



23-Hour Crisis Stabilization (23-Hour Bed)

PROGRAM DESCRIPTION

23-hour crisis stabilization provides ongoing assessment (beyond the initial emergency psychiatric evaluation), intervention, and clinical determination for level of care. 23-hour crisis stabilization is appropriate for individuals requiring further intervention before a level of care determination can be made, particularly those who present as suicidal or psychotic secondary to substance use, as well as those whose initial clinical presentation suggests that medical necessity for another level of care will emerge via brief treatment. 23-hour crisis stabilization aims to provide one or more of the following:

- Amelioration of condition
- Resolution of acute intoxication
- Further diagnostic testing such as a urine drug screen, lab tests, and monitoring for the emergence of withdrawal symptoms
- Collateral information gathering to clarify history, assess level of support, determine access to safe housing, corroborate the individual's report regarding precipitating events and to help engage in treatment
- Provision of medication or other clinical intervention and monitoring of response
- Level of care determination

MEDICAL NECESSITY CRITERIA (OMHSAS-approved)

Admission Criteria (Must meet criteria I, II, and IV or criteria III and IV)

- I. The person is in need of intensive clinical intervention, which is likely to abate within 23 hours or less either through the natural expected course of the clinical condition or by clinical and social intervention.
- II. Criteria for inpatient admission is met.
- III. Criteria for inpatient admission is not clearly met and there is a question of the individual's safety and stability due to the lack of appropriate supports in the community.
- IV. The severity of the illness presented must meet one or more of the following:
 - The person has a psychiatric diagnosis and may have coexisting substance use
 - with depressive symptoms, suicidal or homicidal ideation, intoxication and/or withdrawal symptoms or the potential for withdrawal symptoms.
 - The person presents with a history of readmissions due to suicidal ideation that has resolved rapidly with clinical intervention.
 - An individual with a serious and persistent mental illness who is acutely disturbed by a social or environmental trauma which causes an exacerbation of symptoms.

Discharge Criteria

A disposition plan for transition to a lower level of care has been developed through

consultation with the community provider, individual, and/or family and case manager.