

**A new Part 600 is added to Title 14 of the NYCRR to read as follows:**

**Part 600 Crisis Stabilization Centers**

**Part 600.1 Background and Intent**

(a) The purpose of Crisis Stabilization Centers for those individuals with a known or suspected mental health condition and/or substance use disorder is to provide observation, evaluation, care, and treatment in a safe and comfortable environment. Such centers shall be open twenty-four (24) hours per day, seven (7) days per week.

(b) The purpose of this Part is to establish standards for a Crisis Stabilization Center which provides a full range of psychiatric emergency and substance use services within a defined geographic area. Crisis Stabilization Centers will provide an array of services as set forth in this Part and any guidance and standards issued by the Office of Mental Health (OMH) and the Office of Addiction Services and Supports (OASAS).

(c) Crisis Stabilization Centers are hereby developed under the authority of the Office of Mental Health (OMH) and the Office of Addiction Services and Supports (OASAS) and all provisions of the Mental Hygiene Law are accordingly integrated. Existing OMH and OASAS Mental Hygiene Law provisions will be relied upon to support Center implementation and operation as referenced herein, unless otherwise specified.

**Part 600.2 Legal Base**

(a) Section 31.36 of the Mental Hygiene Law provides the Commissioner of Mental Health (OMH) with the authority to coordinate with the Office of Addiction Services and Supports (OASAS) to create and operate Crisis Stabilization Centers within New York State and promulgate joint regulations for the operation of such centers.

(b) Section 32.36 of the Mental Hygiene Law provides the Commissioner of OASAS with the authority to coordinate with the OMH to create and operate Crisis Stabilization Centers within New York State and promulgate joint regulations for the operation of such centers.

(c) Section 36.01 of the Mental Hygiene Law grants the Commissioners of OMH and OASAS the authority to jointly license Crisis Stabilization Centers.

(d) Sections 31.05, 31.07, 31.09, 31.13, 31.19 and 31.27 of the Mental Hygiene Law, further authorize the Commissioner of Mental Health or their representative, to examine and inspect such Centers to determine their suitability and proper operation.

(e) Sections 31.16 and 31.17 of the Mental Hygiene Law authorize the Commissioner of Mental Health to suspend, revoke or limit any operating certificate.

(f) Sections 9.41, 9.43, 9.45 and 9.58 of the Mental Hygiene Law provide authority to assess and transport individuals to such Crisis Stabilization Centers.

(g) Section 33.21 of the Mental Hygiene Law authorizes the voluntary treatment of minors.

(h) Section 22.09 of the Mental Hygiene Law authorizes the Commissioner of OASAS to designate appropriate facilities as providers of emergency services for Recipients intoxicated, impaired or incapacitated including the voluntary retention of such Recipient.

- (i) Section 32.07 of the Mental Hygiene Law grants the Commissioner of OASAS the authority to regulate the standards of quality and adequacy, physical plant and ongoing compliance for providers of substance use disorder services.
- (j) Section 32.09 of the Mental Hygiene Law grants the Commissioner of OASAS the authority to regulate the issuance, temporary approval of and/or revocation of, operating certificates for substance use disorder programs.
- (k) Section 22.11 of the Mental Hygiene Law authorizes treatment for minors for substance use disorder without consent from a parent or guardian.
- (l) Parts 800-857 of Title 14 of the New York Codes, Rules and Regulations (NYCRR) outline provisions for the operation, administration and responsibilities for substance use disorder treatment programs.
- (m) Parts 500-599 of Title 14 of the NYCRR outlining provisions for the operation administration and responsibilities for mental health services.
- (n) Section 405.2 of Title 10 of the NYCRR provides additional regulatory requirements for the Governing Body of hospital-based programs.
- (o) Sections 424-a and 495 of the Social Services Law relates to the register of category one substantiated cases of abuse and neglect referenced herein for purposes of criminal history reviews.
- (p) Parts 160 and 164 of Title 45 of the Code of Federal Rules (CFR) relates to the Health Insurance Portability and Accountability Act (HIPAA) rules regarding confidentiality of health records.
- (q) Part 2 of Title 45 of the CFR relates to the confidentiality of substance use treatment records.

### **Part 600.3 Applicability**

(a) This Part applies to any provider of services who operates or proposes to operate a Crisis Stabilization Center for individuals who are experiencing a psychiatric or substance use crisis. The goal is to address and stabilize mental health and substance use needs as early as possible. The availability of Crisis Stabilization Centers provides more resources for law enforcement responding to individuals in emotional distress, the courts, and directors of community services, to allow non-violent individuals to be brought to such certified centers for assessment.

### **Part 600.4 Definitions.**

(a) For purposes of this Part the following general definitions apply:

(1) *Approved medication* means any medication approved by state or federal authorities for the treatment of medical and psychiatric conditions, including those conditions caused by the use of substances.

(2) *Crisis Stabilization Center* shall mean a center certified pursuant to this Part, that offers voluntary crisis stabilization services to individuals experiencing mental health and substance use symptoms regardless of their ability to pay.

(3) *Supportive Crisis Stabilization Center* means a center that provides support and assistance to individuals with mental health or substance use crisis symptoms and who are experiencing challenges in daily life that create risk for an escalation of behavioral health symptoms that cannot reasonably be managed in the Recipient's home and/or community environment without onsite supports, and do not pose likelihood of serious harm. The center provides voluntary services for those who require support with an emphasis on peer and recovery services. Supportive Crisis Stabilization Centers provide or contract to provide behavioral health observation/stabilization services twenty-four hours per day, seven days per week.

(4) *Intensive Crisis Stabilization Center* means a center that provides urgent treatment to individuals experiencing an acute mental health or substance use crisis. This service provides diversion from higher levels of care by rapid treatment interventions and stabilization of acute symptoms. The center provides voluntary crisis treatment services in a safe and therapeutic environment with twenty-four hour observation. Intensive Crisis Stabilization Centers shall provide or contract to provide behavioral health stabilization and referral services twenty-four hours per day, seven days per week.

(5) *Catchment area* means the geographic area being served by the Center.

(6) *Commissioners* means the Commissioners of both the Office of Mental Health and the Office of Addiction Services and Supports.

(7) *Collateral* means a person who is a member of the Recipient's family or household, or other individual who interacts with the Recipient and is directly affected by, or has the capability of, affecting their condition and is identified in the treatment plan as having a role in treatment, and/or is necessary for participation in the evaluation and assessment of the Recipient.

(8) *Co-occurring disorder* means the diagnosis of at least one disorder in both of the following areas: substance use disorder (e.g. addiction to alcohol and/or legal or illegal drugs) and mental health disorder (e.g. personality disorder; a mood disorder including but not limited to, depression, or bipolar; a psychotic disorder such as schizophrenia; an anxiety disorder such as panic disorder or post-traumatic stress disorder).

(9) *Family* means those members of the Recipient's natural family, family of choice, or identified caregivers.

(10) *Individual service plan* means a written plan developed by the individual and clinical staff based on screening, assessment(s) and initial services.

(11) *Mental illness* means a health condition involving changes in behavior, emotion, thinking or judgment (or a combination of these) that are associated with distress and/or problems functioning in social, work or family activities.

(12) *Medication for addiction treatment (MAT)* means the treatment of substance use disorder (SUD) and concomitant conditions with medications requiring a prescription or order from an authorized prescribing professional with counseling and behavioral therapies, as clinically appropriate.

(13) *Medication management and training* means activities which provide information to ensure appropriate management of medication through understanding the role and effects of medication in treatment, identification of side effects of medication and discussion of potential dangers of

consuming other substances while on medication. Training in self-medication skills is also an appropriate activity when developmentally and clinically indicated.

(14) *Medication therapy* means the process of determining the medication to be utilized during the course of treatment; reviewing the appropriateness of the Recipient's existing medication regimen through review of the Recipient's medication record and consultation with the Recipient and, as appropriate, their family or guardian; prescribing and/or administering medication; and monitoring the effects and side effects of the medication on the Recipient's mental and physical health.

(15) *Naloxone emergency overdose prevention kit* means a kit as prescribed pursuant to state law and used to reverse an opioid overdose.

(16) *Office* means jointly the Office of Mental Health and the Office of Addiction Services and Supports.

(17) *On-call*, for the purposes of this Part, shall mean the individual is not physically present at the center but can be contacted immediately for clinical consultation as needed and be on-site as necessary

(18) *On duty*, for purposes of this Part, shall include the individual being physically present or on-call and available which includes the ability to come on-site as needed.

(19) *Recipient* means a person who is receiving services at a Crisis Stabilization Center.

(20) *Sponsor* means the provider of service or an entity that substantially controls or has the ability to substantially control the Crisis Stabilization Center. For the purpose of this Part, factors used to determine whether there is substantial control shall include but not be limited to:

- (i) the right to appoint and remove directors or officers;
- (ii) the right to approve bylaws or articles of incorporation;
- (iii) the right to approve strategic or financial plans for a provider of service; or
- (iv) the right to approve operating or capital budgets for a provider of services.

(21) *Substance use disorder* means a group of cognitive, behavioral, and physiological symptoms indicating that an individual continues using substances despite significant substance-related physical, psychological and social problems as determined through assessment and diagnosis using the most recent version of the Diagnostic and Statistical Manual (DSM), as incorporated by reference in Part 800 of this Title.

(22) *State licensing agency* means jointly the Office of Mental Health and the Office of Addiction Services and Supports.

(b) For purposes of this Part the following staffing definitions apply:

(1) *Clinical staff*, for purposes of this Part, are all staff members who provide services directly to Recipients and include professional staff as defined herein. Students and trainees may qualify if they are participating in a program leading to a degree, credential or certificate appropriate to the goals, objectives and services of the Crisis Stabilization Center, are supervised in accordance with the policies governing the training program and are included in the staffing plan approved by the Office.

(i) Students or trainees may qualify as clinical staff under the following conditions:

(a) the students and trainees are actively participating in a program leading to attainment of a recognized degree or certificate in a field related to mental health and substance use disorder at an institution chartered or approved by the New York State Education Department. Limited-permit practitioners are considered students or trainees;

(b) the students or trainees are supervised and trained by professional staff meeting the qualifications specified in this section and are appropriately supervised;

(c) the students or trainees use titles that clearly indicate their status; and

(d) written policies and procedures pertaining to the integration of students and trainees within the overall operation of the Crisis Stabilization Center shall receive approval by the Office.

(2) *Professional staff*, for the purpose of this Part, are individuals who are qualified by credentials, training and experience to provide supervision and direct service related to the treatment of a mental health condition and/or substance use disorder in a Crisis Stabilization Center and may include the following:

(i) *Creative arts therapist* is an individual who is currently licensed as a creative arts therapist by the New York State Education Department or possesses a creative arts therapist permit from the New York State Education Department.

(ii) *Credentialed alcoholism and substance use counselor* is an individual who has a current valid credential issued by the OASAS, or a comparable credential, certificate or license from another recognized certifying body as determined by the OASAS.

(iii) *Licensed practical nurse* is an individual who is currently licensed as a licensed practical nurse by the New York State Education Department or possesses a licensed practical nurse permit from the New York State Education Department.

(iv) *Licensed psychoanalyst* is an individual who is currently licensed as a psychoanalyst by the New York State Education Department or possesses a permit from the New York State Education Department.

(v) *Marriage and family therapist* is an individual who is currently licensed as a marriage and family therapist by the New York State Education Department or possesses a permit from the New York State Education Department.

(vi) *Mental health counselor* is an individual who is currently licensed as a mental health counselor by the New York State Education Department or possesses a permit from the New York State Education Department.

(vii) *Nurse practitioner* is an individual who is currently certified as a nurse practitioner by the New York State Education Department or possesses a permit from the New York State Education Department.

(viii) *Nurse practitioner in psychiatry* is an individual who is currently certified as a nurse practitioner with an approved specialty area of psychiatry (NPP) by the New York

State Education Department or possesses a permit from the New York State Education Department.

(ix) *Physician* is an individual who is currently licensed as a physician by the New York State Education Department.

(x) *Physician assistant* is an individual who is currently registered as a physician assistant by the New York State Education Department or possesses a permit from the New York State Education Department.

(xi) *Psychiatrist* is an individual who is currently licensed as a physician by the New York State Education Department and who is certified by, or eligible to be certified by, the American Board of Psychiatry and Neurology.

(xii) *Psychologist* is an individual who is currently licensed as a psychologist by the New York State Education Department.

(xiii) *Registered professional nurse* is an individual who is currently licensed as a registered professional nurse by the New York State Education Department.

(xiv) *Rehabilitation counselor* is an individual who has either a master's degree in rehabilitation counseling from a program approved by the New York State Education Department or current certification by the Commission on Rehabilitation Counselor Certification.

(xv) *Social worker* is an individual who is either currently licensed as a licensed master social worker or as a licensed clinical social worker by the New York State Education Department or has a master's degree in social work from a program approved by the New York State Education Department.

(3) *Certified peer specialist* means an individual who is certified as a peer in New York State from a certifying authority recognized by the Commissioner of OMH.

(4) *Certified recovery peer advocate* means an individual who holds a certification issued by an entity approved and recognized by the Commissioner of OASAS.

(5) *Certified or credentialed family peer advocate* means an individual who is credentialed as a peer in New York State from a certifying authority recognized by the Commissioner of OMH or OASAS.

(6) *Certified or credentialed youth peer advocate* means an individual who is credentialed as a peer in New York State from a certifying authority recognized by the Commissioner of OMH or OASAS.

(7) Other professional disciplines may be included as professional staff, provided that the discipline is approved as part of the staffing plan submitted to the Office. The discipline shall be from a field related to the treatment of a mental health condition and/or substance use. For rural areas, individuals who have obtained at least a master's degree in psychology may be considered professional staff for the purposes of calculating professional staff but may not be assigned supervisory responsibility.

## **Part 600.5 Certification**

(a) Application and Approval Process.

- (1) Applicants must show relevant mental health and/or addictions experience and be licensed, certified or otherwise authorized by OMH, OASAS or the NYS Department of Health (DOH).
  - (2) Applications shall be submitted in a format prescribed for all applicants and reviewed by the Office.
  - (3) Applications shall include information needed to demonstrate that the provider is:
    - (i) licensed, certified or otherwise authorized by OMH, OASAS or the NYS Department of Health (DOH).
    - (ii) in compliance with all applicable requirements of the Office;
    - (iii) in good standing at the time of application approval; and
    - (iv) in compliance with the physical plant requirements set forth in guidance issued by the Office.
  - (4) Applications may include, but not be limited to, requests for information regarding services to be added and the plan for implementation, staffing, environment, operating expenses and revenues, and utilization of services as they relate to Crisis Stabilization Center services as described in this Part.
  - (5) The applicant shall supply any additional documentation or information requested by the Office, within a stated timeframe of such request, unless an extension is obtained. The granting of a request for an extension shall be at the discretion of the Office. Failure to provide the additional documentation or information within the time prescribed shall constitute an abandonment or withdrawal of the application without any further action from the Office.
  - (6) The Office shall approve or disapprove an application in writing.
  - (7) Applicants may appeal the denial of an application with the Office.
- (b) Each Crisis Stabilization Center shall be issued an operating certificate that specifies the type of Crisis Stabilization Center the provider of services is authorized to operate:
- (1) Intensive Crisis Stabilization
    - (i) The purpose of an Intensive Crisis Stabilization Center is to provide urgent treatment to individuals experiencing an acute mental health or substance use crisis. This service provides diversion from higher levels of care by rapid treatment interventions and stabilization of acute symptoms.
    - (ii) Screening and assessment is performed by the Crisis Stabilization Center to determine the services and referrals needed by the Recipient.
    - (iii) Intensive Crisis Stabilization Centers must provide all services, as described in Part 600.9.
  - (2) Supportive Crisis Stabilization
    - (i) The purpose of a Supportive Crisis Stabilization Center is to provide support and assistance to individuals with mental health or substance use crisis symptoms or who are experiencing challenges in daily life that places them at risk for an escalation of

behavioral health symptoms that cannot reasonably be managed in the Recipient's home and/or community environment without onsite supports, and do not pose likelihood of immediate harm to self or others. Supportive Crisis Stabilization Centers provide assistance for individuals who demonstrate mental health and substance use symptoms that can be stabilized through supportive interventions.

(ii) Screening and assessment is performed by the Crisis Stabilization Center to determine the services and referrals needed by the Recipient.

(iii) Supportive Crisis Stabilization Centers must have agreements and/or demonstrate linkages to services described in Part 600.9(c) that are not provided by the Crisis Stabilization Center.

### **Part 600.6 Inspection**

(a) The Office shall have initial and ongoing inspection responsibility for all Crisis Stabilization Centers established pursuant to this Part. The purpose of the inspection is to ensure compliance with all applicable laws, rules, regulations, and guidance as well as to determine the renewal term of the operating certificate.

(b) The Office review shall be performed by staff with expertise as necessary to ensure Recipient health and safety. Any significant deficiencies will immediately be referred for enforcement. If at any point during the inspection, findings are identified that suggest imminent risk of serious harm or injury to Recipients, the inspector(s) will immediately contact their supervisor.

(c) Inspections shall be conducted utilizing a single oversight instrument. All deficiencies and/or corrective action will be overseen by the Office. Each Crisis Stabilization Center shall undergo an unannounced inspection which will occur prior to renewal of the Operating Certificate.

(d) At the start of the inspection, the inspector(s) will meet with the Crisis Stabilization Center administrative staff to explain the purpose and scope of the inspection and request any documentation (e.g., policies; staffing information; etc.) that may be needed to facilitate the review.

(e) The inspection will include, but not be limited to, the following areas of review:

- (1) on-site inspection of service appearance, conditions and general safety;
- (2) evaluation of the sponsor, its management systems, and procedures;
- (3) Recipient case record review;
- (4) interviews of staff and Recipients;
- (5) examination of staffing patterns and staff qualifications;
- (6) analysis of statistical information contained in reports required to be submitted by the service;
- (7) compliance with the reporting requirements;
- (8) verification of staff credentials, and staff training, as applicable;



(9) incident reporting requirements; and

(10) such other operating areas of activities as may be necessary or appropriate to determine compliance with applicable laws and regulations.

(f) At the conclusion of the inspection, the inspector(s) will meet with the Crisis Stabilization Center's administrative staff to discuss all deficiencies identified during the inspection.

(g) Upon completion of the inspection, a written report will be provided to the Crisis Stabilization Center which describes the results of the inspection, including each regulatory deficiency identified, if any. The Crisis Stabilization Center shall take all actions necessary to correct all deficiencies reported. The Crisis Stabilization Center shall submit a plan of correction to the Office within 30 days, which shall state the specific actions taken or planned actions to achieve compliance with identified requirements. Any planned actions described in the plan of correction must be accompanied with a timetable for their implementation.

(h) If the Crisis Stabilization Center fails, within the specified or an otherwise reasonable time, to correct any reported deficiencies, or fails to maintain satisfactory compliance with applicable laws, rules and regulations, the Office may revoke, suspend or limit the operating certificate or license or levy a civil fine for such failures, in accordance with applicable regulations.

(i) Concurrently, each Crisis Stabilization Center shall undergo a fiscal viability review which will include an assessment of the financial information of the Crisis Stabilization Center. Such information shall be submitted in intervals and in a form prescribed by the Office, for compliance with minimum standards established by the Office, in order to determine the Crisis Stabilization Center's fiscal capability to effectively support the authorized services.

(j) Crisis Stabilization Centers that fail to meet the minimum standards of the Office shall be required to submit a corrective action plan setting forth the specific actions to be taken to meet the minimum standards within a reasonable time frame.

#### **Part 600.7 Organization and administration**

(a) **Governing Body or Sponsor:** The Crisis Stabilization Center shall identify a Governing Body or Sponsor (Governing Body) which shall have overall responsibility for the operation of the Center. The Governing Body may delegate responsibility for the day-to-day management of the Center to appropriate staff in accordance with the organizational plan approved by the Office. No individual shall serve as both a member of the Governing Body and as paid staff of the Crisis Stabilization Center without prior approval of the Office.

(b) For hospital-based Crisis Stabilization Centers, the Governing Body of the hospital shall be responsible for the overall operation and management of the Crisis Stabilization Center. The Governing Body may delegate responsibility for the day-to-day management of the Center to appropriate staff pursuant to an organizational plan approved by the Office. No individual shall serve as both member of the Governing Body and of the paid staff of the Crisis Stabilization Center without prior approval of the Office.

(c) For Crisis Stabilization Centers, the Governing Body shall delegate responsibility for the day-to-day management of the Crisis Stabilization Center in accordance with the written plan of organization provided for in paragraph (e)(2) of this section.

(1) Onsite direction shall be delegated to an individual who shall be known as the Program Director and who shall meet the qualifications specified in section 600.11(f) of this Part.

(2) The Program Director shall be employed by the Crisis Stabilization Center as a full-time employee.

(3) Overall administrative direction may be the responsibility of the Program Director or may be delegated by the Governing Body to an individual who shall meet qualifications that are acceptable to the Office.

(d) The Governing Body shall comply with all requirements set forth in 10 NYCRR Part 405.2 as well as requirements established by appropriate local, State and Federal standard-setting bodies.

(e) The Governing Body shall be responsible for the following duties:

(1) to develop an organizational plan which indicates lines of accountability and the qualifications required for staff positions. Such plan may include the delegation of the responsibility for the day- to-day management of the program to a Program Director who shall be a member of the professional staff employed by the Crisis Stabilization Center. Where such Crisis Stabilization Center is hospital-based, the Program Director shall report to the Director of Psychiatry or Medical Director of the host hospital.

(2) to develop written personnel policies which shall prohibit discrimination on the basis of race or ethnicity, religion, disability, gender identity or sexual orientation, marital status, age, documentation status, or national origin, as well as, written policies on affirmative action which are consistent with the affirmative action and equal employment opportunity obligations imposed by title VII of the Civil Rights Act, Federal Executive Order 11246, the Rehabilitation Act of 1973, section 504, as amended, and the Vietnam Era Veteran's Readjustment Act;

(f) The Governing Body shall develop, approve, periodically review and revise as appropriate all programmatic and administrative policies and procedures. Such policies and procedures shall include, but are not limited to the following:

(1) policies that guide efforts to reduce disparities in access, quality of care and treatment outcomes for underserved/unserved and/or marginalized populations, including but not limited to: people of color, members of the LBGTQ+ community, older adults, pregnant persons, Veterans, individuals who are hearing impaired, individuals with limited English proficiency, immigrants, individuals with intellectual/developmental disabilities and all justice system-involved populations;

(2) policies that ensure that efforts are made to employ staff that are proficient in the most prevalent languages spoken by service Recipient;

(3) policies and procedures governing Recipient records which ensure confidentiality consistent with the Mental Hygiene Law, sections 33.13, 33.14 and 33.16, 45 C.F.R. parts 160 and 164 and which provide for appropriate retention of such records pursuant to section 590.12 of this Title;

(4) policies regarding the confidentiality of substance use disorder treatment records in accordance with state and federal law including 42 CFR Part 2 and HIPAA;

(5) policies that ensure the protection of Recipients' rights;

(i) At a minimum these policies shall establish and describe a Recipient's grievance procedure.

(ii) The Crisis Stabilization Center shall post a statement of Recipients' rights in a conspicuous location easily accessible to the public and provide a copy to service Recipients.

(6) policies for training staff to recognize the signs and symptoms of severe reactions to or overdose on substances including but not limited to alcohol, sedative-hypnotics, opioids, stimulants, cannabis and synthetic cannabinoids, and the appropriate interventions when overdose occurs in accordance with guidance from the Office

(i) Training on these interventions shall include but not be limited to education about the use of naloxone overdose prevention kits.

(ii) Centers must develop and implement a plan to have staff trained in the use of a naloxone overdose prevention kit and must ensure that such kit and appropriately trained staff are available during all program hours of operation.

(iii) Staff should be trained that overdose risk can exist with any illicit substance use, not limited to known opioid use or intended substance of choice.

(7) policies for the provision of overdose prevention education and training and availability of overdose prevention kits or prescriptions for service Recipients and their collaterals.

(g) Cultural and linguistic competency.

(1) Crisis Stabilization Centers shall review demographic data for the Crisis Stabilization Center's Catchment Area to determine the cultural and linguistic needs of the population as well as disparities in access to treatment. Staff shall be trained to be aware and respond appropriately to the cultural and linguistic needs of the Catchment Area and develop a plan to address disparities in treatment access.

(2) Crisis Stabilization Centers shall ensure provision of language assistance services at no cost to the Recipient and/or their family/collaterals and shall make all necessary documents available in the Recipient's preferred language. Language access services will be made available in such a way that assessment or treatment activities will not be delayed. Crisis Stabilization Centers are responsible for ensuring the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

(3) Crisis Stabilization Centers shall provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area, with a focus on the varied literacy levels among the service user population.

(h) County planning.

(1) Crisis Stabilization Centers shall participate in county and community planning activities annually, and as additionally needed, to ensure, maintain, improve or develop community services that demonstrate recovery outcomes. These outcomes include, but are not limited to, quality of life, socio-economic status, entitlement status, social networking, coping skills and reduction in use of crisis services.

(i) Incidents.

(1) The Crisis Stabilization Center shall ensure the timely reporting, investigation, review, monitoring and documentation of incidents pursuant to the Mental Hygiene Law and 14 NYCRR Part 524.

(i) The Crisis Stabilization Center shall utilize New York Incident Management Reporting System reports or other available incident/data analysis reports to assist in risk management activities and compile and analyze incident data for the purpose of identifying and addressing possible patterns and trends to improve service delivery.

(2) Incident Training.

(i) All new staff shall receive training which must include at a minimum, the definition of incidents, reporting procedures, an overview of the review process, and the role of risk management.

(ii) Refresher incident reporting training shall be conducted at least annually for all staff and evidence of such training must be recorded in the staff personnel file.

(3) For hospital-based Centers, the hospital's incident review committee shall review incidents, make recommendations and ensure implementation of action plans with the Crisis Stabilization Center's Program Director.

(j) Non-discrimination. No Recipient that meets the criteria for treatment may be denied a based solely on the Recipient's:

- (1) prior treatment history;
- (2) referral source;
- (3) pregnancy;
- (4) history of contact with the criminal justice system;
- (5) HIV and AIDS status;
- (6) physical or mental disability;
- (7) lack of cooperation by collaterals in the treatment process;
- (8) toxicology test results;
- (9) use of any illicit or prescribed substances, including but not limited to, benzodiazepines;
- (10) use of medications for substance use disorder prescribed and monitored by a physician, physician's assistant or nurse practitioner;
- (11) age;
- (12) actual or perceived gender;
- (13) national origin;
- (14) race/color;
- (15) actual or perceived sexual orientation;
- (16) marital status;
- (17) military status;
- (18) familial status; or
- (19) religion.

(k) Posting notices. The Crisis Stabilization Center shall ensure the posting of notices displaying the availability of on-site peer counseling/mutual-aid services and the address and telephone number of local off-site peer counseling/mutual aid services.

(l) The Crisis Stabilization Center will have memorandums of understanding (MOUs) with any available crisis residential services or comparable services for Recipients determined to need crisis stabilization beyond 23 hours and 59 minutes.

(m) Crisis Stabilization Centers shall develop policies and procedures describing Recipient drop off from law enforcement, emergency medical services, mobile crisis and other outreach and treatment teams.

(n) Supportive Crisis Stabilization Centers shall develop policies and procedures describing how Recipients will access services identified in screening and assessment that are not provided by the Crisis Stabilization Center and follow-up to ensure such services are accessed.

(o) The Commissioners or their designee may prevent new presentations to the Crisis Stabilization Center emanating from emergency medical services, ambulance services and law enforcement if a conclusion is reached that the ability of the Crisis Stabilization Center to deliver quality service would be jeopardized.

(1) The Commissioners or their designee shall review the continued necessity for such prevention at least once every twenty-four hours according to a mutually developed plan.

(2) The Crisis Stabilization Center shall develop a contingency plan with other local affiliated hospitals, emergency medical services and law enforcement for the prevention of new presentations during periods of high demand and overcrowding.

(3) Where a Crisis Stabilization Center prevents new presentations pursuant to this paragraph, the Crisis Stabilization Center must notify the appropriate OMH Field Office and OASAS Regional Office according to a mutually developed plan.

#### **Part 600.8 Screening and Assessment**

(a) Each Crisis Stabilization Center shall maintain service criteria which are consistent with its goals and objectives, and which are subject to the approval of the Office. Screening, assessment and services shall be in accordance with the provisions of this Part and on the forms prescribed therefore.

(b) Information gathering.

(1) The Crisis Stabilization Center shall access the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) or other available electronic health records or database(s) with the Recipient's consent, to identify the Recipient's treatment providers and prior medication use and/or treatment engagement history.

(2) The Crisis Stabilization Center shall document demonstrated efforts to identify and contact with the Recipient's consent, the Recipient's treatment team and other relevant providers (e.g., housing providers, care coordination, managed care organizations), and collaterals.

(c) Screening and assessment.

(1) Screening:

(i) all presenting individuals shall be screened for risk of harm to self and others;

(ii) staff shall collaborate with collaterals as appropriate and available;

(iii) for individuals determined to be of moderate risk of harm to self or others, efforts shall be documented which demonstrate the Crisis Stabilization Center's steps made to obtain or develop a safety plan with the presenting individuals;

(iv) all presenting individuals shall be screened for substance use, substance use disorders, and the risk of substance withdrawal; and

(v) screening tools should be evidence based and validated where possible.

(2) Assessment:

(i) Any individual requesting an assessment at the Crisis Stabilization Center must be evaluated by professional staff upon presentation; and

(ii) assessments shall be strength-based and person-centered.

### **Part 600.9 Services**

(a) Receiving services at a Crisis Stabilization Center is determined through screening and assessment by professional staff. Stabilization services are identified in an individual service plan.

(b) Crisis Stabilization Centers shall operate, or develop a MOU with, the following program types in order to facilitate rapid access and documented linkages to follow-up services:

(1) OASAS inpatient withdrawal and stabilization certified pursuant to Part 816 of this Title;

(2) OASAS residential treatment consisting of at minimum stabilization services, certified pursuant to Part 820 of this Title;

(3) Emergency Department and/or Comprehensive Psychiatric Emergency Services;

(4) OMH Licensed Crisis Residential Services;

(5) OASAS and OMH certified and licensed outpatient programs;

(6) Other behavioral health crisis or emergency services;

(7) Agencies delivering harm reduction services; and

(8) Other supportive services as appropriate.

(c) All Crisis Stabilization Centers must provide the following:

(1) Triage, Screening and Assessment of all presenting individuals which includes screening for risk of harm to self and/or others, risk of substance use/withdrawal and any immediate physical health needs;

(2) Therapeutic interventions that may include crisis counseling, psychoeducation, crisis de-escalation/intervention services;

(3) Peer Support Services;

(4) Ongoing observation;

(5) Care collaboration with a Recipient's friends, family and/or care providers (with consent); and

(6) Discharge and After Care Planning

(d) In addition to the above-mentioned services, Intensive Crisis Stabilization Centers must also provide, where appropriate:

- (1) Psychiatric Diagnostic Evaluation and Plan;
- (2) Psychosocial Assessment;
- (3) Medication Management and Training;
- (4) Medication for Addiction Treatment (MAT);
- (5) Medication Therapy; and
- (6) Mild to Moderate Detoxification Services.

### **Part 600.10 Discharge Planning and Referral**

#### (a) Discharge criteria.

- (1) The provisions of section 29.15 of the Mental Hygiene Law shall not apply to the discharge of a Recipient from a Crisis Stabilization Center.
- (2) Discharge planning shall be conducted for all Recipients at a Crisis Stabilization Center who have been determined to require additional mental health and/or substance use services.
- (3) Discharge planning criteria shall include at least the following activities prior to a Recipient leaving the Crisis Stabilization Center:
  - (i) a review of the Recipient's psychiatric, substance use and physical health needs;
  - (ii) completion of referrals which include documented linkages to appropriate community services providers, in collaboration with the Recipient and Center staff, to address the Recipient's identified needs;
  - (iii) in collaboration with the Recipient receiving services, the Center shall arrange for appointments with community providers which shall be made as soon as possible after leaving the Center;
  - (iv) each Recipient shall be given the opportunity to participate in the development of their person-centered discharge plan. Absent the objection of the Recipient and when clinically appropriate, reasonable attempts shall be made to contact collaterals for their participation in the transition planning program. However, no person or collaterals shall be required to agree to the Recipient's discharge. A notation shall be made in the Recipient's record if such Recipient objects to the discharge plan or any part thereof; and
  - (v) contact information for local and national mental health and substance use disorder crisis services.
- (4) The discharge plan, or at a minimum that portion of the Plan which includes referral information, must be given to the Recipient, and any collateral with Recipient consent, prior to the Recipient leaving the program.
- (5) The Crisis Stabilization Center shall document linkages to after-care appointment(s) and verify those appointments occurred and follow up with Recipients to ensure satisfactory linkage to care.

(6) Where there is the risk of opioid related overdose, the Recipient, and their family/collateral(s), shall be offered overdose prevention education and training, and a naloxone kit or prescription.

### **Part 600.11 Staffing**

(a) Crisis Stabilization Centers shall continuously employ an adequate number of staff and an appropriate staff composition to carry out their goals and objectives as well as to ensure the continuous provision of sufficient ongoing and emergency supervision. Each Crisis Stabilization Center shall submit a staffing plan which includes the qualifications and duties of each staff position by title. The staffing plan and its rationale shall be subject to approval by the Office. The Office must be notified of and approve significant changes from the approved staffing plan.

(b) This staffing plan shall be based on the population to be served and the services to be provided.

(c) All clinical staff must have at least a high-school diploma or its equivalent.

(d) Supervisory staff: Crisis Stabilization Centers shall have a continuous provision of sufficient ongoing and emergency supervision.

(e) Intensive Crisis Stabilization Centers shall be overseen by a Medical Director who is a physician licensed and currently registered as such as by the New York State Education Department and shall have at least one year of education, training, and/or experience in mental health or substance use disorder services.

(f) Intensive Crisis Stabilization Centers shall have prescribing professionals on duty or on call at all times who can prescribe approved medications, including buprenorphine, consistent with state and federal rules.

(g) Program Director. Crisis Stabilization Centers shall have a Program Director pursuant to this Part for administrative oversight and quality assurance. Program director is a professional staff or certified or credentialed peer with at least two years of full-time clinical work experience in the mental health or substance use disorder treatment field and at least one year of which included supervisory responsibilities.

(h) All staff shall have qualifications appropriate to assigned responsibilities as set forth in the staffing plan and shall practice within the scope of their professional discipline and/or assigned responsibility. All staff shall submit documentation of their training and experience. Such documentation shall be verified and retained on file by the agency.

(i) The staffing plan shall include those clinical and professional staff as defined in this Part in sufficient type, schedules and numbers to meet projected volume and Recipient need.

(j) Criminal history information reviews required pursuant to Sections 19.20, 19.20a and 31.35 of the Mental Hygiene Law, Sections 424-a and 495 of the Social Services Law, and 14 NYCRR 550 and 805, shall be conducted in accordance with such laws and regulations and any guidance issued by the Offices. All prospective employees, contractors and volunteers of Crisis Stabilization Centers licensed pursuant to article 36 of the Mental Hygiene Law who have the potential for, or may be permitted, regular and substantial unsupervised or unrestricted contact with Recipients shall submit to a criminal history information review. All staff with the potential for regular and substantial contact with Recipients in performance of their duties shall submit to clearance by the New York Statewide Central Register of



Child Abuse and Maltreatment. Staff who have not been screened by the New York Statewide Central Register of Child Abuse and Maltreatment shall not perform duties requiring contact with Recipients unless there is another staff member present.

(k) Multi-disciplinary team: A Crisis Stabilization Center as approved pursuant to this Part, shall be staffed with a multidisciplinary team capable of meeting the needs of presenting individuals which shall include, but not be limited to:

- (1) Registered Nurse, who is onsite twenty-four hours a day, seven days a week, to ensure adequate screening, assessment and care for all Recipients.
- (2) A psychiatrist or psychiatric nurse practitioner;
- (3) A credentialed alcoholism and substance abuse counselor, and
- (4) A certified peer specialist, as defined in this Part .

#### **Part 600.12 Case record**

(a) There shall be a complete legible case record maintained for each Recipient at a Crisis Stabilization Center.

(b) The case record shall be available to all clinical staff of the Crisis Stabilization Center who are participating in the treatment of the Recipient consistent with 45 C.F.R. Parts 160 and 164 and 42 CFR Part 2.

(c) All Recipients from the Crisis Stabilization Center must have a case record which, at a minimum, includes a presentation note which indicates:

- (1) a brief description of the presenting problem, critical needs and overall conditions;
- (2) a brief description of the care and treatment required to address the Recipient's needs safely and effectively during the initial period after screening and assessment; and
- (3) a brief description of the Crisis Stabilization Center's attempts to contact collaterals.

(d) Case records for Recipients shall include:

- (1) Recipient identifying information and available substance use, psychiatric, medical and relevant social history, including the Recipient's residential situation and the details of the circumstances leading to the Recipient's presentation at the Center , and the name of the person or persons who have referred or brought the Recipient to the Center , if any. In the case of Recipients brought to the Center by law enforcement, the officer(s) should be interviewed and identified in the case record;
- (2) diagnosis if applicable;
- (3) assessment of the Recipient's treatment needs based upon substance use, psychiatric, physical, social and functional evaluations;
- (4) individual service plan;

- (5) reports of all substance use-related, mental and physical diagnostic exams, assessments, tests, and consultations;
- (6) progress notes which relate to goals and objectives of treatment and document services provided.
- (7) notes which relate to special circumstances and clinically relevant incidents;
- (8) dated and signed orders for all medications;
- (9) discharge plan, including demonstrated linkages to referrals to other programs and services;
- (10) consents as appropriate pursuant to this Part; and
- (11) documentation of attempts to contact Collaterals.

### **Part 600.13 Premises**

(a) A Crisis Stabilization Center shall maintain premises that are adequate and appropriate for the safe and effective operation of a Crisis Stabilization Center in accordance with the following:

- (1) the Center shall be maintained in a good state of repair and sanitation;
- (2) the Center's space shall be both adequate and appropriate for the comfort and convenience of those waiting for and receiving services;
- (3) the Center's space shall be constructed using trauma informed principles;
- (4) the Center shall have sufficient, appropriate and comfortable furnishings maintained in good condition and appropriate equipment and material for the population served;
- (5) the Center's space shall be sufficient to provide safety, and to allow for a reasonable degree of privacy consistent with the effective delivery of services;
- (6) the Center's space shall include examination rooms;
- (7) the Center's space shall be both adequate and appropriate for the maintenance of privacy for interviews between staff members and Recipients served;
- (8) the premises shall be reasonably maintained to ensure access to services by all Recipients;
- (9) the Center shall provide and ensure accessibility for persons with disabilities to program and bathroom facilities, including showers;
- (10) the Center shall provide appropriate access to telephone, internet, and food for all Recipients;
- (11) the Center shall ensure access to laundry facilities;
- (12) the Center shall provide for controlled access to and maintenance of medications and supplies in accordance with all applicable Federal and State laws and regulations;
- (13) the Center shall provide for controlled access to and maintenance of records;

(14) the Center shall provide sufficient separation and supervision of various treatment populations, including adults and children, to ensure the safety of the population receiving crisis stabilization services;

(15) the Center shall provide a separate entrance and triage area for law enforcement drop-offs; and

(16) where minors under the age of 18 are receiving services in the Center, they shall not be commingled with adults in areas of the space where the adults are receiving services, nor shall they receive services in groups which include adults.

(i) In extraordinary circumstances, such commingling may be permitted upon written approval of the office, on a situational and time-limited basis.

(b) Observation chairs shall be located in the Crisis Stabilization Center as approved by a plan submitted to the Office.

(c) Crisis Stabilization Centers shall ensure life safety on the premises by possession of a certificate of occupancy in accordance with the Building Code of New York State and the Property Maintenance Code of New York State (19 NYCRR Chapter XXXIII, Subchapter A, Parts 1221 and 1226) or comparable local codes.

(d) Facilities shall comply with all local zoning and building laws, regulations and ordinances.

(e) Heating, lighting and ventilation shall be adequate for the comfort and well-being of the Recipients and the employees.

(f) Copies of all local inspection reports, and other relevant inspection reports, shall be maintained and available upon request.

#### **Part 600.14 Statistical records and reports**

(a) Statistical information shall be prepared and maintained as may be necessary for the effective operation of the Crisis Stabilization Center including but not limited to quality measures and monitoring of outcomes and as may be required by the Office.

(b) Statistical information shall be reported to the Office in a manner and within time limits specified by the Office.

(c) Statistical reporting shall be the responsibility of an individual whose name and title shall be made known to the Office.