



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

PROVIDER AMBASSADOR PROGRAM
UPDATED MAY 2025

## 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
Admission Criteria	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.			
Assessment & Placement	Assessment procedures include a concise initial assessment to			





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	determine			
	appropriateness			
Crisis	Policy ensures			
Stabilization	development of an			
Plan	individualized,			
	collaborative			
	safety plan			
	followed by an			
	individualized and			
	collaborative crisis			
	stabilization plan.			
Personnel &	Outlines personnel			
Supervision	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			
Canacima	emergencies.			
Co-occurring Capability	Includes integrated care for mental			
Сарариту	health and			
	substance use			
	disorders.			
Therapeutic	Describes structure			
Environment	of the therapeutic			
	environment to be			
	trauma-informed			
	and recovery			
	oriented.			
	Policies on how to			
	structure the			
	milieu population			
	and treatment by			
	acuity and need to			
	promote a calming			
	and therapeutic			
	environment.			
	Policies on a trauma-informed			
	approach to			





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





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





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Medications for Addiction Treatment (MAT) Access & Integration	services. Strategies to promote a culturally and linguistically responsive personnel. 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			
Recovery Supports	Programs. Integration of peer support, case management, and transition planning.			
Quality Improvement	Policies for tracking outcomes,			





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	monitoring fidelity, and continuous improvement.			
Behavioral Intervention Strategies	Policies on managing recurrence and rule violations in a clinical and person-centered manner.			
Use of Toxicology Screenings	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 Policies on confirmatory testing of point of care testing.			





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Harm Reduction Approaches	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?	





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?		



