CRISIS STABILIZATION UNIT

Program Description
The CSU provides short-term (3-5 days) bed-based crisis stabilization services to both voluntary and involuntary consumers experiencing behavioral health crisis. Services such as crisis assessments, brief group and individual therapy, psychoeducation, psychiatric and medication management, peer support, case management, and discharge planning are provided to stabilize consumers from self-defined crisis and link them to ongoing treatment to prevent relapse and future crisis.

Services Offered:
- Individual psychotherapy
- Group psychotherapy
- Medication evaluation and management
- Case management
- Peer support
- Psychosocial rehabilitation
- Psychoeducation
- Care coordination and discharge planning
- Crisis intervention
- Safety planning
- Medication administration
- Medication education
- Prevention and early intervention

Referrals are accepted from all Walk-In Clinics, Emergency Departments, and hospitals that have a completed and updated crisis assessment completed on the consumer being referred. Consumers can be referred from any other external sources including but not limited to law enforcement, community mental health centers, and family/friends to our Walk-In Clinic for further evaluation to determine if CSU is the right level of care.

The CSU provides services to adults and adolescents 12 and over who are experiencing a self-defined behavioral health crisis requiring bed-based stabilization. Consumers are either voluntary or cooperatively involuntary and can remain safe in a secured unit.

Services are delivered face-to-face in an inpatient setting located at 300 N. Cascade Ave, Montrose 81401. The CSU team is available 24 hours a day, 365 days a year.

The CSU has a multidisciplinary team including mental health technicians, peer specialists, RNs and psychiatrists or APNs. Multiple services are offered daily, including psychoeducation, psychotherapy, medication administration, peer support, case management, and medication monitoring.

The CSU does not see walk-in consumers to perform crisis assessments as a standalone service. The CSU accepts consumers on M1 holds or voluntary consumers if they are appropriate for our level of care and are agreeing to come for services.
Criteria for Crisis Stabilization Unit

Inclusion Criteria

1. **Age:** Client must be 12 years of age or older.
2. **Diagnosis:** Meets DSM criteria for a behavioral health disorder (may or may not also meet criteria for co-occurring disorders.
3. **Level of Care:** Due to an acute psychiatric crisis occurring, the client is significantly impaired and unable to maintain himself or herself outside of a 24-hour structured and supervised environment and/or history clearly indicates that the client’s ability to function in the community will diminish rapidly without brief stabilization in a 24-hour treatment environment.
4. **Participation/Benefit:** An expectation of ability to attend, participate and benefit from treatment services within a reasonable length of time and/or under court ordered treatment (consumers are not required to take medications)
5. **Severity of Symptoms:** Severe, acute psychiatric symptoms, such as delusions, hallucinations, depression or mania of high frequency, intensity and/or duration.
6. **Risk Level:** Client exhibits serious suicidal or homicidal ideation and/or recent act related to this and are able to maintain safety day to day at the CSU. Client may meet the criteria of a 27-65 hold and is not at risk for seclusion or flight risk.
7. **Abstinence:** Client must be willing to abstain from consuming alcohol, nicotine or other unprescribed mood altering drugs on the premises.
8. **Self-Care:** Able to dress, bathe and feed independently or with prompts and encouragements
9. **Physical Health:** Medically stable enough to ensure absence of acute health risks, does not require intensive nursing services.
10. **Severity of Stressors:** Experiencing severe stressors accompanied by signs of relapse.
11. **Degree of Impairments:** Severe impairments in two (2) or more domains (e.g. social, residential, familial, occupational, cognitive functioning).
12. **Potential for Progress:** Reasonable expectation of timely improvement as a result of treatment provided.
13. **Intensity of Services Needed:** Individual is not able to be adequately treated in a less intensive level of care (i.e. outpatient setting or dispand does not require a more intensive level of care).

Exclusion Criteria

1. **Age:** Client is under the age of 12.
2. **Risk Level:** Serious risk with high potential/overt acts of harm to self or others, unwilling or unable to safety plan. Individual is at risk for involuntary seclusion and/or restraint, and/or is a flight risk.
3. **Severity of Symptoms:** is diagnosed with a primary diagnosis of delirium, dementia or other neurocognitive disorder.
4. **Physical Health:** Requires intensive nursing/medical care (e.g. Foley catheter, IV, severe wound care, feeding tubes, etc.) or needing higher level of care for detox. See medical screening for additional information.
5. **Degree of impairments:** Mild or extreme impairments in multiple domains (e.g. social, residential, familial, occupational, cognitive functioning) that indicate a need for a different level of care.
6. **Intellectual Disability**: The CSU doesn’t admit a client diagnosed with an intellectual disability unless he/she has also been diagnosed with a mental health disorder. The client’s behaviors must be manageable by the facility staff during the designated length of stay and will not endanger the safety of the individual, staff, or other patients.

7. **Intensity of Service Need**: Able to be adequately treated in an outpatient setting (disposition home with a safety plan) or requires a more intensive level of care than can be provided at CSU level of care. In other words, inpatient hospitalization would be required because the individual needs seclusion, physical/chemical restraint or to prevent elopement. In addition, the consumer’s presentation poses a risk to self or others and they are not willing to take medications to reduce the risk.

8. **Concurrent Treatment**: Currently receiving methadone or suboxone treatment
Medical Screening for Appropriateness for CSU level of Care:

The following conditions, if currently present, are absolute contraindications to admission until resolved:

- Level of consciousness below client’s baseline
- Uncontrolled bleeding
- Symptoms of shock
- Significant allergic reactions (respiratory difficulty, angioedema, hives)
- Severe respiratory distress (increased use of accessory muscles/ retraction/ nasal flaring, pale and/or cyanotic, O2 sat < 90%)
- Active TB
- Communicable disease that can be transmitted through casual contact
- Parasitic infection (bed bugs, lice)
- Open wounds or sores that cannot be covered
- BAL of 0.05 or higher
- Current ETOH withdrawal (CIWAS-Ar score of 8 or above)
- Current medical treatment of ETOH withdrawal (Tranxene or other benzodiazepine given to treat withdrawal symptoms in the past 12 hours) or substantial risk of significant ETOH withdrawal in the next 72 hours. (Can be considered for Withdrawal Management first, if they have a prescription and medications for significant ETOH withdrawal).
- Active PCP withdrawal manifesting in any one of the following: elevated body temperature, seizures, twitching, or acidosis
- Current methadone maintenance or Suboxone (buprenorphine) treatment

The following conditions, if currently present, are absolute contraindications to admission until fully evaluated and treated:

- Chest pain
- Blood pressure of 180/100 or higher or a symptomatic elevated blood pressure
- Respiratory distress (SOB, wheezing, current asthma attack, exacerbated emphysema)
- Positive TB test without treatment
- Unexplained and/or untreated seizures
- Diabetic with current signs/symptoms of hypoglycemia or ketoneuria
- GI bleeding
- Severe, unexplained pain
- Suspected fracture
- Rash consistent with a viral illness, allergic reaction, or parasitic infection
- Significant open wounds and/or sores
The following conditions may require consultation with a manager or provider:

- Utilizing oxygen
- Cancer currently being treated with chemo or radiation therapy
- Surgery in the past two weeks
- High risk pregnancy
- Tracheostomy
- Feeding tube
- Urinary catheter (intermittent or indwelling)
- Colostomy
- Unmanaged urinary and/or fecal incontinence
- Inability to self-manage ADLs with assistance
- The client has been in physical restraints within the past 4 hours if a child, 6 hours if an adult
- The client has received a benzodiazepine or other medication for behavioral control in the past 4 hours
WITHDRAWAL MANAGEMENT UNIT

Program Description
The Center for Mental Health’s Withdrawal Management provides a 24-hour non-hospital detoxification program for the support and supervision in a safe environment that is staffed by substance use disorder workers with support from medical and nursing staff. The program is designed for individuals who are intoxicated, in withdrawal, or at risk for withdrawal, and who are otherwise appropriate for a non-hospital model detox.

Services Offered:

- Screening and assessment of needs
- Protective oversight to ensure safe withdrawal in a physically safe and sanity environment
- Service plan development
- Motivational counseling
- Brief interventions
- Medication administration
- Referral to treatment and aftercare planning
- Care coordination
- Case management services

WM accepts referrals from law-enforcement, community mental health centers, hospitals, emergency departments, walk-in clinics, family/friends, and walk-ins. Staff will then provide evaluation to determine if this is the appropriate level of care.

Services are available to adults, age 12 and older. The following categories are the highest priority for admission:

- Individuals involuntarily committed to treatment
- Pregnant women
- Injecting drug users
- Women with dependent children

The Withdrawal Management unit is in operation 24 hours a day, 365 days a year.
Exclusionary Criteria

- Current Mental Health Hold (M1)
- Need for detoxification for benzodiazepine use, methadone, barbiturates, suboxone or PCP (medical detoxification required)
- CIWA >8
- BAL > .400
- Vital signs exceeding safe limits of (any of the following):
  - Blood pressure: systolic >160 or <90, diastolic >120 or <50
  - Pulse ≥120 or ≤50
  - Temperature >101 or <97.0
  - Respiration ≥30 or ≤10
  - Oxygen level <90% on room air
- Glucometer reading under 80 or over 300
- Electrolyte lab outside of normal range (sodium, potassium, magnesium, anion gap)
- Unconsciousness, unresponsiveness or severe disorientation (includes non-ambulatory)
- Seizures within the last 48 hours
- Current unexplained chest pain
- Skin and/or eyes appearing jaundiced without a known cause
- Respiratory difficulty as evidenced by consumer complaint of shortness of breath, appearance of wheezing, paleness, or cyanosis requiring oxygen (no oxygen tanks on unit)
- Symptoms of shock (rapid shallow breathing; cold clammy skin; dizziness; fainting or weakness)
- Severe abdominal or other unexplained pain
- Untreated fracture
- C difficile diagnosis (unless completed medication regiment and symptom free for 72 hours)
- Uncontrolled bleeding or vomiting blood
- Uncontrolled gastrointestinal bleeding in the past 24 hours
- Bizarre behavior not explained by intoxication
- Suicide gesture or attempt in the past 24 hours
- Major surgery, heart attack or stroke in the last two weeks
- Currently undergoing chemo or radiation therapy
- Tracheostomy, feeding tube, or colostomy and unable to care for these or any medical condition which limits self-care
- Communicable disease transmitted through casual contact (e.g. chicken pox, measles, mumps, etc.)
- Open wound that cannot be covered
- Severe dehydration requiring IV fluids
- Tested positive or TB within the past 3 months
- Medication reaction or undiagnosed or untreated rash
Pregnant Women:

- Symptomatic use of cocaine or methamphetamines in the past 24 hours or opiate dependence
- Active labor
- Blood pressure greater than 130/90
- No fetal movement (or markedly decreased fetal movement) after 16 weeks pregnant
- Vaginal discharge
- Severe headache, blurred vision, seeing “spots”
- Unusual swelling of the hands or feet
- Abdominal pain