



Short-term Stabilization

Short-term stabilization beds are identified as a “best practice” for behavioral health crisis care, but not one of the core elements (crisis call center, mobile crisis teams and 23-hour stabilization). As such, minimum expectations and best practices for operations are not defined in detail in the SAMHSA National Guidelines Toolkit.

Short-term stabilization beds offer services to individuals who are unable to be stabilized at 23-hour observation, often due to issues related to co-morbidity and complex social needs. Short-term stabilization beds are often operated within the same facility or campus as 23-hour recliners to allow for easy transition between care settings, but can be operated as a stand-alone facility or in conjunction with other services.

The length of stay is two to five days. The facility is staffed similarly to 23-hour stabilization, with a mix of professionals and paraprofessionals including 24/7 access to peers, psychiatrists and Master’s level behavioral health clinicians.

Essential Functions

- Assessment
- Diagnosis
- Abbreviated treatment planning
- Observation and engagement
- Support
- Individual and group therapy
- Skills training
- Prescribing and monitoring of psychotropic medication
- Referral and linkage to community resources



Partners Needed

23-hour stabilization facilities, community providers



Provider Performance Metrics

- Number served
- Percentage of referrals accepted
- Average length of stay
- Percentage discharge to the community
- Percentage of involuntary commitment referrals converted to voluntary
- Readmission rate
- Percentage completing an outpatient follow-up visit after discharge
- Total cost of care for crisis episode
- Guest service satisfaction
- Percentage of individuals reporting improvement in ability to manage future crisis