates to each medication.
	Community Life
	Ensure documentation of transition planning is evident throughout service delivery, involves the Individual, family or other supports, and includes specific objectives that are to be met prior to decreasing the intensity of the service or discharge.