

## Facility-based crisis stabilization

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### Background

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 23-hour outpatient behavioral health services, certified under [WAC 246-341-0901](#), and Crisis Stabilization Units, certified under [WAC 246-341-1140](#). The 2023 legislative session expanded those options by introducing 23-hour Crisis Relief Centers. Each of these crisis stabilization programs may exist as a standalone facility or as one part of a multi-use facility.

### Program scope

Facility-based crisis stabilization services are provided 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.

At a Crisis Stabilization Facility, individuals collaborate with staff to develop care plans with defined goals. Most facilities offer assessments for psychiatric medication, medication management or administration, peer counseling, and case management. Individuals being treated are active participants in their treatment and discharge planning. Crisis Stabilization Units are licensed as Residential Treatment Facilities and allow for additional time to access around-the-clock care. A length of stay is often three to five days.

23-hour facilities, including the new Crisis Relief Center, are 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-hour timeframe. This can include admitting the person to a higher level of care like a Crisis

Stabilization Unit or helping the person return home with follow up support.

The Department of Health is responsible for rulemaking for 23-hour Crisis Relief Centers. The rules must be created by January 1, 2024, and it is possible that the first 23-hour Crisis Relief Centers may be opened by the end of that year.

While all facility-based crisis stabilization offers voluntary services, Crisis Stabilization Units and 23-hour Crisis Relief Centers may provide temporary emergency detentions of persons at imminent risk of harm to allow for an evaluation by a Designated Crisis Responder.

Most facilities are able to meet minor physical health challenges, with an identified path of care for those who may require more medically-intensive services.

### Funding

The Washington Department of Commerce awards capital funding for adult or youth crisis stabilization facilities. More information about potential opportunities for capital funding can be found on [the Department of Commerce's Behavioral Health Facilities Grant Program website](#).

Please add information about how services are funded.

### Oversight

Facilities are licensed or certified by The Washington Department of Health (DOH). Managed Care Organizations and Behavioral Health Administrative Service Organizations (BH-ASOs) also provide oversight in their role as funders. Facilities contract with Managed Care Organizations for the payment of services provided to Medicaid-enrolled individuals. Services provided to unenrolled individuals are covered by BH-ASOs.

### Who is served

Individuals who are experiencing a behavioral health crisis can be served at crisis stabilization facilities unless they have a health condition that would preclude admission, or they require more intensive services. 23-hour Crisis Relief Centers are adult-only facilities. Other facility-based crisis stabilization services may serve adults or youth.

**For more information**

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