GREATER COLUMBIA BEHAVIORAL HEALTH, LLC. BH-ASO

Crisis Stabilization: Crisis Stabilization Units (CSU) and Crisis Relief Centers (CRC)

No: CL301

Document Type:[1]	X Policy & Procedure	___ Process Guideline	Adopted:	4/22/2026
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	__ Plan	___ System Description	Retired:	_____

Revisions:

Document Scope: Crisis stabilization: Crisis Stabilization Units (CSU) and Crisis Relief Centers (CRC)

_ The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.

_ The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers[2].

X The requirements herein apply to both GCBH BH-ASO and its network providers[2]. Additionally, network providers must have internal documents outlining their processes for implementing the requirements, as far as they relate to actions for which network providers are responsible.

PURPOSE: Crisis stabilization services provided in a Crisis Stabilization Unit or Crisis Relief Center (CRC) are provided to individuals in the Greater Columbia Service Area as funding resources allow and subject to medical necessity review and authorization. Please see Greater Columbia Behavioral Health Administrative Service Organization (GCBH-ASO) Policy CL347 Level of Care Authorization.

DEFINITIONS

I. Crisis Relief Center (CRC): Agencies certified to provide 23-hour crisis relief services, must meet the service standards in WAC 246-341-0903, and provide an alternative to emergency departments for people experiencing a behavioral health crisis by providing a no-wrong door, no-barrier approach to accessing crisis stabilization services.

II. Crisis Stabilization Units (CSU): Agencies certified to provide Crisis Stabilization or Triage Services on a voluntary and involuntary basis and must meet the standards for residential and inpatient behavioral health services in WAC 246-341-1105, WAC 246-341-0640, and applicable standards in WAC 246-341-1131 if providing involuntary services.

POLICY

A. Crisis Stabilization Units (CSUs) and Crisis Relief Centers (CRCs) operate as components of the Greater Columbia behavioral health crisis continuum of care and shall coordinate with regional crisis response partners including Designated Crisis Responders (DCRs), Regional Crisis Line (988 and VOA), Mobile Rapid Response Crisis Teams (MRRCT), emergency departments, community behavioral health providers, county and city jails, law enforcement, and fire/EMS.

B. These Services are intended to provide rapid stabilization services to individuals who are experiencing a mental health crisis by diverting and deflecting individuals from unnecessary hospitalization or incarceration when clinically appropriate and facilitate timely connection to ongoing treatment and recovery supports within the community.

[1]See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"
[2]Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

PROCEDURE

1. Standards
    1.1. Stabilization Service Program Elements
        1.1.1. 24 hours per day/7days per week availability.
        1.1.2. Services may be provided prior to intake evaluation.
        1.1.3. Services provided in:
            1.1.3.1. In a 23-hour crisis relief center or home-like setting, which may include a "living room" model in a crisis stabilization setting.
            1.1.3.2. A facility licensed by Department of Health and certified as a Crisis Stabilization Unit.
                1.1.3.2.1. For Crisis Stabilization Units medication assessments, medication management/monitoring, review and administration are considered a typical array of services provided.
                1.1.3.2.2. Concurrent or auxiliary mental health or SUD services may be encountered on the same day as stabilization when the staff providing the services is not part of the stabilization unit
            1.1.3.3. In the individual's home or other community setting via a stabilization team. Concurrent or auxiliary mental health or SUD services may be encountered on the same day as stabilization when the staff providing the services in not part of the stabilization team.
        1.1.4. Service is short term and involves assistance with life skills training and understanding of medication effects.
        1.1.5. Service provided as follow up to crisis services; and to other persons determined by mental health professionals in need of additional stabilization services.
        1.1.6. Additional mental health, or SUD services, may also be reported on the same days as stabilization when provided by a staff not assigned to provide stabilization services.
    1.2. Stabilization Service Outcomes
        1.2.1. Evaluate and stabilize individuals in their community and prevent unnecessary hospitalization.
        1.2.2. Provide transition from state and community hospitals to reduce length-of-stay and ensure stability prior to moving back into the community.
        1.2.3. Actively facilitates resource linkage so individuals can return to baseline functionality.
        1.2.4. Provide follow-up contact to the individual to ensure stability after discharging from the facilities.
2. Referral, Inclusion, and Exclusionary Criteria

2.1. CSU and CRC providers are required to ensure policies and procedures for referral admissions, inclusions and exclusion criteria that meet applicable WAC 246-341 and National Guidelines for Behavioral Health Crisis Care Best Practices.

3. Utilization Management

3.1. Providers operating CSU or CRC services under contract with Greater Columbia BH-ASO must comply with Greater Columbia BH-ASO utilization Management requirements, documentation standards, and monitoring activities defined in Greater Columbia BH-ASO Policy CL347 Level of Care Authorization.

4. Utilization Monitoring

4.1. Greater Columbia BH-ASO will monitor utilization patterns of crisis stabilization services including, but not limited to admission patterns, length of stay, discharge outcomes, and service utilization trends to identify over-utilization, under-utilization, and opportunities for quality improvement. Utilization monitoring activities are conducted as part of the Greater Columbia BH-ASO Quality Management and Utilization Management program.

5. Provider Discharge Planning

5.1. Planning for discharge is expected to begin at admission and incorporate best practices to ensure individuals are connected to appropriate follow-up supports.

5.1.1. Crisis Stabilization services will include developing written discharge plans that are provided to the individual at the point of discharge. This plan will contain, at a minimum:

5.1.1.1. If significant risk is indicated, program staff shall request ongoing services to continue stabilization or if clinically indicated, contacting Greater Columbia BH-ASO or Designated Crisis Responders (DCRs) or Mobile Rapid Response Crisis Teams (MRRCT).

5.1.1.2. The program will provide after-care, follow up and transition of care support with the identified care professionals upon discharge.

5.1.1.3. Medications will be reviewed and monitored in a manner that meets all applicable contractual, licensing, and regulatory requirements.

5.2. Greater Columbia BH-AS) will monitor provider discharge practices to ensure compliance with contractual requirements and applicable state law. Providers shall coordinate discharge planning with crisis response services, outpatient providers, and other appropriate community supports to ensure continuity of care and reduce avoidable hospitalization.

6. Care Coordination Linkages

6.1. Crisis Stabilization Units (CSUs) and Crisis Relief Centers (CRCs) shall coordinate with Greater Columbia BH-ASO and Managed Care Organization (MCOs) care management and coordination functions when individuals require additional system navigation, complex discharge planning, or linkage to ongoing behavioral health services.

6.2. Providers shall collaborate with Greater Columbia BH-ASO and MCOs to facilitate continuity of care and connection to appropriate services including crisis follow-up,

community behavioral health treatment, housing supports, criminal justice coordination, or other cross-system services as appropriate. These activities support the broader care coordination responsibilities of Greater Columbia BH-ASO to ensure individuals receive timely and appropriate services and to reduce duplication of services and unnecessary crisis system utilization.

7. Crisis Stabilization Facilities Under Delegated Authority
   - 7.1. Greater Columbia BH-ASO may contract with crisis stabilization services to licensed behavioral health providers operating:
     - 7.1.1. Crisis Stabilization Units (CSUs)
     - 7.1.2. Crisis Relief Centers (CRCs)
   - 7.2. These services are delivered as part of the regional behavioral health crisis continuum and must comply with:
     - 7.2.1. Washington Administrative Code Chapter 246-341
     - 7.2.2. Greater Columbia BH-ASO Utilization Management Requirements
     - 7.2.3. Applicable Health Care Authority contract requirements
     - 7.2.4. Regional crisis system coordination protocols.
8. Oversight and Corrective Action
   - 8.1. Greater Columbia BH-ASO retains oversight responsibility for Crisis Stabilization services delivered by contracted providers operating Crisis Stabilization Units (CSUs) or Crisis Relief Centers (CRCs). Greater Columbia BH-ASO conducts monitoring activities including utilization review, clinical documentation review, and evaluation of admission and discharge practices to ensure compliance with contractual requirements, applicable state law, and Greater Columbia BH-ASO policies.
   - 8.2. When patterns of non-compliance, inappropriate utilization, or deficiencies in clinical documentation or discharge coordination are identified, Greater Columbia BH-ASO may require corrective action, technical assistance, or other remediation activities consistent with contractual oversight responsibilities.

APPROVAL

Karen Richardson or Sindi Saunders, Co-Directors — Date 4/22/2026