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Combines existing:

5122-29-10: MH Crisis intervention service

3793:2-1-08(L): AoD Crisis intervention service

3793:2-1-08(W): AoD Twenty-three hour observation service

5122-29-10 **Crisis intervention service.**

- (A) Crisis intervention is a face-to-face interaction with a person in response to a crisis or emergency situation they are experiencing.
- (B) Twenty-three hour observation bed means face-to-face evaluation, for up to twenty-three hours duration under close medical/nursing supervision, of an individual who presents an unpredictable risk of adverse consequences due to intoxication, withdrawal potential and/or co-existing disorders for the purpose of determining the appropriate treatment and plan for the next level of care.
- (C) Crisis intervention begins with an evaluation of what happened to initiate the crisis and the individual's response or responses to it; information about the individual's strengths, coping skills, and social support networks is also obtained.
- (D) Crisis intervention shall result in de-escalating, stabilizing the patient, or referral to more intensive services.
- (E) Providers of crisis intervention shall have current certification in first aid and cardio-pulmonary resuscitation (CPR), and shall be trained in de-escalation techniques.
- (F) When a patient appears to be medically unstable, the patient shall be referred to a medical facility or emergency medical service shall be called.

TO BE RESCINDED

5122-29-10 **Crisis intervention mental health service.**

- (A) Crisis intervention is that process of responding to emergent situations and may include: assessment, immediate stabilization, and the determination of level of care in the least restrictive environment in a manner that is timely, responsive, and therapeutic.

Crisis intervention mental health services need to be accessible, responsive and timely in order to be able to safely de-escalate an individual or situation, provide hospital pre-screening and mental status evaluation, determine appropriate treatment services, and coordinate the follow through of those services and referral linkages.

Outcomes may include: de-escalating and/or stabilizing the individual and/or environment, linking the individual to the appropriate level of care and services including peer support, assuring safety, developing a crisis plan, providing information as appropriate to family/significant others, and resolving the emergent situation.

- (B) Crisis intervention mental health service shall consist of the following required elements:

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- (1) Immediate phone contact capability with individuals, parents, and significant others and timely face-to-face intervention shall be accessible twenty-four hours a day/seven days a week with availability of mobile services and/or a central location site with transportation options. Consultation with a psychiatrist shall also be available twenty-four hours a day/seven days a week. The aforementioned elements shall be provided either directly by the agency or through a written affiliation agreement with an agency certified by ODMH for the crisis intervention mental health service;
 - (2) Provision for de-escalation, stabilization and/or resolution of the crisis;
 - (3) Prior training of personnel providing crisis intervention mental health services that shall include but not be limited to: risk assessments, de-escalation techniques/suicide prevention, mental status evaluation, available community resources, and procedures for voluntary/involuntary hospitalization. Providers of crisis intervention mental health services shall also have current training and/or certification in first aid and cardio-pulmonary resuscitation (CPR) unless other similarly trained individuals are always present; and
 - (4) Policies and procedures that address coordination with and use of other community and emergency systems.
- (C) Crisis intervention mental health service shall consist of the following elements when clinically indicated:
- (1) A face-to-face crisis assessment shall be conducted by an eligible clinician and shall include:
 - (a) Understanding the presenting crisis;
 - (b) Risk assessment of lethality, propensity of violence, medical/physical conditions including alcohol/drug screen/assessment, and support systems;
 - (c) Mental status;
 - (d) Consumer strengths; and
 - (e) Identification of treatment needs and level of care determination; and
 - (2) A crisis plan will be established that includes referral and linkages to appropriate services and coordination with other systems. The crisis plan should also address safety issues, follow-up instructions, alternative actions/steps to implement should the crisis recur, voluntary/involuntary procedures and the wishes/preferences of the individual and parent/guardian, as appropriate.
- (D) Documentation shall include the elements of the overall assessment of the crisis and intervention.
- (E) Crisis intervention mental health service shall be provided and supervised by staff who are qualified according to rule 5122-29-30 of the Administrative Code.

3793:2-1-08 Treatment services.

(L) A crisis intervention service is a face-to-face interaction with a client that is in response to a crisis or emergency situation experienced by themselves, a family member and/or significant other. It begins with an evaluation of what happened during the crisis and the individual's response or responses to it. An individual's reaction to a crisis can include emotional reactions (such as fear, anger, guilt, anxiety, grief), mental reactions (such as difficulty concentrating, confusion, nightmares), physical reactions (such as headaches, dizziness, fatigue, stomach problems),

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and behavioral reactions (sleep and appetite problems, isolation, restlessness). Information about the individual's strengths, coping skills, and social support networks is also obtained.

(1) Crisis intervention services can be provided at a program site certified by the Ohio department of alcohol and drug addiction services or in the client's natural environment.

(a) Individuals who have unstable medical problems shall be referred to a medical facility.

(b) Individuals who have unstable psychiatric problems shall be referred to a psychiatric facility.

(c) Individuals who are experiencing withdrawal symptoms from use of alcohol and/or other drugs shall be referred to a person and/or entity that can provide the appropriate level of detoxification services.

(2) Individual service providers of crisis intervention services shall have current training and/or certification, with documentation of same in their personnel files, in the following:

(a) Cardio-pulmonary resuscitation techniques.

(b) First aid.

(c) De-escalation techniques.

(W) Twenty-three hour observation bed means face-to-face evaluation, for up to twenty-three hours duration under close medical/nursing supervision, of an individual who presents an unpredictable risk of adverse consequences due to intoxication, withdrawal potential and/or co-existing disorders for the purpose of determining the appropriate treatment and plan for the next level of care.