Crisis Services

Service Name	CRISIS STABILIZATION
Funding Source	Behavioral Health Services
Setting	Facility Based
Facility License	Mental Health Center, Substance Abuse Treatment Center (optional for dually diagnosed clients)
Basic Definition	Crisis Stabilization is intended to provide immediate, short-term, individualized, crisis-oriented treatment and recovery needed to stabilize acute symptoms of mental illness, alcohol and/or other drug abuse, and/or emotional distress. Individuals in need exhibit a psychiatric and/or substance abuse crisis with a moderate to high risk for harm to self/others and need short-term, protected, supervised, residential placement. The intent of the service is to treat and support the individual throughout the crisis; provide crisis assessment and interventions; medication management; linkages to needed behavioral health services; and assist in transition back to the individual's typical living situation.
Service Expectations	• Multidisciplinary/bio-psychosocial assessments, including a history and physical, and substance abuse within 24 hours of admission • Assessments and treatment must integrate strengths and needs in both MH/SA domain • A crisis stabilization plan, which includes relapse/crisis prevention and discharge plan components (consider community, family and other supports), developed within 24 hours of admission and adjusted daily or as indicated • Interdisciplinary treatment team meetings daily or as often as medically necessary including the individual, family, and other supports as appropriate • Psychiatric nursing interventions are available to patients 24/7 • Medication management • Individual, group, and family therapy available and offered as tolerated and/or appropriate using a brief therapy/solution focused approach • Addictions treatment initiated and integrated into the treatment/recovery plan for co-occurring disorders identified in initial assessment process as appropriate • Intense discharge planning beginning at admission • Consultation services available for general medical, dental, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services as needed • Access to community-based rehabilitation/social services to assist in transition to community living
Length of Services	The individual's current crisis is resolved.
Staffing	• Medical Director/Supervising Practitioner: Psychiatrist

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	• Clinical Director: APRN, or RN with psychiatric experience • Therapist: Psychologist, APRN, LIMHP, PLMHP, LMHP/LADC (prefer dual licensure) • Nursing: APRN, RN's (psychiatric experience preferred) • Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.
Staffing Ratio	• 1 staff to 4 clients during client awake hours (day and evening shifts); • 1 awake staff to 6 clients with on-call availability of additional support staff during client sleep hours (overnight); access to on-call, licensed mental health professionals 24/7 • RN services and therapist services are provided in a staff to client ratio sufficient to meet client care needs
Hours of Operation	24/7
Desired Individual Outcome	• Symptoms are stabilized and the individual no longer meets clinical guidelines for crisis stabilization • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed with professional external supports and interventions outside of the crisis stabilization facility.
Rate	1 Unit = 1 Day