

Crisis Service Standards

I. Hotline

A. Definition

A hotline is continuously available telephone service staffed by trained and competent crisis staff that provides information, screening and intervention, support, and referrals to callers 24 hours per day, seven days per week. Any entity providing hotline services for any portion of the day must be accredited by the American Association of Suicidology (AAS).

B. Goals

- Immediate telephone response to a real or potential crisis situation.
- Immediate activation and coordination of the mental health crisis response system.

C. Description

The hotline is an integrated component of the overall crisis program; it operates continuously and is accessible toll-free throughout the local service area. The hotline serves as the first point of contact for mental health crises in the community, providing confidential telephonic triage to determine the immediate level of need and to mobilize emergency services for the caller if necessary. Trained and competent paraprofessionals may answer the hotline and provide information and non-crisis referrals; however, a trained and competent Qualified Mental Health Professional (QMHP-CS) is required to provide screening and assessment of the nature and seriousness of the call. The initial assessment leads to immediate and appropriate referrals for assistance or treatment. The hotline facilitates referrals to 911, a Mobile Crisis Outreach Team, or other crisis services and conducts follow-up contacts to ensure that callers successfully accessed the referred services. If an emergency is not evident after further screening or assessment, the hotline includes referral to other appropriate resources within or outside the Local Mental Health Authority (LMHA) or Local Behavioral Health Authority (LBHA). The hotline works in close collaboration with local law enforcement, 211, and 911 systems.

D. Standards

The hotline must be accredited by AAS and integrated with the LMHA's local crisis response system including the Mobile Crisis Outreach Team and other crisis services in the LMHA's crisis service array. The hotline must also meet minimum scoring requirements outlined by the Department of State Health Services (DSHS) below. If the LMHA contracts with an outside entity to provide all or part of the hotline service, the contractor must also be accredited by AAS, meet minimum scoring requirements outlined below and remain contractually responsible for compliance with the applicable standards.

For all components, under each area, excluding Lethality Assessment and Rescue Services in the 9th and 10th edition, a minimum component score of 2 is required **and** an area minimum score is required as shown below. The contractor should use the edition of the AAS Organization Accreditation Standards Manual that is applicable to the year of accreditation.

Listed below are the **minimum** scores acceptable to meet DSHS standards in each area described in the [8th, 9th, and 10th Edition of the AAS Organization Accreditation Standards Manual](#).

AREA	8 th Ed MINIMUM SCORE	9 th Ed MINIMUM SCORE	10 th Ed MINIMUM SCORE
1. Administration and Organizational Structure	12	11	14
2. Training Program (8 th ed)/ Screening, Training, and Monitoring Crisis Workers	24	16	16
3. General Service Delivery	21	16	16
4. Services in Life-Threatening Situations	16	8	8
5. Ethical Standards and Practice	19	13	13
6. Community Integration	13	9	9
7. Program Evaluation	18	10	10

II. Mobile Crisis Outreach Team

A. Definition

Mobile Crisis Outreach Teams (MCOTs) provide a combination of crisis services including emergency care, urgent care, and crisis follow-up and relapse prevention to the child, adolescent, or adult in the community.

- **Emergency Care Services** – Mental health community services or other necessary interventions directed to address the immediate needs of an individual in crisis in order to assure the safety of the individual and others who may be placed at risk by the individual's behaviors, including, but not limited to, psychiatric evaluations, administration of medications, hospitalization, stabilization or resolution of the crisis. (25 TAC, Subchapter G, §412.303, (20), *general provisions*)
 - Requirements per 25 TAC, Subchapter G, §412.314, (1)(B), *emergency care services*/: If during a screening it is determined that an individual is experiencing a crisis that may require emergency care services, the QMHP-CS must:
 - (i) take immediate action to address the emergency situation to ensure the safety of all parties involved;
 - (ii) activate the immediate screening and assessment processes as described in §412.321 of this title (relating to Crisis Services); and
 - (iii) provide or obtain mental health community services or other necessary interventions to stabilize the crisis.
- **Urgent Care Services** - Mental health community services or other necessary interventions provided to persons in crisis who do not need emergency care services, but who are potentially at risk of serious deterioration. (25 TAC, Subchapter G, §412.303, (61), *general provisions*)
 - Requirements per 25 TAC, Subchapter G, §412.314,(1) (C), *urgent care services*:

If the screening indicates that an individual needs urgent care services, a QMHP-CS must within eight hours of the initial incoming hotline call or notification of a potential crisis situation:

- (i) perform a face-to-face assessment; and
- (ii) provide or obtain mental health community services or other necessary interventions to stabilize the crisis.

B. Goals

- Prompt assessment and evaluation in the community
- Stabilization in the least restrictive environment
- Crisis resolution
- Linkage to appropriate services
- Reduction of inpatient and law enforcement interventions

C. Description

MCOTs are clinically staffed mobile treatment teams that provide prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up, and relapse prevention services for individuals in the community. These services must reach individuals at their place of residence, school and/or other community-based safe locations, 24 hours per day, 365 days per year. Although MCOTs may transport an individual for the purpose of obtaining crisis services, if the MCOT determines that they cannot transport the individual safely, they may arrange for or coordinate transportation with law enforcement. MCOTs have arrangements for back-up and linkages with other services and referral services.

Children and their families receive crisis services unless it is contraindicated to include the family. Children's crisis services are flexible, multi-faceted, and immediately accessible services provided to children and adolescents at high risk for hospitalization or out-of-home placement and their families. **These services must reach individuals at their place of residence, school and/or other community-based safe locations.** Services are designed to be family-focused, intensive, and time-limited.

D. Standards

1. Availability

- a. Emergency care services must be available 24 hours per day, seven days per week.
 - 1) Urban LMHAs:
 - a) One MCOT must be on call 24 hours a day, seven days a week; and
 - b) In addition, a minimum of one MCOT must be on duty during peak crisis hours, 84 hours per week to immediately respond to crisis calls.
 - 2) Rural LMHAs:
 - a) Mobile outreach capability must be maintained throughout the local service area 24 hours a day seven days a week; and
 - b) One MCOT must be on duty during peak crisis hours, 56 hours per week to immediately respond to crisis calls.

- b. Contractor must respond to emergent crises within one hour and to urgent crises within eight hours.
- c. Initial crisis follow-up and relapse prevention services must be provided within 24 hours of the initial call or contact.

2. Staffing Standards

- a. A MCOT at a minimum should be comprised of the following:
 - 1) Urban MCOT: A QMHP-CS a physician (preferably a psychiatrist), advance practice nurse (APN), registered nurse (RN), physician assistant (PA), or licensed practitioner of the healing arts (LPHA) , or 1 LPHA may be deployed with trained and competent paraprofessional;
 - 2) Rural MCOT: A QMHP-CS, a physician (preferably a psychiatrist), advance practice nurse (APN), physician assistant (PA), registered nurse (RN), Qualified Mental Health Professional (QMHP-CS) or licensed practitioner of the healing arts (LPHA). If they are not deployed as part of the MCOT, they must be available to provide face-to-face assessment as needed or clinically indicated, or 1 LPHA may be deployed with a trained and competent paraprofessional
- b. A psychiatrist must serve as the medical director for all crisis services and must approve all policies, procedures, and protocols used in crisis services.
- c. All MCOT staff must receive crisis training that includes but is not limited to:
 - 1) Signs, symptoms, and crisis response related to substance use and abuse;
 - 2) Signs, symptoms, and crisis response to trauma, abuse, and neglect; and
 - 3) Assessment and intervention for children and adolescents.
- d. All MCOT staff providing screenings, assessments, and/or interventions must be either a physician (preferably a psychiatrist), an APN, an RN, a PA, a LPHA, or a QMHP-CS.
- e. Written policies and procedures must exist to define the duties and responsibilities for all staff involved in the assessment or treatment of a crisis. Policies and procedures must also address staff training, experience, and be in conformance with the staff member's scope of practice (if applicable) and state standards for privileging and credentialing.
- f. Written policies and procedures must exist to ensure that services must reach individuals at their place of residence, school and/or other community-based safe locations. When the level of risk to staff or the individual in crisis is determined to be significant, a protocol is implemented to ensure that law enforcement meets the MCOT members and the individual at the location of the crisis.
- g. If crisis exists in an institution such as a jail or hospital a minimum of one credentialed MCOT member must respond to emergent or urgent crises
- h. One MCOT member must be deployed to the location of the individual for subsequent contacts or crisis follow-up and relapse prevention services in accordance with approved policies, procedures, and protocols
- i. In compliance with Texas Health & Safety Code §573.021(c), a physician (preferably a psychiatrist) must be available to examine an individual as soon as possible, but within 12 hours after the time the individual is apprehended by a peace officer, or transported for emergency detention by the individual's guardian.

3. Screening and Assessment

- a. For emergent calls, a face-to-face (or telehealth based on policies and procedures approved by the medical director) crisis response must be provided within one hour. After crisis intervention services are provided, and if the individual is still in need of emergency care services then the individual must be assessed by a physician (preferably a psychiatrist) within 12 hours.
- b. Immediately upon arrival a face-to-face screening must be completed by a QMHP-CS if a telephone screening has not been previously completed.
- c. A written process for performing the screening must be followed. The process must address the criteria for requesting an immediate crisis assessment, medical screening/assessment, and psychiatric evaluation.
- d. A crisis assessment must be performed using the crisis elements of the Adult Texas Recommended Assessment Guidelines (Adult-TRAG) or the Child and Adolescent Texas Recommended Assessment Guidelines (CA-TRAG) or other DSHS-approved screening tool.
- e. A crisis assessment must include an evaluation of risk of harm to self or others, presence or absence of cognitive signs suggesting delirium, need for immediate full crisis assessment, need for emergency intervention, and an evaluation of the need for an immediate medical screening/assessment by an physician (preferably a psychiatrist), psychiatric APN, PA, or RN,
- f. The full crisis assessment process must include:
 - 1) Consumer interviews by a physician (preferably a psychiatrist), psychiatric APN, RN, PA, LPHA, or QMHP-CS with training in behavioral health crisis care;
 - 2) Review of records of past treatment (when available);
 - 3) History from collateral sources. The team is proactive in gathering input and/or corroboration of events from family members whenever possible. Every effort should be made to engage family support around the individual in crisis while maintaining confidentiality.
 - 4) Contact with the current health providers whenever possible;
 - 5) If available, a history of previous treatment and the response to that treatment that includes a record of past psychiatric medications, dose, response, side effects and adherence, and an up-to-date record of all medications currently prescribed, and the name of the prescribing professional;
 - 6) A detailed assessment of substance use and abuse, including the quantity and frequency of all substances used;
 - 7) Identification of social, environmental, and cultural factors that may be contributing to the emergency;
 - 8) An assessment of the individual's ability and willingness to cooperate with treatment;
 - 9) A general medical history that addresses conditions that may affect the individual's current condition (including a review of symptoms focused on conditions that may present with psychiatric symptoms or that may cause cognitive impairment, e.g., a history of trauma); and
 - 10) In emergent care, an assessment that addresses any medical conditions that may cause similar psychiatric symptoms or complicate the individual's condition;

- 11) In emergent care, an appropriate physical health assessment. In urgent care, a written procedure, approved by the medical director, is implemented to assess the need for referral for a physical health assessment including laboratory screening;
- 12) Every individual is assessed for possible trauma, abuse, and neglect, and identified cases of potential abuse or neglect are appropriately reported.

4. Intervention, Coordination and Continuity of Care

- a. A written protocol must be developed and implemented that specifies the most effective and least restrictive approaches to common behavioral health emergencies seen by the MCOT and is approved by the medical director. The protocol must be reviewed and updated as needed. Revisions must be submitted in accordance with Information Item S.
- b. If screening or assessment indicates the need for transportation to a more restrictive environment to ensure safety or further treatment, a protocol and procedure must be in place and used for providing immediate crisis intervention and transporting the individual to an appropriate facility. The individual must be monitored continuously until transferred.
- c. An individual crisis treatment plan must be developed and implemented for each individual that provides the most effective and least restrictive available treatment. The plan is based on the provisional psychiatric diagnosis and incorporates, to the extent possible, individual and family preferences. The crisis treatment plan addresses intervention, outcomes, plans for follow-up and aftercare, and referrals.
- d. Children's crisis services must be provided by a QMHP-CS with additional experience, training, and competency in children and family crisis and treatment issues and working with children and families in crisis.
- e. Children's counseling must be provided by LPHAs with additional experience, training, and competency in child/adolescent treatment issues and working with children and families in crisis.
- f. Individuals and families must receive appropriate educational information that is relevant to their diagnoses. This includes information about the most effective treatment for the individual's behavioral health disorder.
- g. Written policies and procedures, approved by the medical director, must define appropriate reassessment intervals in emergent, urgent, and routine care.
- h. Whenever it appears necessary, the crisis treatment plan must be adjusted to incorporate the individual's response to previous treatment.
- i. Coordination of crisis services must be provided for every individual. Coordination of crisis services consists of identifying and linking the individual with all available services necessary to stabilize the behavioral health crisis and ensure transition to routine care, providing necessary assistance in accessing those services, and conducting follow-up and relapse prevention services to determine the individual's status and need for further service. This includes contacting and coordinating with the individual's existing service providers in a timely manner and in conformance with applicable confidentiality requirements.
- j. Upon resolution of the crisis, eligible individuals shall be transitioned to a non-crisis service package as medically necessary, or receive crisis follow-up and relapse prevention either by the MCOT or from another community service provider throughout a 90-day

period (Service Package 5) until he/she is stabilized and/or transitioned to appropriate behavioral health services.

- k. Services link children and families with intensive evidence-based treatments aimed at reducing further risk of out of home placement as soon as possible.

III. Walk-In Crisis Services

A. Definition

Walk-in crisis services are office-based crisis services providing immediate screening and assessment and brief, intensive interventions focused on resolving a crisis and preventing admission to a more intensive level of care.

B. Goals

- Prompt screening and assessment
- Stabilization in the least restrictive environment
- Crisis resolution
- Linkage to appropriate services

C. Description

Walk-in crisis services are immediately accessible services for adults, children, and adolescents that serve two purposes: ready access to psychiatric assessment and treatment for new individuals with urgent needs, and access to same-day psychiatric assessment and treatment for existing individuals within the system with urgent needs. For persons whose crisis screening and/or assessment indicate that they are an extreme risk of harm to themselves or others in their immediate environment, rapid transfer to a higher level of care is facilitated. If extreme risk of harm is ruled out, brief crisis intervention services are provided on-site. Walk-in crisis services are designed to be intensive and time-limited, and are provided until the crisis is resolved or the person is referred to another level of care. After the initial crisis assessment and intervention, continuing services may be provided in the office or in vivo for up to 90 days until the individual is stabilized and/or transitioned to appropriate behavioral health services. Walk-in crisis services are offered in the local service area based on availability of LMHA funding.

D. Standards

1. Availability

- a. There must be immediate access to qualified staff to provide crisis screening, assessment and intervention services during hours of operation.
- b. Children's walk-in crisis service hours must be flexible to meet family needs.

2. Physical plant

- a. The location of the walk-in crisis services is clearly marked from the street, and can be found in LMHA service literature, community media and telephone directories.
- b. Offices must meet all Americans with Disabilities Act Accessibility Guidelines/Texas Accessibility Standards (ADAAG/TAS).

- c. Offices must have at least one designated area where persons in extreme crisis can be safely maintained until transported to another level of care (e.g., hospital or crisis stabilization unit).
- d. Office spaces must afford privacy for protection of confidentiality.

3. Staffing

- a. A psychiatrist must serve as the medical director for all crisis services and must approve all written procedures and protocols.
- b. Duties and responsibilities for all staff involved in assessment or treatment must be defined in writing, appropriate to staff training and experience, and in conformance with the staff member's scope of practice (if applicable) and state standards for privileging and credentialing.
- c. All crisis service staff members must receive crisis training that includes but is not limited to:
 - 1) Signs, symptoms, and crisis response related to substance use and abuse;
 - 2) Signs, symptoms, and crisis response to trauma, abuse and neglect; and
 - 3) Assessment and intervention for children and adolescents.
- d. All crisis services staff members must be trained physicians (preferably psychiatrists), psychiatric APNs, PAs, RNs, LPHAs, QMHP-CSs or trained and competent paraprofessionals.
- e. All staff providing crisis screening, assessment, and intervention must be physicians (preferably psychiatrists), psychiatric APNs, PAs, RNs, LPHAs, or QMHP-CSs
- f. As clinically indicated, a physician (preferably a psychiatrist), or a psychiatric APN or PA must be available for telephone consultation or face-to-face assessment/telemedicine assessment.
- g. When the level of risk to staff or the individual exceeds the capability of on-site staff, a written protocol must be implemented to access emergency LMHA resources.
- h. When emergency medical services are not available on site, trained staff who are prepared to provide first-responder health care (Basic Life Support, First Aid, et cetera) must be on site at all times during business hours.

4. Screening and Assessment

- a. Individuals must receive a face-to-face crisis triage or screening by a QMHP-CS within 15 minutes of presentation.
- b. After the person presents on the physical premises for a crisis screening, the individual shall wait in a location with rapid access to staff. If acuity worsens, trained and competent paraprofessionals may be utilized to provide observation.
- c. Crisis screening must be performed using the crisis elements of the Adult-TRAG, CA-TRAG or other DSHS-approved screening tool.
- d. Crisis screening must be documented and evaluates risk of harm to self or others, contributive medical issues and the need for immediate full crisis assessment, emergency intervention, and evaluates the need for immediate medical screening assessment by a physician (preferably a psychiatrist), psychiatric APN, PA or RN.

- e. A written procedure for performing the crisis screening must be developed and implemented. The procedure addresses the criteria for requesting an immediate crisis assessment, medical screening/assessment, and psychiatric evaluation.
- f. An assessment must be completed by an LPHA or RN within one hour of referral from the screening process.
- g. A written process and procedure must be developed and implemented that ensures that those who require a more immediate assessment can begin the full crisis assessment by an LPHA, or RN within 15 minutes of initial presentation to walk-in crisis services.
- h. A physician (preferably a psychiatrist), or a psychiatric APN or PA must be available to examine and complete a psychiatric assessment for an individual in emergent crisis between three and eight hours from presentation to the services.
- i. The full crisis assessment process must include:
 - 1) Clinical interviews must be conducted by a physician (preferably a psychiatrist), psychiatric APN, PA, RN LPHA or a QMHP-CS with training in behavioral health crisis care;
 - 2) Review of available records of past treatment (as available and in keeping with laws governing confidentiality);
 - 3) History from collateral sources, including input and/or corroboration of events from family members whenever possible. Every effort should be made to engage family support around the individual in crisis while maintaining confidentiality.
 - 4) Contact with current health providers whenever possible;
 - 5) If available, a history of previous treatment and the response to that treatment that includes a record of past psychiatric medications, dose, response, side effects and adherence, and an up-to-date record of all medications currently prescribed, and the name of the prescribing professional;
 - 6) A detailed assessment of substance use and abuse that includes the quantity and frequency of all substances used;
 - 7) Identification of social, environmental, and cultural factors that may be contributing to the emergency;
 - 8) An assessment of the individual's ability and willingness to cooperate with treatment;
 - 9) A general medical history that addresses conditions that may affect the individual's current condition (including a review of symptoms focused on conditions that may present with psychiatric symptoms or that may cause cognitive impairment, e.g., a history of trauma); and
 - 10) In emergent care, an assessment addresses medical conditions that may cause similar psychiatric symptoms or complicate the individual's condition. There is access to phlebotomy with same day lab results. Laboratory studies that are available include:
 - a) A complete blood count with differential;
 - b) A comprehensive metabolic panel;
 - c) A thyroid screening panel;
 - d) A toxicology evaluation
 - e) A pregnancy test;
 - f) A screening test for tertiary syphilis;
 - g) Psychiatric medication levels; and

- h) Other studies, as appropriate, based on the patterns of illness in the individuals served.
- 11) Every individual is evaluated for possible trauma, abuse, or neglect, and identified cases of potential abuse or neglect are appropriately reported.

5. Intervention, Coordination and Continuity of Care

- a. A written protocol must be developed and implemented that specifies the most effective and least restrictive approaches to common behavioral health emergencies seen in the walk-in crisis services and is approved by the medical director. The protocol must be reviewed and updated as needed.
- b. If screening or assessment indicates the need for transportation to a more restrictive environment to ensure safety or further treatment, a protocol and procedure must be used for providing immediate crisis intervention and safely transporting the individual to an appropriate facility. The individual must be monitored continuously until transferred.
- c. An individual crisis treatment plan must be developed and implemented for each individual that provides the most effective and least restrictive available treatment. The plan must be based on the provisional psychiatric diagnosis and incorporates, to the extent possible, individual and family preferences. The crisis plan must address intervention, outcomes, plans for follow-up and aftercare, and referrals.
- d. Whenever necessary, the crisis treatment plan must be adjusted to incorporate the individual's response to previous treatment.
- e. Individuals and families must receive appropriate educational information that is relevant to their condition. This includes information about the most effective treatment for the individual's behavioral health disorder.
- f. The medical director must define appropriate reassessment intervals for emergent, urgent, and routine care.
- g. Walk-in crisis services for children and adolescents must be provided by a QMHP-CS with additional experience, training, and competency in children and family crisis and treatment issues.
- h. Children's counseling must be provided by LPHAs with additional experience, training, and competency in child/adolescent treatment issues and working with children and families in crisis.
- i. Services provided must link families with intensive evidence-based treatments aimed at reducing further the risk of out of home placement.
- j. Coordination of crisis services must be provided for every individual. Coordination of crisis services consists of linking the individual with all available services necessary to stabilize the behavioral health crisis and ensure transition to routine care, providing necessary assistance in accessing those services, conducting follow-up and relapse prevention services to determine the individual's status and need for further service. This includes contacting and coordinating with the individual's existing service providers in a timely manner and in conformance with applicable confidentiality requirements.
- k. Upon resolution of the crisis, eligible individuals must be transitioned to a non-crisis service package if determined to be medically necessary, or receive crisis follow-up and relapse prevention either by the MCOT or from another community service provider

throughout a 90-day period (Service Package 5) until he/she is stabilized and/or transitioned to appropriate behavioral health services.

IV. Extended Observation Unit

A. Definition

Extended observation units are designed to provide emergency stabilization to individuals in behavioral health crisis in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.

B. Goals

- Prompt and comprehensive assessment of a behavioral health crisis
- Rapid stabilization in a secure, protected, and safe environment
- Crisis resolution
- Linkage to appropriate aftercare services
- Reduction of inpatient and law enforcement interventions

C. Description

An extended observation unit provides access to emergency care at all times and has the ability to safely and appropriately manage individuals with the most severe psychiatric symptoms. It is designed to provide a safe and secure environment for short-term stabilization of behavioral health symptoms that may or may not require a continued stay in an acute care facility. Extended observation and treatment can take place for up to 23 hours or up to 48 hours, depending on the physical setting of the facility. Individuals who cannot be stabilized within that timeframe would be linked to the appropriate level of care (inpatient hospital unit or CSU). The availability of an extended observation unit is dependent on LMHA funding.

D. Standards

1. Availability

- a. If provided, this service must be available 24 hours a day, seven days a week throughout the participating service areas.
- b. Admission to extended observation shall be determined by the LMHA and based on medical necessity as determined by a Licensed Practitioner of the Healing Arts (LPHA).

2. Physical Plant

- a. The extended observation unit must be in a secure location, which could be a locked unit, if the facility accepts persons on Emergency Detention.
- b. The physical plant must have policies and procedures for monitoring environmental safety.

- c. The physical plant must have a designated area where persons in extreme crisis can be observed and safely maintained until the crisis is resolved or the individual is transported to another level of care.
 - 1. If the facility provides 23 hour observation, with chairs/beds in a shared room or bedrooms, monitoring of the area must be maintained at all times.
 - 2. If the facility provides up to 48 hour observation, the facility must provide individual beds for consumers. When beds are in a shared room, monitoring must be maintained at all times. If individuals are provided with individual bedrooms, monitoring of the bedroom areas may be maintained on a regular basis, with direct observations of individuals conducted no more than 15 minutes apart, unless one-to-one continuous observation is required as determined by the treating physician or treatment team.
- d. When obtaining any information protected under HIPAA rules, standards and implementation guides, the facility must afford privacy for protection of confidentiality.
- e. If services are provided for children and adolescents, the physical plant must have separate child, adolescent and adult observation areas.
- f. The physical plant must provide a clean and safe environment.
- g. All medications must be securely stored.

3. General Facility Environment

- a. Waste water and sewage must be discharged into an approved sewage system or an onsite sewage facility approved by the Texas Natural Resource Conservation commission or its authorized agent.
- b. The water supply must be of safe, sanitary quality, suitable for use and adequate in quantity and pressure, and must be obtained from a water supply system
- c. Waste, trash and garbage must be disposed of from the premises at regular intervals in accordance with state and local practices. Excessive accumulations are not permitted. The facility must comply with 25 TAC Subsection 1.131-1.137 (concerning Definition, Treatment, and Disposal of Special Waste from Health Care Related Facilities).
- d. Operable windows must be insect screened.
- e. An ongoing pest control program must be provided by facility staff or by contract with a licensed pest control company. The least toxic and least flammable effective chemicals must be used.
- f. In kitchens and laundries, there must be procedures utilized by facility staff to avoid cross-contamination between clean and soiled utensils and linens.
- g. The facility must be kept free of accumulations of dirt, rubbish, dust and hazards.
- h. Floors must be maintained in good condition and cleaned regularly.
- i. Walls and ceilings must be structurally maintained, repaired and repainted or cleaned as needed.
- j. Storage areas and cellars must be kept in an organized manner.
- k. No storage will be permitted in the attic spaces.
- l. The building must be kept in good repair, electrical, heating and cooling must be maintained in a safe manner.
- m. There must be at least one telephone in the facility available to both staff and consumers for use in case of an emergency.

- n. Cooling and heating must be provided for occupant comfort. Conditioning systems must be capable of maintaining the comfort range of 68 degrees Fahrenheit to 82 degrees Fahrenheit in consumer-use areas.
- o. An extended observation unit shall provide space at least 80 usable square feet per individual in single-occupancy rooms; or 60 usable square feet per individual in multiple-occupancy rooms.
- p. Furnishings provided by the facility must be maintained in good repair.
- q. At least one water closet and lavatory per every six persons, and one tub or shower for every ten occupants must be provided in each extended observation unit.
- r. Privacy partitions and or curtains must be provided at water closets and bathing units in rooms for multi-consumer use.
- s. Tubs and showers must have non-slip bottoms or floor surfaces, either built-in or applied to the surface.
- t. Hot water for lavatories and bathing units must be maintained between 100 degrees Fahrenheit and 120 degrees Fahrenheit.
- u. Towels, soap and toilet tissue must be available at all times for individual use.
- v. The facility must provide sufficient and appropriate separate storage spaces or areas for the following:
 - 1) Administration and clinical records;
 - 2) Office supplies;
 - 3) Medications and medical supplies (these areas must be locked);
 - 4) Poisons and other hazardous materials (these must be kept in a locked area and must be kept separate from all food and medications);
 - 5) Food preparation (if the facility prepares food); and
 - 6) Equipment supplied by the facility for consumer needs such as wheelchairs, walkers, beds, mattresses, cleaning supplies, food storage, clean linens and towels, lawn and maintenance equipment, soiled linen storage or holding rooms, and kitchen equipment, etc.
- w. A supply of hot and cold water must be provided. Hot water for sanitizing must reach 180 degrees F. or manufacturers suggested temperature for chemical sanitizers.
- x. Food storage areas must provide storage for, and facilities must maintain, a four-day minimum supply of non-perishable foods at all times.
- y. Food subject to spoilage must be dated.
- z. If laundry is processed off the site, the following must be provided on the premises: soiled linen holding room, a clean linen receiving, holding, inspecting, sorting or folding and storage room.
- aa. Consumer-use laundry, if provided, must utilize residential type washers and dryers. If more than three washers and three dryers are located in one space, the area must be one-hour fire separated or provided with sprinkler protection.
- ab. Smoking regulations must be established and if smoking is permitted, outdoor smoking areas may be designated for consumers. Ashtrays of noncombustible material and safe design must be provided in smoking areas.
- ac. Only break-away or collapsible clothes bars in wardrobes, lockers, towel bars, and closets and shower curtain rods shall be permitted.

- ad. Bedrooms, private spaces, unsupervised social spaces and unsupervised common areas shall not contain any cords, ropes or other materials that could effectively be used by an individual for purposes of inflicting self harm.

4. Accessibility (ADA Compliance)

- a. Extended Observation units must comply with ADAAG / TAS, and all applicable sections of the Texas Administrative Code.
- b. At least 10 percent of patient bedrooms and toilets, and all public use and common use areas are required to be designed and constructed to be accessible.

5. Postings

- a. The facility must ensure that there is a list in or near or within the medication room stating the names of all staff that can have access to the medication room.
- b. Emergency telephone numbers, including at least fire, police, ambulance, EMS, and poison control center, must be posted conspicuously at or near the telephone.
- c. If smoking areas are permitted, the facility must ensure that they are clearly marked as designated smoking areas.
- d. The facility must post a notice that prohibits firearms and other weapons, alcohol, illegal drugs, illegal activities, and violence on the program site.
- e. The facility must post an emergency evacuation floor plan.
- f. The following must be prominently displayed in areas frequented by the consumers:
 - 1) Contact information for the Rights Protection Officer;
 - 2) Contact information with instructions on how to make an abuse/neglect report, toll-free number for reporting abuse and neglect; and
 - 3) A notice stating the name, address, telephone number, TDD/TTY telephone number, FAX, and e-mail address of the person responsible for ADA compliance.
- g. Postings must be displayed in English and in a second language(s) appropriate to the population(s) served in the local service area.
- h. If the facility prepares food, the facility must post the current food service permit from the local health department.

6. Safety

- a. The facility must comply with the most recent edition of the National Fire Protection Association's Life Safety Code (NFPA 101) as adopted by the State Fire Marshal, or with the International Fire Code (IFC). Determination of the specific code to be applied is determined by the local fire authorities having jurisdiction.
- b. All facilities must be classified as to type of occupancy and incorporate all life safety protections set forth in the applicable code as defined by the local fire authority.
- c. Facilities must maintain continuous compliance with the life safety requirements set forth in the applicable chapters of the code.
- d. The facility must conduct fire drills and, when applicable, calculate evacuation scores in accordance with the fire code under which the facility is inspected.
- e. Facilities must provide a safe environment, participate in required inspections, and keep a current file of reports and other documentation to demonstrate compliance with applicable

- laws and regulations. Files and records that record annual or quarterly or other periodic inspections must be signed and dated.
- f. Initial and ongoing inspections for compliance with the applicable code must be conducted by a fire safety inspector certified by the Texas Commission on Fire Protection or by the State Fire Marshal. The facility is responsible for arranging these inspections and for ensuring that these inspections are carried out in a timely manner. The initial and ongoing fire safety reports must be signed by the certified inspector performing inspection. These reports must be kept on file and be readily available for review by the state.
 - g. If the Certified Fire Inspector finds that the facility does not comply with one or more requirements set forth in the applicable fire code, facility staff must take immediate corrective action to bring the facility into compliance with the applicable code. The facility must have on file a date for a return inspection by the Certified Fire Inspector to review the corrective actions. After that date, the facility must have on file documentation by the Certified Fire Inspector that all deficiencies have been corrected and that the facility is in full compliance with all applicable codes. During the period of corrective action, the facility must take any steps necessary to ensure the health and safety of individuals residing in the facility during the time the repairs or corrections are being completed.
 - h. If the facility has been in operation for less than one year, the documentation of compliance with the applicable fire code may be completed and signed by an architect licensed to practice in the State of Texas. Such certification must be based on the architect's inspection of the facility completed after (or immediately prior to) the commencement of operation as an extended observation unit. If the facility has been remodeled or renovated the inspection by the architect must have been conducted after the remodeling or renovation was completed.
 - i. The following initial and annual inspections are required and must be kept on file:
 - 1) Local Fire safety as outlined in 6f., above;
 - 2) Alarm system by the fire marshal or an inspector authorized to install and inspect alarm systems;
 - 3) Annual kitchen inspection by the local health authority or the Texas Department of State Health Services;
 - 4) Gas pipe pressure test one every three years by the local gas company or a licensed plumber;
 - 5) Monthly inspection and annual maintenance of fire extinguishers by personnel licensed or certified to perform the inspection; and
 - 6) (If applicable) inspection of liquefied petroleum gas systems by an inspector certified by the Texas Railroad Commission.
 - j. All fires causing damage to the extended observation unit or to equipment must be reported to the DSHS Contract Manager with 72 hours. Any fire causing injury or death must be reported to the DSHS Contract Manager immediately. Notification must be by telephone if during normal business hours and by e-mail during other times with a follow-up telephone call to the Contract Manager on the first business day following the event.
 - k. All facilities must post emergency evacuation floor plans.
 - l. The administration must have in effect and available to all supervisory personnel written copies of a plan for the protection of all persons in the event of fire and for their remaining

in place, for their evacuation to areas of refuge, and from the building when necessary. The plan must include special staff actions including fire protection procedures needed to ensure the safety of any consumer and must be amended or revised when needed. All employees must be periodically instructed and kept informed with respect to their duties and responsibilities under the plan. A copy of the plan must be readily available at all times within the facility. This written plan must require documentation that reflects the current evacuation capabilities of the consumers.

- m. Open flame heating devices are prohibited. All fuel burning heating devices must be vented. Working fireplaces are acceptable if of safe design and construction and if screened or otherwise enclosed.
- n. All vehicles used to transport consumers must be maintained in safe driving condition.
- o. Every vehicle used for consumer transportation shall have a fully stocked first aid kit and an A:B:C type fire extinguisher that is easily accessible.
- p. Any vehicle used to transport a consumer must have appropriate insurance coverage.
- q. The facility must ensure that consumer areas, bathrooms and other private or unsupervised areas are free of materials that could be utilized by a consumer to cause harm to self or others. Such items include but are not limited to, ropes, cords (including window blind cords), sharp objects, and substances that could be harmful if ingested.
- r. The facility must not admit individuals whose needs can not be effectively addressed in the facility. Individuals requiring a greater or lesser level of care must be referred to a more appropriate level of care.

7. Infection Control

- a. Each facility must establish and maintain an infection control policy and procedure designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.
- b. The facility must comply with departmental rules regarding special waste in 25 TAC §§1.131-1.137.
- c. The facility must have written policies for the control of communicable disease in employees and consumers, which includes tuberculosis screening and provision of a safe and sanitary environment for consumers and employees. The name of any consumer of a facility with a reportable disease as specified in 25 TAC §§97.1-97.13 (Control of Communicable Diseases) shall be reported immediately to the city health officer, county health officer, or health unit director having jurisdiction and appropriate infection control procedures must be implemented as directed by the local health authority.
- d. If employees contract a communicable disease that is transmissible to consumers through food handling or direct consumer care, the employee must be excluded from providing these services as long as a period of communicability is present.
- e. The facility must maintain evidence of compliance with local and/or state health codes or ordinances regarding employee and consumer health status.
- f. The facility must screen all employees for TB within two weeks of employment and annually, according to Centers for Disease Control and Prevention's (CDC) Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings. All persons who provide services under an outside resource contract must, upon request of the facility, provide evidence of compliance with this requirement.

- g. All consumers must be screened upon admission and after exposure to tuberculosis and provided follow-up as needed. DSHS will provide TB screening questionnaire for admission screening upon request.
- h. Personnel who must handle, store, process and transport linens must do so in order to prevent the spread of infection.
- i. Universal precautions must be used in the care of all consumers.
- j. First Aid Kits must be sufficient for the number of consumers served at the site.
- k. Gloves must be immediately accessible to all staff.
- l. One-way, CPR masks must be immediately available to all staff.
- m. Spill Kits must be immediately accessible to all staff.
- n. Running water or dry-wash disinfectant must be available to staff where sinks are not easily available.
- o. Sharps containers must be puncture resistant, leak proof and labeled.
- p. Sharps containers must not be overfilled.
- q. Needles in the sharps containers must not be capped or bent.
- r. Staff must be able to accurately describe the policy for handling a full sharps container.
- s. Particulate masks (surgical masks) must be available to staff and individuals at high risk for exposure to TB.
- t. Staff must be able to describe the actions to take if exposed to blood or body fluids.
- u. Staff must be able to describe how to clean a blood or body-fluid spill.
- v. Staff must be able to direct surveyor to all protective equipment.
- w. Poison Control phone numbers must be posted throughout the Center.
- x. Information regarding Emergency Medical Treatment for Poisoning must be available to staff.
- y. All medical materials must be properly stored on shelves or in cabinets that must be correctly labeled.
- z. Disinfectants and externals must be separated from internals and injectables.
- aa. Medications that require special climatic conditions (e.g. refrigeration, darkness, tightly sealed, etc.) must be stored properly.
- ab. There must be a thermometer in the refrigerator.
- ac. Recorded refrigerator temperatures must fall between 36 and 40 degrees Fahrenheit.

8. Medication Management

- a. All facilities that provide or store consumer medication during the length of stay must implement written procedures for medication storage, administration, documentation, inventory, and disposal.
- b. The facility must maintain a record indicating that staff regularly checks the temperature in the refrigerator.
- c. Refrigerators used to store medications must be kept neat, clean and free of non-pharmacy / non-medical items. (Lab specimens shall be stored separately.)
- d. The facility must ensure that there are no expired, recalled, deteriorated, broken, contaminated or mislabeled drugs present.
- e. Individuals must not be allowed to retain their own medications while in the facility.
- f. Medications that are kept on-site must be kept locked at all times.

- g. Controlled substances must be approved by a physician employed by or contracting with the facility or Community MHMR Center that operates the facility.
- h. Controlled substances must be stored under double locks.
- i. Staff must be able to provide a copy of the most recent stock inspection.
- j. The facility management must ensure that only licensed medical staff members have access to medications that must be administered to individuals.
- k. The facility management must maintain a current list in the medication room of all practitioners who are allowed to prescribe medications that are administered from the medication room.
- l. The facility management must maintain a current list in the medication room of all staff allowed to administer medications to consumers.
- m. The facility management must ensure that staff does not ever transfer medications from one container to another. Consumers may independently transfer their own medications from a bottle to a daily medication reminder.
- n. Medication labels must not be handwritten or changed.
- o. There must be a medication guide, (e.g. Physician's Desk Reference (PDR) or similar publication) that is available to staff.
- p. The PDR must be current (i.e., an edition published within the previous 2 years).
- q. The facility must maintain an Emergency Medication Kit.
- r. The medications in the emergency medication kit must be monitored with a perpetual inventory and make use of breakaway seals.
- s. The medication kit must contain medications and other equipment as specified by the facility medical director. This generally includes but is not limited to short acting neuroleptics, anti-Parkinsonian medications, and anti-anxiety medications
- t. There must be evidence in the clinical records that consumers are educated about their medications whenever medications are prescribed or changed.

9. Food Preparation and Food Service

- a. If the facility prepares meals in a centralized kitchen on site, it must pass an annual kitchen health inspection as required by law. The facility must immediately address any deficiencies found during any health inspection. The facility must post the current food service permit from local health department.
- b. If providing nutrition services, the kitchen or dietary area is to meet the general food service needs of the consumers. It must include provisions for the storage, refrigeration, preparation, and serving of food, for dish and utensil cleaning, and for refuse storage and removal. Exception: Food may be prepared off-site or in a separate building provided that the food is served at the proper temperature and transported in a sanitary manner.
- c. All facilities must provide a means for washing and sanitizing dishes and cooking utensils must be provided. The kitchen must contain a multi-compartment pot sink large enough to immerse pots and pans cookware and dishes used in the facility, and a mechanical dishwasher for washing and sanitizing dishes. Separation of soiled and clean dish areas must be maintained, including air flow.
- d. At least three meals or their equivalent must be served daily, at regular times, with no more than a 16-hour span between a substantial evening meal and breakfast the following morning.

- e. In all facilities when therapeutic diets are ordered they must be provided by the facility.
- f. In facilities that prepare food for the consumers, the menus must be prepared to provide a balanced and nutritious diet, such as recommended by the National Food and Nutrition Board, and will accommodate consumer kosher dietary needs or other related dietary practice.
- g. In all facilities, food and beverage must be available to accommodate consumers who enter the facility.
- h. In all facilities, supplies of staple foods for a minimum of a four-day period and perishable foods for a minimum of a one-day period must be maintained on premises. Food subject to spoilage must be dated.
- i. When meals are provided by a food service, a written contract shall require the food service to: comply with the rules referenced in this Information Item V, and pass an annual kitchen health inspection as required by law. The facility shall ensure the meals are transported to the facility in temperature controlled containers to ensure the food remains at the temperature at which it was prepared. The facility shall ensure that at least one facility staff, at minimum, maintains a current food handler's permit.

10. Staffing

- a. A psychiatrist must serve as the medical director for all crisis services and must approve all procedures and protocols used in crisis services.
- b. Duties and responsibilities for all staff involved in assessment or treatment must be defined in writing, appropriate to staff training and experience, and in conformance with the staff member's scope of practice (if applicable) and state standards for privileging and credentialing.
- c. All staff involved in assessment or treatment must receive crisis training that includes but is not limited to:
 - 1) Signs, symptoms, and crisis response related to substance use and abuse;
 - 2) Signs, symptoms, and crisis response to trauma, abuse and neglect; and
 - 3) Assessment and intervention for children and adolescents.
 - 4) The unit must have sufficient physicians (preferably psychiatrists) psychiatric APNs, PAs, RNs, LPHAs, QMHP-CSs, and trained and competent paraprofessionals to allow for:
 - a) Individual reassessment at least every 15 minutes by trained and competent paraprofessionals, two hours by nursing, and 24 hours by physician (preferably a psychiatrist) or a psychiatric APN or PA;
 - b) Active therapeutic intervention consistent with the individual's clinical state; and
 - c) Consumer and staff safety including one-to-one observation as needed.
 - 5) Staffing shall include:
 - a) A physician, (preferably a psychiatrist), or a psychiatric APN or PA on call 24 hours/day to evaluate individuals face-to-face or via telemedicine as needed;
 - b) At least one LPHA on site seven days/week from 8:00 a.m. to 8:00 p.m.;
 - c) At least one RN on site 24 hours/day, seven days/week;
 - d) A QMHP-CS on each shift between the hours of 8 a.m. to 7 p.m., to be assigned to identified individuals; and
 - e) Trained and competent paraprofessionals on site 24 hours/day, seven days/week.

11. Screening and Assessment

- a. Triage:
 - 1) Individuals must be triaged by a physician (preferably a psychiatrist), psychiatric APN, PA, or RN, within 15 minutes of presentation, with procedures to prioritize imminently dangerous individuals. The psychiatrist triage may be performed via telemedicine.
 - 2) Until the individual receives that triage he or she shall wait in a safe and secure location with constant staff observation and monitoring.
 - 3) The triage must include an evaluation of risk of harm to self or others, presence or absence of cognitive signs suggesting delirium, need for immediate full crisis assessment, need for emergency intervention, and need for a medical screening/assessment, including vital signs and a medical history, whenever possible.
 - 4) A written description of the process for performing this triage must be followed. The description must address screening for emergency medical conditions and the process for accessing emergency medical intervention. When emergency medical services are not available on site, trained staff who are prepared to provide first-responder health care (Basic Life Support, First Aid, et cetera) must be on site at all times.
 - 5) Written criteria must be developed and implemented to determine which individuals presenting for care are referred to another health care facility or provider. These criteria ensure that those referred to a lower level of care are at low or no risk of harm to themselves or others, have no more than mild functional impairment, and do not have significant medical, psychiatric, or substance abuse comorbidity. Referral decisions consider the individual's ability to understand and accept the need for treatment (if such need exists) and to comply with the referral.
- b. Assessment Process:
 - 1) Individuals who are not referred for care elsewhere after triage must receive a full crisis assessment (psychosocial, psychiatric and as ordered medical).
 - 2) The assessment by an LPHA must be initiated within one hour of the individual's presentation to the extended observation services.
 - 3) All individuals who receive an assessment must see a physician (preferably a psychiatrist) within eight hours of presentation to the extended observation unit.
 - 4) A written procedure must be implemented that allows for individuals who require a psychosocial or psychiatric assessment more immediately to be seen and assessed within 15 minutes of that determination.
- c. Psychosocial and Psychiatric Assessment:
 - 1) The psychosocial and psychiatric assessment must include:
 - a) Consumer interview(s) by physicians (preferably psychiatrists) either in person or electronically
 - b) Review of records of past treatment (when available);
 - c) History from collateral sources. Staff is proactive in gathering input and/or corroboration of events from family members whenever possible. Every effort should be made to engage family support while maintaining confidentiality.
 - d) Contact with the current health providers whenever possible;
 - e) A history of previous treatment and the response to that treatment that includes a record of past psychiatric medications, dose, response, side effects and adherence,

- and an up-to-date record of all medications currently prescribed, and the name of the prescribing professional;
- f) A detailed assessment of substance use and abuse, including the quantity and frequency of all substances used;
 - g) Identification of social, environmental, and cultural factors that may be contributing to the emergency;
 - h) An assessment of the individual's ability and willingness to cooperate with treatment; and
 - i) A general medical history that addresses conditions that may affect the individual's current condition (including a review of symptoms focused on conditions that may present with psychiatric symptoms or that may cause cognitive impairment, e.g., a history of trauma).
- 2) Every individual must be screened for possible trauma, abuse or neglect, and identified cases of potential abuse or neglect are appropriately reported. When a consumer is screened, whether or not they have had a history of trauma, abuse or neglect it must be documented.
 - 3) Every individual less than 18 years of age must be assessed (including a developmental assessment) by an LPHA with appropriate training in the assessment and treatment of children and adolescents in a crisis setting.
- d. Physical Health Assessment
- 1) Individuals must receive a physical health assessment within four hours of presentation.
 - 2) A written process and procedure must be developed and implemented that ensures that those who require a physical health assessment more immediately can be seen and assessed within five minutes of initial presentation.
 - 3) The initial evaluation for physical health must be performed as ordered by a physician (preferably a psychiatrist), or a psychiatric APN or PA and generally includes, but is not necessarily limited to:
 - a) Vital signs;
 - b) A cognitive examination that screens for significant cognitive or neuropsychiatric impairment;
 - c) A screening neurological examination that is adequate to rule out significant acute pathology;
 - d) A medical history and review of symptoms;
 - e) A pregnancy test (for females of child bearing age);
 - f) A toxicology evaluation;
 - g) Blood levels of psychiatric medications that have established therapeutic or toxic ranges; and
 - h) Other tests and examinations including rapid toxicology testing as appropriate and indicated.
- e. Access to phlebotomy and laboratory studies must be provided.
- 1) Immediate access to urgent and emergent non-psychiatric medical assessment and treatment must be provided.
 - 2) Screening for intoxication and, when indicated, screening for symptoms and complications of substance withdrawal must be provided.

12. Treatment

- a. A written protocol must be developed and implemented that specifies the most effective and least restrictive approaches to common behavioral health emergencies in the service and is approved by the medical director. The protocol must be reviewed and updated as needed.
- b. Immediate care to stabilize a behavioral health emergency (e.g., to prevent harm to the individual or to others) must be available at all times.
- c. A nursing care plan must be developed for every individual.
- d. An individualized treatment plan must be developed for each person that provides the most effective and least restrictive treatment for the individual's behavioral health disorder. The plan must be based on the provisional psychiatric diagnosis and incorporates, to the maximum extent possible, individual preferences. The crisis plan addresses intervention, outcomes, plans for follow-up and aftercare, and referrals.
- e. Treatment planning must place emphasis on crisis intervention services necessary to stabilize and restore the individual to a level of functioning that does not require hospitalization.
- f. Response to treatment must be assessed at least every two hours by RNs trained in the assessment of acute behavioral health patients or by a psychiatrist, or by a psychiatric APN or PA.
- g. Whenever necessary, the treatment plan must be adjusted to incorporate the individual's response to previous treatment.
- h. Individuals and families must receive appropriate educational information that is relevant to their diagnoses or situation. This includes information about the most effective treatment for the individual's behavioral health disorder.
- i. An LPHA must be responsible for providing the individual with active treatment including psycho-education, crisis counseling, substance abuse counseling, and developing a plan for returning to the community that addresses potential obstacles to a successful return.

13. Coordination and Continuity of Care

- a. A discharge plan must be developed for every individual.
- b. If inpatient treatment is not indicated, the discharge plan must include appropriate education relevant to the individual's condition, information about the most effective treatment for the individual's behavioral health disorder, information about follow-up care, and appropriate linkages to post discharge providers.
- c. If a physical health issue requires hospitalization, the individual must be transferred to appropriate community hospital to address the physical health issue.
- d. A written procedure must be implemented for ensuring continuity of care and successful linkage with the referral provider.
- e. Continuity of care must be provided for every individual. Continuity of care consists of identifying and linking the individual with all available services including substance abuse services, necessary to stabilize the crisis and ensure transition to routine care, providing necessary assistance in accessing those services, and conducting follow-up to determine the individual's status and need for further service. This includes contacting and

coordinating with the individual's existing services providers in a timely manner and in conformance with applicable confidentiality requirements.

V. Crisis Residential Services

A. Definition

Crisis residential services provide short-term, community-based residential, crisis treatment to persons who may pose some risk of harm to self or others and who may have fairly severe functional impairment. Crisis residential facilities provide a safe environment with staff on site at all times. However these facilities are designed to allow individuals who are receiving services in these facilities to come and go at will. Individuals served in these facilities must have at least a minimal level of engagement to be served in this environment. Utilization of these services is managed by the Local Mental Health Authority (LMHA) based on medical necessity. The recommended length of stay ranges from 1-14 days. Crisis residential facilities are distinct from Crisis Stabilization Units (CSUs) in that crisis residential facilities provide a less restrictive and less intensive level of care than CSUs and crisis residential facilities do not accept individuals who are court committed for treatment.

B. Goals

- Conduct or ensure that a comprehensive assessment has been conducted.
- Stabilize the immediate crisis
- Restore sufficient functioning to allow the individual to transfer to a less intensive level of care
- Provide the individual with critical coping skills to prevent or minimize relapse
- Mobilize individual/family/community resources and support systems
- Link the individual with continuing care and appropriate support services
- Prevent unnecessary hospitalization and assist the individual in maintaining residence in the community

C. Description

Crisis residential treatment involves 24-hour residential services that are short-term. Crisis residential treatment is offered to individuals who are demonstrating psychiatric crises that cannot be stabilized in a less intensive setting. This level of care provides a safe environment to individuals with trained and competent staff on site at all times. However, there is only moderate/limited monitoring and reassessment of individuals to ensure safety. Crisis residential services may attempt to re-create a normalized environment (e.g., apartments, group and foster homes, and the individual's own home). This normalized environment provides a venue for biological, psychological, and social interventions targeted at the current crisis while fostering community reintegration. A physician, (preferably a psychiatrist), or a psychiatric APN or PA and RN must be on site or readily accessible to provide face-to-face services either in person or via telemedicine (as appropriate).

Psychosocial programming shall be provided as medically necessary and should focus on a range of topics that includes but is not limited to: problem-solving, communication skills, anger management, community re-integration skills, as well as co-occurring psychiatric and substance use diagnosis issues. Individual counseling shall also be provided as necessary. Individuals

should have enough medication on arrival to ensure psychiatric and medical stabilization for at least 3 days and a process must exist to obtain medical and psychiatric medications as needed by the individual. The availability of crisis residential services is dependent on LMHA funding for these types of services. The recommended maximum length of stay is 14 days and the average anticipated length of stay is between 3 and 7 days.

D. Standards

1. Availability

- a. If provided, this service must be available 24 hours a day, seven days a week to individuals in crisis in the local service area.
- b. Admission to crisis residential shall be determined by the LMHA and based on medical necessity as determined by a Licensed Practitioner of the Healing Arts (LPHA).
- c. When appropriate, the LPHA may use telemedicine to make the determination of need for admission.

2. Physical Plant

- a. If the LMHA holds an Assisted Living Type A license, the facility will be accepted as "deemed status" by DSHS, and any Quality Management and Compliance reviews would entail only programmatic elements.
- b. Crisis residential service units must provide a clean and safe environment.
- c. Crisis residential services shall attempt to create as normalized an environment as possible.
- d. Crisis residential services units are not designed to prevent elopement and shall not use locks, mechanical restraints or other mechanical mechanisms to prevent elopement from the facility.
- e. All medications must be securely stored.

3. General Facility Environment

- a. Waste water and sewage must be discharged into an approved sewage system or an onsite sewage facility approved by the Texas Natural Resource Conservation commission or its authorized agent.
- b. The water supply must be of safe, sanitary quality, suitable for use and adequate in quantity and pressure, and must be obtained from a water supply system
- c. Waste, trash and garbage must be disposed of from the premises at regular intervals in accordance with state and local practices. Excessive accumulations are not permitted. The facility must comply with 25 TAC Subsection 1.131-1.137 (concerning Definition, Treatment, and Disposal of Special Waste from Health Care Related Facilities).
- d. Operable windows must be insect screened.
- e. An ongoing pest control program must be provided by facility staff or by contract with a licensed pest control company. The least toxic and least flammable effective chemicals must be used.
- f. In kitchens and laundries, there must be procedures utilized by facility staff to avoid cross-contamination between clean and soiled utensils and linens.

- g. The facility must be kept free of accumulations of dirt, rubbish, dust and hazards.
- h. Floors must be maintained in good condition and cleaned regularly.
- i. Walls and ceilings must be structurally maintained, repaired and repainted or cleaned as needed.
- j. Storage areas and cellars must be kept in an organized manner.
- k. No storage will be permitted in the attic spaces.
- l. The building must be kept in good repair, electrical, heating and cooling must be maintained in a safe manner.
- m. There must be at least one telephone in the facility available to both staff and consumers for use in case of an emergency.
- n. Cooling and heating must be provided for occupant comfort. Conditioning systems must be capable of maintaining the comfort range of 68 degrees Fahrenheit to 82 degrees Fahrenheit in consumer-use areas.
- o. A bedroom must have no more than four beds.
- p. The facility must provide for each consumer a bed with mattress, bedding, chair, dresser (or other drawer space), and enclosed closet or other comparable space for clothing and personal belongings
- q. Furnishings provided by the facility must be maintained in good repair.
- r. At least one water closet, lavatory, and bathing unit must be provided on each sleeping floor accessible to consumers of that floor.
- s. One water closet and one lavatory for each six occupants or fraction thereof are required. One tub or shower for each ten occupants or fraction thereof is required.
- t. Privacy partitions and or curtains must be provided at water closets and bathing units in rooms for multi-consumer use.
- u. Tubs and showers must have non-slip bottoms or floor surfaces, either built-in or applied to the surface.
- v. Consumer-use hot water for lavatories and bathing units must be maintained between 100 degrees Fahrenheit and 120 degrees Fahrenheit.
- w. Towels, soap and toilet tissue must be available at all times for individual consumer use.
- x. The facility must provide sufficient and appropriate separate storage spaces or areas for the following:
 - 1) Administration and clinical records;
 - 2) Office supplies;
 - 3) Medications and medical supplies (these areas must be locked);
 - 4) Poisons and other hazardous materials (these must be kept in a locked area and must be kept separate from all food and medications;
 - 5) Food preparation (if the facility prepares food); and
 - 6) Equipment supplied by the facility for consumer needs such as wheelchairs, walkers, beds, mattresses, cleaning supplies, food storage, clean linens and towels, lawn and maintenance equipment, soiled linen storage or holding rooms, and kitchen equipment etc.
- y. A supply of hot and cold water must be provided. Hot water for sanitizing must reach 180 degrees F. or manufacturers suggested temperature for chemical sanitizers.
- z. Food storage areas must provide storage for, and facilities must maintain, a four-day minimum supply of non-perishable foods at all times.

- aa. Food subject to spoilage must be dated.
- ab. A large facility (i.e., a facility with more than 16 beds) which co-mingles and processes laundry on-site in a central location must comply with the following:
 - 1) The laundry must be separated and provided with sprinkler protection if located in the main building. (Separation must consist of a one-hour fire rated partition carried to the underside of the floor or roof deck above.)
 - 2) Access doors to the laundry area must be from the exterior of the facility or if from within the building by way of non-consumer use areas.
 - 3) Soiled linen receiving, holding and sorting rooms must have a floor drain and forced exhaust to the exterior must operate at all times that soiled linen being held in this area.
- ac. If laundry is processed off the site, the following must be provided on the premises: soiled linen holding room, clean linen receiving, holding, inspecting, sorting or folding and storage room.
- ad. Consumer-use laundry, if provided, must utilize residential type washers and dryers. If more than three washers and three dryers are located in one space, the area must be one-hour fire separated or provided with sprinkler protection.
- ae. Smoking regulations must be established and if smoking is permitted, outdoor smoking areas may be designated for consumers. Ashtrays of noncombustible material and safe design must be provided in smoking areas.
- af. Social-divisional spaces such as living rooms, day rooms, lounges, or sunrooms must be provided and have appropriate furniture.
- ag. Dining areas must be provided and have appropriate furnishings.
- ah. Only break-away or collapsible clothes bars in wardrobes, lockers, towel bars, and closets and shower curtain rods shall be permitted.
- ai. Bedrooms, private spaces, unsupervised social spaces and unsupervised common areas shall not contain any cords, ropes or other materials that could effectively be used by an individual for purposes of inflicting self harm.

4. Accessibility (ADA Compliance)

Crisis residential facilities must comply with ADAAG / TAS, and all applicable sections of the Texas Administrative Code.

5. Postings

- a. The facility must ensure that there is a list in or near or within the medication room stating the names of all staff that can have access to the medication room.
- b. Emergency telephone numbers, including at least fire, police, ambulance, EMS, and poison control center, must be posted conspicuously at or near the telephone.
- c. If smoking areas are permitted, the facility must ensure that they are clearly marked as designated smoking areas.
- d. The facility must post a notice that prohibits firearms and other weapons, alcohol, illegal drugs, illegal activities, and violence on the program site.
- e. The facility must post an emergency evacuation floor plan.
- f. The following must be prominently displayed in areas frequented by the consumers:
 - 1) Contact information for the Rights Protection Officer;

- 2) Contact information with instructions on how to make an abuse/neglect report, toll-free number for reporting abuse and neglect; and
 - 3) A notice stating the name, address, telephone number, TDD/TTY telephone number, FAX, and e-mail address of the person responsible for ADA compliance.
- g. Postings must be displayed in English and in a second language(s) appropriate to the population(s) served in the local service area.
- h. If the facility prepares food, the facility must post the current food service permit from the local health department.

6. Safety

- a. The facility must comply with the most recent edition of the National Fire Protection Association's Life Safety Code (NFPA 101) as adopted by the State Fire Marshal, or with the International Fire Code (IFC). Determination of the specific code to be applied is determined by the local fire authorities having jurisdiction.
- b. All facilities must be classified as to type of occupancy and incorporate all life safety protections set forth in the applicable code.
- c. Facilities must maintain continuous compliance with the life safety requirements set forth in the applicable chapters of the code.
- d. The facility must conduct fire drills and, when applicable, calculate evacuation scores in accordance with the fire code under which the facility is inspected.
- e. Facilities must provide a safe environment, participate in required inspections, and keep a current file of reports and other documentation to demonstrate compliance with applicable laws and regulations. Files and records that record annual or quarterly or other periodic inspections must be signed and dated.
- f. Initial and ongoing inspections for compliance with the applicable code must be conducted by a fire safety inspector certified by the Texas Commission on Fire Protection or by the State fire marshal. The facility is responsible for arranging these inspections and for ensuring that these inspections are carried out in a timely manner. The initial and ongoing fire safety reports must be signed by the certified inspector performing inspection. These reports must be kept on file and be readily available for review by the state.
- g. If the Certified Fire Inspector finds that the facility does not comply with one or more requirements set forth in the applicable fire code, facility staff must take immediate corrective action to bring the facility into compliance with the applicable code. The facility must have on file a date for a return inspection by the Certified Fire Inspector to review the corrective actions. After that date, the facility must have on file documentation by the Certified Fire Inspector that all deficiencies have been corrected and that the facility is in full compliance with all applicable codes. During the period of corrective action, the facility must take any steps necessary to ensure the health and safety of individuals residing in the facility during the time the repairs or corrections are being completed.
- h. If the facility has been in operation for less than one year, the documentation of compliance with the applicable fire code may be completed and signed by an architect licensed to practice in the State of Texas. Such certification must be based on the architect's inspection of the facility completed after (or immediately prior to) the commencement of operation as a crisis residential or crisis respite facility. If the facility has been remodeled

- or renovated the inspection by the architect must have been conducted after the remodeling or renovation was completed.
- i. The following initial and annual inspections are required and must be kept on file:
 - 1) Local Fire safety as outlined in 6.f., above;
 - 2) Alarm system by the fire marshal or an inspector authorized to install and inspect alarm systems;
 - 3) Annual kitchen inspection by the local health authority or the Texas Department of State Health Services;
 - 4) Gas pipe pressure test one every three years by the local gas company or a licensed plumber;
 - 5) Inspection and maintenance of fire extinguishers by personnel licensed or certified to perform the inspection; and
 - 6) (If applicable) inspection of liquefied petroleum gas systems by an inspector certified by the Texas Railroad Commission.
 - j. All fires causing damage to the crisis residential service unit or to equipment must be reported to the DSHS Contract Manager with 72 hours. Any fire causing injury or death must be reported to the DSHS Contract Manager immediately. Notification must be by telephone if during normal business hours and by e-mail during other times with a follow-up telephone call to the Contract Manager on the first business day following the event.
 - k. All facilities must post emergency evacuation floor plans.
 - l. The administration must have in effect and available to all supervisory personnel written copies of a plan for the protection of all persons in the event of fire and for their remaining in place, for their evacuation to areas of refuge, and from the building when necessary. The plan must include special staff actions including fire protection procedures needed to ensure the safety of any resident and must be amended or revised when needed. All employees must be periodically instructed and kept informed with respect to their duties and responsibilities under the plan. A copy of the plan must be readily available at all times within the facility. This written plan must require documentation that reflects the current evacuation capabilities of the consumers.
 - m. Open flame heating devices are prohibited. All fuel burning heating devices must be vented. Working fireplaces are acceptable if of safe design and construction and if screened or otherwise enclosed.
 - n. All vehicles used to transport consumers must be maintained in safe driving condition.
 - o. Every vehicle used for consumer transportation shall have a fully stocked first aid kit and an A:B:C type fire extinguisher that are easily accessible.
 - p. Any vehicle used to transport a consumer must have appropriate insurance coverage..
 - q. The facility must ensure that consumer bedrooms, bath rooms and other private or unsupervised areas are free of materials that could be utilized by a consumer to cause harm to self or others. Such items include but are not limited to, ropes, cords (including window blind cords), sharp objects, and substances that could be harmful if ingested.
 - r. The facility must not admit individuals whose needs can not be effectively addressed in the facility. Individuals requiring a greater or lesser level of care must be referred to a more appropriate level of care.

7. Infection Control

- a. Each facility must establish and maintain an infection control policy and procedure designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.
- b. The facility must comply with departmental rules regarding special waste in 25 TAC §§1.131-1.137.
- c. The facility must have written policies for the control of communicable disease in employees and consumers, which includes tuberculosis screening and provision of a safe and sanitary environment for consumers and employees. The name of any consumer of a facility with a reportable disease as specified in 25 TAC §§97.1-97.13 (Control of Communicable Diseases) shall be reported immediately to the city health officer, county health officer, or health unit director having jurisdiction and appropriate infection control procedures must be implemented as directed by the local health authority.
- d. If employees contract a communicable disease that is transmissible to consumers through food handling or direct consumer care, the employee must be excluded from providing these services as long as a period of communicability is present.
- e. The facility must maintain evidence of compliance with local and/or state health codes or ordinances regarding employee and consumer health status.
- f. The facility must screen all employees for TB within two weeks of employment and annually, according to Centers for Disease Control and Prevention's (CDC) Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings. All persons who provide services under an outside resource contract must, upon request of the facility, provide evidence of compliance with this requirement.
- g. All consumers must be screened upon admission and after exposure to tuberculosis and provided follow-up as needed. DSHS will provide TB screening questionnaire for admission screening upon request.
- h. Personnel who must handle, store, process and transport linens must do so in order to prevent the spread of infection.
- i. Universal precautions must be used in the care of all consumers.
- j. First Aid Kits must be sufficient for the number of consumers served at the site.
- k. Gloves must be immediately accessible to all staff.
- l. One-way, CPR masks must be immediately available to all staff.
- m. Spill Kits must be immediately accessible to all staff.
- n. Running water or dry-wash disinfectant must be available to staff where sinks are not easily available.
- o. Sharps containers must be puncture resistant, leak proof and labeled.
- p. Sharps containers must not be overfilled.
- q. Needles in the sharps containers must not be capped or bent.
- r. Staff must be able to accurately describe the policy for handling a full sharps container.
- s. Particulate masks (surgical masks) must be available to staff and individuals at high risk for exposure to TB.
- t. Staff must be able to describe the actions to take if exposed to blood or body fluids.
- u. Staff must be able to describe how to clean a blood or body-fluid spill.
- v. Staff must be able to direct surveyor to all protective equipment.
- w. Poison Control phone numbers must be posted throughout the Center.

- x. Information regarding Emergency Medical Treatment for Poisoning must be available to staff.
- y. All medical materials must be properly stored on shelves or in cabinets that must be correctly labeled.
- z. Disinfectants and externals must be separated from internals and injectables.
- aa. Medications that require special climatic conditions (e.g. refrigeration, darkness, tightly sealed, etc.) must be stored properly.
- ab. There must be a thermometer in the refrigerator.
- ac. Recorded refrigerator temperatures must fall between 36 and 40 degrees Fahrenheit.
- ad. Animals housed at the facility or visiting the facility must be properly vaccinated and supervised.

8. Medication Management

- a. All facilities that provide or store consumer medication during the length of stay must implement written procedures for medication storage, administration, documentation, inventory, and disposal.
- b. The facility must maintain a record indicating that staff regularly checks the temperature in the refrigerator.
- c. Refrigerators used to store medications must be kept neat, clean and free of non-pharmacy / non-medical items. (Lab specimens shall be stored separately.)
- d. The facility must ensure that there are no expired, recalled, deteriorated, broken, contaminated or mislabeled drugs present.
- e. Individuals must not be allowed to retain their own medications while in the facility.
- f. Medications that are kept on-site must be kept locked at all times.
- g. Controlled substances must be approved by a physician employed by or contracting with the facility or Community MHMR Center that operates the facility.
- h. Controlled substances must be stored under double locks.
- i. Staff must be able to provide a copy of the most recent stock inspection.
- j. The facility management must ensure that only licensed medical staff members have access to medications that must be administered to individuals.
- k. The facility management must maintain a current list in the medications room of all practitioners who are allowed to prescribe medications that are administered from the medications room.
- l. The facility management must maintain a current list in the medication room of all staff allowed to administer medications to consumers.
- m. The facility management must ensure that staff does not ever transfer medications from one container to another. Consumers may independently transfer their own medications from a bottle to a daily medication reminder.
- n. Medication labels must not be handwritten or changed.
- o. There must be a medication guide, (e.g. Physician's Desk Reference (PDR) or similar publication) that is available to staff.
- p. The PDR must be current (i.e., an edition published within the previous 2 years).
- q. The facility must maintain an Emergency Medication Kit.
- r. The medications in the emergency medication kit must be monitored with a perpetual inventory and make use of breakaway seals.

- s. The medication kit must contain medications and other equipment as specified by the facility medical director. This generally includes but is not limited to short acting neuroleptics, anti-Parkinsonian medications, and anti-anxiety medications
- t. There must be evidence in the clinical records that consumers are educated about their medications whenever medications are prescribed or changed.

9. Food Preparation and Food Service

- a. If the facility prepares meals in a centralized kitchen on site, it must pass an annual kitchen health inspection as required by law. The facility must immediately address any deficiencies found during any health inspection. The facility must post the current food service permit from local health department.
- b. If providing nutrition services, the kitchen or dietary area is to meet the general food service needs of the consumers. It must include provisions for the storage, refrigeration, preparation, and serving of food, for dish and utensil cleaning, and for refuse storage and removal. Exception: Food may be prepared off-site or in a separate building provided that the food is served at the proper temperature and transported in a sanitary manner.
- c. All facilities must provide a means for washing and sanitizing dishes and cooking utensils must be provided. The kitchen must contain a multi-compartment pot sink large enough to immerse pots and pans cookware and dishes used in the facility, and a mechanical dishwasher for washing and sanitizing dishes. Separation of soiled and clean dish areas must be maintained, including air flow.
- d. In facilities that prepare meals for consumers, at least three meals or their equivalent must be served daily, at regular times, with no more than a 16-hour span between a substantial evening meal and breakfast the following morning.
- e. In all facilities, when therapeutic diets as are ordered they must be provided by the facility.
- f. In facilities that prepare food for the consumers, the menus must be prepared to provide a balanced and nutritious diet, such as recommended by the National Food and Nutrition Board, and will accommodate consumer kosher dietary needs or other related dietary practice.
- g. In facilities where consumers prepare their own food:
 - 1) The facility must ensure that a variety of foods are available for each meal to allow consumer's to have a choice of foods for to prepare for each meal;
 - 2) The facility must ensure that the foods available are nutritious and well balanced such as recommended by the National Food and Nutrition Board and will accommodate consumer kosher dietary needs or other related dietary practice;
 - 3) Food for at least 3 meals must be provided daily for consumers to prepare;
 - 4) If consumers require special dietary items, the facility must ensure that such items are provided to the consumer; and
 - 5) Regular food preparation and mealtimes shall be established by the facility.
- h. In all facilities, food and beverage must be available to accommodate consumers who enter the facility after established meal times.
- i. In all facilities, supplies of staple foods for a minimum of a four-day period and perishable foods for a minimum of a one-day period must be maintained on premises. Food subject to spoilage must be dated.

- j. When meals are provided by a food service, a written contract shall require the food service to: comply with the rules referenced in this Information Item V, and pass an annual kitchen health inspection as required by law. The facility shall ensure the meals are transported to the facility in temperature controlled containers to ensure the food remains at the temperature at which it was prepared. The facility shall ensure that at least one facility staff, at minimum, maintains a current food handler's permit.

10. Staffing

- a. A psychiatrist must serve as the medical director for all crisis services and must approve all written procedures and protocols. Duties and responsibilities for all staff involved in the assessment or treatment of individuals must be defined in writing by the medical director and is appropriate to staff training and experience, and in conformance with the staff member's scope of practice (if applicable) and state standards for privileging and credentialing.
- b. The competence of all staff must be continuously evaluated, monitored during the actual delivery of services and continually enhanced to address the unique needs of consumers in different settings and situations.
- c. An on-call roster of clinical (QMHP-CS and above) and nursing (RN and LVN) staff must be maintained and a process must be in place for assessing and anticipating staffing needs to ensure clinical or nursing staff members are on-site at all times.
- d. Trained and competent professional staff (i.e. QMHPs) must provide staff coverage during the first and second shifts.
- e. Trained and competent paraprofessional staff (i.e. non-licensed staff with less than a bachelors degree in a human services field) may used on the third (i.e., overnight) shift.
- f. Staff on duty must remain awake and alert at all times.
- g. An LPHA must be immediately available during the day and shall be responsible for ensuring the individual is provided active treatment defined in a crisis plan.
- h. There must be a sufficient number of trained staff available to ensure that when individuals show signs of agitation there is immediate verbal intervention.
- i. No less than two staff members, trained in verbal and physical management of assaultive/aggressive behavior, must be on site at all times to ensure a safe environment. When indicated by acuity and/or increased census, the number of staff trained in the verbal and physical management of assaultive/aggressive behavior must be increased to a level that is sufficient to ensure the safety of all consumers and staff in the facility.
- j. When one-on-one supervision of one or more individuals is indicated, the facility must ensure that there is sufficient staff on site to provide such supervision.
- k. At least one LPHA must be available to conduct patient interviews and initiate a full assessment within eight hours of presentation to the unit or sooner when indicated.
- l. Active psychosocial programming must be provided for at least 4 hours per day.
- m. Post admission, a physician (preferably a psychiatrist) or a psychiatric APN or PA must see every individual at least once per week, or more frequently as clinically indicated, and is on call 24 hours a day to evaluate individuals as needed and to provide supervision and consultation.
- n. An RN must be on call for emergencies, supervision and consultation 24 hours a day.

- o. A physician (preferably a psychiatrist), a psychiatric APN, a PA or an RN must be on site or readily accessible to provide services either in person (or via telemedicine when appropriate).
- p. If a physician is not already on site, the physician (preferably a psychiatrist) or a psychiatric APN or PA must be available to provide face-to-face services or via telemedicine when appropriate within one hour.
- q. If a RN is not on site, the RN must be available to provide face-to-face services as soon as practically possible
- r. Facility staff must take whatever measures are necessary to ensure the safety and well being during the time the physician or RN is in route to provide needed services.
- s. Staff shall not provide or facilitate consumer access to tobacco products.

11. Assessment

- a. Full Assessment
 - 1) Prior to admission to the crisis residential unit individuals must receive a full psychiatric assessment by a physician (preferably a psychiatrist) or a psychiatric APN or PA within 24 hours of the individual's presentation to the service if not referred directly from an active inpatient unit or psychiatric emergency service.
 - 2) A written process must be implemented that ensures that those who require a full psychiatric assessment more quickly can be seen and assessed within 8 hours of initial presentation.
 - 3) Individuals not currently in services, or for whom the health status is unknown, must receive a comprehensive nursing assessment by an RN within 1 hour of presentation.
- b. Assessment Process
 - 1) The assessment process includes patient interviews by LPHAs or PAs;
 - 2) When indicated and as appropriate, telemedicine may be used to conduct assessments.
 - 3) The assessment process includes a review of available records of past treatment;
 - 4) The assessment process must gather and incorporate:
 - a) Proactive history from family and collateral sources and in keeping with laws on confidentiality;
 - b) The assessment must include contact with the current behavioral health providers whenever possible and in keeping with laws on confidentiality;
 - c) A psychiatric diagnostic assessment which addresses any medical conditions that may cause similar symptoms or complicate the patient's condition;
 - d) Identification of social, environmental, and cultural factors that may be contributing to the emergency;
 - e) An assessment of the individual's ability and willingness to cooperate with treatment;
 - f) A history of previous treatment and the response to that treatment that includes a record of past psychiatric medications, dose, response, side effects and compliance, and an up-to-date record of all medications currently prescribed, and the name of the prescribing practitioner;
 - g) A general medical history that addresses conditions that may affect the patient's current condition (including a review of symptoms focused on conditions that may

- present with psychiatric symptoms or that may cause cognitive impairment, e.g., a history of recent physical trauma);
- h) A detailed assessment of substance use or abuse conducted by an individual trained in assessing substance related disorders;
 - I) An assessment for trauma, abuse or neglect by trained clinical staff, preferably an LPHA, with training in this assessment; and
 - j) A physical health assessment as outlined below.
- 5) Physical Health Assessment
- a) Individuals must receive a physical health assessment by a physician (preferably a psychiatrist) or a psychiatric APN or PA, or an RN, within two hours of entering a crisis residential unit unless:
 - i. Such an assessment was already conducted within the last week; and
 - ii. There are no recent changes or other indications that another assessment may be warranted.
 - b) This evaluation includes assessment of medical and psychiatric stability, capability to self-administer medication, vital signs, pain, and dangerousness to self or others.
 - c) The initial evaluation for physical health must be performed as ordered, by a physician (preferably a psychiatrist) or a psychiatric APN or PA and generally includes, but is not necessarily limited to:
 - i. Vital signs;
 - ii. A cognitive examination that screens for significant cognitive or neuropsychiatric impairment;
 - iii. A screening neurological examination that is adequate to rule out significant acute pathology;
 - iv. A medical history and review of symptoms;
 - v. A pregnancy test (for females of child bearing age);
 - vi. A toxicology evaluation;
 - vii. Blood levels of psychiatric medications that have established therapeutic or toxic ranges; and
 - viii. Other tests and examinations including rapid toxicology testing as appropriate and indicated.
 - d) Access to phlebotomy and laboratory studies must be provided.
 - e) Immediate access to urgent and emergent non-psychiatric medical assessment and treatment must be provided.
 - f) Screening for intoxication and, when indicated, screening for symptoms and complications of substance withdrawal must be provided.

12. Interventions

- a. Upon admission but no later than 24 hours, every individual must receive an orientation that explains facility rules and expectations, explains patients' rights and the grievance policy, and describes the schedule of activities.
- b. A written protocol must be developed and implemented that specifies the most effective and least restrictive approaches to common behavioral health emergencies seen in the service and is approved by the clinical director. The written protocol must be reviewed and updated as needed.

- c. An individual crisis treatment plan must be developed for each individual that provides the most effective and least restrictive treatment for the individual's behavioral health disorder. This information is shared with the individual and the individual's family, as appropriate. The plan is based on the provisional psychiatric diagnosis and incorporates, to the maximum extent possible, individual preferences.
- d. An array of treatment interventions may exist in the crisis residential setting in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. A minimum of 4 hours per day of such programming must be available and should be provided. Services should be goal-oriented and focus on reality orientation, symptom reduction and management, appropriate social behavior, improving peer interactions, improving stress tolerance, and the development of coping skills; and may consist of the following component services: psychiatric nursing services, pharmacological instruction, symptom management training, and functional skills training. The programming requirements may be fulfilled through the provision of individual crisis intervention services or by providing group services. Group services may be delivered by service package assignment or through the provision of Day Programs for Acute Needs as specified in 25 TAC §419 L. Individuals who have significant substance abuse comorbidity must receive counseling designed to motivate the patient to continue with substance abuse treatment following discharge from the program.
- e. Individuals must not be denied access to social, community, recreational, and religious activities that are consistent with the individual's cultural and spiritual background.
- f. The program must provide a stable therapeutic environment that includes consistently assigned personnel and consistently scheduled activities.
- g. Individuals should practice self-administration of medication under supervision. When needed, same-day access to medications must be available and staff members must provide medication education.

13. Coordination and Continuity of Care

- a. Coordination of emergency services must be provided for every individual. Coordination of emergency services includes but is not limited to identifying and linking the individual with all available services necessary to stabilize the crisis, ensuring transition to routine care, providing necessary assistance in accessing those services, and conducting follow-up to determine the individual's status and need for further service.
- b. A written policy must be in place that defines the steps to be taken to ensure that every effort is made to contact existing treatment providers during the course of the individual's assessment in the service.
- c. A written procedure must be developed and implemented to ensure continuity of care and successful linkage with the referral facility or provider.
- d. A discharge plan must be developed for every individual, and must include:
 - 1) Appropriate education relevant to the individual's condition;
 - 2) Information about the most effective treatment for the individual's behavioral health disorder;
 - 3) Identification of potential obstacles to a successful return to the community and means to address these obstacles; and
 - 4) Information about follow-up care, and appropriate linkages to post discharge providers.

VI. Crisis Respite Services

A. Definition

In contrast with crisis residential services, crisis respite services provide short-term, community-based residential, crisis treatment to persons who have low risk of harm to self or others and may have some functional impairment who require direct supervision and care but do not require hospitalization. These services can occur in houses, apartments, or other community living situations and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons for whom they care to avoid a mental health crisis. Utilization of these services is managed by the LMHA based on medical necessity. Crisis respite services may occur over a relatively brief period of time, such as a 2-hour service to allow a caretaker to complete necessary tasks or on a full day basis.

B. Goals

- Avoid an impending crisis due to housing challenges or other identified stressors in the family.
- Provide short-term assistance to caregivers of the consumer to minimize the need for a more restrictive service setting.
- Provide the consumer with appropriate supervision and assistance in a non-stressful environment
- Prevent unnecessary hospitalization and assist the individual in maintaining residence in the community

C. Description

Crisis respite treatment involves hourly or 24-hour care that is usually short-term and offered to individuals who are at risk of psychiatric crises due to a housing challenge and/or severe stressors in the family, but are at low risk of harm to self or others. Individuals must be able to cooperate with staff support, but functioning is only mildly impaired. If substance use is suspected that causes more than mild impairment this would not be an appropriate placement. There must be defined processes in place to address substance use issues. Mild medical co-morbidity (as specified and approved by the facility medical director) is allowed while individual is taking his/her medications. Crisis respite units shall create a normalized environment (e.g., apartments, group and foster homes, and the individual's own home). This normalized environment provides a venue for biological, psychological, and social interventions targeted at the current crisis while fostering community reintegration. During facility-based respite, individual and group skills training are provided and are based on the needs of the individual and the goals of their individual crisis plans. Limited supervision exists, by trained and competent paraprofessionals. Individuals must be able to perform their own activities of daily living. With staff supervision, individuals must be able to self administer medication. Individuals should have enough medications upon arrival to ensure psychiatric and medical stabilization for the expected length of stay. There are procedures in place to obtain medications for individuals when needed. The primary objective of crisis respite services is stabilization and resolution of a crisis situation for the individual and/or the individual's caregiver(s). Crisis respite is both facility-based and in-home, and may be available for children, adolescents, and adults. The availability of facility-based respite units is dependent on LMHA funding for this type of respite.

D. Standards

1. Availability

- a. When offered, this service must be available 24 hours a day, seven days a week and respite services must be made available to individuals throughout the local service area.
- b. Admission to crisis respite is determined by the LMHA and must be based on a medical necessity determination by an LPHA

2. Physical Plant

- a. For facility-based crisis respite, if the LMHA holds an Assisted Living Type A license, the facility will be accepted as "deemed status" by DSHS, and any Quality Management and Compliance reviews would entail only programmatic elements.
- b. Must provide a clean and safe environment.
- c. Must create a normalized environment.
- d. Crisis respite services units are not designed to prevent elopement and shall not use locks, mechanical restraints or other mechanical mechanisms to prevent elopement from the facility.
- e. All medications must be securely stored.
- f. Contracted residential treatment centers or foster care homes that serve children and are used for crisis respite are subject to licensing regulations of the Department of Family and Protective Services (DFPS).

3. General Facility Environment

- a. A Crisis Respite Facility must have 100% of its beds in bedrooms of four beds or less.
- b. When crisis respite services are provided at a residential or crisis triage facility of the LMHA, the facility must meet the Standards as described in Information Item V. Section D. Crisis Residential Services Item 3, General Facility Environment.

4. Accessibility (ADA Compliance)

Crisis respite facilities must comply with ADAAG / TAS, and all applicable sections of the Texas Administrative Code.

5. Postings

- a. There must be a list in or immediately outside of the medication room stating the names of all staff that have access to the medication room.
- b. Emergency telephone numbers, including at least fire, police, ambulance, EMS, and poison control center, must be posted conspicuously at or near the telephone. .
- c. If smoking areas are permitted, they must be clearly marked as designated smoking areas.
- d. The facility must prohibit firearms and other weapons, alcohol, illegal drugs, illegal activities, and violence on the program site.
- e. The following must be prominently displayed in areas frequented by the consumers: contact information for the Rights Protection Officer, contact information with instructions on how to make an abuse/neglect report, toll-free number for reporting abuse and neglect, a notice stating the name, address, telephone number, TDD/TTY telephone number, FAX, and e-mail address of the person responsible for ADA compliance.
- f. If the facility prepares food, the facility must post the current food service permit from the local health department.

- g. Postings must be displayed in English and in a second language(s) appropriate to the population(s) served in the local service area.

6. Safety

When crisis respite services are provided at a residential or crisis triage facility of the LMHA, the facility must meet the Standards as described in Information Item V. Section D. Crisis Residential Services Item 6, Safety.

7. Infection Control

When crisis respite services are provided at a residential or crisis triage facility of the LMHA, the facility must meet the Standards as described in Information Item V. Section D. Crisis Residential Services Item 7, Infection Control.

8. Medication Management

When crisis respite services are provided at a residential or crisis triage facility of the LMHA, the facility must follow the Standards as described in Information Item V. Section D. Crisis Residential Services Item 8, Medication Management, except for D.8.q. An Emergency Medication Kit should be maintained if the facility contains the staff qualified to handle such medications.

9. Food Preparation and Food Service

When crisis respite services are provided at a residential or crisis triage facility of the LMHA, the facility will must the Standards as described in Information Item V. Section D. Crisis Residential Services Item 9, Food Preparation and Food Service.

10. Staffing for Facility-based Crisis Respite

- a. A psychiatrist must serve as the medical director for all crisis services and must approve all written procedures and protocols. Duties and responsibilities for all staff involved in the assessment or treatment of individuals must be defined in writing by the medical director and is appropriate to staff training and experience, and in conformance with the staff member's scope of practice (if applicable) and state standards for privileging and credentialing.
- b. The competence of all crisis respite staff members must be continuously evaluated, monitored and expanded.
- c. There must be a process for assessing and anticipating staffing needs.
- d. Staff members on duty must remain awake and alert at all times.
- e. There must be a defined process for on-site staff to obtain supervision, consultation, and evaluation when needed for medical emergencies 24 hours a day from a physician (preferably a psychiatrist), a psychiatric APN, a PA or an RN. For clinical emergencies an RN or LPHA must be accessible.
- f. Trained and competent paraprofessionals must be on site 24 hours a day, with numbers, qualifications, and training sufficient to ensure patient and staff safety and the provision of needed services.

- g. Staff members must be trained in CPR, management of seizures, choking, and first aid as well as crisis respite protocols and procedures, and supervision of self-administration of medications.
- h. Staff members providing in-home crisis respite services to children or adolescents must be trained paraprofessionals competent to provide crisis services to children and adolescents.
- i. Staff must not provide or facilitate consumer access to tobacco products

11. Assessment

- a. Prior to admission to crisis respite services individuals must receive a full crisis assessment by a physician (preferably a psychiatrist) or a psychiatric APN or PA, LPHA, RN or QMHP-CS.
- b. Immediate access to urgent and emergent non-psychiatric medical assessment and treatment must be provided.

12. Interventions for Facility-based Crisis Respite

- a. Upon admission, every individual must receive an orientation that explains rules and expectations, explains patients' rights and the grievance policy, and describes the schedule of any activities.
- b. Immediate care to stabilize a behavioral health emergency (e.g., to prevent harm to the individual or to others) is accessible at all times.
- c. A written protocol must be developed and implemented that specifies the most effective and least restrictive approaches to common behavioral health emergencies seen in the service and is approved by the medical director. The protocol must be reviewed and updated as needed.
- d. An individual crisis treatment plan must be followed for each individual that provides the most effective and least restrictive treatment for the individual's behavioral health disorder. This information must be shared with the individual and the individual's family, as appropriate. The plan must be developed by qualified crisis staff and must be based on the provisional psychiatric diagnosis and must incorporate, to the maximum extent possible, individual preferences.
- e. An array of treatment interventions must be provided in the crisis respite setting in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Services should be goal-oriented and based on the individual's needs and individual crisis plan. Services should focus on reality orientation, symptom reduction and management, appropriate social behavior, improving peer interactions, improving stress tolerance, and the development of coping skills; and may consist of the following component services: psychiatric nursing services, pharmacological instruction, symptom management training, and functional skills training. The programming requirements may be fulfilled through the provision of individual crisis intervention services or by providing group services. Group services may be delivered by service package assignment or through the provision of Day Programs for Acute Needs as specified in 25 TAC §419 L. Individuals who have significant substance abuse co-morbidity must receive counseling designed to motivate the patient to continue with substance abuse treatment following discharge from the program.
- f. Each consumer's response to treatment must be reassessed daily by staff. This response must be reflected in an updated crisis treatment plan.

- g. Individuals must not be denied access to social, community, recreational, and religious activities that are consistent with the individual's cultural and spiritual background.
- h. Facility-based crisis respite units must maintain a stable therapeutic environment that includes assigned personnel and scheduled activities.

13. Coordination and Continuity of Care

- a. Coordination of emergency services must be provided for every individual. Coordination of emergency services includes but is not limited to identifying and linking the individual with all available services necessary to stabilize the crisis, ensuring transition to routine care, providing necessary assistance in accessing those services, and conducting follow-up to determine the individual's status and need for further service.
- b. A written policy must be developed and implemented that defines the steps to be taken to ensure that every effort is made to contact existing treatment providers during the course of the individual's assessment in the service.
- c. A written procedure must be developed and implemented to ensure continuity of care and successful linkage with the referral facility or provider.
- d. A discharge plan must be developed for every individual, and shall include:
 - 1) Appropriate education relevant to the individual's condition;
 - 2) Information about the most effective treatment for the individual's behavioral health disorder;
 - 3) Identification of potential obstacles to a successful return to the living situation of the individual's choice and means to address these obstacles; and
 - 4) Information about follow-up care, and appropriate linkages to post discharge providers.

VII. Psychiatric Emergency Service Centers

A. Definitions

Psychiatric Emergency Service Centers (PESCs) provide immediate access to assessment and a continuum of stabilizing treatment for individuals presenting with behavioral health crises. These units are co-located with licensed hospitals or Crisis Stabilization Units (CSUs) and have the ability to manage the most severely ill individuals at all times, including immediate access to emergency medical care. PESCs must be available to individuals who walk in, and must contain a combination of service types including Extended Observation and Inpatient Hospital Services or a CSU.

1. Extended Observation Unit

Emergency and crisis stabilization services that provide emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment.

2. Inpatient Hospital Services

Hospital services staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide

safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the individual's ability to function in a less restrictive setting.

3. Crisis Stabilization Unit (CSU)

Short-term residential treatment designed to reduce acute symptoms of mental illness provided in a secure and protected clinically staffed, psychiatrically supervised, treatment environment that complies with a crisis stabilization unit licensed under Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code.

B. Goals

- Prompt and comprehensive assessment
- Stabilization in a secure environment
- Crisis resolution
- Reduction of inappropriate inpatient admissions
- Referral to clinically appropriate levels of care

C. Description

The PESC is co-located with a licensed hospital or CSU with immediate access to emergency medical services, and is staffed by medical personnel and mental health professionals. Medication and crisis intervention services are provided to stabilize individuals with the goal of transitioning them to clinically appropriate levels of care.

The PESC includes extended observation services, which may be appropriate for individuals who cannot be promptly stabilized and discharged to a lower level of care. The service offers observation beds in a secure and protected, clinically staffed, psychiatrically supervised treatment environment. These programs are designed to provide a safe and secure environment for short-term stabilization of symptoms that may or may not require a continued stay in an acute care facility. Duration of extended observation services shall not exceed 48 hours, by which time stabilization and/or a determination of the appropriate level of care shall be made. Continuity of care is provided to ensure transfer to continuing treatment and linkage with necessary support services.

The PESC also includes inpatient hospital or crisis stabilization beds for individuals who cannot be stabilized within 48 hours. These individuals receive more extensive treatment for up to 14 days, with an average length of stay of 3-5 days. The availability of PESC is dependent on LMHA funding.

D. Standards

1. Availability

If provided, this service must be available 24 hours a day, seven days a week throughout the participating service areas.

2. Physical Plant

- a. Services are co-located with a DSHS licensed hospital or CSU.
- b. The LMHA must have a written agreement with the hospital or CSU with which the PESC is co-located.
- c. Facilities must be accessible and meet all ADAAG/TAS and applicable sections of the Texas Administrative Code.
- d. Facilities must have provisions for ensuring safety.
- e. Offices must have at least one designated area where persons in extreme crisis can be safely maintained and monitored until transported to another level of care (e.g., hospital or crisis stabilization unit).
- f. Facility spaces must afford privacy for protection of confidentiality.
- g. If services are provided for children and adolescents, the facility must have separate child, adolescent, and adult treatment and observation areas.

3. Staffing

- a. A psychiatrist must serve as the medical director for all crisis services and approves all procedures and protocols used in crisis services.
- b. Duties and responsibilities for all staff involved in assessment or treatment must be defined in writing, appropriate to staff training and experience, and in conformance with the staff member's scope of practice (if applicable) and state standards for privileging and credentialing.
- c. All staff involved in assessment or treatment must receive crisis training that includes but is not limited to:
 - 1) Signs, symptoms, and crisis response related to substance use and abuse;
 - 2) Signs, symptoms, and crisis response to trauma, abuse, and neglect; and
 - 3) Assessment and intervention for children and adolescents.
- d. The unit must have sufficient trained physicians (preferably psychiatrists), or psychiatric APNs, PAs, RNs, LVNs, LPHAs, QMHP-CSs, and trained and competent paraprofessionals to allow for:
 - 1) Individual reassessment at least every 15 minutes for trained and competent paraprofessionals, two hours for nursing, four hours for QMHP-CSs, and 12 for physicians (preferably psychiatrists) or a psychiatric APN or PA
 - 2) Active therapeutic intervention consistent with the individual's clinical state; and
 - 4) Patient and staff safety including one to one observation as needed.
- e. Staffing shall include:
 - 1) A physician (preferably a psychiatrist), or a psychiatric APN or PA on call 24 hours/day to evaluate individuals face-to-face or via telemedicine as needed;
 - 2) At least one LPHA on site 24 hours/day, seven days/week;
 - 3) At least one RN on site 24 hours/day, seven days/week;
 - 4) A QMHP-CS on each shift is assigned to identified individuals; and
 - 5) Trained and competent paraprofessionals on site 24 hours/day, seven days/week.

4. Assessment

- a. Triage:
 - 1) Individuals must be triaged by a physician (preferably a psychiatrist), a psychiatric APN, PA, or RN within 15 minutes of presentation, with procedures to prioritize

- imminently dangerous individuals. The psychiatrist triage may be performed via telemedicine.
- 2) Until the individual receives that triage he or she shall wait in a safe and secure location with constant staff observation and monitoring.
 - 3) The triage includes an evaluation of risk of harm to self or others, presence or absence of cognitive signs suggesting delirium, need for immediate full assessment, need for emergency intervention, and a medical screening assessment, including vital signs and a medical history, whenever possible.
 - 4) A written description of the process for performing this triage must be followed. The description addresses screening for emergency medical conditions and the process for accessing emergency medical intervention. When emergency medical services are not available on site, trained staff who are prepared to provide first-responder health care (Basic Life Support, First Aid, et cetera) are on site at all times.
 - 5) Written criteria determine which individuals presenting for care are referred to another health care facility or provider. These criteria ensure that those referred to a lower level of care are at low risk of harm to themselves or others, have no more than mild functional impairment, and do not have significant medical, psychiatric, or substance abuse comorbidity. Referral decisions must consider the individual's ability to understand and accept the need for treatment (if such need exists) and to comply with the referral.
- b. Assessment Process:
- 1) Individuals who are not referred for care elsewhere after triage must receive a full assessment.
 - 2) The assessment must be initiated within one hour of the individual's presentation.
 - 3) Individuals who receive an assessment must see a psychiatrist within eight hours of presentation to the PESC.
 - 4) A written procedure must be developed and implemented that allows individuals who require a psychosocial assessment more immediately to be seen and assessed within 15 minutes of that determination.
- c. Psychosocial and Psychiatric Assessment:
- 1) The psychosocial and psychiatric assessment must include:
 - a) Patient interview(s) by a physician (preferably a psychiatrist) or a psychiatric APN or PA, either face to face or electronically or by a physician with electronic access to emergency psychiatrist;
 - b) Review of records of past treatment (when available);
 - c) History from collateral sources (as available and in keeping with laws governing confidentiality);
 - d) Contact with the current health providers whenever possible;
 - e) A history of previous treatment and the response to that treatment that includes a record of past psychiatric medications, dose, response, side effects and adherence, and an up-to-date record of all medications currently prescribed, and the name of the prescribing professional;
 - f) A detailed assessment of substance use and abuse that includes the quantity and frequency of all substances used;

- g) Identification of social, environmental, and cultural factors that may be contributing to the emergency;
 - h) An assessment of the individual's ability and willingness to cooperate with treatment; and
 - i) A general medical history that addresses conditions that may affect the individual's current condition (including a review of symptoms focused on conditions that may present with psychiatric symptoms or that may cause cognitive impairment, e.g., a history of trauma).
- 2) Every individual must be screened by trained staff for possible trauma, abuse or neglect, and identified cases of potential abuse or neglect are appropriately reported.
 - 3) Every individual less than 18 years of age must be assessed (including a developmental assessment) by an LPHA with appropriate training in the assessment and treatment of children and adolescents in a crisis setting.
- d. Physical Health Assessment
- 1) The individual must receive a physical health assessment within four hours of presentation.
 - 2) A written process and procedure must be developed and implemented that ensures that those who require a physical health assessment more immediately can be seen and assessed within five minutes of initial presentation.
 - 3) An initial evaluation for physical health generally includes:
 - a) Vital signs;
 - b) A cognitive examination that screens for significant cognitive or neuron-psychiatric impairment;
 - c) A screening neurological examination that is adequate to rule out significant acute pathology;
 - d) A medical history and review of systems; and
 - e) Other tests and examinations as appropriate and indicated.
 - 4) Immediate access to urgent and emergent non-psychiatric medical assessment and treatment must be provided.
 - 5) Due to the high medical and substance abuse comorbidity in this population, on-site capability exists for such routine assessments as pulse oximetry, glucometry (or stat blood glucose testing), urgent urine toxicology (results available within four hours), and a targeted physical examination.
 - 6) There is immediate access on-site to phlebotomy and same-day laboratory studies include:
 - a) A complete blood count with differential;
 - b) A comprehensive metabolic panel;
 - c) A thyroid screening panel;
 - d) A toxicology evaluation;
 - e) A pregnancy test (women);
 - f) A screening test for tertiary syphilis; and
 - g) Psychiatric medication levels.

5. Treatment

- a. A written protocol is developed and implemented that specifies the most effective and least restrictive approaches to common behavioral health emergencies in the service and is approved by the medical director. The protocol is reviewed and updated as needed.
- b. Immediate care to stabilize a behavioral health emergency (e.g., to prevent harm to the patient or to others) is available at all times.
- c. A nursing care plan must be developed for every individual.
- d. An individualized treatment plan must be developed for each patient that provides the most effective and least restrictive treatment for the individual's behavioral health disorder. The plan is based on the provisional psychiatric diagnosis and incorporates, to the maximum extent possible, individual preferences. The crisis plan addresses intervention, outcomes, plans for follow-up and aftercare, and referrals.
- e. Treatment planning must place emphasis on crisis intervention services necessary to stabilize and restore the individual to a level of functioning that does not require hospitalization.
- f. Response to treatment must be assessed at least every two hours by RNs trained in the assessment of acute behavioral health patients or by a physician (preferably a psychiatrist), or by a psychiatric APN or PA.
- g. Whenever necessary, the treatment plan is adjusted to incorporate the individual's response to previous treatment.
- h. Individuals and families must receive appropriate educational information that is relevant to their condition. This includes information about the most effective treatment for the individual's behavioral health disorder.
- i. An LPHA must be responsible for providing the individual with active treatment including psychoeducation, crisis counseling, substance abuse counseling, and developing a plan for returning to the community that addresses potential obstacles to a successful return.

6. Inpatient and Crisis Stabilization Services

- a. Individuals who cannot be stabilized within 48 hours must be admitted to inpatient or crisis stabilization services. If a bed is not available, a consumer may also be transferred to an appropriate State mental health hospital or community based psychiatric hospital.
- b. Each consumer admitted must receive a psychosocial assessment by an LPHA.
- c. Consumers shall be involved in active treatment that includes psychiatric assessment and treatment, psychotherapy, psycho-education, crisis counseling, family intervention, substance abuse treatment, and relapse-prevention.
- d. CSUs must comply with Chapter 577 of the Texas Health and Safety Code and Title 25, Part 1, Chapter 411, Subchapter M of the Texas Administrative Code.
- e. Inpatient units must comply with TAC Chapter 411 Subchapter J Standards of Care and Treatment in Psychiatric Hospitals.

7. Coordination and Continuity of Care

- a. A discharge plan must be developed for every individual.
- b. If inpatient treatment is not indicated, the discharge plan must include appropriate education relevant to the individual's condition, information about the most effective treatment for the individual's behavioral health disorder, information about follow-up care, and appropriate linkages to post discharge providers.

- c. If a physical health issue requires hospitalization, the individual must be transferred to appropriate community hospital to address the physical health issue.
- d. A written procedure must be developed and implemented for ensuring continuity of care and successful linkage with the referral facility or provider.
- e. Continuity of care must be provided for every individual. Continuity of care consists of identifying and linking the individual with all available services necessary to stabilize the crisis and ensure transition to routine care, providing necessary assistance in accessing those services, and conducting follow-up to determine the individual's status and need for further service. This includes contacting and coordinating with the individual's existing services providers in a timely manner and in conformance with applicable confidentiality requirements.