

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: February 19, 2014

The proposed policy is a PERMANENT Rule. This proposal is scheduled to be presented for public comment during a public hearing on February 21, 2014 and to the ODMHSAS Board of Directors for adoption on March 28, 2014.

Reference #: 23-2014

SUMMARY:

Proposed revisions to Chapter 23 include an update to the definition of "Emergency Detention" to correspond with changes made to Oklahoma Statute 43A, as well as to incorporate new certification standards and criteria related to the use of technology. Proposed revisions also create two levels of care within Community Based Structured Crisis Centers (CBSCC): 1) facility based crisis stabilization for overnight crisis stabilization stays; 2) Urgent Recovery Clinic Services which provide up to 23 hours and 59 minutes of crisis intervention. Revisions also identify certification standards that are so critical to the operation of the entity that failure to meet the identified standards would be grounds for immediate suspension, denial or revocation of certification.

LEGAL AUTHORITY

43A O.S. § 3-317; Board of Mental Health and Substance Abuse Services.

RULE IMPACT STATEMENT

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

A. Brief description of the purpose of the rule:

Proposed revisions to Chapter 23 include an update to the definition of "Emergency Detention" to correspond with changes made to Oklahoma Statute 43A, as well as to incorporate new certification standards and criteria related to the use of technology. Proposed revisions also create two levels of care within Community Based Structured Crisis Centers (CBSCC): 1) facility based crisis stabilization for overnight crisis stabilization stays; 2) Urgent Recovery Clinic Services which provide up to 23 hours and 59 minutes of crisis intervention. Revisions also identify certification standards that are so critical to the operation of the entity that failure to meet the identified standards would be grounds for immediate suspension, denial or revocation of certification.

B. 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.

C. 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.

D. 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.

E. The probable 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.

F. 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.

G. 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 the minimum certification standards as currently required by this Chapter.

H. 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.

I. 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.

J. 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.

K. The date the rule impact statement was prepared and if modified, the date modified:

January 7, 2014

RULE TEXT

**TITLE 450. OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
CHAPTER 23. STANDARDS AND CRITERIA FOR COMMUNITY-BASED STRUCTURED CRISIS CENTERS**

SUBCHAPTER 1. GENERAL PROVISIONS

450:23-1-2. Definitions

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

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a resident by a staff responsible for the resident's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a resident.

"Clinical 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, training, experience, competence, judgment, and other credentials.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance ~~abuse~~use disorder crisis stabilization as authorized by O.S. 43A 3-317, including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance ~~abuse~~use disorder treatment services. This service is limited to CMHC's and Comprehensive Community Addiction Recovery Centers (CCARCs) who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"Consumer" means an individual, 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.

"Co-occurring disorder" means any combination of mental health and substance ~~abuse~~use disorder symptoms or diagnoses in a client.

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

"Crisis intervention" means an immediately available service to meet the psychological, physiological and environmental needs of individuals who are experiencing a mental health and/or substance abuse crisis.

"Crisis stabilization" means emergency psychiatric and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment and referral.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of the facility, or the 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 visitors; medication errors; consumers that are absent without leave (AWOL); neglect or abuse of a consumer; fire; unauthorized disclosure of information; damage to or theft of property belonging to a consumers or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Emergency detention" ~~For adults: means the detention of a person who appears to be a person requiring treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination and a determination that emergency detention is warranted for a period not to exceed seventy-two (72) hours, excluding weekends and holidays, except upon a court order authorizing detention beyond a seventy-two hour period or pending the hearing on a petition requesting involuntary commitment or treatment as provided by 43A of the Oklahoma Statutes. For minors: means the detention of a minor who appears to be a minor in need of treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detainment after the completion on an initial assessment and determination that emergency detention is warranted for a period not to exceed five (5) days excluding weekends and holidays, except upon a court order authorizing detention pending a hearing requesting involuntary commitment or treatment as provided by 43A of the Oklahoma Statutes.~~ as defined by 43A § 5-206 means the detention of a person who appears to be a person requirement treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination, either in person or via telemedicine, and a determination that emergency detention is warranted for a period not to exceed one hundred twenty (120) hours or five (5) days, excluding weekends and holidays, except upon a court order authorizing detention beyond a one hundred twenty (120) hour period or pending the hearing on a petition requesting involuntary commitment or treatment s provided by 43A of the Oklahoma Statutes.

"Emergency examination" For adults: means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted, by a licensed mental health professional to determine if emergency detention of the person is warranted.

"Homeless" a homeless person is a person who; a) lacks a fixed, regular and adequate night time residence AND b) has a primary nighttime residence that is a supervised publicly or privately operated shelter designated to provide temporary living accommodations including welfare hotels, congregate shelters, half way houses, and transitional housing for the mentally ill; or an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, not limited to people living on the streets. Individuals are considered homeless if they have lost their permanent residence, and are temporarily living in a shelter to avoid being on the street.

"Initial Assessment" means examination of current and recent behaviors and symptoms of a person or minor who appears to be mentally ill or substance dependent.

~~"Integrated Client Information System" or "ICIS" 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 DMHSAS network. ICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, residential care facilities, prevention programs, and centers for the homeless which are operated or funded in part by DMHSAS.~~

"Intervention plan" means a description of services to be provided in response to the presenting crisis situation that incorporates the identified problem(s), strengths, abilities, needs and preferences of the individual served.

"Licensed mental health professional" or "LMHP" means:

- ~~(A) psychiatrist who is a diplomate of the American Board of Psychiatry and Neurology;~~
- ~~(B) a licensed Doctor of Medicine or Doctor of Osteopathy who has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;~~
- ~~(C) a licensed clinical psychologist;~~
- ~~(D) a licensed professional counselor as defined in Section 1906 of Title 59 of the Oklahoma Statutes;~~
- ~~(E) a person licensed as a clinical social worker pursuant to the provisions of Section 1250 et seq. of Title 59 of the Oklahoma Statutes;~~
- ~~(F) a licensed marital and family therapist as defined in Section 1925.2 of Title 59 of the Oklahoma Statutes;~~
- ~~(G) a licensed behavioral practitioner as defined in Section 1931 of Title 59 of the Oklahoma Statutes; or~~
- ~~(H) an advanced practice nurse as defined in Section 567.3a of Title 59 of the Oklahoma Statutes specializing in mental health as defined in Title 43A § 1-103(11).~~

"Linkage services" means the communication and coordination with other service providers that assure timely appropriate referrals between the CBSCC and other providers.

"Minor" means any person under eighteen (18) years of age.

"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.

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

"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 performance improvement, continuous improvement, organization-wide performance improvement and total quality management.

"Persons with special needs" means any persons with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf/hearing impaired, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness and/or substance abuse disorders. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

"PICIS" means 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 DMHSAS network. PICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, residential care facilities, prevention programs, and centers for the homeless which are operated or funded in part by DMHSAS.

"**Progress notes**" mean a chronological description of services provided to a consumer, the consumer's progress, or lack of, and documentation of the consumer's response related to the intervention plan.

~~"Psychosocial"~~**Psychosocial 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.

"**Restraint**" refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of the individual's body. For minors: mechanical restraints shall not be used.

"**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.

"**Triage**" means a dynamic process of evaluating and prioritizing the urgency of crisis intervention needed based on the nature and severity of consumers' presenting situations.

"**Trauma Informed**" means the recognition and responsiveness to the presence of the effects of past and current traumatic experiences in the lives of all consumers.

450:23-1-3. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

450:23-1-4. Applicability

The standards and criteria for services as subsequently set forth in this chapter are applicable to CBSCCs as stated in each subchapter.

SUBCHAPTER 3. CBSCC SERVICES **PART 1. FACILITY BASED-CRISIS STABILIZATION**

450:23-3-1. Required services

Each CBSCC shall provide facility based co-occurring disorder capable crisis intervention and stabilization services.

450:23-3-2. Crisis Facility based crisis stabilization

(a) The CBSCC shall provide crisis stabilization to individuals who are in crisis as a result of a mental health and/or substance ~~abuse~~use disorder related problem. Each crisis stabilization program must be specifically accessible to individuals who present with co-occurring disorders. The CBSCC must have the capability of providing services to individuals who are in emergency detention status. The CBSCC may provide services in excess of 24 hours during one episode of care.

(b) Crisis stabilization services shall be provided in the least restrictive setting possible. Services should be provided within, or as close to the community in which they reside as possible.

(c) A physician shall be available at all times for the crisis unit, either on-duty or on call. If the physician is on call, he or she shall respond by telephone or in person to the licensed staff on duty at the crisis unit within 20 minutes.

(d) Crisis stabilization services shall include, but not be limited to, the following service components and each shall have written policy and procedures and each shall be co-occurring disorder capable and trauma informed, with policies and procedures that support this capability:

- (1) Triage crisis response;
- (2) Co-occurring capable Psychiatric crisis stabilization; and
- (3) Co-occurring capable Drug/alcohol crisis stabilization.

(e) The CBSCC shall have written policy and procedures addressing mechanical restraints for adults only, and these shall be in compliance with ~~450:23-3-6~~450:23-9-4.

(f) Compliance with 450:23-3-2 shall be determined by on-site observation, and a review of the following: clinical records; ICIS information; and the CBSCC policy and procedures.

450:23-3-3. Crisis stabilization, triage response

(a) Crisis stabilization services shall include twenty-four (24) hour triage response and emergency examination.

(b) Qualified staff providing triage crisis response services shall be:

- (1) Clinically privileged pursuant to the CBSCC's privileging requirements for crisis stabilization services; and
- (2) Knowledgeable about applicable laws, ODMHSAS rules, facility policy and procedures, and referral sources.

(c) Components of this service shall minimally include the capacity to provide:

- (1) Immediate response, on-site and by telephone;
- (2) Integrated screening for the presence of co-occurring disorders;
- (3) On-site emergency integrated mental health and/or substance ~~abuse~~use disorder examination; and
- (4) Referral, linkage, or a combination of the two services.

(d) The CBSCC shall have written policy and procedures minimally:

- (1) Providing twenty-four (24) hour, seven (7) days per week, triage crisis response services; and
- (2) Defining methods and required content for documentation of each triage crisis response service provided.
- (3) Ensuring that individuals who present in crisis with co-occurring disorders are identified, and that there are no barriers to access triage crisis response based on arbitrary alcohol or drug levels, types of diagnosis or medications.

(e) Compliance with 450:23-3-3 shall be determined by a review of the following: clinical privileging records; personnel files and job descriptions; policy and procedures, program description; on-site observation; and clinical documentation of services provided.

450:23-3-5. Crisis stabilization, psychiatric, substance abuse disorder and co-occurring services

(a) Crisis stabilization services shall provide continuous twenty-four (24) hour evaluation, crisis stabilization, and social services intervention seven (7) days per week for consumers experiencing substance abuse disorder related crises; consumers in need of assistance for emotional or mental distress; or those who present with co-occurring disorders.

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

(c) Crisis stabilization services shall be provided by a co-occurring disorder capable multidisciplinary team of medical, nursing, social services, clinical, administrative, and other staff adequate to meet the clinical needs of the individuals served.

(d) Staff members assigned to a medical supervised detoxification component shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs and the implication of those vital signs, and emergency procedures as well as demonstrating core competencies in addressing the needs of individuals receiving detoxification services who may have co-occurring mental health disorders and be on psychotropic medication.

(e) Services shall minimally include:

(1) Medically-supervised substance abuse disorder and mental health screening, observation and evaluation;

(2) Initiation and medical supervision of rapid stabilization regimen as prescribed by a physician, including medically monitored detoxification where indicated;

(3) Medically-supervised and co-occurring disorder capable detoxification, in compliance with procedures outlined in OAC Title 450, Subchapter 18;

(4) Intensive care and intervention during acute periods of crisis stabilization;

(5) Motivational strategies to facilitate further treatment participation for mental health and/or substance abuse needs; and,

(6) Providing referral, linkage or placement, as indicated by consumer needs.

(f) Crisis stabilization services, whether psychiatric, substance abuse disorder, or co-occurring, shall be utilized only after less restrictive community resources have been determined to be inadequate to meet the current needs of the consumer.

(g) Compliance with 450:23-3-5 shall be determined by a review of the following: personnel files and clinical privileges records; clinical records; ICIS information; policy and procedures; critical incident reports; staffing; census; and by on-site observation.

450:23-3-6. Mechanical restraints for adult consumers only [AMENDED AND RENUMBERED TO 450:23-9-4]

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

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

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

~~(2) Signature of the licensed physician authorizing use is required;~~

~~(3) Time limit of said authorizations;~~

- ~~(4) Circumstances which automatically terminate an authorization;~~
 - ~~(5) Setting a time period, not to exceed every fifteen (15) minutes, an individual in mechanical restraints shall be observed and checked by a designated staff under the on-site supervision of a registered nurse;~~
 - ~~(6) Requiring in every use of mechanical restraints documentation the specific reason for such use, the actual start and stop times of use, authorizing licensed CBSCC physician signature, and record of times the consumer was observed and checked and by whom;~~
 - ~~(7) A chronological log including the name of every consumer placed in mechanical restraints, and the occurrence date. In accordance with 43 A.O.S. § 4-106, the CBSCC director, or designee shall be responsible for insuring compliance with record keeping mandates;~~
 - ~~(8) A process of peer review to evaluate use of mechanical restraints; and~~
 - ~~(9) The items listed in (1) through (6) of this rule shall be made a part of the consumer record.~~
- ~~(c) Compliance with 450:23-3-6 shall be determined by on-site observation and a review of the following: CBSCC policy and procedures; the mechanical restraint log; seclusion and restraint logs; clinical record; critical incident reports; and any other supporting CBSCC documentation.~~

450:23-3-6.1. Mechanical restraints will not be used for minors in treatment [AMENDED AND RENUMBERED TO 450:23-9-5]

- ~~(a) Mechanical restraints will not be used on minors~~
- ~~(b) Seclusion and restraint policy and procedures for minors should at the minimum meet federal, state, and accrediting guidelines and standards~~

450:23-3-9. Pharmacy services

- (a) The CBSCC shall provide specific arrangements for pharmacy services to meet consumers' needs. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through the CBSCC's own Oklahoma licensed pharmacy.
- (b) Compliance with 450:23-3-9 shall be determined by a review of the following: clinical records; written agreements for pharmacy services; and State of Oklahoma pharmacy license.
- (c) Failure to comply with 450:23-3-9 will result in immediate denial, suspension and/or revocation of certification.

PART 2. URGENT RECOVERY CLINIC SERVICES

450:23-3-10. Applicability

The services in this Part are optional services. However, if the services in this Part are provided, either on the initiative of the facility, or as an ODMHSAS contractual requirement of the facility, all rules and requirements of this Part shall apply to the facility's certification.

450:23-3-11. Urgent Recovery Clinic services

- (a) Urgent Recovery Clinics (URC) offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. Each facility must be specifically accessible to individuals who present with co-occurring disorders. URCs shall not provide more than twenty-three (23) hours and fifty-nine (59) minutes of services to a consumer during one episode of care.
- (b) URC services shall include, but not be limited to, the following service components and each shall have written policy and procedures and each shall be co-occurring disorder capable and trauma informed, with policies and procedures that support this capability:

- (1) Triage crisis response;
- (2) Crisis intervention;
- (3) Crisis assessment;
- (4) Crisis intervention plan development; and
- (5) Linkage.

450:23-3-12. Triage crisis response

- (a) URC services shall include twenty-four (24) hour triage response and emergency examination.
- (b) Qualified staff providing triage crisis response services shall be:
 - (1) Clinically privileged pursuant to the facility's privileging requirements for crisis stabilization services; and
 - (2) Knowledgeable about applicable laws, ODMHSAS rules, facility policy and procedures, and referral sources.
- (c) Components of this service shall minimally include the capacity to provide:
 - (1) Immediate response, face to face, by telephone and by the provision of mobile services;
 - (2) Integrated screening for the presence of co-occurring disorders;
 - (3) On-site emergency integrated mental health and/or substance use disorder examination;
 - (4) Referral, linkage, or a combination of the two services.
- (d) The URC shall have written policy and procedures minimally:
 - (1) providing twenty-four (24) hour, seven (7) days per week, triage crisis response services;
 - (2) Defining methods and required content for documentation of each triage crisis response service provided; and
 - (3) Ensuring that individuals who present in crisis with co-occurring disorders are identified, and that there are no barriers to access triage crisis response based on arbitrary alcohol or drug levels, types of diagnosis or medications.
- (3) Compliance with this Section shall be determined by a review of the following: Clinical privileging records, personnel files and job descriptions; policy and procedures, program description; on-site observation; and clinical documentation of services provided.

450:23-3-13. Crisis intervention

- (a) URCs shall provide up to twenty-three (23) hours fifty-nine (59) minutes of evaluation, crisis stabilization, and social services intervention per consumer per episode of care and must be available seven (7) days per week for consumers experiencing substance abuse related crisis; consumers in need of assistance for emotional or mental distress; or those with co-occurring disorders.
- (b) Licensed behavioral health professionals and other support staff shall be adequate in number to provide care needed by consumers twenty-four (24) hours a day seven (7) days per week.
- (c) The URC shall provide or otherwise ensure the capacity for a practitioner with prescriptive authority at all times for consumers in need of medication services.
- (d) Crisis intervention services shall be provided by a co-occurring disorder capable team of social services, clinical, administrative, and other staff adequate to meet the clinical needs of the individuals served and make appropriate clinical decisions to:
 - (1) Determine an appropriate course of action;
 - (2) Stabilize the situation as quickly as possible; and
 - (3) Guide access to inpatient services or less restrictive alternatives, as necessary.
- (e) Compliance with this Section shall be determined by a review of the following: personnel files and clinical privileges records; clinical records; PICIS information; policy and procedures; critical incident reports; staffing; census; and by on-site observation.

450:23-3-14. Linkage Services to higher or lower levels of care, or longer term placement and services to homeless individuals.

(a) URCs services shall provide Linkage as set forth in 450:23-3-7.

(b) URCs shall provide services to homeless individuals as set forth in 450:23-3-8.

SUBCHAPTER 5. CBSCC CLINICAL RECORDS

450:23-5-4. Clinical record content, intake and assessment

(a) The CBSCC shall assess each individual to determine appropriateness of admission. Initial assessments by an LMHP are to be completed on all minors voluntary or involuntary prior to admission.

(b) Consumer intake information shall contain, but not be limited to the following identification data:

- (1) Consumer name;
- (2) Name and identifying information of the legal guardian(s)
- (3) Home address;
- (4) Telephone number;
- (5) Referral source;
- (6) Reason for referral;
- (7) Significant other to be notified in case of emergency;
- (8) ~~CIS~~ CIS intake data core content;
- (9) Presenting problem and disposition;
- (10) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be obtained during intake and kept in a highly visible location in or on the record; and
- (11) Screening for co-occurring disorders, trauma, and homelessness, medical and legal issues.

(c) Consumer assessment information for ~~admitted~~ consumers admitted to facility-based crisis stabilization shall be completed within 72 hours of admission to the CBSCC and shall contain, but not be limited to, the following: Assessment information for consumers in a URC, if applicable, shall be completed within twelve (12) hours of arrival.

(1) Integrated mental health and substance abuse psychosocial evaluation that minimally addresses:

- (A) The consumer's strengths and abilities to be considered during community re-entry;
- (B) Economic, vocational, educational, social, family and spiritual issues as indicated; and
- (C) An initial discharge plan.

(2) Interpretive summary of relevant assessment findings that results in the development of an intervention plan addressing mental health, substance ~~abuse~~ use disorder, and other related issues contributing to the crisis;

- (3) An integrated intervention plan that minimally addresses the consumer's:
 - (A) Presenting crisis situation that incorporates the identified problem(s);
 - (B) Strengths and abilities;
 - (C) Needs and preferences; and
 - (D) Goals and objectives.

(d) Compliance with 450:23-5-4 shall be determined by a review of the following: intake assessment instruments and other intake documents of the CBSCC; clinical records; and, other agency documentation of intake materials or requirements.

450:23-5-5. Health, mental health, substance abuse, and drug history

(a) A health and drug history shall be completed for each consumer at the time of admission in facility-based crisis stabilization and as soon as practical in the URC. The medical history shall include obtainable information regarding:

- (1) Name of medication;
- (2) Strength and dosage of current medication;
- (3) Length of time patient was on the medication if known;
- (4) Benefit(s) of medication;
- (5) Side effects;
- (6) The prescribing medical professional if known; and
- (7) Relevant drug history of family members.

(b) A mental health history, including symptoms and safety screening, shall be completed for each consumer at the time of admission.

(c) A substance abuse history, including checklist for use, abuse, and dependence for common substances (including nicotine and caffeine) and screening for withdrawal risk and IV use shall be completed for each consumer at the time of admission

(d) Compliance with 450:23-5-5 shall be determined by a review of clinical records.

450:23-5-6. Progress notes

(a) The CBSCC shall have a policy and procedure mandating the chronological documentation of progress notes for consumers admitted to facility-based crisis stabilization.

(b) Progress notes shall minimally address the following:

- (1) Person(s) to whom services were rendered;
- (2) Activities and services provided and as they relate to the goals and objectives of the intervention plan, including ongoing reference to the intervention plan;
- (3) Documentation of the progress or lack of progress in crisis resolution as defined in the intervention plan;
- (4) Documentation of the intervention plan's implementation, including consumer activities and services;
- (5) The consumer's current status;
- (6) Documentation of the consumer's response to intervention services, changes in behavior and mood, and outcome of intervention services;
- (7) Plans for continuing therapy or for discharge, whichever is appropriate; and

(b) Progress notes shall be documented according to the following time frames:

- (1) Intervention team shall document progress notes daily; and
- (2) Nursing service shall document progress notes on each shift.

(d) Compliance with 450:23-5-6 shall be determined by a review of clinical records.

SUBCHAPTER 9. CONSUMER RIGHTS

450:23-9-4. Mechanical restraints for adult consumers only

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

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

- (1) Criteria to be met prior to authorizing the use of mechanical restraints;
- (2) Signature of the licensed physician authorizing use is required;

- (3) Time limit of said authorizations;
- (4) Circumstances which automatically terminate an authorization;
- (5) Setting a time period, not to exceed every fifteen (15) minutes, an individual in mechanical restraints shall be observed and checked by a designated staff under the on-site supervision of a registered nurse;
- (6) Requiring in every use of mechanical restraints documentation the specific reason for such use, the actual start and stop times of use, authorizing licensed CBSCC physician signature, and record of times the consumer was observed and checked and by whom;
- (7) A chronological log including the name of every consumer placed in mechanical restraints, and the occurrence date. In accordance with 43 A O.S. § 4-106, the CBSCC director, or designee shall be responsible for insuring compliance with record keeping mandates;
- (8) A process of peer review to evaluate use of mechanical restraints; and
- (9) The items listed in (1) through (6) of this rule shall be made a part of the consumer record.

(c) Compliance with 450:23-3-6 shall be determined by on-site observation and a review of the following: CBSCC policy and procedures; the mechanical restraint log; seclusion and restraint logs; clinical record; critical incident reports; and any other supporting CBSCC documentation.

(d) Failure to comply with 450:23-3-6 will result in the initiation of procedures to deny, suspend and/or revoke certification.

450:23-9-5. Mechanical restraints will not be used for minors in treatment

(a) Mechanical restraints will not be used on minors

(b) Seclusion and restraint policy and procedures for minors should at the minimum meet federal, state, and accrediting guidelines and standards

(c) Failure to comply with 450:23-3-6.1 will result in the initiation of procedures to deny, suspend and/or revoke certification.

SUBCHAPTER 11. ORGANIZATIONAL MANAGEMENT

450:23-11-1. Organizational description

(a) The CBSCC shall have a written organizational description which is reviewed annually and minimally includes:

- (1) The overall target population, specifically including those individuals with co-occurring disorders, for whom services will be provided;
- (2) The overall mission statement;
- (3) The CBSCC's annual facility goals and objectives, including the goal of continued progress for the facility in providing person centered, culturally competent, trauma informed and co-occurring capable services;

(b) The CBSCC's governing body shall approve the mission statement and annual goals and objectives and document their approval.

(c) The CBSCC shall make the organizational description, mission statement and annual goals and objectives available to staff.

(d) The CBSCC shall make the organizational description, mission statement and annual goals and objectives available to the general public upon request.

(e) Each CBSCC shall have a written plan for professional services which shall have in writing the following:

- (1) Services description and philosophy;
- (2) The identification of the professional staff organization to provide these services;
- (3) Written admission and exclusionary criteria to identify the type of clients for whom the

services are primarily intended; and

(4) Written goals and objectives.

(5) Delineation of processes to assure accessible, integrated, and co-occurring capable services and a plan for how each program component will address the needs of individuals with co-occurring disorders.

(f) There shall be a written statement of the procedures/plans for attaining the organization's goals and objectives. These procedures/plans should define specific tasks, including actions regarding the organization's co-occurring capability, set target dates and designate staff responsible for carrying out the procedures or plans.

(g) Compliance with 450:23-11-1 shall be determined by a review of the following: CBSCC target population definition; CBSCC policy and procedures; mission statement; written plan for professional services; other stated required documentation; and any other supporting documentation.

SUBCHAPTER 19. STAFF DEVELOPMENT AND TRAINING

450:23-19-1. Staff qualifications

(a) The CBSCC shall document the qualifications and training of staff providing crisis stabilization services which shall be in compliance with the CBSCC's clinical privileging process.

(b) Compliance with 450:23-19-1 shall be determined by a review of personnel files, clinical privileging records and other supporting documentation provided.

(c) Failure to comply with 450:23-19-1 will result in the initiation of procedures to deny, suspend and/or revoke certification.

450:23-19-2. Staff development

(a) The CBSCC shall have a written plan for the professional growth and development of all administrative, professional clinical and support staff.

(b) This plan shall include but not be limited to:

(1) orientation procedures;

(2) ~~inservice~~in-service training and education programs;

(3) availability of professional reference materials; and

(4) mechanisms for insuring outside continuing educational opportunities for staff members.

(c) The results of performance improvement activities and accrediting and audit findings and recommendations shall be addressed by and documented in the staff development and clinical privileging processes.

(d) Staff competency development shall be aligned with the organization's goals related to co-occurring capability, and incorporate a training plan, training activities, and supervision designed to improve co-occurring core competencies of all staff.

(e) Staff education and ~~inservice~~in-service training programs shall be evaluated by the CBSCC at least annually.

(f) Compliance with 450:23-19-2 shall be determined by a review of the staff development plan, clinical privileging processes, documentation of inservice training programs, and other supporting documentation provided.

450:23-19-3. ~~inservice~~In-service

(a) ~~inservice~~In-service trainings are required annually for all employees who provide clinical services within the CBSCC program on the following topics:

(1) Fire and safety;

(2) Infection Control and universal precautions;

- (3) Consumer's rights and the constraints of the Mental Health Consumer's Bill of Rights;
 - (4) Confidentiality;
 - (5) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101 et seq., and Protective Services for the Elderly and for Incapacitated Adults Act, 43A O.S. §§ 10-101 et seq.;
 - (6) Facility policy and procedures;
 - (7) Cultural ~~diversity~~ competence;
 - (8) Co-occurring disorder competency and treatment principles; and
 - (9) Trauma informed and age and developmental specific trainings.
- (b) All staff providing clinical services shall have a current certification in basic first aid and in Cardiopulmonary Resuscitation (CPR).
- (c) All clinical staff shall have training in non-physical intervention techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention within 30 days of being hired with annual updates thereafter.
- (d) The local facility Executive Director shall designate which positions and employees, including temporary employees, will be required to successfully complete physical intervention training. The employee shall successfully complete this training within 30 days of being hired, with annual updated thereafter.
- (e) The training curriculum for 450:23-19-3 (c) and (d) must be approved by the ODMHSAS commissioner or designee in writing prior to conducting of any training pursuant to this provision.
- (f) Compliance with 450:23-19-3 shall be determined by a review of the following: inservice training records; personnel records; and other supporting written information provided.

SUBCHAPTER 21. FACILITY ENVIRONMENT

450:23-21-4. Technology

- (a) The facility shall have a written plan regarding the use of technology and systems to support and advance effective and efficient service and business practices. The plan shall include, but not be limited to:
- (1) Hardware and software.
 - (2) Security.
 - (3) Confidentiality.
 - (4) Backup policies.
 - (5) Assistive technology.
 - (6) Disaster recovery preparedness.
 - (7) Virus protection.
- (b) Compliance with 450:23-21-4 shall be determined by a review of the facility policies, performance improvement plans and technology and system plan.