



Arkansas Department of Human Services

Behavioral Health Acute Crisis Unit Certification



100.000 GENERAL PROVISIONS

101.000 Purpose

This chapter sets forth the Standards and Criteria used in the certification of Acute Crisis Units by the Arkansas Department of Human Services. The rules regarding the certification processes including, but not necessarily limited to, applications, requirements for, levels of, and administrative sanctions are found in this manual.

102.000 Definitions

The following words or terms, when used in this Chapter, shall have the defined meaning, unless the context clearly indicates otherwise:

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a resident by a staff responsible for the resident's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a resident.

"Acute Crisis Unit" means a program of non-hospital emergency services for mental health and substance use disorder crisis stabilization, including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance use disorder treatment services. This service is limited to individual sites which are certified by the Arkansas Department of Human Services, (DHS) or facilities operated by the Arkansas Department of Human Services. Acute Crisis Units shall be freestanding facilities that must adhere to the following:

- 1.) Have 16 beds or less
- 2.) Be independently certified by DHS outside of an existing Hospital

"Adverse license action" means any action by a licensing authority that is related to client care, any act or omission warranting exclusion under DHS Policy 1088, or that imposes any restriction on the licensee's practice privileges. The action is deemed to exist when the licensing entity imposes the adverse action except as provided in Ark. Code Ann. § 25-15-211 (c).

"Certification" means a written designation, issued by DHS, declaring that the provider has demonstrated compliance as declared within and defined by this rule.

"Clinical privileging" means an organized method for treatment facilities to authorize an individual permission to provide specific care and treatment services to clients within

well-defined limits, based on the evaluation of the individual's license, education, training, experience, competence, judgment, and other credentials.

“Client” means any person for whom an Acute Crisis Unit furnishes, or has agreed or undertaken to furnish, services.

"Co-occurring disorder" means any combination of mental health and substance use disorder symptoms or diagnoses in a client.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to individuals with co-occurring disorders.

“Compliance” means conformance with:

1. Applicable state and federal laws, rules, and regulations including, without limitation:
 - a. Titles XIX and XXI of the Social Security Act and implementing regulations;
 - b. Other federal laws and regulations governing the delivery of health care funded in whole or in part by federal funds, for example, 42 U.S.C. § 1320c-5;
 - c. All state laws and rules applicable to Medicaid generally and to Acute Crisis Unit services specifically;
 - d. Title VI of the Civil Rights Act of 1964 as amended, and implementing regulations;
 - e. The Americans With Disabilities Act, as amended, and implementing regulations;
 - f. The Health Insurance Portability and Accountability Act (“HIPAA”), as amended, and implementing regulations.

"Crisis intervention" means an immediately available service to meet the psychological, physiological and environmental needs of individuals who are experiencing a mental health and/or substance abuse crisis.

"Crisis stabilization" means emergency psychiatric and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment and referral.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of the facility, or the routine care of a client. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to clients, staff and visitors; medication errors; clients that are absent without leave (AWOL); neglect or abuse of a client; fire; unauthorized disclosure of information; damage to or theft of property belonging to a

clients or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Emergency examination" For adults: means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted, by a licensed mental health professional to determine if emergency detention of the person is warranted. The examination must occur within twelve (12) hours of being taken into protective custody.

"DHS" means the Arkansas Department of Human Services Division of Behavioral Health Services.

"Deficiency" means an item or area of noncompliance.

"DHS" means the Arkansas Department of Human Services.

"Initial Assessment" means examination of current and recent behaviors and symptoms of an individual who appears to be mentally ill or substance dependent.

"Intervention plan" means a description of services to be provided in response to the presenting crisis situation that incorporates the identified problem(s), strengths, abilities, needs and preferences of the individual served.

"Licensed mental health professional" or **"LMHP"** as defined.

"Linkage services" means the communication and coordination with other service providers that assure timely appropriate referrals between the Acute Crisis Unit and other providers.

"Mental health professional" or **"MHP"** means a person who possesses an Arkansas license to provide clinical behavioral health care. The license must be in good standing and not subject to any adverse license action.

"Minor" means any person under eighteen (18) years of age.

"Performance Improvement" or **"PI"** means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of clients and others. Synonyms, and near synonyms include continuous performance improvement, continuous improvement, organization-wide performance improvement and total quality management.

"Persons with special needs" means any persons with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf/hearing impaired, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness and/or substance abuse disorders. See "Americans with Disabilities Handbook,"

published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

“Professionally recognized standard of care” means that degree of skill and learning commonly applied under all the circumstances in the community by the average prudent reputable member of the profession. Conformity with Substance Abuse and Mental Health Services Administration (SAMHSA) evidence-based practice models is evidence of compliance with professionally recognized standards of care.

"Progress notes" mean a chronological description of services provided to a client, the client's progress, or lack of, and documentation of the client's response related to the intervention plan.

“Provider” means an entity that is certified by DHS as an Acute Crisis Unit and enrolled by DMS as a Behavioral Health Agency.

"Psychosocial evaluations" are in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual, and are designed to provide sufficient information for problem formulation and intervention.

“Qualified Behavioral Health Provider” means a person who:

1. Does not possess an Arkansas license to provide clinical behavioral health care;
2. Works under the direct supervision of a mental health professional;
3. Has successfully completed prescribed and documented courses of initial and annual training sufficient to perform all tasks assigned by a mental health professional;
4. Acknowledges in writing that all qualified behavioral health provider services are controlled by client care plans and provided under the direct supervision of a mental health professional.

"Restraint" refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of the individual's body. Mechanical Restraints shall not be utilized within a certified Acute Crisis Unit.

"Sentinel event" is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a client, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome to a client. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.

"Triage" means a dynamic process of evaluating and prioritizing the urgency of crisis intervention needed based on the nature and severity of clients' presenting situations.

"Trauma Informed" means the recognition and responsiveness to the presence of the effects of past and current traumatic experiences in the lives of all clients.

103.000 Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

104.000 Applicability

The standards and criteria for services as subsequently set forth in this chapter are applicable to Acute Crisis Units as stated in each section.

110.000 ACUTE CRISIS UNITS

111.000 Required services

Acute Crisis Units provide brief (96 hours or less) crisis treatment services to persons ages 18 and above who are experiencing a psychiatry- and/or substance abuse-related crisis and may pose an escalated risk of harm to self or others. Acute Crisis Units provide hospital diversion and step-down services in a safe environment with psychiatry and/or substance abuse services on-site at all times as well as on-call psychiatry available 24 hours a day. Services provide ongoing assessment and observation; crisis intervention; psychiatric, substance, and co-occurring treatment; and initiate referral mechanisms for independent assessment and care planning as needed.

112.000 Acute Crisis Unit crisis stabilization

- (a) The Acute Crisis Unit shall provide crisis stabilization to individuals who are in crisis as a result of a mental health and/or substance use disorder related problem. Each Acute Crisis Unit must be specifically accessible to individuals who present with co-occurring disorders. The Acute Crisis Unit may provide services in excess of 24 hours during one episode, but not more than 96 hours during one episode.

- (b) Acute Crisis Unit services shall be provided in the least restrictive setting possible. Services should be provided within, or as close to the community in which they reside as possible.
- (c) A physician shall be available at all times for the crisis unit, either on-duty or on call. If the physician is on call, he or she shall respond by telephone or in person to the licensed staff on duty at the crisis unit within 20 minutes.
- (d) Acute Crisis Unit services shall include, but not be limited to, the following service components and each shall have written policy and procedures and each shall be co-occurring disorder capable and trauma informed, with policies and procedures that support this capability:
 - (1) Triage services;
 - (2) Co-occurring capable Psychiatric crisis stabilization; and
 - (3) Co-occurring capable Drug/alcohol crisis stabilization.
- (e) The Acute Crisis Unit shall have written policy and procedures addressing restraints, and these shall be in compliance with Section 503.000.

113.000 Crisis stabilization, triage

- (a) Crisis stabilization services shall include twenty-four (24) hour triage services and emergency examination.
- (b) Qualified staff providing triage services shall be:
 - (1) A Mental Health Professional (MHP) capable of providing crisis stabilization services within the scope of their individual licensure; and
 - (2) Knowledgeable about applicable laws, DHS rules, facility policy and procedures, and referral sources.
- (c) Components of this service shall minimally include the capacity to provide:
 - (1) Immediate response, on-site and by telephone;
 - (2) Screening for the presence of co-occurring disorders;
 - (3) integrated Emergency mental health and/or substance use disorder examination on site or via telemedicine; and
 - (4) Referral, linkage, or a combination of the two services.
- (d) The Acute Crisis Unit shall have written policy and procedures minimally:

- (1) Providing twenty-four (24) hour, seven (7) days per week, triage crisis services; and
- (2) Defining methods and required content for documentation of each triage crisis response service provided.
- (3) Ensuring that individuals who present in crisis with co-occurring disorders are identified, and that there are no barriers to access triage crisis response based on arbitrary alcohol or drug levels, types of diagnosis or medications while remaining in compliance with facility certification, licensure, and medical standards. Nothing in this Section shall require a facility to treat a client that is not medically stable.

114.000 Crisis stabilization, psychiatric, substance use disorder and co-occurring services

- (a) Crisis stabilization services shall provide continuous twenty-four (24) hour evaluation, observation, crisis stabilization, and social services intervention seven (7) days per week for clients experiencing mental health or substance use disorder related crises; or those who present with co-occurring disorders.
- (b) Licensed nurses and other support staff shall be adequate in number to provide care needed by clients twenty-four (24) hours a day seven (7) days per week.
- (c) Crisis stabilization services shall be provided by a co-occurring disorder capable multidisciplinary team of medical, nursing, social services, clinical, administrative, and other staff adequate to meet the clinical needs of the individuals served.
- (d) Staff members assigned to a medical supervised detoxification component shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs and the implication of those vital signs, and emergency procedures as well as demonstrating core competencies in addressing the needs of individuals receiving detoxification services who may have co-occurring mental health disorders and be on psychotropic medication.
- (e) Services shall minimally include:
 - (1) Medically-supervised substance use disorder and mental health screening, observation and evaluation;
 - (2) Initiation and medical supervision of rapid stabilization regimen as prescribed by a physician, including medically monitored detoxification where indicated;
 - (3) Medically-supervised and co-occurring disorder capable detoxification, in compliance with procedures outlined in the Arkansas DHS Regional Alcohol and Drug Detoxification Manual.

- (4) Intensive care and intervention during acute periods of crisis stabilization;
- (5) Motivational strategies to facilitate further treatment participation for mental health and/or substance abuse needs; and,
- (6) Providing referral, linkage or placement, as indicated by client needs.
- (f) Medically-supervised and co-occurring disorder capable detoxification may be provided in an Acute Crisis Unit if appropriately staffed and in compliance with procedures outlined in the Arkansas DHS Regional Alcohol and Drug Detoxification Manual.
- (g) Crisis stabilization services, whether psychiatric, substance use disorder, or co-occurring, shall be utilized only after less restrictive community resources have been determined to be inadequate to meet the current needs of the client.

115.000 Linkage Services to higher or lower levels of care, or longer term placement

- (a) Persons needing mental health services shall be treated with the least restrictive clinically appropriate methods.
- (b) In cases where clients are not able to stabilize in or are not appropriate for the Acute Crisis Unit, linkage services shall be provided, including the following steps:
 - (1) Qualified Acute Crisis Unit staff shall perform the crisis intervention and referral process to the appropriate treatment facility.
 - (2) The referral process shall require referral to the least restrictive service to meet the needs of the client. The referral shall be discussed with the client, the client's legal guardian, or both the client and legal guardian as applicable, and shall include a discussion of why a less restrictive community resource was not utilized if applicable. This discussion shall be documented in the client's record. If an adult client wishes to include family members in the decision making process, appropriate releases should be obtained.
 - (3) Staff shall make referral to an appropriate treatment facility to include demographic and clinical information and documentation. Appropriate releases should be obtained as indicated.
- (c) The Acute Crisis Unit shall have a written plan for addressing non-psychiatric medical emergencies, including transfer to a general medical-surgical hospital when necessary. All emergencies must be documented and reviewed by appropriate Acute Crisis Unit staff.

- (d) If the Acute Crisis Unit is referring an adult to a state-operated inpatient facility, the client must meet the **Arkansas State Hospital admission criteria** and the Acute Crisis Unit must comply with **Arkansas State Hospital admission criteria**.

116.000 Pharmacy services

- (a) The Acute Crisis Unit shall provide specific arrangements for pharmacy services to meet clients' needs. Provision of services may be made through agreement with another program or through a pharmacy in the community.
- (b) Medical records must contain valid prescriptions for medications administered while a client is in the care in an Acute Crisis Unit.
- (c) The Acute Crisis Unit shall have the capacity to administer medications, including injectables, twenty-four (24) hours per day.

120.000 ACUTE CRISIS UNIT MEDICAL RECORDS REQUIREMENTS

121.000 Medical record keeping system

Each Acute Crisis Unit shall maintain an organized medical record keeping system to collect and document information appropriate to the treatment processes. This system shall be organized; easily retrievable, usable medical records stored under confidential conditions and with planned retention and disposition.

122.000 Basic requirements

- (a) The Acute Crisis Unit's policies and procedures shall:
- (1) define the content of the client's medical record in accordance with Section 300.000 through Section 310.000 of this manual.
 - (2) define storage, retention and destruction requirements for client medical records;
 - (3) require client medical records be confidentially maintained in locked equipment under secure measures;
 - (4) require legible entries in client medical records signed with first name or initial, last name, and dated by the person making the entry;
 - (5) require the client's name be typed or written on each sheet of paper or page in the client record;
 - (6) require a signed consent for treatment before the client is admitted on a voluntary basis; and

- (7) require a signed consent for follow-up before any contact after discharge is made.

123.000 Record access for clinical staff

- (a) The Acute Crisis Unit shall assure client records are readily accessible to the Acute Crisis Unit staff directly caring for the client. Such access shall be limited to the minimum necessary to carry out the staff member's job functions or the purpose for the use of the records.

124.000 Clinical record content, intake and assessment

- (a) The Acute Crisis Unit shall assess each individual to determine appropriateness of admission. Initial assessments by an MHP are to be completed on all clients voluntary or involuntary prior to admission.
- (b) Client intake information shall contain, but not be limited to the following identification data:
 - (1) Client name;
 - (2) Name and identifying information of the legal guardian(s)
 - (3) Home address;
 - (4) Telephone number;
 - (5) Referral source;
 - (6) Reason for referral;
 - (7) Significant other to be notified in case of emergency;
 - (8) Intake data core content;
 - (9) Presenting problem and disposition;
 - (10) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be obtained during intake and kept in a highly visible location in or on the record; and
 - (11) Screening for co-occurring disorders, trauma, medical and legal issues.
- (c) Client assessment information for clients admitted to Acute Crisis Units shall be completed within 12 hours of admission.

- (1) Integrated mental health and substance abuse psychosocial evaluation that minimally addresses:
 - (A) The client's strengths and abilities to be considered during community re-entry;
 - (B) Economic, vocational, educational, social, family and spiritual issues as indicated; and
 - (C) An initial discharge plan.
- (2) Interpretive summary of relevant assessment findings that results in the development of an intervention plan addressing mental health, substance use disorder, and other related issues contributing to the crisis;
- (3) An integrated intervention plan that minimally addresses the client's:
 - (A) Presenting crisis situation that incorporates the identified problem(s);
 - (B) Strengths and abilities;
 - (C) Needs and preferences; and
 - (D) Goals and objectives.

125.000 Health, mental health, substance abuse, and drug history

- (a) A health and drug history shall be completed for each client at the time of admission in Acute Crisis Unit (as soon as practical). The medical history shall include obtainable information regarding:
 - (1) Name of medication;
 - (2) Strength and dosage of current medication;
 - (3) Length of time patient was on the medication if known;
 - (4) Benefit(s) of medication;
 - (5) Side effects;
 - (6) The prescribing medical professional if known; and
 - (7) Relevant drug history of family members.
- (b) A mental health history, including symptoms and safety screening, shall be completed for each client at the time of admission in an Acute Crisis Unit (as soon as practical).

- (c) A substance abuse history, including checklist for use, abuse, and dependence for common substances (including nicotine and caffeine) and screening for withdrawal risk and IV use shall be completed for each client at the time of admission

126.000 Progress notes

- (a) The Acute Crisis Unit shall have a policy and procedure mandating the chronological documentation of progress notes for clients admitted to Acute Crisis Units.
- (b) Progress notes shall minimally address the following:
 - (1) Person(s) to whom services were rendered;
 - (2) Activities and services provided and as they relate to the goals and objectives of the intervention plan, including ongoing reference to the intervention plan;
 - (3) Documentation of the progress or lack of progress in crisis resolution as defined in the intervention plan;
 - (4) Documentation of the intervention plan's implementation, including client activities and services;
 - (5) The client's current status;
 - (6) Documentation of the client's response to intervention services, changes in behavior and mood, and outcome of intervention services;
 - (7) Plans for continuing therapy or for discharge, whichever is appropriate; and
- (c) Progress notes shall be documented according to the following time frames:
 - (1) Intervention team shall document progress notes daily; and
 - (2) Nursing service shall document progress notes on each shift.

127.000 Medication record

- (a) The Acute Crisis Unit shall maintain a medication record on all clients who receive medications or prescriptions in order to provide a concise and accurate

record of the medications the client is receiving or has been prescribed for the client.

- (b) The client medical record shall contain a medication record with information on all medications ordered or prescribed by physician staff which shall include, but not be limited to:
 - (1) The record of medication administered, dispensed or prescribed shall include all of the following:
 - (A) Name of medication,
 - (B) Dosage,
 - (C) Frequency of administration or prescribed change,
 - (D) Route of administration, and
 - (E) Staff member who administered or dispensed each dose, or prescribing physician; and
 - (2) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be updated when required by virtue of new information, and kept in a highly visible location in or on the record.

128.000 Aftercare and discharge planning

- (a) Aftercare and discharge planning is to be initiated for the client at the earliest possible point in the crisis stabilization service delivery process. Discharge planning must be matched to the client's needs and address the presenting problem and any identified co-occurring disorders or issues.
- (b) The program will have designated staff with responsibility to initiate discharge planning.
- (c) Referral and linkage procedures shall be in place so staff can adequately advocate on behalf of the person served as early as possible during the stabilization treatment process to transition to lesser restrictive or alternative treatment settings, as indicated.

129.000 Aftercare and discharge summary

- (a) An aftercare plan shall be entered into each client's medical record upon discharge from the Acute Crisis Unit. A copy of the plan shall be given to the client, the client's legal guardian, or both the client and legal guardian as applicable, as well as to any facility designated to provide follow-up with a valid

written authorization by the client, the client's legal guardian, or both the client and legal guardian as applicable.

(b) An aftercare plan shall include a summary of progress made toward meeting the goals and objectives of the intervention plan, as well as an overview of psychosocial considerations at discharge, and recommendations for continued follow-up after release from the Acute Crisis Unit.

(c) The aftercare plan shall minimally include:

(1) Presenting problem at intake;

(2) Any co-occurring disorders or issues, and recommended interventions for each;

(3) Physical status and ongoing physical problems;

(4) Medications prescribed at discharge;

(5) Medication and lab summary, when applicable;

(6) Names of family and significant other contacts;

(7) Any other considerations pertinent to the client's successful functioning in the community;

(8) The Client's, the client's legal guardian, or as indicated both the client's and legal guardian's comments on participation in his or her crisis resolution efforts; and

(9) The credentials of the staff members treating the client and their dated signatures.

130.000 Other records content

(a) The client record shall contain copies of all consultation reports concerning the client.

(b) When psychometric or psychological testing is done, the client record shall contain a copy of a written report describing the test results and implications and recommendations for treatment.

(c) The client medical record shall contain any additional information relating to the client, which has been secured from sources outside the Acute Crisis Unit.

135.000 CONFIDENTIALITY

136.000 Confidentiality of mental health and drug or alcohol abuse treatment information

Confidentiality policy, procedures and practices must comply with federal and state law, guidelines, and standards. Laws and regulations on the confidentiality of medical records (Privacy Act and Freedom of Information Act) and the procedures for informed consent for release of information from the record must be followed.

140.000 CLIENT RIGHTS

141.000 DHS Investigations

The Arkansas Department of Human Services in any investigation or program monitoring regarding client rights shall have access to clients, Acute Crisis Unit records and Acute Crisis Unit staff.

142.000 Mechanical restraints

- (a) Mechanical restraints shall not be used on any client.
- (b) Failure to comply with Section 142.000 will result in the initiation of procedures to deny, suspend and/or revoke certification by DHS.

150.000 ORGANIZATIONAL MANAGEMENT

151.000 Organizational description

- (a) The Acute Crisis Unit shall have a written organizational description which is reviewed annually by both the Acute Crisis Unit and DHS, which minimally includes:
 - (1) The overall target population, specifically including those individuals with co-occurring disorders, for whom services will be provided;
 - (2) The overall mission statement;
 - (3) The annual facility goals and objectives, including the goal of continued progress for the facility in providing person centered, culturally competent, trauma informed and co-occurring capable services;
- (b) The Acute Crisis Unit's governing body shall approve the mission statement and annual goals and objectives and document their approval.

- (c) The Acute Crisis Unit shall make the organizational description, mission statement and annual goals and objectives available to staff.
- (d) The Acute Crisis Unit shall make the organizational description, mission statement and annual goals and objectives available to the general public upon request.
- (e) Each Acute Crisis Unit shall have a written plan for professional services which shall have in writing the following:
 - (1) Services description and philosophy;
 - (2) The identification of the professional staff organization to provide these services;
 - (3) Written admission and exclusionary criteria to identify the type of clients for whom the services are primarily intended; and
 - (4) Written goals and objectives.
 - (5) Delineation of processes to assure accessible, integrated, and co-occurring capable services and a plan for how each program component will address the needs of individuals with co-occurring disorders.
- (f) There shall be a written statement of the procedures/plans for attaining the organization's goals and objectives. These procedures/plans should define specific tasks, including actions regarding the organization's co-occurring capability, set target dates and designate staff responsible for carrying out the procedures or plans.

152.000 Information Analysis and Planning

- (a) The Acute Crisis Unit shall have a defined plan for conducting an organizational needs assessment that specifies the methods and data to be collected, which shall include but not limited to information from:
 - (1) Clients;
 - (2) Governing Authority;
 - (3) Staff;
 - (4) Stakeholders;
 - (5) Outcomes management processes; and

- (6) Quality record review.
- (b) The Acute Crisis Unit shall have a defined system to collect data and information on a quarterly basis to manage the organization.
- (c) Information collected shall be analyzed to improve client services and organizational performance.
- (d) The Acute Crisis Unit shall prepare an end of year management report, which shall include but not be limited to:
 - (1) An analysis of the needs assessment process; and
 - (2) Performance improvement program findings.
- (e) The management report shall be communicated and made available to among others:
 - (1) The governing authority;
 - (2) Acute Crisis Unit staff; and
 - (3) DHS if and when requested.

155.000 PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

156.000 Performance improvement program

- (a) The Acute Crisis Unit shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of client care.
- (b) The Performance improvement program shall also address the fiscal management of the organization.
- (c) There shall be an annual written plan for performance improvement activities. The plan shall include, but not be limited to:
 - (1) Outcomes management processes specific to each program component minimally measuring:
 - (A) efficiency;
 - (B) effectiveness; and
 - (C) client satisfaction.
 - (2) A quarterly record review to minimally assess:

- (A) quality of services delivered;
 - (B) appropriateness of services;
 - (C) patterns of service utilization;
 - (D) clients, relevant to:
 - i. their orientation to the Acute Crisis Unit and services being provided; and
 - ii. their active involvement in making informed choices regarding the services they receive;
 - (E) the client assessment information thoroughness, timeliness and completeness;
 - (F) treatment goals and objectives are based on:
 - i. assessment findings; and
 - ii. client input;
 - (G) services provided were related to the goals and objectives;
 - (H) services are documented as prescribed by policy;
 - (I) the treatment plan is reviewed and updated as prescribed by policy
- (3) Clinical privileging;
- (4) Fiscal management and planning, which shall include:
- (A) an annual budget that is approved by the governing authority and reviewed at least annually;
 - (B) the organization's capacity to generate needed revenue to produce desired client and other outcomes;
 - (C) monitoring client records to ensure documented dates of services provided coincide with billed service encounters; and,
- (5) Review of critical incident reports and client grievances or complaints.
- (d) The Acute Crisis Unit shall monitor the implementation of the performance improvement plan on an ongoing basis and makes adjustments as needed.

(e) Performance improvement findings shall be communicated and made available to, among others:

- (1) the governing authority;
- (2) Acute Crisis Unit staff; and
- (3) DHS if and when requested.

157.000 Incident reporting

(a) The Acute Crisis Unit shall have written policies and procedures requiring documentation and reporting of critical incidents.

(b) The documentation for critical incidents shall contain, minimally:

- (1) the facility name and name and signature of person(s) reporting the incident;
- (2) the name of client(s), staff person(s), or others involved in the incident;
- (3) the time, place and date the incident occurred;
- (4) the time and date the incident was reported and name of the person within the facility to whom it was reported;
- (5) description of the incident; and
- (6) the severity of each injury, if applicable. Severity shall be indicated as follows:
 - (A) No off-site medical care required or first aid care administered on-site;
 - (B) Medical care by a physician or nurse or follow-up attention required; or
 - (C) Hospitalization or immediate off-site medical attention was required;
- (7) Resolution or action taken, date action taken, and signature of the Acute Crisis Unit director.

(c) The Acute Care Unit shall report those critical incidents to DHS that include.

- (1) Critical incidents involving allegations constituting a sentinel event or resident abuse shall be reported to DHS immediately via telephone or fax, but not less than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.

(d) The Acute Crisis Unit shall document and monitor internally, with a quality assurance and improvement process that will be made available for review and/or audit by an appropriate agency the following:

(1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to DHS Provider Certification within twenty-four (24) hours of the incident being documented.

160.000 PERSONNEL

161.000 Personnel policies and procedures

- (a) The Acute Crisis Unit shall have written personnel policies and procedures approved by the governing authority.
- (b) All employees shall have access to personnel policies and procedures, as well as other Rules and Regulations governing the conditions of their employment.
- (c) The Acute Crisis Unit shall develop, adopt and maintain policies and procedures to promote the objectives of the program and provide for qualified personnel during all hours of operation to support the functions of the center and provide quality care.

162.000 Job descriptions

- (a) The Acute Crisis Unit shall have written job descriptions for all positions setting forth minimum qualifications and duties of each position.
- (b) All job descriptions shall include an expectation of core competencies in relation to individuals with co-occurring disorders.

165.000 STAFF DEVELOPMENT AND TRAINING

166.000 Staff qualifications

- (a) The Acute Crisis Unit shall document the qualifications and training of staff providing crisis stabilization services which shall be in compliance with the Acute Crisis Unit's clinical privileging process.
- (b) Failure to comply with Section 166.000 will result in the initiation of procedures to deny, suspend and/or revoke certification.

167.000 Staff development

- (a) The Acute Crisis Unit shall have a written plan for the professional growth and development of all administrative, professional clinical and support staff.

- (b) This plan shall include but not be limited to:
 - (1) orientation procedures;
 - (2) in-service training and education programs;
 - (3) availability of professional reference materials; and
 - (4) mechanisms for insuring outside continuing educational opportunities for staff members.
- (c) The results of performance improvement activities and accrediting and audit findings and recommendations shall be addressed by and documented in the staff development and clinical privileging processes.
- (d) Staff competency development shall be aligned with the organization's goals related to co-occurring capability, and incorporate a training plan, training activities, and supervision designed to improve co-occurring core competencies of all staff.
- (e) Staff education and in-service training programs shall be evaluated by the Acute Crisis Unit at least annually.

168.000 In-service

- (a) Trainings are required annually for all employees who provide clinical services within the Acute Crisis Unit program on the following topics:
 - (1) Fire and safety;
 - (2) Infection Control and universal precautions;
 - (3) Client's rights and the constraints of the Mental Health Client's Bill of Rights;
 - (4) Confidentiality;
 - (5) Arkansas Adult and Long-Term Care Facility Resident Maltreatment Act, §12-12-1701 et seq.
 - (6) Facility policy and procedures;
 - (7) Cultural competence;
 - (8) Co-occurring disorder competency and treatment principles; and
 - (9) Trauma informed and age and developmental specific trainings.

- (b) All staff providing clinical services shall have a current certification in basic first aid and in Cardiopulmonary Resuscitation (CPR).
- (c) All clinical staff shall have training in non-physical intervention techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention within 30 days of being hired with annual updates thereafter. This training shall occur prior to direct patient contact.
- (d) The Acute Crisis Unit Executive Director shall designate which positions and employees, including temporary employees, will be required to successfully complete physical intervention training. The employee shall successfully complete this training within 30 days of being hired, with annual updated thereafter. This training shall occur prior to direct patient contact.

170.000 FACILITY ENVIRONMENT

Acute Crisis Units shall apply these standards to all sites operated. The primary concern of the Acute Crisis Unit should always be the safety and well being of the clients and staff. Acute Crisis Units shall be physically located in the State of Arkansas. Acute Crisis Units shall provide a safe and sanitary environment.

171.000 Facility environment

- (a) The Acute Crisis Unit shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities which documents approval for continued occupancy.
- (b) Acute Crisis Unit staff shall know the exact location, contents, and use of first aid supply kits and fire fighting equipment and fire detection systems. All fire fighting equipment shall be annually maintained in appropriately designated areas within the facility.
- (c) The Acute Crisis Unit shall post written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather. All exits must be clearly marked.
- (d) Facility grounds shall be maintained in a manner, which provides a safe environment for clients, personnel, and visitors.
- (e) The Acute Crisis Unit Facility Director or, designee, shall appoint a safety officer.
- (f) The Acute Crisis Unit shall have an emergency preparedness program designed to provide for the effective utilization of available resources so client care can be continued during a disaster. The Acute Crisis Unit shall evaluate the emergency preparedness program annually and update as needed.

- (g) Policies for the use and control of personal electrical equipment shall be developed and implemented.
- (h) The Acute Crisis Unit shall have an emergency power system to provide lighting throughout the facility.
- (i) The Acute Crisis Unit Facility Director shall ensure there is a written plan to respond to internal and external disasters. External disasters include, but are not limited to, tornadoes, explosions, and chemical spills.
- (j) All Acute Crisis Units shall be inspected annually by designated fire and safety officials of the municipality who exercise fire/safety jurisdiction in the facility's location which results in the facility being allowed to continue to operate.
- (k) The Acute Crisis Unit shall have a written Infection Control Program and staff shall be knowledgeable of Center for Disease Control (CDC) Guidelines for Tuberculosis and of the Blood Borne Pathogens Standard, location of spill kits, masks, and other personal protective equipment.
- (l) The Acute Crisis Unit shall have a written Hazardous Communication Program and staff shall be knowledgeable of chemicals in the workplace, location of Material Safety Data Sheets, personal protective equipment; and toxic or flammable substances shall be stored in approved locked storage cabinets.
- (m) The Acute Crisis Unit's telephone number(s) and actual hours of operation shall be posted at all public entrances.
- (n) Signs must be posted at all public entrances informing staff, clients and visitors as to the following requirements:
 - (1) No alcohol or illicit drugs are allowed in the Acute Crisis Unit facility,
 - (2) No firearms, or other dangerous weapons, are allowed in the Acute Crisis Unit facility with the exception of law enforcement while in the performance of their duties, and
 - (3) The use of tobacco is not allowed in the Acute Crisis Unit facility.
- (o) A copy of compliance with law Title VI/Title VII of the 1964 Civil Rights Law shall be prominently displayed within the Acute Crisis Unit Facility.
- (p) Acute Crisis Units shall:
 - (1) Provide separate bedroom areas for males and females,
 - (2) Provide sufficient clean linens for clients, and

- (3) Provide adequate barriers to divide clients.
- (q) Plumbing in Acute Crisis Units shall be in working condition to avoid any health threat. All toilets, sinks and showers shall be clean and in working order.
- (r) There shall be at least one toilet, one sink, and one shower or tub per every eight (8) Acute Crisis Unit beds. This means that an Acute Crisis Unit shall have no less than one toilet, one sink, and one shower or tub.
- (s) A secure locked storage shall be provided for client valuables when requested.
- (t) Separate storage areas are provided and designated for:
 - (1) Food, kitchen, and eating utensils,
 - (2) Clean linens,
 - (3) Soiled linens and soiled cleaning equipment, and
 - (4) Cleaning supplies and equipment.
- (u) When handling soiled linen or other potentially infectious material, Universal Precautions are to be followed and address in the Acute Crisis Unit policies and procedures. Hazardous and regulated waste shall be disposed of in accordance with federal requirements.
- (v) Poisons, toxic materials and other potentially dangerous items shall be stored in a secured location.
- (w) An Acute Crisis Unit is a free-standing facility that is not an adjunct to an existing hospital. The Acute Crisis Unit shall not have more than 16 beds.

172.000 Medication clinic, medication monitoring

- (a) Medication administration; storage and control; and client reactions shall be continuously monitored.
- (b) Acute Crisis Units shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.
 - (1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.

- (2) All medications shall be kept in locked, non-client accessible areas. Factors which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.
- (3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.
- (4) An Acute Crisis Unit physician shall supervise the preparation and stock of an emergency kit which shall be readily available, but accessible only to Acute Crisis Unit staff.

173.000 Medication, error rates

- (a) The Acute Crisis Unit shall have an ongoing performance improvement program that specifically, objectively, and systematically monitors medications administration or dispensing or medication orders and prescriptions to evaluate and improve the quality of client care.

174.000 Technology

- (a) The Acute Crisis Unit shall have a written plan regarding the use of technology and systems to support and advance effective and efficient service and business practices. The plan shall include, but not be limited to:
 - (1) Hardware and software.
 - (2) Security.
 - (3) Confidentiality.
 - (4) Backup policies.
 - (5) Assistive technology.
 - (6) Disaster recovery preparedness.
 - (7) Virus protection.

175.000 Food and Nutrition

- (a) If the Acute Crisis Unit prepared meals on site, the Acute Crisis Unit shall have a current food establishment health inspection as required by the Arkansas Department of Health

- (b) When meals are provided by a food service, a written contract shall be maintained and shall require the food service to have a current food establishment health inspection as required by the Arkansas Department of Health.
- (c) Acute Crisis Units shall provide at least three meals daily, with no more than fourteen (14) hours between any two meals.
- (d) All food shall be stored, prepared, and served in a safe, healthy manner.
- (e) Perishable items shall not be used once they exceed their sell by date.

180.000 GOVERNING AUTHORITY

181.000 Documents of authority

- (a) There shall be a duly constituted authority and governance structure for assuring legal responsibility and for requiring accountability for performance and operation of the Acute Crisis Unit.
- (b) The governing authority shall have written documents of its source of authority, which shall be available to the public upon request.
- (c) The governing body's bylaws, rules or regulations shall identify the chief executive officer who is responsible for the overall day-to-day operation of the Acute Crisis Unit, including the control, utilization and conservation of its physical and financial assets and the recruitment and direction of the staff.
 - (1) The source of authority document shall state:
 - (A) The eligibility criteria for governing body membership;
 - (B) The number and types of membership
 - (C) The method of selecting members;
 - (D) The number of members necessary for a quorum;
 - (E) Attendance requirements for governing body membership;
 - (F) The duration of appointment or election for governing body members and officers.
 - (G) The powers and duties of the governing body and its officers and committees or the authority and responsibilities of any person legally designated to function as the governing body.

(2) There shall be an organizational chart setting forth the structure of the organization.

DRAFT