TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

CHAPTER 17. STANDARDS AND CRITERIA FOR COMMUNITY MENTAL HEALTH CENTERS

SUBCHAPTER 5. OPTIONAL SERVICES

PART 19. PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT

450:17-5-127. Program of assertive community treatment

If a CMHC chooses to provide a program of assertive community treatment (PACT) as an optional service, the CMHC must ~~become certified as a PACT and comply~~be in compliance with OAC Title 450, Chapter 55, Standards and Criteria for Programs of Assertive Community Treatment.

PART 25. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

450:17-5-184. Crisis services

(a) The CCBHC shall make available, either directly or through a qualified DCO, the following co-occurring capable crisis services:

(1) Mobile crisis teams that are available for community response twenty-four (24) hours a day, seven (7) days a week, with response times of no more than one (1) hour in urban areas and two (2) hours in rural areas (as designated by the most recent data from the U.S. Census Bureau). Response time is the time from referral to the mobile crisis team to on-site, community-based response;

(2) Emergency crisis intervention services available in-person at the facility twenty-four (24) hours a day, seven (7) days a week; and

(3) Specialized crisis stabilization services, such as a PACT team or dedicated outreach staff/team, that are accessible to all consumers in the catchment area with serious mental illness/serious emotional disturbance that meet criteria as determined by the CCBHC or as designated by ODMHSAS.

(b) Crisis services must include suicide crisis prevention and intervention services capable of addressing crises related to substance use disorder and intoxication, including ambulatory and medical withdrawal management and drug and alcohol related overdose support following a non-fatal overdose after the individual is medically stable. Overdose prevention activities must include ensuring access to naloxone for overdose reversal to individuals who are at risk of opioid overdose, and as appropriate, to their family members.

(c) The CCBHC must have an established protocol specifying the role of law enforcement during the provision of crisis services.

(d) The CCBHC must have established protocols to track referrals made from 988 and other external crisis intervention call centers to the CCBHC to ensure the timely delivery of mobile crisis team response, crisis stabilization, and post crisis follow-up care.

(e) The CCBHC must be in compliance with OAC 450:23-3-35, when providing mobile crisis services.

~~(e)~~(f) Compliance with this Section shall be determined by facility policies and clinical records. The ODMHSAS may also utilize surveys and/or interviews with law enforcement agencies,

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consumers, families and community partners to determine if these requirements are met.

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