

## Proposed Crisis Stabilization Center Standards

### OVERVIEW

On August 18<sup>th</sup>, the New York State Office of Mental Health (OMH) published a proposed rule in the State Register (available [here](#)) that establishes standards for Crisis Stabilization Centers (CSCs) under Article 36 of the Mental Hygiene Law. Crisis Stabilization Centers are a new licensure category authorized by the New York State Fiscal Year (FY) 2021-22 Enacted Budget. CSCs will be jointly licensed by OMH and the Office of Addiction Services and Supports (OASAS) and will provide 24/7 stabilization services to individuals experiencing or at risk of a mental health or substance use crisis.

The below summary outlines the proposed regulations. OMH will accept public comment on the proposed regulations through October 17<sup>th</sup>.

### CENTER DEFINITIONS

Crisis Stabilization Centers will provide 24/7 crisis services to individuals with a known or suspected mental health condition or substance use disorder, including observation, evaluation, care, and treatment in a safe and comfortable environment. Services are voluntary and may be provided for up to 24 hours. There will be two types of licensed Centers: Supportive CSCs and Intensive CSCs. All CSCs are required to perform screening and assessment to determine services and referrals for each recipient.

#### Supportive Crisis Stabilization Centers

Supportive Crisis Stabilization Centers will provide support and assistance to individuals with mental health or substance use crisis symptoms who:

- Are experiencing challenges in daily life that create a risk of symptom escalation that cannot be managed in the home or community; and
- Do not pose likelihood of immediate harm to self or others.

Supportive CSCs also provide (or contract to provide) observation and stabilization services, with an emphasis on peer and recovery services. Supportive Crisis Stabilization Centers must have agreements and/or demonstrate linkages to services that are not provided directly by the Center and must implement policies and procedures to follow-up and ensure that such services are accessed by recipients.

#### Intensive Crisis Stabilization Centers

Intensive Crisis Stabilization Centers provide urgent treatment and stabilization services to individuals experiencing an acute mental health or substance use crisis. Services are intended to provide diversion from higher levels of care through rapid treatment interventions and stabilization of acute symptoms.

### ELIGIBLE APPLICANTS FOR LICENSURE

CSC applicants may include organizations with an operating certificate or license issued pursuant to:

- Article 28 of the Public Health Law;
- Article 31 of the Mental Hygiene Law; or
- Article 32 of the Mental Hygiene Law.

CSCs may be hospital-based or non-hospital-based. Applicants must be in good standing and in compliance with the physical plant requirements issued by OMH. Each Crisis Stabilization Center will receive an operating certificate that specifies the type of center (Supportive or Intensive) that the provider is authorized to operate.

Each Center will have a governing body that will be responsible for overall operations but that may delegate responsibility for the day-to-day management of the program.

## SERVICES

Crisis Stabilization Centers must provide (or contract to provide, where appropriate) the following services:

- Triage;
- Screening and assessment;
- Therapeutic interventions, such as crisis counseling, psychoeducation, and crisis de-escalation/intervention services;
- Peer support services;
- Ongoing observation;
- Care collaboration; and
- Discharge and after care planning.

As appropriate, Centers must also provide:

- Psychiatric diagnostic evaluation and plan;
- Psychosocial assessment;
- Medication management;
- Medication assisted treatment (MAT);
- Medication administration and monitoring; and
- Mild to moderate detoxification services.

Centers should operate, or develop a memorandum of understanding with:

- OASAS inpatient withdrawal and stabilization centers under Part 816;
- OASAS residential treatment under Part 820;
- Emergency departments and/or comprehensive psychiatric emergency services;
- OMH licensed crisis residential services; and
- OASAS and OMH certified and licensed outpatient programs.

## STAFF REQUIREMENTS

Intensive Crisis Stabilization Centers must be overseen by both a Program Director and a Medical Director and must have 24/7 access to a prescriber and a Data 2000 waived prescriber either onsite or via on-call/telehealth.

All Centers must, at a minimum, employ a Registered Nurse, who is on site 24/7 to ensure adequate screening, assessment, and care for all service recipients. Additional staff may be based on projected volume and needs of recipients as per an OMH-approved staffing plan.

Clinical staff may include students and trainees if they are:

- Participating in a program leading to a degree or certificate appropriate to the goals, objectives, and services of the Crisis Stabilization Center;

- Supervised in accordance with the policies governing the training program; and
- Included in the staffing plan approved by OMH.

## ORGANIZATIONAL AND SITE REQUIREMENTS

The governing body must develop:

- An organizational plan which indicates lines of accountability and the qualifications required for staff positions;
- Written personnel policies which shall prohibit discrimination; and
- All programmatic and administrative policies and procedures, including policies that:
  - Reduce disparities in access, quality of care, and treatment outcomes for marginalized populations;
  - Ensure that efforts are made to employ staff that are proficient in the most prevalent languages spoken by recipients;
  - Ensure confidentiality and appropriate retention of recipient records consistent with state and federal law;
  - Establish recipient rights including a grievance procedure;
  - Train staff to recognize the signs and symptoms of severe reactions to or overdose on substances, including but not limited to the use of naloxone overdose prevention kits; and
  - Relate to cultural and linguistic competency.

Centers are required to:

- Review demographic data for the catchment area to determine the cultural and linguistic needs of the population and ensure that language assistance services are provided at no cost;
- Enter into memorandums of understanding with crisis residential services for individuals that require crisis services beyond 24 hours;
- Have premises that are adequate and appropriate for the safe and effective operation of the Center, including ensuring that minors under the age of 18 are not commingled with adults;
- Develop policies and procedures describing recipient drop-off from law enforcement, emergency medical services, mobile crisis, and other outreach and treatment services.