## RBHA CRISIS STABILIZATION UNIT

## ADMISSION AND DISCHARGE PROCEDURES

### Program Description

The Crisis Stabilization Unit (CSU) is a sub-acute 16 bed residential facility that provides residential behavioral health and substance use services 24 hours a day, seven days per week. Admissions are accepted 24/7. The Admission and Discharge process is the responsibility of the Program Staff under the direct supervision of the Program Manager of the CSU.

### Admission Procedures

1. Qualified Mental Health Professionals (QMHPs) from local community service boards (CSBs) contact the CSU when a pre-screening or CSU Admission Referral Form determines that a client could benefit from the services of sub-acute residential services and meet criteria for voluntary admission to the program (see TDO protocol for involuntary admissions). CSB staff then contact CSU to provide admission information on the Pre-admission Referral Form. CSU affirms that the client meets criteria for admission. The CSU will then determine if a bed is available; Acceptance, Denial, or a Temporary Hold of the admission will preferably take place with the initial call, pending receipt of the pre-screen assessment; CSU Referral Form or step-down Addendum. All admission decisions should be made within an hour of receipt of complete documentation.

Admission Criteria

* Must be 18 years of age
* Experiencing an acute psychiatric crisis that may include the following

symptoms:

1. Hallucinations
2. Paranoid ideations
3. Delusional thought content
4. Loose thought associations
5. Disorientation causing difficulty in daily activities
6. Depression or mania
7. Non-specific homicidal or suicidal ideations (without plans)
8. Impaired judgment, decision making, or behaviors that could compromise client safety or lead to homelessness
* Clients exhibiting the following symptoms would not be appropriate for CSU:

a) Documented, reported or observed medical instability prior to or

 during admission (i.e., uncontrolled diabetes, uncontrolled hypertension, severe breathing disorders that require oxygen, inability to ambulate or to

 transfer independently, feeding tubes or a physical inability to

 perform ADLs.

b) Imminent danger to self or to others (meeting TDO criteria).

c) Aggressive behaviors that would put staff or other clients at

risk, specifically within the last 24 hours.

1. Refusing medications or treatment (including groups).
2. Primary substance use disorder or neuro-cognitive disorder.

Admission for CSU services shall meet the following Medical Necessity Criteria:

Documentation indicates evidence that the individual meets criteria for a primary diagnosis consistent with the most recent version of the Diagnostic and Statistical Manual

**One (1)** of the following must be present:

A. The individual is currently under a Temporary Detention Order;

B. Abrupt and substantial changes in behavior noted by severe impairment or acute decompensation in functioning related to a behavioral health problem;

C. Actual or potential danger to self or others as evidenced by:

a) Suicidal thoughts or behaviors and/or recent self-injurious behavior with suicidal intent; or

b) Homicidal ideation; or

c) Command hallucinations or delusions

d) Significant loss of impulse control that threatens the safety of the individual and/or others or their ability to take care of themselves;

e) Significant inability to maintain basic care for oneself and to keep oneself safe in the community in an age appropriate manner that is not associated with Dementia;

f) Substance intoxication

2. CSU staff request that the referral source complete a pre-screening or CSU Admission Referral Form, indicating the client’s current mental status and eligibility for crisis stabilization services and fax/email it to the CSU for review. The pre-screening or CSU Admission Referral Form documents clinical necessity and should be thoroughly completed. If a client is expected to receive detoxification services, the signs, symptoms and nature of the substance use must be specified in the pre-screening or CSU Admission Referral Form. CSU staff may request medical clearance, receipt of labs, and a nurse to nurse consult prior to arrival at CSU.

3. Client and CSB staff will arrive at CSU main entrance and press the

buzzer for admittance. Staff on duty will greet the client and have the client wait outside while confirmation of admission is made. After verification, the client is escorted to the Admission Suite for intake.

4. In the Admission Suite, the mental health technician, in conjunction with the nurse, will assess the client’s belongings for contraband or clothing and personal items (that may put the clients or staff at risk). All personal items are inventoried and documented on the admission inventory sheet. Contraband, high-risk personal items, medications and large sums of money will be locked in the nurse’s station and returned to the client at discharge. For safety, clients will be scanned with a Safety Wand to detect potential contraband. All weapons will be discarded, as per RBHA policy.

5. The client is then taken to his/her room by the mental health technician and is oriented to the unit rules, regulations, and the daily schedule. The client is then integrated into the milieu.

6. The case manager/clinician or nurse on duty will greet the client and review the admission documents. After the client signs admission documentation, the intake process continues with the admitting nurse. Client must agree to voluntary treatment and must sign admission forms “prior to” the client receiving treatment in the CSU. Depending on the presenting admission criteria, the clinician/case manager may or may not begin the Crisis Education Prevention Plan (CEPP), which must be completed prior to discharge.

7. The nurse then completes a nursing assessment and admission paper work. Medications are reviewed and the admitting Physician or their designee is contacted for admission orders within four (4) hours of admission. All completed forms remain in the client record. Admission labs and a TB test will be administered, per provider orders. Clients who present with alcohol and drug histories will be assessed for detoxification needs. Medical screening will be conducted at admission for all clients. At a minimum, medical screening will consist of temperature, pulse, respiration, blood pressure, weight, complete blood count, urine drug screening, and blood glucose.

1. 8. The psychiatrist or nurse practitioner will complete a psychiatric assessment within 24 hours of admission on all clients. This evaluation will address appropriateness of admission, authorize treatment and specify an estimated length of stay. Specifically, the Comprehensive Needs Assessment (CNA) evaluation will review: the reason for referral/current crisis; current living situation; employment/education; resources/strengths; previous mental health treatment & response to past treatment interventions; family background and history of mental health and substance abuse treatment; developmental history; substance abuse assessment; medical history; legal history; mental status exam; risk assessment; needs assessment; diagnosis; authorization for crisis stabilization services; clinical formation; and recommended care and treatment goals. Client will be seen on a daily basis or when medically necessary. Daily psychiatric evaluation should include the following: Any new information impacting care; Progress and interventions to date; A description of the rationale for continued service delivery and evidence that the patient meets medical necessity criteria.

9. The medical doctor or nurse practitioner will complete a History and Physical on clients requiring medically assisted detoxification within 24 hours, unless the client has come directly from the hospital and a History and Physical completed within the past 30 days accompanies the client to the Unit and is available for review by the admitting psychiatrist/nurse practitioner. Medically assisted detox provides for close monitoring and the provision of medication in order to increase safety and ease withdrawal symptoms. Client will be seen when medically necessary. (See Detox Protocol).

### Discharge/Termination Procedure

### 1. The Treatment Team, which includes the community case manager, may initiate client discharge for any of the following reasons:

a) Client no longer wishes to remain in the Program

b) Goals and objectives, per the treatment plan have been

 achieved and transition/discharge plans have been clearly outlined

1. Re-evaluation by Treatment Team determines the client is more appropriate for another treatment modality
2. Active homicidal or suicidal ideations places the client or staff at risk
3. Client requires a higher level of care than can be provided in an unlocked residential setting
4. Violation of CSU Program Rules

2. At discharge:

1. Client will be given written discharge instructions
2. Client medications will be reconciled and given to the client to take with client unless leaving Against Program Advice (APA), at which time medications will be given to the CSB case manager or responsible family member
3. Client belongings will be returned and reconciled.
4. Client satisfaction interview/survey will be offered for program evaluation and program development.
5. Client will review Crisis Education Prevention Plan & receive copy.
6. Discharge summaries will be completed and forwarded to the CSB CM within 24 hours of discharge including those who left APA or are referred to Acute Care.