



1. Part 589 of 14 NYCRR is amended to read as follows:

PART 589

OPERATION OF CRISIS RESIDENCE

(Statutory Authority; Mental Hygiene Law §§7.09, 31.04)

[Subpart 589-1 Operation of Situational Crisis Residence

Subpart 589-2 Operation of Acute Psychiatric Crisis Residence]

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§589.1 Background and intent.

(a) The purpose of this Part is to establish standards for the operation of the crisis residence program which provides short-term residential support to [mentally ill individuals at risk of inpatient hospitalization and] persons exhibiting symptoms of mental illness who are experiencing [either] a [situational or an acute] psychiatric crisis. Crisis residence programs provide short-term interventions to individuals experiencing crisis, to address the cause of the crisis and to avert or delay the need for acute psychiatric inpatient hospitalization or emergency room admission. Crisis residence programs are appropriate for individuals who are experiencing a period of acute stress that significantly impairs the capacity to cope with normal life circumstances. The program provides mental health services that address the psychiatric and behavioral health needs of the individuals.

(b) The purpose of this Part is to describe requirements for the establishment and operation of crisis residence programs; establish the requirements for admission and discharge; and specify the requirements for staffing, services, service planning, quality assurance, recordkeeping and certification.

(c) The purpose of this Part is to establish standards for [two] three types of crisis residences: [situational] Residential Crisis Support, Intensive Crisis Residence and [acute psychiatric] Children's Crisis Residence. Each crisis residence will meet the requirements of this Part [as well as the requirements pertaining to the specific type of crisis residence set forth in Subparts 589-1, Operation of Situational Crisis Residence, and 589-2, Operation of Acute Psychiatric Crisis Residence].

(d) This Part provides for the active involvement of [the] identified supports, including but not limited to the family of a [resident] recipient where appropriate, in all aspects of the admission, treatment and discharge of that [resident] recipient.

§589.2 Legal base.

(a) Sections 7.09 and 31.04 of the Mental Hygiene Law grant the Commissioner of Mental Health [(“commissioner”)] the power and responsibility to adopt regulations that are necessary and proper to implement matters under his or her jurisdiction and to set standards of quality and adequacy of facilities, equipment, personnel, services, records and programs for the rendition of services for [the mentally ill], persons experiencing symptoms of mental illness pursuant to an operating certificate.

(b) Section 31.02 of the Mental Hygiene Law prohibits the operation of residential programs providing services for [the mentally ill] persons experiencing symptoms of mental illness, unless an operating certificate has been obtained from the commissioner.

(c) The Mental Hygiene Law, sections 31.05, 31.07, 31.09, 31.13 and 31.19 further authorize the commissioner or his or her representatives to examine and inspect such programs to determine their suitability and proper operation. Sections 31.15 and 31.17 authorize the commissioner to suspend, revoke, or limit any operating certificate.

§589.3 Applicability.

(a) This Part applies to any provider of services [which] who operates or proposes to operate a crisis residence program for [the mentally ill] persons experiencing symptoms of mental illness. Such programs are a subclass of community residence, pursuant to section 1.03 of the Mental Hygiene Law.

(b) This Part applies to the operation or proposed operation of a crisis residence program for [the mentally ill] persons experiencing symptoms of mental illness provided by a general hospital, as defined in article 28 of the Public Health Law.

(c) This Part applies to the operation or proposed operation of a crisis residence program for [the mentally ill provided] persons experiencing symptoms of mental illness by a provider of services for [the mentally ill] persons experiencing symptoms of mental illness licensed pursuant to article 31 of the Mental Hygiene Law.

(d) This Part applies to the operation or proposed operation of a crisis residence program for [the mentally ill persons experiencing symptoms of mental illness provided by a state-operated psychiatric center.

§589.4 Definitions. For purposes of this Part terms used shall have the meanings identified in Part 501 of this Title and in accordance with the following:

[(a) General.]

[1) *Alternate care determination* is a utilization review committee decision that another specifically identified level of care is more appropriate than the level being provided, or that care is not needed. This decision is the result of a utilization review committee evaluation of a resident, in person or through review of the resident' s case record, against the criteria for admission or continued stay in the program.]

(a) Admission criteria [are] means those factors [of mental disability] which are identified by the provider of service for use in determining an individual's eligibility for admission to a crisis residence program.

(b) *Clinical staff* [are all staff members who provide services directly to [residents] recipients. *Clinical staff* [and shall include] means professional, para-professional and non-professional staff members who provide residential crisis services directly to recipients.

(c) Collaterals means members of the recipient's family or household, or significant others other than staff members of mental health programs, who regularly interact with the recipient and are directly affected by or have the capability of affecting the recipient's condition and are identified in the individual service plan as having a role in treatment.

[(4) *Continued stay criteria* are those factors which are identified for use in determining the necessity and appropriateness of the resident's continued placement in the crisis residence program. These factors shall provide the basis for determining that the resident continues to meet the admission criteria of the crisis residence program. Such evidence shall be directly observed and documented by staff of the crisis residence program.]

[(5)] (d) *Crisis residence* [is] means a short-term residential program designed to provide housing and support services to [those mentally ill individuals] persons with symptoms of mental illness who are at risk of or experiencing [either] a [situational or acute] psychiatric crisis.

[(i)] (1) A [*Situational crisis residence* provides housing and support services only to those mentally ill] *Residential Crisis Support Program* is a short-term residential program for individuals who are experiencing symptoms of mental illness, psychiatric crisis [a situational crisis, such as, but not limited to loss of housing, finances and family support, [but are not in an acute psychiatric episode] or are experiencing challenges in daily life that create risk for an [acute psychiatric episode] escalation of psychiatric symptoms that cannot reasonably be managed in the person's home and/or community environment without onsite supports and do not pose likelihood of serious harm.

[(i)] (2) An [*acute psychiatric crisis residence* provides housing] *Intensive Crisis Residence Program* is a short-term, residential and [support services only to those mentally ill] treatment program for individuals who are experiencing [an acute] a psychiatric crisis, [can be maintained in the community for at least a part] which includes acute escalation of [the 24-hour day and are enrolled in an intensive day treatment] mental health symptoms and do not pose likelihood of serious harm.

(3) *Children's Crisis Residence Program* is a short-term residential which provides continuous monitoring and supervision as well as intensive crisis treatment and support for children who are at risk of experiencing a psychiatric crisis and do not pose likelihood of serious harm.

[(6)] (e) *Discharge criteria* [are] means those factors which are [identified for use in]used to determine that a [resident] recipient is no longer in need of or eligible for treatment within a crisis residence program.

[(7)] (f) *Facility* means any place in which services for the mentally ill are provided and which either requires an operating certificate under article 31 of the Mental Hygiene Law or is operated by the Office of Mental Health. In the case of a hospital as defined in article 28 of the

Public Health Law, *facility* shall mean only that part of the hospital which is operated for the purpose of providing services for the mentally ill.

[(8)] (g) *Family* means those members of the [resident's] recipient's natural family or household who regularly interact with the [resident] recipient and are directly affected by, or have the capability of affecting, the [resident's] recipient's condition.

(h) Individual Service plan means a written plan based on the assessment of the mental health status and needs of a recipient, establishing his or her treatment and rehabilitative goals and determining what services may be provided to assist the recipient in accomplishing these goals.

[(9)] *Functional deficit* means a measurable limitation in an individual's capacity to function in society which is caused by a mental disorder and is evidenced by:

(i) deficiency in personal care skills (including bathing, grooming, dressing, eating and toileting skills); or

(ii) deficiency in community living skills (including the capacity to manage money, use transportation, maintain a household, and use resources such as shops or clinics); or

(iii) marked inability to form and maintain interpersonal relationships; or

(iv) inability to maintain employment or to participate in appropriate educational activities; or

(v) impairment of the individual's ability to recognize or avoid danger.]

[(10)] *Intensive day treatment program* is an ambulatory program designed to be an alternative to inpatient care and provide treatment under the direction of a physician. This program is designed for individuals presenting acute psychiatric symptomatology who are at risk of admission to an inpatient program or extended stay in an inpatient program.]

[11)] (i) Likelihood of serious harm [is a substantial risk of physical harm to self or other persons as manifested by recent homicidal or other violent behavior which demonstrates that the resident is dangerous to self or which places others in reasonable fear of serious physical

harm.] shall have the same meaning as the term is defined in section 9.01 of the Mental Hygiene Law.

[(12)] (j) *Mental illness* means an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking or judgment to such an extent that the person afflicted requires care, treatment and rehabilitation.

(k) *Medication management and training* means training regarding the storage, monitoring, recordkeeping and supervision associated with the self-administration of medication. This does not include prescribing, but does include reviewing the appropriateness of the residents' existing regimen with his or her prescriber. Activities which focus on educating residents about the role and effects of medication in treating symptoms of mental illness and training in the skill of self-medication are also included.

(l) *Medication monitoring* means activities performed by staff which relate to storage, monitoring, recordkeeping and supervision associated with the use of medication. Such activities include reviewing the appropriateness of an existing regimen by staff with the prescriber. Prescribing medication is not an activity included under this service.

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

(n) *Para-professional staff* are individuals 18 years of age or older with a High School diploma or equivalent and 1-3 years of relevant experience or a Bachelor's degree employed or under contract with a provider of services.

(o) *Professional staff* are practitioners possessing a license or a permit from the New York State Education Department who are qualified by credentials, training, and experience to provide direct services related to the treatment of mental illness.

[(13) *Provider of services* means the organization which is legally responsible for the operation of a program. The organization may be an individual, partnership, association, corporation, public agency, or a psychiatric center or institute operated by the Office of Mental Health.]

(p) *Psychiatric crisis* means a situation that requires immediate attention in which a person with serious mental illness, as defined in Section 1.03 of the Mental Hygiene Law, cannot manage his or her mental health symptoms without de-escalation or intervention, or in which the challenges in daily life have resulted in, or are at risk of resulting in, an escalation in mental health symptoms.

(q) Qualified mental health staff person means:

(1) a physician who is currently licensed as a physician by the New York State Education Department;

(2) a psychiatrist is an individual who is currently licensed as a physician by the New York State Education Department, and is a diplomat of the American Board of Psychiatry and Neurology or is eligible to be certified by that board; or is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that board.

(3) a psychologist who is currently licensed as a psychologist by the New York State Education Department;

(4) a social worker 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;

(5) a registered nurse who is currently licensed as a registered professional nurse by the New York State Education Department;

(6) a creative arts therapist who is currently licensed as a creative arts therapist by the New York State Education Department;

(7) a marriage and family therapist who is currently licensed as a marriage and family therapist by the New York State Education Department;

(8) a mental health counselor who is currently licensed as a mental health counselor by the New York State Education Department;

(9) a psychoanalyst who is currently licensed as a psychoanalyst by the New York State Education Department;

(10) a nurse practitioner who is currently certified as a nurse practitioner by the New York State Education Department;

(11) a clinical nurse specialist who is currently certified as a clinical nurse specialist by the New York State Education Department;

(12) an individual having education, experience and demonstrated competence, as defined below:

(i) a master's or bachelor's degree in a human services related field;

(ii) an associate's degree in a human services related field and three years' experience in human services;

(iii) a high school degree including GED and five years' experience in human services; or

(13) a certified rehabilitation counselor currently certified by The Commission on Rehabilitation Counselor Certification (CRCC).

or

(14) other professional disciplines which receive the written approval of the Office of Mental Health.

(r) *Recipient* means a patient who is receiving services at a crisis residence.

[(14)] (s) *Self-preservation* means that an individual has sufficient:

[(i)] (1) capacity to recognize the physical danger of fire;

[(ii)] (2) judgment to recognize when such danger requires immediate egress from the residence;

[(iii)] (3) capacity to follow a prescribed route of egress; and

[(iv)] (4) physical mobility to accomplish such egress.

[(b) Services.

(1) *Case management services* are activities which link the resident] to the service system and coordinate the provision of services. The objective of case management in a program for the mentally ill is continuity of care and service.

(2) *Crisis services* are activities in a non-inpatient setting, including the residence of an individual, that address acute emotional distress when the individual' s condition requires immediate attention.

(3) *Task and skill training* is a nonvocational activity whose purpose is to enhance a resident's age-appropriate skills necessary to facilitate the resident's ability to care for himself/ herself and to function effectively in community settings. Task and skill training activities include, but are not limited to: homemaking; personal hygiene; budgeting; shopping and the use of community resources.

[(c) Staff qualifications.

(1) Alcoholism counselor is an individual who is credentialed by the New York State Division of Alcohol and Alcohol Abuse.

(2) Creative arts therapist is an individual who is currently licensed as a creative arts therapist by the New York State Education Department or who has a master's degree in a mental health field from a program approved by the New York State Education Department and registration or certification by the American Art Therapy Association or American Dance

Therapy Association or National Association of Music Therapy or American Association for Music Therapy.

(3) Marriage and family therapist is an individual who is currently licensed as a marriage and family therapist by the New York State Education Department.

(4) Mental health counselor is a individual who is currently licensed as a mental health counselor by the New York State Education Department.

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

(6) Occupational therapist is an individual who is currently licensed as an occupational therapist by the New York State Education Department.

(7) Pastoral counselor is an individual who has a master's degree or equivalent in pastoral counseling and is a Fellow of the American Association of Pastoral Counselors.

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

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

(10) Psychoanalyst is an individual who is currently licensed as a psychoanalyst by the New York State Education Department.

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

(12) 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 is currently certified by the Commission on Rehabilitation Counselor Certification.

(13) 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.

(14) Therapeutic recreation specialist is an individual who has either a master's degree in therapeutic recreation from a program approved by the New York State Education Department or is currently registered as a therapeutic recreation specialist by the National Therapeutic Recreation Society.]

§589.5 Certification.

(a) Each provider of services that intends to operate a crisis residence program must be issued an operating certificate by the Office of Mental Health prior to operation of the program.

(b) Each crisis residence shall be issued an operating certificate that specifies the type of crisis residence the provider of services is authorized to operate:

(1) Intensive Crisis Residence Program

(i) The purpose of an Intensive Crisis Residence Program is to stabilize a recipient who is experiencing an acute psychiatric crisis and requires appropriate on-site daily monitoring.

(ii) Individuals eligible for admission to an intensive crisis residence program are persons exhibiting symptoms of a mental illness and psychiatric crisis and are at least 18 years of age.

(iii) An Intensive Crisis Residence shall not have fewer than 3 beds and shall not exceed 16 beds.

(iv) An Intensive Crisis Residence Program shall offer each of the following treatment and support services, consistent with a recipient's condition and needs:

A. comprehensive assessment including screening for physical health conditions;

B. medication management and training;

C. medication monitoring;

D. medication therapy;

C. individual and group counseling;

D. assistance in personal care and activities of daily living;

E. peer support;

F. engagement with identified supports;

G. safety planning;

H. integration of direct care and support services;

I. case management activities which emphasize discharge planning and includes continuity of care between service transitions;

J. linkages with service options in the community which provide continuation of ongoing treatment and rehabilitation;

K. crisis respite.

(2) Residential Crisis Support Program.

(i) The purpose of a Residential Crisis Support Program is to stabilize an individual who is experiencing a psychiatric crisis and improve his or her functioning while maintaining social, family and community ties in accordance with an individual service plan.

(ii) Individuals eligible for admission to a Residential Crisis Support Program are persons exhibiting symptoms of mental illness who are at least 18 years of age.

(iii) A Residential Crisis Support Program shall not have fewer than 3 beds, and shall not exceed 16 beds.

(iv) The program shall offer each of the following support services consistent with a recipient's condition and needs:

A. assistance in personal care and activities of daily living;

B. peer support;

C. engagement with identified supports;

D. safety planning;

E. integration of direct care and support services;

F. case management activities which emphasize discharge planning and includes continuity of care between service transitions;

G. linkages with service options in the community which provide continuation of ongoing treatment and rehabilitation;

H. medication management and training; and

I. crisis respite.

(3) Children's Crisis Residence Program

(i) The purpose of a Children's Crisis Residence Program is to stabilize a child's psychiatric crisis symptoms and restore the child to a level of functioning and stability that supports his or her transition to community-based services, supports, and resources to prevent or reduce future psychiatric crises.

(ii) Individuals eligible for admission to a Children's Crisis Residence Program are children or youth who have attained at least the 5th birthday but not the 21st.

(iii) A Children's Crisis Residence Program shall not exceed 8 beds.

(iv) A Children's Crisis Residence Program shall offer each of the following treatment and support services in a trauma-sensitive, safe and therapeutic living environment consistent with recipient's condition and needs:

Assessment

1. comprehensive intake assessment;

2. comprehensive risk assessment and crisis planning;
3. health screening for physical health conditions;

Therapeutic Services

4. individual, group and family crisis counseling;
5. medication monitoring;
6. medication management and training;
7. monitoring for high risk behavior;
8. one to one monitoring for recipients assessed with high risk behaviors.
9. crisis respite;
10. behavior support, including skill building for affect regulation; to improve the ability to produce an appropriate emotional response to any given situation;
11. family support;

Coordination Services

12. linkage to services and access to community supports, and mental health providers;
13. referral for pharmacological evaluation and management,

[(c) An operating certificate shall be issued to a provider of services to operate an acute psychiatric crisis residence program only when the acute psychiatric crisis residence serves as a residential component of an intensive day treatment program.

(d) An acute psychiatric crisis residence may not exceed 10 beds, unless it is affiliated with more than one intensive day treatment program. Acute psychiatric crisis residences which serve more than one intensive day treatment program may not exceed 20 beds.]

(c) Regardless of type, each crisis residence program shall submit a staffing plan developed in accordance with Section 589.7 of this Part to the Office, in a form and format designated by such Office, at the time of issuance or renewal of the program's operating certificate and must demonstrate sufficient coverage by staff to meet the needs of program recipients.

[(f)] (d) An operating certificate may be limited, suspended, invalidated or revoked by the Office of Mental Health in accordance with the provisions of Part 573 of this Title.

(e) Operating certificates shall remain the property of the Office of Mental Health, and invalidated or revoked operating certificates shall be returned to the Office of Mental Health

(f) Each operating certificate will specify:

(1) the location of the crisis residence; [program and when the crisis residence is an acute psychiatric crisis residence, the location of the affiliated intensive day treatment program];

(2) the type of crisis residence program;

(3) the term of the operating certificate;

(4) any changes to be made in the operation of the facility or program in order to retain the operating certificate; and

(5) the [resident] recipient capacity of the crisis residence program.

[(h)] (g) In order to receive and retain an operating certificate, a provider of services shall:

(1) submit an application on such forms and with such supporting documentation as shall be required by the Office of Mental Health;

(2) frame and display the operating certificate within the crisis residence program in a conspicuous place which is readily accessible to the public;

(3) cooperate with the Office of Mental Health during any review or inspection of the facility or program;

(4) make available to the Office of Mental Health upon request all documents, files, reports, [resident] recipient records, accounting records, or other materials required by this Part or requested by the Office of Mental Health in the course of visitation, audit and inspection;

(5) undertake changes in the operation of the facility or program as required by the operating certificate; and

(6) obtain prior approval of the Office of Mental Health to:

(i) change the physical location of the program or utilize additional physical locations;

(ii) initiate major changes in the program;

(iii) terminate the program or services in the program; and

(iv) change the powers or purpose set forth in the certificate of incorporation.

[(i) There shall be a written plan which establishes an explicit operational relationship between an acute crisis residence program and an intensive day treatment program. Such plan shall describe policies and procedures for administration, staff sharing and supervision. The plan shall be subject to approval by the Office of Mental Health.]

§589.6 Organization and administration.

(a) The provider of service shall identify [the individual or individuals who] a governing body which shall have overall responsibility for the operation of the [crisis residence] program. [This individual or individuals shall be known as the governing body.] The governing body may delegate responsibility for the day-to-day management of the program to appropriate staff in accordance with the organizational plan approved by the Office of Mental Health. No individual shall serve as both member of the governing body and of the paid staff of the program without prior approval of the Office of Mental Health.

(b) The provider of services shall assure that the crisis residence has space, program, staff, policies and procedures that are programmatically and physically separate from any other programs which may be operated by the provider of services.

[(c) Situational and acute psychiatric crisis residences may be located in the same building and share staff provided that they are programmatically and physically separate and distinct. The Office of Mental Health will review such requests and consider waivers of individual program staffing and administrative staffing if the applicant documents:

(1) the programmatic and physical separateness of the two programs;

- (2) appropriateness of available space;
- (3) appropriate number and mix of staff; and
- (4) appropriate administrative staffing.]

[d)] (c) The governing body shall meet on a regular basis, in no event less often than quarterly, and shall maintain written minutes of all meetings as permanent record of the decisions made in relation to the operation of the [crisis residence] program. The minutes shall be reviewed and approved by the governing body.

[(e)] (d) The governing body shall approve a written plan or plans that, at a minimum, address the following aspects of the operation of each crisis residence program:

- (1) the goals and objectives of the crisis residence program, including the admission and discharge criteria;
- (2) the plan of organization that clearly indicates lines of responsibility;
- (3) a written plan for services and staff composition which:
 - (i) includes the qualifications and duties of each staff position by title, and addresses all essential aspects of the operation of the crisis residence program, including clinical, administrative, fiscal, clerical, housekeeping, maintenance, dietetic, and recordkeeping and reporting functions;
 - (ii) specifies all services available through the crisis residence program; [and
 - (iii) for an acute psychiatric crisis residence, specifies all services provided by the affiliated intensive day treatment program;]
- (4) the written quality assurance plan pursuant to section 589.10 of this Part; and
- (5) the written utilization review plan pursuant to section 589.10 of this Part.

[(f)] (e) The governing body shall approve written policies and procedures of the crisis residence program including but not limited to:

- (1) admission and discharge policies and procedures;
- (2) policies and procedures regarding the rules and regulations necessary for [resident] recipient compliance for program participation;
- (3) personnel policies and procedures. Such policies and procedures shall prohibit discrimination on the basis of race, color, creed, disability, national origin, sex, marital status, [or] age, HIV status, military status, predisposing genetic characteristics, gender identification or sexual orientation and shall provide for a review of the qualifications of all clinical staff and verification of employment history, personal references and work record and determination of past convictions of a crime in New York State or any other jurisdiction;
- (4) staff training and development policies and procedures. Such policies and procedures shall address orientation, ongoing training and staff development to ensure that the design and operation of the program is consistent with and appropriate to the ethnic and cultural background of the recipient population; and that staff are trained in how to provide appropriate Language Access for recipients and family members or guardians with limited English proficiency.
- (5) medication policies and procedures. Such policies and procedures shall be consistent with applicable Federal and State laws and regulations;
- (6) case record policies and procedures. Such policies and procedures shall ensure confidentiality of [resident] recipient records in accordance with section 33.13 of the Mental Hygiene Law, and shall ensure appropriate retention of case records; and
- (7) policies and procedures related to performing the services provided by the crisis residence program.
- (8) for Children's Crisis Residence Programs, written policies and procedures shall also include:
 - (i) a staff supervision plan that identifies the minimum skills and competencies necessary for staff to supervise recipients in the program independent of direct supervision; including

general child supervision practices and individual precautions designed to ensure a safe environment for all recipients; and

(ii) visiting procedures for family members or guardians, including the ability to participate in planned clinical, supportive and/or recreational activities;

(iii) provisions addressing the identification and mandatory reporting of child abuse or neglect, including, reporting procedures and obligations of persons required to report, provisions for taking a child into protective custody, mandatory reporting of deaths, immunity from liability, penalties for failure to report, and obligations for the provision of services and procedures necessary to safeguard the life or health of the child. Such policies and procedures shall address the requirements for the identification and reporting of abuse or neglect regarding recipients who are children, or who are the parents or guardians of children.

[(g)] (f) The governing body shall review the written plan(s) or plans and policies and procedures required pursuant to subdivisions (d) and (e) of this section at least annually, and shall make appropriate amendments or revisions.

[(h)] (g) The governing body shall delegate responsibility for the day-to-day management of the crisis residence program 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 director and who shall meet the qualifications specified in section 589.8(d) of this Part.

(2) The director shall be employed by the crisis residence program as a full-time employee.

(3) Overall administrative direction may be the responsibility of the director or may be delegated by the governing body to an individual who shall meet qualifications that are acceptable to the Office of Mental Health.

[(i)] There shall be a special review committee that includes at least two members of the clinical staff, one of which must be a professional staff member. The committee shall:

(1) develop a written special review plan, pursuant to section 589.10(c) of this Part which shall provide for review of all untoward incidents;

(2) review and evaluate untoward incidents in accordance with the plan, excluding from the committee's final deliberation those committee members who were present when the untoward incident occurred;

(3) determine the facts in any untoward incident reported, review ongoing practices and procedures in relation to such incidents, and recommend to the director changes in policies, practices, and procedures or recommend such other action as may be indicated; and

(4) meet as often as necessary to properly execute its functions and in no event less often than quarterly, keeping written minutes of its deliberations and submitting reports to the director as necessary.

(j) The crisis residence program shall participate with the local governmental unit in local planning processes. At a minimum, participation shall include:

(1) provision of budgeting and planning data as requested by the local governmental unit;

(2) identification of the population being served by the crisis residence program;

(3) identification of the geographic area being served;

(4) description of the relationship to other providers of services which serve the same geographic area including, but not limited to, written agreements to ensure expeditious access to programs by persons who need them. At a minimum, these agreements shall provide for prompt referral, evaluation, and, as necessary, admission to cooperating programs, and for sharing information about patients being served; and

(5) attendance at planning meetings as may reasonably be required by the local governmental unit.]

[(k)] (h) The crisis residence program shall provide for the following:

(1) an annual written evaluation of the crisis residence program's attainment of its stated goals and objectives including any required changes in policies and procedures;

(2) in programs which are not State-or local government-operated, an annual audit of the financial condition and accounts of the crisis residence program must be performed by a certified public accountant who is not a member of the governing body or an employee of the crisis residence program or the provider of service. Government-operated programs shall comply with applicable laws concerning financial accounts and auditing requirements. The audit may be program specific or may be performed as part of an overall facility audit;

(3) emergency evacuation plans for the building in which the crisis residence program is located. Evacuation plans shall address emergencies resulting from fire as well as potential hazards in the geographic area in which the crisis residence program is located; and

(4) up-to-date copies of any regulations, guidelines, manuals or other information required by the Office of Mental Health.

(i) documentation of compliance with 14 NYCRR Part 550 and NYS Social Services Law Section 424.

§589.7 Written plan for services and staff composition.

(a) Each crisis residence program shall develop and specify in a written plan for services and staff composition its goals and objectives and the manner in which it intends to achieve them. The written plan for services and staff composition shall be subject to approval by the Office of Mental Health.

(b) The written plan for services and staff composition shall address the comprehensive service needs of the [residents] recipients.

(c) The written plan for services and staff composition shall encompass the following written plans and rationales required under this Part:

(1) services required to be available through the crisis residence program;

(2) service program and environment addressing the day-to-day activities of the [residents] recipients; [and]

(3) staffing required to provide services and day-to-day management and monitoring of the crisis residence program;

(4) the use of peer specialists and peer advocates certified by the Office; and

(5) for Children's Crisis Residence Programs only, an intake process conducted by the children's crisis residence program to review the applications of children referred for admission and determine the eligibility for admission to the program, based on recommendations by the program's professional staff acting within his or her scope of practice.

(d) The written plan for services and staff composition shall address the manner in which the staff will integrate the services available through the crisis residence program into an individual service plan designed to meet the needs of each [resident] recipient and include involvement of the family or other identified support as appropriate.

(e) The written plan for services and staff composition shall include provisions intended to assure continuity and integration of care within the mental health system and other systems of care for individuals served and their family, as appropriate. Such plan shall be supported by written agreements with other providers of service when executed. The plan shall be subject to approval by the Office of Mental Health and, at a minimum, shall address the following areas as relevant:

(1) emergency medical and psychiatric services;

(2) inpatient programs;

(3) outpatient programs;

(4) local social services;

(5) alcohol and substance abuse treatment and education programs;

(6) general health care providers;

(7) transportation;

(8) schools;

(9) community recreation;

(10) juvenile justice system; and

(11) vocational programs.

§589.8 Staffing.

(a) A crisis residence program shall continuously employ an adequate number of staff and an appropriate staff composition to carry out its goals and objectives as well as to ensure the continuous provision of sufficient ongoing and emergency supervision. As a component of the written plan for services and staff composition, the crisis residence program shall submit a staffing plan in accordance with Section 589.5 (c) of this Part, which includes the qualifications and duties of each staff position, by title. [The crisis residence program shall submit a] Such plan shall include a written staffing rationale which justifies the staff to be used, the composition of staff and the plan for appropriate supervision and training. This staffing plan shall be based on the population to be served and the services to be provided. [Depending upon the category of crisis residence, the plan must meet the requirements of sections 589-1.4 or 589-2.4 of this Part. The staffing plan and its rationale shall be subject to approval by the Office of Mental Health.]

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

[(c) At least 50 percent of the clinical staff hours shall be provided by full-time employees of the crisis residence program.]

[(d)] (c) [For the purposes of this Part, *professional staff* are individuals who are qualified by training and experience to provide direct services under minimal supervision.] Professional staff: At all times of operation, a crisis residence program must have sufficient on-site supervision by professional staff, on either an on-duty or on-call basis. The following qualified mental health staff, as defined in Section 589.4 of this Part, may provide professional staff

services, within their defined scope of practice or as authorized by a limited permit issued by New York State.

[Professional staff may include the following as defined in section 589.[4]9(n) of this Part:]

[(i) alcoholism counselor;]

(1) certified rehabilitation counselor: an individual currently certified by The Commission on Rehabilitation Counselor Certification (CRCC).

[(ii)] (2) creative arts therapist

(3) Clinical nurse specialist

(4) Clinical nurse specialist in psychiatry/mental health

[(iii)] (3) licensed practical nurse

[(iv) occupational therapist;]

[(v) pastoral counselor;]

[(vi) physician;]

[(vii) psychiatrist;]

[(viii)] (5) licensed psychoanalyst;

(6) licensed psychologist;

[(ix) rehabilitation counselor;]

[(x) social worker;]

[(xi) therapeutic recreation specialist;]

[(xii)] (7) marriage and family therapist

[(xiii)] (8) mental health counselor

[(xiv) psychoanalyst]

(9) nurse practitioner;

(10) nurse practitioner in psychiatry;

(11) physician

(12) physician assistant

(13) psychiatrist;

(14) registered professional nurse;

(15) social worker.

[d][2](16) Other professional disciplines may be included as professional staff provided that the discipline is approved as part of the staffing plan by the Office of Mental Health. The discipline shall be from a field related to the treatment of mental illness. The individual must be licensed in such discipline by the New York State Education Department, and shall have specialized training or experience in treating individuals with mental illness.

(d) 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 to the crisis residence program. Such documentation shall be verified and retained on file by the crisis residence program.

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

(1) 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 at an institution chartered or approved by the New York State Education Department. Limited-permit physicians are considered students or trainees;

(2) the students or trainees are supervised and trained by professional staff meeting the qualifications specified in this section, and limited-permit physicians are supervised by physicians;

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

(4) written policies and procedures pertaining to the integration of students and trainees within the overall operation of the crisis residence program shall receive approval by the Office of Mental Health.

(f) All pre-employment background checks required pursuant to Section 31.35 of the Mental Hygiene Law, Section 495 of the Social Services Law, and Section 424-a of the Social Service Law, shall be conducted in compliance with such laws.

(i) Additional requirements for Children's Crisis Residence Programs:

(1) A, six- bed children's crisis residence program shall have at least two full-time equivalent para-professional staff on duty during "peak times." For purposes of this Part, "peak times" include early mornings, after school, early evenings, weekends and holidays. For eight-bed programs, at least three full time equivalent para-professional staff shall be on duty during "peak times."

(2) A minimum of two para-professional staff must be on-site for overnight coverage. At any given time during this period, at least one staff must be awake and on duty.

(3) Adequate number of registered professional nursing staff on duty to ensure the continuous provision of treatment services in accordance with their scope of practice, defined in section 589.9(n) of this Part.

(4) Adequate number of professional staff, in addition to registered professional nursing staff, to ensure the continuous provision of the program's required treatment services in accordance with their scope of practice, defined in section 589.9(n) of this Part.

§589.9 Individual Service Plan and Case Record

(a) Individual service plans for Intensive Crisis Residence Programs and Residential Crisis Support Programs

[(a)] (1) An individual service plan shall be developed and implemented [for] with each [resident] recipient by the staff of the crisis residence.

[(b)] (2) The individual service plan shall be based on a comprehensive assessment of each [resident] recipient.

[(2)] (i) For an Intensive Crisis Residence program, the assessment shall include, but not be limited to, physical, medical, emotional, behavioral risk, social, residential, recreational and, when appropriate, vocational and nutritional needs. The assessment shall also include a risk assessment, and shall identify any need for medication management. If appropriate, this information, with the [resident's] recipient's consent, may be obtained from the [resident's] recipient's most recent mental health service provider(s) and coordinator.

(ii) For a Residential Crisis Support program, the assessment shall include, but not limited to emotional, mental, social, residential, recreational and, when appropriate, vocational and nutritional needs. If appropriate, this information, with the individual's consent, may be obtained from the recipient's most recent mental health service provider(s).

[(2)] (iii) Consideration of each individual's needs shall include a determination of the type and extent of additional clinical examinations, tests and evaluations necessary for a complete assessment, if needed.

[(c)] (3) The individual service plan shall address the needs of the [resident] recipient.

[(1)] (i) The individual service plan shall identify all service needs of the [resident] recipient whether or not the services are provided directly by the crisis residence program.

[(2)] (ii) The individual service plan shall address the manner in which the [resident's] recipient's identified supports, which may include family, [as appropriate,] will be involved in the service planning and implementation.

[(3) For an acute psychiatric crisis residence,]

(4) The individual service plan [shall] must be [coordinated with] signed by a qualified mental health staff person.

(b) Individual service plans for Children's Crisis Residence Programs

(1) Within 24 hours of admission of a child to a children's crisis residence program, an intake assessment and individual service plan must be prepared and signed by a qualified mental health staff person.

i) The intake assessment must include, at a minimum:

A. an assessment of mental status and risk;

B. source of referral,

C. symptoms and functioning which demonstrate eligibility for admission; D. presenting problem,

E. description of clinical needs and strengths; and

F. a description of the skills needed to return home or to the community.

ii) The initial service plan must include, at a minimum:

treatment goals and objectives and a brief description of the services necessary to meet these goals and objectives.

(2) The individual service plan must be completed, with the active participation of the recipient within 72 hours, or sooner. Input of family members or other identified supports can be incorporated with the recipient's consent. Services shall be provided in accordance with the individual service plan.

(3) The individual service plan must be reviewed at least every seven days. The plan review shall include participation of staff involved in the provision of services to the recipient if appropriate, the recipient's family or other identified support. Such review shall include the following:

(i) assessment of the progress of the recipient in regard to goals and objectives in the plan;

(ii) recommendations for adjustment of goals and objectives, time periods for achievement, intervention strategies or the initiation of the discharge process; and

(iii) signature of the qualified mental health staff person who completed the review.

(c) Case Records.

(1) There shall be a complete case record maintained at one location for each recipient.

(2) Information in crisis residence program case records that is subject to the confidentiality protections of Mental Hygiene Law section 33.13 may be shared between facilities, agencies and programs responsible for the provision of services pursuant to an approved local or unified services plan (including programs that receive funding from the Office of Mental Health disbursed via a State aid letter); such Office and any of the psychiatric centers and programs that it operates; and facilities, agencies, and programs that are not licensed by such Office and are not participants in an approved local or unified services plan, but are responsible for the provision of services to any [resident] recipient pursuant to a written agreement with the Office as a party, provided, however, if a case record contains HIV or AIDS information that is protected by Public Health Law article 27-F, or information provided by a federally-funded alcoholism/substance abuse provider that is protected under 42 CFR part 2, such information shall only be redisclosed as permitted by such law or regulation.

(3) Each case record shall include:

(i) identifying information about the recipient and the recipient's identified supports;

(ii) admission information including source of referral, date of admission, rationale for admission, the date service commenced, presenting problem and initial treatment needs of the recipient;

(iii) summary of psychiatric, medical, emotional, social and residential needs. Special consideration shall be given to the role of the recipient's identified supports in each area of assessment;

(iv) summary of reports of all mental and physical diagnostic examinations and assessments, including findings and conclusions, if available;

(v) summary of reports of all special studies performed, including but not limited to X-rays, clinical laboratory tests, psychological tests, and electroencephalograms, if available;

(vi) the individual service plan;

(vii) daily progress notes, related to the goals and objectives of the service plan, including the signature of the staff member who provided the service.

(viii) a discharge summary.

(4) Records must be retained for a minimum period of six years from the date of the last service provided to a recipient or, in the case of a minor, for at least six years after the last date of service or three years after he/she reaches majority, whichever time period is longer.

§589.10 Quality assurance.

(a) Each crisis residence program shall have an organized quality assurance program designed to enhance [resident] recipient care through the ongoing objective assessment of important aspects of [resident] recipient care and the correction of identified problems. The quality assurance program shall provide for the following:

(1) identification of problems or concerns related to the care of [residents] recipients including, but not limited to [resident] recipient compliance with the individual service plan;

(2) objective assessment of the cause and scope of the problems or concerns, including the determination of priorities for both investigating and resolving problems and concerns. Priorities shall be related to the degree of adverse impact on the care provided [residents] recipients that can be expected if the problems or concerns remain unresolved;

(3) recommendations related to implementation of decisions or actions that are designed to eliminate, insofar as possible, identified problems; and

(4) monitoring to assess whether or not the desired result has been achieved and sustained.

(b) Each crisis residence program shall prepare a written quality assurance plan designed to ensure that there is an ongoing quality assurance program that includes effective mechanisms for reviewing and evaluating [resident] recipient care and provides for appropriate response to findings. This quality assurance plan shall be subject to approval by the Office of Mental Health. The quality assurance plan may be program-specific or part of an overall facility quality assurance plan. The written quality assurance plan shall address at a minimum:

(1) the individual or group with the overall responsibility to administer or coordinate the quality assurance program;

(2) the individuals or organizational entities to whom responsibility will be delegated for specific activities or mechanisms;

(3) the activities or mechanisms for reviewing and evaluating [resident] recipient care;

(4) the activities or mechanisms for assuring the accountability of the clinical staff for the care they provide;

(5) the individuals or organizational entities to whom responsibility will be delegated for responding to findings or implementing corrective actions designed to eliminate, insofar as possible, identified problems; and

(6) the activities or mechanisms for monitoring whether or not the corrective actions have been implemented, and whether or not the desired result has been achieved and sustained.

(c) Crisis residence programs shall develop and implement an incident management program in accordance with 14 NYCRR Part 524.

(d) [As a component of the quality assurance program] Each crisis residence program [shall establish a written plan for reviewing untoward incidents. *Untoward incidents* include, but are not limited to, serious drug reactions, suicide attempts, suicides, homicides and sudden deaths, assaults, alleged abuse of residents, accidents and terminations of service against professional advice when such termination presents a risk of hospitalization or danger to the resident or others. This plan shall] must have a written utilization review procedure which shall be subject to approval by the Office of Mental Health. [The written plan for reviewing untoward

incidents shall address at a minimum:] (1) the establishment of a special review committee that shall include at least two members of the clinical staff to meet the qualifications provided in section 589.4(a)(3) of this Part; one of which must be a professional staff member. The special review committee shall include a physician as required;]

[(2) the review of all untoward incidents by the special review committee to determine the facts in any untoward incident reported, and to review ongoing practices and procedures in relation to such untoward incidents;]

[(3) the operating procedures of the special review committee, including: convening meetings as often as necessary to execute its functions, but in no event less often than quarterly; maintaining written minutes of meetings; and submitting reports to the director. Special review committee members who were present when the untoward incident occurred shall be excluded from the committee's final deliberations;]

[(4) the proper reporting of all deaths and untoward incidents in accordance with the Mental Hygiene Law and Part 24 of this Title; and]

[(5) the integration of the plan for reviewing untoward incidents into the overall quality assurance program.]

(e) Crisis residence programs shall have procedures for internal monitoring of program performance. Performance should be monitored against the criteria stated in the program's functional program. The results of this internal monitoring shall be used to identify problems in client care and opportunities to improve care and shall be regularly reviewed and acted on by the governing body.

(f) The Office of Mental Health shall have responsibility for monitoring the quality of crisis residential programs. Upon a determination that a provider of service is in violation of this Part or upon a determination that a provider of service has failed to otherwise comply with the terms of its operating certificate or with the provisions of any applicable statute, standard, rule or regulation, the commissioner may revoke, suspend or limit the provider's operating certificate or impose fines in accordance with Mental Hygiene Law, section 31.16 and Parts 53 and 503 of this Title.

§589.11 Utilization Review

(a) The crisis residence program shall have an organized utilization review process designed to monitor the appropriateness of admission and continued stay and to identify the over-utilization or under-utilization of services.

(b) The crisis residence program shall prepare a written utilization review plan designed to ensure that there will be an ongoing utilization review program. The utilization review plan may be program-specific or part of an overall facility utilization review plan. This utilization review plan shall be subject to approval by the Office of Mental Health.

§589.12 [Premises] Rights of recipients.

(a) Recipients shall have the rights enumerated in Section 527.5 of this Chapter, and the provider of service shall ensure recipients receive notice of such rights in compliance with such Section.

(b) Each recipient, family, or identified support, shall be apprised of a grievance process which ensures the timely review and resolution of complaints.

(1) The grievance process must ensure an objective review of the issues, timely resolution and adequate documentation.

(2) The name and number of an Office of Mental Health contact person shall be made available to a recipient and/or family member whenever a grievance process cannot be resolved to the satisfaction of all parties. Within 14 days, the Office of Mental Health will review the circumstances surrounding the disagreement and make a recommendation concerning a course of action to be taken.

(3) If successful resolution to the grievance cannot be achieved through the process delineated in paragraphs (1) and (2) of this subdivision, the recipient and/or family member has a right to legal recourse and must be provided with information regarding where to obtain legal assistance including, but not limited to, mental hygiene legal services

§589.13 [Statistical records and reports] Premises.

(a) The crisis residence shall be safe and suitable for the comfort and care of the [persons resident] recipients therein. The residence shall be maintained in a good state of repair and sanitation.

(b) Safety requirements.

The crisis residence shall meet the following requirements:

(1) A sufficient number of fire extinguishers, approved by the Underwriters Laboratories, or other nationally recognized testing laboratory in the United States, shall be installed in accessible places on each floor and in high-hazard areas. Fire extinguishers shall be tested and recharged in accordance with manufacturers' recommendations.

(2) Employees shall be trained in the use of firefighting equipment, and in the means of rapidly evacuating the building. Fire exit drills shall be held at least once per month and at varied times during the 24 hours. A written record of each drill shall be kept on file for a period of one year.

(3) All of the following fire hazards are prohibited:

[(i) space heaters;]

[(ii) (i) the use of kerosene for cooking or lighting;

[(iii) (ii) rubber tubing used as connections for gas burners;

[(iv) (iii) the accumulation of combustible material in attics, basements or other parts of the residence; and

[(v) (iv) unsafe storage of paints, varnishes, oils, and other combustible liquids.

(4) Each crisis residence shall have a smoke-detection system which meets the requirements of section [6-3 of] the [Life Safety Code 101] most recent recognized edition of the National Fire Protection [Association] (NFPA) 101 Life Safety Code, applicable to noncoded systems, and the following:

(i) A smoke-detection unit shall be located in each stairway at each floor, in each bedroom, in each 1,000 square feet of unoccupied attic and basement space, in each high hazard area, and in each 40 feet or part thereof of corridor length.

(ii) Location of smoke-detection units shall be subject to Office of Mental Health approval.

(iii) The smoke-detection system or each independently operating unit shall be tested at least once each three-month period, and batteries in battery-operated units shall be replaced as necessary.

(iv) A complete system or individual units may be required depending on the construction, layout, occupancy and/or other factors associated with the building. Prior to the opening of a crisis residence, and the issuance of an operating certificate, a fire safety plan must be submitted to and approved by the Office of Mental Health.

(5) Each crisis residence shall provide carbon monoxide detectors, in accordance with the most recent edition of the Residential Code of New York State and the Fire Code of New York State, as applicable.

(i) Carbon monoxide detectors shall be installed in locations as required by applicable law and according to manufacturer's directions and specifications.

(ii) Carbon monoxide detectors shall be battery operated, plug-in type or hardwired, in accordance with applicable law.

(iii) Inspections and tests of carbon monoxide detectors shall be made in accordance with manufacturer's directions and specifications. Written documentation of such testing will be maintained for review.

(6) Residences must possess a valid certificate of occupancy or other documentation, which, has been determined by the Office of Mental Health to be the equivalent of a certificate of occupancy.

(7) Electric space heaters are allowed only with the explicit approval of the Office of Mental Health and with a description of the device in detail, including its safety features, potential hazards and proposed procedures for maintenance and operation.

(c) Design and space requirements.

(1) Single bedrooms shall be at least 90 square feet (exclusive of closets) and a multiple bedroom shall provide at least 75 square feet per [resident] recipient.

(i) No more than [four persons] one adult shall occupy a bedroom.

(ii) No more than two children shall share a bedroom.

[(ii)] (iii) No bedroom shall be located below grade.

[(iii)] (iv) Up to 15 percent of minimum square footage may be waived for cause in bedrooms housing one [or two persons] recipient. Consideration will also be given to the amount of square footage per [resident] recipient in living, dining and recreational areas. Requests for such waivers [should] must be outlined in the fire safety plan submitted to the Office of Mental Health.

(v) All bedrooms must receive natural light from an aggregate window area equal to at least 10 percent of the floor area of the bedroom and natural ventilation from ventilating openings having free openable area of at least five percent of the bedroom floor area.

(2) There shall be a minimum of one [toilet, one] lavatory and one tub or shower for each five adult [residents] recipients or part thereof.

(3) There shall be a minimum of one lavatory for each five child recipients and a minimum of one tub or shower for each eight child recipients or part thereof.

[(3)] (4) In addition to bedroom space, at least 55 square feet of space per [resident] recipient shall be provided for living, dining and recreational activities, apportioned within at least two distinct areas in each crisis residence unit.

(i) Dining rooms shall be equipped to provide for small group seating during meals.

(ii) Living rooms and/or recreation areas shall provide for small group socialization and recreation.

(d) Equipment shall include:

(1) suitable, comfortable, single beds and an adequate supply of clean linen. Cots must not be used. High hospital-type beds shall not be used except for physically handicapped persons requiring them;

(2) a chair and storage facility for personal articles for each [resident] recipient; and

[(3) an individual clothes closet or wardrobe for each resident.]

[(e) A crisis residence serving persons who are not capable of self-preservation as defined in section 589.4 of this Part, shall comply with all requirements of chapter 10 of the Life Safety Code 101 of the National Fire Protection Association, applicable to residential-custodial occupancies, except for the fire-resistivity requirements for one-story construction, and the State Uniform Fire Prevention and Building Code (9 NYCRR), applicable to occupancy group C6.2.]

[(f)] (e) Crisis residences serving only persons capable of self-preservation operated in buildings without other occupancy shall follow requirements of National Fire Protection Association 101. [meet the following requirements:

(1) If the building houses no more than 14 persons (including [patients] individuals and staff who sleep at the residence), the premises shall comply with all applicable requirements of the State Uniform Fire Prevention and Building Code (9 NYCRR) applicable to one- and two-family dwellings. In addition to these requirements, the premises shall have an automatic sprinkler system and two means of egress, at least one of which is an enclosed interior stair.]

(f) Residential Crisis Support, Intensive Crisis Residences and Children's Crisis Residences may be located in the same building and share staff, provided that they are programmatically and physically separate and distinct spaces, and such arrangement has received prior approval from the Office of Mental Health. The Office shall review such requests and approve based upon:

(1) the programmatic and physical separateness of the programs;

(2) appropriateness of available space;

(3) appropriate number and mix of staff; and

(4) appropriate administrative staffing.

[(2) If the building houses more than 14 persons, the premises shall comply with all applicable requirements of the State Uniform Fire Prevention and Building Code (9 NYCRR) applicable to multiple dwellings. In addition to these requirements, the premises shall have an enclosed interior stair as a means of egress and an automatic sprinkler system.]

[(3) In lieu of paragraphs (1) and (2) of this subdivision, the requirements of the State Uniform Fire Prevention and Building Code (9 NYCRR) applicable to occupancy group C6.2 may be met.]

§589.14 Statistical records and reports.

(a) Such statistical information shall be prepared and maintained as may be necessary for the effective operation of the crisis residence program and as may be required by the Office of Mental Health.

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

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

(d) Summaries of statistical information shall be reviewed at least annually as part of the annual evaluation process.

2. Subpart 589-1 of Title 14 NYCRR is repealed.

3. Subpart 589-2 of Title 14 NYCRR is repealed.