



SBH-ASO POLICIES AND PROCEDURES

Policy Name: CRISIS STABILIZATION SERVICES

Policy Number: UM805

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PURPOSE

The purpose of this policy is to ensure the provision of Crisis Stabilization Services to non-Medicaid individuals in the Salish region as available resources allow and subject to eligibility and medical necessity review.

POLICY

Crisis Stabilization Services are provided to individuals who are experiencing a behavioral health crisis. These services are to be provided in a home-like setting, or a setting which provides safety for the individual and the staff, such as facilities licensed by the Department of Health (DOH) as either a Crisis Stabilization or Crisis Triage facility.

PROCEDURE

A. Stabilization Service Program Elements

1. 24 hours per day/7 days per week availability.
2. Services may be provided prior to intake evaluation.
3. Services must be provided by a Mental Health Professional (MHP), or under the supervision of an MHP.
4. SBH-ASO provides for these services in a home-like setting, or a setting that provides for safety of the person and the staff.
5. Service is short-term and involves, but is not limited to, face-to-face assistance with life skills training and understanding of medication effects and follow-up services in accordance with HCA BH-ASO Contract and regulatory requirements.
6. Services may be provided as follow-up to crisis services or to those determined by an MHP to need additional stabilization services.

7. Have a written plan for training, staff back-up, information sharing, and communication for staff members who are providing stabilization services in an individual's private home or in a nonpublic setting
8. Have a protocol for requesting a copy of an individual's crisis plan
9. Ensure that a staff member responding to a crisis is able to be accompanied by a second trained individual when services are provided in the individual's home or other nonpublic location
10. Ensure that any staff member who engages in home visits is provided by their employer with a wireless telephone, or comparable device, for the purpose of emergency communication as described in RCW [71.05.710](#)
11. Have a written protocol that allows for the referral of an individual to a voluntary or involuntary treatment facility
12. Have a written protocol for the transportation of an individual in a safe and timely manner, when necessary.
13. Document all crisis stabilization response contacts, including identification of the staff person(s) who responded.

B. Stabilization Service Outcomes

1. Evaluate and stabilize individuals in their community and prevent avoidable hospitalization;
2. Provide transition from state and community hospitals to reduce length-of-stay and ensure stability prior to moving back into the community;
3. Actively facilitate resource linkage so individuals can return to baseline functionality; and
4. Provide follow-up contact to the individual to ensure stability after discharging from a facility.

Referral, Inclusion, and Exclusionary Criteria

Crisis stabilization providers shall use standardized admission and exclusion criteria for crisis stabilization services.

A. Whenever possible, referrals to crisis stabilization will include the following information:

1. Behaviors or behavioral health symptoms that cause concern or require special care or safety measures;
2. An evaluation of the individual's cognitive status and current level of functioning, including any disorientation, memory impairment, and impaired judgment;
3. History of mental health issues, including suicidality, depression, and anxiety;
4. Social, physical, and emotional strengths and needs;
5. Current substance use;
6. Functional abilities in relationship to Activities of Daily Living (ADLs) and ambulation; and

7. Current medications and medical needs.

When information is not available at the time of the referral, program staff will strive to gather information as services are provided and use this information as clinically appropriate in the provision of services.

B. Inclusionary Criteria

1. Anyone in the region 18 years or older, experiencing an acute behavioral health crisis.
2. Individuals must be willing to admit to a voluntary facility.
3. Individuals, if a risk to self, must be willing to engage in safety planning.
4. Individuals must be willing and able to comply with program rules regarding violence, weapons, drug/alcohol use, medication compliance, and smoking.
5. Individuals must have the ability to maintain safe behavior towards staff and other residents of the facility.
6. Individuals must be willing to accept medications as prescribed and/or be able to self-administer prescribed medications.
7. Individuals must be able to perform basic ADLs and be able to self-ambulate.

C. Exclusionary Criteria

1. Individuals needing immediate medical intervention for an acute or chronic condition or whose ongoing medical needs exceed the capacity of the facility or home setting.
2. Individuals who present a high likelihood of violence or arson at time of admit.
3. Any non-emergent referral for Crisis Stabilization Services.

Utilization Management

Crisis Stabilization Services are provided in a home like setting or in a facility licensed by DOH as either Crisis Stabilization Units or Crisis Triage. Authorization of payment is based on eligibility, subject to medical necessity, and within available resources.

A. Certification of Services

1. Emergent Admission:
 - a. Emergent Referrals are those instances where the individual is referred for Crisis Stabilization Services by one of the following:
 - i. Hospital Emergency Department
 - ii. Law Enforcement
 - iii. DCR
 - b. No Prior Authorization is required. Notification to SBH-ASO is required within 24 hours of admit.

- c. Concurrent review is conducted within one (1) business day from receipt.
- 2. Concurrent/Continued Stay Review Requests:
 - a. Prior Authorization is required for all continued stay requests previously certified by SBH-ASO. Authorization of ongoing services are limited to three to five (3-5) days depending on medical necessity.
 - b. Concurrent/Continued Stay Authorization Requests must be submitted using the SBH-ASO protocol within one (1) business day before the expiration of the current authorization period.
 - c. Concurrent/Continued Stay reviews will be completed within one (1) business day.

Discharge Planning Standards

- A. Planning for discharge is expected to begin at admission.
- B. Prior to any planned discharge
 - 1. A referral to a behavioral health provider for outpatient services.
 - 2. Information regarding available crisis services and community-based supports.
- C. Prior to any unplanned discharge, the program shall review current risk and necessary supports.
 - 1. If significant risk is indicated, program staff shall request ongoing services to continue stabilization or a request for Mobile Crisis Outreach.
 - 2. A referral to a behavioral health provider for outpatient services.
 - 3. Information regarding available crisis services and community-based supports.