



OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

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TITLE 450 Chapter 17. Standards and Criteria for Community Mental Health Centers

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CHAPTER 1. GENERAL PROVISIONS

450:17-1-1. Purpose

(a) This chapter sets forth the Standards and Criteria used in the certification of Community Mental Health Centers and implements 43A O.S. § 3-306.1, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify Community Mental Health Centers.

(b) The rules regarding the certification process including but not necessarily limited to application, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450 Chapter 1, Subchapters 5 and 9.

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

"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 a 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.

"Case management services" means planned linkage, advocacy and referral assistance provided in partnership with a consumer to support that consumer in 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 plan developed with and approved by the consumer and qualified staff. "Children who have a serious emotional disturbance" are persons under eighteen (18) years of age who meet the following criteria:

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

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

(C) Has a duration of illness for at least one year and has a functioning level of moderate impairment in at least 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.

"Creating A Positive Environment" or **"CAPE"** means a specific curriculum designed by ODMHSAS to train staff in verbal and non-verbal communication techniques in the management of selected and potentially problematic behaviors and to foster attitudes that promote the consumer's dignity and self-esteem in facility treatment settings.

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

"Community living programs" means a range of rehabilitative housing options for persons not in crisis who need a special living arrangement and are broad enough to allow each consumer an opportunity to live in an atmosphere offering the degree of case management necessary while also providing incentives and encouragement for consumers to assume increasing responsibility for their lives and may include independent living training programs, supervised permanent supported apartments and housing, and family placement.

"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 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.

"Crisis Intervention" means an immediately available service to meet the psychological, physiological and environmental needs of 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, referral provided in a ODMHSAS certified facility having nursing and medical support available.

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

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

"Day treatment" is a structured, comprehensive program designed to improve or maintain consumers' ability to function in the community.

"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.

"Facility" means community mental health center.

"Hard of hearing" is any degree of hearing loss which interferes with the individual's ability to communicate without some form of specialized accommodation which may include, but not be limited to: hearing aids, sign language interpreters, assistive listening devices, or communication through speech reading. The hearing loss of those individuals needing special services may range from mild, 25 to 45 decibels in the better functioning ear, to profound, 90 decibels or more.

"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.

"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., consumer education on topics such as hygiene, cooking, budgeting, meal planning, housecleaning and when clinically indicated, side-by-side work with the consumer in a normalized setting and prevocational and vocational activities.

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

"Independent living training" means a supervised place of temporary transitional residence for mental health consumers participating in an independent living training program before moving to a more independent living situation. These facilities are intended for participation by mental health consumers who have recently been released from an institution, and who need short-term training and support before entering an independent living situation.

"Job development services" means strategies which market the CMHC rehabilitation services and assist employers in facilitating the successful employment of individuals with psychiatric disabilities. Marketing, in this context, is defined as an ongoing, continuous approach which enables the rehabilitation unit to identify employer needs, refocus resources and management structures as needed and improve services to consumers and employers which satisfy those needs for the purpose of job development services such as developing long-term relationships between the agency and employers which will lead to more and better job opportunities for persons with psychiatric disabilities.

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

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

"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.

"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 apartment or housing programs" means a permanent residential program for mental health consumers in which the agency facilitates placement of, and provides intensive case management services to, individuals who reside in an apartment or house, either individually or shared. Staffs are not required on-site, but are on-call for residents. These facilities are intended for Mental Health consumers who desire and are evaluated as being capable of, living in a house or apartment without on-site supervision.

"Program for 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 and documentation of the consumer's response related to the intervention plan.

"Psychosocial evaluations" are in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual, and are designed to provide sufficient information for problem formulation and intervention.

"Psychosocial rehabilitation" means a program focused around a clubhouse or other center offering services to members in the areas of socialization and recreation, vocation, residential and education. These services are directed toward helping members develop needed skills and provide environmental supports necessary to function in the community.

"Rehabilitation assessment services" means a process utilized to determine the individual's functional work-related abilities and vocational preferences for the purpose of rehabilitation assessment 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.

"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.

"Sentinel event" is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome to a consumer. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.

"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.

(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; OR

"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)].

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

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

"Supervised apartment or housing programs" means a temporary or permanent residential program for mental health consumers, in which the consumer resides in one of a group of apartments. These facilities are intended for use by mental health consumers who desire and are evaluated as being capable of living in an apartment setting, without on-site staff.

"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.

"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 such as the identification of employment positions, conducting job analysis, matching individuals to specific jobs, facilitating job expansion or advancement and communicating with employers about training needs.

"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.

450:17-1-3. Meaning of verbs in rules

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

(1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.

(2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the

use of effective alternatives.

(3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

450:17-1-4. Annual review of standards and criteria

This chapter shall be reviewed annually by the ODMHSAS.

450:17-1-5. New standards and criteria [REVOKED]

450:17-1-6. Services

All facilities providing services shall have a group of services herein designated as core services. CMHCs may have specific additional services herein designated as optional services. Optional services may be an ODMHSAS contractual requirement(s).

(1) Core services are:

- (A) Screening, intake and referral;
- (B) Emergency services, which include crisis intervention and emergency detention if the CMHC is also certified as a community based structured crisis center or provides acute inpatient services;
- (C) Medication clinic services;
- (D) Case management (adult and juvenile);
- (E) Adult day programs;
- (F) Outpatient counseling;
- (G) Admitting to state-operated inpatient psychiatric units; and
- (H) Services to homeless individuals.

(2) Optional services are:

- (A) Homebased services to children and adolescents;
- (B) Day treatment services to children and adolescents;
- (C) Vocational employment services;
- (D) Community living programs;
- (E) Independent living training programs;
- (F) Supervised apartment or housing programs;
- (G) Permanent sponsored apartment or housing programs;
- (H) Crisis stabilization;
- (I) Inpatient services within the CMHC setting; and
- (J) Program for Assertive Community Treatment.

450:17-1-7. Applicability

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

SUBCHAPTER 3. REQUIRED SERVICES

PART 1. REQUIRED SERVICES

450:17-3-1. Required core services

The services in this subchapter are core services, and are required of each CMHC.

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 counseling;
 - (4) Case management services;
 - (5) Admitting to ODMHSAS operated psychiatric hospitals;
 - (6) Adult day programs;
 - (7) Medication clinic services;
 - (8) Service to homeless individuals.
- (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) Evaluations;
 - (6) ICIS data; and
 - (7) Clinical records.

450:17-3-3. Availability of services

- (a) The core services shall be available to individuals regardless of their work schedule.
 - (1) All services provided on an outpatient basis shall be routinely available at least forty (40) hours per week.
 - (2) CMHC policy shall provide an arrangement for hours in addition to 8:00 AM - 5:00 PM according to the needs of consumers. This applies to the main CMHC location and full time satellite offices with two (2) or more full time employed clinical staff.
 - (3) For CMHCs not providing 24 hour on-site services, hours of operation shall be conspicuously posted.
- (b) Compliance with 450:17-3-3 shall be determined by a review of the following: schedules; posting of hours; policy and procedures; and consumer needs assessment.

PART 3. SCREENING INTAKE AND REFERRAL

450:17-3-21. Screening intake and assessment services

- (a) CMHC policy and procedure shall require a comprehensive assessment of each

consumer's service needs is completed in a timely manner.

(b) Screening and intake services shall include a complete assessment of each consumer to determine clinical needs. This shall include but not be limited to an assessment of the following areas and needs:

- (1) Behavioral;
- (2) Emotional;
- (3) Physical;
- (4) Social and recreational; and
- (5) Vocational.

(c) The consumer and family as appropriate shall be an active participant(s) in the intake and assessment process.

(d) The CMHC shall have policy and procedures specific to each program service which dictate timeframes by when assessments must be completed and documented. In the event the consumer is not admitted and as a result the assessment is not included in the clinical record, the policy shall specify how screening and assessment information is maintained and stored.

(e) Compliance with 450:17-3-21 shall be determined by a review of clinical records, and policy and procedures.

450:17-3-22. Screening intake and assessment services, access or referral to needed services

(a) Written policy and procedures governing the intake and assessment services shall specify the following:

- (1) The information to be obtained on all applicants or referrals for admission;
- (2) The procedures for accepting referrals from outside agencies or organizations;
- (3) The procedure to be followed when an applicant or referral is found to be ineligible for admission; and
- (4) Methods of collection of information from family members, significant others or other social service agencies.
- (5) Methods for obtaining a physical examination or continued medical care where indicated.
- (6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet.

(b) Compliance with 450:17-3-22 shall be determined by a review of the facility's written policy and procedures.

PART 5. EMERGENCY SERVICES

450:17-3-41. Emergency services

(a) CMHCs shall provide, on a twenty-four (24) hour basis, for psychiatric emergencies.

(b) This service shall include the following:

- (1) 24-hour assessment and evaluation, including emergency examinations;
- (2) Availability of 24-hour inpatient referral;
 - (A) CMHC staff shall be actively involved in the emergency services and referral

process to state-operated psychiatric inpatient units.

(B) Referral to state-operated psychiatric inpatient units by the CMHC shall occur only after all other community resources are explored with the individual and family if family is available and the consumer gives written consent for release.

(C) Prior notification to the state-operated psychiatric inpatient unit of all referrals from CMHCs is required.

(3) Availability of assessment and evaluation in external settings.

(4) Referral services, which shall include actively working with local sheriffs and courts regarding the appropriate referral process and appropriate court orders (43A O.S. §§ 5-201 through 5-407);

(5) CMHCs serving multiple counties shall provide or arrange for on-site assessment of persons taken into protective custody [43A O.S. § 5-06(5)] in each county;

(6) The CMHC's emergency telephone response time shall be less than fifteen (15) minutes from initial contact, unless there are extenuating circumstances;

(7) Face-to-face assessment; and

(8) Intervention and resolution.

(b) Compliance with 450:17-3-41 shall be determined by a review of policy and procedures, and clinical records.

450:17-3-42. Emergency examinations

(a) The CMHC shall provide or otherwise ensure the capacity for performing emergency examinations. This capacity must be available 24 hours per day, seven days a week. (b)

Compliance with 450:17-3-42 shall be determined by a review of the following: policy and procedures; emergency contact records; clinical records; PI documentation; and staff on-call schedules.

450:17-3-43. Emergency examinations, staffing

(a) Staff providing emergency examinations shall be an LMHP as defined in 43A O.S. § 1-103 and meet the CMHC's privileging requirements for the provision of emergency services.

(b) Compliance with 450:17-3-43 shall be determined by a review of clinical privileging records and personnel records.

PART 7. OUTPATIENT COUNSELING SERVICES

450:17-3-61. Outpatient counseling services

(a) Facilities that provide outpatient services shall offer a range of services to consumers based on their needs regarding emotional, social and behavioral problems. These outpatient counseling services shall be provided or arranged for, and shall include, but not be limited to the following:

(1) Individual counseling;

(2) Group counseling;

(3) Marital or family 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 counseling services, substance abuse

- (a) Facilities shall provide outpatient substance abuse counseling services.
- (b) These services shall include the provision of Human Immunodeficiency Virus (HIV) education, training, and counseling services for drug dependent persons (43A O.S. § 3-125.1), and every facility shall:
- (1) Provide educational sessions regarding HIV to such persons, and also make the sessions available to spouses or other sexual partners of the drug dependent person; and
 - (2) Refer all drug dependent persons for HIV infection testing and counseling.
- (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) Compliance with 450:17-3-62 shall be determined by a review of the following: written policy and procedures; substance abuse consumer records; and other supporting facility records and documentation.

PART 9. MEDICATION CLINIC SERVICES

450:17-3-81. Medication clinic services

- (a) Medication clinic services shall include an assessment of each individual's condition and needs; and an assessment of the effectiveness of those services.
- (b) CMHCs shall offer comprehensive medication clinic services to consumers in need of this service, including, but not limited to:
- (1) Prescribing or administering medication, including evaluation and assessment of the medication services provided.
 - (2) Medication orders and administration:
 - (A) Only licensed staff physicians, medical residents or consultant physicians shall write medication orders and prescriptions.
 - (B) A list of those physicians authorized to prescribe medications shall be maintained and regularly updated.
 - (C) A list of licensed staff members authorized to administer medications shall be maintained and regularly updated.
 - (3) Physician's assistants and nurse practitioners may write medication orders, or prescriptions consistent with state and federal law.
- (c) Compliance with 450:17-3-81 shall be determined by on-site observation and a review of the following: clinical records, written policy and procedures, and roster of licensed, credentialed staff.

450:17-3-82. Medication clinic, medication monitoring

- (a) Medication administration, storage and control, and consumer reactions shall be

regularly monitored.

(b) Facilities shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.

(1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.

(2) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.

(3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.

(4) A qualified physician shall supervise the preparation and stock of an emergency kit which is readily available, but accessible only to staff.

(c) Compliance with 450:17-3-82 shall be determined by on-site observation and a review of the following: written policy and procedures, clinical records, and PI records.

450:17-3-83. Medication clinic, error rates

(a) Medication administration or dispensing or medication orders and prescriptions shall be accomplished with no more than three percent (3%) error rate each month. Random selection of at least one-third (1/3) of the months within the period under review shall be surveyed by the CMHC in accordance with facility policies.

(b) Compliance with 450:17-3-83 shall be determined by a review of the following: facility policies; PI logs; data; and reports.

450:17-3-84. Availability of medications in a CMHC's community living setting

(a) This standard applies to a CMHC's residential program(s) not having on-site medical staff.

(b) The CMHC shall have policy and procedures governing consumer access to medications and shall include, at least, the following items:

(1) Non-medical staff and volunteers shall not dispense or administer medication;

(2) Medication shall be not withheld from consumers for whom it is prescribed, for non-medical reasons;

(3) Prescribed medication shall be stored in a non-resident area that shall be kept locked, except those medications which may be needed by the consumer on an emergency basis;

(4) Only medication and medical supplies shall be stored in a non-resident area apart from the medication storage area.

(5) Consumers in non-medical settings shall keep a log of all self-administered medications.

(c) Compliance with 450:17-3-84 shall be determined by on-site observation; and a review of the following: clinical records, medication logs, and policy and procedures.

450:17-3-85. Pharmacy Services

(a) The CMHC shall provide specific arrangements for pharmacy services to meet consumers' psychiatric needs. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through the CMHC's own Oklahoma licensed pharmacy.

(b) Compliance with 450:17-3-85 shall be determined by a review of the following: clinical records; written agreements for pharmacy services; on-site observation of in-house pharmacy; and State of Oklahoma pharmacy license.

PART 11. CASE MANAGEMENT

450:17-3-101. Case management services, adult

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

(b) Case management services shall be made available to all adults who have a serious mental illness, 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;
- (C) Client strengths and resources;
- (D) Consumer's present living situation and support system;
- (E) Consumer's needs or problems which interfere with the ability to successfully function in the community;

(2) Emergency services and emergency assistance; and

(3) Service planning and monitoring, which shall address issues and problems identified in the consumer evaluation and shall also:

- (A) Incorporate needed referral sources to address identified consumer needs;
- (B) Be developed jointly between the case manager and the consumer;
- (C) Address the frequency of case management services specified in the treatment plan; and
- (D) Be incorporated into the treatment plan and monitored at least every six (6) months.

(c) 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.

450:17-3-101.1. Case management services, child, adolescent and family

- (a) Case management services shall be offered to children and their families to assure access to needed services. This includes referral, linkage and advocacy. These services may be offered to any child or family who presents for service at a community mental health center but must be offered to a child identified as Seriously Emotionally Disturbed, or when a child being served by the CMHC is admitted to acute or residential treatment.
- (b) The case manager shall know the local available services, the procedures and criteria for assessing local services. The case manager shall act as an advocate for the child and family in obtaining needed community resources, including coordination of efforts with the child's school.
- (c) The case manager shall develop a case management service plan based on the needs of the child and family.
- (d) The case management services shall be specified in the child's case management service plan. The inability to make face-to-face contact shall be documented in the child's case record.
- (e) Compliance with 450:17-3-101.1 shall be determined by review of case records of consumers, and their families, receiving juvenile case management services.

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 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 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 plan.

450:17-3-103. Case management services for the hospitalized consumer

- (a) Case managers shall maintain contact with hospitalized consumers. Individuals in an inpatient psychiatric unit setting shall be provided face-to-face case management assessment upon discharge. This shall occur as soon as possible, but shall not exceed one (1) week post-discharge.
- (b) Case managers from the CMHC to which the consumer will be discharged shall assist the consumer and psychiatric inpatient unit with discharge planning for consumers returning to the community.
- (c) Each CMHC shall assign at least one (1) staff member who is responsible for linkage between psychiatric inpatient unit and the CMHC. Linkage shall include, but not be limited to, the following activities:
 - (1) Regular visits or communication with the psychiatric inpatient unit to monitor progress of those consumers hospitalized from the CMHC's service area.
 - (2) Attendance at meetings established for the purpose of improving communication and

coordination between the inpatient unit and the CMHC.

(3) Provide knowledge and communication to other CMHC staff regarding psychiatric inpatient unit admission and discharge procedures.

(d) Compliance with 450:17-3-103 shall be determined by a review of the following: clinical records; staff interviews; information from ODMHSAS operated psychiatric inpatient unit; meetings minutes (CMHC or state-operated psychiatric inpatient unit); and a review of a minimum of ten (10) clinical records of consumers hospitalized within the past twelve (12) months.

450-17-3-104. Case management services, client evaluation [REVOKED]

450:17-3-105. Case management services, client outcome [REVOKED]

450:17-3-106. Case management services, staff credentials

(a) Individuals providing case management services shall be certified as a behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.

(b) Compliance with 450:17-3-106 shall be determined by a review of the facility personnel records and credentialing files.

PART 13. ODMHSAS OPERATED PSYCHIATRIC HOSPITALS

450:17-3-121. Admissions to ODMHSAS operated psychiatric hospitals [REVOKED]

450:17-3-122. Persons presenting at a state-operated inpatient psychiatric unit for purpose of admission, pre-screening of

(a) The CMHC shall insure all persons the CMHC refers to the state-operated inpatient psychiatric unit for admission have been pre-screened.

(1) Pre-screening shall be performed by or arranged by the CMHC.

(2) CMHC staff shall be actively involved in the emergency service and referral process to the state-operated inpatient psychiatric unit.

(3) Referral to the state-operated inpatient psychiatric unit by the CMHC shall only occur after all other community resources are explored with the individual and family if family is available.

(4) Prior notification to the state-operated inpatient psychiatric unit of all referrals from CMHC is required.

(5) CMHCs shall work actively with local sheriffs and courts regarding appropriate referral process and appropriate court orders.

(b) Compliance with 450:17-3-122 shall be determined by a review of the following: CMHC clinical records; state-operated psychiatric inpatient unit information and admission records; and PI monitoring information from the CMHC.

PART 15. ADULT DAY PROGRAMS

450:17-3-141. Day programs - day treatment and psychosocial rehabilitation programs

- (a) This section governs day programs for individuals who have serious mental health related problems. These standards cover two types of day programs: day treatment and psychosocial rehabilitation.
- (b) The CMHC shall provide either, or both, day treatment or psychosocial treatment services in an environment and with the staff that enhance the achievement of consumers' goals.
- (c) The consumer to staff ratio shall not be greater than 14 consumers to one (1) staff person unless specifically justified based on program structure and acuity of the individuals served.
- (d) Compliance with 450:17-3-141 shall be determined by on-site observation and a review of ICIS data and clinical records.

450:17-3-142. Day programs - day treatment

- (a) Day treatment programs shall utilize therapeutic modalities oriented toward enriching the consumer's life, and enhancing the consumer's ability to live in the community on an independent or semi-independent basis. These therapeutic modalities shall minimally:
 - (1) offer day treatment services on a scheduled basis, a minimum of three (3) hours per day for at least two (2) days per week;
 - (2) provide and enhance social skills development through activities which encourage interaction, and the development of communication and interpersonal skills;
 - (3) encourage independent living skills development;
 - (4) Include recreational and leisure activities, with emphasis placed on the development of and access to community resources;
 - (5) include cognitive education, including but not limited to education about their psychiatric illness and condition;
 - (6) insure consumers have input into the planning of program activities. This input shall be documented; and,
 - (7) have an established schedule to be provided on a routine weekly or monthly basis.
- (b) Compliance with 450:17-3-142 shall be determined by a review of the following: program schedules of the CMHC; activity schedules of the CMHC; and needs assessment of services by the CMHC.

450:17-3-143. Therapeutic day programs - day treatment, CMHC evaluation of [REVOKED]

450:17-3-144. Day programs - psychosocial rehabilitation program

- (a) The psychosocial rehabilitation program shall be designed to provide an array of services within the framework of the psychosocial rehabilitation model based upon member

need.

- (b) The program shall be open a minimum of six (6) hours per day for at least three (3) days per week.
- (c) This program shall incorporate the following functions:
 - (1) All consumers involved in the program shall have equal access to program services and opportunities.
 - (2) The amount of consumer involvement in the program is based on the individual consumer needs.
 - (3) The program shall establish its own name identity as determined by the consumers.
 - (4) Consumers and staff shall be given the opportunity to work together in every function of the program.
 - (5) Consumers shall be given the opportunity to be involved in all the functions of the program administration intake and orientation, outreach, hiring and training of staff, work unit planning, advocacy and evaluation of program effectiveness.
 - (6) The program shall provide or arrange for consumer education opportunities which focus both on basic education and advanced education for example; GED, Adult Basic Education, etc.
 - (7) Consumers shall have access to an active prevocational/vocational component, including providing for or arranging for an employment placement program.
 - (8) The program shall include recreational and social programs and activities scheduled during evening times or on weekends as planned by the consumers.
- (d) Compliance with 450:17-3-144 shall be determined by interviews with consumers, interviews with staff, and a review of policy and procedures.

450:17-3-144.1. Exception day program, psychosocial rehabilitation program scoring

- (a) When a facility's psychosocial rehabilitation day program is accredited by the International Center for Clubhouse Development (ICCD) the requirements for section 450:17-3-144 shall be considered met, provided the following conditions are met:
 - (1) The CMHC has previously forwarded a copy of the current accreditation by the ICCD with its renewal application.
 - (2) The period of accreditation is for at least six (6) months following the certification site visit.
- (b) However, the CMHC shall subsequently forward the following to ODMHSAS:
 - (1) At least sixty (60) days prior to expiration of ICCD accreditation a copy of the application to ICCD for re-accreditation of its adult day program, psychosocial rehabilitation program.
 - (2) A copy of the re-accreditation visit schedule received from ICCD.
 - (3) Within sixty days of the ICCD re-accreditation visit, a copy of the decision of ICCD regarding re-accreditation.
 - (4) Any interim notice or decision of ICCD regarding the CMHC's accreditation status.

450:17-3-145. Therapeutic day programs - psychosocial services, evaluation of [REVOKED]

PART 17. SERVICES TO HOMELESS INDIVIDUALS

450:17-3-161. Services to homeless individuals

- (a) CMHCs shall provide linkage services to adults who have a serious mental illness and are homeless. These persons need access to a variety of support services.
- (b) CMHCs shall provide the following services to individuals within their service area who are homeless and who have a serious mental illness:
 - (1) Linkage and contacts with local emergency services, shelters, state-operated psychiatric inpatient unit, and any other organizations which may be in contact with homeless persons;
 - (2) Linkage and contacts with local housing authorities;
 - (3) Contact, and work with those who are homeless and who have a serious mental illness, to assist with accessing CMHC services, income benefit programs, and housing programs, among other services; and .
 - (4) These services shall be addressed in CMHC policy and procedures.
- (c) Compliance with 450:17-3-161 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.

PART 19. PHARMACY SERVICES

450:17-3-181. Pharmacy services (AMENDED AND RENUMBERED to 450:17-3-85)

SUBCHAPTER 5. OPTIONAL SERVICES

PART 1. APPLICABILITY

450:17-5-1. Applicability

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

PART 3. INTENSIVE CASE MANAGEMENT

450:17-5-11. Intensive case management services [REVOKED]

450:17-5-12. Intensive case management services, clients' improved functioning [REVOKED]

PART 5. HOMEBASED SERVICES TO CHILDREN AND ADOLESCENTS

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

(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; and
 - (C) Accessing community resources and services for children and families; and
- (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.

450:17-5-23. Homebased services to children and adolescents, family satisfaction [REVOKED]

450:17-5-24. Homebased services to children and adolescents, out-of-home placements [REVOKED]

PART 7. DAY TREATMENT SERVICES, CHILDREN AND ADOLESCENTS

450:17-5-34. Day treatment services for children and adolescents

(a) Day treatment services are designed for non-residential consumers who spend only a part of a twenty-four (24) hour period in the program.

(1) Hours of operation shall be held during periods which make it possible for consumers to receive a minimum of three (3) hours of treatment and services each day in the program, excluding time spent in fulfillment of academic educational activities as required by law; days and hours of operation shall be regularly scheduled and conspicuously displayed so as to communicate the schedule to the public; and

(2) Services provided shall include, at a minimum, the following:

(A) Weekly individual therapy, group, and family therapy,

(B) Social skills development through activities which encourage interaction and the development of communications and interpersonal skills,

(C) Recreation and leisure activities

(D) Emergency services,

(E) Habilitation services,

(F) Referral to other resources when indicated by treatment goals and objectives; and

(G) Provide, or arrange for, academic education as required by state or federal law.

(b) Compliance with 450:17-5-34 shall be determined by on-site observation; and a review of the following: clinical records, policy and procedures, and program descriptions.

450:17-5-35. Day treatment services for children and adolescents, evaluation of [REVOKED]

450: 17-5-36. Therapeutic nursery [REVOKED]

PART 9. VOCATIONAL EMPLOYMENT SERVICES

450:17-5-45. Vocational employment services

(a) The vocational employment services program is an identified program within the CMHC that assists in the rehabilitation and support of persons with psychiatric disabilities, which may include but is not limited to the following:

(1) Rehabilitation assessment services;

(2) Vocational preparation services;

(3) Job development services;

(4) Vocational placement services; and

(5) Case management and other supportive services.

(b) Compliance with 450:17-5-45 shall be determined by on-site observation and a review of the following: organization chart; interagency agreements; written policy and procedures; and contractual agreements.

450:17-5-46. Vocational employment services, follow-up evaluation [REVOKED]

PART 11. COMMUNITY LIVING PROGRAMS

450:17-5-56. Community living programs

(a) Community living programs shall provide a range of rehabilitative housing options for persons not in crisis who need a special living arrangement. The following specific program types are included:

- (1) Independent living;
- (2) Supervised housing;
- (3) Permanent supported housing; and
- (4) Permanent congregate housing.

(b) A community living program shall have written policies and procedures specifying how, and by whom, the following services shall be performed:

- (1) Medical treatment for residents on both emergency and routine bases;
- (2) Mental health and substance abuse services on both emergency and routine bases;
- (3) Social and occupational evaluation and progress planning;
- (4) Occupational and vocational training;
- (5) Assistance to consumers in locating appropriate alternative living arrangements as clinically indicated or requested;
- (6) Resolution of inappropriate admissions or placements; and
- (7) A mechanism for orientation and education of new residents, which shall include, at least:
 - (A) Emergency procedures including fire, health and safety procedures;
 - (B) Consumer rights and responsibilities; and
 - (C) Program expectations and rules.

(c) Compliance with 450:17-5-56 shall be determined by a review of the CMHC written policy and procedures.

450:17-5-57. Community living programs, client orientation [REVOKED]

450:17-5-58. Community living programs, evaluation of [REVOKED]

450:17-5-59. Community living programs, vocational component [REVOKED]

450:17-5-60. Independent living training programs

(a) Independent living programs shall:

- (1) Define parameters for length of stay in the independent living program; and
- (2) Develop and implement a component of governance by the residents.

(b) Compliance with 450:17-5-60 shall be determined by on-site observation; interviews with residents, staff, and appropriate CMHC staff; and a review of the following: policy and procedures, facility documentation, and residents' council minutes.

450:17-5-61. Independent living training program, staffing

- (a) There shall be paid staff on duty twenty-four (24) hours a day, with backup coverage in case of staff unscheduled absences, illness or emergencies.
- (b) The number and composition of the staff of the program shall be sufficient to supervise, provide and maintain the services as defined in the program's goals and objectives and to ensure the safety of the consumers.
- (c) Compliance with 450:17-5-61 shall be determined by on-site observation; interviews with residents, staff, and appropriate CMHC staff; and a review of facility documentation (staff schedules).

450:17-5-62. Independent living training program, licensure

- (a) Independent living programs shall be licensed by the Oklahoma State Department of Health if required.
- (b) Compliance with 450:17-5-62 shall be determined by evidence of a valid State Department of Health Certificate of Licensure.

450:17-5-63. Independent living facilities and supervised apartments, disaster and accident planning and preparedness

- (a) To ensure the safety of residents, the program shall develop and maintain emergency plans and procedures which shall include, but are not limited to:
 - (1) Fire response and evaluation;
 - (2) Response to external or internal disasters; and
 - (3) Personal accident or illness.
- (b) Response to the plans and procedures shall be contained in the program's policy and procedures and there is documentation indicating each consumer is made aware of such plans and procedures.
- (c) Compliance with 450:17-5-63 shall be determined by consumer interviews; and a review of the program's written policy and procedures, and consumer records.

450:17-5-64. Supervised apartment and housing programs

- (a) Supervised housing programs are grouped apartments with staff available as needed. Housing is temporary or transitional. Supervised supported apartment and housing programs are programs in which the individual is assisted in finding an apartment or housing within the community, and there is not twenty-four (24) hour on-site supervision. In these programs, the following shall be available for all consumers, and shall be specified on the consumer's treatment plan, according to individual consumer needs:
 - (1) The program shall offer or make available day program services for those residents who are unemployed or are not actively involved in other structured programs;
 - (2) The program shall offer or make available at least one (1) evening or weekend socialization and recreational activity per week; and
 - (3) The program shall offer independent living skills training at least eight (8) hours per week. This shall include working side-by-side with the consumer to instruct in the development of independent living skills.

(b) Compliance with 450:17-5-64 shall be determined by interviews with residents, staff, or appropriate CMHC staff; and a review of facility documentation.

450:17-5-65. Community Living environment

- (a) To insure a clean and safe environment for residents, the following apply:
- (1) The apartment or house and furnishings shall be clean and in good repair, and free of unpleasant odors, insect and rodent infestations.
 - (2) The apartment or house shall contain safe heating and air conditioning systems which are in proper working condition. Each apartment shall have an annual fire and safety inspection by the state or local Fire Marshal's office.
 - (3) Apartments or houses shall be inspected by CMHC staff on a regular basis to ensure that fire and safety hazards do not exist, and cleanliness standards are met.
 - (4) The program shall develop and maintain emergency policy and procedures which shall include but are not limited to:
 - (A) Fire response and evaluations;
 - (B) Response to external or internal disasters; and
 - (C) Personal accident or illness.
- (b) Compliance with 450:17-5-65 shall be determined by on-site observation; interviews with residents, staff, and appropriate CMHC staff; and a review of facility documentation.

450:17-5-66. Permanent supported apartment or housing programs, consumer housing assistance

- (a) The CMHC, acting as facilitator for the consumer in obtaining housing, shall:
- (1) Locate housing placement alternatives and facilitate the renting of apartments or houses, including negotiation with landlords; and
 - (2) Initially offer and make available financial assistance to individuals without the resources necessary to acquire an apartment or house.
- (b) Compliance with 450:17-5-66 shall be determined by interviews with residents, staff, and appropriate CMHC staff; and a review of CMHC policy and procedures.

450:17-5-67. Permanent supported apartment or housing programs, socialization and recreation

- (a) The CMHC shall offer, or arrange for, socialization and recreational opportunities at least twice a week for individuals in permanent supported apartment or housing programs; and socialization activities shall be equally available to all residents.
- (b) Compliance with 450:17-5-67 shall be determined by interviews with residents, staff, and appropriate CMHC staff; and a review of CMHC policy and procedures, and consumer records.

450:17-5-67.1. Permanent supported apartment or housing programs, monthly contacts and activities

- (a) The CMHC permanent supported apartment or housing programs shall make ongoing monthly contact with each tenant, either on or offsite.
- (b) Day program services for unemployed individuals or individuals not involved in other structured day programs shall be available.
- (c) The program shall offer at least one (1) evening activity per week.
- (d) The program shall offer independent living skill training based upon documented consumer need as validated by functional skills assessment. This training shall include working side by side with consumers to provide instruction in the development of independent living skills.
- (e) Compliance with 450:17-3-67.1 shall be determined by on-site observation, tenant interviews, interviews with appropriate CMHC staff, and review of facility documentation of the program.

450:17-5-67.2. Permanent supported apartment or housing programs, consumer housing assistance, documentation of

- (a) The CMHC permanent supported apartment or housing programs shall facilitate the acquisition of permanent, scattered site housing in the community, which in any given apartment complex has no more than fifty-percent (50%) of its residents with psychiatric disabilities.
- (b) Consumer choice shall be documented in the selection of housing.
- (c) The consumer shall be the lessee, and the services provider shall not be the landlord.
- (d) Services initially provided shall be intensive and move to lower levels of care based on the needs of the tenant and such shall be reflected in the treatment or housing plan.
- (e) Compliance with 450:17-5-67.2 shall be determined by the following: on-site observation; interviews with tenants, staff and appropriate CMHC staff; and a review of facility and consumer record documentation.

450:17-5-67.3. Permanent congregate housing programs

- (a) Permanent congregate housing programs are programs in which the individual is assisted in finding an apartment or housing within the community, and there is not twenty-four (24) hour on-site supervision. In these programs, the following shall be available for all consumers, and shall be specified on the consumer's treatment plan as appropriate, according to individual consumer needs:
 - (1) At least one (1) weekly social or recreational activity shall be offered in the evening.
 - (2) Eight (8) hours of services per week shall be offered.
 - (3) The eight (8) hours of services provided on-site shall be based on tenant preference, and these may include group therapy, independent living skills training, education groups, recreation or social skills training.
- (b) Compliance with 450:17-5-67.3 shall be determined by the following: on-site observation; interviews with tenants, staff and appropriate CMHC staff; and a review of facility and consumer record documentation.

450:17-5-68. Community lodge programs [REVOKED]

450:17-5-69. Community lodge programs, client participation [REVOKED]

450:17-5-70. Community lodge programs, financial resources of clients [REVOKED]

450:17-5-71. Community lodging programs, housing provisions [REVOKED]

450:17-5-72. Sponsor family program [REVOKED]

PART 13. CRISIS STABILIZATION

450:17-5-81. Certification required for provision of crisis stabilization services.

If a CMHC chooses to provide crisis stabilization services as optional services, the CMHC must become certified as a Community-based Structured Crisis Center and comply with OAC Title 450, Chapter 23, Standards and Criteria for Community-based Structured Crisis Center.

450:17-5-82. Intensive crisis stabilization programs [REVOKED]

450:17-5-83. Intensive crisis stabilization programs, triage response [REVOKED]

450:17-5-84. Intensive crisis stabilization procedures, psychiatric crisis care services [REVOKED]

450:17-5-85. Intensive crisis stabilization programs, drug/alcohol crisis care services [REVOKED]

PART 15. INPATIENT SERVICES

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

- (a) Inpatient services are intended to meet the needs of consumers through evaluation, treatment, and stabilization.
- (b) Inpatient services shall include:
 - (1) Evaluation and diagnostic studies;
 - (2) Intensive care and treatment during acute periods of emotional disturbance or profound crisis;
 - (3) Initiation and stabilization of psychotropic medication regimen, if indicated;
 - (4) Other services as defined by needs of individual consumers; and
 - (5) A multidisciplinary treatment team, including twenty-four (24) hour psychiatric nursing, and a medical staff, shall be employed to meet the broad clinical needs of consumers.
- (c) Compliance with 450:17-5-95 shall be determined by a review of the following: CMHC policy and procedures; clinical records; and staffing patterns and clinical privileging.

450:17-5-96. Inpatient services within the community mental health setting, service issues

- (a) Policy and procedures for inpatient services shall be established and maintained, addressing service issues within the inpatient unit.
- (b) The written policy and procedures shall define and direct:
 - (1) Admissions including admission and exclusion criteria;
 - (2) Assessment;
 - (3) Treatment planning;
 - (4) Documentation of progress;

- (5) Discharge and aftercare planning and implementation;
 - (6) Follow-up;
 - (7) Treatment modalities utilized and methods for implementation; and
 - (8) The provision of services to persons with special needs.
- (c) Compliance with 450:17-5-96 shall be determined by a review of the following: written policy and procedures; and by staff interviews.

450:17-5-97. Inpatient services within the community mental health setting, clinical medical health issues

- (a) Complete physical examinations and health assessments shall be conducted on each consumer.
- (b) The consumer shall receive the complete physical examination and health assessment by a qualified physician within twenty-four (24) hours of admission.
- (c) A qualified physician must evaluate the health status of a consumer prior to ordering medication.
- (d) Compliance with 450:17-5-97 shall be determined by a review of the clinical records, inpatient services.

450:17-5-98. Inpatient services within the community mental health setting, activity services

- (a) Activity services shall be provided for consumers of the inpatient services.
- (b) These activity services shall:
 - (1) Meet the social, recreational, physical, health maintenance, and rehabilitative needs of the consumer; and
 - (2) Be scheduled during day, evening, and weekend hours.
- (c) Compliance with 450:17-5-98 shall be determined by a review of the following:
 - (1) On-site observation;
 - (2) Personnel files;
 - (3) Job descriptions;
 - (4) Records and schedules of the activities provided;
 - (5) Daily activity schedules; and
 - (6) Policy and procedures.

450:17-5-99. Inpatient services within the community mental health setting, environment

- (a) The environment of the inpatient setting shall be planned, developed, and maintained to respond to the range of needs of consumers served. The environmental quality and type, and the rationales for the development of environment shall be defined by written policy and procedures. Attention to the needs of special populations shall be reflected in these written policy and procedures.
 - (1) The plan for environment shall include the following, as indicated by the clinical status of consumers served:
 - (A) Use of outdoor areas,

- (B) Safety, security, and sanitation needs,
 - (C) Areas to accommodate a range of social activities,
 - (D) Areas offering privacy to the individual to be alone or talk with staff, family, or others, and
 - (E) Facilities shall be appropriately furnished and supplied with materials and equipment suited to the age and physical status of consumers served.
- (2) Dining and sleeping areas shall be comfortable and conducive to relaxation.
 - (3) Consumers shall be allowed to wear their own appropriate clothing.
 - (4) Consumers shall be allowed to display personal belongings and decorate their living and sleeping areas as appropriate to clinical status of consumers.
 - (5) Consumers shall be encouraged to assume responsibility for maintaining their living areas, as appropriate to their clinical status.
- (b) Compliance with 450:17-5-99 shall be determined by a review of the written policy and procedures; and observation of facility environment.

450:17-5-100. Mechanical restraints

- (a) Mechanical restraints may only be utilized in hospitals, crisis stabilization units and inpatient services which are an integral part of a CMHC and shall never be used unless it is determined by a licensed physician of the facility to be required by the immediate needs of a consumer for the safety and protection of the consumer or other persons.
- (b) The facility shall have a written protocol for the use of mechanical restraints which include, but is not limited to:
- (1) Criteria to be met prior to authorization of the use of mechanical restraints;
 - (2) Signature of the person authorizing use is required;
 - (3) Time limit of said authorizations;
 - (4) Circumstances which automatically terminate an authorization;
 - (5) Setting a time period, not to exceed every fifteen (15) minutes, an individual in mechanical restraints shall be observed and checked by a registered nurse;
 - (6) Requiring in every use of mechanical restraints the specific reason for such use, the actual start and stop times of use, authorizing signature and record of times the consumer was observed and checked. All the items listed in 450:18-5-3(b)(6) shall be made a part of the consumer record;
 - (7) Maintenance in the facility of a chronological log which includes the name of every consumer placed in mechanical restraints, and the date upon which this event occurred. This is the responsibility of the facility director; and
 - (8) A process of peer review to evaluate use of mechanical restraints.

PART 17. PSYCHIATRIC INPATIENT SERVICES IN GENERAL HOSPITALS

450:17-5-110. Psychiatric treatment programs/units in general hospitals [REVOKED]

PART 19. PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If a CMHC chooses to provide a program for 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 for Assertive Community Treatment.

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

450:17-7-1. Clinical record keeping system

Each CMHC shall maintain an organized clinical record system for the collection and documentation of information appropriate to the treatment processes; and which insures organized, easily retrievable, usable clinical records stored under confidential conditions and with planned retention and disposition.

450:17-7-2. Applicability

The requirements of this subchapter are applicable to a CMHC's clinical services, core and optional.

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 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.

450:17-7-4. Record access for clinical staff

(a) The CMHC shall assure consumer records are readily accessible to the program staff directly caring for the consumer. Such access shall be limited to the minimum necessary to carry out the staff member's job functions or the purpose for the use of the records.

(b) Compliance with 450:17-7-4 shall be determined by on-site observation and staff interviews.

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

(a) All facilities shall assess each individual to determine appropriateness of admission.

(b) The CMHC shall document the first contact per episode between the potential consumer

and the CMHC to determine appropriateness of admission.

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

- (1) Consumer name;
- (2) Home address;
- (3) Telephone number;
- (4) Referral source;
- (5) Reason for referral;
- (6) Significant other to be notified in case of emergency;
- (7) ICIS intake data core content; and
- (8) Presenting problem and disposition.

(d) Compliance with 450:450:17-7-5 shall be determined by a review of the following: intake assessment instruments and other intake documents of the facility; and clinical records and other agency documentation of intake materials or requirements.

450:17-7-6. Health and drug history

(a) A health and drug history shall be completed for each consumer at the time of admission.

(b) The drug history shall include, at a minimum, the following obtainable information regarding:

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

(c) Compliance with 450:17-7-6 shall be determined by a review of clinical records.

450:17-7-7. Psychosocial evaluation

(a) All consumer records shall include a psychosocial evaluation, which shall include:

- (1) Date, to include month, day and year of interview or intake including re-admissions for CMHC services;
- (2) Identification information, to minimally include consumer's first name, middle initial and last name, gender, birth date, source of referral, and additional information as required by the facility;
- (3) Source of information;
- (4) Presenting problem;
- (5) Personal history, including:
 - (A) Family - social,
 - (B) Educational,
 - (C) Cultural - moral beliefs,
 - (D) Occupational - military,
 - (E) Sexual,
 - (F) Marital,

- (G) Domestic violence or sexual assault,
 - (H) Recreation and leisure,
 - (I) Financial,
 - (J) Clinical treatment history, including:
 - (i) Medical treatment; and
 - (ii) Psychiatric treatment;
 - (K) Legal or criminal record; and
 - (L) Substance abuse;
 - (6) Present life situation;
 - (7) Interviewer's interpretation of findings;
 - (8) What consumer wants in terms of service;
 - (9) Disposition;
 - (10) Mental status exam, including:
 - (A) Physical presentation, such as general appearance, motor activity, attention and alertness, etc.,
 - (B) Affective process, such as mood, affect, manner and attitude, etc., and
 - (C) Cognitive process, such as intellectual ability, social-adaptive behavior, thought processes, thought content, and memory, etc;
 - (11) Level of functioning; and
 - (12) Signature of interviewer and professional credentials, if any.
- (b) The CMHC shall have policy and procedures that dictate timeframes by when psychosocial evaluations must be completed for each program service to which a client is admitted.
- (c) A psychosocial evaluation update, to include date, ID information, source of information, present problems, present life situation, what consumer wants in terms of service, and mental status examination, is acceptable only on re-admissions within one (1) year of previous admission.
- (d) Compliance with 450:17-7-7 shall be determined by a review of the clinical records, and policies and procedures.

450:17-7-8. Treatment plan

- (a) The treatment plan shall provide evaluation, formation of measurable treatment objectives and ongoing changes in goals and objectives based upon consumer's progress or identification of new problems.
- (b) An initial treatment plan shall be completed after the first assessment or treatment session on all consumers.
- (c) The CMHC shall have policy and procedures that dictate timeframes by when comprehensive treatment plans must be completed for each program service to which a consumer is admitted.
- (d) Comprehensive treatment plan contents shall:
 - (1) Describe assets and liabilities;
 - (2) Reflect consideration of clinical needs;
 - (3) Specify services necessary to meet the needs;

- (4) Include referrals for needed services;
 - (5) Contain specific goals;
 - (6) Contain measurable time framed objectives;
 - (7) Specify frequency of treatment;
 - (8) Designate person(s) responsible for providing treatment;
 - (9) Delineate specific discharge criteria;
 - (10) Include substantiated diagnosis in terminology of DSM IV or a subsequent DSM published by the American Psychiatric Association; and
 - (11) Describe the consumer's involvement in, and consumer's response to the treatment plan and the consumer's signature.
- (e) Treatment plans shall be dated and signed by all members of the treatment team who participate in the planning or in providing the services.
- (1) Treatment plan updates shall contain:
 - (A) Change in goals and objectives based upon consumer's progress or identification of new problems;
 - (B) Change in primary clinician assignment;
 - (C) Change in frequency or types of services provided; and
 - (D) A statement documenting review, including an explanation if no changes are made in the plan.
 - (2) The CMHC shall have policy and procedures that dictate timeframes by when treatment plan updates must be completed for each program service to which a client is admitted.
- (f) Compliance with 450:17-7-8 shall be determined by a review of the clinical records.

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) Name of medication,
 - (B) Dosage,
 - (C) Frequency of administration or prescribed change,
 - (D) Route of administration, and
 - (E) Staff member who administered or dispensed each dose, or prescribing physician; and
 - (2) 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.
- (c) 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 consumer's progress in treatment and document the consumer's response to services related to the treatment.
- (b) Progress notes shall address the following:
 - (1) Person(s) to whom services were rendered;
 - (2) Activities and services provided as they relate to the goals and objective of the treatment plan, including ongoing reference to the treatment plan;
 - (3) Documentation of the progress or lack of progress made in treatment as it relates to the treatment plan;
 - (4) Documentation of the implementation of the individualized treatment plan, including consumer activities and services and all treatment rendered;
 - (5) The consumer's current status;
 - (6) Documentation of the consumer's response to treatment services, changes in behavior and mood, and outcome of treatment or services;
 - (7) Plans for continuing therapy or for discharge, whichever is appropriate; and
 - (8) Family's response to services provided when applicable.
- (c) Progress notes shall be documented according to the following time frames:
 - (1) Outpatient staff must document each visit or transaction including missed appointments;
 - (2) Residential and independent living staff must document: each day of services, summary note monthly; and
 - (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.
- (d) Compliance with 450:17-7-10 shall be determined by a review of clinical records.

450:17-7-11. Other records content

- (a) The consumer record shall contain copies of all consultation reports concerning the consumer.
- (b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.
- (c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the program.
- (d) Compliance with 450:17-7-11 shall be determined by a review of clinical records.

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.
- (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]

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

(a) All mental health and drug or alcohol abuse treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a consumer are both privileged and confidential. In addition, the identity of all consumers who have received or are receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged. Such information shall only be available to persons or agencies actively engaged in the treatment of the consumer unless a state or federal law exception applies.

(b) All facilities shall have policy and procedures protecting the confidential and privileged nature of mental health and drug or alcohol abuse treatment information in compliance with state and federal law and which contain at a minimum:

(1) an acknowledgment that all mental health and drug or alcohol abuse treatment information, whether recorded or not, and all communications between a physician or psychotherapist and a consumer are both privileged and confidential and will not be released without the written consent of the consumer or the consumer's legally authorized representative;

(2) an acknowledgment that the identity of a consumer who has received or is receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged and will not be released without the written consent of the consumer or the consumer's legally authorized representative;

(3) a procedure to limit access to mental health and drug or alcohol abuse treatment information to only those persons or agencies actively engaged in the treatment of the patient and to the minimum amount of information necessary to carry out the purpose for the release;

(4) a procedure by which a consumer, or the consumer's legally authorized representative, may access the consumer's mental health and drug or alcohol abuse treatment information;

(5) an acknowledgement that certain state and federal law exceptions to disclosure of mental health and drug or alcohol abuse treatment information without the written consent of the consumer or the consumer's legally authorized representative exist and the facility will release information as required by those laws and

(6) a procedure by which to notify a consumer of his or her right to confidentiality.

(c) A facility disclosing information pursuant to a written consent to release information shall ensure the written consent form complies with all applicable state and federal law and contains at a minimum the following:

(1) the name of the person or program permitted to make the disclosure;

(2) the name or title of the person or the name of the organization to which disclosure is to be made;

- (3) the name of the consumer whose records are to be released;
 - (4) a description of the information to be disclosed;
 - (5) the specific reason for the disclosure;
 - (6) the signature of the consumer or the consumer's legally authorized representative;
 - (7) the date the consent to release was signed by the consumer or the consumer's legally authorized representative;
 - (8) an expiration date, event or condition which shall ensure the release will last no longer than reasonably necessary to serve the purpose for which it is given;
 - (9) a statement of the right of the consumer, or the consumer's legally authorized representative, to revoke the consent to release in writing and a description of how the patient may do so;
 - (10) a confidentiality notice which complies with state and federal law; and
 - (11) a statement in bold face writing that "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 immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS)."
- (d) Compliance with 450:17-9-1.1 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.

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

SUBCHAPTER 11. CONSUMER RIGHTS

450:17-11-1. Consumer rights, inpatient and residential

(a) All consumers shall have and enjoy all constitutional and statutory rights of all citizens of the State of Oklahoma and the United States, unless abridged through due process of law by a court of competent jurisdiction. Each facility either operated by, or certified by, or under contract with ODMHSAS providing inpatient mental health or substance abuse services shall insure consumers have the rights specified as follows. For purposes of this section, inpatient and residential type services include inpatient psychiatric units, residential care homes, halfway houses, supervised apartments and any other service in which the consumer resides in the facility, or a place owned, lease, operated by, or under contract with the facility, overnight.

(1) All consumers have the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect for individual dignity.

(2) All consumers have the right to a safe, sanitary, and humane living environment.

(3) All consumers have the right to a humane psychological environment protecting them from harm, abuse, and neglect.

(4) Each consumer has the right to an environment which provides reasonable privacy, promotes personal dignity, and provides opportunity for the consumer to improve his or her functioning.

(5) Each consumer has the right to receive treatment services suited to his or her condition and needs for treatment without regard to his or her race, religion, sex, ethnic origin, age, degree of disability, handicapping condition, legal status, or ability to pay for the services.

(6) Each consumer, on admission, has the absolute right to communicate with a relative, friend, clergy, or attorney, by telephone or mail, at the expense of the facility if the consumer is indigent.

(7) Each consumer shall have and retain the right to confidential communication with an attorney, personal physician, or clergy.

(8) Each consumer has the right to uncensored, private communications including, but not limited to, letters, telephone calls, and personal visits. Copies of any personal letter, sent or received, by a consumer shall not be kept in his or her clinical record.

(9) No consumer shall ever be neglected or sexually, physically, verbally, or otherwise abused.

(10) Each consumer has the right to be treated in the least restrictive environment (level of care), and to have the maximum freedom of movement consistent with the clinical condition and legal status of the consumer.

(11) Each consumer has the right to easy access to his or her personal funds on deposit with the facility, and shall be entitled to an accounting for said funds. A limitation on access to such funds may be made when it is determined, and documented, as essential to prevent the consumer from unreasonably and significantly dissipating his or her assets.

(12) Each consumer has the right to have his or her own clothing and personal possessions. This right may be forfeited, or limited, only if the personal property is

determined to be potentially dangerous to the consumer, or others, or if the property is determined to be functionally unsafe or illegal. (13) Each consumer shall have the right to practice his or her own religious beliefs, and afforded the opportunity for religious worship.

No consumer shall ever be coerced into engaging in, or refraining from, any personal religious activity, practice, or belief.

(14) Each consumer has the right to be provided with prompt, competent, appropriate treatment services and an individualized treatment (service) plan.

(A) The consumer shall be afforded the opportunity to participate in his or her treatment plan.

(B) The consumer may consent, or refuse to consent, to the proposed treatment.

(C) The consumer's right to consent, or refuses to consent may be abridged for those consumers adjudged incapacitated by a court of competent jurisdiction, and in emergency situations where the consumer, or others, are in imminent danger.

(D) When the consumer permits, the consumer's family or significant others shall be involved in the treatment and treatment planning.

(15) The records of each consumer shall be treated in a confidential manner.

(16) Each consumer has the right to refuse to participate in any research project or medical experiment without informed consent of the consumer, as defined by law. A refusal to participate shall not affect the services available to the consumer.

(17) A consumer may voluntarily participate in work therapy, and shall be paid just compensation for such participation. However each consumer is responsible for personal care and housekeeping tasks without compensation.

(18) A consumer being discharged shall have plans for outpatient treatment, sufficient medication, suitable clothing for the reason, housing information and referral and, if the consumer permits, family or significant others' involvement in the discharge plan.

(19) Each consumer shall have the right to establish and to participate in a consumer committee, or consumer government, by unit, any other administrative consumer unit, or facility-wide.

(20) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant, at the expense of the consumer; or the right to an internal facility consultation, at no cost to the consumer.

(21) Each consumer has the right to assert grievances with respect to any alleged infringement of these stated rights of consumers, or any other subsequently statutorily granted rights.

(22) No consumer shall ever be retaliated against, or subject to, any adverse conditions or treatment services solely or partially because of having asserted his or her rights as aforesaid in this section.

(b) The CMHC shall have written policy and implementing procedures, and shall provide documented staff training to insure the implementation of each and every consumer right stated in this section.

(c) The CMHC shall have written policy and implementing procedures to insure each consumer enjoys, and has explained to him or her, these rights; and these rights are visibly posted in both consumer and public areas of the facility.

(d) Compliance with 450:17-11-1 shall be determined by a review of facility policy and procedures; posted notices of consumer rights; interviews with staff and consumers; review of grievances by consumers or others; and any other supporting facility documentation.

450:17-11-2. Consumer rights, outpatient services

(a) All consumers receiving outpatient services shall have and enjoy all constitutional and statutory rights of all citizens of the State of Oklahoma and the United States, unless abridged through due process of law by a court of competent jurisdiction. Each facility either operated by, or certified by, or under contract with ODMHSAS providing outpatient mental health or substance abuse services shall insure consumers have the rights specified as follows. For purposes of this section, outpatient services includes all services where the consumer does not reside in, or stay overnight in, the facility providing services to him or her.

(1) All consumers have the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect for individual dignity.

(2) Each consumer has the right to receive services in a safe, sanitary, and humane living environment.

(3) Each consumer has the right to receive services in a humane psychological environment protecting them from harm, abuse, and neglect.

(4) Each consumer has the right to receive services in an environment which provides privacy, promotes personal dignity, and provides opportunity for the consumer to improve his or her functioning.

(5) Each consumer has the right to receive services without regard to his or her race, religion, sex, ethnic origin, age, degree of disability, handicapping condition, legal status, or ability to pay for the services.

(6) No consumer shall ever be neglected or sexually, physically, verbally, or otherwise abused.

(7) Each consumer has the right to be provided with prompt, competent, appropriate treatment services and an individualized treatment plan.

(A) The consumer shall be afforded the opportunity to participate in his or her treatment and treatment planning; and may consent, or refuse to consent, to the proposed treatment.

(B) The consumer's right to consent, or refuse to consent, may be abridged for those consumers adjudged incapacitated by a court of competent jurisdiction, and in emergency situations defined by law.

(C) When the consumer permits the consumer's family or significant others shall be involved in the treatment and treatment planning.

(8) The records of each consumer shall be treated in a confidential manner.

(9) Each consumer has the right to refuse to participate in any research project or medical experiment without informed consent of the consumer, as defined by law. A refusal to participate shall not affect the services available to the consumer.

(10) A consumer may voluntarily participate in work therapy, and shall be paid just compensation for such work.

(11) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant, at the expense of the consumer; or the right to an internal facility consultation, at no cost to the consumer.

(12) Each consumer has the right to assert grievances with respect to any alleged infringement of these stated rights of consumers, or any other subsequently statutorily granted rights.

(13) No consumer shall ever be retaliated against, or subject to, any adverse conditions or treatment services solely or partially because of having asserted his or her rights as aforesated in this section.

(b) Each affected facility shall have written policy and implementing procedures, and shall provide documented staff training to insure the implementation of each and every consumer right stated in this section.

(c) Each affected facility shall have written policy and implementing procedures to insure each consumer enjoys, and has explained to him or her, these rights; and these rights are visibly posted in both consumer and public areas of the facility.

(d) Compliance with 450:17-11-2 shall be determined by a review of facility policy and procedures; posted notices of consumer rights (outpatient services); interviews with staff and consumers; review of grievances by consumers or others; and any other supporting facility documentation.

450:17-11-3. Consumer's grievance policy

(a) Each CMHC shall have a written grievance policy and procedure providing for, but not limited to, the following:

(1) written notice of the grievance and appeal procedure provided to the consumer or guardian and, if involved with the consumer, to family members or significant others;

(2) Time frames for the grievance policy's procedures which allow for resolution within fourteen (14) days;

(3) Name(s) of the individual(s) who are responsible for coordinating the grievance policy and the individual responsible for or authorized to make decisions for resolution of the grievance. In the instance where the decision maker is the subject of a grievance, decision making authority shall be delegated;

(4) Procedure by which a written notice is provided to a consumer advising that he or she has the right to make a complaint to the ODMHSAS Consumer Advocacy Division;

(5) Mechanism to monitor the grievance process and improve performance based on outcomes; and

(6) Annual review of the grievance policy and its implementing procedures, with revisions as needed to improve.

(b) Compliance with 450:17-11-3 shall be determined by a review of the following: the CMHC's grievance policy and implementing procedures; posted notices of consumer rights; interviews with staff and consumers; the CMHC's records of grievances filed by consumers or family and significant others; and any other supporting facility documentation.

450:17-11-4. ODMHSAS consumer advocacy division

The ODMHSAS Office of Consumer Advocacy, in any investigation or monitoring regarding consumer rights shall have access to consumers, facility records and facility staff as set forth in OAC 450:15-7-3(b).

SUBCHAPTER 13. ORGANIZATIONAL 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 for whom services will be provided;
 - (2) The overall mission statement; and
 - (3) The annual facility goals and objectives.
- (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;
 - (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; and
 - (4) Goals and objectives.
- (f) The CMHC shall have written procedures and plans for attaining the organization's goals and objectives. These procedures and plans shall define specific tasks, 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.

450:17-13-2. Information analysis and planning

- (a) The CMHC shall have a defined and written plan for conducting an organizational needs assessment which specifies the methods and data to be collected, to include, but not limited to information from:
- (1) Consumers;
 - (2) Governing Authority;
 - (3) Staff;
 - (4) Stakeholders;
 - (5) Outcomes management processes; and
 - (6) Quality record review.
- (b) The CMHC shall have a defined ongoing system to collect data and information on a quarterly basis to manage the organization.
- (c) Information collected shall be analyzed to improve consumer services and organizational performance.
- (d) The CMHC shall prepare an end of year management report, which shall include but not

be limited to:

- (1) an analysis of the needs assessment process, and
 - (2) performance improvement program findings.
- (e) The management report shall be communicated and made available to, among others:
- (1) the governing authority,
 - (2) facility staff, and
 - (3) ODMHSAS if and when requested.
- (f) Compliance with OAC 450:17-13-2 shall be determined by a review of the written program evaluation plan(s); written annual program evaluation(s), special or interim program evaluations; program goals and objectives; and other supporting documentation provided.

SUBCHAPTER 15. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

450:17-15-1. Quality assurance [REVOKED]

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 plan is reviewed and updated as prescribed by policy.
 - (3) Clinical privileging; and
 - (4) Review of critical and unusual incidents and consumer grievances and complaints.
- (d) The CMHC shall monitor the implementation of the performance improvement plan on an ongoing basis and makes adjustments as needed.
- (e) Performance improvement findings shall be communicated and made available to, among others:
 - (1) the governing authority,
 - (2) facility staff, and
 - (3) ODMHSAS 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).

450:17-15-2. Written plan [REVOKED]

450:17-15-3. Quality assurance activities [REVOKED]

450:17-15-3.1 Quality Improvement activities [REVOKED]

450:17-15-4. Monitoring and evaluation process [REVOKED]

450:17-15-5. Incident reporting

(a) The facility shall have written policies and procedures requiring documentation and reporting of critical incidents.

(b) The documentation for critical incidents shall contain, minimally:

- (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 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 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 incidents reports at the facility; and reports of incidents submitted to ODMHSAS.

SUBCHAPTER 17. UTILIZATION REVIEW

450:17-17-1. Utilization review [REVOKED]

450:17-17-2. Written plan [REVOKED]

450:17-17-3. Methods for identifying problems [REVOKED]

SUBCHAPTER 19. HUMAN RESOURCES

450:17-19-1. Personnel policies and procedures

- (a) The facility shall have written personnel policies and procedures approved by the governing authority.
- (b) All employees shall have access to personnel policies and procedures, as well as other Rules and Regulations governing the conditions of their employment.
- (c) The facility shall develop, adopt, and maintain policies and procedures to promote the objectives of the center and provide for qualified personnel during all hours of operation to support the functions of the facility and the provision of quality care.
- (d) Compliance with 450:17-19-1 shall be determined by a review of written personnel policies and procedures, and other supporting documentation provided.

450:17-19-2. Job descriptions

- (a) There shall be job descriptions for all positions setting forth minimum qualifications and duties of each position.
- (b) Compliance with 450:17-19-2 shall be determined by a review of written job descriptions for all facility positions, and other supporting documentation provided.

450:17-19-3. Utilization of volunteers

- (a) In facilities where six or more volunteers are utilized, there shall be an organized volunteer program.
- (b) A qualified staff member shall be assigned the role of, or responsibility as, the volunteer coordinator.
- (c) The authority and responsibility of the volunteer coordinator shall be described in the written policies and procedures.
- (d) The program shall have written volunteer policies and procedures.
- (e) Volunteer policies and procedures shall be reviewed (by the governing authority) upon revision.
- (f) The volunteer policy and procedure statement shall include:
 - (1) A plan for recruitment of volunteers;
 - (2) Selection criteria;
 - (3) A method for screening volunteers;
 - (4) A determination of the agency's need for volunteer services;
 - (5) A system for the coordination of recruitment, selection, training and referral of volunteers to specific assignments, when more than one unit of the facility uses volunteers;
 - (6) Volunteer assignments which are available in the program, including descriptions of duties to be performed;
 - (7) Methods of supervision of volunteers.
- (g) The programs shall have written goals and objectives for the volunteer coordinator and staff.
- (h) There shall be a written orientation program for all volunteers which shall enable them to

have knowledge of program goals and familiarity with routine procedures.

- (i) The volunteer orientation shall include explanations, at a minimum, of the following:
 - (1) The importance of maintaining confidentiality and protecting consumer's rights, as well as the legal ramifications of State and Federal regulations concerning confidentiality;
 - (2) The facility's policies and procedures;
 - (3) Any other necessary information to ensure that volunteer staff members are knowledgeable enough to carry out the responsibilities of their position; and
 - (4) Documentation of volunteer's understanding of policies, goals and job.
- (j) The volunteer records shall maintain the following:
 - (1) application;
 - (2) job description;
 - (3) verification of current qualifications, as specified in the job description;
 - (4) assignment record;
 - (5) record of number of hours worked;
 - (6) record of participation in training;
 - (7) a record of service evaluations prepared by the volunteer coordinator; and
 - (8) a daily assignment schedule, including time of day and unit to which volunteers are assigned.
- (k) Compliance with 450:17-19-3 shall be determined by a review of volunteer policies and procedures; designation of a volunteer coordinator; written orientation plan; orientation program; written goals and objectives; volunteer personnel files; and volunteer records.

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

450:17-21-2. Staff development

- (a) The CMHC shall have a written plan for the professional growth and development of all administrative, professional and support staff.
- (b) This plan shall include, but not be limited to:
 - (1) orientation procedures;
 - (2) inservice training and education programs;
 - (3) availability of professional reference materials; and
 - (4) mechanisms for insuring outside continuing educational opportunities for staff members.
- (c) The results of performance improvement activities, accrediting and audit findings and recommendations shall be addressed by and documented in the staff development and clinical privileging processes.
- (d) Staff education and inservice training programs shall be evaluated by the CMHC at least annually.
- (e) Compliance with 450:17-21-2 shall be determined by a review of the staff development plan; clinical privileging processes; documentation of inservice training programs; and other supporting documentation provided.

450:17-21-3. Annually required inservice training for all employees

- (a) Inservice presentations shall be conducted annually and are required for all employees on the following topics:
 - (1) Fire and safety;
 - (2) AIDS and HIV precautions and infection control;
 - (3) Consumer's rights and the constraints of the Mental Health Patient's Bill of Rights;
 - (4) Confidentiality; and
 - (5) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101-7115; and
 - (6) Facility policy and procedures
- (b) Compliance with 450:17-21-3 shall be determined by a review of inservice training records; personnel records; and other supporting written information provided.

450:17-21-4. First Aid and CPR training

- (a) The CMHC shall have staff during all hours of operation at each program site who maintains current certification in basic first aid and Cardiopulmonary Resuscitation (CPR).
- (b) Compliance with 450:17-21-4 shall be determined by a review of staff training records and other supporting written information, including, but not limited to staff schedules to assure

all program sites are continuously staff with staff trained in item (a) above.

450:17-21-5. CAPE training

(a) The CMHC shall require all persons providing direct clinical services have training in Creating A Positive Environment (CAPE) with annual updates within six (6) months of being hired.

(b) In lieu of CAPE, a CMHC may petition DMHSAS Provider Certification for approval to substitute CAPE with a different curriculum that must be published, have similar learning objectives, and incorporate similar number of hours required for staff training. Such petition will have to be approved in writing prior to conducting of any training pursuant to this provision.

(c) Compliance with 450:17-21-5 shall be determined by a review of staff training records and other supporting written information.

SUBCHAPTER 23. FACILITY ENVIRONMENT

450:17-23-1. Facility environment

- (a) The CMHC shall meet accreditation, inspection, safety and building code regulations required by local, state and federal authorities and laws.
- (b) CMHC staff shall know the exact location, contents and use of first aid supply kits and fire fighting equipment. First aid supplies and fire fighting equipment shall be maintained in appropriately designated areas within the facility.
- (c) There shall be posted written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather.
- (d) Facility grounds shall be maintained in a manner to provide a safe environment for consumers, personnel, and visitors.
- (e) The director of the CMHC or designee shall appointment of a safety officer.
- (f) The facility shall have an emergency preparedness program designed to provide for the effective utilization of available resources so that consumer care can be continued during a disaster. The emergency preparedness program is evaluated annually and is updated as needed.
- (g) Policies for the use and control of personal electrical equipment shall be developed and implemented.
- (h) There shall be an emergency power system to provide lighting throughout the facility.
- (i) The CMHC director shall ensure there is a written plan to cope with internal and external disasters. External disasters include, but are not limited to, tornados, explosions, and chemical spills.
- (j) The CMHC shall be inspected annually by:
 - (1) Representatives of the Oklahoma State Fire Marshall (if required);
 - (2) Designated fire and safety officials of the municipality who exercise fire and safety jurisdiction in the facility's location.
- (k) Compliance with 450:17-23-1 shall be determined by visual observation; posted evacuation plans; and a review of policy, procedures and other supporting documentation provided.

SUBCHAPTER 25. GOVERNING AUTHORITY

450:17-25-1. Documents of authority

- (a) There shall be a duly constituted authority and governance structure for assuring legal responsibility and for requiring accountability for performance and operation of the facility (including all components and satellites).
- (b) The governing authority shall have written documents of its source of authority, which shall be available to the public upon request.
- (c) In accordance with governing body bylaws, rules and regulations, the chief executive officer is responsible to the governing body for the overall day-to-day operation of the facility, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of the staff.
 - (1) The source of authority document shall state:
 - (A) The eligibility criteria for governing body membership;
 - (B) The number and types of membership;
 - (C) The method of selecting members;
 - (D) The number of members necessary for a quorum;
 - (E) Attendance requirements for governing body membership;
 - (F) The duration of appointment or election for governing body members and officers.
 - (G) The powers and duties of the governing body and its officers and committees or the authority and responsibilities of any person legally designated to function as the governing body.
 - (2) There shall be an organizational chart setting forth the operational components of the facility and their relationship to one another.
- (d) Compliance with 450:17-25-1 shall be determined by a review of the following: bylaws, articles of incorporation, written document of source of authority, minutes of governing board meetings, job description of the CEO, and the written organizational chart.

450:17-25-2. Board composition

- (a) Members of the Board of Directors shall reside, or be employed, in the area served.
- (b) The composition of the Board shall reflect an equitable representation of the population distribution in the service area. Each county in a multi-county service area must be represented on the Board by at least one resident of the county.
- (c) Composition of the Board shall also reflect a broad representation of the community, including minorities and consumers.
- (d) No more than forty percent of the Board's members shall be providers of mental health services.
- (e) The Board shall have no less than seven members.
- (f) System shall be devised to provide for a staggering of terms so that the terms of the Directors do not all expire at the same time.
- (g) The Board shall have a provision for the removal of individuals from the Board for non-attendance of Board meetings.
- (h) The governing body shall meet at least quarterly.

- (i) Employees of an agency shall be prohibited from participation as Board members of their governing authority, except in an ex-official, nonvoting capacity.
- (j) The meetings of the Board of Directors shall comply with the Oklahoma open meeting laws.
- (k) Compliance with 450:17-25-2 shall be determined by a review of facility policy and procedures regarding governing authority; governing body bylaws, rules and regulations; governing body minutes; membership rolls; and other documentation as needed.

SUBCHAPTER 27. SPECIAL POPULATIONS

450:17-27-1. Americans with disabilities act of 1990

- (a) Under Titles 11 and 111 of the ADA, the CMHCs shall comply with the "Accessibility Guidelines for Buildings and Facilities (ADAAG) for alterations and new construction." United States government facilities are exempt for the ADA as they shall comply with the "Uniform Federal Accessibility Standards (UFAS)", effective August 7, 1984. Also available for use in assuring quality design and accessibility is the American National Standards Institute (ANSI) A117.1 "American National Standard for Accessible and Usable Buildings and Facilities."
- (b) State and local standards for accessibility and usability may be more stringent than ADA, UFAs, or ANSI A 117.1. The CMHC shall assume responsibility for verification of all applicable requirements and comply with the most stringent standards.
- (c) The CMHC shall have written policy and procedures providing or arranging for services for persons who fall under the protection of the Americans With Disabilities Act of 1990 and provide documentation of compliance with applicable Federal, state, and local requirements. A recommended reference is the "Americans With Disabilities Handbook" published the in U.S. Equal Employment Opportunities Commission and the U.S. Department of Justice.
- (d) Compliance with 450:17-27-1 shall be determined through a review of facility written policy and procedure; and any other supporting documentation.

450:17-27-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS)

- (a) The facility shall have a policy of non-discrimination against persons with HIV infection or AIDS.
- (b) All facilities shall observe the Universal Precautions For Transmission of Infectious Diseases as set forth in, "Occupational Exposure to Bloodborne Pathogens" published by the (U.S.) Occupations Safety Health Administration [OSHA]; and
 - (1) There shall be written documentation the aforesated Universal Precautions are the policy of the facility;
 - (2) Inservice training regarding the Universal Precautions shall be a part of employee orientation and, at least once per year, is included in employee inservice training.
- (c) Compliance with 450:17-27-2 is determined by reviews of facility policy and procedure and inservice training records, schedules, or other documentation.