COLORADO
Department of Health Care Policy & Financing

COLORADO
Behavioral Health Administration

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Crisis Stabilization Unit (CSU) Integration Self-Assessment Tool: Medical, Psychiatric, and Medications for Addiction Treatment (MAT) Services

PROVIDER AMBASSADOR PROGRAM

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CSU Integration Self-Assessment Tool: Medical, Psychiatric, and MAT Services

This self-assessment tool is designed to help agencies evaluate their current level of integration of medical, psychiatric, and medications for addiction treatment (MAT) within their Crisis Stabilization Unit (CSU) programming. Use this tool to identify strengths, gaps, and opportunities for alignment with CSU expectations.

Instructions: Review each statement below and rate your program's current level of implementation. Use the following scale:
1 = Not Yet Implemented
2 = Partially Implemented
3 = Fully Implemented

Integration Area	Expectations	Rating (1-3)	Evidence/Notes	Action Item(s) & Responsible Parties
Screening for Medical, Psychiatric, and MAT needs	Screening occurs at the time of first contact, and same-day access to care (especially MAT) is available.			

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Integration Area	Expectations	Rating (1-3)	Evidence/Notes	Action Item(s) & Responsible Parties
Screening Tools	Agency is using evidence-based screening tools.			
Medical Assessment Access	Individuals receive timely physical exams within 24 hours of admission and as clinically indicated.			
Ongoing Medical Monitoring	Medical needs, including ongoing monitoring and management of psychiatric, intoxication, and/or withdrawal symptoms, are regularly addressed throughout the stay, with			

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Integration Area	Expectations	Rating (1-3)	Evidence/Notes	Action Item(s) & Responsible Parties
	coordination and follow-up.			
Psychiatric Evaluation	A full psychiatric assessment, performed by a physician or other authorized personnel and prescriber, is completed within 24 hours of admission.			
Clinical Support	Individuals have access to licensed behavioral health staff 24/7/365 and within 15 minutes of admission, either onsite or via telehealth. Individual and			

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Integration Area	Expectations	Rating (1-3)	Evidence/Notes	Action Item(s) & Responsible Parties
	group counseling is provided.			
Integrated Treatment Planning	Medical, SUD and psychiatric considerations are reflected in treatment plans.			
Psychiatric Medications Availability	Access to medications for management of psychiatric symptoms, including medications for treatment of psychiatric emergencies. An authorized practitioner is accessible upon admission, onsite or via telehealth.			

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Integration Area	Expectations	Rating (1-3)	Evidence/Notes	Action Item(s) & Responsible Parties
MAT Availability	Access to all approved forms of MAT is available for individuals with opioid, alcohol, and nicotine use disorders, on-site or via linkage. An authorized practitioner is accessible upon admission, onsite or via telehealth. Formal care coordination partnerships with opioid treatment programs (OTPs) in the community.			
Personnel Training on MAT and	Personnel are trained to support and reduce stigma related to			

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Integration Area	Expectations	Rating (1-3)	Evidence/Notes	Action Item(s) & Responsible Parties
Psychiatric Medications	MAT and psychiatric medications.			
Care Coordination	Communication occurs across medical, psychiatric, and behavioral teams (internal and external) in real time. Follow-up conducted via in-person, telephonic, or virtual methods includes, but is not limited to: outreach, engagement, and support; risk reassessment; reviewing, updating, and			

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Integration Area	Expectations	Rating (1-3)	Evidence/Notes	Action Item(s) & Responsible Parties
	facilitating the individual's implementation of the crisis and safety plan. Peer support professionals should be engaged in follow-up activities.			
Documentation Integration	Medical and psychiatric updates are reflected in clinical documentation.			
Discharge & Transition Planning	Continuity of medication and care is planned and coordinated when transitioning to			

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Integration Area	Expectations	Rating (1-3)	Evidence/Notes	Action Item(s) & Responsible Parties
	another level of care or at unplanned discharge (if possible).			
Crisis Response	Medical, psychiatric and clinical support is accessible 24/7/365. Licensed behavioral health staff are accessible within 15 minutes of admission, either onsite or via telehealth.			
Individual Education	Individuals receive education about co-occurring conditions, psychiatric			

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Integration Area	Expectations	Rating (1-3)	Evidence/Notes	Action Item(s) & Responsible Parties
	medications, and MAT as part of programming.			
Partnerships with Prescribers	Access to authorized medical personnel upon admission, and 24/7/365.			
Access to Prescriptions	Agency has documented policies, procedures, and formal partnerships with local pharmacies to support same-day access to prescriptions.			
Storage of Medications	Agency has documented policies regarding secure storage of			

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Integration Area	Expectations	Rating (1-3)	Evidence/Notes	Action Item(s) & Responsible Parties
	the individual's medications.			
Administration of Medications	Agency has documented policies, procedures, and protocols for prescribing, handling, and administration of medications. Authorized medical personnel is accessible upon admission.			

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Additional Considerations	
Question	Notes
Are formal screening processes in place for all individuals at the time of intake that result in timely referrals?	
Do you currently have protocols for monitoring and managing intoxication, withdrawal, and/or psychiatric emergencies, including a process to elevate concerns to the medical personnel?	
Are all personnel able to identify, monitor, and respond to medical and mental health symptoms throughout the day?	
Is medication management of psychiatric medications and MAT incorporated into the program instead of treated as separate or optional?	
Do you currently have a process to initiate medications for addiction treatment, either directly or through a detailed care coordination agreement? How do you provide access to:	

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Additional Considerations	
Question	Notes
• All forms of medications for opioid use disorder (MOUD) • All forms of medications for alcohol use disorder (MAUD) • All forms of medications for tobacco use disorder • Psychiatric medications, including long acting injectables if indicated.	
Do you have sufficient personnel trained to monitor withdrawal and administer medications for withdrawal management according to the prescription from the prescribing practitioner?	
Do you currently provide any medical or psychiatric services onsite or via care coordination agreement?	
How timely is access to medical evaluation, medication management, and psychiatric consultation?	
Are there established policies and protocols for psychiatric emergencies,	

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Additional Considerations	
Question	Notes
including administration of involuntary psychiatric medications and seclusion, restraint, and physical management?	
Are there established protocols for medical emergencies?	
Are physical health and mental health care coordination built into treatment planning, ideally within the same team or through formal partnerships?	