

Behavioral Health Acute Stabilization Unit

Purpose: The Behavioral Health Acute Stabilization unit is a hospital diversion and step down unit for Rhode Island residents 18 years of age and older who are experiencing a psychiatric and/or substance abuse related crisis. This unit will provide on-going assessment and observation, crisis intervention and psychiatric, substance and co-occurring treatment.

Capacity: The unit must have access to ten beds locate in one facility. No more than two clients in one room and must have the capacity to supervise clients individually in a room if clinically necessary.

Admission Criteria:

- Individuals must be 18 years of age or older and a resident of Rhode Island
- Individuals must have the capacity to safely stay in an unlocked facility
- Individuals must voluntarily agree to be admitted into the unit
- Individual must be medically stable and receive medical clearance if referred by an emergency room or if being stepped down from an inpatient facility

Exclusion Criteria: Clients exhibiting one or more of the following may be excluded from the program at the discretion of the program director.

- Acute substance intoxication;
- Acute psychosis with evidence of impaired judgment or lack of impulse control as evidenced by psychiatric symptoms of command hallucinations or delusional thinking;
- Acute mania impairing judgment and impulse control;
- Gross functional impairment due to vegetative signs of depression such as remaining in bed all day, deterioration of cognitive ability and inability to perform self care;
- Assaultive ideation, evidenced by threats and likelihood to harm, kill or injure others;
- Assaultive behaviors evidenced by threats and/or restraining orders combined with the likelihood to act on those behaviors;
- Active self-injurious behaviors such as head banging, lacerating wrists, and threatening to elope from the unit;
- Recent suicide attempt with a continued threat or plan to act on suicidal ideation.

Proposed Length of Stay: Length of stay will be individualized based on each individual's service needs. Typical stay for diversion programs of this nature is 3-7 days and exceeds 14 days only on rare occasions.

Discharge Criteria: Clients may be discharged if one or more of the following criteria are met:

- Treatment issues identified in the treatment plan are resolved;
- The individual is unable to be safely managed at the unit due to increased severity and intensity of symptoms;
- Individual is in need of acute medical treatment requiring a hospital setting;
- Individual is in need of hospital level of care to safely manage the symptoms of detoxification and/or withdrawals;
- Physical aggression towards staff or other residents;
- Self abusive behavior, unable to be managed in the unit and/or requires acute medical attention;
- Involvement in criminal/antisocial activity while in the program, i.e. stealing, drug use, possession or distribution, threats or intimidation behavior towards others.

Admission Procedures: The unit will have the capacity to accept admissions 24-hours a day, 7 days a week (24/7). The initial referral will come by phone directly to a person who is located on site at the unit. Delays are not to be expected unless multiple referrals are made simultaneously.

- The initial phone screening must be conducted by a Licensed Practitioner of the Healing Arts.
- Upon completion of the phone screening, the unit must have the capacity to finalize the disposition with the referral source within sixty minutes.
- Once admission is accepted, transportation issues are to be arranged by either the referral source or the unit if they are capable. Transportation by taxi cab may not be utilized.
- If referred from an emergency room or an inpatient facility, the unit RN will contact the referring emergency room to receive the nurse-to-nurse report prior to receiving the admission. The unit RN will request copies of all pertinent medical information regarding the client including lab work, toxicology results, etc.
- Individuals will receive a medical pre-screening or physical examination by the unit RN immediately upon arrival at the unit.
- Once medically cleared by the unit RN, individuals will undergo a safety check. This involves a search of the belongings that the client brings with them at the

time of admission by two unit staff for items such as matches, medications, sharp objects, weapons, etc. in order to ensure the safety of all residents.

- A licensed practitioner of the healing arts will conduct an initial assessment within 24-hours of admission and collaborate with the individual and treatment team to develop a treatment plan.
- Clients will also receive an orientation to the program, a copy of the Client Rights form, and be informed of all program policies and procedures on admission.

Staffing: The program must be staffed 24/7. This includes on-site coverage at all times by nurses, counselors, and care managers, as well as access to a psychiatrist available to respond within 30 minutes. The program is also to have on-site scheduled psychiatry time as required by the client mix at any given time.

Program Services: Services are to include the following:

- 24 hour crisis services
- Hospital step down
- Care management services
- Psychiatry services
- Medication services
- Inpatient psychiatric and medical admissions
- Evidence based co-occurring treatment
- Group and individual counseling
- Discharge planning
- Family psycho-education and supportive services

Description of Services:

- **24 Hour Crisis Services:** All staff will be trained in risk assessment and crisis intervention services. Upon arrival to the program, individuals are to receive a face to face assessment by a licensed practitioner of the healing arts to assess acuity, risk, and client level of need.
- **Hospital Step Down Services:** The unit must offer step-down services for clients who do not require inpatient hospitalization or detoxification but who require further stabilization before returning to the community.
- **Care Management Services:** Every client on the unit will have an identified care manager. The care manager is responsible for the coordination of care while the

client is on the unit and also for insuring that the client has appropriate follow-up appointments upon discharge.

- **Psychiatry Services:** The unit must have a psychiatrist available 24/7 to respond to medication orders and any medical concerns. The psychiatrist must also be scheduled to be on-site at the program for psychiatric assessments and medications reviews as required by the specific client mix at any given time.
- **Medication Services:** An RN is to be on-site 24/7 for on-site administration and monitoring of medication.
- **Inpatient Psychiatric and Medical Admissions:** The unit will have a staff member meeting the requirements of the Mental Health Law on-site 24/7 to facilitate inpatient psychiatric admissions from the unit site to an inpatient facility if required. The unit will also have an RN on-site 24/7 to facilitate transfers for medical admissions.
- **Evidence Based Co-Occurring Treatment Services:** Services will be offered that are evidenced based for individuals with co-occurring treatment needs. Interventions to treat both disorders are to be listed in the treatment plan and implemented by staff with knowledge, skills and qualification to provide both mental health and substance abuse services.
- **Group and Individual Counseling:** All individuals have access to participate in group and/or individual counseling as indicated by their treatment needs and treatment plan.
- **Discharge Planning:** All individuals will have a discharge plan, which shall be started within 24-hours after admission. Follow-up appointments are not to exceed 48 hours for the first appointment and 14 days for a follow-up medication appointment. Individuals are not to be given phone numbers to contact as follow up. Individuals referred to homeless shelters will have scheduled follow-up appointments with providers and will also make attempts to have releases signed so that coordination of care between the unit and the homeless shelter can occur. Transportation issues are to be resolved and documented in the individual's record describing how the individual will attend the first appointment (i.e. family member, self, public transit, staff to transport, etc.). All discharge plans will be documented and approved by a licensed practitioner of the healing arts.
- **Family Psycho-education and Supportive Services:** Services are available to family members to be involved in treatment planning and discharge meetings. Education, information, and support is to be provided to family members.