



# Crisis Stabilization Unit (CSU) Policy & Procedure Alignment Tool

PROVIDER AMBASSADOR PROGRAM

UPDATED MAY 2025

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## Crisis Stabilization Unit Policy & Procedure Alignment Tool

This tool is designed to help agencies evaluate whether their current policies and procedures align with the Behavioral Health Administration (BHA) Rules for Crisis Stabilization Units (CSUs). Each item reflects a critical domain for CSU service delivery. Use this tool to identify where documentation exists, what needs revision, and where policies still need to be created to ensure program fidelity and regulatory readiness.

Domain	Policy/Procedure Required	Status (Complete/Incomplete)	Location/Policy Reference	Revision or Development Plan and Responsible Parties
<i>Admission Criteria</i>	Policy clearly defines eligibility for crisis stabilization services.			
	Policy clearly articulates the responsibility of the CSU in coordinating appropriate care if the individual is not appropriate for the CSU.			
<i>Assessment &amp; Placement</i>	Assessment procedures include a concise initial assessment to			



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	determine appropriateness			
<i>Crisis Stabilization Plan</i>	Policy ensures development of an individualized, collaborative safety plan followed by an individualized and collaborative crisis stabilization plan.			
<i>Personnel &amp; Supervision</i>	Outlines personnel qualifications, supervision structure, and 24/7 coverage expectations. Including the role of the medical director; disciplines needed to conduct clinical and medical assessments and facilitate rapid access to withdrawal management, medications for			



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	addiction treatment, and medications for management of psychiatric emergencies.			
<i>Co-occurring Capability</i>	Includes integrated care for mental health and substance use disorders.			
<i>Therapeutic Environment</i>	<p>Describes structure of the therapeutic environment to be trauma-informed and recovery oriented.</p> <p>Policies on how to structure the milieu population and treatment by acuity and need to promote a calming and therapeutic environment.</p> <p>Policies on a trauma-informed approach to</p>			



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	<p>searching individuals, living spaces and common areas. Policies on visitors and searching visitors and managing contraband.</p> <p>Policies on seclusion, restraint, and physical management.</p>			
<i>Trauma-Informed Care (TIC)</i>	Guidelines for training, agency and personnel evaluation, and ongoing supervision of TIC practices and trauma-recovery treatment.			
<i>Clinical Documentation</i>	Guidelines for consistent, timely, clinical documentation that consistently			



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	assesses risk and progress toward stabilization.			
<i>Crisis &amp; Risk Management</i>	Protocols for psychiatric, medical, and behavioral emergencies.			
<i>Use of Evidence-Based Practices (EBP)</i>	Policy promotes use of EBP and fidelity monitoring.			
<i>Length of Stay</i>	Outlines reassessment every three days to support transition to the appropriate treatment environment.			
<i>Individual Voice &amp; Grievance</i>	Procedures to ensure individual feedback, participation, and rights.			
<i>Cultural Responsiveness</i>	Commitment to cultural and linguistically appropriate			



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	services. Strategies to promote a culturally and linguistically responsive personnel.			
<i>Medications for Addiction Treatment (MAT) Access &amp; Integration</i>	Policies reflect support for MAT and reduce related stigma and care coordination to ensure access to initiating MAT or access to continued medications. This will include formal care coordination agreements with Opioid Treatment Programs.			
<i>Recovery Supports</i>	Integration of peer support, case management, and transition planning.			
<i>Quality Improvement</i>	Policies for tracking outcomes,			



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	monitoring fidelity, and continuous improvement.			
<i>Behavioral Intervention Strategies</i>	Policies on managing recurrence and rule violations in a clinical and person-centered manner.			
<i>Use of Toxicology Screenings</i>	<p>Policies on the approach to toxicology, including frequency and cause for testing, addressing results in a person-centered and therapeutic manner, and maintaining the privacy and dignity of the person served</p> <p>Policies on confirmatory testing of point of care testing.</p>			





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<i>Harm Reduction Approaches</i>	Policies on harm reduction principles, practices, and approaches, including access to safe use supplies and Narcan.			

Additional Considerations	
Question	Notes
Are your policies and procedures aligned with crisis standards, including risk assessment, crisis intervention, discharge planning, and care coordination?	
Do policies and procedures clearly outline how to maintain safety within the milieu, including frequency of observation and adapting based on clinical need?	
Are the roles and responsibilities of personnel clearly defined?	



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Additional Considerations	
Question	Notes
Are there processes in place to respond to behavioral escalation with skillful treatment responses as a primary approach?	
How do you handle individual grievances, treatment refusals, or clinical deterioration?	