

Best Practices for Crisis Receiving and Stabilization Services

The following is a direct excerpt from [SAMHSA's National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#).

MINIMUM EXPECTATIONS:

- Accept all referrals;
 - Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
 - Design their services to address mental health and substance use crisis issues;
 - Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in order to transfer the individual to more medically staffed services if needed;
 - Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individual experiencing all levels of crisis in the community, including:
 - Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
 - Nurses
 - Licensed and/or credentialed clinicians capable of completing assessments in the region;
and
 - Peers with lived experience similar to the experience of the population served.
 - Offer walk-in and first responder drop off options;
 - Be structured in a manner that offers 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; *and*
 - Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated.
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BEST PRACTICES:

- Function as a 24 hour or less crisis receiving and stabilization facility;
- Offer a dedicated first responder drop-off area;
- Incorporate some form of intensive support beds into a partner program (could be within the services' own program or within another provider) to support flow for individuals who need additional support;
- Include beds within the real-time regional bed registry system operated by the crisis call center hub to support efficient connection to needed resources; *and*
- Coordinate connection to ongoing care.