YOUTH COMMUNITY CRISIS STABILIZATION (YCCS) FOR CHILDREN AND ADOLESCENTS

PURPOSE

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at providerexpress.com.

Providers contracted for this level of care or service are expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations, and all requirements of these service-specific performance specifications. In addition, providers of all contracted services are held accountable to the General Performance Specifications. Where there are differences between the service-specific and General Performance Specifications, the service-specific specifications take precedence.

OVERVIEW

The Youth Community Crisis Stabilization (YCCS) is provided to children/adolescents up to and including the age of 18 (youth ages 18-20 may be eligible for admission based on a program's licensing requirements and an Enrollee's clinical needs) with behavioral health symptoms that require a 24-hour-per-day, seven-day-per-week, staff-secure (unlocked) treatment setting. The primary function of YCCS is to provide short-term crisis stabilization, therapeutic intervention, and specialized programming in a staff-secure environment with a high degree of supervision and structure. YCCS provides active treatment that includes restoration of functioning; strengthening the resources and capacities of the youth, family, and other natural supports; and ensuring a timely return to previous living environment. YCCS treatment is carefully coordinated with existing and/or newly established treatment provider(s). Admissions from the community will be the priority for this level of care. Admissions are expected to occur 24/7/365.

YCCS services are provided in the context of a comprehensive, multi-disciplinary, and individualized treatment plan that is frequently reviewed and updated based on the youth's clinical status and response to treatment. Acute therapeutic services include but are not limited to comprehensive assessment; medication evaluation and pharmacologic interventions; nursing and milieu support; individual, group, and family therapy; care management; family consultation; and peer/family support and discharge planning, including coordination with school and providers.

YCCS services are provided in a comfortable, youth- and family-friendly environment conducive to recovery and stabilization.

SERVICE COMPONENTS

1. Therapeutic programming is provided seven days per week, including weekends and holidays, with sufficient professional and support staff to maintain an appropriate milieu and to conduct the services below, based on individualized Enrollee needs.
2. Admissions are accepted 24/7/365.
3. The scope of required service components provided in this level of care includes, but is not limited to, the following:
   a) Intensive Therapeutic Milieu (1:3 minimum Direct Care: youth ratio)
   b) Comprehensive Assessment:
      i. Psychosocial assessment including individual, and family needs and strengths
      ii. Medical history and physical
      iii. Substance use disorder screening using the CRAFFT or other evidence-based screening tool, with appropriate integrated treatment or referral, as clinically indicated
      iv. Suicide risk screening using an evidence-based screening tool
   c) Pharmacological evaluation and treatment (including daily medication reconciliation):
      i. Upon admission, the program is responsible for ensuring that each youth has access to medications prescribed for physical and behavioral health conditions and documents accordingly in the youth's health record. Medication reconciliation will be performed upon admission to avoid inadvertent inconsistencies in medication prescribing that may occur in transition of a youth from one care setting to another.
   d) Treatment planning that develops a youth- and family-centered treatment plan that specifies the goals and actions to address the medical, social, therapeutic, educational, and other strengths and needs of the youth.
   e) Daily individual, group, and family therapy focused on skills building and stabilization, which may include Dialectical Behavioral Therapy (DBT), social skills, Cognitive Behavioral Therapy (CBT), introduction to Brief Motivational Intervention for Substance Use and recreational groups such as art therapy, pet therapy, etc.
   f) Daily wellness activities, including but not limited to physical exercise, nutrition, yoga, meditation, mindfulness, etc.
   g) Development of behavioral plans and crisis/safety plans, as part of the Crisis Planning Tools for youth.
   h) Discharge planning, beginning at admission, that includes:
      i. Assisting the family and/or the previous placement provider in identifying appropriate treatment team members;
      ii. Facilitating the treatment team meeting to identify the family's needs and strengths as well as strategies the family and youth successfully employ to meet their needs; and
      iii. Contacting the Enrollee's school to develop a plan for facilitating school re- entry following the brief admission.
4. The program has the capacity to refer and arrange appointments that may be clinically indicated to occur post-discharge, including, but not limited to, the following:
   a) Outpatient individual, group, and/or family therapy

b) Partial hospitalization
c) Assessment for Safe and Appropriate Placement (ASAP)
d) Psychological testing, if clinically indicated, for stabilization and/or to address diagnostic and treatment questions central to the YCCS assessment, treatment, and discharge planning process
e) Neuropsychological testing
f) Nutritional counseling
g) Substance use disorder assessment and treatment planning including access to medication to treat opioid use disorders (MOUD)

5. All necessary consultation services resulting from the psychiatric evaluation, medical history, and physical, or that is subsequently identified during the admission, are provided within 24 hours of identification of Enrollee's need. All services are documented in the youth's health record. This may include consultation available within the Community Behavioral Health Center (CBHC) or externally, such as Massachusetts Child Psychiatry Access Program (MCPAP) for ASD/ID (Autism Spectrum Disorder/Intellectual Disability) for youth with ASD or an intellectual disability.
6. Parent/caregiver contact and involvement:
   a) Admission: The program may have verbal consent from the parent/legal guardian for admission and makes documented attempts to have the parent, guardian, and/or previous placement provider attend an on-site admissions meeting, within 12 hours, unless clinically or legally contraindicated. The program provides the parent/legal guardian with all relevant information related to maintaining contact with the program and the youth during admission, including names and phone numbers of staff including the primary treatment staff (e.g., social worker, care coordinator, discharge planner, etc.).
   b) Throughout an admission, parent/guardian access to their children is a right and is not to be denied unless it is explicitly clinically or legally contraindicated. The program assumes and ensures daily access to children and adolescents for the parent/guardian. Parent/guardian access is never prohibited as part of behavioral programming. All decisions relative to visitation and/or contact with parents/guardians are documented in the youth's health record.
   c) The program provides accommodations for youth to use telephones/virtual platforms (free of charge) including allowing youth to speak with family members in their native language and providing postage stamps, to maintain contact with parents, guardians, family members, legal counsel, or caregivers, as legally allowed and clinically indicated.
   d) The program is expected to involve parents/guardians or other caregivers in all aspects of treatment while the youth is at the program.
7. The program must have an active license by the appropriate state agency and notify all insurance plans within 24 hours if there is a change in licensure status.
8. The program must adhere to all requirements associated with the Massachusetts Behavioral Health Access (MABHA) website:
   a) Update available capacity three times each day at a minimum, seven days per week, 365 days per year
   b) Keep all administrative and contact information up to date on the website

c) Train staff on use of website to locate other services for youth, particularly in planning aftercare services

STAFFING REQUIREMENTS

1. The program has sufficient and appropriate personnel to accept and admit youth and to discharge youth 24/7/365. The program maintains a 1:3 staff-to-youth ratio during all waking hours.
2. The program collaborates and coordinates with the youth's treating providers, including primary care provider and psychopharmacological provider, within 24 hours of youth admission.
3. The program has a written staffing plan that delineates (by unit, day, and shift) the number and credentials of its professional staff, including attending child psychiatrist(s), nurses, social workers, psychologists, and other mental health professionals, in compliance with its licensed capacity. The program director or supervisor collaborates with the medical director on the development and maintenance of the staffing plan.
4. The program appoints a medical director who is a board-certified or board-eligible child psychiatrist who is fully integrated into the administrative and leadership structure of the YCCS program and is responsible for clinical and medical oversight, quality of care, and clinical outcomes across all YCCS service components, in collaboration with the program director or supervisor and the clinical leadership team.
   a) It is expected that the CBHC shall appoint one of the psychiatrists, who is in the staffing pattern for the Youth Community- Based Mobile Crisis Intervention (YMCI), also known as Mobile Crisis Intervention (MCI) and/or YCCS (if applicable) and works directly in one or both of those service components on at least a part- time basis, as the youth Medical Director. They may also be the Medical Director of the CBHC and/or have other similar roles in that organization. If the CBHC subcontracts with another agency to provide YCCS services, the subcontracted agency must provide its own YCCS Medical Director. This individual shall be available for clinical consultation to YCCS staff members. Psychiatric consultation shall be provided in a variety of clinical and administrative areas, including consultation specific to the assessment, treatment, and disposition of individuals in the process of receiving YCCS services as well as negotiating issues related to medical screening and inpatient admissions.
   b) The Medical Director's role may include the provision of direct psychiatry services and includes:
      i. Teaching, training, and coaching; and
      ii. Oversight and monitoring of prescribing clinicians.
   c) The Medical Director's role also includes the following functions, in collaboration with the program director or supervisor and the clinical leadership team:
      i. Attendance at multi-disciplinary team meetings;
      ii. Consulting with the multi-disciplinary team;
      iii. Integration of a thorough biopsychosocial assessment that can be used for treatment planning within the YCSS program and in the youth's home and community;
      iv. Development of therapeutic programming; and
      v. Ensuring that programs remain child-focused and family-centered.

5. The staff includes a YCCS program director who is an independently licensed master's- level clinician. They are responsible for the clinical oversight and quality of care within the YCSS program, in collaboration with the medical director, and ensure the provision of all YCCS service components. They are available for consultations regarding emergency or urgent situations.
6. Staff includes at least one FTE family support staff and ability to access young adult peer mentor supports. The family support staff ensures every parent/guardian of the youth is contacted within 12 hours of admission.
   a) Family support staff shall provide ongoing support to families in navigating the behavioral health system and will support brief interventions that address a youth's behavior and safety. These staff members shall have lived experience as caregivers of youth with special needs, preferably youth with behavioral health needs.
   b) Young adult peer mentors shall work with YCCS clients on life skills, specifically teaching skills to help youth successfully cope with a behavioral health diagnosis. These staff must have lived experience in coping with a serious behavioral health condition(s).
7. Staff includes mental health counselors with bachelor's degrees or minimum high school diploma or equivalent who provide milieu support to youth. Youth have access to supportive milieu and clinical staff, as clinically indicated, 24/7/365, including at least two awake, supportive overnight staff. Peer-certified and/or recovery coach staff are preferred.
8. Staff includes a Child Psychiatrist or Psychiatric Advanced Practice Registered Nurse (APRN) with child/youth training. The Child Psychiatrist shall provide psychiatric assessment, medication evaluations, medical management, and shall contribute to the comprehensive assessment and discharge planning. The program may employ a Psychiatric Advanced Practice Registered Nurse (APRN) to provide psychiatric care, within the scope of their license and under the supervision of the medical director or another attending child psychiatrist, as outlined within these performance specifications. The program has adequate child psychiatrist/APRN coverage to ensure all performance specifications related to psychiatry are met:
   a) The program assigns a Child Psychiatrist/APRN, who may be the Medical Director, to each youth to conduct the initial evaluation of each youth within one day of admission, seven days per week.
   b) Psychiatric care consists of the provision of psychiatric and pharmacological assessment and treatment to youth in the YCCS program and is provided by a board-certified Child Psychiatrist/APRN.
   c) When a child's treating Psychiatrist/APRN is not on-site at the YCSS, another Child Psychiatrist, or a child psychiatry fellow/trainee or APRN who has access to a child psychiatrist for consultation, is available for phone consultation within 30 minutes of a request.
   d) A face-to-face evaluation occurs within 60 minutes of staff request when clinically indicated through an assessment by qualified staff. The face-to-face psychiatric evaluation is provided on-site by the Medical Director, another Child Psychiatrist, a child psychiatry fellow/trainee, or an APRN.
9. Staff includes a Nurse Manager. The Nurse Manager is a management position available to provide supervision and oversight across YMCI service components as needed, with primary responsibility within the YCCS. They shall fill physician orders; administer medication; take vital signs; coordinate medical care; contribute to comprehensive assessment; conduct brief crisis

counseling and individualized risk management/safety planning; provide psychoeducation; and assist with discharge planning and care coordination.

10. The program has appropriately trained nursing staff (RN, LPN), available 24 hours a day to perform the functions below. These functions include:
    a) RN staff perform the following core functions: fill physician orders; administer medication and engage in a medication reconciliation process, as outlined within the Components of Service section of these specifications; take vital signs; coordinate medical care; contribute to the comprehensive assessment; provide brief crisis counseling, individualized crisis prevention planning, and/or psychoeducation; and assist with discharge planning and care coordination.
    b) In alignment with their licensure level, LPN staffing shall assist the nurse manager with filling physician orders, administering medications, and monitoring vital signs inclusive of withdrawal symptoms. They shall also work with the bachelor's-level staff in ensuring an environment that promotes safety, recovery, and treatment. They shall contribute to assessment, individualized risk management/safety planning, discharge planning, and care coordination.
    c) After hours, the on-call child psychiatrist should be consulted regarding acute or ongoing medical issues and concerns.
11. Staffing includes at least one master's-level clinician on-site at a minimum of 12 hours per day, seven days per week. Clinicians shall be primarily responsible for conducting comprehensive assessments inclusive of the use of standardized assessment tools for suicide risk, brief crisis counseling, individualized risk management/safety planning, psychoeducation, discharge planning, and care coordination. The master's-level clinician will conduct or oversee individual, group, and family therapy. When a master's-level clinician is not on-site, a master's-level or doctoral- level clinical supervisor is available for telephonic consultation within 30 minutes. The program provides all staff with at least one hour of weekly supervision (individual, dyad, or group) appropriate to their level of licensure.
12. All staff receive training and ongoing updated information regarding the current continuum of care that is available for youth upon discharge, including but not limited to CBHCs and other outpatient services, Children's Behavioral Health Initiative (CBHI) services, Family Resource Centers, state agency services including Department of Children and Families (DCF) and Department of Mental Health (DMH) services, educational services including special education, and family supports. Staff is knowledgeable enough about these resources to develop clinically appropriate treatment and discharge plans that can be implemented in a timely manner.
13. All staff receive documented training in: Zero Suicide Framework; Systems of Care philosophy; family systems; peer support; partnering with parents/guardians; child and adolescent development; overview of the clinical and psychosocial needs of the target population (e.g., substance use disorder and/or co-occurring disorders, trauma-informed care, ethnic, cultural, and linguistic considerations of the community, family-centered practice, crisis prevention intervention (CPI), or equivalent program); mandated reporting; psychotropic medications and possible side effects; risk management/safety plans; and family-driven crisis planning/management.
14. All clinical staff are additionally trained in the UMass Clinical Assessment and Intervention training, Dialectical Behavioral Therapy skills, and Cognitive Behavioral Treatment.

SERVICE, COMMUNITY AND OTHER LINKAGES

1. The program develops a Memorandum of Understanding (MOU) and actively works with each of the local CBHCs/YMCIs. The program maintains, via affiliation agreements linkages with other step-down resources across the BH continuum of care for children and adolescents, including but not limited to partial hospital programs, CBHI services, and outpatient providers to which the program refers youth, to enhance continuity of care for youth.
2. With parent/guardian consent, the program collaborates with any involved state agencies to coordinate service provision, to facilitate consensus and consistency among service plans.
3. The YCCS program leadership holds monthly meetings with the CBHCs/YMCIs on clinical and administrative issues, as needed, to enhance the referral and admission process and continuity of care for youth. On a youth-specific basis, the program collaborates with all YMCI providers upon admission to ensure the YMCI's evaluation and treatment recommendations are received, and any existing crisis plan is obtained from the YMCI.
4. The program participates in the local Community Service Agency (CSA) System of Care monthly meetings.

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. The YCCS program responds within 60 minutes to requests for admission, including during evenings and weekends. The program accepts and admits youth 24/7/365, as follows:
   a) Decision to accept or decline a referral must be made within 60 minutes;
   b) MCI may request a subsequent review for any declined referrals, which must be conducted within 60 minutes of request;
   c) Ninety percent of referrals should be accepted without subsequent review within 60 minutes; and
   d) YCCS is required to maintain a log of all referrals including date/time of referral and decision with explanation for all referrals declined. This log should include the age of the referred youth but should not include Protected Health Information.
2. A master's-level or doctoral-level child-trained clinician shall conduct a comprehensive biopsychosocial assessment within 12 hours of admission, or as soon as the youth and family are able to participate in the process.
3. A board-certified Child Psychiatrist/APRN or child psychiatry fellow/trainee provides an initial evaluation within 24 hours of admission, which must include input from the child's parent/caregiver. The assessment includes the psychiatric, pharmacological, and social emotional needs of the youth, including a clinical formulation that explains the youth's acute condition and symptoms of clinical concern.
4. For all youth, a medical assessment of each youth is conducted by qualified staff (e.g., psychiatrist, APRN, or RN) within 12 hours of admission, if one was not completed within the past 24 hours. Please note that youth should not be required to receive an ED-provided "medical clearance" as a condition of admission to YCCS, except in rare cases when an acute medical situation may impact care in the YCCS.
5. The attending child psychiatrist meets with the youth at least once every 24 hours, writes psychiatry notes in the youth's health record, and coordinates with the existing prescriber if there is one. The attending child psychiatrist is an active participant on the youth's treatment team and is available to consult with other members of the treatment team throughout the youth's length of stay.

6. The program ensures that the comprehensive assessment:
   a) Identifies current providers and collateral contacts to obtain more comprehensive information and insight into the youth and their family;
   b) Works toward building consensus in identifying strengths and developing a future vision for the youth;
   c) Addresses precipitating events that lead to the current admission; and
   d) Includes recommendations that identify of the clinical, social, and medical components needed to support the youth and parent/guardian in ensuring a safe return to home, school, and community.
7. The program assigns a multi-disciplinary treatment team to each youth within 12 hours of admission. The program's treatment team reviews the comprehensive assessment and psychiatric assessment and in collaboration with the youth and family develops an initial treatment plan within 24 hours of the youth's admission. The school should be part of the treatment team whenever feasible, as return to school is essential for a successful transition home.
8. The youth- and family-centered treatment plan will:
   a) Specify the goals and actions to address the medical, social, therapeutic, educational, and other strengths and needs of the youth;
   b) Identify strategies to support youth/family/guardian in reducing stressors that lead to YCCS; and
   c) Work with the youth/family to identify strategies for preventing future crises.
9. The program coordinates with existing service providers, which may include Intensive Care coordinators (ICCs), In-Home Therapy (IHT), PCP/PCC, CBHC, and others.
10. The discharge plans specifically focus on identification of anticipated services that will facilitate and support the youth's rapid return to the community. A determination is made and documented regarding the clinical appropriateness of the service, and/or other clinical services, to facilitate and support the youth's rapid return to the community.
11. The program makes referrals where clinically indicated within 24 hours of admission. A main purpose is to ensure the participation of the community-based provider in planning for the youth's transition home. In the instance where a youth requires more intensive clinician intervention, partial hospitalization should be considered to augment other services upon discharge.
12. The treatment plan and discharge plan are reviewed and updated as appropriate by the multi- disciplinary treatment team at least every 24 hours, based on each youth's individualized progress. During each review the YCCS program team:
   a) Collaborates with youth's ongoing or newly involved behavioral and physical health providers, school personnel, and/or other service providers regarding care coordination and discharge planning;
   b) Includes every treatment team member in treatment planning meetings (virtually or in person). If a treatment team member is unable to participate in a team meeting, it is documented in the youth's record, and outreach and follow-up is done to those team members unable to attend; and
   c) Continues to identify the services needed to facilitate the youth's return to the community and arranges those services.
13. Assessments, treatments, and discharge plans, along with all coordination/treatment planning activities, are documented in the youth's health record.
14. The program makes every effort to have daily family therapy session, which may include youth, parent, guardian, siblings, grandparents, etc. The session should focus on helping the family/caregivers understand the clinical needs and how to

support the youth and may include skills development and psychoeducation for both the youth and family/caregivers.

15. Clinical staff provides information to the youth and family about wellness, recovery, crisis self- management, and how to access wellness and recovery services in their community.

Discharge Planning and Documentation

1. The program conducts discharge seven days per week, 365 days per year.
2. The program ensures that active and differential treatment planning and discharge planning is implemented for each youth by qualified staff who are knowledgeable about the medical necessity criteria for all covered services.
3. Discharge planning begins at admission, including plans for reintegration or integration into the home or other identified living situation, school, and community.
4. Prior to discharge, the program assists youth in obtaining post-discharge appointments, as follows:
   a) Within two calendar days of discharge, there shall be appointments for appropriate behavioral health services; and within seven calendar days of discharge, there shall be appointments for medication monitoring, if necessary.
   b) Scheduling post-discharge appointments may not be designated to aftercare providers or to the parent/guardian to be completed before or after the youth's discharge. These discharge planning activities, including the specific aftercare appointment date/time/location(s), are to be documented in the youth's health record.
   c) If there are barriers to accessing covered services, the program notifies the youth's health plan as soon as possible to obtain assistance.
   d) All such activities are documented in the youth's record.
5. Prior to discharge, with consent, the program contacts the youth's school to ensure a smooth transition back into school.
6. In preparation for discharge, the program develops or updates a crisis plan with the youth and their family/caregiver and sends a copy to the CBHC/YMCI director at the youth's local CBHC/YMCI provider with parent/guardian consent. At the time of discharge, the program ensures that the parent/guardian and youth have a copy of the crisis plan.
7. The program conducts a discharge meeting with the multi-disciplinary team, inclusive of the parent/guardian and any youth, age 9 or older, as clinically and developmentally indicated.
8. The program provides, with appropriate consents, a written discharge summary (or other such document(s) that contain the required elements) no later than within 48 hours of the youth's discharge to the youth, parents/guardians/caregivers, primary care provider, school, and current behavioral health providers. The discharge summary is documented in the youth's health record and includes a summary of:
   a) The course of treatment;
   b) The youth's progress;
   c) The treatment interventions and behavior management techniques that were effective in supporting the youth's progress;
   d) Medications prescribed;
   e) Recommended behavior management techniques when applicable; and
   f) Treatment recommendations, including those that are consistent with the service plan of the relevant state agency for youth who are also involved with DMH, Department of Developmental Services (DDS), Department of Youth Services (DYS), or DCF; and/or the youth's Individual Care Plan (ICP) for those enrolled in Intensive Care Coordination (ICC).

QUALITY MANAGEMENT

1. The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.
3. Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of this service.
4. Providers must report any adverse incidents and other reportable events that occur to the relevant authorities.