

OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments are directed to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) administrative rules liaison, Gretchen Geis, at GGeis@odmhsas.org.

ODMHSAS COMMENT DUE DATE: 5 p.m. on March 5, 2015

The proposed policy is a PERMANENT Rule. This proposal is scheduled to be presented for public comment during a public hearing on March 9, 2015 and to the ODMHSAS Board of Directors for adoption on March 27, 2015.

Reference #: 18-2015P

SUMMARY:

Proposed revisions to Chapter 18 are made to create a distinction in terminology between Licensed Behavioral Health Professionals (LBHPs) and Licensure Candidates. Provisions also add a requirement for facilities certified under this Chapter to report to ODMHSAS all claims and accomplishments by the facility which are subject to verification by the ODMHSAS Board. Changes are also made to allow more provider flexibility in creating the biopsychosocial assessment for consumers.

LEGAL AUTHORITY

Oklahoma Department of Mental Health and Substance Abuse Services Board; 43A O.S. §§ 2-101, 3-306, 3-306.1 and 3-315; 74 O.S. §85.9G.

RULE IMPACT STATEMENT

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

PROPOSED RULES:

Chapter 18. Standards and Criteria for Alcohol and Drug Treatment Programs
[AMENDED]

1. BRIEF DESCRIPTION OF THE PURPOSE OF THE RULE:

Proposed revisions to Chapter 18 are made to create a distinction in terminology between Licensed Behavioral Health Professionals (LBHPs) and Licensure Candidates. Provisions also add a requirement for facilities certified under this Chapter to report to ODMHSAS all claims and accomplishments by the facility which are subject to verification by the ODMHSAS Board. Changes are also made

to allow more provider flexibility in creating the biopsychsocial assessment for consumers.

2. **A DESCRIPTION OF THE CLASSES OF PERSONS WHO MOST LIKELY WILL BE AFFECTED BY THE PROPOSED RULE, INCLUDING CLASSES THAT WILL BEAR THE COST OF THE PROPOSED RULE, AND ANY INFORMATION ON COST IMPACTS RECEIVED BY THE AGENCY FROM ANY PRIVATE OR PUBLIC ENTITIES:**

Organizations or individuals certified by, under contract with, or subject to certification by ODMHSAS, and the consumers and employees of each.

3. **A DESCRIPTION OF THE CLASSES OF PERSONS WHO WILL BENEFIT FROM THE PROPOSED RULE:**

Organizations or individuals certified by, under contract with, or subject to certification by ODMHSAS, and the consumers and employees of each.

4. **A DESCRIPTION OF THE PROBABLE ECONOMIC IMPACT OF THE PROPOSED RULE UPON THE AFFECTED CLASSES OF PERSONS OR POLITICAL SUBDIVISIONS, INCLUDING A LISTING OF ALL FEE CHANGES AND, WHENEVER POSSIBLE, AND A SEPARATE JUSTIFICATION FOR EACH FEE CHANGE:**

ODMHSAS does not anticipate an economic impact on any affected classes of persons or political subdivisions that meet minimum certification standards as currently required by this Chapter.

5. **THE PROBABLY COSTS AND BENEFITS TO THE AGENCY AND TO ANY OTHER AGENCY OF THE IMPLEMENTATION AND ENFORCEMENT OF THE PROPOSED RULE, THE SOURCE OF REVENUE TO BE USED FOR IMPLEMENTATION AND ENFORCEMENT OF THE PROPOSED RULE, AND ANY ANTICIPATED EFFECT ON STATE REVENUES, INCLUDING A PROJECTED NET LOSS OR GAIN IN SUCH REVENUE IF IT CAN BE PROJECTED BY THE AGENCY:**

ODMHSAS has determined implementation of these rules will benefit those affected parties by clarifying and enhancing certification and contracting processes.

6. **A DETERMINATION OF WHETHER IMPLEMENTATION OF THE PROPOSED RULE WILL HAVE AN ECONOMIC IMPACT ON ANY POLITICAL SUBDIVISIONS OR REQUIRE THEIR COOPERATION IN IMPLEMENTING OR ENFORCING THE RULE:**

ODMHSAS does not anticipate these rules will have an economic impact upon any political subdivision, or require their cooperation to implement or enforce the proposed rule revision.

7. A DETERMINATION OF WHETHER IMPLEMENTATION OF THE PROPOSED RULE WILL HAVE AN ADVERSE EFFECT ON SMALL BUSINESS AS PROVIDED BY THE OKLAHOMA SMALL BUSINESS REGULATORY FLEXIBILITY ACT:

ODMHSAS has determined these rule revisions will not have an adverse economic impact on small businesses that meet minimum certification standards as currently required by this Chapter.

8. AN EXPLANATION OF THE MEASURES THE AGENCY HAS TAKEN TO MINIMIZE COMPLIANCE COSTS AND A DETERMINATION OF WHETHER THERE ARE LESS COSTLY OR NON-REGULATORY METHODS OR LESS INTRUSIVE METHODS FOR ACHIEVING THE PURPOSE OF THE PROPOSED RULE:

Throughout the year ODMHSAS staff evaluate internal processes and amend those processes and rules according to identified needs. ODMHSAS considers these revisions the least burdensome and intrusive method in streamlining these processes and accomplishing statutory compliance.

9. A DETERMINATION OF THE EFFECT OF THE PROPOSED RULE ON THE PUBLIC HEALTH, SAFETY AND ENVIRONMENT AND, IF THE PROPOSED RULE IS DESIGNED TO REDUCE SIGNIFICANT RISKS TO THE PUBLIC HEALTH, SAFETY AND ENVIRONMENT, AN EXPLANATION OF THE NATURE OF THE RISK AND TO WHAT EXTENT THE PROPOSED RULE WILL REDUCE THE RISK.

ODMHSAS anticipates these rule revisions will enhance the ability to provide behavioral health treatment by clarifying certification requirements and contracting expectations and ensuring an efficient response to specific treatment issues.

10. A DETERMINATION OF ANY DETRIMENTAL EFFECT ON THE PUBLIC HEALTH, SAFETY AND ENVIRONMENT IF THE PROPOSED RULE IS NOT IMPLEMENTED.

The proposed amendments are anticipated to refine the certification and/or contracting processes for behavioral health and to establish a means for the Department to quickly respond to consumer treatment issues via certification and/or contracting processes.

DATE PREPARED:

January 7, 2015

**CHAPTER 18. STANDARDS AND CRITERIA FOR SUBSTANCE RELATED AND
ADDICTIVE DISORDER TREATMENT SERVICES
SUBCHAPTER 1. GENERAL PROVISIONS**

450:18-1-2. Definitions

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

"Acute intoxication or withdrawal potential" means one dimension to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's withdrawal patterns and current level of intoxication and potential for withdrawal complications as it impacts level of care decision making.

"Admission" means the acceptance of a consumer by a treatment program to receive services at that program.

"Admission criteria" means those criteria which shall be met for admission of a consumer for services.

"Adult" means any individual eighteen (18) years of age or older.

"ASAM" means the American Society of Addiction Medicine.

"ASAM levels of care" means the different options for treatment as described in the current edition of the ASAM criteria that vary according to the intensity of the services offered. Each treatment option is a level of care.

"ASAM criteria" or means the most current edition of the American Society of Addiction Medicine's published criteria for admission to treatment, continued services, and discharge.

"Assessment" means those procedures by which a program provides an on-going evaluation process with the consumer as outlined in applicable rules throughout OAC 450 to collect pertinent information needed as prescribed in applicable rules and statutes to determine courses of actions or services to be provided on behalf of the consumer. Assessment may be synonymous with the term evaluation.

"Behavioral health services" means a wide range of diagnostic, therapeutic, and rehabilitative services used in the treatment of mental illness, substance use disorders, and co-occurring disorders.

"Biomedical condition and complications" means one dimension to be considered in placement, continued stay, and discharge and is an evaluation of the consumer's current physical condition and history of medical and physical functioning as it impacts level of care decision making.

"Biopsychsocial assessment" means face-to-face interviews conducted by a qualified service provider designed to elicit historical and current information regarding the behaviors, experiences, and support systems of a consumer, and identify the consumer's strengths, needs, abilities, and preferences for the purpose of guiding the consumer's recovery plan.

"Case management services" means planned referral, linkage, monitoring, support, and advocacy provided in partnership with a consumer to assist that consumer with self-sufficiency and community tenure and take place in the individual's home, in

the community, or in the facility, in accordance with a service plan developed with and approved by the consumer and qualified staff.

"Certified Gambling Addiction Treatment" or "CGAT" means programs certified by ODMHSAS to provide treatment to individuals diagnosed with a gambling disorder.

"Child" or "Children" means any individuals under eighteen (18) years of age.

"Client" See "Consumer."

"Clinical supervision" means an organized process by which knowledgeable and skilled supervisors systematically and routinely provide ongoing and in-depth review of direct service providers' performance which leads to professional growth, clinical skills development, and increased self-awareness.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance use disorder crisis stabilization as authorized by 43A O.S. §3-317 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 CMHCs who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental of Substance Abuse Services.

"Community education, consultation, and outreach" means services designed to reach the facility's target population, to promote available services, and to give information on substance-related and addictive disorders, domestic violence, sexual assault, and other related issues to the general public, the target population, or to other agencies serving the target population. These services include presentations to human services agencies, community organizations, and individuals, other than individuals in treatment, and staff. These services may take the form of lecture presentations, films or other visual displays, and discussions in which factual information is disseminated. These presentations may be made by staff or trained volunteers.

"Community mental health center" or "CMHC" means a facility offering a comprehensive array of community-based mental health services including, but not limited to, inpatient treatment, outpatient treatment, partial hospitalization, emergency care, consultation and education, and certain services at the option of the center including, but not limited to, prescreening, rehabilitation services, pre-care and aftercare, training programs, and research and evaluation.

"Consultation" means the act of providing information or technical assistance to a particular group or individual seeking resolution of specific problems. A documented process of interaction between staff members or between facility staff and unrelated individuals, groups, or agencies for the purpose of problem solving or enhancing their capacities to manage consumers or facilities.

"Consumer" means an individual, adult, adolescent, or child, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Consumer record" means the collection of written information about a consumer's evaluation or treatment that includes the intake data, evaluation, treatment or service plan, description of treatment or services provided, continuing care plan, and discharge information on an individual consumer.

"Continuing care" means providing a specific period of structured therapeutic involvement designed to enhance, facilitate, and promote transition from a current level of services to support ongoing recovery.

"Contract" means a document adopted by the governing authority of a treatment facility and any other organization, facility, or individual, which specifies services, personnel, or space to be provided by the program, as well as the monies to be expended in exchange.

"Co-occurring disorder" (COD) means any combination of mental health symptoms and substance use disorder symptoms or diagnoses that affect a consumer and are typically determined by the current Diagnostic and Statistical Manual of Mental Disorders.

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

"Co-occurring disorder enhanced" means that the program (or subunit of the program) provides a specialized service designed for individuals with co-occurring disorders, usually with a higher level of available service capacity or intensity for the co-occurring substance use disorder than would be the case in a comparable co-occurring disorder capable program.

"Correctional institution" means any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house, or residential community program operated by, or under contract to, the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense, or other persons held in lawful custody. Other persons held in lawful custody include juvenile offenders adjudicated delinquent, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial. Programs which are providing treatment services within a correctional facility may be exempt from certain services described in this chapter which cannot be provided due to circumstance.

"Crisis Diversion" means an unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community.

"Crisis intervention" means actions taken and services provided to address emergency psychological, physiological, and safety aspects of alcohol, drug-related, and mental health crises.

"Critical incident" means an occurrence or set of events inconsistent with the routine operations of a facility, service setting, or otherwise routine care of a consumer. Critical incidents specifically include, but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to consumers, staff, and visitor; medication errors; residential consumers that have absent without leave (AWOL); neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to consumers or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs, and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"Day school" means the provision of therapeutic and accredited academic services on a regularly scheduled basis.

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

"Detoxification" means the process of eliminating the toxic effects of drugs and alcohol from the body. Supervised detoxification methods include social detoxification and medical monitoring or medical management and are intended to avoid withdrawal complications.

"DHS" or **"OKDHS"** means the Oklahoma Department of Human Services.

"Diagnosis" means the determination of a disorder as defined by current DSM criteria and in accordance with commonly accepted professional practice standards.

"Dietitian" or **"Dietician"** means an individual trained and licensed in the development, monitoring, and maintenance of food and nutrition in accordance with the Oklahoma State Board of Medical Licensure and Supervision.

"Discharge criteria" means individualized measures by which a program and the consumer determine readiness for discharge or transition from services being provided by that facility. These may reference general guidelines as specified in facility policies or procedures and/or in published guidelines including, but not limited to, the current ASAM criteria for individuals with substance use disorders, but should be individualized for each consumer and articulated in terms of consumer behaviors, resolutions of specific problems, and attainment of goals developed in partnership with the participant and the provider.

"Discharge planning" means the process, begun at admission, of determining a consumer's continued need for treatment services and of developing a plan to address ongoing consumer post-treatment and recovery needs. Discharge planning may or may not include a document identified as a discharge plan.

"Discharge summary" means a clinical document in the treatment record summarizing the consumer's progress during treatment, with goals reached, continuing needs, and other pertinent information including documentation of linkage to aftercare.

"DOC" or **"ODOC"** means the Oklahoma Department of Corrections.

"Documentation" means the provision of written, dated, and authenticated evidence to substantiate compliance with standards, e.g., minutes of meetings, memoranda, schedules, notices, logs, records, policies, procedures, and announcements.

"DSM" means the most current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"Education" means the dissemination of relevant information specifically focused on increasing the awareness of the community and the receptivity and sensitivity of the community concerning mental health, substance-related and addictive disorders, or other related problems and services related to the specific focus of treatment.

"Educational group" means groups in which information is provided to consumers or consumers in a teaching or instructional format and typically related to the current

focus of treatment, designated to positively impact a consumer's recovery. Topics should be gender and age specific and should include, but not be limited to, information regarding their diagnosis or identified problems on their treatment plan. This service may involve teaching skills in communication, self-care, and social skills to promote recovery. Paraprofessionals and/or professionals in fields related to the education topic may facilitate education groups.

"Efficiency" means a program's measure of cost-benefit or cost effectiveness through a comparison to some alternative method.

"Emergency services" means a twenty-four (24) hour capability for assessment, intervention, and resolution of a consumer's crisis or emergency provided in response to unanticipated, unscheduled emergencies requiring prompt intervention to resolve immediate, overwhelming problems that severely impair the individual's ability to function or remain in the community and may include placement of the individual in a protective environment, detoxification, individual and group consultation, and medical assessment.

"Emotional, behavioral or cognitive conditions and complications" means one dimension to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's historical and current emotional, behavioral, or cognitive status including the presence and severity of any diagnosed mental illnesses, as well as, the level of anxiety, depression, impulsivity, guilt, and behavior that accompanies or follows these emotional states and historical information, as it impacts on level of care decision making.

"Evaluation" See "Assessment."

"Evidence based practice" means programs or practices that are supported by research methodology and have produced consistently positive patterns of results when replicated within the intent of the published guidance.

"Executive director" means the person hired by the governing authority to direct all the activities of the organization; may be used synonymously with administrative director, administrator, chief executive officer, and director.

"Face-To-Face" for the purposes of the delivery of behavioral health care, means a face-to-face physical contact and in-person encounter between the health care provider and the consumer, including the initial visit. The use of telemedicine shall be considered a face-to-face encounter.

"Facilities" or "facility" means entities as described in Title 43A O.S. § 1-103(7), community mental health centers, residential mental health facilities, community-based structured crisis centers, certified services for the alcohol and drug dependent, programs of assertive community treatment, eating disorder treatment, gambling disorder treatment, and narcotic treatment programs.

"Family" means the parents, brothers, sisters, other relatives, foster parents, guardians, and others who perform the roles and functions of family members in the lives of consumers.

"Follow-up" means the organized method of systematically determining the status of consumers after they have been discharged to determine post-treatment outcomes and utilization of post-treatment referrals.

"Gambling disorder treatment services" means treatment activities for consumers by a gambling treatment professional that include, but are not limited to, the following:

- (A) Assessment and diagnostic impression, ongoing;
- (B) Treatment planning and revision, as necessary;
- (C) Individual, group and family therapy;
- (D) Case management;
- (E) Psychosocial rehabilitation; and
- (E) Discharge planning.

"Gambling treatment professional" means:

- (A) an individual holding a valid NCGC I or II certification;
- (B) any clinician licensed in a behavioral health field with documented completion of at least thirty hours of ODMHSAS recognized core problem gambling training requirements and documented completion of ~~twelve~~ten hours of problem gambling specific continuing education every twelve months; or
- (C) any individual under supervision for licensure by an individual who meets the requirements of (A) or (B), and has documented completion of at least thirty hours of ODMHSAS recognized core problem gambling training requirements and documented completion of ~~twelve~~ten hours of problem gambling specific continuing education every twelve months.

"Gambling related disorders/problems" means persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as defined by the most recent edition of the DSM.

"Goals" means broad general statements of purpose or intent that indicates the general effect the facility or service is intended to have.

"Governing authority" means the individual or group of people who serve as the treatment facility's board of directors and who are ultimately responsible for the treatment facility's activities and finances.

"Guardian" means an individual who has been given the legal authority for managing the affairs of another individual.

"Halfway house" means low intensity substance use disorder treatment in a supportive living environment to facilitate the individual's reintegration into the community, most often following completion of primary treatment. Corresponding ASAM Treatment Level: Level III.1, Clinically managed Low Intensity Residential Services.

"Halfway house for persons with children" means a halfway house that includes services for the recovering person's children who will reside with him or her in the house. Corresponding ASAM Treatment Level: Level III.1, Clinically managed Low Intensity Residential Services.

"Infant" means any child from birth up to 3 years of age.

"Initial contact" means a person's first contact with the facility, e.g., a request for information or service by telephone or in person.

"Inpatient services" means the process of providing care to persons who require twenty-four (24) hour supervision in a hospital or other suitably equipped medical setting as a result of acute or chronic medical or psychiatric illnesses and professional staff providing medical care according to a treatment plan based on documentation of need.

"Intake" means the overall process by which information is collected to determine the needs of the consumer.

"Intervention" means a process or technique intended to facilitate behavior change.

"Length of stay" means the number of days or number of sessions attended by consumers in the course of treatment.

"Licensed Behavioral Health Professional" or "LBHP" means:

(A) Allopathic or Osteopathic Physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;

(B) Practitioners with a license to practice in the state in which services are provided ~~or those actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed~~ by one of the following licensing boards:

- (i) Psychology;
- (ii) Social Work (clinical specialty only);
- (iii) Professional Counselor;
- (iv) Marriage and Family Therapist;
- (v) Behavioral Practitioner; or
- (vi) Alcohol and Drug Counselor.

(C) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided.

(D) A Physician Assistant who is licensed in good standing in the state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.

"Licensed physician" means an individual with an M.D. or D.O. degree who is licensed in the State of Oklahoma to practice medicine.

"Licensed practical nurse" means an individual who is a graduate of an approved school of nursing and is licensed in the State of Oklahoma to provide practical nursing services.

"Licensure" means the process by which an agency of government grants permission to persons or health facilities meeting qualifications to engage in a given occupation or business or use a particular title.

"Licensure Candidate" means practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

"Life skills" means abilities and techniques necessary to function independently in society.

"Medical care" means those diagnostic and treatment services which, under the laws of the jurisdiction in which the facility is located, can only be provided or supervised by a licensed physician.

"Medical detoxification" means diagnostic and treatment services performed by licensed facilities for acute alcohol or drug intoxication, delirium tremens, and physical and neurological complications resulting from acute intoxication. Medical detoxification includes the services of a physician and attendant medical personnel including nurses, interns, and emergency room personnel, the administration of a medical examination and a medical history, the use of an emergency room and emergency medical equipment if warranted, a general diet of three meals each day, the administration of appropriate laboratory tests, and supervision by properly trained personnel until the person is no longer medically incapacitated by the effects of alcohol or drugs. [43 A.O.S. § 3-403(5)] It is an organized service delivered by medical and nursing professionals that provides for twenty-four (24)-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. Corresponding ASAM Treatment Level: Level IV-D, Medically Managed Intensive Inpatient Detoxification.

"Medical services" means the administration of medical procedures by a physician, registered nurse, nurse practitioner, physician's assistant, or dentist and in accordance with a documented treatment plan and medical supervision available to provide the consumer with the service necessitated by the prevalent problem identified and includes physical examinations, detoxification from alcohol or drugs, methadone maintenance, dental services, or pharmacy services, etc.

"Medically supervised detoxification" means detoxification outside of a medical setting, directed by a physician who has attendant medical personnel including nurses for intoxicated consumers, and consumer's withdrawing from alcohol and other drugs, presenting with no apparent medical or neurological symptoms as a result of their use of substances that would require hospitalization as determined by an examining physician. Corresponding ASAM Treatment Level: Level III, 7-D, Medically Monitored Inpatient Detoxification. Detoxification is intended to stabilize and prepare consumers in accessing treatment.

"Medication" means any prescription or over-the-counter drug that is taken orally, injected, inserted, applied topically, or otherwise administered by staff or self-administered by the consumer for the appropriate treatment or prevention of medical or psychiatric issues.

"Medication error" means an error in prescribing, dispensing, or administration of medication, regardless if the error reached the consumer, e.g., omission of prescribed drugs, giving drugs not prescribed, prescribing inappropriate drugs, prescribing or administering incorrect dosages, incorrectly filling or labeling prescriptions, or incorrectly transcribing medication orders.

"Medication-self administration" means the consumers administer their own medication to themselves, or their children, with staff observation.

"Minutes" means a record of business introduced, transactions and reports made, conclusions reached, and recommendations made during a meeting.

"NCGC" means Nationally Certified Gambling Counselor, offered at levels I or II through the National Council on Problem Gambling.

"Neglect" means:

(A) the failure of staff to provide adequate food, clothing, shelter, medical care or supervision which includes, but is not limited to, lack of appropriate supervision that results in harm to a consumer;

(B) the failure of staff to provide special care made necessary by the physical or mental condition of the consumer;

(C) the knowing failure of staff to provide protection for a consumer who is unable to protect his or her own interest; or

(D) staff knowingly causing or permitting harm or threatened harm through action or inaction that has resulted or may result in physical or mental injury.

"Non-medical detoxification" means detoxification services for intoxicated consumers and consumers withdrawing from alcohol or other drugs presenting with no apparent medical or neurological symptoms as a result of their use of substances. Corresponding ASAM PPC Treatment Level: Level III, 2-D, Clinically managed Residential Detoxification. Detoxification is intended to stabilize and prepare consumers in accessing treatment.

"Objectives" means a specific statement of planned accomplishments or results that are specific, measurable, attainable, realistic, and time-limited.

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

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A)(1)(a) and maintained in the Office of Administrative Rules.

"OSDH" means the Oklahoma State Department of Health.

"Outpatient services" means an organized, nonresidential treatment service in regularly scheduled sessions intended for individuals not requiring a more intensive level of care or those who require continuing services following more intensive treatment regimens. For substance use disorder treatment services, the corresponding ASAM Treatment Level is Level I, Outpatient Treatment.

"Outreach" means the process of reaching into a community systematically for the purposes of identifying persons in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter into and accept the service delivery system.

"Paraprofessional" means a person who does not have an academic degree related to the scope of treatment or support services being provided, but performs prescribed functions under the general supervision of that discipline.

"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 consumers and others. Synonyms, and near synonyms, include continuous quality improvement, continuous improvement, organization-wide quality improvement, and total quality management.

"Personnel record" means a chart or file containing the employment history and actions relevant to individual employee or volunteer activities within an organization and may contain application, evaluation, salary data, job description, citations, credentials, etc.

"PICIS" is a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, consumer profiles, program or treatment focus, and many other topics of interest to clinicians, administrators, and consumers. It includes unique identifiers for agencies, staff, and consumers that provide the ability to monitor the course of consumer services throughout the statewide ODMHSAS network. PICIS collects data from hospitals, community mental health centers, substance abuse agencies, community residential mental health facilities, prevention programs, and centers for the homeless which are operated or funded in part by ODMHSAS.

"Play therapy" means a form of action therapy that uses, but is not limited to, sand play, fairy tales, art and puppetry to encourage communication in children who have inadequate or immature verbalization skills or who verbalize excessively due to defensiveness.

"Policy" means statements of facility intent, strategy, principle, or rules in the provision of services; a course of action leading to the effective and ethical provision of services.

"Prevention" means the assessment, development, and implementation of strategies designed to prevent the adverse effects of mental illness, substance use disorders, addiction, and trauma.

"Procedures" means the written methods by which policies are implemented.

"Process" means information about what a program is implementing and the extent to which the program is being implemented as planned.

"Program" means a structured set of activities designed and structured to achieve specific objectives relative to the needs of the consumers or patients.

"Program effectiveness outcome" means a written plan and operational methods of determining the effectiveness of services provided that objectively measures facility resources, activities, and consumer outcomes.

"Progress notes" means a chronological written description of services provided to a consumer, resident, client, or patient that documents, utilizing acceptable documentation practices, the consumer's response related to the intervention plan or services provided.

"Psychiatrist" means a licensed physician who specializes in the assessment and treatment of individuals having psychiatric disorders and who is fully licensed to practice medicine in the state in which he or she practices and is certified in psychiatry by the American Board of Psychiatry and Neurology or has equivalent training or experience.

"Psychological-Social 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.

"Psychotherapy" or "Therapy" means a goal directed process using generally accepted clinical approaches provided face-to-face by a qualified service provider with consumers in individual, group, or family settings to promote positive, emotional, or behavioral change.

"Readiness to change" means one dimension to be considered in consumer placement, continued stay, and transition and is an evaluation of the consumer's current

emotional and cognitive awareness of the need to change, coupled with a commitment to change.

"Recovery" means an ongoing process of discovery and/or rediscovery that must be self-defined, individualized, and may contain some, if not all, of the fundamental components of recovery as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA).

"Recovery/living environment" means one dimension to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's current recovery environment, current relationships, degree of support for recovery, current housing, employment situation, availability of alternatives, and historical information as it impacts on level of care decision making.

"Registered nurse" means an individual who is a graduate of an approved school of nursing and is licensed in the State of Oklahoma to practice as a registered nurse.

"Rehabilitation services" means face-to-face individual or group services provided by qualified staff to develop skills necessary to perform activities of daily living and successful integration into community life.

"Relapse" means the process which may result in the return to the use of substances after a period of abstinence.

"Relapse potential, continued use, or continued problem potential" means one dimension to be considered in consumer placement, continued stay, and discharge and is an evaluation of the consumer's attitudes, knowledge, and coping skills, as well as the likelihood that the consumer will relapse from a previously achieved and maintained abstinence and/or stable and healthy mental health function. If an individual has not yet achieved abstinence and/or stable and healthy mental health function, this dimension assesses the likelihood that the individual will continue to use alcohol or other drugs and/or continue to have mental health problems.

"Residential treatment-substance abuse" means treatment for a consumer in a live-in setting which provides a regimen consisting of twenty-four (24) treatment hours per week. This level of care should correspond with the ASAM Treatment Level: Level III.5, Clinically managed High-Intensity Residential Services.

"Residential treatment for persons with children-substance abuse" means a residential treatment facility that includes services for the recovering person's children who will reside with him or her in the residential facility. Corresponding ASAM PPC Treatment Level (Parent Only): Level III.5 Clinically Managed High-Intensity Residential Services.

"Safety officer" means the individual responsible for ensuring the safety policies and procedures are maintained and enforced within the facility.

"Screening" means the process to determine whether the person seeking assistance needs further comprehensive assessment.

"Sentinel event" is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer 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 consumer. 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.

"Service plan" or "Treatment plan" means the document used during the process by which a qualified service provider and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

"Service Provider" means a person who is allowed to provide treatment services within the regulation and scope of their certification level or license.

"Significant others" means those individuals who are, or have been, significantly involved in the life of the consumer.

"Socialization" means all activities, which encourage interaction and the development of communication, interpersonal, social, and recreational skills and can include consumer education.

"Staff privileging" means an organized method for treatment facilities to authorize an individual permission to provide specific care and treatment services to consumers within well-defined limits, based on the evaluation of the individual's license, education, certification, training, experience, competence, judgment, and other credentials.

"Substance-related and addictive disorders" means a substance-related disorder involving problems related to the use of ten distinct classes of drugs: alcohol; caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics and anxiolytics; stimulants; tobacco; and other (unknown) substances. Substance-related disorders fall into one of two categories, substance use disorders and substance induced disorders. A substance use disorder is a cluster of cognitive, behavioral and physiological symptoms indicating the consumer continues using the substance(s) despite significant substance-related problems. A substance-induced disorder is a reversible substance-specific syndrome due to the recent ingestion of a substance. Addictive disorders involve repetitive clusters of behaviors that activate reward systems similar to those activated by drugs and create behavioral symptoms comparable to those produced by substance use disorders such as compulsive gambling.

"Substance use disorder treatment services" means the coordination of treatment activities for consumers by service provider that includes, but is not limited to, the following:

- (A) Intake including screening, diagnostic impression, and assessment.
- (B) Treatment planning and revision, as necessary.
- (C) Continuing care review to assure continuing stay and discharge criteria are met.
- (D) Case management services.
- (E) Reports and record keeping of consumer related data.
- (F) Consultation that facilitates necessary communication in regard to consumers.
- (G) Discharge planning that assists consumers in developing continuing care plans and facilitates transition into post-treatment recovery.
- (H) Group and individual therapy.
- (I) Education, as necessary.

"Substance-use disorders" means alcohol or drug dependence or psychoactive substance use disorder as defined by current DSM criteria or by other standardized and widely accepted criteria.

"Substance withdrawal" means a state of being in which a group of symptoms of variable clustering and degree of severity occur on cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and/or in high doses. The syndrome may be accompanied by signs of physiological disturbance. Onset and course of the withdrawal state are time-limited and are related to the type of substance and the dose being used immediately before abstinence.

"Supportive services" refers to assistance with the development of problem-solving and decision making skills to maintain or achieve optimal functioning within the community and can include consumer education.

"Therapeutic hour(s)" means the amount of time in which the consumer is engaged with a service provider identifying, addressing, and/or resolving issues that are related to the consumer's treatment plan.

"Trauma informed capability" means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

"Treatment" means the broad range of emergency, inpatient, intermediate and outpatient services and care including diagnostic evaluation, medical, psychiatric, psychological and social service care, vocational rehabilitation, and career counseling. [43A O.S. § 3-403(11)].

"Treatment hours – residential" means the structured hours in which a consumer is involved in receiving professional services to assist in achieving recovery.

"Treatment session-outpatient" means each face-to-face contact with a consumer in a therapeutic setting whether individually or in a group.

"Volunteer" means any person who is not on the program's payroll, but provides services and fulfills a defined role within the program and includes interns and practicum students.

"Walk through" means an exercise in which staff members of a facility walk through the program's treatment processes as a consumer. The goal is to view the agency processes from the consumer's perspective for the purpose of removing barriers and enhancing treatment.

"Wellness" means the condition of good physical, mental, and emotional health, especially when maintained by an appropriate diet, exercise, and other lifestyle modifications.

"Withdrawal Management" means the process of eliminating the toxic effects of substances from the body. Withdrawal management methods include social detoxification and medical monitoring or medical management and are intended to avoid withdrawal complications.

SUBCHAPTER 5. ORGANIZATIONAL AND FACILITY MANAGEMENT

450:18-5-2.2. Information analysis and planning

- (a) The facility shall have a defined and written plan for conducting an organizational needs assessment which specifies the methods and data to be collected to include, but not limited to, information from:
- (1) Consumers;
 - (2) Governing Authority;
 - (3) Staff;
 - (4) Stakeholders;
 - (5) Outcomes management processes;
 - (6) Quality record review; and
 - (7) Self-assessment tools to determine progress toward co-occurring, recovery oriented, trauma informed, and consumer driven capability.
- (b) The facility shall have a defined ongoing system to collect data and information on a quarterly basis to manage the organization.
- (c) Information collected shall be analyzed to improve consumer services and organizational performance.
- (d) The facility 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; ~~and~~
 - (3) Claims and accomplishments by facilities, including but not limited to consumer count and success rates, which may be verified by the ODMHSAS Board.
- (e) The management report shall be communicated and made available to, among others:
- (1) Governing authority;
 - (2) Facility staff; and
 - (3) ODMHSAS, as requested.
- (f) Compliance with OAC 450:18-5-2.2 shall be determined by a review of the written program evaluation plans; written annual program evaluations; special or interim program evaluations; program goals and objectives; and other supporting documentation provided.

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

PART 3. SCREENING, INTAKE, AND ASSESSMENT

450:18-7-23. Biopsychosocial assessment

- (a) All programs shall complete a biopsychosocial assessment which gathers sufficient information to assist the consumer in developing an individualized service plan. The program shall develop a biopsychosocial evaluation which contains, but is not limited to, the following:
- (1) ~~Identification of the consumer's strengths, needs, abilities, and preferences~~Behavioral, including substance use, abuse, and dependence as well as other addictive disorders;
 - (2) ~~History of the presenting problem~~Emotional, including issues related to past or current trauma;

- (3) ~~Previous treatment history to include mental health and substance-related and addictive orders~~Physical;
- (4) ~~Health history and current biomedical conditions and complications~~Social and recreational; and
- (5) ~~History of substance use, including past treatment, and history of other behavioral addictions and past treatment~~;Vocational.
- (6) ~~Gambling history, if applicable, including type, amount, frequency and duration of gambling activity, and family history of gambling disorder.~~
- (7) ~~History of trauma~~;
- (8) ~~Family and social history, including family history of alcohol and drug use~~;
- (9) ~~Educational attainment, difficulties, and history~~;
- (10) ~~Cultural and religious orientation~~;
- (11) ~~Vocational, occupational and military history~~;
- (12) ~~Sexual history, including HIV, AIDS and STD at-risk behaviors~~;
- (13) ~~Marital or significant other relationship history~~;
- (14) ~~Recreational and leisure history~~;
- (15) ~~Legal history~~;
- (16) ~~Present living arrangement~~;
- (17) ~~Economic resources~~;
- (18) ~~Level of functioning~~;
- (19) ~~Current support system including peer and other recovery supports~~;
- (20) ~~Current medications, if applicable, and shall include obtainable information regarding the name of prescribing physician, name of medication, strength and dosage, and length of time consumer was on the medication~~;
- (21) ~~Consumer's expectations in terms of service~~; and
- (22) ~~Assessment summary or diagnosis, and signature of the assessor and date of the assessment.~~

- (b) Compliance with 450:18-7-23 may be determined by a review of the following:
- (1) Policy and procedures;
 - (2) Biopsychsocial assessment instruments;
 - (3) Consumer records;
 - (4) Case management assessments;
 - (5) Interviews with staff and consumers; and
 - (6) Other facility documentation.

450:18-7-25. Biopsychsocial assessments of children accompanying a parent into treatment

- (a) All programs shall document biopsychsocial assessments for the parent and for children accompanying their parent into treatment:
- (1) Assessments of children (including infants) accompanying their parent into treatment (residential or halfway house levels of care) shall include, ~~but not be limited to the assessment of~~ the following items in addition to the requirements in 450:18-7-23:
 - (A) ~~substance use disorder issues~~;
 - (B) ~~mental health issues~~;
 - (C) ~~parent-child relationship~~;

- ~~(D)~~(B) physical and psychological development;
- ~~(E)~~(C) educational needs;
- ~~(F)~~(D) parent related issues; and
- ~~(G)~~(E) family issues related to the child; and
- ~~(H)~~ history of trauma; and
- ~~(I)~~ medical history/needs.

(2) Assessments of the parent bringing their children into treatment (residential or halfway house levels of care) shall include the following items, in addition to the requirements of 450:18-7-23:

- (A) parenting skills (especially in consideration of the child's issues);
 - (B) knowledge of age appropriate behaviors;
 - (C) parental coping skills;
 - (D) personal issues related to parenting; and
 - (E) family issues as related to the child.
- (b) Compliance with 450:18-7-25 may be determined by a review of the following:
- (1) Policy and procedure;
 - (2) Biopsychsocial assessment instruments;
 - (3) Treatment records;
 - (4) Case management assessments;
 - (5) Interviews with staff and consumers; and
 - (6) Other facility documentation.

PART 7. CASE MANAGEMENT

450:18-7-65. Case management services, staff credentials

- (a) Individuals providing case management services shall be an LBHP, Licensure Candidate, CADC or certified as a behavioral health case manager pursuant to OAC, Title 450, Chapter 50.
- (b) Compliance with 450:18-7-65 shall be determined by a review of the facility personnel records and credentialing files.

SUBCHAPTER 9. SERVICES SUPPORT AND ENHANCEMENT

PART 1. STAFF SUPPORT

450:18-9-2. Clinical supervision

- (a) Clinical supervision is a vital component of the provision of quality treatment. Clinical supervision shall be provided for those delivering direct services and shall be provided by persons knowledgeable of clinical services as determined by the program.
- (b) All facilities shall have written policies and procedures, operational methods, and documentation of the provision of clinical supervision for all direct treatment and service staff. These policies shall include, but are not limited to:
- (1) Credentials required for the clinical supervisor;
 - (2) Specific frequency for case reviews with treatment and service providers;
 - (3) Methods and time frames for supervision of individual, group, and educational treatment services; and

- (4) Written policies and procedures defining the program's plan for appropriate counselor-to-consumer ratio, and a plan for how exceptions may be handled.
- (c) Ongoing clinical supervision should address:
 - (1) The appropriateness of treatment selected for the consumer;
 - (2) Treatment effectiveness as reflected by the consumers meeting their individual goals; and
 - (3) The provision of feedback that enhances the clinical skills of service providers.
- (d) Compliance with 450:18-9-2 may be determined by a review of the following:
 - (1) Policies and procedures;
 - (2) Clinical services manuals;
 - (3) Clinical supervision manuals;
 - (4) Documentation of clinical supervision;
 - (5) Personnel records;
 - (6) Interviews with staff; and
 - (7) Other facility documentation.
- ~~(e)~~(e) Failure to comply with 450:18-9-2 will result in the initiation of procedures to deny, suspend and/or revoke certification.

SUBCHAPTER 13. SUBSTANCE USE DISORDER TREATMENT SERVICES

PART 11. RESIDENTIAL TREATMENT

450:18-13-101. Residential treatment for adults

- (a) Substance use disorder treatment in a residential setting shall provide a planned regimen of twenty-four (24) hours a day, seven (7) days a week of professionally directed evaluation, care, and treatment in a permanent program location. Consumers shall participate in at least twenty-four (24) treatment hours of substance use disorder treatment services per week. The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.
- (b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:
 - (1) Support system:
 - (A) A licensed physician shall be available, at least by telephone, twenty-four (24) hours per day, seven (7) days per week;
 - (B) The facility shall maintain written policy and procedures for handling medical emergencies; and an emergency medical number shall be conspicuously posted for staff use; and
 - (C) The facility shall maintain written policies and procedures for the handling of clinical issues during times in which clinical staff are not at the facility.
 - (2) Staff:
 - (A) The facility shall maintain documentation that service providers are knowledgeable regarding the biopsychosocial dimensions of substance use disorders, evidenced-based practices, cultural, age, and gender specific issues, and co-occurring disorder issues.
 - (B) Staff shall be at least eighteen (18) years of age.

(C) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(D) The facility shall have staff members on site twenty-four (24) hours per day, seven (7) days per week.

(3) Treatment services. Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder treatment services shall be provided to assess and address individual needs of each consumer. Services shall include, but are not limited to:

(A) **Therapy.** Therapy must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a generally accepted clinical approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For adults, group therapy is limited to a total of eight adult individuals. For all children under the age of eighteen, the total group size is limited to six. Therapy must be provided at least one (1) hour per week.

(B) **Rehabilitation services.** Rehabilitation services must be provided by a LBHP, Licensure Candidate, or Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). These services includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. Rehabilitation services must be provided at least seven (7) hours per week. The maximum staffing ratio for group rehabilitation services is fourteen members for each qualified provider for adults and eight to one for children under the age of eighteen.

(D) **Educational groups.** Education groups must be conducted by a LBHP, Licensure Candidate, CADC, CM II or Peer Recovery Support Specialist (PRSS). Only seven (7) hours per week of education group may be counted toward the required treatment hours. Education groups may include but are not limited to learning experiences regarding living skills, budgeting, educational/vocational skills, etc.

(E) **Case Management.** Case management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated.

(F) **Crisis Intervention.** Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

(4) Treatment documentation:

(A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:

- (i) Date;
- (ii) Specific problems, goals, and objectives addressed;
- (iii) Summary of progress made toward goals and objectives, or lack of;
- (iv) Consumer response to overall treatment services;
- (v) Total number of treatment hours and types of services attended for the week;
- (vi) Any new problems, goals, or objectives identified during the week;
- (vii) List of all service providers providing treatment hours;
- (viii) Signature and credentials of the service provider completing the documentation; and
- (ix) Consumer's name.

(B) Documentation shall reflect each consumer has received a minimum of twenty four (24) hours of treatment services each week, including the treatment services required in 18-13-101(b)(3), in addition to life skills, recreational, and self-help supportive meetings.

(5) The program provides documentation of the following community living components:

- (A) A written daily schedule of activities.
- (B) Quarterly meetings between consumers and the program personnel.
- (C) Recreational activities to be utilized on personal time.
- (D) Personal space for privacy.
- (E) Security of consumer's property.
- (F) A clean, inviting, and comfortable setting.
- (G) Evidence of individual possessions and decorations.
- (H) Daily access to nutritious meals and snacks.
- (I) Policy addressing separate sleeping areas for the consumers based on:
 - (i) Gender;
 - (ii) Age; and
 - (iii) Needs.

(c) Compliance with 450:18-13-101 may be determined by a review of the following:

- (1) Licenses;
- (2) Policies and procedures;
- (3) Treatment protocols;
- (4) Personnel record, documentation of professional licensure or certification, documentation of professional work experience, and ongoing in-service trainings;
- (5) Treatment records; and
- (6) Interviews with staff and consumers.

450:18-13-101.1 Intensive residential treatment for adults

(a) Intensive substance use disorder treatment in a residential setting shall provide a planned regimen of twenty four (24) hours a day, seven (7) days a week of professionally directed evaluation, care, and treatment in a permanent program location. Consumers shall participate in at least thirty-seven (37) treatment hours of substance

use disorder treatment services per week. The facility shall provide beds, food service, and a safe, welcoming, and culturally/age appropriate environment.

(b) The facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Support system:

(A) A licensed physician shall be available, at least by telephone, twenty-four (24) hours per day, seven (7) days per week;

(B) The facility shall maintain written policy and procedures for handling medical emergencies; and an emergency medical number shall be conspicuously posted for staff use; and

(C) The facility shall maintain written policies and procedures for the handling of clinical issues during times in which clinical staff are not at the facility.

(2) Staff:

(A) The facility shall maintain documentation that service providers are knowledgeable regarding the biopsychosocial dimensions of substance use disorders, evidenced-based practices, cultural, age, and gender specific issues, and co-occurring disorder issues.

(B) Staff shall be at least eighteen (18) years of age.

(C) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(D) The facility shall have staff members on site twenty-four (24) hours per day, seven (7) days per week.

(3) Treatment services: Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder treatment services shall be provided to assess and address individual needs of each consumer. Services shall include, but are not limited to:

(A) **Therapy.** Therapy must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a generally accepted clinical approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For adults, group therapy is limited to a total of eight adult individuals. For all children under the age of eighteen, the total group size is limited to six. Therapy must be provided at least four (4) hour per week.

(B) **Rehabilitation services.** Rehabilitation services must be provided by a LBHP, Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). These services includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. Rehabilitation services must be provided at least seven (7) hours per week. The maximum staffing ratio for group

rehabilitation services is fourteen members for each qualified provider for adults and eight to one for children under the age of eighteen.

~~(D)~~(C) **Educational groups.** Only eleven (11) hours per week of education group may be counted toward the required treatment hours. Education groups may include but are not limited to learning experiences regarding living skills, budgeting, educational/vocational skills, etc.

~~(E)~~(D) **Case Management.** Case management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated.

~~(F)~~(E) **Crisis Intervention.** Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

(4) Treatment documentation:

(A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:

- (i) Date;
- (ii) Specific problems, goals, and objectives addressed;
- (iii) Summary of progress made toward goals and objectives, or lack of;
- (iv) Consumer response to overall treatment services;
- (v) Total number of treatment hours and types of services attended for the week;
- (vi) Any new problems, goals, or objectives identified during the week;
- (vii) List of all service providers providing treatment hours;
- (viii) Signature and credentials of the service provider completing the documentation; and
- (ix) Consumer's name.

(B) Documentation shall reflect each consumer has received a minimum of thirty-seven (37) hours of treatment services each week, including the treatment services required in 18-13-101.1(b)(3), in addition to life skills, recreational, and self-help supportive meetings.

(5) The program provides documentation of the following community living components:

- (A) A written daily schedule of activities.
- (B) Quarterly meetings between consumers and the program personnel.
- (C) Recreational activities to be utilized on personal time.
- (D) Personal space for privacy.
- (E) Security of consumer's property.
- (F) A clean, inviting, and comfortable setting.
- (G) Evidence of individual possessions and decorations.
- (H) Daily access to nutritious meals and snacks.
- (I) Policy addressing separate sleeping areas for the consumers based on:
 - (i) Gender;

- (ii) Age; and
 - (iii) Needs.
- (c) Compliance with 450:18-13-101.1 may be determined by a review of the following:
- (1) Licenses;
 - (2) Policies and procedures;
 - (3) Treatment protocols;
 - (4) Personnel record, documentation of professional licensure or certification, documentation of professional work experience, and ongoing in-service trainings;
 - (5) Treatment records; and
 - (6) Interviews with staff and consumers.

PART 17. RESIDENTIAL TREATMENT FOR ADOLESCENTS

450:18-13-161. Residential treatment for adolescents

(a) Residential treatment for adolescents shall provide a planned regimen of twenty-four (24) hour, seven (7) days a week, professionally directed evaluation, care, and treatment for chemically dependent adolescents, under written policies and procedures in a permanent facility. Adolescents not attending academic training shall participate in at least twenty-one (21) substance use disorder treatment related hours per week. Adolescents attending academic training shall participate in at least fifteen (15) hours of substance use disorder treatment related hours per week. At a minimum, ten (10) hours shall be devoted to therapeutic treatment services including, but not limited to, group, individual, and family therapy provided by a qualified service provider. The remaining hours shall be devoted to life skills, prosocial skills, and recreational activities. Other activities such as self help support groups, meetings, and religious participation shall be in addition to required hours.

(b) The residential treatment program shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment:

(A) The facility shall maintain an environment which is supportive of physical and emotional growth and development which is appropriate to the needs of adolescents;

(B) The facility shall provide space, both indoor and outdoor, for the recreational and social needs of adolescents;

(C) The facility shall group consumers appropriately by age, developmental level, gender, and treatment needs;

(D) The program may provide transportation to activities in the community as appropriate. Vehicles used for transportation should not be labeled in any way that calls attention to the facility or the vehicle's occupants;

(E) The program shall provide study areas within the facility and shall provide ancillary study materials such as encyclopedias, dictionaries, and educational resource texts and materials; and

(F) The facility shall provide a safe, welcoming, and culturally/age appropriate environment.

(2) Support systems:

- (A) The facility shall make available a licensed physician by telephone twenty-four (24) hours per day, seven (7) days per week;
- (B) The facility shall have specialized professional consultation or supervision available;
- (C) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma laws; and
- (D) The facility shall provide emergency services and crisis interventions.

(3) Staff:

- (A) The facility shall document that service providers are knowledgeable regarding the biopsychosocial aspects of substance use disorder, cultural, gender, and age specific issues, co-occurring disorder issues, child and adolescent development and, evidenced based practices.
- (B) Maintain documentation that service providers are knowledgeable regarding the identification of violence and domestic violence, spousal or partner abuse, child abuse and neglect, parent and sibling abuse, normal and abnormal adolescent development, and family dynamics;
- (C) Ensure at least two (2) staff members are awake and on duty twenty-four (24) hours a day, seven (7) days a week;
- (D) If educational services are provided, the facility shall maintain documentation to verify that providing staff meets all state requirements for education or special education;
- (E) Staff shall be knowledgeable regarding the facility required education, and training requirements and policies;
- (F) Staff shall be least eighteen (18) years of age; and
- (G) The facility shall document in personnel records all education training and experience stated in above prior to the provision of direct care service.

(4) Treatment services:

- (A) A multidisciplinary team approach shall be utilized in providing daily substance use disorder treatment services to assess and address the individual needs of each adolescent;
- (B) Services shall include, but not be limited to:
 - (i) **Therapy.** Therapy must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a clinical approach generally accepted as reliable in the relevant clinical community, such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For all children under the age of eighteen, the total group size is limited to six.
 - (ii) **Rehabilitation Services.** Rehabilitation services must be provided by a LBHP, Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). This service includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles

and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. The maximum staffing ratio for group rehabilitation services is eight to one for children under the age of eighteen.

(iii) **Educational groups.** Education groups must be conducted by a LBHP, Licensure Candidate, CADC, CM II or Peer Recovery Support Specialist (PRSS).

(iv) **Case Management.** Case management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinical indicated.

(v) **Crisis intervention.** Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

(C) Services shall be provided in appropriate groups according to age, gender, developmental level, treatment status, and individual needs;

(D) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma law;

(E) Consumers shall participate in educational programs within the community, when clinically indicated, including extracurricular activities; and

(F) Service providers shall confer on a regular basis with school personnel, including the provision of necessary information, when appropriate, on the educational progress of the consumer, and shall assess and respond to the needs for changes in the educational plans.

(5) Assessments:

(A) A physical examination shall be conducted by a licensed physician, to include physical assessment, health history, immunization status, and evaluation of motor development and function, speech, hearing, visual, and language functioning; and

(B) The facility shall facilitate and document the involvement and participation of family members or significant others in the assessment, treatment, rehabilitation, and continuing treatment needs of each consumer;

(6) Treatment documentation:

(A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:

(i) Date;

(ii) Specific problems, goals and objectives addressed;

(iii) Summary of progress made toward goals and objectives, or lack of;

(iv) Consumer response to overall treatment services;

(v) Total number of treatment hours and types of services attended for the week;

(vi) Any new problems, goals, or objectives identified during the week;

- (vii) List of all service providers providing treatment hours;
 - (viii) Signature and credentials of the service provider completing the documentation; and
 - (ix) The consumer's name.
- (B) Progress notes in the consumer's record shall clearly reflect the implementation of treatment and case management plans and services provided;
 - (C) Progress notes shall include the consumer's name; and
 - (D) Documentation shall reflect that each consumer receives a minimum of twenty-one (21) hours of treatment-related hours each week or fifteen (15) or more treatment-related hours if participating in academic training.
- (7) Documentation of the following community living components:
- (A) A written daily schedule of activities.
 - (B) Quarterly meetings between consumers and the program personnel.
 - (C) Recreational activities to be utilized on personal time.
 - (D) Personal space for privacy.
 - (E) Security of consumer's property.
 - (F) A clean, inviting, and comfortable setting.
 - (G) Evidence of individual possessions and decorations.
 - (H) Daily access to nutritious meals and snacks.
 - (I) Policy addressing separate sleeping areas for the consumers based on:
 - (i) Gender;
 - (ii) Age; and
 - (iii) Needs.
- (c) Compliance with 450:18-13-161 may be determined by a review of the following:
- (1) Licenses;
 - (2) Policies and procedures;
 - (3) Treatment and service protocols;
 - (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service training(s);
 - (5) Treatment records;
 - (6) Interviews with staff and consumers; and
 - (7) Other facility documentation.

PART 19. HALFWAY HOUSE SERVICES

450:18-13-181. Halfway house services

- (a) Halfway house services shall provide low intensity treatment in a supportive living environment to facilitate reintegration into the community. Major emphasis shall be on continuing substance use disorder care and follow-up, and community ancillary services in an environment supporting continued abstinence. Consumers shall participate in a minimum of six (6) hours of structured substance use disorder treatment per week.
- (b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:
 - (1) Environment: The facility shall be a freestanding facility or portion of a related healthcare facility having at least one (1) each of toilet, lavatory, and bathing

facilities for each eight (8) residents. The facility shall provide a safe, welcoming, and culturally/age appropriate environment.

(2) Support system:

(A) A licensed physician shall be available, by telephone twenty-four (24) hours a day, seven (7) days a week;

(B) The facility shall have a written plan for emergency procedures, approved by a licensed physician;

(C) The facility shall have supplies, as designated by the written emergency procedures plan, which shall be accessible to staff at all times; and

(D) Specialized professional consultation or professional supervision shall be available.

(3) Staff:

(A) Service providers shall be knowledgeable regarding biopsychosocial dimensions of substance use disorders, evidenced based practices, co-occurring disorder issues gender, cultural, and age-specific issues;

(B) Staff shall be knowledgeable regarding facility-required education, training, and policies;

(C) Staff shall be knowledgeable about emergency procedures as specified in the emergency procedures plan;

(D) The facility shall have staff members on site twenty-four (24) hours per day, seven (7) days per week;

(E) Staff shall be at least eighteen (18) years of age; and

(F) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(4) Treatment services. The facility shall have scheduled rehabilitation services to assess and address the individual needs of each consumer. Such services shall include, but not limited to:

(A) **Therapy.** Therapy must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a clinical approach generally accepted as reliable in the relevant community, such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For adults, group therapy is limited to a total of eight adult individuals. For all children under the age of eighteen, the total group size is limited to six.

(B) **Rehabilitation Services.** Rehabilitation services must be provided by a LBHP, Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). This service includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. The maximum staffing ratio for

group rehabilitation services is fourteen members for each qualified provider for adults and eight to one for children under the age of eighteen.

~~(D)~~**(C) Educational Groups.** Education groups must be conducted by a LBHP, Licensure Candidate, CADC, CM II or Peer Recovery Support Specialist (PRSS).

~~(E)~~**(D) Case Management.** Case management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated.

~~(F)~~**(E) Crisis Intervention.** Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

~~(G)~~**(F) Vocational services.** Any level of provider can provide vocational services (Employment consultants, or other staff who have completed some form of job coach training, are preferred). Vocational services include the process of developing or creating appropriate employment situations for individuals who desire employment to include, but not be limited to: the identification of employment positions, conducting job analysis, matching individuals to specific jobs, facilitating job expansion or advancement and communicating with employers about training needs.

(5) Treatment documentation:

(A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:

- (i) Date;
- (ii) Specific problem(s), goals, and objectives addressed;
- (iii) Summary of progress made toward goals and objectives, or lack of;
- (iv) Consumer response to overall treatment services;
- (v) Total number of treatment hours and types of services attended for the week;
- (vi) Any new problems, goals, or objectives identified during the week;
- (vii) List of all service provider providing treatment hours;
- (viii) Signature and credentials of the service provider completing the documentation; and
- (ix) Consumer's name.

(B) Documentation shall reflect that the consumer works or attempts to find work while receiving halfway house services.

(c) Compliance with 450:18-13-181 may be determined by a review of the following:

- (1) Licenses;
- (2) Policies and procedures;
- (3) Treatment protocols;
- (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service trainings;
- (5) Treatment records;

- (6) Interviews with staff and consumers; and
- (7) Other facility records.

PART 20. ADOLESCENT HALFWAY HOUSE SERVICES

450:18-13-190. Adolescent halfway house services

- (a) Adolescent halfway house treatment shall provide low intensity substance use disorder treatment in a supportive living environment to facilitate reintegration into the home or community. Emphasis shall be on applying recovery skills, relapse prevention, independent living skills, and educational and vocational skills. Consumers shall participate in at least six (6) hours of structured substance use disorder treatment and rehabilitation services weekly. Self-help meetings are not included in the required hours.
- (b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:
 - (1) Environment:
 - (A) The facility shall be a freestanding facility or portion of a related healthcare facility having at least one (1) each of toilet, lavatory, and bathing facilities for each eight (8) residents;
 - (B) The facility shall maintain an environment supportive of physical and emotional growth and development, and appropriate to the needs of adolescents;
 - (C) The facility shall provide space, both indoor and outdoor. In co-ed treatment, the facility shall maintain separate sleeping quarters for males and females;
 - (D) The program may provide transportation to activities in the community as appropriate. Vehicles used for transportation should not be labeled in any way that calls attention to the facility or the vehicle's occupants;
 - (E) The program shall provide study areas within the facility, and shall provide ancillary study materials, such as encyclopedias, dictionaries, and educational resource texts and materials;
 - (F) The facility shall be licensed by the Oklahoma State Department of Human Services (OKDHS) as a "Residential Child Care Facility"; and
 - (G) The facility shall provide a safe, welcoming, and culturally/age appropriate environment.
 - (2) Support systems:
 - (A) A licensed physician shall be available by telephone twenty-four (24) hours per day, seven (7) days a week;
 - (B) Specialized professional consultation or supervision, emergency services, and crisis intervention shall be available;
 - (C) The facility shall provide clinically appropriate public educational services in compliance with applicable Oklahoma laws; and
 - (D) The facility shall have a written plan for emergency procedures and staff shall have access to supplies as designated in this plan.
 - (3) Staff:
 - (A) Service providers shall be knowledgeable regarding the biopsychsocial aspects of substance use disorders, evidenced based practices, co-occurring

disorder issues, child and adolescent development issues, and gender, cultural, and age-specific issues.

(B) Service providers shall be knowledgeable regarding the identification of violence and domestic violence, spousal or partner abuse, child abuse and neglect, parent and sibling abuse, normal and abnormal adolescent development, and family dynamics;

(C) The facility shall have staff members on duty twenty-four (24) hours per day, seven (7) days a week;

(D) Staff shall be knowledgeable about emergency procedures as specified in the emergency procedures plan;

(E) If educational services are provided, documentation shall be maintained to verify providing staff meet all state requirements for education or special education;

(F) Staff shall be knowledgeable regarding the facility-required education, training requirements, and policies;

(G) Staff shall be at least eighteen (18) years of age; and

(H) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.

(4) Treatment services:

(A) The facility shall provide substance use disorder treatment services to assess and address the individual needs of each adolescent, to include, but not be limited to:

(i) **Therapy.** Therapy must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a clinical approach generally accepted as reliable in the relevant clinical community, such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not include social skill development or daily living skill activities. For all children under the age of eighteen, the total group size is limited to six.

(ii) **Rehabilitation services.** Rehabilitation services must be provided by a LBHP, Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). This service includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. The maximum staffing ratio for group rehabilitation services is eight to one for children under the age of eighteen.

(iii) **Educational groups.** Education groups must be conducted by a LBHP, Licensure Candidate, CADC, CM II or Peer Recovery Support Specialist (PRSS).

- (iv) **Case Management.** Case management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated.
 - (v) **Crisis intervention.** Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.
 - (B) The facility shall provide services in appropriate groups according to age, gender, developmental level, and individual needs;
 - (C) The facility shall provide for clinically appropriate public educational services in compliance with applicable Oklahoma law;
 - (D) Consumers may participate in educational programs in the community, when clinically indicated, including extracurricular activities; and
 - (E) Service providers shall confer on a regular basis with school personnel, including the provision of necessary information when appropriate, on the educational progress of the consumer and shall assess and respond to the needs for changes in the educational plans.
- (5) Assessment;
- (A) A physical examination shall be conducted by a licensed physician to include physical assessment, health history, immunization status, and evaluation of motor development and functioning, speech, hearing, visual and language functioning, if no records are available on admission reflecting such examination within the previous year; and
 - (B) The facility shall facilitate involvement and participation of family members or significant others in the assessment, treatment, rehabilitation, and continuing treatment needs of each consumer.
- (6) Treatment documentation:
- (A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:
 - (i) Date;
 - (ii) Specific problems, goals and objectives addressed;
 - (iii) Summary of progress made toward goals and objectives, or lack of;
 - (iv) Consumer response to overall treatment services;
 - (v) Total number of treatment hours and types of services attended for the week;
 - (vi) Any new problems, goals, or objectives identified during the week;
 - (vii) List of all service providers providing treatment hours;
 - (viii) Signature and credentials of the service provider completing the documentation; and
 - (ix) Consumer's name.
- (c) Compliance with the above may be determined by a review of the following:
- (1) Licenses;
 - (2) Policies and procedures;

- (3) Treatment protocols;
- (4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, ongoing in-service trainings;
- (5) Treatment records;
- (6) Interviews with staff and consumers; and
- (7) Other facility records.

PART 21. HALFWAY HOUSE SERVICES FOR PERSONS WITH DEPENDENT CHILDREN

450:18-13-201. Halfway house services for persons with dependent children

(a) Halfway house services for persons with dependent children shall provide substance use disorder treatment services in a residential setting and shall include a planned regimen of twenty-four (24) hour, seven (7) days a week, supervised living arrangements, to include professionally directed evaluation, care, and treatment, under a defined set of policy and procedures, in a permanent setting. Consumers shall participate in at least six (6) hours of treatment, supportive services, parenting, and child development services per week for adults, and six (6) therapeutic hours of services for children, excluding infants.

(b) Each facility shall maintain written programmatic descriptions and operational methods addressing the following:

(1) Environment: The facility shall be a freestanding facility providing family-style living arrangements, indoor recreational space for children and families, and safe, protected outdoor recreational space. The facility shall provide materials and space appropriate for ages of children receiving services. The facility shall provide a safe, welcoming, and culturally/age appropriate environment.

(2) Support system:

(A) A licensed physician shall be available by telephone twenty-four (24) hours per day, seven (7) days a week;

(B) The facility shall ensure children's access to the fullest possible range of medical services available, such as health screening, well-child health care, screening in speech, language, hearing, and vision, and verification of immunization records;

(C) The facility shall have access to emergency health care provided as necessary;

(D) The facility shall have access to public schools for school age children, and facilitation of the child's receiving the benefits of Public Laws 99-142; and

(E) The facility staff shall document a liaison with the local Oklahoma Department of Human Service (OKDHS) offices to:

(i) Promote preservation of families;

(ii) In cases of investigation of abuse, provide instruction in positive parenting behavior, if requested by the Oklahoma Department of Human Services (OKDHS) and with parental consent, provide daily observations of parent-child interaction;

(iii) Expedite investigations in a timely manner; and

- (iv) Ensure prompt facility response to situations which require immediate intervention.
- (3) Staff:
- (A) Service providers shall be knowledgeable regarding Biopsychsocial dimensions of substance use disorder, evidenced-based practices, cultural, age, and gender specific issues, co-occurring disorder issues, and services for infants, toddlers, preschool, and school-age children.
 - (B) Service providers are minimally trained in:
 - (i) The identification of domestic violence, spousal or partner abuse, and child abuse and neglect, with special emphasis on failure to thrive and sexual abuse of children.
 - (ii) Child development and age appropriate behaviors.
 - (iii) Parenting skills appropriate to infants, toddlers, pre-school, and school age children.
 - (iv) The impact of substances and substance use disorders on parenting and family units.
 - (C) Service providers working with children shall be knowledgeable and demonstrate job appropriate functional comprehension of:
 - (i) The impact of prenatal drug and alcohol exposure on child development.
 - (ii) The effect of substance use disorders on parenting, children, and families.
 - (iii) Parenting skills appropriate to infants, toddlers, pre-school, and school age children.
 - (iv) Common child behavioral and developmental problems.
 - (v) Appropriate play activities according to developmental stage.
 - (vi) Recognition of sexual acting out behavior.
 - (vii) The substance use disorder recovery process, especially as related to family units.
 - (D) The facility shall have staff members on site and awake twenty-four (24) hours per day, seven (7) days per week;
 - (E) Staff shall be knowledgeable regarding facility-required education and training requirements and policies.
 - (F) Staff shall be at least eighteen (18) years of age; and
 - (G) The facility shall document in personnel records all education, training, and experience stated above prior to the provision of direct care services.
- (4) Treatment services:
- (A) Daily (twenty-four [24] hours a day, seven [7] days a week) substance use disorder services shall be provided to assess and address individual needs of each consumer. Services shall include, but are not limited to:
 - (i) **Therapy.** Therapy must be provided by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate who must use and document a clinical approach generally accepted as reliable in the relevant clinical community, such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. The therapy must be goal directed utilizing techniques appropriate to the individual consumer's service plan and the consumer's developmental and cognitive abilities. This service does not

include social skill development or daily living skill activities. For adults, group therapy is limited to a total of eight adult individuals. For all children under the age of eighteen, the total group size is limited to six.

(ii) **Rehabilitation services.** Rehabilitation services must be provided by a LBHP, Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II). This service includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. The maximum staffing ratio for group rehabilitation services is fourteen members for each qualified provider for adults and eight to one for children under the age of eighteen.

(iii) **Educational groups.** Education groups must be conducted by a LBHP, Licensure Candidate, CADC, CM II or Peer Recovery Support Specialist (PRSS).

~~(iv) **Case Management.** Case management may be provided by a LBHP, CADC, CM II or CM I.~~

~~(v)~~(iv) **Crisis intervention.** Crisis intervention services must be provided by a LBHP or Licensure Candidate. Crisis intervention services are provided as needed for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or imminent danger of substance relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented in the consumer's record.

~~(vi)~~(v) **Case Management.** Case management must be provided by a LBHP, Licensure Candidate, CADC, CM II or CM I as clinically indicated.

~~(vii)~~(vi) **Vocational services.** Any level of provider can provide vocational services (Employment consultants, or other staff who have completed some form of job coach training, are preferred. Vocational services include the process of developing or creating appropriate employment situations for individuals who desire employment to include, but not be limited to: the identification of employment positions, conducting job analysis, matching individuals to specific jobs, facilitating job expansion or advancement and communicating with employers about training needs.

~~(viii)~~(vii) **Parenting and child development.**

(B) Services for children shall be provided and include a minimum of six (6) hours per week of therapeutic units for each child consisting of, but not limited to, assessment, therapy via art and recreational activities, etc. according to the development of the child. Documentation of all needs identified for each child shall be identified on that child's case management service plan and/or service plan.

(C) Children's services, excluding infants, shall be provided which address the significant issues and needs documented in either or both the child's and the parent's assessment and shall utilize both structured and unstructured

therapeutic activity. Services shall address the significant issues and needs documented in the parent's or child's assessment and create and enhance positive self image and feelings of self-worth, promote family unity, teach personal body safety and positive school interactions, and to prevent alcohol, tobacco, and other drug use;

(D) Infant services, ages birth to three (3) years of age, shall be provided and shall consist, at a minimum, of developmentally appropriate parent-child bonding (interactive) activities and play therapy as determined by mother's service plan; and

(E) Case management services for each adult and each child shall be provided, which include the assessment of and planning and arranging for recovery needs.

(5) Treatment documentation:

(A) Consumer records shall contain progress notes which outline any issues related to treatment and services provided. Progress notes shall document treatment services in a weekly summary to include the following:

(i) Date;

(ii) Specific problems, goals, and objectives addressed;

(iii) Summary of progress made toward goals and objectives, or lack of;

(iv) Consumer response to overall treatment services;

(v) Total number of treatment hours and types of services attended for the week;

(vi) Any new problems, goals, or objectives identified during the week;

(vii) List of all service providers providing treatment hours;

(viii) Signature and credentials of the service provider completing the documentation; and

(ix) The consumer's name.

(B) Progress notes in consumer's and his or her children's records shall clearly reflect case management assessments, plans, and implementation of plans, and implementation of the service plan and services provided, in addition to the consumer's, parent and child, response to treatment;

(C) Progress notes shall document observations of parent and child interactions especially those indicative of therapeutic need or progress; and

(D) Documentation shall reflect each consumer, adult, and child, has received a minimum of six (6) hours of service each week addressing issues and needs indicated in the assessments (parent or child).

(c) Compliance with 450:18-13-201 may be determined by a review of the following:

(1) Licenses;

(2) Policies and procedures;

(3) Treatment protocols;

(4) Personnel records, documentation of professional licensure, certification or licensure as an alcohol and drug counselor, documentation of professional work experience, and ongoing in-service trainings;

(5) Treatment records;

(6) Interviews with staff and consumers; and

(7) Other facility documentation.

SUBCHAPTER 15. GAMBLING DISORDER TREATMENT SERVICES

450:18-15-5. Treatment services

(a) Facilities providing gambling treatment services shall have a group of services herein designated as core services. Facilities certified under this Chapter may have specific additional services herein designated as optional gambling disorder treatment services. Required services include, but are not necessarily limited to:

(1) **Screening and Assessment.** See Sections 18-7-21 through 18-7-27 for requirements.

~~(3)~~(2) **Service planning and revision.** See Sections 18-7-81, 18-7-82 and 18-7-101 for requirements.

~~(4)~~(3) **Individual therapy.** Individual therapy is a face-to-face therapeutic session conducted by a Gambling Treatment Professional (GTP) with one on one interaction between the GTP and a consumer to promote emotional or psychological change to alleviate disorders. Therapy must be goal directed and use a generally accepted approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment, in accordance with an individualized service plan.

~~(5)~~(4) **Group therapy.** Group therapy is a face-to-face therapeutic session with a group of individuals and a GTP using the interaction of the GTP and two or more consumers to promote positive emotional or behavioral change. The focus of the group must be directly related to goals and objectives of the individual customer service plan and use a generally accepted framework for this modality of treatment. This service does not include social skill development or daily living skill activities. Group psychotherapy for adults is limited to eight total consumers. Group size is limited to a total of six consumers for all children. A group may not consist solely of related individuals.

~~(6)~~(5) **Family therapy.** Family therapy is a face-to-face therapeutic session conducted by a GTP with family members/couples conducted in accordance with a documented service plan focusing on treatment family/marital problems and goals. The service must be provided to specifically benefit the consumer as identified in a service plan and use generally accepted treatment methods for this modality of treatment.

~~(5)~~(6) **Case management.** See Sections 18-7-61 through 18-7-65 for requirements.

~~(6)~~(7) **Education and/or educational groups.** Education and educational groups can be provided by any level of provider.

~~(7)~~(8) **Discharge planning.** See Sections 18-7-121 through 18-7-123.

(b) Compliance with this Section may be determined by a review of the following:

- (1) Consumer records;
- (2) Progress notes;
- (3) Interviews with staff; and
- (4) Other facility documentation.