

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



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# Presentation Goals

- 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**



# What is a Crisis Stabilization Unit?

- 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)



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# What is a Crisis Stabilization Unit?

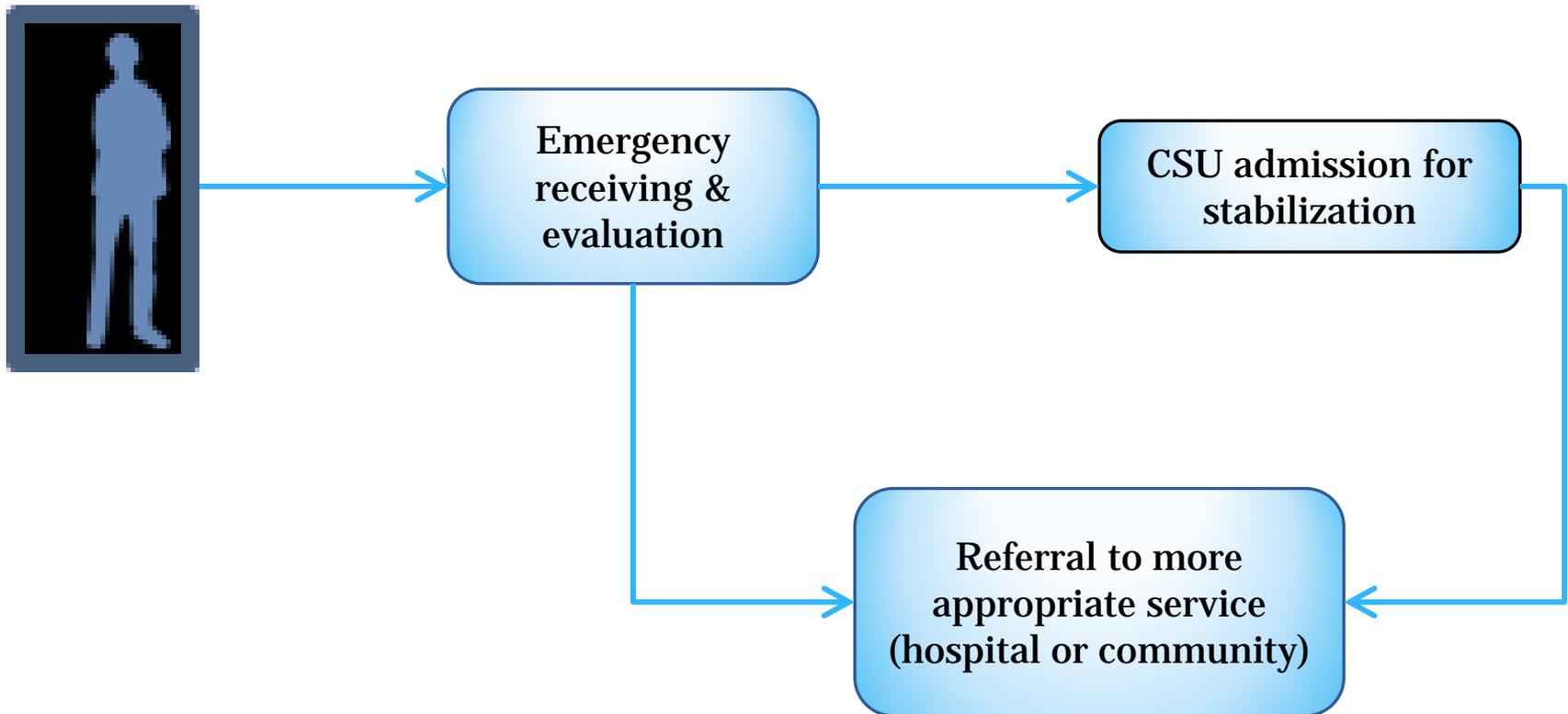
## Target Population

- 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.



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# Crisis Stabilization Unit





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# 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.



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# CSUs with Additional Components (BHCC)

## 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.

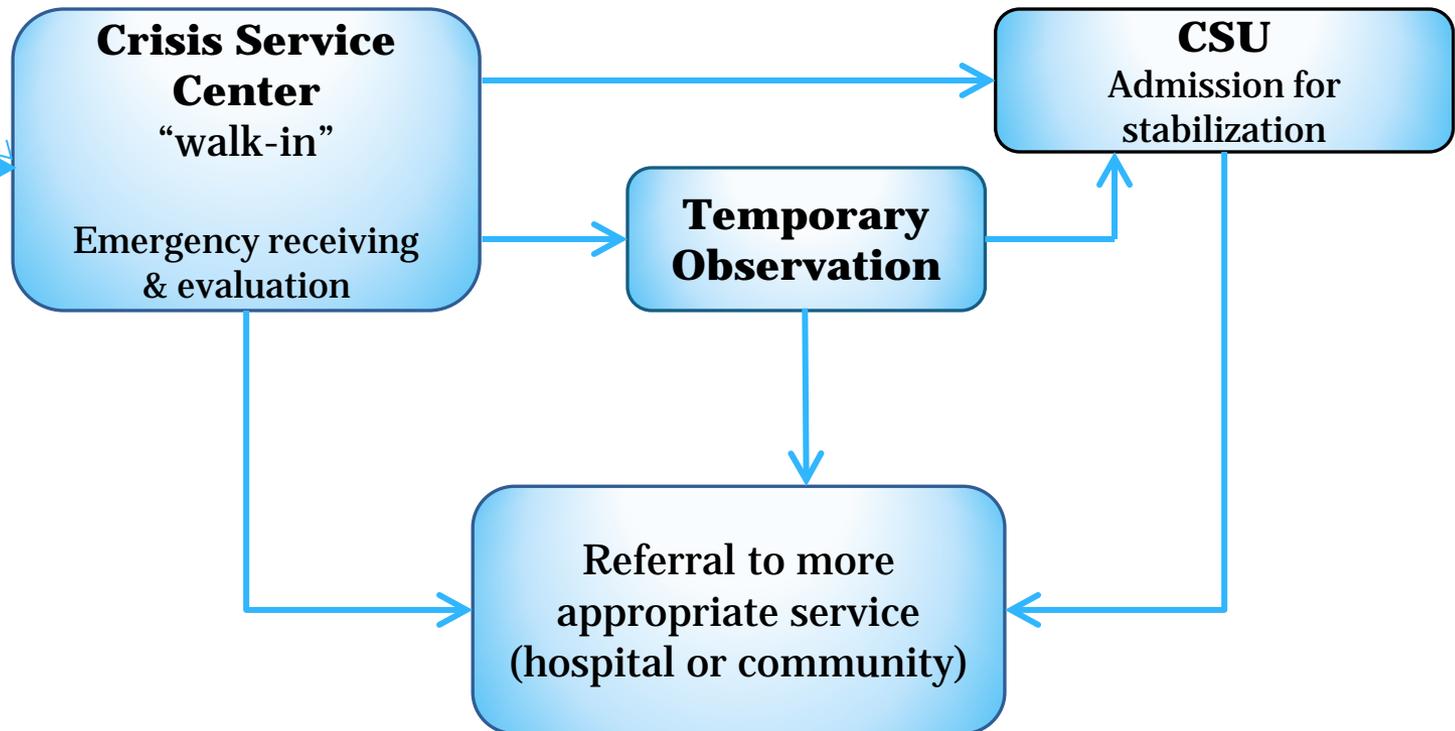
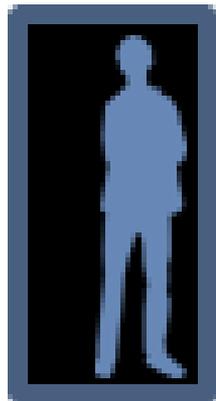
## What is a Temporary Observation Unit?

- 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.



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# Behavioral Health Crisis Center





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# Proposed Changes

## **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.



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# Proposed Changes

## **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



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# Proposed Changes

## **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



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# 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



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# Proposed Changes

## **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.**



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# 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



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# Proposed Changes

## **Staffing Highlights**

- Clarification of staffing patterns and roles
- Annual staff training plans



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# Proposed Changes

## 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



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# Role of DBHDD Board

- 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.**



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# Public Comment Period

*through December 8, 2014*

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](mailto:Maxine.Cook@dbhdd.ga.gov)

For further information, contact Maxine Cook at 404-657-1652 or [Maxine.Cook@dbhdd.ga.gov](mailto:Maxine.Cook@dbhdd.ga.gov).