**Section 380.310 Crisis Stabilization Units**

a) Crisis stabilization units shall provide safety, structure and the support necessary, including peer support, to help a consumer to stabilize a psychiatric episode. The maximum length of stay at a crisis stabilization unit shall not exceed 21 days.

b) Consumers admitted to a crisis stabilization unit shall:

1) Be diagnosed as having a serious mental illness;

2) Be experiencing an acute exacerbation of psychiatric symptoms;

3) Have a need for assessment and treatment within a structured, supervised therapeutic environment; and

4) Be expected to benefit from the treatment provided.

c) A consumer shall not be admitted to a crisis stabilization unit without approved authorization by the State-designated assessment and authorization entity.

d) Visiting family members who are younger than age 18 shall be accompanied by an adult.

e) Crisis stabilization units shall not accept for admission:

1) Anyone younger than 18 years of age;

2) Anyone who is intoxicated, as manifested by unstable vital signs or neurologic impairment, including but not limited to stupor, disorientation, or difficulty with swallowing or breathing that requires medical monitoring to assure medical safety, or who is at risk of severe withdrawal symptoms from alcohol or other substances;

3) Anyone who has one of the medical conditions in Section 380.120(n) requiring active intervention or treatment and a higher level of medical care beyond the capabilities of the crisis stabilization unit;

4) Anyone who is an imminent risk of harm to himself or herself or others, or who is unable to care for himself or herself, and who is eligible for involuntary commitment under the Mental Health and Developmental Disabilities Code;

5) Consumers who are non-ambulatory; or

6) Anyone who falls under any other restrictions in the Act and this Part, including exclusions from the definition of "consumer" in Section 380.100.

f) Service Requirements

The crisis stabilization unit shall ensure that all consumers who are admitted undergo an immediate assessment that, in consultation with the consumer, identifies and prioritizes the immediate and longer term services that the consumer needs. Additional service requirements include:

1) Treatment planning in accordance with Section 380.620(a);

2) Ongoing assessment to determine the consumer's progress and readiness for discharge;

3) Case management, including discharge planning, linkage to the community-based behavioral health provider that has been identified as responsible for the outpatient care for that consumer, referral and follow-up;

4) Therapeutic interventions that use evidence-based practices;

5) Meal services, in accordance with Section 380.650;

6) Assistance with activities of daily living, as needed;

7) Support and monitoring for safety, to include face checks as needed;

8) Skill building to facilitate illness self-management through the identification, development and use of individual strengths and natural supports;

9) Psychiatric evaluations;

10) Medication services; and

11) The capability of providing dual diagnoses services for a consumer, if needed.

g) The crisis stabilization unit shall provide 32 hours per week of group or individual active treatment, as prescribed by each consumer's treatment plan. The active treatment shall be documented in the consumer's record.

h) Discharge Planning

1) In conjunction with the consumer and any individual acting on behalf of the consumer at the consumer's request, a minimum of a QMHP shall develop, or supervise the development of, the discharge plan.

2) Discharge planning shall be conducted in conjunction with a community mental health center or other service provider selected by the consumer.

3) All discharge planning shall commence on admission to the crisis stabilization unit. If a consumer is homeless, the discharge planning shall include the immediate identification of living arrangements.

4) The crisis stabilization unit shall facilitate connection to the community-based behavioral health provider or community-based provider prior to discharge to foster the development of, or maintain the treatment relationship with, the community-based behavioral health provider or community-based provider.

5) The discharge plan shall be reviewed with the consumer and with any individual acting on behalf of the consumer at the consumer's request, and it shall be revised as progress indicates. At a minimum, the review shall occur once every seven days until discharge.

6) A consumer's supervision levels and his or her needed level of service shall be part of the assessment in determining the discharge plan.

i) The assessment of a consumer's need for face checks pursuant to subsection (f)(7) shall be ongoing and adjusted as needed.

j) Staffing Requirements

*In no case shall the staffing ratio in* a *crisis stabilization* unit *be less than* *3.6 hours of direct care* *for* each consumer. (Section 2-102(1) of the Act) For the purposes of this Section, "on site" means being in the crisis stabilization unit within a facility. The unit determines the work hours of the employee. For the purpose of computing staff-to-resident ratios, direct care staff shall include the following:

1) An LPHA, to provide clinical supervision of the program. The LPHA shall spend at least 50% of each full-time equivalent (FTE) work week on site at the crisis stabilization unit;

2) At least one QMHP per every 16 or fewer consumers, to provide assessment, individual and group therapy, and other mental health services as needed;

3) A psychiatrist or advance practice nurse who shall be immediately available by phone 24 hours per day and who shall be able to respond on site within 90 minutes after being contacted by phone when facility staff considers this necessary;

4) At least one registered nurse to provide at least 15 minutes of nursing care per day for each consumer;

5) At least one CRSS, on duty and available for services four hours per day, seven days per week. Each consumer shall have at least one individual, face-to-face-discussion with a CRSS prior to discharge or transfer to another level of service, as well as the opportunity for participation in group and individual meetings to develop a consumer's Wellness Recovery Action Plan;

6) MHPs, to provide mental health services to consumers 24 hours per day. The ratio of individuals served to MHPs shall not exceed 16 to one;

7) RSAs, to provide support and assistance to consumers 24 hours per day. The ratio of individuals served to RSAs shall not exceed 16 to one.

k) The staff of a crisis stabilization unit also shall include a dietetic service supervisor and safety personnel, but these shall not be considered part of the facility's direct care staff.

l) Safety personnel shall be available 24 hours per day, and shall be able to respond within five minutes after being contacted by phone. While crisis stabilization units shall be secure, they are not required to be locked.

m) The direct care staff shall meet weekly for cross-training to support professional skill development.

n) A crisis stabilization unit shall maintain collaborative agreements with:

1) Community-based behavioral health providers to facilitate discharge planning; and

2) A local psychiatric unit to assure rapid priority access when a consumer needs to be admitted to the psychiatric unit.

o) Consumer preferences shall be considered whenever possible.