

2.10 EMERGENCY/CRISIS SERVICES

2.103 Crisis Residential/Crisis Stabilization Unit (Adult)

Description of Service: This level of care provides a facility-based program where adult patients with an urgent/emergent need can receive crisis stabilization services in a safe, structured setting. It provides continuous 24-hour observation and supervision for individuals who do not require intensive clinical treatment in an inpatient psychiatric setting and would benefit from a short-term, structured stabilization setting. Services at this level of care include crisis stabilization, initial and continuing bio-psychosocial assessment, care management, medication management, and mobilization of family/significant other support and community resources. This level of care may or may not be provided in a medical setting and may be used as an alternative to an inpatient hospitalization. Some of the functions such as medication administration and titration, and physical care will require access to medical services while other services can be provided by mental health professionals who are licensed and credentialed to provide interventions such as individual therapy, family therapy, and crisis counseling based on State licensure and certification requirements. This level of care would provide an initial assessment by a licensed mental health professional prior to admission followed by a face to face psychiatric evaluation within 24 hours. The primary objective of the crisis residential service is to promptly conduct a comprehensive assessment of the patient and to develop a treatment plan with emphasis on crisis intervention services necessary to stabilize and restore the patient to a level of functioning which requires a less restrictive level of care. Active family/significant other involvement is important unless contraindicated; frequency should occur based on individual needs. Unless used as a substitution for inpatient hospitalization services, duration of CSU services generally should not exceed seven days, by which time a determination of the appropriate level of care will be made and facilitation of appropriate linkages coordinated by treatment team.

Criteria

Admission Criteria

The following criteria are necessary for admission to this level of care:

1. The Individual demonstrates a significant incapacitating or debilitating disturbance in mood/thought/behavior interfering with ADLs to the extent that immediate stabilization is required; **and**
2. The Individual demonstrates active symptomatology consistent with a DSM-IV-TR (Axes I-V) diagnosis which requires and can reasonably be expected to respond to intensive, structured intervention within a brief period of time; **and**
3. Clinical evaluation of the individual's condition indicates recent significant decompensation with a strong potential for danger to self or others and individual cannot be safely maintained in a less restrictive level of care; **and**
4. The Individual requires 24-hour observation and supervision but not the constant observation of an inpatient psychiatric setting except where being used as an alternative to an inpatient level of care; **and**
5. Clinical evaluation indicates that the individual can be effectively treated with short-term intensive crisis intervention services and returned to a less intensive level of care within a brief time frame; **and**
6. A less intensive or restrictive level of care has been considered or tried; **or**
7. Clinical evaluation indicates the onset of a life-endangering psychiatric condition, but there is insufficient information to determine the appropriate level of care and it is reasonably expected that a short term crisis stabilization period in a safe and supportive environment will ameliorate the individual's symptoms.

Psychosocial, Occupational, and Cultural and Linguistic Factors	<i>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</i>
Exclusion Criteria	<p><i>Any of the following criteria are sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> 1. The individual's psychiatric condition is of such severity that it can only be safely treated in an inpatient setting. 2. The individual's medical condition is such that it can only be safely treated in a medical hospital. 3. The individual does not voluntarily consent to admission or treatment (unless being used as an alternative to an inpatient level of care). 4. The individual can be safely maintained and effectively treated in a less intensive level of care. 5. The primary problem is social, economic (i.e., family conflict, etc.) or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care. 6. Admission is being used as an alternative to incarceration.
Continued Stay Criteria	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> 1. The individual's condition continues to meet admission criteria at this level of care. 2. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate or is available. 3. Care is rendered in a clinically appropriate manner and is focused on the individual's behavioral and functional outcomes as described in the discharge plan. 4. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning should include active family or other support systems, social, occupational and interpersonal assessment with involvement unless contraindicated. Expected benefits from all relevant modalities, including family and group treatment are documented and expected to improve individuals' condition in a relatively short period of time. 5. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice. 6. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident. 7. Individual is actively participating in treatment to the extent possible consistent with individual's condition. 8. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated. 9. There is documented active discharge planning beginning from admission. 10. There is a documented active attempt at coordination of care with the Behavioral Health Provider and the PCP (primary care physician) and other services when appropriate.

Discharge Criteria	<p><i>Any of the following criteria are sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none">1. The individual's documented treatment plan goals and objectives have been substantially met, and/or a safe, continuing care program can be arranged at an alternate level of care.2. The individual no longer meets admission criteria or meets criteria for a less or more intensive level of care.3. The individual, family, guardian, and/or custodian are competent but non-participatory in treatment or in following the program rules and regulations. Non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues. In addition, either it has been determined that involuntary inpatient treatment is inappropriate, or a court has denied a request to issue an order for involuntary inpatient treatment.4. Consent for treatment is withdrawn, and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an inpatient level of care.5. Support systems that allow the individual to be maintained in a less restrictive treatment environment have been thoroughly explored and/or secured.6. The patient is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.
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