



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Thomas Farley, MD, MPH  
*Commissioner*

**Trish Marsik**  
Assistant Commissioner  
Bureau of Mental Health  
[tmarsik@health.nyc.gov](mailto:tmarsik@health.nyc.gov)

**Gotham Center**  
42-09 28<sup>th</sup> Street, 19<sup>th</sup> floor  
Queens, NY 11101-4132

+ 1 347-396-7136 tel  
+ 1 347-396-7167 fax

**Lily Tom**  
Assistant Commissioner  
Bureau of Children, Youth,  
and Families  
[lmtom@health.nyc.gov](mailto:lmtom@health.nyc.gov)

**Gotham Center**  
42-09 28<sup>th</sup> Street, 19<sup>th</sup> floor  
Queens, NY 11101-4132

+ 1 347-396-7070 tel

To: Comprehensive PAR Applicants  
From: NYC Department of Health and Mental Hygiene  
CC: NYS Office of Mental Health  
Date: July 2011  
Subject: Crisis Intervention and Non-Business Hours Assistance Plans, and  
Populations in Urgent Need of Services

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Under Part 599 regulations for clinic treatment programs, the NYC Department of Health and Mental Hygiene (DOHMH) has a concurrent set of oversight responsibilities including the approval of clinics' crisis intervention and non-business hour assistance plans. In addition, DOHMH may establish categories of individuals who are deemed to be in need of urgent care. This document outlines the specific requirements for crisis intervention and non-business hour assistance plans and the list of categories of individuals that are determined to be in urgent need for services.

**Crisis Intervention and Non-Business Hours Assistance Plans**

As per §599.8(b)(4), clinics are required to offer crisis intervention services on a 24 hour per day/7 day per week basis. They are also required to ensure an adequate response to service recipients and collaterals in need of assistance when the clinic is not in operation, per §599.6(g). Such services must be described in a plan that is approved by the LGU.

During the OMH licensure certification process, new Article 31 providers will be required to submit a crisis plan. If your agency is using a Clinical Services Contract for these services, please attach a copy of the contract with your submission of the plan.

Plans should be submitted to [parreview@health.nyc.gov](mailto:parreview@health.nyc.gov) once you have received "Conditional Approval" of your PAR from the New York State Office of Mental Health, pending a pre-certification visit. Please see the outline below of DOHMH's requirements for clinics' crisis intervention and non-business hours assistance plans.

NYC Mental Health Clinics 24/7 Crisis Intervention  
and Non-Business Hours Assistance Plan

Mental health clinics shall have a plan to ensure: a) 24 hours a day/ 7 days a week crisis intervention services and b) an appropriate response to consumers and their collaterals that need assistance (non-crisis) when the program is not in operation. Such a plan shall include the following:

- 1) A process to inform each of the clinic's consumers how to access the clinic's crisis intervention services and assistance during non-business hours.
- 2) Procedures to ensure a prompt response by staff, the need for crisis intervention services and/or non-crisis assistance. In the case of crisis intervention, services may be provided by a third party pursuant to a Clinical

Services Contract that has been pre-approved by the Department. Whenever available and clinically indicated, alternatives to hospitalization should be offered to the consumer.

- 3) Notification of the consumer's primary clinician by the next business day of the nature of the call or crisis, disposition and any actions taken. In the event of a crisis, a follow-up plan shall be developed. The consumer shall participate in the development of the plan, unless he/she is unable or unwilling to do so.
- 4) Documentation of the clinic's response to a crisis or an after-hours request for assistance in the consumer's case record by the end of the next business day. At a minimum, the following shall be documented:
  - Date and time the non-business hours call was received.
  - Date and time of response to the call by licensed staff.
  - Name of consumer / caller.
  - Name of staff person who responded to the call and provided services.
  - Disposition of the call, including staff actions taken. In the event of a crisis, a follow up plan, and consumer involvement in the plan.
  - Notification of the consumer's primary clinician by the next business day.
  - Alternatives to hospitalization were offered to the consumer whenever available and clinically indicated.

Compliance with the Crisis Intervention and Non-business Hours Assistance Plans will be reviewed during the OMH recertification process.

### **Populations in Urgent Need of Services**

As per §599.6(c)(7)(i) clinics must assure that the following individuals receive an initial assessment within 5 business days and are subsequently admitted to the clinic or referred to another provider, as appropriate: those referred from inpatient, forensic or emergency settings; those determined to be at high risk; and those determined to be in urgent need by the LGU (see the detailed list below). Clinics are expected to assess such individuals within the 5-day time frame, along with those individuals directly named in Part 599.

#### NYC Mental Health Clinics Urgent Case Priority List.

- Children/Youth leaving a Residential Treatment Facility (RTF) or Residential Treatment Center (RTC)
- Children/Youth referred by a Home Based Crisis Intervention Program (HBCI)
- Individuals in receipt of services from a mobile crisis team who are not currently receiving treatment
- Individuals in domestic violence shelter programs who are not currently receiving treatment
- Homeless individuals (including runaway and homeless youth) and those who present at NYC homeless shelters who are not currently receiving treatment
- Youth aging out of foster care who are not currently receiving treatment
- Individuals who have been discharged from an inpatient psychiatric facility within the last 60 days who are not currently receiving treatment
- Individuals referred by rape crisis centers
- Individuals referred by the juvenile justice or court system

Should you have any questions about these requirements, please contact us at [parreview@health.nyc.gov](mailto:parreview@health.nyc.gov).