

Facility-based crisis stabilization

Facility-based crisis stabilization provides low-barrier behavioral health care for urgent and emergent needs that can be met without an admission to inpatient care. Individuals needing care have historically been able to access outpatient crisis stabilization services, certified under [WAC 246-341-0901](#), and Crisis Stabilization Units (CSU), certified under [WAC 246-341-1140](#). The 2023 legislative session expanded those options by introducing 23-hour Crisis Relief Centers (CRC) now outlined in [RCW 71.24.916](#). The Department of Health (DOH) completed licensure requirements under [WAC 246-341-0903](#) so that CSUs and 23-hr CRCs may exist as standalone facilities or as one part of a multi-use facility.

Overview

Facility-based crisis stabilization services are delivered by teams of multidisciplinary staff providing 24/7 coverage to meet individual treatment needs. Interventions are meant to resolve crises in the least restrictive manner possible. This specialized care provides an alternative to unnecessary emergency department visits and a diversion from jails for individuals whose behavioral health symptoms gain the attention of law enforcement.

Individuals receiving facility-based crisis services are active participants in their treatment and discharge planning, working with staff to set personalized and achievable goals.

A 23-hr CRC offers assessments for psychiatric medication, medication management and/or administration, peer counseling, and care coordination. Due to their onsite multi-disciplinary teams, 23-hr CRCs are able to meet minor physical health needs, including nonlife-threatening wounds, with an identified path of care for those who may require more medically-intensive services.

A 23-hr CRC is designed to be a brief landing place that addresses immediate needs and promotes connection to ongoing support. The goal of these facilities is to connect the person to the next steps

in their care before leaving the facility in the 23-hr timeframe. This can include admitting the person to a higher level of care or helping the person return home with follow up support. Special exceptions, such as waiting for an evaluation by a Designated Crisis Responder or waiting for an imminent transition to another setting as part of an established care plan, may allow an individual to stay at the facility for up to 36 hours.

CSUs are licensed as Residential Treatment Facilities and provide continued stabilization services while allowing an individual additional time to access crisis services. Most CSUs can provide medication management and peer support. A length of stay at these facilities is often three to five days.

Eligibility requirements

Individuals who self-report experiencing a behavioral health crisis can be served at crisis stabilization facilities unless they have a serious health need beyond the capabilities of the facility. A 23-hr CRC does not require any medical clearance and is required to be able to take anybody as long as the facility can meet their medical needs. These centers also have a no-refusal policy for law enforcement referrals, even when it causes the facility to exceed capacity. Any refused referrals are well-documented and tracked for quality assurance purposes.

A 23-hr CRC can currently only serve adults. In 2024 the legislature [passed SB 5853](#) that directed DOH to update their rules to include youth facilities. According to the bill, youth and adults cannot be served in the same facility. A 23-hr CRC for youth will have additional rules and guidelines, including requirements for staff to have youth-specific training. The rulemaking for youth facilities is currently taking place with final rules due March 31, 2025.

Budget for SFY 25

The Washington Department of Commerce awards capital funding for adult or youth crisis stabilization facilities through their [Behavioral Health Facilities Grant Program](#).

Facilities contract with Managed Care Organizations (MCOs) for the payment of services provided to Medicaid-enrolled individuals. Services

provided to non-Medicaid individuals are covered by Behavioral Health Administrative Service Organizations (BH-ASOs.) Fully funded commercial plans can either contract with the facility or will accept out-of-net claims. These plans are banned from balance billing for these services.

HCA has put together a funding FAQ to help payors understand the services and assumed costs for 23-hr CRCs.

23-hr CRCs and [WAC 246-341-1140](#) for CSUs. MCOs and BH-ASOs are also important partners in their role as payors.

Partners

Facilities are licensed or certified by the DOH according to the standards in [WAC 246-341-0903](#) for

For more information

Contact: HCADBHRInformation@hca.wa.gov

Abby Bentley
Crisis Stabilization Facilities Administrator