

**OKLAHOMA DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES**

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TITLE 450

CHAPTER 30
STANDARDS AND CRITERIA FOR
STATE-OPERATED INPATIENT SERVICES

EFFECTIVE JULY 1, 2008

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TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS [REVOKED]..... Page XX

450:30-1-1. Purpose [REVOKED]

SUBCHAPTER 3. PATIENT/CLIENT RELOCATION [REVOKED]..... Page XX

Part 1. Patient Transfers [REVOKED]

450:30-3-1. Applicability [REVOKED]

450:30-3-2. Intra-departmental transfers [REVOKED]

450:30-3-3. Interagency transfers [REVOKED]

450:30-3-4. Patients eligible for care in federal institutions [REVOKED]

450:30-3-5. Interstate transfer; Interstate Compact on Mental Health [REVOKED]

450:30-3-6. Transfer of female patients [REVOKED]

450:30-3-7. Inmates of the Oklahoma Department of Corrections [REVOKED]

450:30-3-8. Intra-facility transfer of patients to more restrictive settings [REVOKED]

Part 3. Convalescent Leave [REVOKED]

450:30-3-18. Applicability [REVOKED]

450:30-3-19. Granting of convalescent leave [REVOKED]

450:30-3-20. Policy; court committed patients on convalescent leave [REVOKED]

450:30-3-21. Discharge procedures [REVOKED]

Part 4. Patient Records [REVOKED]

450:30-3-22. Medical records for transferred patients (non-medical emergency); review [REVOKED]

450:30-3-23. Medical emergency transfers [REVOKED]

Part 5. Patients Absent Without Leave (AWOL) and Reporting [REVOKED]

450:30-3-31. Definition [REVOKED]

450:30-3-32. Applicability [REVOKED]

450:30-3-33. Responsibilities; plan development which addresses AWOL questions [REVOKED]

450:30-3-34. Reporting AWOL incidents [REVOKED]

450:30-3-35. Prevention of AWOL incidents [REVOKED]

Part 7. Referrals [REVOKED]

450:30-3-45. Applicability [REVOKED]

450:30-3-46. Referral policy and procedures [REVOKED]

Part 9. Critical Incidents [REVOKED]

450: 30-3-55. Definitions [REVOKED]

450: 30-3-56. Applicability [REVOKED]

450: 30-3-57. Reporting of critical incidents [REVOKED]

450: 30-3-58. Responsibility for reporting of critical incidents [REVOKED]

450: 30-3-59. Critical incident report form and format [REVOKED]

SUBCHAPTER 5. PATIENT/CLIENT REVIEW [REVOKED] Page XX

Part 1. Utilization Review [REVOKED]

450:30-5-1. Applicability [REVOKED]

450:30-5-2. Allocation of resources [REVOKED]

450:30-5-3. Written plan; utilization review program [REVOKED]

450:30-5-4. Methods for identifying utilization problems; concurrent review [REVOKED]

450:30-5-5. Discharge planning [REVOKED]

450:30-5-6. Review and revision of utilization review program [REVOKED]

450:30-5-7. Requests for rule revisions; recommendations [REVOKED]

Part 3. Patient Care Monitoring [REVOKED]

450:30-5-17. Applicability [REVOKED]

450:30-5-18. Written plan; patient care monitoring [REVOKED]

450:30-5-19. Scope of patient care monitoring [REVOKED]

450:30-5-20. Requests for rule revisions regarding patient care monitoring;
recommendations [REVOKED]

Part 5. Requirements for Prescribing and Monitoring Antipsychotic (Neuroleptic) Medications [REVOKED]

450:30-5-30. Applicability [REVOKED]

450:30-5-31. Policy regarding patients who are to receive neuroleptic medications
[REVOKED]

450:30-5-32. Prescribing and monitoring neuroleptic antipsychotic medications
[REVOKED]

Part. 7 Procedures and Forms for Clinical Records [REVOKED]

450:30-5-42. Applicability [REVOKED]

450:30-5-43. Clinical record; number assignment; function [REVOKED]

450:30-5-44. Contents of clinical record [REVOKED]

450:30-5-45. Special procedures; clinical record [REVOKED]

450:30-5-46. Discharge summary; clinical record [REVOKED]

450:30-5-47. Notification of medical examiner [REVOKED]

450:30-5-48. Management of records [REVOKED]

450:30-5-49. Record filing and disposition [REVOKED]

450:30-5-50. Access and release of patient related data [REVOKED]

450:30-5-51. Policies and procedures regarding model clinical records forms
[REVOKED]

450:30-5-52. Implementation guidelines for the state model clinical record for

- community mental health centers **[REVOKED]**
- 450:30-5-53. Required clinical records forms **[REVOKED]**
- 450:30-5-54. Policy and procedure; request for service form **[REVOKED]**
- 450:30-5-55. Policy and procedure; consent for treatment form **[REVOKED]**
- 450:30-5-56. Policy and procedure; consent for follow-up form **[REVOKED]**
- 450:30-5-57. Policy and procedure; client data core (face sheet for centers)
[REVOKED]
- 450:30-5-58. Policy and procedure; health and drug history form **[REVOKED]**
- 450:30-5-59. Policy and procedure; psycho-social evaluation form **[REVOKED]**
- 450:30-5-60. Policy and procedure; readmission documentation form **[REVOKED]**
- 450:30-5-61. Policy and procedure; treatment plan **[REVOKED]**
- 450:30-5-62. Policy and procedure; treatment plan review and update **[REVOKED]**
- 450:30-5-63. Policy and procedure; progress notes **[REVOKED]**
- 450:30-5-64. Policy and procedure; discharge summary **[REVOKED]**
- 450:30-5-65. Policy and procedure; orders **[REVOKED]**
- 450:30-5-66. Policy and procedure; laboratory reports form **[REVOKED]**
- 450:30-5-67. Policy and procedure; physical therapy record form **[REVOKED]**
- 450:30-5-68. Policy and procedure; client referral for rehabilitation form **[REVOKED]**
- 450:30-5-69. Policy and procedure; release of confidential information form
[REVOKED]
- 450:30-5-70. Policy and procedure; nursing admission note **[REVOKED]**
- 450:30-5-71. Policy and procedure; protective care sheet **[REVOKED]**
- 450:30-5-72. Policy and procedure; medication administration record (inpatient)
[REVOKED]
- 450:30-5-73. Policy and procedure; medication administration record (outpatient)
[REVOKED]
- 450:30-5-74. Policy and procedure; physical information form **[REVOKED]**
- 450:30-5-75. Policy and procedure; nursing transfer/release summary form **[REVOKED]**
- 450:30-5-76. Policy and procedure; release of responsibility for client's property form
[REVOKED]
- 450:30-5-77. Policy and procedure; professional examination/consultation record
(request and report) **[REVOKED]**
- 450:30-5-78. Policy and procedure; physical examination form **[REVOKED]**
- 450:30-5-79. Policy and procedure; systems review form **[REVOKED]**
- 450:30-5-80. Policy and procedure; patient's rights form **[REVOKED]**
- 450:30-5-81. Policy and procedure; family treatment documentation form **[REVOKED]**
- 450:30-5-82. Policy and procedure; master problem list **[REVOKED]**
- 450:30-5-83. Policy and procedure; role performance profile **[REVOKED]**
- 450:30-5-84. Policy and procedure; mini-record form **[REVOKED]**
- 450:30-5-85. Policy and procedure; referral form **[REVOKED]**

Part 9. Quality Assurance [REVOKED]

450:30-5-95. Applicability [REVOKED]

450:30-5-96. Development of quality assurance plan [REVOKED]

450:30-5-97. Components of the quality assurance program [REVOKED]

450:30-5-98. Review and revisions; quality assurance rules/regulations [REVOKED]

Part 11. Restraint and Seclusion [REVOKED]

450:30-5-108. Definition [REVOKED]

450:30-5-109. Applicability [REVOKED]

450:30-5-110. General statement regarding restraint and seclusion [REVOKED]

450:30-5-111. Use of soft restraints [REVOKED]

450:30-5-112. Non-emergency procedures; restraint or seclusion [REVOKED]

450:30-5-113. Emergency procedures; restraint or seclusion [REVOKED]

450:30-5-114. Time lines; restraint or seclusion [REVOKED]

Part 13. Treatment Plans [REVOKED]

450:30-5-124. Applicability [REVOKED]

450:30-5-125. Development of individualized treatment plan [REVOKED]

450:30-5-126. Treatment plan policy and procedures [REVOKED]

450:30-5-127. Evaluation; case conference; progress notes [REVOKED]

450:30-5-128. Review of treatment plan [REVOKED]

450:30-5-129. Release procedures; aftercare plan [REVOKED]

Part. 15. Assessment [REVOKED]

450:30-5-139. Applicability [REVOKED]

450:30-5-140. Patient assessment [REVOKED]

450:30-5-141. Responsibility for assessment of the patient's physical health
[REVOKED]

450:30-5-142. Physical examinations [REVOKED]

450:30-5-143. Children and adolescents' health assessment [REVOKED]

450:30-5-144. Psychological assessment [REVOKED]

450:30-5-145. Social assessment [REVOKED]

450:30-5-146. Vocational assessment [REVOKED]

450:30-5-147. Nutritional assessment [REVOKED]

450:30-5-148. Activities assessment [REVOKED]

450:30-5-149. Legal assessment [REVOKED]

SUBCHAPTER 7. PATIENT/CLIENT PROGRAM SERVICES [REVOKED] . Page 13

450:30-7-34. Activity services; scope and use [REVOKED]

450:30-7-35. Activity services staff [REVOKED]

450:30-7-36. Policies and procedures; activity services [REVOKED]

450:30-7-37. Activity services as part of total treatment plan (REVOKED)

450:30-7-38. Space, equipment, and facilities [REVOKED]

450:30-7-39. Use of community services and vehicles [REVOKED]

SUBCHAPTER 9. ROLE OF STATE-OPERATED PSYCHIATRIC UNITS..... Page XX

- 450:30-9-1 Purpose
- 450:30-9-2 Applicability
- 450:30-9-3 Admission criteria for state-operated inpatient psychiatric units
- 450:30-9.3.1 Voluntary formal and informal admissions to a state-operated inpatient psychiatric unit
- 450:30-9-4 Community Mental Health Center referrals
- 450:30-9-5 Detoxification referrals
- 450:30-9-6 Criteria for exclusion from state-operated inpatient psychiatric units admission
- 450:30-9-7 Referral assistance to be provided by the state-operated psychiatric inpatient unit
- 450:30-9-8 State-operated psychiatric inpatient unit treatment functions
- 450:30-9-9 Mechanical restraints
- 450:30-9-10 Consumer Rights
- 450:30-9-11 Consumer grievance policy

SUBCHAPTER 11. EMERGENCY MEDICAL CARE [REVOKED]..... Page XX

- 450:30-11-1. Applicability [REVOKED]
- 450:30-11-2. Emergency medical care [REVOKED]

SUBCHAPTER 13. PREGNANT PATIENTS [REVOKED]..... Page XX

- 450:30-13-1. Applicability [REVOKED]
- 450:30-13-2. Obstetrical Care [REVOKED]

SUBCHAPTER 15. FORENSIC REVIEW BOARD..... Page XX

- 450:30-15-1. Applicability
- 450:30-15-2. Definitions
- 450:30-15-3. Composition, powers and duties

SUBCHAPTER 1. GENERAL PROVISIONS [REVOKED]

450:30-1-1. Purpose [REVOKED]

SUBCHAPTER 3. PATIENT/CLIENT RELOCATION [REVOKED]

Part 1. Patient Transfers [REVOKED]

450:30-3-1. Applicability [REVOKED]

450:30-3-2. Intra-departmental transfers [REVOKED]

450:30-3-3. Interagency transfers [REVOKED]

450:30-3-4. Patients eligible for care in federal institutions [REVOKED]

450:30-3-5. Interstate transfer; Interstate Compact on Mental Health [REVOKED]

450:30-3-6. Transfer of female patients [REVOKED]

450:30-3-7. Inmates of the Oklahoma Department of Corrections [REVOKED]

450:30-3-8. Intra-facility transfer of patients to more restrictive settings [REVOKED]

Part 3. Convalescent Leave [REVOKED]

450:30-3-18. Applicability [REVOKED]

450:30-3-19. Granting of convalescent leave [REVOKED]

450:30-3-20. Policy; court committed patients on convalescent leave [REVOKED]

450:30-3-21. Discharge procedures [REVOKED]

Part 4. Patient Records [REVOKED]

450:30-3-22. Medical records for transferred patients (non-medical emergency); review [REVOKED]

450:30-3-23. Medical emergency transfers [REVOKED]

Part 5. Patients Absent Without Leave (Awol) And Reporting [REVOKED]

450:30-3-31. Definition [REVOKED]

450:30-3-32. Applicability [REVOKED]

450:30-3-33. Responsibilities; plan development which addresses AWOL questions [REVOKED]

450:30-3-34. Reporting AWOL incidents [REVOKED]

450:30-3-35. Prevention of AWOL incidents [REVOKED]

Part 7. Referrals [REVOKED]

450:30-3-45. Applicability [REVOKED]

450:30-3-46. Referral policy and procedures [REVOKED]

Part 9. Critical Incidents [REVOKED]

- 450:30-3-55. Definitions [REVOKED]**
- 450:30-3-56. Applicability [REVOKED]**
- 450:30-3-57. Reporting of critical incidents [REVOKED]**
- 450:30-3-58. Responsibility for reporting of critical incidents [REVOKED]**
- 450:30-3-59. Critical incident report form and format [REVOKED]**

SUBCHAPTER 5. PATIENT/CLIENT REVIEW [REVOKED]

Part 1. Utilization Review [REVOKED]

- 450:30-5-1. Applicability [REVOKED]**
- 450:30-5-2. Allocation of resources [REVOKED]**
- 450:30-5-3. Written plan; utilization review program [REVOKED]**
- 450:30-5-4. Methods for identifying utilization problems; concurrent review [REVOKED]**
- 450:30-5-5. Discharge planning [REVOKED]**
- 450:30-5-6. Review and revision of utilization review program [REVOKED]**
- 450:30-5-7. Requests for rule revisions; recommendations [REVOKED]**

Part 3. Patient Care Monitoring [REVOKED]

- 450:30-5-17. Applicability [REVOKED]**
- 450:30-5-18. Written plan; patient care monitoring [REVOKED]**
- 450:30-5-19. Scope of patient care monitoring [REVOKED]**
- 450:30-5-20. Requests for rule revisions regarding patient care monitoring; recommendations [REVOKED]**

Part 5. Requirements for Prescribing and Monitoring Antipsychotic (Neuroleptic) Medications [REVOKED]

- 450:30-5-30. Applicability [REVOKED]**
- 450:30-5-31. Policy regarding patients who are to receive neuroleptic medications [REVOKED]**
- 450:30-5-32. Prescribing and monitoring neuroleptic antipsychotic medications [REVOKED]**

Part. 7 Procedures and Forms for Clinical Records [REVOKED]

- 450:30-5-42. Applicability [REVOKED]**
- 450:30-5-43. Clinical record; number assignment; function [REVOKED]**
- 450:30-5-44. Contents of clinical record [REVOKED]**
- 450:30-5-45. Special procedures; clinical record [REVOKED]**
- 450:30-5-46. Discharge summary; clinical record [REVOKED]**
- 450:30-5-47. Notification of medical examiner [REVOKED]**

- 450:30-5-48. Management of records [REVOKED]
- 450:30-5-49. Record filing and disposition [REVOKED]
- 450:30-5-50. Access and release of patient related data [REVOKED]
- 450:30-5-51. Policies and procedures regarding model clinical records forms [REVOKED]
- 450:30-5-52. Implementation guidelines for the state model clinical record for community mental health centers [REVOKED]
- 450:30-5-53. Required clinical records forms [REVOKED]
- 450:30-5-54. Policy and procedure; request for service form [REVOKED]
- 450:30-5-55. Policy and procedure; consent for treatment form [REVOKED]
- 450:30-5-56. Policy and procedure; consent for follow-up form [REVOKED]
- 450:30-5-57. Policy and procedure; client data core (face sheet for centers) [REVOKED]
- 450:30-5-58. Policy and procedure; health and drug history form [REVOKED]
- 450:30-5-59. Policy and procedure; psycho-social evaluation form [REVOKED]
- 450:30-5-60. Policy and procedure; readmission documentation form [REVOKED]
- 450:30-5-61. Policy and procedure; treatment plan [REVOKED]
- 450:30-5-62. Policy and procedure; treatment plan review and update [REVOKED]
- 450:30-5-63. Policy and procedure; progress notes [REVOKED]
- 450:30-5-64. Policy and procedure; discharge summary [REVOKED]
- 450:30-5-65. Policy and procedure; orders [REVOKED]
- 450:30-5-66. Policy and procedure; laboratory reports form [REVOKED]
- 450:30-5-67. Policy and procedure; physical therapy record form [REVOKED]
- 450:30-5-68. Policy and procedure; client referral for rehabilitation form [REVOKED]
- 450:30-5-69. Policy and procedure; release of confidential information form [REVOKED]
- 450:30-5-70. Policy and procedure; nursing admission note [REVOKED]
- 450:30-5-71. Policy and procedure; protective care sheet [REVOKED]
- 450:30-5-72. Policy and procedure; medication administration record (inpatient) [REVOKED]
- 450:30-5-73. Policy and procedure; medication administration record (outpatient) [REVOKED]
- 450:30-5-74. Policy and procedure; physical information form [REVOKED]
- 450:30-5-75. Policy and procedure; nursing transfer/release summary form [REVOKED]
- 450:30-5-76. Policy and procedure; release of responsibility for client's property form [REVOKED]
- 450:30-5-77. Policy and procedure; professional examination/consultation record (request and report) [REVOKED]
- 450:30-5-78. Policy and procedure; physical examination form [REVOKED]
- 450:30-5-79. Policy and procedure; systems review form [REVOKED]
- 450:30-5-80. Policy and procedure; patient's rights form [REVOKED]
- 450:30-5-81. Policy and procedure; family treatment documentation form [REVOKED]
- 450:30-5-82. Policy and procedure; master problem list [REVOKED]

- 450:30-5-83. Policy and procedure; role performance profile [REVOKED]
- 450:30-5-84. Policy and procedure; mini-record form [REVOKED]
- 450:30-5-85. Policy and procedure; referral form [REVOKED]

Part 9. Quality Assurance [REVOKED]

- 450:30-5-95. Applicability [REVOKED]
- 450:30-5-96. Development of quality assurance plan [REVOKED]
- 450:30-5-97. Components of the quality assurance program [REVOKED]
- 450:30-5-98. Review and revisions; quality assurance rules/regulations [REVOKED]

Part 11. Restraint and Seclusion [REVOKED]

- 450:30-5-108. Definition [REVOKED]
- 450:30-5-109. Applicability [REVOKED]
- 450:30-5-110. General statement regarding restraint and seclusion [REVOKED]
- 450:30-5-111. Use of soft restraints [REVOKED]
- 450:30-5-112. Non-emergency procedures; restraint or seclusion [REVOKED]
- 450:30-5-113. Emergency procedures; restraint or seclusion [REVOKED]
- 450:30-5-114. Time lines; restraint or seclusion [REVOKED]

Part 13. Treatment Plans [REVOKED]

- 450:30-5-124. Applicability [REVOKED]
- 450:30-5-125. Development of individualized treatment plan [REVOKED]
- 450:30-5-126. Treatment plan policy and procedures [REVOKED]
- 450:30-5-127. Evaluation; case conference; progress notes [REVOKED]
- 450:30-5-128. Review of treatment plan [REVOKED]
- 450:30-5-129. Release procedures; aftercare plan [REVOKED]

Part. 15. Assessment [REVOKED]

- 450:30-5-139. Applicability [REVOKED]
- 450:30-5-140. Patient assessment [REVOKED]
- 450:30-5-141. Responsibility for assessment of the patient's physical health [REVOKED]
- 450:30-5-142. Physical examinations [REVOKED]
- 450:30-5-143. Children and adolescents health assessment [REVOKED]
- 450:30-5-144. Psychological assessment [REVOKED]
- 450:30-5-145. Social assessment [REVOKED]
- 450:30-5-146. Vocational assessment [REVOKED]
- 450:30-5-147. Nutritional assessment [REVOKED]
- 450:30-5-148. Activities assessment [REVOKED]
- 450:30-5-149. Legal assessment [REVOKED]

SUBCHAPTER 7. PATIENT/CLIENT PROGRAM SERVICES [REVOKED]

450:30-7-34. Activity services; scope and use [REVOKED]

450:30-7-35. Activity services staff [REVOKED]

450:30-7-36. Policies and procedures; activity services [REVOKED]

450:30-7-37. Activity services as part of total treatment plan [REVOKED]

450:30-7-38. Space, equipment, and facilities [REVOKED]

450:30-7-39. Use of community services and vehicles [REVOKED]

SUBCHAPTER 9. ROLE OF STATE-OPERATED INPATIENT PSYCHIATRIC UNITS

450:30-9-1. Purpose

The purpose of this subchapter is to define the role of state-operated facilities with inpatient psychiatric units serving adults under civil admissions in providing mental health treatment services to individuals within the State of Oklahoma.

450:30-9-2. Applicability

This subchapter is applicable to state-operated facilities with inpatient psychiatric units.

450:30-9-3. Admission criteria for state-operated inpatient psychiatric units

Individuals appropriate for involuntary admission to a state-operated inpatient psychiatric unit are persons age eighteen or older who have received maximum benefit of the community based treatment available ("Maximum benefit" is defined as the extent available resources can no longer accommodate or assist in the reduction of psychiatric symptoms in a level of care less restrictive than inpatient services.); and who:

(1) Are determined to have any of the following psychiatric diagnoses based on nomenclature established in the most current edition of the Diagnostic and Statistical Manual, published by the American Psychiatric Association:

- (A) Schizophrenia;
- (B) Schizoaffective Disorder;
- (C) Other Psychotic Disorders;
- (D) Bipolar Disorder;
- (E) Depressive Disorders;
- (F) Other Mood Disorders;
- (G) Anxiety Disorders;
- (H) Dissociative Disorders;
- (I) Adjustment Disorders; or,
- (J) Substance Related Psychiatric Disorders; and

(2) Demonstrate they are a risk of harm to self or others as defined in 43A O.S. § 1-103.

450:30-9.3.1. Voluntary formal and informal admissions to a state-operated inpatient psychiatric unit

The executive director of the state-operated inpatient unit may receive and retain as a consumer, when there are available accommodations, any person eighteen (18) years of age or over, who meets the admission criteria defined in 450:30-9-3, and who voluntarily makes a written application for inpatient treatment.

(1) Any person presenting to a state-operated inpatient psychiatric unit for voluntary admission shall be evaluated by a licensed mental health professional, as defined by 43A O.S. §1-103 (11), who is employed by the state-operated inpatient psychiatric unit to determine that the requested admission is appropriate in accordance with the facility's admission criteria. If the licensed mental health professional determines that admission is necessary and an appropriate referral by a community mental health center has not been made, the licensed mental health professional will seek consent from the person making application for admission to contact the local community mental health center to discuss the admission of the consumer and review options for consideration in lieu of admission to the facility.

(2) A person being admitted to the state-operated inpatient psychiatric unit on a voluntary status must be able to grant consent for the admission. The licensed mental health professional shall ensure that the person signing the request for voluntary admission is competent to grant consent. If the person is unable or not competent to give consent, then the individual may be admitted through the civil involuntary commitment process.

(3) The written application for voluntary admission shall include:

- (A) the name of facility to which the request is made;
- (B) the current date and time;
- (C) the name and address of the person making the request;
- (D) the signatures of the person making the request;
- (E) the licensed mental health professional conducting the evaluation; and
- (F) the signature of a witness or notary.

(4) An individual presenting for voluntary admission with pending criminal charges against him or her shall not be admitted if he or she is confined in a jail or adult lock-up facility.

(5) An individual voluntarily admitted to the state-operated inpatient psychiatric unit shall not be detained for a period exceeding seventy-two (72) hours, excluding weekends and holidays, from receipt of notice of the consumer's desire to leave such inpatient treatment facility.

(6) The state-operated inpatient psychiatric unit shall refer, with appropriate signed consent by the individual, persons who do not meet the criteria for admission and are refused admission to an appropriate agency or service. Appropriate documentation of the referral and reason for the non-admission shall be made.

450:30-9-4. Community Mental Health Center referrals

The state-operated inpatient psychiatric unit shall develop procedures by which referrals for admission to the unit are accepted from community mental health centers, provided a signed consent for release of information is secured from the consumer. Conditions under which a state-operated inpatient psychiatric unit may accept a referral from a community mental health center are as follows:

- (1) The consumer shall meet admission criteria as defined in 450:30-9-3 and 450:30-9-3.1; and
- (2) The CMHC shall have no local inpatient psychiatric unit capacity either of its own or a contracted for inpatient service; or
- (3) When the environment at the local inpatient psychiatric unit is deemed unsafe.

450:30-9-5. Detoxification referrals

The state-operated inpatient psychiatric unit may develop procedures by which referrals for admission to the unit for detoxification are accepted from an alcohol and drug program provided an adequate signed consent for release of information is secured from the consumer. Conditions under which a state-operated inpatient psychiatric unit may accept a referral from an alcohol and drug program are as follows:

- (1) The individual shall meet admission criteria as defined in 450:30-9-3 and 450:30-9-3.1;
- (2) Detoxification services are not provided or currently available locally; and
- (3) The specific alcohol and drug program referring the individual to the state-operated inpatient psychiatric unit for detoxification services agrees to participate in discharge planning, with properly signed consent by the consumer, to assure continuity from state-operated inpatient psychiatric unit services to community based services.

450:30-9-6. Criteria for exclusion from state-operated inpatient psychiatric units admission

Individuals inappropriate for admission to state-operated psychiatric inpatient units are considered to be the following:

- (1) Individuals who have a problem with substance abuse except those in acute withdrawal and for whom no local inpatient services for such treatment are immediately available.
- (2) Individuals with a post-traumatic head injury or other organically based disorders with behavioral manifestations not attributable to a specific mental illness as listed in 450:30-9-3(1), and do not meet the admission criteria stated in 450:30-9-3(2).
- (3) Individuals who are mentally retarded or developmentally disabled with behavioral manifestations not attributable to a specific mental illness as listed in 450:30-9-3 (1) and do not meet the admission criteria stated in 450:30-9-3(2).
- (4) Individuals who are homicidal or aggressive, and do not meet the admission criteria stated in 450:30-9-3.

(5) Individuals who are medically unstable. "Medically unstable" is defined as an immediate life threatening medical disorder or illness that requires emergency care, and severe medical illnesses or disorders for which the state-operated psychiatric inpatient unit does not have the ability to treat.

(6) Individuals with personality disorders as defined in the current Diagnostic and Statistical Manual published by the American Psychiatric Association and who do not meet the admission criteria stated in 450:30-9-3.

450:30-9-7. Referral assistance to be provided by the state-operated psychiatric inpatient unit

The state-operated psychiatric inpatient unit shall assure that procedures are published and followed related to activities which may be initiated at the local level to assist with admissions to the state-operated psychiatric inpatient unit on a consumer's behalf with signed consumer consent. These shall involve the following:

- (1) Evaluation and assessment for consideration of admission to the state-operated psychiatric inpatient unit if performed by a community mental health center or alcohol or drug program and,
- (2) Communication with local law enforcement and courts regarding the appropriate referral process and appropriate court orders.

450:30-9-8. State-operated psychiatric inpatient unit treatment functions

(a) The state-operated psychiatric inpatient unit admission function is as follows:

- (1) Comprehensive evaluation prior to admission; and
- (2) Crisis intervention and stabilization regardless of legal status in consideration of relevant legal restrictions on providing treatment including but not limited to medications to individuals admitted on emergency detention status.

(b) The state-operated psychiatric inpatient unit acute care treatment function is as follows:-

- (1) Treatment to provide quick reduction and stabilization of psychiatric or acute withdrawal symptoms with ongoing treatment provided in the community; and
- (2) Discharge planning which shall begin at time of admission.

(c) The state-operated psychiatric inpatient unit continued treatment function is as follows:

- (1) Continued treatment planning which shall begin with the consumer and, pursuant to releases signed by the consumer, the family and the local community mental health center or alcohol or drug program as soon as the consumer is admitted to the state-operated psychiatric inpatient unit.
- (2) Planning, pursuant to appropriately signed releases by the consumer, which shall include a written discharge plan to address the basic needs of the consumer including but not limited to housing, income maintenance and social support as well as specific provisions for ongoing community based mental health or substance abuse treatment needs. When treatment for co-occurring substance abuse and mental health disorders is indicated, discharge planning shall include arrangements to continue treatment for the co-occurring disorders.

(3) Regular communication including meetings with all community mental health centers and alcohol or drug programs within the state-operated psychiatric inpatient unit service area pursuant to appropriately signed releases by the consumer to support the continuation of care on behalf of the consumer in post- inpatient settings.

(d) Any person involuntarily committed for inpatient treatment shall receive a review of his or her involuntary status at least once every three (3) months. The executive director of the state-operated facility with the psychiatric inpatient unit shall take appropriate action based upon this review.

(1) If continued care in the involuntary commitment status is indicated, the treatment team shall determine reasons the individual does not meet criteria for discharge and summarize these in a written evaluation. The team's report shall indicate the exploration of alternatives for continuing care in a less restrictive setting and reasons these alternatives are not clinically indicated.

(2) A second, independent evaluation shall be made by the state-operated psychiatric unit clinical director. In cases where the clinical director is also the treating physician, a non-treating physician shall conduct and document the independent evaluation.

(3) All evaluations for purposes of such reviews shall be documented in the medical record.

(4) Summaries and recommendations of the team and the independent evaluation shall be forwarded to the executive director who shall document, in the medical record, actions authorized by him or her based on the review. Such actions may include but not be limited to discharge from the state-operated psychiatric inpatient unit, motion to modify commitment orders, or development of revised treatment plans for services offered for the consumer in the state-operated psychiatric inpatient unit

(5) Copies of all evaluations including recommendations, pursuant to this subsection shall be provided to the ODMHSAS Office of Consumer Advocacy.

450:30-9-9. Mechanical Restraints

(a) Mechanical restraints shall not be used on a non-consenting individual unless an inpatient psychiatric facility licensed physician personally examines the individual and determines their use to be required for the safety and protection of the consumer or other persons. This shall not prohibit the emergency use of restraint pending notification of the physician.

(b) The inpatient psychiatric facility shall have a written protocol for the use of mechanical restraints which includes, but is not limited to:

(1) Criteria to be met prior to authorizing the use of mechanical restraints;

(2) Signature of the licensed physician authorizing use;

(3) Time limit of said authorizations;

(4) Circumstances which automatically terminate an authorization;

(5) Setting a time period, not to exceed every fifteen (15) minutes, an individual in mechanical restraints shall be observed and checked by a designated staff under the on-site supervision of a registered nurse;

- (6) Requiring in every use of mechanical restraints documentation the specific reason for such use, the actual start and stop times of use, authorizing inpatient psychiatric facility licensed physician signature, and record of times the consumer was observed and checked and by whom;
- (7) A chronological log including the name of every consumer placed in mechanical restraints, and the occurrence date. In accordance with 43 A O.S. § 4-106, the inpatient psychiatric facility director, or designee shall be responsible for insuring compliance with record keeping mandates;
- (8) A process of peer review to evaluate use of mechanical restraints; and
- (9) The items listed in (1) through (6) of this rule shall be made a part of the consumer record.

450:30-9-10. Consumer rights

The state-operated inpatient psychiatric unit shall comply with the applicable rules in Title 450, Chapter 15. Consumer Rights.

450:30-9-11. Consumer grievance policy

The state-operated inpatient psychiatric unit shall comply with the applicable rules in Title 450, Chapter 15. Consumer Rights.

SUBCHAPTER 11. EMERGENCY MEDICAL CARE [REVOKED]

450:30-11-1. Applicability [REVOKED]

450:30-11-2. Emergency medical care [REVOKED]

SUBCHAPTER 13. PREGNANT PATIENTS [REVOKED]

450:30-13-1. Applicability [REVOKED]

450:30-13-2. Obstetrical Care [REVOKED]

SUBCHAPTER 15. FORENSIC REVIEW BOARD

450:30-15-1. Applicability

(a) This Subchapter is applicable to the ODMHSAS-operated Oklahoma Forensic Center and other facilities within the Department housing individuals committed to the Department pursuant to Title 22 O.S. § 1161 and implements the provisions of 22 O.S. § 1161.F.2.a and 43A O.S. § 2-202.17.

(b) Each person ordered to the custody of the ODMHSAS through a "not guilty by reason of insanity" verdict shall receive an annual review of his or her case and clinical status by a Forensic Review Board comprised of licensed clinicians selected by the ODMHSAS Commissioner.

450:30-15-2. Definitions

The following words or terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise.

“Conditional release” is a court approved release for those adjudicated not guilty by reason of insanity who are not believed to be presently dangerous to the public peace or safety, from the physical custody of ODMHSAS.

"Forensic Review Board" or "Review Board" is the three-member board appointed by the ODMHSAS Commissioner to review the cases of persons ordered to the custody of the Department through a "not guilty by reason of insanity" verdict.

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Therapeutic visits" mean any ODMHSAS supervised ~~unsupervised~~ time ~~to be~~ spent off the campus of the Oklahoma Forensic Center or any other ODMHSAS operated facility to which the individual may be committed and includes the following types of off-campus time:

(A) **Day passes** mean off-grounds passes for a period of time not to exceed 12 hours between the hours of 8 am and 8 10 pm;

(B) ~~Overnight passes~~ mean ~~off-grounds visits to a specific location for a specific date(s) or occasion that may include an overnight stay not to exceed 24 hours;~~

~~(C) Routine therapeutic visits~~ mean monthly off-grounds visits to a specific state operated enhanced residential care facility ~~location~~ for a designated period of time not to exceed three months ~~two weeks~~; and

~~(C) (D) Emergency therapeutic visits~~ mean a situation that arises in the consumers family that may require them to leave the grounds of OFC under ODMHSAS staff supervision upon recommendation by the Board and with court approval.

450:30-15-3. Composition, powers and duties

(a) **Board Membership.** The Forensic Review Board shall be composed of three (3) members selected by the ODMHSAS Commissioner.

(1) Members shall be a licensed mental health professional whose training and experience enable him or her to form expert opinions regarding mental illness and dangerousness.

(2) One member shall be a licensed psychiatrist.

(3) One member shall be a licensed psychologist.

(4) Members shall be appointed to staggered terms not to exceed three (3) years. Members shall serve at the pleasure of the Commissioner.

(5) The Review Board shall select a chair who shall:

(A) Preside over each meeting; and

(B) Keep the members apprised of relevant information.

(b) **Commissioner or designee.** The Commissioner or the Commissioner's designee shall review each matter that comes before the Forensic Review Board and shall either approve or disapprove any recommendation made by the Board.

(c) **Meetings.** The Review Board shall meet at the Oklahoma Forensic Center at least quarterly.

(1) A quorum shall consist of two (2) members;

(2) In the event of a tie vote when only two members are conducting business, such results shall be forwarded to the Commissioner or designee for a determination;

(3) The agenda and materials for review shall be prepared and reviewed by the Board members in advance of the meeting. Review materials pertinent to each case may include, but are not limited to:

- (A) Risk assessment;
- (B) Recommendation and other relevant information from the consumer's treatment team;
- (C) Progress Notes for the previous three months relevant to any critical incident report or any inappropriate behavior;
- (D) Lab testing for medication compliance;
- (E) Lab results for drug/alcohol screens upon return from previous visits, if any;
- (F) Any critical incident forms involving the consumer during the previous twelve months;
- (G) Input from family members or others involved in the plans for the Therapeutic Visit; and
- (H) Other information the Review Board deems necessary.

(4) The person whose case is under review shall be given an opportunity to provide input via written documentation and in person. If the person chooses, he or she may have a representative accompany him or her to the Review Board meeting.

(5) These meetings shall not be considered opened to the public. Other than the Forensic Review Board members, the following individuals shall be permitted to attend the meetings and ask questions of the consumer whose case is being reviewed, the treatment team or any other person appearing before the Forensic Review Board:

- (A) DMHSAS Commissioner or designee;
- (B) DMHSAS Advocate General or designee;
- (C) Oklahoma Forensic Center's Executive Director or designee;
- (D) DMHSAS General Counsel or designee; and
- (E) DMHSAS Deputy Commissioner for Mental Health Services or designee.
- (F) Any other persons wishing to attend the meeting must first obtain approval by the Forensic Review Board's Chairperson or the DMHSAS Commissioner.

(d) **Reviews.** Following the review of the information submitted, the Review Board shall render a determination at the conclusion of each meeting. The determination for each case is limited to the following:

(1) Whether or not therapeutic visits will be recommended to the court by the Forensic Review Board;

(2) If a therapeutic visit is recommended, the location of the visit. ~~If such visits are to be recommended, what level of supervision is to be required.~~

(3) The date and time the visit will begin and the duration of the visit. ~~The location of the visit recommended and the individual responsible for supervision; and~~

(4) Any other parameters to be recommended to the court reviewing the Therapeutic Visit.

(5) If a conditional release will be recommended to the Oklahoma Forensic Center.

(6) If a conditional release will be recommended to the Oklahoma Forensic Center, the Forensic Review Board shall make recommendation regarding the plan for continued outpatient services and any other terms of the conditional release.

(7) If a discharge from a conditional release will be recommended to the Oklahoma Forensic Center.

(e) Before being eligible for consideration for a day pass therapeutic visits the individual must have been successful in managing unsupervised ground freedom on campus for at least five (5) months. Successful management of ground freedom is defined as being compliant with treatment, including being accountable for his or her whereabouts.

(f) The following risk assessment scores for each consumer will be reported to the FRB and will be considered in determining therapeutic visits, conditional release or discharge: In order to be considered for therapeutic visits beyond the day pass level, consumers must have acceptable scores as noted on the following risk assessment instruments:

- (1) ~~score 29 or less~~ on the PCL-R or
- (2) ~~score in categories 1 through 6~~ on the VRAG or
- (3) ~~score 25 or lower~~ on the HCR20 for an outpatient setting.

~~(g) Before being considered for overnight visits the individual must have successfully completed at least nine (9) successful day passes spread over at least six (6) months.~~

~~(h) Before being considered for routine therapeutic visits the individual must have successfully completed at least five (5) overnight visits spread over at least a six (6) month period.~~

(g) (i) All individuals returning from any therapeutic visit may be subject to drug testing and searched for contraband.

(h) (j) Any individual who is noncompliant with the parameters or conditions placed on a recommendation for a ~~specific level of~~ therapeutic visit will may automatically have his or her therapeutic visits suspended, and The treating psychiatrist or treatment team designee shall notify the Forensic Review Board chairperson of the infraction. The Forensic Review Board chairperson will render a decision if the therapeutic visits will be suspended. ~~If therapeutic visits are suspended,~~ his His or her status will revert to on-campus level until the next scheduled Review Board meeting, at which time the Board will determine whether the individual should be allowed further therapeutic visits, ~~and if so, what level of visits.~~

(i) (k) The Board shall develop a process for reviewing requests for therapeutic visits for unforeseen purposes such as death or serious illness of an immediate family member.

(j) (l) The Review Board shall apprise the individual whose case was reviewed, the Oklahoma Forensic Center Executive Director, the ODMHSAS General Counsel and the Consumer Advocate General of each determination made.

(k) (m) The ODMHSAS Office of Consumer Advocacy and the Director of Psychology of the Oklahoma Forensic Center shall provide support services to the Review Board and its Chair.