Georgia Department of Behavioral Health and Developmental Disabilities

Proposed Changes to Rules and Regulations for Adult and Children & Adolescent Crisis Stabilization Units
Chapters 82-3-1 and 82-4-1

October 30, 2014
I. Brief orientation to crisis stabilization units (CSUs)

II. Overview of proposed changes to rules and regulations

III. Board role in modifying rules and regulations
Medically-monitored, short-term, residential program is an emergency receiving/evaluation facility that provides 24/7 psychiatric stabilization & detoxification services.

DBHDD licenses two specialized types of CSUs (requiring two sets of Rules and Regulations):
- Adult (18 years & Older)
- Child & Adolescent (5 - 17 years)
Target Population

- CSUs are designed and staffed to support individuals who are experiencing a psychiatric and/or addiction crisis posing a potential risk of harm to self or others.
Crisis Stabilization Unit

Emergency receiving & evaluation

CSU admission for stabilization

Referral to more appropriate service (hospital or community)
What is a Behavioral Health Crisis Center?

Behavioral Health Crisis Center (BHCC)

- An Adult CSU may operate a Crisis Service Center and/or a Temporary Observation Unit as an integral part of its operations.
What is a Crisis Service Center?

- A Crisis Service Center is a 24 hour, 7 day/week walk-in center which provides short-term behavioral health crisis intervention. The intervention is designed to be time limited, generally addressing a single, non-overnight episode that stabilizes and enables an individual to return home with community-based services for support.

What is a Temporary Observation Unit?

- A Temporary Observation Unit is a facility-based program that provides a physically secure and clinically staffed environment during which an individual in crisis is further assessed, stabilized and referred to the next appropriate level of care.
Behavioral Health Crisis Center

Crisis Service Center
“walk-in”
Emergency receiving & evaluation

Temporary Observation

Referral to more appropriate service (hospital or community)

CSU
Admission for stabilization
Crisis Service Center and Temporary Observation Unit components added

- Throughout the Adult CSU regulatory document, the Crisis Service Center and Temporary Observation Unit definitions and regulations have been added to address these two additional services operated by some CSUs.
Definition Highlights

- Updated definitions of Individualized Recovery/Resiliency Plan (IRP), Physician, Transitional bed
- Added definitions of Behavioral Health Crisis Center, Crisis Service Center, Temporary Observation, Treatment, Treatment Team, Unlicensed Assistive Personnel, Licensed/Certified Clinician, Nursing Staff, Physician Extender, Plan of Correction
Health and Safety Highlights

- Revised door regulations for privacy, safety, and supervision
- Revised regulations for furnishing, hardware, security, and fixtures
- Revised regulations for infection control related to linens management
Proposed Changes

Other Environment Highlights

- Grandfathering of existing CSUs and CSUs under construction as it relates to:
  - Sprinkler heads
  - Location, square footage, and ceiling height of seclusion room
  - Types of doors and door locks as related to safety
Other Environment Highlights, continued

- Risk Management Plans:
  - CSUs may present a plan to DBHDD when local architectural structure and/or environment of care regulations conflict with DBHDD regulations.
Proposed Changes

Quality Enhancement Highlights

- Adds protocol and practice guidance for substance withdrawal management
- Strengthens performance improvement process by adding CSU environmental risk self-assessment
Proposed Changes

Staffing Highlights

- Clarification of staffing patterns and roles
- Annual staff training plans
Subjective Language Deleted

- Examples include:
  - “...characterized by a feeling of openness...”
  - “The walls, flooring and door to the seclusion room shall be...strongly constructed.”
  - Replaces words like “frequent” with expected performance timeframes
Proposed Changes

Administrative Simplification Highlights

- Removes limitations on bed capacity
- Fees no longer required for processing new CSU applications, renewals, and ongoing licensure
- Removes content covered by DBHDD contracts and/or policy
- Removes civil penalty authorizing fines up to $25,000
I. DBHDD Board considers the need for the proposed rule

II. DBHDD Board passes motion to open public comment period regarding proposed rule

III. If no changes to the proposed rules are made, the DBHDD Board votes on whether to promulgate the rules.

IV. If DBHDD decides additional changes are needed to the proposed rules, the DBHDD Board must vote to reopen the public comment period for another 30 days and authorize the receipt of public comments in writing only or writing and orally.

V. DBHDD Board votes on whether to promulgate the rules.
We solicit your comments, data or positions in support of or against this action. To ensure their consideration, written comments must be submitted to the Department of Behavioral Health and Developmental Disabilities before the close of business on December 8, 2014, and should be submitted as follows:

Mail or hand-delivery:

Department of Behavioral Health and Developmental Disabilities
ATTN: Behavioral Health Licensing Unit
2 Peachtree Street NW, Suite 23-277
Atlanta, Georgia 30303

E-mail: Maxine.Cook@dbhdd.ga.gov

For further information, contact Maxine Cook at 404-657-1652 or Maxine.Cook@dbhdd.ga.gov.