Crisis Now

23-Hour Stabilization
A Place to Go

23-Hour Crisis Stabilization

Crisis observation and stabilization services offer no-wrong-door access to mental health and substance use care and operate much like a hospital emergency department that accepts all walk-ins as well as ambulance, fire and police drop offs. These facilities are characterized by chairs or recliners instead of beds to maximize flexibility in capacity and client flow and create an environment conducive to rapid engagement and stabilization. Avoidance of unnecessary hospitalizations for persons whose crisis may resolve with time and observation is the primary objective of this level of care.

Minimum Expectations

- ☐ Accept all referrals
- ☐ No medical clearance required prior to admission
- ☐ Services designed to address mental health and substance use crisis
- ☐ Capacity to assess physical health needs and deliver care for minor physical health challenges; Has an identified pathway to transfer individuals to medical services if needed
- ☐ Staffed 24/7/365 with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community
- ☐ Walk-in and first responder drop-off options
- ☐ Capacity to accept all referrals at least 90% of the time, with a no rejection policy for first responders
- ☐ Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated
- ☐ Screen for violence risk and complete comprehensive violence risk assessments and planning when clinically indicated

Essential Functions

- Prompt assessments
- Stabilization
- Determination of the appropriate level of care

Services and Staffing

- Psychiatric evaluation, including a risk assessment and medication evaluation: Psychiatrist or Psychiatric Nurse Practitioner
- Brief medical screening: Registered nurse
- SUD screening and assessment and psychosocial assessment: Licensed clinician
- High engagement crisis stabilization services: Peers
- Discharge and care coordination planning: Bachelor's level clinician

Source: RI Alaska Crisis Now Consultation Report, 2019.

To read more about this framework, and efforts to improve behavioral health crisis response in Alaska, visit: crisisnow.com and alaskamentalhealthtrust.org/crisisnow

Sources: SAMHSA, National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit Rockville, MD: 2020; and SAMHSA, Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies. HHS Publication No. (SMA)-14-4848. Rockville, MD: 2014.

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Additional Best Practice Guidelines

- ☐ Function as a 24-hour or less crisis receiving and stabilization facility
- ☐ Offer a dedicated first responder drop-off area
- ☐ Incorporate sub-acute support beds to support flow for individuals who need additional support beyond 23-hours
- ☐ Include sub-acute support beds within the real-time regional bed registry system operated by the crisis call center
- ☐ Coordinate connection to ongoing care

Partners Needed

Crisis call center, police, Emergency Medical Services, mobile crisis teams, community providers, short-term stabilization beds

Provider Performance Metrics

- Number served
- Percentage of referrals accepted
- Percentage of referrals from law enforcement (hospital and jail diversion)
- Law enforcement drop-off time
- Percentage of referrals from all first responders
- Average length of stay
- Percentage discharge to the community
- Percentage of involuntary commitment referrals converted to voluntary
- Percentage not referred to emergency department for medical care
- Readmission rate
- Percentage completing an outpatient follow-up visit after discharge
- Total cost of care for crisis episode
- Guest service satisfaction
- Percentage of individuals reporting improvement in ability to manage future crisis

Add-on Services

- Short-term stabilization beds
- Peer Crisis Respite
- Peer Navigators
- Short-term residential
- ACT teams
- Same-day access for medication appointments

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