

TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
CHAPTER 17. STANDARDS AND CRITERIA FOR COMMUNITY MENTAL HEALTH CENTERS

SUBCHAPTER 1. GENERAL PROVISIONS

450:17-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following 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 consumer resident by a staff responsible for the consumer's ~~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 consumer resident.

"Adults who have a serious mental illness" are persons eighteen (18) years of age or older who meet the following criteria:

(A) Currently or at any time during the past year have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet criteria specified within DSM-IV with the exception of "V" codes, substance abuse disorders, and developmental disorders, unless they co-occur with another diagnosable serious mental illness; and

(B) Based on a client assessment scale, has moderate impairment in at least four, severe impairment in two or extreme impairment in one of the following areas:

- (i) Feeling, mood and affect;
- (ii) Thinking;
- (iii) Family relationships;
- (iv) Interpersonal skills;
- (v) Role performance;
- (vi) Socio-legal; or
- (vii) Self care and basic needs; or

(C) Has duration of illness of at least one year and at least moderate impairment in two, or severe impairment in one of the following areas:

- (i) Feeling, mood and affect;
- (ii) Thinking;
- (iii) Family relationships;
- (iv) Interpersonal skills;
- (v) Role performance;
- (vi) Socio-legal; or
- (vii) Self care and basic needs.

"AOA" means American Osteopathic Accreditation

"Case management services" means planned linkage, advocacy and referral, linkage, monitoring and support, and advocacy assistance provided in partnership with

a consumer to ~~support~~ assist that consumer ~~in~~ 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 ~~treatment~~ service plan developed with and approved by the consumer and qualified staff.

"**CARF**" means Commission on Accreditation of Rehabilitation Facilities

"Child with Serious Emotional Disturbance" or "SED" means a child under the age of 18 who meets the following criteria:

(A) Currently or at any time during the past year have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet criteria specified within DSM-IV with the exception of "V" codes, and developmental disorders, unless they co-occur with another diagnosable serious mental illness; and

(B) Based in a client assessment scale, has moderate impairment in at least four, severe impairment in two or extreme impairment in one of the following areas:

(i) Feeling, mood and affect;

(ii) Thinking;

(iii) Substance use;

(iv) Family;

(v) Interpersonal;

(vi) Role performance;

(vii) Socio-legal;

(viii) Self care and basic needs; or

(ix) Caregiver resources; or

(C) Has duration of illness for at least one year and at least moderate impairment in two, or severe impairment in one of the following areas:

(i) Feeling, mood and affect;

(ii) Thinking;

(iii) Substance use;

(iv) Family;

(v) Interpersonal;

(vi) Role performance;

(vii) Socio-legal;

(viii) Self care and basic needs; or

(ix) Caregiver resources.

"**Chronic Homelessness**" refers to an individual with a disabling condition who has either: (a) been continuously homeless for a year or more, or (b) has had at least 4 episodes of homelessness in the past 3 years. For this condition, the individual must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these episodes. Chronic homelessness only includes single individuals, not families. A disabling condition is a diagnosable substance abuse disorder, serious mental illness, or developmental disability, including the co-occurrence of two or more of these conditions.

"**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.

"Clubhouse" means a psychiatric rehabilitation program currently certified as a Clubhouse through the International Center for Clubhouse Development (ICCD).

"Community living programs" means either transitional or permanent supported housing for persons not in crisis who need assistance with obtaining and maintaining an independent living situation.

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance abuse 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 abuse services. This service is limited to CMHC's 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.

"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.

"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 advocacy" includes all activities on behalf of the consumer to assist with or facilitate resolution of problems in the acquisition of resources or services needed by the consumer.

"Consumer committee" or "consumer government" means any established group within the facility comprised of consumers, led by consumers and meets regularly to address consumer concerns to support the overall operations of the facility.

"Co-occurring disorder" (COD) means any combination of mental health symptoms and substance abuse symptoms or diagnoses that affect in 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 ~~individuals~~ consumers 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.

"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 an immediately available service to meet the psychological, physiological, and safety aspects environmental needs of alcohol, drug-related, and mental health crises. individuals who are mentally ill.

"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, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of ~~a the~~ facility, service setting, or otherwise 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; residential 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.

"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.

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

"Emergency detention" 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.

"Emergency examination" 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.

"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 center 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

addiction treatment, and narcotic treatment programs.

"General psychiatric rehabilitation" or **"PSR"** means a type of psychiatric rehabilitation program which focuses on long term recovery and maximization of self-sufficiency, role function and independence. General psychiatric rehabilitation programs may be organized within a variety of structures which seek to optimize the participants' potential for occupational achievement, goal setting, skill development and increased quality of life.

"Historical timeline" means a method by which a specialized form is used to gather, organize and evaluate information about significant events in a consumer's life, experience with mental illness, and treatment history.

"Homebased services to children and adolescents" means intensive therapeutic services provided in the home to children for the purpose of reduction of psychiatric impairment and preventing removal of the child to a more restrictive setting for care. Services include a planned combination of procedures developed by a team of qualified mental health professionals, including a physician.

"Homeless" refers to a person who is sleeping in an emergency shelter; sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings; spending a short time (30 consecutive days or less) in a hospital or other institution, but ordinarily sleeping in the types of places mentioned above; living in transitional/supportive housing but having come from streets or emergency shelters; being evicted within a week from a private dwelling unit and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing; being discharged from an institution and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing; or is fleeing a domestic violence situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

"ICCD" means the International Center for Clubhouse Development.

"Independent living skills, assistance in development of" means all activities directed at assisting individuals in the development of skills necessary to live and function within the community, e.g., cooking, budgeting, meal planning, housecleaning, problem-solving, communication and vocational skills.

"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 ODMHSAS 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 ODMHSAS.

~~"JCAHO"~~ means ~~the Joint Commission on the Accreditation of Healthcare Organizations.~~

"Licensed mental health professional" or "LMHP" means: as defined in Title 43A §1-103(11).

~~(A) a psychiatrist who is a diplomate of the American Board of Psychiatry and Neurology;~~

~~(B) a physician licensed pursuant to Section 480 et seq. or Section 620 et seq. of Title 59 of the Oklahoma Statutes who has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;~~

~~(C) a clinical psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists;~~

~~(D) a professional counselor licensed to Section 1901 et seq. of Title 59 of the Oklahoma Statutes;~~

~~(E) a person licensed as a clinical social worker pursuant to the provisions of the Social Worker's Licensing Act;~~

~~(F) a licensed marital and family therapist as defined in Section 1925.1 et seq. of Title 59 of the Oklahoma Statutes;~~

~~(G) a licensed behavioral practitioner as defined in Section 1930 et seq. of Title 59 of the Oklahoma Statutes;~~

~~(H) an advanced practice nurse as defined in Section 567.1 et seq. of Title 59 of the Oklahoma Statutes specializing in mental health; or~~

~~(I) a physician's assistant who is licensed in good standing in this state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.~~

"Linkage" refers to the communication and coordination with other service providers to assure timely appropriate referrals between the CMHC and other providers.

"Medical resident" means a physician who is a graduate of a school of medicine or osteopathy and who is receiving specialized training in a teaching hospital under physicians who are certified in that specialty.

"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, incorrectly transcribing medication orders.

"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.

~~**"Peer Recovery Support Specialist" or "PRSS"** means an individual who has completed the ODMHSAS PRSS training and has passed the ODMHSAS PRSS exam.~~

"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.

"Permanent supported housing" means a type of Community Living Program, either permanent scattered site housing or permanent congregate housing, where consumers are assisted with locating housing of their choice and are offered on-going support services based on need and choice to ensure successful independent living.

"Program of Assertive Community Treatment" or "PACT" is a clinical program that provides continuous treatment, rehabilitation, and support services to persons with mental illness in settings that are natural to the consumer.

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

"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.

"Recovery Support Specialist" or "RSS" means an individual who has completed the ODMHSAS RSS training and has passed the ODMHSAS RSS exam.

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

"Resident" means a person residing in a community living program certified by ODMHSAS.

"Residential treatment" means a structured, 24-hour supervised treatment program for individuals who are mentally ill with a minimum of twenty-one (21) hours of therapeutic services provided per week with the emphasis on stabilization and rehabilitation for transfer to a less restrictive environment. Stay in the program is time limited.

"Restraint" refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of an individual's body.

"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 or violence, including

domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.

~~"Serious Emotional Disturbance" or "SED" means a child from birth to eighteen years of age who does not have a primary diagnosis of a developmental disorder(s) and meets the following criteria:~~

~~(A) possesses a diagnosable, serious disorder under DSM-IV such as pervasive developmental disorder, childhood schizophrenia, schizophrenia of adult-type manifesting in adolescence, conduct disorder, affective disorder, other disruptive behaviors, or other disorders with serious medical implications such as eating disorders, or persistent involvement with alcohol or drugs; and~~

~~(B) has a functioning level which includes: a moderate impairment in at least four; severe impairment in two; or extreme impairment in one of the following areas; OR has an illness with a duration of at least one year and has a functioning level of moderate impairment in at least two; or a severe impairment in one of the following areas:~~

~~(i) Feeling, mood and affect include: an uncontrolled emotion that is clearly disruptive in its effects on other aspects of a child's life; frustration, anger, loneliness and boredom persist beyond the precipitating situation; and symptoms of distress are pervasive and do not respond to encouragement or reassurance;~~

~~(ii) Thinking processes include: daily life is disrupted due to impaired thoughts and thinking process; an inability to distinguish between fantasy and reality exists; and unusual thoughts or attachments to objects are present;~~

~~(iii) Substance use includes: frequent difficulties due to substance use and repeated use of substances causing difficulty at home or in school;~~

~~(iv) Family situation includes: disruption of family relationships or family does not function as a unit and experiences frequent turbulence; relationships that exist are psychologically devastating; the child does not have family support and is abused or neglected;~~

~~(v) Interpersonally the child will: have a severe inability to establish or maintain a personal social support system; lacks close friends or group affiliations; is socially isolated; and lacks age appropriate social skills;~~

~~(vi) Role performance consists of: frequent disruption of role performance and the individual is unable to meet usual expectations; has persistent behavior problems; and has failure, or been suspended or expelled from school;~~

~~(vii) Socio-legal issues include: inability to maintain conduct within the limits prescribed by law, rules and strong mores; shows little concern for consequences of actions; and delinquent acts or frequent contact with law enforcement exists;~~

~~(viii) Self care and basic needs are such that the ability to care for self is considerably below expectation; or~~

~~(ix) Caregiver resources are: the caregiver has difficulties in providing for the child's basic needs; or the developmental needs are such that there is a negative impact on the child's level of functioning.~~

"Service area" means a geographic area established by the Department of Mental Health and Substance Abuse Services for support of mental health and substance abuse services [43A O.S. §3-302(1)].

"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.

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

"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.

"TJC" means The Joint Commission formerly referred to as the Joint Commission on Accreditation of Healthcare Organizations or JCAHO.

"Transitional housing program" means a type of Community Living Program in which the consumer's stay in the residence is considered temporary and time-limited in nature. The actual program model may include a range of approaches, including but not limited to supervised transitional living programs and supervised transitional housing programs.

"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.

"Vocational assessment services" means a process utilized to determine the individual's functional work-related abilities and vocational preferences for the purpose of the identification of the skills and environmental supports needed by the individual in order to function more independently in an employment setting, and to determine the nature and intensity of services which may be necessary to obtain and retain employment.

"Vocational placement services" means a process of developing or creating an appropriate employment situation matched to the functional abilities and choices of the individual for the purpose of vocational placement. Services may include, but are not limited to, the identification of employment positions, conducting job analysis, matching individuals to specific jobs, and the provision of advocacy with potential employers based on the choice of the individual served.

"Vocational preparation services" means services that focus on development of general work behavior for the purpose of vocational preparation such as the utilization of individual or group work-related activities to assist individuals in understanding the meaning, value and demands of work; to modify or develop positive work attitudes, personal characteristics and work behaviors; to develop functional capacities; and to obtain optimum levels of vocational development.

"Volunteer" means any person who is not on the program's payroll, but provides direct 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.

SUBCHAPTER 3. REQUIRED SERVICES

PART 1. REQUIRED SERVICES

450:17-3-2. Core community mental health services

- (a) Each CMHC shall provide the following services:
- (1) Screening intake and referral services;
 - (2) Emergency services;
 - (3) Outpatient ~~therapy counseling~~;
 - (4) Case management services;
 - (5) ~~Adult psychiatric~~ Psychiatric rehabilitation services;
 - (6) Medication clinic services; and
 - (7) Service to homeless individuals;
 - (8) Peer Support Services, and
 - (9) Wellness Activities and Support.
- (b) Compliance with 450:17-3-2 shall be determined by a review of the following:
- (1) On-site observation;
 - (2) Staff interviews;
 - (3) Written materials;
 - (4) Program policies;
 - (5) ~~Program Evaluations~~ Evaluations;
 - (6) ~~Data reporting~~ ICIS data; and
 - (7) Clinical records.

PART 7. OUTPATIENT COUNSELING THERAPY SERVICES

450:17-3-61. Outpatient counseling therapy services

(a) Outpatient services shall include a range of co-occurring disorder capable services to consumers based on their needs regarding emotional, social and behavioral problems. These outpatient counseling therapy services shall be provided or arranged for, and shall include, but not be limited to the following:

- (1) Individual therapy counseling;
- (2) Group therapy counseling;
- (3) Family therapy counseling;
- (4) Psychological/psychometric evaluations or testing; and
- (5) Psychiatric assessments.

(b) Compliance with 450:17-3-61 shall be determined by a review of written policy and procedures; clinical records; and ICIS data reported by facilities.

450:17-3-62. Outpatient therapy ~~counseling~~ services, substance abuse, co-occurring

(a) Facilities shall provide co-occurring disorder capable outpatient substance abuse ~~counseling~~ therapy services.

(b) These services shall include the provision of or referral for Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Acquired Immunodeficiency Syndrome (AIDS) education, training, and counseling services for drug dependent persons (43A O.S. §3-425.1), and every facility shall:

(1) Provide or refer for educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer such persons, and also make the sessions available to spouses or other sexual partners of the drug dependent person; and

(2) Provide or refer Refer all drug dependent persons, and their identified significant other (s), for HIV/STD/AIDS infection testing and counseling-;

(3) Provide documentation of services described in (1) and (2) above, including refusal of these services; and

(4) Maintain all test results in the confidential manner prescribed by applicable state or federal statutes or regulations.

~~(c) — The HIV testing and counseling may be provided by the facility, or through a public or private organization for the testing or counseling services. All test results shall be maintained in the confidential manner prescribed by applicable state or federal statutes or regulations.~~

~~(d)~~(c) Compliance with 450:17-3-62 shall be determined by a review of the following: written policy and procedures; consumer records; and other supporting facility records and documentation.

PART 11. CASE MANAGEMENT

450:17-3-101. Case management services

(a) Case management efforts shall empower consumers to access and use needed services and meet self-determined goals. These services include resource skills development and consumer advocacy provided in various settings based on consumer need.

(b) Case management services shall be offered to all adults who have a serious mental illness, and, to each child Child (or their parent/guardian) with serious Serious Emotional Disturbance.

(c) Case management shall be co-occurring disorder capable, ~~and shall provide the following:~~

(1) ~~Screening to determine their need for case management services, which shall include evidence the following were evaluated:~~

(A) ~~Consumer's level of functioning within the community;~~

(B) ~~Consumer's job skills and potential; and/or educational needs;~~

(C) ~~Consumer strengths and resources;~~

(D) ~~Consumer's present living situation and support system;~~

~~(E) Consumer's use of substances and orientation to changes related to substance use;~~

~~(F) Consumer's medical and health status;~~

~~(G) Consumer's needs or problems which interfere with the ability to successfully function in the community; and~~

~~(H) Consumer's goals, hopes and dreams.~~

~~(2) Emergency services and emergency assistance.~~

(d) Case management services shall be planned referral, linkage, monitoring and support, and advocacy ~~linkage, advocacy and referral~~ assistance provided in partnership with a client to support that client in self sufficiency and community tenure.

Activities include:

(1) Completion of strengths based assessment for the purpose of individual plan of care development, which shall include evidence that the following were evaluated:

(A) Consumer's level of functioning within the community;

(B) Consumer's job skills and potential; and/or educational needs;

(C) Consumer strengths and resources;

(D) Consumer's present living situation and support system;

(E) Consumer's use of substances and orientation to changes related to substance use;

(F) Consumer's medical and health status;

(G) Consumer's needs or problems which interfere with the ability to successfully function in the community; and

(H) Consumer's goals.

(2) Development of case management care plan; Linkage with appropriate components of the service system;

(3) Referral, linkage and advocacy to assist with gaining access to appropriate community resources; Support to maintain community living skills;

(4) Contacts with other individuals and organizations that influence the recipient's relationship with the community, i.e., family members, law enforcement personnel, landlords, etc.; and

(5) Monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress; Activities can include follow-up contact with the consumer if they miss any scheduled appointments (including physician/medication, counseling, rehabilitation, or other supportive service appointments as delineated on the service plan).

(6) Follow-up contact with the consumer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan); and

(7) Crisis diversion (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) to assist consumer(s) from progression to a higher level of care.

(e) Compliance with 450:17-3-101 shall be determined by on-site observation and a review of the following: clinical records, and written policy and procedures.

450:17-3-102. Case management services, locale and frequency

(a) Case management services shall be provided within community settings; the residence of the consumer; or any other appropriate settings, based on the individual needs of the consumer. Contact with consumers shall be made on at least a monthly basis unless otherwise specified in the treatment service plan.

(b) Compliance with 450:17-3-102 shall be determined by a review of the following: Case managers shall contact each consumer at least once a month, unless otherwise specified in the service treatment plan to monitor progress or provide case management services. Inability to make face to face contact shall be documented. Contact was made with consumers as specified in the treatment service plan.

PART 15. ADULT RECOVERY AND BEHAVIORAL HEALTH REHABILITATION SERVICES PROGRAMS

450:17-3-141. Psychiatric rehabilitation programs services

(a) This section governs day programs psychiatric rehabilitation services for Adults persons living with Serious Mental Illness serious mental illness, and Children with Serious Emotional Disturbance. These standards reflect two recovery focused programs for adults: General psychiatric rehabilitation model program (PSR) and ICCD Clubhouse model; along with individual and group rehabilitation services for both adults and children.

(b) The CMHC shall provide one or more of the following for adults: either, or both, the a PSR model program, or ICCD Clubhouse model program, or individual and group rehabilitation services. In addition, the CMHC shall provide individual and group rehabilitation services for children. CMHC policy and procedures shall reflect that these models all psychiatric rehabilitation programs and services incorporate the following core principles:

- (1) Recovery is the ultimate goal of psychiatric rehabilitation. Interventions must facilitate the process of recovery.
- (2) Psychiatric rehabilitation practices help people re-establish normal roles in the community and their integration into community life.
- (3) Psychiatric rehabilitation practices facilitate the development of personal support networks.
- (4) Psychiatric rehabilitation practices facilitate an enhanced quality of life for each person receiving services.
- (5) People have the capacity to learn and grow.
- (6) People receiving services have the right to direct their own affairs, including those that are related to their psychiatric disability.
- (7) People are to be treated with respect and dignity.
- (8) Psychiatric rehabilitation practitioners make conscious and consistent efforts to eliminate labeling and discrimination, particularly discrimination based upon a disabling condition.
- (9) Culture and ethnicity play an important role in recovery. They are sources of strength and enrichment for the person and the services.
- (10) Psychiatric rehabilitation interventions build on the strength of each person.

(11) Psychiatric rehabilitation services are to be coordinated, accessible, and available as long as needed.

(12) Services are to be designed to address the unique needs of each individual, consistent with the individual's cultural values and norms.

(13) Psychiatric rehabilitation practices actively encourage and support the involvement of persons in normal community activities, such as school and work, throughout the rehabilitation process.

(14) The involvement and partnership of persons receiving services and family members is an essential ingredient of the process of rehabilitation and recovery.

(15) Psychiatric rehabilitation practitioners should constantly strive to improve the services they provide.

(c) CMHC policy and procedures shall reflect that psychiatric rehabilitation services ~~Psychiatric rehabilitation programs recognize that co-occurring substance abuse disorders will be common place among many of the participants in these programs. As such, the program shall be co-occurring disorder capable and facilitate processes for dual recovery for these individuals.~~

(d) ~~Psychiatric rehabilitation programs are required to maintain minimum staff ratios to assure participants have choices in activities and staff with whom they work. The following staffing ratios shall be maintained for each location at which a psychiatric rehabilitation program is in operation:~~

~~(1) Fourteen (14) or fewer participants in attendance; at least one staff member present provided arrangements for emergency back up staff coverage are in place and described in the program's policy and procedures;~~

~~(2) Fifteen (15) to twenty eight (28) participants in attendance; at least two staff members present; or,~~

~~(3) Programs with twenty nine (29) or more participants shall maintain a 14:1 participant-to-staff ratio.~~

~~(e)~~(d) Compliance with 450:17-3-141 shall be determined by on-site observation; interviews with participants; interviews with staff; a review of policy and procedures; and a review of clinical records; or proof of compliance with 450:17-3-146.

450:17-3-144. General psychiatric rehabilitation program (PSR)

(a) The PSR shall be designed to provide an array of services that focus on long term recovery and maximization of self-sufficiency, role functioning, and independence as distinguished from the symptom stabilization function of acute care. Program services shall seek to optimize the participant's potential for occupational achievement, goal setting, skill development, and increased quality of life, therefore maximizing the individual's independence from institutional care and supports in favor of community and peer support.

~~(b) The program shall be open a minimum of five (5) hours per day for at least three (3) days per week.~~

~~(c)~~(b) Proof of completion of orientation in the PSR model shall be kept on file for all program staff members. The CMHC policies and procedures shall document a plan by which employees who are staff members in the PSR program are to be oriented to the PSR model.

~~(d)~~(c) Program participants shall be referred to as members, as opposed to patients or clients. Members choose the way they utilize the program. Participation is voluntary; there shall be no artificial reward systems such as, but not limited to, token economy and point systems.

~~(e)~~(d) The program shall incorporate the following functions:

(1) **Recovery Orientation.** The service elements include a Recovery oriented treatment plan, member goal setting, employment and educational support services, and a staff philosophy of recovery that permeates all service elements and activities.

(2) **Empowerment Orientation.** The service elements include peer support, leadership skill development, member participation on agency boards, and participation in consumer advocacy groups. All PSR programs shall establish an advisory committee consisting of members and a staff person, which will address issues such as program development and planning, and program problem solving.

(3) **Competency Orientation.** The service elements include curriculum based life skills training (covering self-management of illness, independent living skills, social skills, and work related skills), a multi-dynamic learning approach, an explicit focus on generalization to contexts beyond the immediate learning task and transfer of skills to real life situations and a community based supports component that provides on-going in home or community based support services, based on consumer need and choice, in the areas of housing, employment, education and the development of natural supports (i.e., family, cultural and social). Curricula shall include attention to building decision making capacity and life skills to implement decisions regarding substance use, including nicotine and caffeine, to promote health choices. Decision making should not be mandated abstinence but should be client-centered within the overall context of recovery goals. Service elements also include a work unit component that adheres to the following standards:

(A) Members and staff work side-by-side.

(B) The work completed is work generated by the PSR program. No work for outside individuals or agencies is acceptable.

(C) All work in the PSR program is designed to help members regain self-worth, purpose and confidence; it is not intended to be job specific training.

(D) The program is organized into one or more work units, each of which has sufficient staff, members and meaningful work.

(e) PSR programs are required to maintain minimum staff ratios to assure participants have choices in activities and staff with whom they work. The following staffing ratios shall be maintained for each location at which a psychiatric rehabilitation program is in operation.

(1) Fourteen (14) or fewer participants in attendance; at least one staff member present provided arrangements for emergency back up staff coverage are in place and described in the program's policy and procedures;

(2) Fifteen (15) to twenty eight (28) participants in attendance; at least two staff members present; or,

(3) Programs with twenty nine (29) or more participants shall maintain a 14:1 participant-to-staff ratio.

(f) Compliance with 450:17-3-144 shall be determined by on-site observation; interviews with members; interviews with staff; a review of policy and procedures; and a review of clinical records.

450:17-3-146. ICCD Clubhouse program Model

(a) The Clubhouse program shall be certified as a Clubhouse through the International Center for Clubhouse Development (ICCD). A Clubhouse shall be considered certified when a copy of the Clubhouse's current ICCD certification has been received by ODMHSAS Provider Certification. When a Clubhouse is renewing certification, a Clubhouse will continue to be considered certified provided the following conditions are met:

(1) At least (60) days prior to expiration of ICCD certification a copy of the application to ICCD for re-certification has been received by ODMHSAS Provider Certification.

(2) A copy of the re-certification visit schedule from the ICCD has been received by ODMHSAS Provider Certification.

(3) Within one-hundred and twenty (120) days of the ICCD re-certification visit, a copy of the re-certification letter from the ICCD reflecting that the Clubhouse has been recertified has been received by ODMHSAS Provider Certification.

(4) Any interim notice or decision of ICCD regarding re-certification status has been received by ODMHSAS Provider Certification.

(b) Compliance with 450:17-3-146 shall be determined by receipt of the identified documentation needed to support that a Clubhouse program is ICCD certified.

450:17-3-147. Individual and Group Rehabilitation Services

(a) CMHC policy and procedures shall reflect that individual and group rehabilitation services are available to both adults and children.

(b) Facility policy and procedures shall outline the way these services are provided, including but not limited to the populations served, staff qualifications for providing the service, and general design(s) by which these services are provided.

(c) Compliance with 450:17-3-146 shall be determined by a review of CMHC policy and procedures and personnel files.

PART 21. PEER SUPPORT SERVICES

450:17-3-191. Peer support services

(a) Peer support services are provided as a program integrated within the overall structure of Community Mental Health Center services and must be offered to adults age 18 and older with serious mental illnesses, including co-occurring disorders.

(b) Peer support services may be offered to other consumers of the community mental health center and their families.

(c) These services shall

(1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own recovery and advocacy process;

- (2) Recognize the unique value of services being provided by persons with lived experience who are able to demonstrate their own hopefulness and recovery;
- (3) Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including, but not limited to assisting re-entry into the community after a hospitalization or other institutional settings;
- (4) Have written policies specific to these services; and,
- (5) Be provided by Peer Recovery Support Specialist(s) as defined by 450:17-3-192.

- (d) Each CMHC shall have in place provisions for direct supervision and other supports for staff providing this service.
- (e) Compliance with 450:17-3-191 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; ICIS reporting data; and, CMHC policy and procedures.

450:17-3-192. Peer Recovery Support Specialists staff requirements

- (a) Recovery Support Services shall be provided only by staff who have completed the ODMHSAS PRSS training and have passed the ODMHSAS PRSS exam.
- (b) Each CMHC shall document and maintain records to verify compliance with training and testing requirements, current credentialing of each provider of this service.
- (c) Compliance for 450:17-3-192 shall be determined by a review of the facility personnel records and ODMHSAS credentialing files.

SUBCHAPTER 5. OPTIONAL SERVICES

**PART 5. HOMEBASED SERVICES TO CHILDREN AND ADOLESCENTS
[REVOKED]**

450:17-5-22. Homebased services to children and adolescents, family preservation [REVOKED]

- (a) ~~Homebased services to children and adolescents may be available in any location based on consumer's need for the purpose of reducing psychiatric impairment or preventing out-of-home placement. If provided, these services shall:~~
 - (1) ~~Be provided based on an assessed family need for this intensive service to prevent unnecessary out-of-home placement of the child/adolescent;~~
 - (2) ~~Have written policies and procedures specifically defining the philosophy to include:~~
 - (A) ~~Provision of, or arrangement for, twenty-four (24) hour Emergency services;~~
 - (B) ~~Provision of parent education and training;~~
 - (C) ~~Accessing community resources and services for children and families; and~~
 - (D) ~~Provision of integrated interventions to address co-occurring issues in the child and/or family.~~
 - (3) ~~Home services scheduled as the child and family's needs dictate, taking into account services will often times need to be offered during evening and weekend hours; and~~

- (4) Limit caseload size, based on the acuity level of the children and families, not to exceed a caseload of twelve (12) families actively involved in homebased services.
- (b) Compliance with 450:17-5-22 shall be determined by a review of written policy and procedures, consumer clinical records, ICIS data on-site observation; and staff interviews.

450:17-5-25. Behavioral health aide services to children, adolescents and families
[REVOKED]

(a) Behavioral health aide services to children and adolescents may be available in any location based on a consumer's need for the purpose of reducing psychiatric impairment or preventing out-of-home placement. Behavioral health aides provide behavior management, redirection and life skills remedial training in home, school or community setting, to include training and remediation of children and the families on behavioral, interpersonal, communication, self help, safety, substance use decisions, and daily living skills. If provided, these services shall:

(1) Be provided based on an assessed family need for this intensive service to prevent unnecessary out-of-home placement of the child/adolescent;

(2) Have written policies and procedures specific to this service;

(3) Use only qualified staff in accordance with the following requirements:

(A) Behavioral Health Aides must have completed 60 hours or equivalent of college credit, or may substitute one year of relevant employment and/or responsibility in the care of emotionally disturbed children for one year of college experience, for up to two years of college experience.

(B) Behavioral Health Aides must complete the Module 1, CPR, Blood Borne Pathogens, and First Aid training portions of the specialized training and education curriculum provided by the ODMHSAS before beginning work with children and families, and must have successfully completed the entire training and education curriculum, including passing a final examination, within six (6) months of their employment.

(C) The supervisor for Behavioral Health Aides must possess a bachelor's degree plus two years of case management or care coordination experience. Supervision is to include:

- (i) weekly team supervision for a minimum of four hours of direct service; and
- (ii) one on one supervision will take place as needed in real time consultation/coaching (on the job training -- this can mean visiting the aide on the job, receiving calls from the aide from the job for consultation, etc.)

(b) Behavioral Health Aides will function under the general direction of the established systems of care team and pursuant to the child/adolescent's current plan of care (treatment plan). Treatment plans must be overseen and approved by a licensed Mental Health Professional.

(c) Compliance with 450:17-5-25 shall be determined by a review of written policy and procedures, personnel records, on-site observation; and staff interviews.

PART 11. COMMUNITY LIVING PROGRAMS

450:17-5-60. Supervised transitional living programs

- (a) Supervised transitional living programs are supervised places of temporary transitional residence for mental health consumers needing on-site support twenty-four (24) hours a day. These programs are intended to assist residents with stabilization and acquisition of skills necessary to transition to an independent living situation.
- (b) Supervised transitional living programs shall:
- (1) Have paid staff on duty twenty-four (24) hours a day, with backup coverage in case of staff unscheduled absences, illness or emergencies.
 - (2) Maintain staffing number and composition, and training and expertise to sufficiently supervise, provide and maintain the services as defined in the program's goals and objectives and to ensure the safety of the residents.
 - (3) Develop and implement a component of governance by the tenants.
 - (4) Be licensed by the Oklahoma State Department of Health if required.
- (c) In these programs, the following shall be available for all residents, and shall be specified on the resident's ~~treatment~~ service plan or housing plan, according to individual resident needs and interests: The program shall offer 20 hours per week of meaningful activity. A minimum of ten (10) hours should be provided on-site, with at least eight (8) of those ten (10) hours focusing specifically on independent living skills training.
- (d) Compliance with 450:17-5-60 shall be determined by on-site observation; interviews with residents, program staff, and other appropriate CMHC staff; and a review of the following: policy and procedures, facility documentation (including staff schedules), residents' council minutes, and valid State Department of Health Certificate of Licensure if required.

450:17-5-66. Permanent supported housing programs

- (a) Permanent supported housing programs include at least one of the following two (2) types of housing programs:
- (1) Permanent scattered site housing programs; or
 - (2) Permanent congregate housing programs.
- (b) In permanent supported housing programs the following shall be available for all residents, and shall be specified on the resident's ~~treatment~~ service plan or housing plan, according to individual resident needs and interests:
- (1) The CMHC permanent supported housing programs shall make ongoing monthly contact with each resident, either on or offsite.
 - (2) The program shall offer independent living skill training. This training shall include working side by side with residents to provide instruction in the development of independent living skills.
 - (3) Psychiatric rehabilitation program services shall be made available to residents.
 - (4) The CMHC shall offer, or arrange for, socialization and recreational opportunities at least twice a week for individuals in permanent supported housing programs; including at least one evening activity.

(c) Compliance with 450:17-5-66 shall be determined by interviews with residents, program staff, and other appropriate CMHC staff; and a review of CMHC policy and procedures, and resident records.

PART 15. INPATIENT SERVICES

450:17-5-95. Inpatient services within the community mental health setting

(a) Any community mental health center providing inpatient services must demonstrate current compliance with applicable accreditation requirements for inpatient psychiatric or behavioral health services as stipulated by any of the following: the TJC JCAHO, CARF, AOA, and also demonstrate current licenses as required by the Oklahoma State Department of Health.

(b) Compliance with 17-5-95(a) will be determined by a review of current documentation related to applicable accreditation and licensure.

PART 19. PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT

450:17-5-111. General program description and target population [REVOKED]

~~Program Description. A Program of Assertive Community Treatment (PACT) is a self-contained clinical program which is the fixed point of responsibility for providing treatment, rehabilitation, and support services to identified consumers with serious mental illnesses. The PACT team shall use an integrated service approach to merge clinical and rehabilitation staff expertise, e.g., psychiatric, substance abuse, employment, etc., within one service delivery team, supervised by a qualified program director. Accordingly, there shall be a minimal referral of consumers to other program entities for treatment, rehabilitation, and support services. The PACT staff is responsible to ensure services are continuously available in natural settings for the consumer in a manner that is courteous, helpful, and respectfulness to consumers.~~

450:17-5-112. Admission criteria [REVOKED]

~~(a) The PACT program shall maintain written admission policies and procedures that, at a minimum include the following:~~

~~(b) Consumers with serious mental illnesses listed in the diagnostic nomenclature, currently the Diagnostic and Statistical Manual, Fourth Edition, or DSM-IV, of the American Psychiatric Association, and that seriously impair their functioning in community living. Priority shall be given to people with schizophrenia and other psychotic disorders, e.g., schizoaffective disorder, or bipolar disorder because these illnesses more often cause long-term psychiatric disability. Individuals with a primary diagnosis of a substance use disorder or mental retardation are not appropriate for admission to PACT services.~~

450:17-5-113. Discharge criteria [REVOKED]

~~The PACT program shall maintain written discharge policies and procedures that, at a minimum includes the following discharge criteria:~~

~~(1) The consumer and program staff mutually agree to the termination of~~

services; or

~~(2) The consumer moves outside the geographic area of PACT's responsibility. In such cases, the PACT team shall arrange for transfer of mental health service responsibility to a provider where the consumer is moving. The PACT team shall maintain contact with the consumer until this service transfer is arranged; or~~

~~(3) The consumer demonstrates an ability to function in all major role areas, i.e., work, social, self-care, without requiring assistance from the program, such a determination shall be made by both the consumer and the PACT team; or~~

~~(4) The consumer becomes physically unable to benefit from the services.~~

450:17-5-114. Program Management and Capacity [REVOKED]

~~(a) Program Organization. The PACT program shall vest authority with a team leader who shall be responsible for ensuring the PACT team meets the following organizational requirements:~~

~~(b) Hour of Operation and Staff Coverage. The PACT program shall assure adequate coverage to meet consumers' needs, including, but not limited to:~~

~~(1) The PACT team shall be available to provide treatment, rehabilitative support services seven days per week, over two eight-hour shifts, and operate a minimum of 12 hours per day on weekdays and eight hours each weekend day and every holiday.~~

~~(2) The PACT team shall operate an after-hours on-call system. PACT team staff who are experienced in the program and skilled in crisis-intervention procedures shall be on call and available to respond to consumers by telephone or in person.~~

~~(3) Psychiatric backup shall also be available during all off-hour periods. If availability of the PACT team's psychiatrist during all hours is not feasible, alternative psychiatric backup should be arranged (e.g., mental health center psychiatrist, emergency room psychiatrist).~~

~~(c) Advisory Committee. The PACT Program shall assure that a local advisory committee is established, with input of local advocates and other stakeholders.~~

~~(1) The committee shall be constituted of representative stakeholders including consumers, family members, advocates, other professionals and community leaders.~~

~~(2) The team leader shall convene the advisory committee and work with the committee to establish a structure for meetings and committee procedures.~~

~~(3) The primary role of the Advisory Committee is to assist with implementation, policy development, advocate for program needs, and monitor outcomes of the program.~~

~~(4) The Advisory Committee shall meet at least once each quarter.~~

~~(5) Written minutes of committee meetings shall be maintained.~~

~~(d) Location. The program shall have adequate space to support program operations.~~

~~(e) Service Intensity. Resources and operations for the PACT program shall minimally including the following:~~

~~(1) The PACT team shall have the capacity to provide multiple contacts per week to consumers experiencing severe symptoms or significant problems in daily living.~~

~~(2) The PACT team shall provide an average of three contacts per week to~~

consumer, unless otherwise clinically indicated.

~~(f) Place of Treatment. Each team shall provide 75 percent of service contacts in the community, in non-office or non-facility based settings.~~

~~(1) Each PACT team shall maintain data to verify the service contact mandates are being met.~~

~~(2) The location of each treatment service provided will be documented in the clinical record.~~

450:17-5-115. Staff communication and planning [REVOKED]

~~(a) The organizational structure of the PACT team shall minimally include the following:~~

~~(b) The PACT team shall conduct daily organizational staff meetings at regularly scheduled times as prescribed by the team leader. Daily organizational staff meetings shall be conducted in accordance with the following procedures, which include but are not limited to:~~

~~(1) The PACT team shall maintain a written daily log, using either a notebook or cardex. The daily log shall document:~~

~~(A) a roster of the consumers served in the program; and,~~

~~(B) for each program consumer, brief documentation of any treatment or service contacts which have occurred during the day and a concise, behavioral description of the consumer's daily status.~~

~~(2) the daily organizational staff meeting shall commence with a review of the daily log, to update staff on the treatment contacts which occurred the day before and to provide a systematic means for the team to assess the day-to-day progress and status of all consumers.~~

~~(A) The PACT team, under the direction of the team leader, shall maintain a weekly consumer schedule for each consumer. The weekly consumer schedule is a written schedule of all treatment and service contacts which staff must carry out to fulfill the goals and objectives in the consumer's treatment plan. The team shall maintain a central file of all weekly consumer schedules.~~

~~(B) The PACT team, under the direction of the team leader, shall develop a daily staff assignment schedule from the central file of all weekly consumers schedules. The daily staff assignment schedule is a written timetable for all consumer treatment and service contacts, to be divided and shared by the staff working on that day.~~

~~(C) The daily organizational staff meeting shall include a review by the shift manager of all the work to be done that day as recorded on the daily staff assignment schedule. During the meeting, the shift manager will assign and supervise staff to carry out the treatment and service activities scheduled to occur that day, and the shift manager will be responsible for assuring that all tasks are completed.~~

~~(D) At the daily organizational staff meeting, the PACT team shall also revise treatment plans as needed, plan for emergency and crisis situations, and add service contacts to the daily staff assignment schedule per the revised treatment plans.~~

~~(3) The PACT team shall conduct treatment planning meetings under the supervision of the team leader and the psychiatrist. These treatment planning meetings shall minimally:~~

~~(A) convene at regularly scheduled times per a written schedule maintained by the team leader, and~~

~~(B) occur with sufficient frequency and duration to develop written individual consumer treatment plans and to review and rewrite the plans every six months.~~

450:17-5-116. Clinical supervision [REVOKED]

~~(a) Each PACT team shall develop a written policy for clinical supervision of all staff providing treatment, rehabilitation, and support services. The team leader, or his or her clinical staff designee, or both, shall assume responsibility for supervising and directing all PACT team staff activities. This supervision and direction shall minimally consist of:~~

~~(b) Individual, side-by-side sessions in which the supervisor accompanies an individual staff member to meet with consumers in regularly scheduled or crisis meetings to assess performance, give feedback, and model alternative treatment approaches; and~~

~~(c) Participation with team members in daily organizational staff meetings and regularly scheduled treatment planning meetings to review and assess staff performance and provide staff direction regarding individual cases.~~

450:17-5-117. Orientation and training [REVOKED]

~~(a) Each PACT program shall develop and implement an orientation and training program that all new staff shall complete prior to providing services. The orientation shall minimally include a review of the following:~~

~~(1) Title 450, Chapter 15, Consumer Rights and Chapter 17, Subchapter 5, Part 19, Optional Services, Program for Assertive Community Treatment, Subchapter 9, Consumer Records and Confidentiality, and any other part of Title 450 deemed appropriate;~~

~~(2) PACT program policies;~~

~~(3) Job responsibilities specified in job description.~~

~~(b) Each PACT program shall develop and implement a training plan for all staff including:~~

~~(1) use of staff meeting time which is set aside for training;~~

~~(2) presentations by community resource staff from other agencies;~~

~~(3) attendance at conferences and workshops; and,~~

~~(4) discussion and presentation of current principles and methods of treatment, rehabilitation, support services for persons with serious mental illness.~~

450:17-5-118. Services [REVOKED]

~~(a) The PACT program shall minimally provide the following comprehensive treatment, rehabilitation, and support services as a self-contained service unit on a continuous basis.~~

~~(b) Treatment. The PACT program shall provide or make arrangements for treatment services, which shall minimally include:~~

~~(1) Crisis Assessment and Intervention. Crisis assessment and intervention shall be provided 24 hours per day, seven days per week. These services will include telephone and face-to-face contact and will be provided in conjunction with the local mental health system's emergency services program as appropriate.~~

~~(2) Symptom Assessment. Management and Individual Supportive Therapy. Symptom assessment, management, and individual supportive therapy shall be provided to help consumers cope with and gain mastery over symptoms and impairments in the context of adult role functioning. This therapy shall include but not necessarily be limited to the following:~~

~~(A) ongoing assessment of the consumer's mental illness symptoms and the consumer's response to treatment;~~

~~(B) education of the consumer regarding his or her illness and the effects and side effects of prescribed medications, where appropriate;~~

~~(C) symptom-management efforts directed to help each consumer identify the symptoms and occurrence patterns of his or her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen their effects; and~~

~~(D) psychological support to consumers, both on a planned and as-needed basis, to help them accomplish their personal goals and to cope with the stresses of day-to-day living.~~

450:17-5-119. Medication prescription, administration, monitoring, and documentation [REVOKED]

~~(a) The PACT team program shall have medication policies and procedures that are specific to the PACT program and meet the unique needs of the consumers served.~~

~~(b) Medication related policies and procedures shall identify processes to:~~

~~(1) record physician orders;~~

~~(2) order medication;~~

~~(3) arrange for all consumer medications to be organized by the team and integrated into consumers' weekly schedules and daily staff assignment schedules; and,~~

~~(4) provide security for medications (i.e., long-term indictable, daily, and longer term supplies) and set aside a private designated area for set up of medications by the team's nursing staff; and,~~

~~(5) administer medications to program consumers.~~

~~(c) The PACT team psychiatrist shall minimally:~~

~~(1) assess each consumer's mental illness symptoms and behavior and prescribe appropriate medication;~~

~~(2) regularly review and document the consumer's symptoms of mental illness as well as his or her response to prescribed medication treatment;~~

~~(3) educate the consumer regarding his or her mental illness and effects and side effects of medication prescribed to regulate it; and,~~

~~(4) monitor, treat, and document any medication side effects.~~

~~(d) All PACT team members shall assess and document the consumer's mental illness symptoms and behavior in response to medication and shall monitor for medication side effects.~~

450:17-5-120. Rehabilitation [REVOKED]

~~(a) The PACT program shall provide or make arrangements for rehabilitation services, which shall minimally include.~~

~~(b) Work-Related Services. Work-related services shall be provided as needed to help consumers find and maintain employment in community-based job sites. These shall include but not limited to:~~

~~(1) assessment of job-related interests and abilities, through a complete education and work history assessment as well as on-the-job assessments in community-based jobs;~~

~~(2) assessment of the effect of the consumer's mental illness on employment, with identification of specific behaviors that interfere with the consumer's work performance and development of interventions to reduce or eliminate those behaviors;~~

~~(3) development of an ongoing employment rehabilitation plan to help each consumer establish the skills necessary to find and maintain a job;~~

~~(4) individual supportive therapy to assist consumers to identify and cope with the symptoms of mental illness that may interfere with their work performance;~~

~~(5) on-the-job or work-related crisis intervention; and~~

~~(6) work-related supportive services, such as assistance with grooming and personal hygiene, securing of appropriate clothing, wake-up calls, and transportation.~~

~~(c) Substance Abuse Services. The PACT program shall provide substance abuse services as needed by consumers. These shall include but not be limited to individual and group interventions to assist consumers to:~~

~~(1) identify substance use, effects, and patterns;~~

~~(2) recognize the relationship between substance use and mental illness and psychotropic medications;~~

~~(3) develop motivation for decreasing substance use; and,~~

~~(4) develop coping skills and alternatives to minimize substance use and achieve periods of abstinence and stability.~~

~~(d) Activities of Daily Living. The PACT program shall provide as needed services to support activities of daily living in community-based settings. These shall include individualized assessment, problem solving, side-by-side assistance and support, skill training, ongoing supervision, e.g. prompts, assignments, monitoring, encouragement, and environmental adaptations to assist consumers to gain or use the skills required to:~~

~~(1) carry out personal hygiene and grooming tasks;~~

~~(2) perform household activities, including house cleaning, cooking, grocery shopping, and laundry;~~

~~(3) find housing which is safe and affordable (e.g., apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing and decorating, procuring necessities, such as telephone, furnishings, linens, etc.;~~

~~(4) develop or improve money-management skills;~~

~~(5) use available transportation; and,~~

~~(6) have and effectively use a personal physician and dentist.~~

~~(e) Social, Interpersonal Relationship, and Leisure Time Skill Training. The PACT program shall provide as needed services to support social, interpersonal relationship,~~

~~and leisure-time skill training include supportive individual therapy, e.g., problem solving, role-playing, modeling, and support, etc.; social-skill teaching and assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure consumers' time, increase their social experiences, and provide them with opportunities to practice social skills and receive feedback and support required to:~~

- ~~(1) improve communication skills, develop assertiveness, and increase self-esteem as necessary;~~
- ~~(2) develop social skills, increase social experiences, and where appropriate, develop meaningful personal relationships;~~
- ~~(3) plan appropriate and productive use of leisure time;~~
- ~~(4) relate to landlords, neighbors, and others effectively; and,~~
- ~~(5) familiarize themselves with available social and recreational opportunities and increase their use of such opportunities.~~

450:17-5-121. Support services [REVOKED]

~~(a) The PACT program shall provide for support services to minimally include case management, education, support, and consultation to families and other supports.~~

~~(b) Case Management. Each consumer will be assigned a primary case manager who coordinates and monitors the activities of the individual treatment team and has primary responsibility to write the treatment plan, to provide individual supportive therapy, to ensure immediate changes are made in treatment plans as consumers' needs change, and to advocate for consumer rights and preferences. The primary case manager is also the first staff person called on when the consumer is in crisis and is the primary support person and educator to the individual consumer's family. Members of the consumer's individual treatment team share these tasks with the case manager and are responsible to perform the tasks when the case manager is not working.~~

~~(c) Support Services. The PACT program shall provide support direct assistance to ensure that consumers obtain the basic necessities of daily life include but are not necessarily limited to:~~

- ~~(1) medical and dental services;~~
- ~~(2) safe, clean, affordable housing;~~
- ~~(3) financial support;~~
- ~~(4) social services;~~
- ~~(5) transportation; and,~~
- ~~(6) legal advocacy and representation.~~

~~(d) Education, Support and Consultation to Consumers' Families and Other Major Supports. The PACT program shall provide services as needed to consumers' families and other major supports for consumer families, with consumer agreement or consent, which includes the following:~~

- ~~(1) Education about the consumer's illness and the role of the family in the therapeutic process; or,~~
- ~~(2) Intervention to resolve conflict; or,~~
- ~~(3) Ongoing communication and collaboration, face-to-face and by telephone,~~

between the PACT team and the family.

450:17-5-122. Staffing requirements [REVOKED]

- (a) ~~The PACT team shall include individuals qualified to provide the services described above, including case management; crisis assessment and intervention; symptom assessment and management; individual supportive therapy; medication prescription, administration, monitoring, and documentation; substance abuse treatment; work-related services; activities of daily living services; social, interpersonal relationship and leisure-time activity services; support services or direct assistance to ensure that consumers obtain the basic necessities of daily life; and education, support, and consultation to consumers' families and other major supports.~~
- (b) ~~The PACT program shall employ a minimum of five full-time equivalent (FTE) clinical staff persons, in addition to one program assistant, a psychiatrist and a peer support specialist.~~
- (c) ~~Each PACT team shall have the following minimum staffing configuration:~~
- ~~(1) A full-time team leader, who is the clinical and administrative supervisor of the team and also functions as a practicing clinician on the PACT team. The team leader has at least a master's degree in nursing, social work, psychiatric rehabilitation, or psychology, or is a psychiatrist.~~
 - ~~(2) A psychiatrist on a full-time or part-time basis for a minimum of 16 hours per week for every 50 consumers. The psychiatrist provides clinical services to all PACT consumers, works with the team leader to monitor each consumer's clinical status and response to treatment, supervises staff delivery of services, and directs psychopharmacologic and medical treatment.~~
 - ~~(3) A minimum of five FTE licensed professionals on a team, including the team leader. The licensed professional shall be as defined in 43A O.S. §5-206(1) or be a licensed registered nurse. Required among the mental health professionals are:
 - ~~(A) At least two FTE shall be registered nurses on each team; and,~~
 - ~~(B) One or more staff mental health professionals designated for the role of vocational specialist, preferably with a master's degree in rehabilitation counseling.~~~~
 - ~~(4) Remaining clinical staff shall have a bachelor's degree in a behavioral science and work experience with adults with serious mental illness(es) and paraprofessional mental health workers who carry out rehabilitation and support functions.~~
 - ~~(5) A minimum of one half (0.5) FTE peer specialist shall be included on each team for every 50 consumers on the team. A person who is or has been a recipient of mental health services for serious mental illness holds the position. Because of their life experience with mental illness and mental health services, the peer specialist provide expertise that professional training cannot replicate. Peer specialists shall be fully integrated team members who provide highly individualized services in the community and promote consumer self-determination and decision-making. Peer specialists shall also provide essential expertise and consultation to the entire team to promote a culture in which each consumer's point of view and preferences are recognized, understood, respected, and integrated into treatment, rehabilitation, and community self-help activities.~~

~~(6) Each team shall minimally have one half (0.5) FTE program assistant team for every 50 consumers on the team. Program assistants shall be responsible for organizing, coordinating, and monitoring non-clinical operations of PACT including, but not limited to managing clinical records; operating and coordinating the management information system; maintaining accounting and budget records for consumer and program expenditures; and providing receptionist activities including triaging calls and coordinating communication between the team and consumers.~~

~~(d) Service Capacity. Each PACT team shall have the organizational ability to provide a staff-to-consumer ratio of at least one (1) FTE staff person for every ten (10) consumers, excluding the psychiatrist and the program assistant, with no more than 120 consumers served on any given team.~~

~~(e) Staffing Roster. Each PACT team shall maintain and post a current staffing roster that includes staff work schedules and on-call duty.~~

450:17-5-123. Assessment and treatment planning [REVOKED]

~~(a) The PACT team shall maintain written assessment and treatment planning policies and procedures to assure that appropriate, comprehensive, and on-going assessment and treatment planning occur.~~

~~(b) Initial assessment and initial treatment plan. The team leader or the psychiatrist, with participation of designated team members, shall do an initial assessment and complete an initial treatment plan at the time of the consumer's admission to PACT.~~

~~(c) The team leader will assign the consumer a psychiatrist, primary case manager, and individual treatment team members within one (1) week of admission.~~

~~(d) Assessment data shall be collected and evaluated by PACT team staff with the skill and knowledge in the area being assessed within one month of the consumer's admission. Assessments shall be based upon all available information, including self-reports, reports of family members and other significant parties, and written summaries from other agencies, including police, courts, and outpatient and inpatient facilities, where applicable, culminating in a comprehensive assessment.~~

~~(e) Comprehensive Assessment. The consumer's psychiatrist, primary PACT case manager, and individual treatment team members shall prepare the written comprehensive assessment and the comprehensive treatment plan within six (6) weeks of admission. Input from all team members shall be included in these individual assessments. The comprehensive assessment shall include a written narrative report for each of the following areas:~~

~~(1) Psychiatric history, mental status, and a DSM-IV diagnosis, to be completed by the PACT psychiatrist;~~

~~(2) Medical, dental, and other health needs; to be completed by a PACT registered nurse;~~

~~(3) Extent and effect of drugs or alcohol use completed by a team professional as approved by the team leader;~~

~~(4) Education and employment;~~

~~(5) Social development and functioning by a team professional as approved by the team leader;~~

~~(6) Activities of daily living, to be completed the team professional or peer specialist~~

under the supervision of the team leader;

~~(7) Family structure and relationships by a team professional as approved by the team leader; and,~~

~~(8) Historical timeline by all team members under the supervision of the team leader.~~

450:17-5-124. Treatment planning [REVOKED]

~~(a) The PACT program shall have written treatment planning policies and procedures with the following treatment planning process:~~

~~(b) The PACT team shall evaluate each consumer's needs, strengths, abilities and preferences and develop an individualized treatment plan, which shall identify individual needs and problems and specific measurable long- and short- term goals along with the specific services and activities necessary for the consumer to meet those goals and improve his or her capacity to function in the community. The treatment plan shall be developed in collaboration with the consumer or guardian, if any, and when feasible, the consumer's family. The consumer's participation in the development of the treatment plan shall be documented.~~

~~(c) The PACT team shall meet at regularly scheduled times for treatment planning meetings. Treatment planning meetings shall be scheduled in advance of the meeting and the schedule shall be posted. A summary of the treatment planning meeting shall be documented in the consumer's clinical record. At each treatment planning meeting the following staff should attend: team leader, psychiatrist, primary case manager, individual treatment team members, and all other PACT team members involved in regular tasks with the consumer.~~

~~(d) Individual treatment team members shall ensure the consumer is actively involved in the development of treatment and service goals. With the permission of the consumer, PACT team staff shall also involve pertinent agencies and members of the consumer's social network in the formulation of treatment plans.~~

~~(1) Each consumer's treatment plan shall identify needs and problems, strengths and weaknesses, goals, and specific, measurable treatment objectives. The treatment plan shall clearly specify the services and activities necessary to meet the consumer's needs and who will be providing those services and activities.~~

~~(2) The following key areas shall be addressed in every consumer's treatment plan: symptom stability, symptom management and education, housing, activities of daily living, employment and daily structure, and family and social relationships.~~

~~(3) The primary case manager and the individual treatment team shall be responsible for reviewing and revising the treatment goals and plan whenever there is a major decision point in the consumer's course of treatment, e.g., significant changes in consumer's condition, etc., or at least every six months. The revised treatment plan shall be based on the results of a treatment planning meeting. Additionally, the primary case manager shall prepare a summary, i.e., treatment plan review, describing the consumer's progress since the last treatment planning meeting and outlining the consumer's current functional strengths and limitations. The plan and review will be signed or acknowledged by the consumer, the primary case manager, individual treatment team members, the team leader, the psychiatrist, and all PACT team members.~~

450:17-5-125. Discharge [REVOKED]

- ~~(a) Documentation of consumer discharge shall be completed within 15 days of discharge and shall include all of the following elements:~~
- ~~(b) The reasons for discharge;~~
- ~~(c) The consumer's status and condition at discharge;~~
- ~~(d) A written final evaluation summary of the consumer's progress toward the treatment plan goals;~~
- ~~(e) A plan developed in conjunction with the consumer for treatment after discharge and for follow-up;~~
- ~~(f) Referral and transfer to other mental health services; and,~~
- ~~(g) The signature of the consumer's primary PACT case manager, team leader, and psychiatrist.~~

450:17-5-126. PACT Consumer Clinical Records [REVOKED]

- ~~(a) Consumer Clinical Records. For each consumer, the PACT team shall maintain a treatment record that is confidential, complete, accurate, and contains up-to-date information relevant to the consumer's care and treatment.~~
- ~~(b) The team leader and the program assistant shall be responsible for the maintenance and security of the consumer clinical records.~~
- ~~(c) The consumer clinical records are located at PACT team headquarters and, for confidentiality and security, are to be kept in a locked file.~~
- ~~(d) The program shall comply with Subchapter 7, Facility Clinical Record requirements except for 450:17-7-5; 450:17-7-7; 450:17-7-8; and 450:17-7-12.~~

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

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

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

450:17-7-3. Basic requirements

- (a) The CMHC's policies and procedures shall:
 - (1) Define the content of the consumer record in accordance with 450:17-7-4 through 17-7-9.
 - (2) Define storage, retention and destruction requirements for consumer records. ODMHSAS operated CMHCs shall comply with the Department's Records Disposition Schedule as approved by the Oklahoma Archives and Records Commission.
 - (3) Require consumer records be contained within equipment which is maintained in locked equipment which is kept within a locked room, vehicle, or premise. under locked, secure measures.

- (4) Require legible entries in consumer records, signed with first name or initial, last name, and dated by the person making the entry.
- (5) Require the consumer's name be typed or written on each page in the consumer record.
- (6) Require a signed consent for treatment before a consumer is admitted on a voluntary basis.
- (7) Require a signed consent for follow-up before any contact after discharge is made.

(b) Compliance with 450:17-7-3 shall be determined by a review of the following: facility policy, procedures or operational methods; clinical records; other facility provided documentation; and PI information and reports. A CMHC may propose administrative and clinical efficiencies through a streamlining of the requirements noted in this subchapter if client outcomes are maintained or improved and face-to-face clinical time is able to be increased by proposed reduction in recordkeeping requirements. Such proposal shall be submitted for consideration and approval by the Department.

450:17-7-5. Clinical record content, screening, intake and assessment

- (a) All facilities shall complete a face-to face screening with each individual to determine appropriateness of admission.
- (b) The CMHC shall document the face-to-face screening between the potential consumer and the CMHC including how the consumer was welcomed and engaged, how the consumer was assisted to identify goals and experience hope, how the consumer received integrated screening to identify both immediate and ongoing needs and how the consumer was assisted to determine appropriateness of admission, and/or to access other appropriate services.
- (c) Upon determination of appropriate admission, consumer ~~assessment~~ demographic information shall be collected. ~~contain but not be limited to the following:~~
 - (1) ~~Date, to include month, day and year of the interview or intake including re-admissions for CMHC services;~~
 - (2) ~~Source of information;~~
 - (3) ~~Consumer's first name, middle initial and last name;~~
 - (4) ~~Gender;~~
 - (5) ~~Birth date;~~
 - (6) ~~Home address;~~
 - (7) ~~Telephone number;~~
 - (8) ~~Referral source;~~
 - (9) ~~Reason for referral;~~
 - (10) ~~Significant other to be notified in case of emergency; and~~
 - (11) ~~ICIS intake data core content.~~
- (d) All programs shall complete a psychological-social assessment which gathers sufficient information to assist the consumer in developing an individualized service plan. ~~The program shall develop a psychological-social evaluation which contains, but is not limited to the following:~~
 - (1) ~~Identification of the consumer's strengths, needs, abilities, and preferences;~~
 - (2) ~~History of the presenting problem;~~

- ~~(3) Previous treatment history, to include mental health and substance abuse;~~
- ~~(4) Health history and current biomedical conditions and complications;~~
- ~~(5) Alcohol and drug use history;~~
- ~~(6) History of trauma;~~
- ~~(7) Family and social history, including alcohol and drug use;~~
- ~~(8) Educational attainment, difficulties, and history;~~
- ~~(9) Cultural and religious orientation;~~
- ~~(10) Vocational, occupational and military history;~~
- ~~(11) Sexual history, including HIV, AIDS and STD at-risk behaviors;~~
- ~~(12) Marital or significant other relationship history;~~
- ~~(13) Recreational and leisure history;~~
- ~~(14) Legal history;~~
- ~~(15) Present living arrangement;~~
- ~~(16) Economic resources;~~
- ~~(17) Level of functioning;~~
- ~~(18) Current support system including peer and other recovery supports;~~
- ~~(19) Current medications, if applicable, to record a consumer's current medications, 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;~~
- ~~(20) Strengths/assets and weakness/liabilities of the consumer;~~
- ~~(21) Consumer's expectations in terms of service; and~~
- ~~(22) Assessment summary or diagnosis, and signature of the assessor and date of the assessment.~~

(e) The CMHC shall have policy and procedures that stipulate content required for items (c) and (d) above as well as dictate timeframes by when intake assessment must be completed for each program service to which a client is admitted.

(f) An intake assessment update, to include date, identifying information, source of information, present needs, present life situation, current level of functioning, and what consumer wants in terms of service, is acceptable only on re-admissions within one (1) year of previous admission.

(g) Compliance with 450:450:17-7-5 shall be determined by a review of the following: psychological-social assessment instruments; consumer records; case management assessments; interviews with staff and consumers; policies and procedures and other facility documentation.

450:17-7-8. Integrated Behavioral Health Service plan

(a) The service plan is performed with the active participation of the consumer and a support person or advocate if requested by the consumer. In the case of children under the age of 18, it is performed with the participation of the parent or guardian and the child as age and developmentally appropriate. The service plan shall provide the formation of measurable service objectives and reflect ongoing changes in goals and objectives based upon consumer's progress or preference or the identification of new needs, challenges and problems.

(b) The ~~integrated~~ service plan is developed after and based on information obtained in the mental health assessment and includes the evaluation of the assessment information by the clinician and the consumer.

(c) For adults, the service plan must be focused on recovery and achieving maximum community interaction and involvement including goals for employment, independent living, volunteer work, or training. For children, the service plan must address school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.

(d) Comprehensive ~~integrated~~ service plans must be completed within five ~~(5)~~ six (6) treatment sessions for each program service to which a consumer is admitted and adhere to the format and content requirements described in the facility policy and procedures.

~~(e) Comprehensive integrated service plan contents shall address the following:~~

- ~~(1) Consumer strengths, needs, abilities, and preferences;~~
- ~~(2) Identified presenting challenges, needs and diagnosis;~~
- ~~(3) Goals for treatment with specific, measurable, realistic and time limited objectives;~~
- ~~(4) Description of the consumer's involvement in and responses to the treatment plan and his/her signature and date;~~
- ~~(5) Date each objective is initiated and target date for completion;~~
- ~~(6) Type and frequency of services estimated to be provided;~~
- ~~(7) The practitioner(s) who will be providing and responsible for each service;~~
- ~~(8) Any needed referrals for services; and~~
- ~~(9) Specific discharge criteria.~~

~~(f) Service plan updates shall address the following:~~

- ~~(1) Progress on previous service plan goals and/or objectives;~~
- ~~(2) A statement documenting a review of the current service plan and an explanation if no changes are to be made to the service plan;~~
- ~~(3) Change in goals and/or objectives (including target dates) based upon consumer's progress or identification of new need, challenges and problems;~~
- ~~(4) Change in frequency and/or type of services provided;~~
- ~~(5) Change in practitioner(s) who will be responsible for providing services on the plan;~~
- ~~(6) Additional referrals for needed services; and~~
- ~~(7) Change in discharge criteria.~~

~~(g)(e)~~ Integrated Service Plan plan updates should occur at a minimum of every 6 months during which services are provided and adhere to the format and content requirements described in the facility policy and procedures.

~~(h)(f)~~ Service plans, both comprehensive and update, must include dated signatures for the consumer customer (if over age 14), the parent/guardian (if under age 18 or otherwise applicable), and the primary service practitioner.

~~(i)(g)~~ Compliance with 450:17-7-8 shall be determined by a review of the clinical records, policies and procedures, and interviews with staff and consumers, and other agency documentation.

450:17-7-9. Medication record

(a) A medication record shall be maintained on all consumers who receive medications or prescriptions through the outpatient clinic services and shall be a concise and accurate record of the medications the consumer is receiving or prescribed.

(b) The consumer record shall contain a medication record with the following information on all medications ordered or prescribed by physician staff:

~~(1) The record of medication administered, dispensed and prescribed shall include all of the following:~~

~~(A)(1) Name of medication,~~

~~(B)(2) Dosage,~~

~~(C)(3) Frequency of administration or prescribed change, and~~

~~(D)(4) Staff member who administered or dispensed each dose, and prescribing physician; and~~

~~(2)(c) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities during intake, updated when required by virtue of new information, and kept in a highly visible location in or on the record.~~

~~(e)(d) Compliance with 450:17-7-9 shall be determined by a review of medication records and clinical records.~~

450:17-7-10. Progress Notes

(a) Progress notes shall chronologically describe the services provided, the consumer's response to the services provided and the consumer's progress in treatment and adhere to the format and content requirements described in the facility policy and procedures.

~~(b) Progress notes, except for in PSR programs, shall address the following:~~

~~(1) Date;~~

~~(2) Person(s) to whom services were rendered;~~

~~(3) Start and stop time for each timed treatment service;~~

~~(4) Integrated service plan needs, goals and/or objectives addressed;~~

~~(5) Type of Service provided;~~

~~(6) Progress or lack of progress made in treatment as it relates to service plan needs, goals and/or objectives;~~

~~(7) Consumer's response, and family's response when applicable, to the treatment services provided;~~

~~(8) Any new need(s), goals and/or objectives identified during the treatment service;~~

~~(9) Signature of the service provider; and~~

~~(10) Credentials of service provider.~~

~~(c) Progress notes for PSR programs shall address the following:~~

~~(1) Date(s) attended during the week;~~

~~(2) Start and stop time(s) for each day attended;~~

~~(3) Specific goal(s) and/or objectives addressed during the week (these must be identified on the service plan);~~

~~(4) Type of skills training provided during the week;~~

~~(5) Consumer satisfaction with staff intervention(s);~~

~~(6) Progress made toward goals and objectives;~~

- ~~(7) Any new needed supports identified during the week;~~
- ~~(8) Signature of the psychiatric rehabilitation practitioner; and~~
- ~~(9) Credentials of the psychiatric rehabilitation practitioner.~~

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

- (1) Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments;
- (2) Community living program staff shall complete a summary note monthly identifying the name of the person served and the day(s) the person received the service;
- (3) Inpatient: nursing service is to document on each shift. Each member of the treatment team shall write a weekly progress note for the first two months and monthly thereafter; and
- (4) PSR staff must maintain a daily, member sign-in/sign-out record of member attendance, and shall write a progress note daily or a summary progress note weekly.

~~(e)~~(c) Compliance with 450:17-7-10 shall be determined by a review of clinical records and policies and procedures.

450:17-7-12. Discharge summary

(a) A discharge summary shall document the consumer's progress made in treatment; response to services rendered; and recommendation for any referrals, if deemed necessary. It shall include a discharge plan which lists written recommendations, and specific referrals for implementing aftercare services, including medications. Aftercare plans shall be developed with the knowledge and cooperation of the consumer, when possible.

(b) A discharge summary shall be entered in each consumer's record within fifteen (15) days of release, discharge, or transfer from inpatient treatment or upon discharge from facility services. Consumers who have received no services for one hundred twenty (120) days shall be discharged if it is determined that services are no longer needed or desired.

(c) ~~The discharge summary shall minimally include, but is not be limited to:~~

- ~~(1) Presenting problem at intake;~~
- ~~(2) Medication summary when applicable;~~
- ~~(3) Treatment provided and treatment outcome and results;~~
- ~~(4) Psychiatric and physical diagnosis or the final assessment;~~
- ~~(5) Discharge plan: Written recommendations, specific referrals for implementing aftercare services, including medications. Aftercare plans shall be developed with the knowledge and cooperation of the consumer, when possible;~~
- ~~(6) In the event of death of a consumer: A summary statement including this information shall be documented in the record; and~~
- ~~(7) Signature of staff member, professional credentials, if any, and date.~~

(d) Compliance with 450:17-7-12 shall be determined by a review of closed consumer records.

SUBCHAPTER 9. CONSUMER RECORDS AND CONFIDENTIALITY

450:17-9-1. Confidentiality, mental health consumer information and records [REVOKED]

~~(a) Consumer records and clinical information are confidential, and are protected under the provisions of 43A O.S. §§ 109, 3-422 and 3-423; 63 O.S. § 502.2 and (U.S.) 42 CFR, Part 2. The facility shall have policy and procedures protecting this confidentiality which shall be communicated to the consumer including, but not limited to:~~

~~(1) Medical records and all communications between consumer and doctor or psychotherapist are privileged and confidential; with such information limited to entities actively engaged in treatment of the consumer or related administrative tasks.~~

~~(2) Privileged and confidential information shall not be released to any person or entity not involved in the consumer's treatment without the written, informed consent of the consumer, or his or her guardian, or parent of a minor child, or a private or public child care agency having legal custody of the minor child.~~

~~(3) Identifying information may be released without the consent required in 450:17-9-1(a)(2) under any of the following conditions:~~

~~(A) Required to fulfill any statutorily required reporting of child abuse (10 O.S. § 7005(1.7) and abuse of elderly or incapacitated adults (43A O.S. § 10-104); and all treatment staff shall have a general knowledge of the provisions of Public Law 99-401, which amended the federal confidentiality laws to remove any restrictions on compliance with state laws mandating reporting of child abuse and neglect. (This statute requires cases involving suspected, actual or imminent harm to children must be reported to child protection agencies; and therefore, are not covered by confidentiality requirements. This provision applies only to initial reports of child abuse or neglect, and not to requests for additional information or records. Thus, court orders are still required before records may be used to initiate or substantiate any criminal charges against a consumer, or to conduct any investigation of a consumer.)~~

~~(B) Release is required as provided by 10 O.S. §§ 005(1.1) through 7005(1.3).~~

~~(C) On the order of a court of competent jurisdiction.~~

~~(D) Between holders of contracts with ODMHSAS having signed a qualified service agreement (43A O.S. § 1-109(A)(2), as provided by said contract. These facilities shall have policy and procedures to permit transmittal of records and information regarding the care and treatment of a specific consumer as necessary and appropriate between them or ODMHSAS, or another contracted holder of a qualified service agreement.~~

~~(4) The manner of personal access of a present or former consumer to his or her records shall conform to the provisions of 43A O.S. § 1-109(B).~~

~~(5) With the consent of the consumer, information may be provided to responsible family members as provided for and limited in 43A O.S. § 1-109(C)(1 through 5).~~

~~(6) The reviews of records by state or federal accrediting, certifying, or funding agencies may occur to verify services, or facility compliance with statutes or regulations.~~

~~(7) A written consent for release of confidential information form shall be used, which contains and encompasses:~~

~~(A) The consumer being informed of the reason and need for the information release, the specific information to be released, and the period of time covered by the information to be released.~~

~~(B) The consumer being informed that treatment services are not contingent upon, or influenced by, his or her decision to permit the information release.~~

~~(C) The consumer's consent being given freely and voluntarily.~~

~~(D) The following information shall appear on the consent to release of confidential information form:~~

~~(i) The name and address of the facility making the disclosure of information; and the name and title of the person completing the disclosure.~~

~~(ii) The name of the person, title (if any), and name of the organization (if any) to which the information is being supplied.~~

~~(iii) The name of the consumer.~~

~~(iv) The exact extent of information being disclosed.~~

~~(v) The length of time the consent will remain valid unless otherwise revoked, in writing, by the consumer.~~

~~(vi) Signature of the consumer, or legal guardian, and the date of such signature.~~

~~(vii) Notice in bold face type stating, "The information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immuno-deficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS). [63 O.S. §1-1502(B)]"~~

~~(b) In addition, the facility shall have policy and procedures which shall:~~

~~(1) Limit access to records to persons with a need to know;~~

~~(2) Provide for the safe storage of consumer records under lock and key; and~~

~~(3) Provide for stated periods of retention of closed consumer records, and subsequent disposition of the records. Facilities operated by the ODMHSAS shall comply with the provisions of the Department's Records Disposition Schedule as approved by the Oklahoma Archives and Records Commission.~~

~~(c) Compliance with 450:17-9-1 shall be determined by a review of facility policy and procedures; facility forms; consumer record reviews; interviews with staff and consumers; and any other supporting facility documentation.~~

450:17-9-1.1. Confidentiality of mental health and drug or alcohol abuse treatment information

Confidentiality policy, procedures and practices must comply with federal and state law, guidelines, and standards, and with OAC 450:15-3-20.1, OAC 450: 15-3-20.2 and OAC 450:15-30-60.

**450:17-9-2. Confidentiality, substance abuse consumer information and records
[REVOKED]**

~~The rules governing confidentiality for mental health consumers are found in 450:17-9-1. For CMHCs evaluating or treating persons where substance abuse is a focus of the evaluation or treatment, the rules governing confidentiality of consumer substance abuse information and records as set forth in 450:18-7-3 apply and shall be complied with, as particular federal regulations (42 CFR, Part 2) apply to the release of information regarding substance abuse consumers and their records.~~

SUBCHAPTER 13. ORGANIZATIONAL AND FACILITY MANAGEMENT

450:17-13-1. Organizational and facility description

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

- (1) ~~The overall target population to be served; specifically including welcoming those individuals with co-occurring disorders, for whom services will be provided;~~
- (2) The overall mission statement; and
- (3) The annual facility goals and objectives, including the goal of continued progress for the agency in providing recovery oriented, culturally competent, trauma informed and co-occurring capable services.

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

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

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

(e) Each CMHC shall have in writing, by program component or service, the following:

- (1) Philosophy and description of services, including the philosophy of recovery oriented and welcoming service delivery;
- (2) Identity of the professional staff that provides these services;
- (3) Admission and exclusionary criteria that identify the type of consumers for whom the services is primarily intended, with no exclusion criteria based on active substance use disorders;
- (4) Goals and objectives, including making progress toward co-occurring capable, trauma informed, and culturally competent service delivery; and
- (5) Delineation of processes to assure welcoming 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) The CMHC shall have written statement of the quality improvement processes, procedures and plans for attaining the organization's goals and objectives. These procedures and plans shall define specific tasks, including actions regarding the organization's co-occurring capability set target dates and designate staff responsible for carrying out the procedures and plans.

(g) Compliance with OAC 450:18-13-1 shall be determined by a review of the facility's target population definition; facility policy and procedures; mission statement; written plan for professional services; other stated required documentation; and any other supporting documentation.

SUBCHAPTER 15. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

450:17-15-1.1. Performance improvement program

(a) The CMHC shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care.

(b) The Performance improvement program shall also address the fiscal management of the organization.

(c) The facility shall have an annual written plan for performance improvement activities. The plan shall include but not be limited to:

(1) Outcomes management specific to each program component which minimally measures:

- (A) efficiency;
- (B) effectiveness; and
- (C) consumer satisfaction.

(2) A quarterly quality consumer record review to evaluate and ensure, among others:

- (A) the quality of services delivered;
- (B) the appropriateness of services;
- (C) patterns of service utilization;
- (D) consumers are provided an orientation to services, and actively involved in making informed choices regarding the services they receive;
- (E) assessments are thorough, timely and complete;
- (F) treatment goals and objectives are based on, at a minimum,
 - (i) assessment findings, and
 - (ii) consumer input;
- (G) services provided are related to the treatment plan goals and objectives;
- (H) services are documented as prescribed by policy; and
- (I) the treatment service plan is reviewed and updated as prescribed by policy.

(3) Clinical privileging;

(4) Review of critical and unusual incidents and consumer grievances and complaints;-and

(5) Improvement in the following:

- (A) co-occurring capability, including the utilization of self-assessment tools as determined or recommended by ODMHSAS;
- (B) provision of trauma informed services;
- (C) provision of culturally competent services; and
- (D) provision of consumer driven services-; and

(6) Activities to improve access and retention within the treatment program.

including an annual “walk through” of the intake and admission process.

- (d) The CMHC will identify a performance improvement officer.
- (e) The CMHC shall monitor the implementation of the performance improvement plan on an ongoing basis and makes adjustments as needed.
- ~~(e)~~(f) Performance improvement findings shall be communicated and made available to, among others:
 - (1) the governing authority;
 - (2) facility staff; and
 - (3) consumers;
 - (4) stakeholders; and
 - (5) ODMHSAS, as if and when requested.
- (f) Compliance with 450:17-15-1.1 shall be determined by a review of the written program evaluation plan; written program evaluations (annual and or special or interim; program goals and objectives; and other supporting documentation provided).

450:17-15-5. Critical Incident incident reporting

- (a) The facility shall have written policies and procedures requiring documentation and reporting of critical incidents and analysis of the contributors to the incident, with attention to issues that may reflect opportunities for system level or program level improvement.
- (b) The documentation for critical incidents shall ~~contain~~, minimally include:
 - (1) the facility, name and signature of the person(s) reporting the incident;
 - (2) the name(s) of the consumer(s), staff member(s) or property involved;
 - (3) the time, date and physical location of the critical incident;
 - (4) the time and date the incident was reported and name of the staff person within the facility to whom it was reported;
 - (5) a description of the incident;
 - (6) resolution or action taken, date action taken, and signature of appropriate staff; and
 - (7) severity of each injury, if applicable. Severity shall be indicated as follows:
 - (A) No off-site medical care required or first aid care administered on-site;
 - (B) Medical care by a physician or nurse or follow-up attention required; or
 - (C) Hospitalization or immediate off-site medical attention was required;
- (c) Critical incidents shall be reported to ODMHSAS with specific timeframes, as follows:
 - (1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented.
 - (2) Critical incidents involving allegations constituting a sentinel event or consumer abuse shall be reported to ODMHSAS immediately via telephone or fax, but not more than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.
- (d) Compliance with 450:17-15-5 shall be determined by a review of facility policy and procedures; ~~copies of critical incidents incident reports at the facility; and those reports~~

of incidents submitted to ODMHSAS, performance improvement program documents and reports, and staff interviews.

SUBCHAPTER 21. STAFF DEVELOPMENT AND TRAINING

450:17-21-1. Staff qualifications

(a) All staff who provide clinical services shall have documented qualifications or training specific to the clinical services they provide within the CMHC.

(b) Staff qualifications for contracted entities shall be in compliance with 450:1-1-1.1 and 450:1-3-5.

~~(b)~~(c) Compliance with 450:17-21-1 shall be determined by a review of staff personnel files and other supporting documentation provided.

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