



Pathway to Crisis Stabilization Unit

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Before we get started

- Providers viewing this webinar should review the introductory webinar or the appendix of this deck to better understand the Provider Ambassador Program background and goals.
- [Click here to view the Introductory Webinar](#)



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Agenda

- Overview of the Provider Ambassador Program Pathways
- Overview of Crisis Stabilization Units (CSUs)
- CSU Standards & Regulations
- Provider Ambassador Program CSU Toolkit
- Provider Ambassador Program Resources
- Discussion



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Provider Ambassador Program Pathways

Transitioning from ASAM Third Edition 3.2-WM Level of Care Provider Pathway Options

Crisis Pathway # 1

Behavioral Health Crisis Center (BHCC)*

- Accept and serve individuals experiencing behavioral health crises 24 hours/day. This includes mental health and substance-involved needs with rapid access to medication assisted treatment (MAT) services.
- Has urgent walk-in and law enforcement drop off availability on-site.

Crisis Pathway #2

Crisis Stabilization Unit (CSU)*

- Accept and serve individuals experiencing behavioral health crises in a bedded environment. This includes mental health and substance-involved needs with rapid access to MAT services.
- Works in partnership with Walk-In-Crisis (WIC) facility for placement.

Residential Pathway #3

ASAM Level 3.5 Clinically Managed High-Intensity Residential Treatment

- Accept and serve individuals in residential setting for substance use disorder (SUD) or co-occurring treatment. May direct admit or remain on-site for supervised intoxication and withdrawal management services, including rapid access to MAT services. 24-hour drop-off not required.

Residential Pathway #4

ASAM Level 3.1 Clinically Managed Low-Intensity Residential Treatment

- Accept and serve individuals in residential setting for SUD or co-occurring treatment. Works in partnership with a crisis or higher level of care provider for intoxication, withdrawal management, and MAT service needs.

*Name subject to change



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Overview of Crisis Stabilization Units

Crisis Programs

Operate 24/7/365

Short-term programs organized to respond to the needs of individuals experiencing acute emotional, mental health, and/or substance use crises that can't be managed in less intensive programs

Quickly triage the needs of individuals to engage them safely into care

Develop a crisis stabilization plan for each individual

Effective transition to appropriate programs/services

Calm and welcoming environment



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Crisis Programs (cont.)

- No or low barrier access points for individuals experiencing a range of behavioral health emergencies and crises
- Opportunities for diversion from criminal justice
- Focus on initial response, triage, screening, assessment, and intervention - rapidly address needs
- Promote de-escalation and stabilization
- Paired with other crisis stabilization services

No/Low Barrier



Minimize
stigma
surrounding
more secure
settings

Support
obtaining
care in least
restrictive
environment

Mitigate bias
in screening
and referrals



Crisis Stabilization Units Standards and Regulations

August's Case

- Mr. August B. is a 58-year-old cisgender male who was brought to the crisis center by his husband
- History includes 30-years of chronic heavy drinking with periods of sustained remission, longest being 10 years. He returned to drinking 6 weeks ago after laid off from his job at a tech company
- Over the past three days he has been drinking non-stop and his husband was concerned for his health and safety
- His husband called 988 and they facilitated a transition to the CSU

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August's Case (cont.)

- August's medical history is significant for hypertension (high blood pressure), hyperlipidemia (high cholesterol) for which he takes medication daily and for osteoarthritis of the knees for which he takes ibuprofen
- He also has a history of major depression with suicidal ideation and hasn't taken his antidepressant for the last 6 weeks
- August is intoxicated at the time of admission. He is cooperative in the interview
- Within a few hours he appears anxious, reports nausea, and has visible moderate tremors

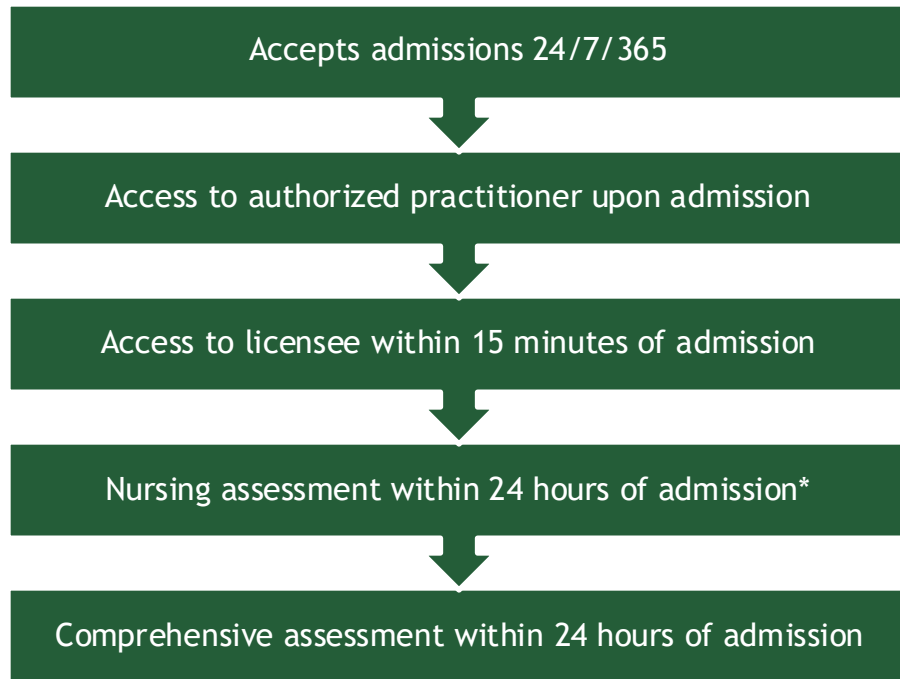
Benefits of a CSU Admission for August

- Low barrier alternative to an Emergency Department or inpatient admission
 - No wrong door approach- takes all individuals with a MH or SUD crisis
 - Rapid evaluation and triage
 - Formalized relationships with providers across the continuum of care to support rapid transition to the most appropriate level of care
 - Care coordination infrastructure to facilitate warm handoff and closed loop referral to ongoing treatment after stabilization
- Safe, less restrictive (than a hospital), environment while being assessed for the most appropriate treatment environment
- Minimizes criminal justice involvement
- Able to monitor alcohol withdrawal and begin medications

What's Next for August?

- At his three-day assessment, August was found to be low-risk for complicated withdrawal and was responding well to medications
- He took part in safety planning and identified supports and future goals
- He restarted his depression medication
- A family session with his therapist and husband confirmed he needs ongoing treatment
- His case manager contacted a partner SUD agency
- The agency completed an ASAM assessment via telehealth
- Based on Dimensions 3 and 4, he was referred to Level 2.1 care
- A peer support specialist will go with him to support a warm hand-off

Admission and Assessment



Authorized Practitioner

- “Authorized Practitioner” means the person (a) authorized by law to prescribe treatment, medication, or medical devices, (b) who holds a current unrestricted license to practice, and (c) is acting within the scope of such authority.

Licensee

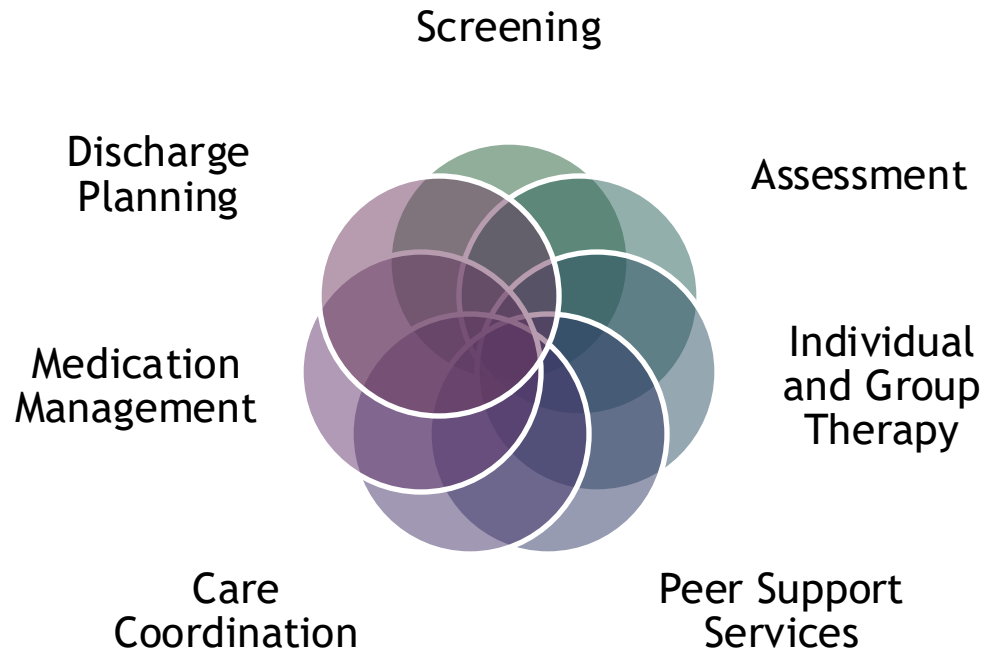
- A psychologist, social worker, clinical social worker, marriage and family therapist, licensed professional counselor, or addiction counselor licensed as defined in 12-245-202(8), C.R.S.

* Assessment can be via telehealth.

Planning

- **Safety Planning**
- **Crisis Stabilization Plan- developed based on the individual's unique strengths, needs, abilities and preferences**
 - ✓ Immediate needs to stabilize the acute crisis
 - ✓ Address co-occurring disorders
 - ✓ Aligns with goals from other person-centered/ treatment/ service plans, if applicable
 - ✓ Advance directives

Services



Personnel

- ✓ At least two personnel on-site at all times
- ✓ At least one personnel on-site qualified to interact with medications
 - Peer support professional
 - Licensees
 - Case managers
 - Crisis professionals under the supervision of a licensee
 - Authorized practitioners
 - Nurses
 - Two personnel on-site always, at least one who is able to administer medications

Milieu Management

Procedures that address

- Bed assignment
- Capacity management
- Management of individual's belongings
- Levels of observation
- Management of involuntary status
- Individuals leaving the premises
- Mail, telephonic, and electronic communication
- Use of personal electronics
- Visits with family/support systems, identified legal reps, etc.

Milieu Management (cont.)

Ongoing risk assessment that includes:

- ✓ Ligatures
- ✓ Sharps
- ✓ Furnishings
- ✓ Facility maintenance issues

Response to identified risks



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Engagement with First Responders

- Recognition of the role of first responders in crisis response
- Collaboration among all partners in the crisis continuum, including first responders is essential
- CSU offers a site for diversion of individuals with behavioral health crises away from both hospitalization and the criminal legal system
- Education on agency procedures for the involvement of first responders with the program



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HMA
HEALTH MANAGEMENT ASSOCIATES

Considerations for Implementation: Physical Plant

- **Living Space**
 - Ability to accommodate stays longer than 24 hours
 - Recreational/community space
 - Dining space
- **Clinical Space**
 - Individual and group counseling
 - Intake
 - Medical assessments
- **Storage Space**
 - Secure storage for self-administered medications & individual's belongings
 - Food storage space

Considerations for Implementation: Personnel

- **Administrator**
- **Clinical Director**
- **Licensees or Crisis Professionals Under the Supervision of a Licensee**
 - Examples: psychologists, clinical social workers, marriage and family therapist, licensed professional counselor, or addiction counselor
- **Non-licensed Team Members**
 - **Peer Support Professional**
- **Medical**
 - **Authorized prescribers**
 - **Nursing**

Considerations for Implementation: Competencies

Rapid Triage
and
Assessment

De-escalation

Milieu
Management

Low Barrier
Care



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June's case

- Mrs. June J. is a 32-yo woman with 8-year h/o polysubstance use (opioids and tobacco) referred to your program by her opioid treatment program (OTP)
- June is smoking \$80 - 100 of fentanyl per day, with last use yesterday evening
- She also smokes ½ pack of cigarettes daily
- She is 6 months pregnant; 5-year-old daughter recently placed in foster care
 - Child Protective Services (CPS) got involved after a call from daycare provider
- She was brought to the CSU by the CPS worker as she concerned for her safety due to her level of intoxication



June's Case (cont.)

- Past Medical History: no chronic medical conditions; hospitalized x1 for childbirth; no obstetrical visits since the end of her first trimester
- Past Psych History: depression, anxiety and PTSD; symptoms worse in past 2 weeks
- Relationship status: married; husband currently in a residential program for last 2 weeks after mandated to treatment
- Living situation: Recently evicted and lost most family belongings; unhoused, sleeping in shelter most nights; abandoned building
- Education: Associate's degree
- Employment: not currently working; previously worked as a Certified Nursing Assistant (CNA)

Benefits of a CSU Admission for June

- 24-hour supportive environment
- Initiate and monitor medication to prevent withdrawal symptoms
- Low barrier alternative to an ED or inpatient admission
- No law enforcement involvement
- Able to monitor withdrawal
- Medical care can coordinate resuming prenatal care

What's Next for June

- At her three-day assessment, June reports severe cravings half-way through the day and the doctor changes her to twice daily dosing
- The case manager contacted the CPS worker to provide an update on progress
- The peer support professional supported June in talking to her daughter
- The team decides to keep June three more days to monitor her response to twice-daily dosing
- To prepare for her transition, the case manager contacts their partnering SUD agency, and they conducted an ASAM assessment via telehealth. Based on her functioning in Dimensions 3,4, and 5 she was assessed to need 3.5 with a tentative admission in three days. The SUD agency had June sign a release to confirm admission with CPS
- On her next assessment, her symptoms are managed, and she is transported to the 3.5 program by Behavioral Health Secure Transportation (BHST)



Crisis Stabilization Unit

Toolkit

Pathways Toolkits

Service
Transformation
Toolkit & Guide

Comprehensive
Transition Planning
Tool

Service Type
Comparison Tool

Policy and Procedure
Alignment Tool

Implementation
Workflow Tool

Physical Plant
Requirements
Tracking Tool

Personnel Crosswalk

Integration Self
Assessment Tool:
Medical, Psychiatric,
and MAT Services

Pathway Decision
Considerations Guide

Pathway Decision
Tree

Compendium of
Resources



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Pathway Decision Tree

The goal of the Pathway Decision Tree is to provide 3.2-WM programs with a decision aid to determine which of the 4 provider pathways options makes the most sense for their respective organizations.

Factors in the decision aid include:

- Community needs assessment, inclusive of availability of existing levels of care in their current ecosystem
- Analysis of population(s) being served
- Assessment of agencies' existing expertise
- Alignment between current treatment model and pathway treatment model
- Infrastructure alignment
- Reimbursement considerations

Pathway Decision Considerations Guide

This document is intended to help agencies evaluate the multiple areas that will contribute to which model is the best fit for their agency.

- As agencies navigate the shift away from 3.2-WM, they will need to weigh potential benefits and concerns related to each model they are considering
- Prior to examining potential options all providers should assess community needs to ensure they are complementing, not duplicating existing levels of care

Service Transformation Toolkit & Guide

This document is intended to support providers who have chosen to explore or navigate the pathway from the Level 3.2-WM ASAM Third Edition to the Crisis Stabilization Unit.

The Service Transformation Toolkit & Guide

- Outlines what a shift to a Crisis Stabilization Unit entails and key steps to take when considering or transitioning your practice to this level of care and highlights key components of the Crisis Stabilization Unit

Service Type Comparison Tool

Crosswalk and gap analysis tool designed to support providers in understanding the key differences between ASAM Level 3.2-WM and CSU.

Serves two purposes:

1. To compare and clarify the distinctions between these two levels of care across editions
2. To help organizations delivering 3.2-WM services identify what changes are needed to transition to a CSU under the current guidance

Integration Self-Assessment Tool: Medical, Psychiatric, and MAT Services

Use this tool to identify strengths, gaps, and opportunities for alignment with CSU expectations.

- This tool is designed to help agencies evaluate their current level of integration of medical, psychiatric, and medications for addiction treatment (MAT) within their CSU

CSU Integration Self-Assessment Tool: Medical, Psychiatric, and MAT Services

This self-assessment tool is designed to help agencies evaluate their current level of integration of medical, psychiatric, and medications for addiction treatment (MAT) within their Crisis Stabilization Unit (CSU) programming. Use this tool to identify strengths, gaps, and opportunities for alignment with CSU expectations.

Instructions: Review each statement below and rate your program's current level of implementation. Use the following scale:

1 = Not Yet Implemented

2 = Partially Implemented

3 = Fully Implemented

Integration Area	Expectations	Rating (1-3)	Evidence/Notes	Action Item(s) & Responsible Parties
Screening for Medical, Psychiatric, and MAT needs	Screening occurs at the time of first contact, and same-day access to care (especially MAT) is available.			

Policy and Procedure Alignment Tool

This tool is designed to help agencies evaluate whether their current policies and procedures align with the standards for 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

Implementation Workflow Tool

This tool allows agencies to assess current operations, identify alignment gaps, and take strategic action toward full compliance with the CSU standards.

How to use this tool:

- ✓ Review each section of the workflow with your team and assess your current state of alignment with CSU standards
- ✓ Use the checklist of action items to identify next steps
- ✓ Assign responsibilities and track completion
- ✓ Document all progress and training

Physical Plant Requirements Tracking Tool

This tracking tool is designed to help agencies evaluate and document compliance with physical plant requirements for CSUs.

- Use this table to review each area, assess current alignment, identify gaps, and assign follow-up actions.

Crisis Stabilization Unit Physical Plant Requirements Tracking Tool

This tracking tool is designed to help agencies evaluate and document compliance with Crisis Stabilization Unit (CSU) physical plant. Use this table to review each area, assess current alignment, identify gaps, and assign follow-up actions.

Instructions: Review each statement below and rate your program's current level of implementation. Use the following scale:

1 = Not Yet Implemented

2 = Partially Implemented

3 = Fully Implemented

Requirement Area	Expectations	Rating (1-3)	Notes/Gaps Identified	Follow-Up Action & Responsible Party
<i>Sleeping Areas</i>	Must have private rooms with beds Sleeping areas must be safe, clean, and allow for adequate personal space and storage.			

Personnel Crosswalk

This tool is designed to help organizations plan effectively for workforce needs, compliance, and service delivery as they explore whether this level of care is right for their agency.

- Provides a comparison of personnel standards and expectations between the two levels, including typical ratios where applicable

Personnel Crosswalk

ASAM 3.2-WM (Third Ed.) to Crisis Stabilization Center (CSU)

As provider agencies consider transitioning from ASAM Level 3.2-WM (Third Edition) to a Crisis Stabilization Unit (CSU), understanding the personnel implications is critical. As with ASAM Criteria levels of care, CSUs carry distinct requirements for comprehensive assessment, psychiatric services, medical oversight, personnel-to-individual ratios, and the integration of peer support and therapeutic services.

This crosswalk provides a comparison of personnel standards and expectations between the two models of care, including typical ratios where applicable. It is designed to help organizations plan effectively for workforce needs, compliance, and service delivery as they explore whether this level of care is right for their agency.

Please note, the document will use “Recommended” to indicate industry standards based on best practices and “Required” to indicate personnel guidelines that will be required.

Personnel Element	3.2-WM (3rd Edition) (Requirements & Ratios)	Crisis Stabilization Unit (CSU) (Requirements & Ratios)	Key Differences	Gaps and Associated Action Items
Medical Oversight	Required: Physician or Nurse Practitioner (NP) on-call to monitor withdrawal	Required: Access to an authorized practitioner at admission.	3.2-WM mandates medical oversight due to withdrawal management protocols; CSU requires	Agencies should note what they currently have vs. what they need to fulfill requirements or recommendations.

Comprehensive Transition Planning Tool

This self-assessment tool is designed to help agencies evaluate whether they are implementing comprehensive transition planning and closed-loop referral pathways in alignment with best practices.

- ASAM emphasizes that discharge and transition planning should begin at admission and include coordination with medical, mental health, substance use, housing, and recovery support services



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Program Resources

Engagement Opportunities

Office Hours

- Virtual
- Focus topics to be released in advance of the meeting
- Representatives from HMA will be available to answer questions

Available 1:1 Technical Assistance

- Request 1:1 Technical Assistance via the request form - [click here to access the form](#)
- Technical Assistance sessions are offered to providers on an as-needed basis

Other Feedback Opportunities

- At the conclusion of each webinar, providers will be asked to complete a survey to help inform future TA
- Providers can use the Technical Assistance and Feedback form to provide additional feedback and ask questions related to the Ambassador Program
- Questions collected and answered through the feedback will inform the FAQ document
- Dedicated e-mail address: HCPFAmbassadorTTA@healthmanagement.com



Additional Resources

Office Hours

July 30, 2025 at Noon- [Register Here](#)

E-mail List

Join the [E-mail list](#) to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities.

HCPF Website

Visit the website <https://hcpf.colorado.gov/ensuring-full-continuum-sud-benefits-providers> for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more

TA Request Form and E-mail

Request TA support or share your ideas, questions and concerns about this effort using the [TA Request Form](#) or e-mail questions and comments to: HCPFAmbassadorTTA@healthmanagement.com

State Agency E-mail

For general questions for BHA or HCPF related to the transition to ASAM Fourth Edition Criteria- hcpf_sudbenefits@state.co.us or cdhs_bharulefeedback@state.co.us





Discussion

To better inform our future trainings and request technical assistance, please access the feedback and TA request form by clicking the link below or scanning the QR code. Your feedback is important. Thank you!

Scan Here



OR

Click here: <https://tinyurl.com/y79pb37k>



Appendix A

Provider Ambassador Program Overview

Provider Ambassador Program Overview

Cross-Agency Collaboration

- The Colorado Department of Health Care Policy and Financing (HCPF), Behavioral Health Administration (BHA) and Health Management Associates (HMA) are working together to design and implement a Provider Ambassador Program.

Purpose

- The Program will support current Substance Use Disorder (SUD) 3.2- Withdrawal Management (3.2-WM) providers in transitioning to the American Society of Addiction Medicine (ASAM) Fourth Edition standards or other related service models.

Goal

- Provide a comprehensive suite of resources, guidance materials, operational strategy tools, training and technical assistance to assist providers in making decisions and preparing for the transition to an aligned level of care or service model.

Landscape Analysis

To inform the development of the Provider Ambassador program, HMA performed a landscape scan that included a detailed review of existing information, analysis of the provider operating environment, and targeted partner and community engagement to identify key issues and priorities.



Reviewed and analyzed state policies, regulations, or initiatives impacting SUD providers.



Reviewed federal policies or programs that create opportunities or challenges for providers, such as Medicaid policy changes, grants, or federal funding requirements.



Compared ASAM Third Edition requirements to ASAM Fourth Edition requirements and identified how these changes may affect provider practices, service delivery, and resource needs.



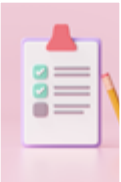
Identified additional systemic or operational changes, including evolving community needs, workforce challenges, or funding shifts that impact provider operations.



Participated in provider listening session to gather insights from partners and the provider community to help identify specific barriers and training needs for providers to successfully transition to the ASAM Fourth Edition.



Participated in the state SUD workgroup(s) to design the framework for the Provider Ambassador Program, focusing on key program goals, expected outcomes, and strategies for implementation.



Reviewed feedback collected through the provider state-distributed 3.2-WM Transition Survey



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Provider Concerns

Capital investment and construction

- Providers and practices require significant capital investment for this kind of transition.

Personnel and regulatory concerns

- Providers note that recruiting and maintaining sufficient personnel, especially for a WIC/CSU model, with WM-protocols is a concern. Providers are unaware of regulatory requirements and are unsure if their current facilities can support the required changes.

Prior authorization-related issues

- Providers expressed concern around prior authorization processes, particularly when navigating different rules across Managed Care Entities (MCEs) and suggested a streamlined process across MCEs.



Provider Concerns, cont.

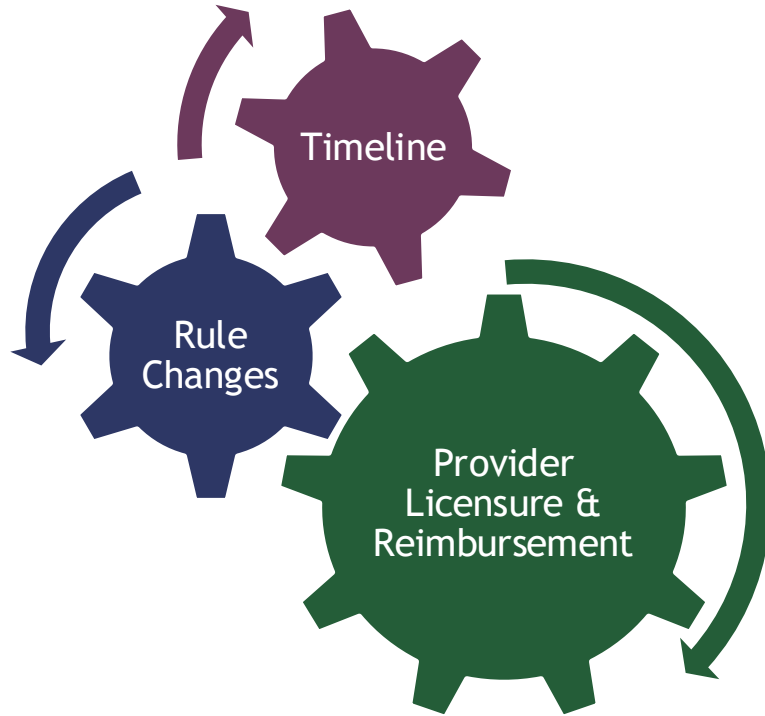
Impact on rural communities

- Providers expressed concern about the impact of changes on rural areas, particularly where WM services are critical for public safety and emergency care.
- One provider stated “WM in rural areas serves as a safety net for law enforcement, emergency rooms when a resident is intoxicated and unsafe and is often an alternative to jails or long and/or frequent stays in the ER. These admissions would not currently meet the ATU or CSU level of care and WICs are not set up for this scope of practice.”

Integration of WM services into both residential and acute crisis settings

- Providers emphasized the importance of integrating WM services into both residential and acute settings, with some already providing these services in a seamless manner.

Behind the Scenes- Many Moving Parts!



Commitments to providers as the program moves forward include:

- ✓ Cross-agency collaboration
- ✓ Updates early & often
- ✓ Provide tailored technical assistance
- ✓ Solicit and review feedback often
- ✓ Prompt follow up on provider questions



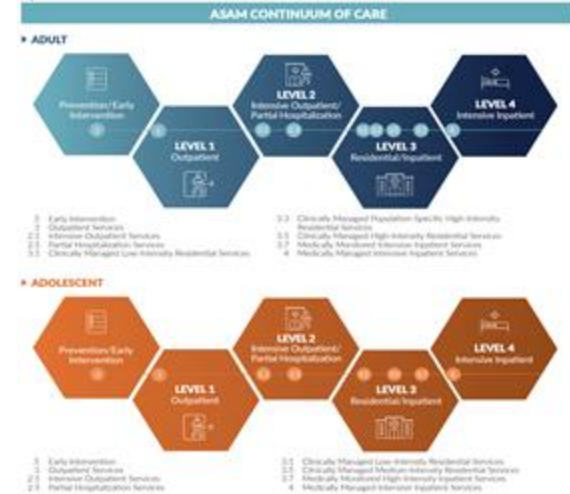
Appendix B

ASAM Background and Review

Background: What is ASAM?

The American Society of Addiction Medicine (ASAM) Criteria is a nationally utilized set of guidelines for the treatment of individuals with substance use disorder (SUD) and co-occurring disorders.

The ASAM Criteria provide a comprehensive framework for assessing and treating SUDs, ensuring that s receive care tailored to their specific needs.



ASAM guidelines cover:

- ✓ Placement
- ✓ Continued stay
- ✓ Transfer/discharge of services

Source: <https://bhmpc.com/2022/10/asam-criteria/>

The Guiding Principles of the ASAM Criteria are

- Admission is based on individual needs rather than arbitrary prerequisites
- Individuals receive a multi-dimensional assessment that addresses broad biological, psychological, social, and cultural factors
- Individualized treatment plans are based on each individual's needs and preferences
- Care is interdisciplinary, evidence-based, and -centered
- Individuals move along the clinical continuum based on their progress

History of The ASAM Criteria

1991

Placement
Criteria for the
Treatment of
Psychoactive
Substance Use
Disorders

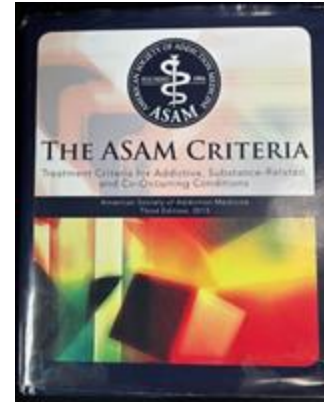
1996

Placement
Criteria for the
Treatment of
Psychoactive
Substance Use
Disorders, 2nd
Edition

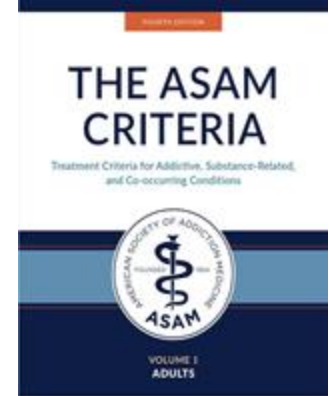
2001

Placement
Criteria for the
Treatment of
Psychoactive
Substance Use
Disorders, 2nd
Edition-Revised

2013



2023



<https://www.hazelden.org/store/item/581328>



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Appendix C: References

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