

**TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
SERVICES**

**CHAPTER 23. STANDARDS AND CRITERIA FOR COMMUNITY-BASED
STRUCTURED CRISIS CENTERS**

SUBCHAPTER 3. CBSCC SERVICES

PART 2. URGENT RECOVERY CLINIC SERVICES

450:23-3-23. URC Crisis intervention services

(a) URCs shall provide evaluation, crisis stabilization, and social services intervention and must be available seven (7) days per week for consumers experiencing substance abuse related crisis; consumers in need of assistance for emotional or mental distress; or those with co-occurring disorders.

(b) Licensed behavioral health professionals and other support staff shall be adequate in number to provide care needed by consumers twenty-four (24) hours a day seven (7) days per week.

(c) A minimum of one (1) Licensed Practical Nurse or Registered Nurse shall be available, either in-person or via telehealth, at the URC ~~in-person~~ twenty-four (24) hours a day, seven (7) days per week. Regardless of the manner in which nursing staff are available, the URC shall ensure sufficient availability of nursing staff at all times and immediate access to nursing services for consumers whenever needed, in accordance with OAC 450:23-3-22.

(d) The URC shall provide or otherwise ensure the capacity for a practitioner with prescriptive authority and adequate staff with the authority to administer medications at all times for consumers in need of emergency medication services.

(e) Crisis intervention services shall be provided by a co-occurring disorder capable team of social services, clinical, administrative, and other staff adequate to meet the clinical needs of the individuals served and make appropriate clinical decisions to:

- (1) Determine an appropriate course of action;
- (2) Stabilize the situation as quickly as possible; and
- (3) Guide access to inpatient services or less restrictive alternatives, as necessary.

(f) Compliance with this Section shall be determined by a review of the following: personnel files and clinical privileges records; clinical records; PICIS information; policy and procedures; critical incident reports; staffing; census; and by on-site observation.