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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1700 – Crisis Stabilization: Crisis Stabilization in a Crisis Stabilization Triage or Facility

Authorizing Source: 246-341-1140

Approved by: Executive Director Date: 3/12/2024 Signature:

POLICY # 1701.00

SUBJECT: CRISIS STABILIZATION IN A CRISIS STABILIZATION OR TRIAGE FACILITY

PURPOSE

Crisis Stabilization Services in a Crisis Stabilization and triage are provided to non-Medicaid individuals in the North Sound region as funding resources allow and subject to medical necessity review. Please see North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Policy 1574.00 – State General Funds and Mental Health Block Grant (MHBG) Funding Plan and Policy 1594.00 – Utilization Management (UM) Requirements.

POLICY

Stabilization Services are provided to individuals who are experiencing a mental health crisis. These services are to be provided by an agency certified to provide Crisis Stabilization or Triage Services. An agency certified to provide crisis stabilization unit or triage services must meet the service standards for residential and inpatient behavioral health services in WAC 246-341-1105 and the applicable standards in WAC 246-341-1131 if providing involuntary crisis stabilization unit or triage services. For persons admitted to the crisis stabilization unit or triage facility on a voluntary basis, the individual service record must meet the individual service record requirements in WAC 246-341-0640. Stabilization services shall include short-term face-to-face assistance with life skills training and understanding of medication effects. This service includes, a) follow-up to crisis services; and b) other individuals determined by an MHP to need additional stabilization services. Stabilization services may be provided prior to an intake evaluation.

STANDARDS

1. Stabilization Service Program Elements
 - a. 24 hours per day/7 days per week availability.
 - b. Services may be provided prior to intake evaluation.
 - c. Services provided in: In a 23-hour crisis relief center or home-like setting, which may include a “living room” model in a crisis stabilization setting; or
 - d. A facility licensed by Department of Health and certified as either Crisis Stabilization Units or Crisis Triage Facilities; or
 - e. In the person’s home or other community setting via a stabilization team.
 - f. Service is short term and involves assistance with life skills training and understanding of medication effects.
 - g. Service provided as follow up to crisis services; and to other persons determined by mental health professionals in need of additional stabilization services.
 - h. Additional mental health, or SUD services, may also be reported on the same days as stabilization when provided by a staff not assigned to provide stabilization services.

2. Stabilization Service Outcomes

- a. Evaluate and stabilize individuals in their community and prevent unnecessary hospitalization.
- b. Provide transition from state and community hospitals to reduce length-of-stay and ensure stability prior to moving back into the community.
- c. Actively facilitates resource linkage so individuals can return to baseline functionality; and
- d. Provide follow-up contact to the individual to ensure stability after discharging from the facilities.

Referral, Inclusion and Exclusionary Criteria

Providers of Crisis Stabilization Units and Triage are required to ensure policies and procedures for referral admissions, inclusions and exclusion criteria that meets applicable WAC 246-341 and National Guidelines for Behavioral health Crisis Care Best Practices.

Utilization Management

Authorization of payment is based on eligibility outlined in Policy 1574.00 – State General Funds & Mental Health Block Grant Funding Plan *and* subject to Utilization Management requirements defined in Policy 1594.00 – Utilization Management Requirements.

Discharge Planning

Planning for discharge is expected to begin at admission and incorporate best practices to ensure individuals are connected to appropriate follow up supports.

1. Crisis Stabilization services will include developing written discharge plans that are provided to the individual at the point of discharge. This plan will contain, at a minimum:
 - a. If significant risk is indicated, program staff shall request ongoing services to continue stabilization or if clinically indicated, contacting North Sound BH-ASO's Regional Crisis Line (RCL) or Mobile Rapid Response Crisis Teams (MRRCT) or Designated Crisis Responders (DCRs).
 - b. The program will provide after care follow up and transition of care support with the identified care professionals upon discharge.
 - a. Medications will be reviewed and monitored in a manner that meets all applicable contractual, licensing, and regulatory requirements.

ATTACHMENTS

None