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COLORADO
Behavioral Health
Administration

Crisis Stabilization Unit Implementation Workflow

PROVIDER AMBASSADOR PROGRAM

UPDATED MAY 2025

Provider Ambassador Program

Crisis Stabilization Unit (CSU) Implementation Workflow

Introduction

The Colorado Behavioral Health Administration (BHA) developed the Crisis Stabilization Unit (CSU) level of care for individuals experiencing acute mental health (MH) and substance use disorder (SUD) crises that need to be stabilized before entering treatment.

How to Use This Workflow

1. Review each section of the workflow with your implementation personnel.
2. Assess your current state of alignment with the BHA Ch. 6.4 Regulations.
3. Use the checklist of action items to identify tasks that need to be completed.
4. Assign responsibilities and track completion using the checkboxes provided.
5. Document all progress and training to ensure mastery and demonstrate readiness to leadership and accrediting bodies.

CSU Alignment Table

Domain	Key Action Items	Suggested Timeline	Notes
Population Served	☐ Review and update admission and transition criteria for the CSU, including conditions that may require referral to a higher level of care.		

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Domain	Key Action Items	Suggested Timeline	Notes
	☐ Ensure marketing and referral materials reflect accurate eligibility.		
	☐ Develop marketing materials for law enforcement and other potential referral sources to make them aware of the resource.		
	☐ Train clinical personnel on assessing people in acute MH and SUD crisis.		
	☐ Train clinical personnel on assessing appropriate levels of care to facilitate effective transitions.		
	☐ Train clinical personnel on conducting closed-loop referrals and warm hand-offs to the next level of care.		
Personnel Requirements	☐ Assess 24/7 coverage and confirm licensed and		

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Domain	Key Action Items	Suggested Timeline	Notes
	credentialed personnel availability.		
	☐ Ensure two personnel are on-site at all times. Ensure there is always one person on-site qualified to administer medications.		
	☐ Ensure 24/7/365 access to nursing and medical personnel.		
	☐ Ensure access to an authorized practitioner with prescribing capabilities upon admission and 24/7/365.		
	☐ Ensure ability to have licensees or crisis professionals receiving supervision from a licensee to lead the crisis assessment and intervention.		
	☐ Ensure availability of a licensee onsite or via telehealth within 15 minutes.		

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Domain	Key Action Items	Suggested Timeline	Notes
	☐ Update job descriptions to align with CSU competencies.		
	☐ Ensure a team of trained professionals including: licensees, psychiatrists or other authorized prescribers, peer support professionals, case managers, nurses, and other trained crisis personnel.		
	☐ Develop a training plan to ensure expertise in addressing and responding to individuals with physical or intellectual/developmental disabilities (IDD), traumatic brain injury (TBI), severe mental illness (SMI), serious emotional disturbance (SED), substance use disorders (SUD), co-occurring disorders, and other cognitive or neurodiverse needs who are in crisis (or develop contractual relationships with local		

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Domain	Key Action Items	Suggested Timeline	Notes
	providers who have this experience/expertise)		
	☐ Develop a personnel training plan to meet CSU requirements.		
	☐ Hire or contract with a peer support professional to lead engagement and assist with follow-up services.		
Therapeutic Environment	☐ Review and update daily programming schedules.		
	☐ Ensure activities support recovery-oriented and trauma-informed environment.		
	☐ Gather feedback from individuals on environmental support.		

	☐ Develop written procedures that address:
	
	  - Bed assignment
	  - Capacity management		

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Domain	Key Action Items	Suggested Timeline	Notes
	- Involvement of first responders - Management of an individual's belongings - Levels of observation (including close observation, routine observation/monitoring) - Management of involuntary status (including communication to individuals regarding change in status) - Individuals leaving the premises - Mail - Telephonic and electronic communication - Use of personal electronics - Visits with family/support systems - Involvement of family/support system		

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Domain	Key Action Items	Suggested Timeline	Notes
	- Identified legal or other representatives (with legal rights or the consent of the individual) - Seclusion, restraint, and physical management - Administration of involuntary psychiatric medications.		
	☐ Ensure access to nutritious meals and snacks that meet the dietary needs of the individual.		
	☐ Develop process to educate first responders on procedures for their involvement with the program and how to safely manage individuals who are experiencing acute emotional, mental health or substance use crises.		
	☐ Develop group and individual counseling schedule.		

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Domain	Key Action Items	Suggested Timeline	Notes
Physical Plant	☐ Implement written procedures for searches of the individual, belongings and of the facility that protect privacy and are sensitive to the potential trauma of individuals.		
	☐ Develop processes for continued vigilance of the safety of individuals and continuous assessment of risks that include: - Ligatures - Sharps - Furnishings - Facility maintenance issues - Other safety risks Ensure a process to respond to risks that are identified.		
Crisis Stabilization Plan	☐ Ensure personnel are trained on developing person-centered crisis stabilization plans, including safety plans.		

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Domain	Key Action Items	Suggested Timeline	Notes
	☐ Ensure crisis-stabilization plans address immediate needs to stabilize the acute crisis, co-occurring disabilities/comorbidities, and/or disorders, person-centered plan, advance directives (from the individual and/or legal guardian when applicable) and transition or discharge.		
	☐ Ensure crisis stabilization plans include strengths, needs, abilities and preferences.		
	☐ Establish a schedule for supervisory reviews to assess the quality of crisis stabilization plans.		
	☐ Develop process of safety planning with each individual that includes psychiatric advance directives and is developed in collaboration with the individual and the		

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Domain	Key Action Items	Suggested Timeline	Notes
	individual's family members and/or other social supports, if not clinically contraindicated.		
Co-occurring Capability	☐ Integrate mental health and SUD assessment tools.		
	☐ Ensure ability to maintain stock medications for management of psychiatric emergencies		
	☐ Ensure ability to maintain stock medications to manage intoxication-related symptoms and to begin to treat withdrawal immediately		
	☐ Ensure a clear pathway exists for referral to same or next-day, withdrawal management and MAT access.		
	☐ Develop workflows for co-occurring diagnosis treatment delivery.		

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	☐ Train personnel in co-occurring capable best practices.		
Clinical Documentation	☐ Revise templates to align with CSU Requirements.		
	☐ Ensure documentation reflects medical necessity.		
Length of Stay & Transitions	☐ Develop process for ongoing multidimensional reassessment.		
	☐ Incorporate transition readiness tools into transition planning.		
	☐ Train personnel on dynamic transition criteria.		
	☐ Develop care coordination partnerships for effective transitions into ongoing treatment services once the crisis is stabilized.		
	☐ Develop policies and procedures for follow-up and		

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Domain	Key Action Items	Suggested Timeline	Notes
	facilitation of the individualized crisis and safety plan.		
Cultural Responsiveness	☐ Evaluate program alignment with Culturally and Linguistically Appropriate Services (CLAS) services.		
	☐ Offer ongoing training in cultural humility, equity, and culturally responsive care.		
	☐ Partner with diverse community organizations for feedback.		
Recovery Support Services	☐ Integrate peer support into the care model.		
	☐ Ensure life skills, case management, and transition planning are present.		
	☐ Review outcomes data from recovery supports and adjust as needed.		

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Domain	Key Action Items	Suggested Timeline	Notes
	☐ Develop care coordination agreements with recovery support services in the community for warm hand-offs at transition		
Social Determinants of Health (SDOH)	☐ Implement SDOH screening at assessment		
	☐ Implement SDOH wraparound plan as part of transition planning.		
Quality & Fidelity Monitoring	☐ Identify an indicator to measure successful transitions into ongoing services after discharge.		
	☐ Develop a process to address performance on this indicator at least annually that includes trends, actions for improvement and the results of the performance improvement plan.		
	☐ Implement monthly continuous quality improvement		

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	(CQI) review of program and documentation.		
	☐ Identify the methods to select quality management projects.		
	☐ Identify the method for selecting the service delivery practice(s) that will be reviewed.		
	☐ Include development of improvement strategies. This may include identifying the personnel that will be involved in designing the intervention, opportunities for individual input, and the administrative approvals needed to finalize the intervention.		
	☐ Document a description of the intervention design. For individual safety improvements, this must include how information about patterns and		

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	trends will be shared with personnel and how the underlying systemic problem(s) that led to the pattern or trend will be addressed.		
	☐ Document how personnel will be allocated or trained to implement the strategy.		
	☐ Document how the strategy will be evaluated for effectiveness.		
	☐ Document the timelines for implementation and evaluation of the strategy and how the agency is tracking the meeting of these milestones.		

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