



OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Post Office Box 53277
Oklahoma City, OK 73152
(405) 522-3908

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TITLE 450 CHAPTER 55. STANDARDS AND CRITERIA FOR PROGRAMS FOR ASSERTIVE COMMUNITY TREATMENT

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**TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
SERVICES**

**CHAPTER 55. STANDARDS AND CRITERIA FOR PROGRAMS FOR ASSERTIVE
COMMUNITY TREATMENT**

SUBCHAPTER 1. GENERAL PROVISIONS

450:55-1-1. Purpose

(a) This Chapter implements 43A O.S. § 3-319, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify programs for assertive community treatment. Section 3-319 requires the Board to promulgate rules and standards for certification of facilities or organizations that desire to be certified.

(b) The rules regarding the certification procedures including applications, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450, Chapter 1, Subchapters 5 and 9.

450:55-1-2. Definitions

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

"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.

"Consumer" means an individual who has applied for, is receiving, or has received services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 Chapters 15, 16, 17, 18, 19, 23, 30 and 55 as consumer(s) or patient(s) or resident(s) or a combination thereof.

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

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

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

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

"FTE" means an employee, or more than one, who work(s) the time equivalent to the number of hours per week, month or year of one (1) employee working full-time.

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

"Individual Treatment Team" or **"ITT"** means the primary case manager and a minimum of two other clinical staff on the PACT team who are responsible to keep the consumer's treatment coordinated, monitor their services, coordinate staff activities and provide information and feedback to the whole team.

"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.

"Linkage services" means the communication and coordination with other service providers pursuant to a valid release that assure timely appropriate referrals between the PACT program and other providers.

"Mental Health Professional" means:

- (a) Physicians with a current license and board certification in psychiatry or board eligible, or a current resident in psychiatry, where the services provided to a DMHSAS funded program are within the scope of the supervised residency program. Other licensed physicians experienced in behavior health counseling practices may be considered, if the facility has verified sufficient training and experience in the areas of practice for which the ICIS service is being reported; or
- (b) Practitioners with a license to practice or those actively and regularly receiving board approved supervision to become licensed by one of the following licensing boards: Psychology, Social Work (clinical specialty), Professional Counselor, or Marriage and Family Therapist; or Licensed Behavioral Practitioners; or
- (c) Advanced Practice Nurse (certified in psychiatric mental health specialty) licensed as a registered nurse with a current certification of recognition by the Oklahoma State Board of Nursing.

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

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

"Peer Specialist" is a member of the PACT team who is or has been a recipient of mental health services for a serious mental illness.

"Performance Improvement" means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms include continuous performance improvement, continuous improvement, organization-wide performance improvement and total quality management.

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

"Primary Case Manager" is a certified behavioral health case manager assigned by the team leader to coordinate and monitor activities of the ITT, has primary responsibility to write the treatment plan and make revisions to the treatment plan and weekly schedules.

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

"Program Assistant" is a member of the PACT team providing duties supportive of the Team and may include organizing, coordinating, and monitoring non-clinical operations of the PACT, providing receptionist activities and coordinating communication between the team and consumers

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

"Team Leader" is the clinical and administrative supervisor of the PACT team who also functions as a practicing clinician. The team leader is responsible for monitoring each consumer's clinical status and response to treatment as well as supervising all staff and their duties as specified by their job descriptions.

450:55-1-3. Applicability

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

SUBCHAPTER 3.PROGRAM DESCRIPTION AND PACT SERVICES

450:55-3-1. General program description and target population

A PACT must be a self-contained clinical program that assures the fixed point of responsibility for providing treatment, rehabilitation and support services to consumers with serious mental illnesses. The PACT team shall use an integrated service approach to merge clinical and rehabilitation staff expertise, such as psychiatric, substance abuse, employment, within one service delivery team, supervised by a qualified program director. Accordingly, there shall be a minimal referral of consumers to other program entities for treatment, rehabilitation, and support services. The PACT staff is responsible to ensure services are continuously available in natural settings for the consumer in a manner that is courteous, helpful and respectful.

450:55-3-2. Admission criteria

- (a) The PACT program shall maintain written admission policies and procedures that, at a minimum include the following:
- (b) Priority shall be given to people with a primary diagnosis of schizophrenia or other psychotic disorders, such as schizoaffective disorder or bipolar disorder with psychotic features as defined by the current DSM, and with at least four (4) of the following:
 - (1) At least four (4) psychiatric hospitalizations in the past 2 years;
 - (2) Eminent risk of losing housing or homeless;
 - (3) Legal Involvement;
 - (4) Inability to meet basic survival needs;
 - (5) Inability to participate in traditional office-based services; or
 - (6) Co-existing substance abuse.
- (c) Individuals with a primary diagnosis of a substance use disorder, Axis II disorders or mental retardation are not appropriate for admission to PACT services.
- (d) Compliance with 450:55-3-2 shall be determined by on-site observation; and a review of the following: clinical records; ICIS information; and the PACT policy and procedures.

450:55-3-3. Total case load and admission rate

- (a) The PACT shall maintain written policies and procedures that at a minimum include the following criteria in reference to the total case load and what frequency consumers are admitted into the program:
 - (1) A staff-to-consumer ratio of no more than ten (10) consumers for each staff person. The psychiatrist and program assistant are not included in determining the staff-to-consumer ratio.
 - (2) No more than 5 consumers admitted per month into the program.
 - (3) PACT teams with 6.5 or less FTEs, excluding the psychiatrist and program assistant, no more than 3 consumers admitted per month.
- (b) Compliance with 450:55-3-3 shall be determined by on-site observation; and a review of the following: clinical records; ICIS information; and the PACT policy and procedures.

450:55-3-4. Discharge criteria

The PACT shall maintain written discharge policies and procedures that at a minimum include the following discharge criteria:

- (a) The consumer and program staff mutually agree to the termination of services after all attempts to engage the consumer in the program fail; or
- (b) The consumer moves outside the geographic area covered by the team. In such cases, the PACT team shall arrange for transfer of mental health service responsibility to a provider where the consumer is moving. The PACT team shall maintain contact with the consumer until the service transfer is arranged; or
- (c) The consumer demonstrates an ability to function in all major role areas, i.e., work, social, self-care, without requiring assistance from the program. Such a determination shall be made by both the consumer and the PACT team; or
- (d) The consumer becomes physically unable to benefit from the services.
- (e) Compliance with 450:55-3-4 shall be determined by on-site observation; and a review of the following: clinical records; and the PACT policy and procedures.

450:55-3-5. Hours of Operation and Staff Coverage

The PACT program shall assure adequate coverage to meet consumers' needs including but not limited to:

- (a) The PACT team shall be available to provide treatment, rehabilitative and support services seven days per week, every holiday and evenings. The PACT team hours of operation for a team size of seven (7) or more FTEs, excluding the psychiatrist and program assistant, shall be weekdays, Monday through Friday, two eight-hour-shifts per day overlapping 12 hours of coverage and eight (8) hours of coverage with a minimum of two (2) staff on weekends and holidays. For a team size that is 6.5 FTEs or less, excluding the psychiatrist and program assistant, the PACT team will utilize overlapping shifts to cover evenings. The consumer's needs as specified in the treatment plan shall drive the hours of operation.
- (b) The PACT team shall operate an after-hours on-call system. PACT team staff who are experienced in the program and skilled in crisis-intervention procedures shall be on call and available to respond to consumers by telephone or in person.
- (c) Psychiatric backup shall also be available during all after hour's periods. If availability of the PACT team's psychiatrist during all hours is not feasible, alternative psychiatric backup shall be arranged.
- (d) Compliance with 450:55-3-5 shall be determined by on-site observation; and a review of the following: clinical records; ICIS information; and the PACT policy and procedures.

450:55-3-6. Service Intensity

- (a) The PACT team is the primary provider of services and has the responsibility to meet the consumer's multiple treatment, rehabilitation and supportive needs with minimal referrals to external agencies for services.
- (b) The PACT team shall have the capacity to provide multiple contacts per week to consumers experiencing severe symptoms or significant problems in daily living.
- (c) The PACT team shall provide an average of three contacts per week for each consumer, unless otherwise clinically indicated.

- (d) Each team shall provide at least 75 percent of service contacts in the community, in non-office or non-facility based settings.
- (e) Each PACT team shall maintain data to verify the service contact mandates are being met.
- (f) Compliance with 450:55-3-6 shall be determined by on-site observation; and a review of the following: clinical records; ICIS information; and the PACT policy and procedures.

450:55-3-7. Staffing requirements

- (a) The PACT team shall include individuals qualified to provide the required services.
- (b) Each PACT team shall have the following minimum staffing configuration:
 - (1) A full-time team leader who is the clinical and administrative supervisor of the team and also functions as a practicing clinician on the PACT team. The team leader shall be a Mental Health Professional;
 - (2) A psychiatrist on a full-time or part-time basis for a minimum of 16 hours per week for every 50 consumers. The psychiatrist shall provide clinical services to all PACT consumers, work with the team leader to monitor each consumer's clinical status and response to treatment, supervise staff delivery of services, and direct psychopharmacologic and medical treatment;
 - (3) At least two (2) full-time registered nurses on each team. Teams that serve greater than 65 consumers shall have three (3) full-time registered nurses;
 - (4) At least one (1) additional full-time Mental Health Professional. Teams that serve more than 65 consumers shall have a minimum of two (2) additional full-time Mental Health Professionals; and,
 - (5) At least two (2) full-time behavioral health case managers;
 - (6) At least one staff member on teams serving greater than 65 consumers must be qualified as a substance abuse treatment professional.
 - (7) A minimum of one-half (0.5) time peer specialist shall be included on each team serving 65 or less consumers and one (1.0) full-time for programs serving greater than 65 consumers, or a member of the team must meet the qualifications for the peer specialist and serve as that function for the team. Peer specialists shall be fully integrated team members.
 - (8) A minimum of one half (0.5) time program assistant included on each team serving 65 or less consumers and one (1.0) full-time for programs serving greater than 65 consumers on the team. Program assistants shall be responsible for organizing, coordinating, and monitoring non-clinical operations of the PACT including but not limited to managing clinical records, operating and coordinating the management information system, maintaining accounting and budget records for consumer and program expenditures, and providing receptionist activities including triaging calls and coordinating communication between the team and consumers.
- (c) Compliance with 450:55-3-7 shall be determined by on-site observation; and a review of the following: clinical records; ICIS information; and the PACT policy and procedures.

450:55-3-8. Staff communication and planning

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

- (1) A roster of the consumers served in the program; and,
- (2) For each consumer, brief documentation of any treatment or service contacts which have occurred during the day and a concise, behavioral description of the consumer's daily status.

(b) The PACT team shall have daily organizational staff meetings at regularly scheduled times as prescribed by the team leader. Daily organizational staff meetings shall be conducted in accordance with the following procedures:

- (1) A review of the daily log, to update staff on the treatment contacts which occurred the day before and to provide a systematic means for the team to assess the day-to-day progress and status of all consumers;
- (2) A review by the shift manager of all the work to be done that day as recorded on the daily staff assignment schedule. During the meeting, the shift manager shall assign and supervise staff to carry out the treatment and service activities scheduled to occur that day, and the shift manager shall be responsible for assuring that all tasks are completed; and
- (3) Revise treatment plans as needed, plan for emergency and crisis situations, and add service contacts to the daily staff assignment schedule per the revised treatment plans.

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

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

(e) Compliance with 450:55-3-8 shall be determined by on-site observation; and a review of the following: clinical records; ICIS information; and the PACT policy and procedures.

450:55-3-9. Clinical supervision

(a) Each PACT team shall have a written policy for clinical supervision of all staff providing treatment, rehabilitation, and support services. The team leader, and or a clinical staff designee, shall assume responsibility for supervising and directing all PACT team staff activities.

(b) This supervision and direction shall minimally consist of:

- (1) _ Periodic observation, in which the supervisor accompanies an individual staff member to meet with consumers in regularly scheduled or crisis meetings to assess the staff member's performance, give feedback, and model alternative treatment approaches; and

- (2) Participation with team members in daily organizational staff meetings and regularly scheduled treatment planning meetings to review and assess staff performance and provide staff direction regarding individual cases.
- (c) Compliance with 450:55-3-9 shall be determined by on-site observation; and a review of the following: clinical records; ICIS information; and the PACT policy and procedures.

450:55-3-10. Required services

- (a) The PACT program shall minimally provide the following comprehensive treatment, rehabilitation, and support services as a self-contained service unit on a continuous basis. The PACT program shall provide or make arrangements for treatment services, which shall minimally include:
 - (b) Crisis intervention. Crisis intervention shall be provided to individuals who are in crisis as a result of a mental health or substance abuse related problem.
 - (1) Crisis intervention services shall be provided in the least restrictive setting possible, and be accessible to individuals within the community in which they reside.
 - (2) Crisis assessment and intervention shall be provided 24 hours per day, seven days per week. These services will include telephone and face-to-face contact and will be provided in conjunction with the local mental health system's emergency services program as appropriate.
 - (3) Crisis intervention services shall include, but not be limited to, the following service components and each shall have written policy and procedures:
 - (A) Psychiatric crisis intervention; and
 - (B) Drug and alcohol crisis intervention.
 - (c) Symptom assessment, management and individual supportive therapy. The PACT shall provide symptom assessment, management, and individual supportive therapy to help consumers cope with and gain mastery over symptoms and impairments in the context of adult role functioning.
 - (1) This therapy shall include but not necessarily be limited to the following:
 - (A) Ongoing assessment of the consumer's mental illness symptoms and the consumer's response to treatment;
 - (B) Education of the consumer regarding his or her illness and the effects and side effects of prescribed medications, where appropriate;
 - (C) Symptom-management efforts directed to help each consumer identify the symptoms and occurrence patterns of his or her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen their effects; and,
 - (D) Psychological support to consumers, both on a planned and as-needed basis, to help them accomplish their personal goals and to cope with the stresses of day-to-day living.
 - (d) Medication prescription, administration, monitoring, and documentation. The PACT shall have medication policies and procedures that are specific to the PACT program and meet the unique needs of the consumers served. All policies and procedures shall comply with local, state and federal pharmacy and nursing laws.
 - (1) Medication related policies and procedures shall identify processes to:
 - (A) Record physician orders;
 - (B) Order medication;

- (C) Arrange for all consumer medications to be organized by the team and integrated into consumers' weekly schedules and daily staff assignment schedules; and,
 - (D) Provide security for medications and set aside a private designated area for set up of medications by the team's nursing staff; and
 - (E) Administer delivery of and provide assistance with medications to program consumers.
- (2) The PACT team psychiatrist shall minimally:
- (A) Assess each consumer's mental illness symptoms and behavior and prescribe appropriate medication;
 - (B) Regularly review and document the consumer's symptoms of mental illness as well as his or her response to prescribed medication treatment;
 - (C) Educate the consumer regarding his or her mental illness and the effects and side effects of medication prescribed to regulate it; and
 - (D) Monitor, treat, and document any medication side effects.
- (3) All qualified PACT team members shall assess and document the consumer's mental illness symptoms and behavior in response to medication and shall monitor for medication side effects.
- (e) Rehabilitation. The PACT shall provide or make arrangements for rehabilitation services.
- (1) The PACT shall provide work-related services shall be provided as needed to help consumers find and maintain employment in community-based job sites. These services shall include but not be limited to:
- (A) Assessment of job-related interests and abilities, through a complete education and work history assessment as well as on-the-job assessments in community-based jobs;
 - (B) Assessment of the effect of the consumer's mental illness on employment, with identification of specific behaviors that interfere with the consumer's work performance and development of interventions to reduce or eliminate those behaviors;
 - (C) Development of an ongoing employment rehabilitation plan to help each consumer establish the skills necessary to find and maintain a job;
 - (D) Individual supportive therapy to assist consumers to identify and cope with the symptoms of mental illness that may interfere with their work performance;
 - (E) On-the-job or work-related crisis intervention; and
 - (F) Work-related supportive services, such as assistance with grooming and personal hygiene, securing of appropriate clothing, wake-up calls, and transportation.
- (f) Substance abuse services. The PACT shall provide substance abuse services as needed by consumers. These shall include but not be limited to individual and group interventions to assist consumers to:
- (1) Identify substance use, effects, and patterns;
 - (2) Recognize the relationship between substance use and mental illness and psychotropic medications;
 - (3) Develop motivation for decreasing substance use; and

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

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

- (1) Carry out personal hygiene and grooming tasks;
- (2) Perform household activities, including house cleaning, cooking, grocery shopping, and laundry;
- (3) Find housing which is safe and affordable (e.g., apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing and decorating, procuring necessities, such as telephone, furnishings, linens, etc.);
- (4) Develop or improve money-management skills;
- (5) Use available transportation; and
- (6) Have and effectively use a personal physician and dentist.

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

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

(i) The PACT will assign each consumer a primary case manager who coordinates and monitors the activities of the individual treatment team and has primary responsibility to write the treatment plan, to provide individual supportive therapy, to ensure immediate changes are made in treatment plans as consumer's needs change, and to advocate for consumer rights and preferences.

(j) The PACT shall provide support and direct assistance to ensure that consumers obtain the basic necessities of daily life that includes but are not necessarily limited to:

- (1) Medical and dental services;
- (2) Safe, clean, affordable housing;
- (3) Financial support;
- (4) Social services;
- (5) Transportation; and

- (6) Legal advocacy and representation.
- (k) The PACT shall provide services as needed on behalf of identified consumers to their families and other major supports, with consumer's written consent, which includes the following:
 - (1) Education about the consumer's illness and the role of the family in the therapeutic process;
 - (2) Intervention to resolve conflict; or
 - (3) Ongoing communication and collaboration, face-to-face and by telephone, between the PACT team and the family.
- (l) Compliance with 450:55-3-10 shall be determined by on-site observation, a review of the clinical records, ICIS information, and the PACT policy and procedures.

SUBCHAPTER 5. PACT CLINICAL DOCUMENTATION

450:55-5-1. Clinical record keeping system

(a) Each PACT shall maintain an organized clinical record keeping system to collect and document information appropriate to the treatment processes. This system shall be organized with easily retrievable, usable clinical records stored under confidential conditions and with planned retention and disposition. For each consumer, the PACT team shall maintain a treatment record that is confidential, complete, accurate, and contains up-to-date information relevant to the consumer's care and treatment.

(b) The team leader and the program assistant shall be responsible for the maintenance and security of the consumer clinical records.

(c) The consumer's clinical records shall be located at PACT team's main office and, for confidentiality and security, are to be kept in a locked file.

(d) The program shall comply with Chapter 17 Subchapter 7, Facility Clinical Record requirements except for 450:17-7-5, 450:17-7-7, 450:17-7-8 and 450:17-7-12.

(e) Compliance with 450:55-5-1 shall be determined by on-site observation; a review of PACT policy, procedures, or operational methods; clinical records; and other PACT provided documentation.

450:55-5-2. Basic requirements

(a) Each PACT program shall have policies and procedures requiring the following:

- (1) All consumer records shall contain the defined required documentation.
- (2) Storage, retention and destruction requirements for consumer records.
- (3) Records maintained in locked equipment under secure measures;
- (4) Entries in consumer records shall be legible, signed with first name, last name, credentials, and dated by the person making the entry; and
- (5) The consumer's name typed or written on each sheet of paper or page in the consumer record.

(b) Compliance with 450:55-5-2 shall be determined by on-site observation; a review of PACT policy, procedures, or operational methods; clinical records; other PACT provided documentation; and PI information and reports.

450:55-5-3. Documentation of Individual Treatment Team Members

(a) The PACT shall document in the clinical record the consumer was assessed to determine appropriateness of admission to PACT in accordance with the program admission criteria.

(b) The clinical record shall document the team leader has assigned the consumer a psychiatrist, primary case manager, and individual treatment team (ITT) members within one (1) week of admission.

(c) Compliance with 450:55-5-3 shall be determined by on-site observation; and a review of the following: clinical records; and the PACT policy and procedures.

450:55-5-4. Initial Assessment

(a) The initial assessment data shall be collected and evaluated by PACT team leader or appropriate staff designated by the team leader. Such assessments shall be based upon all available information, including self-reports, reports of family members and other significant parties, and written summaries from other agencies, including police, courts, and outpatient and inpatient facilities, where applicable, culminating in a comprehensive initial assessment.

(b) The initial assessment 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 of the consumer to be notified in case of emergency;
- (7) ICIS intake data core content;
- (8) Presenting problem and disposition; and
- (9) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be obtained during intake and kept in a highly visible location in or on the record.

(c) Consumer assessment information for admitted consumers shall be completed on the day of admission to the PACT and shall contain, but not be limited to, the following:

- (1) Psychosocial evaluation that minimally addresses:
 - (A) The consumer's strengths and abilities to be considered during community re-entry; and
 - (B) An initial discharge plan.
- (2) Interpretive summary of relevant assessment findings that results in the development of an intervention plan;
- (3) An intervention plan that minimally addresses the consumer's:
 - (A) Presenting crisis situation that incorporates the identified problem(s);
 - (B) Strengths and abilities;
 - (C) Needs and preferences,
 - (D) Goals and objectives; and
- (4) Initial Treatment plan to cover the time-frame between admission and when the comprehensive treatment plan is valid shall include:
 - (A) Recommendations from the consumer;
 - (B) Consumers immediate needs
 - (C) Services that will be provided by the PACT team: and
 - (D) Recommendations from the team leader or psychiatrist

(d) Compliance with 450:55-5-4 shall be determined by a review of the following: intake assessment instruments and other intake documents of the PACT program; clinical records; and, other agency documentation of admission materials or requirements.

450-55-5-5. Comprehensive Assessment

(a) The consumer's psychiatrist, primary PACT case manager, and individual treatment team members shall prepare the written comprehensive assessment within six (6) weeks of admission.

(b) The comprehensive assessment shall include a written narrative report for each of the following areas:

- (1) Psychiatric history, mental status, and a current DSM diagnosis, to be completed by the PACT psychiatrist;
- (2) Medical, dental, and other health needs to be completed by a PACT registered nurse;
- (3) Extent and effect of drugs or alcohol use completed by a team professional as approved by the team leader.
- (4) Extent and effect of any violence within the consumer's living situation(s) or personal relationships.
- (5) The current version of the Alcohol Severity Index (ASI) within the first 6 weeks of admission and as clinically indicated thereafter.
- (6) Education and employment;
- (7) Social development and functioning by a team professional as approved by the team leader;
- (8) Activities of daily living, to be completed the team professional or peer specialist under the supervision of the team leader;
- (9) Family structure and relationships by a team professional as approved by the team leader; and
- (10) Historical timeline by all team members under the supervision of the team leader.

(c) The team leader or designee shall develop a written narrative comprehensive assessment based on all information found in the assessments in 450:55-5-5.

(d) Compliance with 450:55-5-5 shall be determined by on-site observation and a review of the clinical records, ICIS information, and the PACT policy and procedures.

450-55-5-6 Treatment team meeting

(a) Prior to writing the comprehensive treatment plan, led by the team leader, the team shall meet to develop the comprehensive treatment plan by discussing and documenting:

- (1) The specifics of all information learned from the comprehensive assessments;
- (2) Resources to carry out the treatment plan;
- (3) Roles of the individual PACT members to carry out the plan; and
- (4) Recommendations made to the treatment plan from the consumer, family members and PACT staff

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

(c) Compliance with 450:55-5-6 shall be determined by on-site observation; and a review of the following: clinical records; ICIS information; and the PACT policy and procedures.

450:55-5-7. Treatment planning

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

(1) Convene at regularly scheduled times per a written schedule maintained by the team leader, and

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

(b) The PACT team shall evaluate each consumer's needs, strengths, abilities and preferences and develop an individualized comprehensive treatment plan within eight (8) weeks of admission, which shall identify individual needs and problems and specific measurable long- and short-term goals along with the specific services and activities necessary for the consumer to meet those goals and improve his or her capacity to function in the community. The treatment plan shall be developed in collaboration with the consumer or guardian, if any, and when feasible and the consumer authorizes, the consumer's family. The consumer's participation in the development of the treatment plan shall be documented.

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

(1) The treatment plan shall clearly specify the services and activities necessary to meet the consumer's needs and who will be providing those services and activities.

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

(3) The primary case manager and the individual treatment team shall be responsible for reviewing and revising the treatment goals and plan whenever there is a major decision point in the consumer's course of treatment, e.g., significant change in consumer's condition, etc., or at least every six (6) months. The revised treatment plan shall be based on the results of a treatment planning meeting. Additionally, the primary case manager shall prepare a summary, i.e., treatment plan review, describing the consumer's progress since the last treatment planning meeting and outlining the consumer's current functional strengths and limitations. The plan and review will be signed by the consumer, the primary case manager, individual treatment team members, the team leader, the psychiatrist, and all PACT team members.

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

(e) Compliance with 450:55-5-7 shall be determined by review of the clinical records.

450:55-5-8. Discharge

(a) Documentation of consumer discharge shall be completed within 15 days of discharge and shall include all of the following elements:

(1) The reasons for discharge;

- (2) The consumer's status and condition at discharge;
 - (3) A written final evaluation summary of the consumer's progress toward the treatment plan goals;
 - (4) A plan developed in conjunction with the consumer for treatment after discharge and for follow-up;
 - (5) Referral and transfer, preferably to another PACT team if available or to other mental health services; and
 - (6) The signature of the PACT consumer, if available, the consumer's primary PACT case manager, team leader, and psychiatrist.
- (b) A signed release of information for follow-up shall be obtained before any contact after discharge can be made.
- (c) Compliance with 450:55-5-8 shall be determined by review of the clinical records

450:55-5-9. PACT Progress note

- (a) The PACT shall have a policy and procedure mandating the chronological documentation of progress notes.
- (b) Progress notes shall minimally address the following:
- (1) Person(s) to whom services were rendered;
 - (2) Date and time-frame of the service provided;
 - (3) Activities and services provided and as they relate to the goals and objectives of the treatment plan;
 - (4) Detailed description of the contact/service;
 - (5) The consumer's response to intervention services, changes in behavior and mood, and outcome of intervention services;
 - (6) Plans for continuing therapy or for discharge, whichever is appropriate;
 - (7) The location for each service provided will be documented in every progress note; and
 - (8) Clinician's signature with credentials.
- (c) Compliance with 450:55-5-9 shall be determined by a review of clinical records.

450:55-5-10. Medication record

- (a) The PACT shall maintain a medication record on all consumers who receive medications or prescriptions in order to provide a concise and accurate record of the medications the consumer is receiving or having prescribed.
- (b) The consumer record shall contain a medication record with information on all medications ordered or prescribed by physician staff which shall include, but not be limited to:
- (1) Name of medication;
 - (2) Dosage;
 - (3) Frequency of administration or prescribed change;
 - (4) Route of administration;
 - (5) Staff member who administered or dispensed each dose, or prescribing physician; and
 - (6) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be updated when required by virtue of new information, and kept in a highly visible location in or on the record.

(c) Compliance with 450:55-5-10 shall be determined by a review of medication records in clinical records; and a review of clinical records.

450:55-5-11. 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 and recommendations for treatment.

(c) The consumer record shall contain any additional information relating to the consumer, which has been secured from sources outside the PACT program.

(d) Before any person can be admitted for treatment on a voluntary basis, a signed consent for treatment shall be obtained.

(e) Compliance with 450:55-5-11 shall be determined by a review of clinical records.

SUBCHAPTER 7. CONFIDENTIALITY

450:55-7-1. Confidentiality, mental health consumer information and records

(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 450:55-7-1 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.

SUBCHAPTER 9. CONSUMER RIGHTS

450:55-9-1. 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. 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. 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.

- (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, handicapping condition, legal status, or ability to pay for the services.
- (6) Each consumer shall have the right to be protected from neglect or sexual, physical, verbal or other abuse.
- (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 authorizes 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 afore stated in this section.

(b) Each PACT 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 PACT 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 450:55-9-1 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.

450:55-9-2. Consumers' grievance policy

(a) Each PACT program shall have a written grievance policy and procedure for consumers, which shall include but not be limited to the following:

(1) Written notice of the procedure provided to the consumer and, if involved with the consumer, to family members or significant others.

(2) Written notice of the right to make a complaint with the ODMHSAS Office of Consumer Advocacy.

(3) Time frames which allow for expedient resolution of the grievance within a maximum of five (5) working days.

(4) 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;

(5) Procedure by which a notice is provided to the consumer advising that he or she has a right to make a complaint to the ODMHSAS Office of Consumer Advocacy.

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

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

(b) Compliance with 450:55-9-2 shall be determined by:

(1) A review of the PACT's grievance policy and implementing procedures;

(2) Posted notices of consumer rights;

(3) Interviews with staff and consumers;

(4) Review of the PACT's records of grievances filed by consumers or family and significant others; and

(5) Any other supporting PACT documentation.

450:55-9-3. ODMHSAS Office of Consumer Advocacy

The ODMHSAS Office of Consumer Advocacy, in any investigation regarding consumer rights shall have access to consumers, PACT Program records and PACT staff as set forth in Oklahoma Administrative Code Title 450, Chapter 15.

SUBCHAPTER 11. ORGANIZATIONAL MANAGEMENT

450:55-11-1. Organizational Description

- (a) The PACT's governing authority responsible for the agency under which the PACT program operates shall approve the mission statement and annual goals and objectives and document their approval.
- (b) The PACT program 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 specific geographic area in which PACT services are to be provided.
 - (3) The overall mission statement.
 - (4) The PACT program's annual goals and objectives:
- (c) There shall be documentation verifying these documents are available to the general public upon request.
- (d) Compliance with 450:55-11-1 shall be determined by on-site observation; and a review of the following: clinical records; and the PACT policy and procedures.

450:55-11-2. Program organization

- (a) The agency under which the PACT operates shall vest authority with a team leader who shall be responsible for ensuring the PACT team meets the following organizational requirements.
- (b) Each PACT shall have a written plan for professional services, which shall contain the following:
 - (1) Services description and philosophy;
 - (2) The identification of the professional staff organization to provide these services;
 - (3) Written admission and exclusionary criteria to identify the type of consumers for whom the services are primarily intended; and
 - (4) Written goals and objectives.
- (c) There shall be a written statement of the procedures and plans for attaining the organization's goals and objectives. These procedures/plans should define specific tasks, set target dates and designate staff responsible for carrying out the procedures/plans.
- (d) Compliance with 450:55-11-2 shall be determined by a review of the following: PACT target population definition; PACT policy/procedures; mission statement; written plan for professional services; other stated required documentation; and any other supporting documentation

450:55-11-3. Information Analysis and Planning

- (a) The PACT shall have a plan for conducting an organizational needs assessment which specifies the methods and data to be collected, including 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 PACT shall have a defined 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 PACT 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) PACT staff, and
 - (3) ODMHSAS, as requested.
- (f) The PACT shall assure that a local advisory committee is established, with input of local advocates and other stakeholders.
 - (1) The committee shall be constituted of representative stakeholders including at least 51% consumers and family members. The remaining members shall be advocates, other professionals and community leaders.
 - (2) The team leader shall convene the advisory committee and work with the committee to establish a structure for meetings and committee procedures.
 - (3) The primary role of the advisory committee is to assist with implementation, policy development, advocate for program needs, and monitor outcomes of the program.
 - (4) The Advisory Committee shall meet at least once each quarter.
 - (5) Written minutes of committee meetings shall be maintained.
- (g) Compliance with 450:55-11-3 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 13. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

450:55-13-1. Performance improvement program

- (a) There shall be 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) There shall be an annual written plan for performance improvement activities. The plan shall include but not be limited to:
 - (1) Outcomes management processes specific to each program component minimally measuring:
 - (A) Efficiency;
 - (B) Effectiveness; and
 - (C) Consumer satisfaction.
 - (2) A quarterly record review to minimally assess:
 - (A) Quality of services delivered;
 - (B) Appropriateness of services;
 - (C) Patterns of service utilization; and
 - (D) Consumers, relevant to their orientation to the PACT and services being provided;
 - (E) The thoroughness, timeliness and completeness of the assessment;
 - (F) Treatment goals and objectives are based on assessment findings and consumer input;
 - (G) Services provided were related to the goals and objectives;
 - (H) Services are documented as prescribed by policy;
 - (I) The treatment plan is reviewed and updated as prescribed by policy;
 - (3) Clinical privileging;
 - (4) Fiscal management and planning shall include:
 - (A) An annual budget that is approved by the governing authority and reviewed at least annually;
 - (B) The organization's capacity to generate needed revenue to produce desired consumer and other outcomes; and
 - (C) Monitoring of consumer records to ensure among others, documented dates of services provided coincide with billed service encounters; and,
 - (5) Review of critical incident reports and consumer grievances or complaints.
- (c) The PACT shall monitor the implementation of the performance improvement plan on an ongoing basis and makes adjustments as needed.
- (d) Performance improvement findings shall be communicated and made available to, among others:
 - (1) The governing authority;
 - (2) PACT staff; and
 - (3) ODMHSAS if and when requested.

(e) Compliance with 450:55-13-1 shall be determined by a review of the written program evaluation plan, written program evaluations annual, special or interim, program goals and objectives, and other supporting documentation provided.

450:55-13-2. Incident reporting

(a) There shall be 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 name and signature of person(s) reporting the incident;
- (2) the name of consumer(s), staff person(s), or others involved in the incident;
- (3) the time, place and date the incident occurred;
- (4) the time and date the incident was reported and name of the person to whom it was reported;
- (5) description of the incident;
- (6) the 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;
- (7) Resolution or action taken, date action taken, and signature of PACT program director.

(c) The PACT program shall report all critical incidents to ODMHSAS.

(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 resident abuse shall be reported to ODMHSAS immediately via telephone or fax, but not less 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 450:55-13-2 shall be determined by a review of policy/procedures, critical incident reports at the PACT and those submitted to ODMHSAS.

SUBCHAPTER 15. PERSONNEL

450:55-15-1. Personnel policies and procedures

- (a) The PACT 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 PACT shall develop, adopt and maintain policies and procedures to promote the objectives of the program and provide for qualified personnel during all hours of operation to support the functions of the center and provide quality care.
- (d) Compliance with 450:55-15-1 shall be determined by a review of written personnel policies and procedures and other supporting documentation provided.

450:55-15-2. Job descriptions

- (a) The PACT shall have written job descriptions for all positions setting forth minimum qualifications and duties of each position.
- (b) Compliance with 450:55-15-2 shall be determined by a review of written job descriptions for all center positions, and other supporting documentation provided.

SUBCHAPTER 17. STAFF DEVELOPMENT AND TRAINING

450: 55-17-1. Orientation and training

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

(1) Oklahoma Administrative Code, Title 450, Chapter 15, Consumer Rights, Chapter 55, Program for Assertive Community Treatment, Subchapter 7, Confidentiality, Subchapter 9, Consumer Records and any other parts of Title 450 deemed appropriate;

(2) PACT policies;

(3) Job responsibilities specified in job description

(b) Compliance with 450:55-17-1 shall be determined by a review of personnel files, clinical privileging records and other supporting documentation provided.

450: 55-17-2. Staff development

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

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

(1) Orientation procedures;

(2) In-service training and education programs;

(3) Availability of professional reference materials; and

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

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

(d) Staff education and in-service training programs shall be evaluated at least annually by the agency.

(e) Compliance with 450:55-17-2 shall be determined by a review of the staff development plan, clinical privileging processes, documentation of inservice training programs, and other supporting documentation provided.

450:55-17-3. In-service

(a) In-service presentations shall be conducted yearly and shall be required for all employees on the following topics:

(1) Fire and safety;

(2) Infection Control and universal precautions;

(3) Creating A Positive Environment (CAPE) training or similar programs.

(4) Consumer's rights and the constraints of the Mental Health Consumer's Bill of Rights.

(5) Confidentiality

(6) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101 et seq. and Protective Services for the Elderly and for Incapacitated Adults Act, 43A O.S. §§ 10-101 et seq.

(7) Facility policy and procedures; and

- (8) Cultural diversity.
- (b) Staff providing clinical services shall have a current cardiopulmonary resuscitation certification.
- (c) Compliance with 450:55-17-3 shall be determined by a review of in-service training records; personnel records; and other supporting written information provided.

SUBCHAPTER 19. FACILITY ENVIRONMENT

450:55-19-1. Facility environment

- (a) The PACT shall meet inspection, safety and building code regulations required by local, state and federal authorities and laws.
- (b) PACT staff shall know the exact location, contents and use of first aid supply kits and fire fighting equipment and fire detection systems. All fire fighting equipment shall be annually maintained in appropriately designated areas within the facility.
- (c) The PACT shall post 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 which provides a safe environment for consumers, personnel, and visitors.
- (e) The PACT's director or designee, shall appoint a safety officer.
- (f) The PACT shall have an emergency preparedness program designed to provide for the effective utilization of available resources so consumer care can be continued during a disaster. The PACT shall evaluate the emergency preparedness program annually and update as needed.
- (g) Policies for the use and control of personal electrical equipment shall be developed and implemented.
- (h) The PACT's Director shall ensure there is a written plan to respond to internal and external disasters. External disasters include, but are not limited to, tornadoes, explosions, and chemical spills.
- (i) All PACT shall be inspected annually by designated fire and safety officials of the municipality who exercise fire/safety jurisdiction in the facility's location.
- (j) The PACT shall have a written Infection Control Program and staff shall be knowledgeable of Center for Disease Control (CDC) Guidelines for Tuberculosis and of the Blood Borne Pathogens Standard, location of spill kits, masks, and other personal protective equipment.
- (k) The PACT program shall have a written Hazardous Communication Program and staff shall be knowledgeable of chemicals in the workplace, location of Material Safety Data Sheets, personal protective equipment; and toxic or flammable substances shall be stored in approved locked storage cabinets.
- (l) Compliance with 450:55-19-1 shall be determined by visual observation, posted evacuation plans and a review of policy/procedures, regulatory or internal inspection reports, training documentation and other supporting documentation provided.

450:55-19-2. Medication storage

- (a) Medication administration, storage and control, and consumer reactions shall be continually monitored.
- (b) PACT Programs shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.
- (c) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.

- (d) 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.
- (e) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.
- (f) A PACT program physician shall supervise the preparation and stock of an emergency kit which shall be readily available, but accessible only to PACT program staff.
- (c) Compliance with 450:55-19-2 shall be determined by on-site observation, and a review of written policy and procedures, clinical records and PI records.

SUBCHAPTER 21. GOVERNING AUTHORITY

450:55-21-1. 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 PACT.
- (b) The governing authority shall have written documents of its source of authority, which shall be available to the public upon request.
- (c) The governing body's bylaws, rules or regulations shall identify the chief executive officer who is responsible for the structure under which the PACT is organized the control, utilization and conservation of its physical and financial assets and the recruitment and direction of the staff.
- (d) The source of authority document shall state:
 - (1) The eligibility criteria for governing body membership;
 - (2) The number and types of membership;
 - (3) The method of selecting members;
 - (4) The number of members necessary for a quorum;
 - (5) Attendance requirements for governing body membership;
 - (6) The duration of appointment or election for governing body members and officers.
 - (7) 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.
- (e) There shall be an organizational chart setting forth the structure of the organization.
- (f) Compliance with 450:23-11-1 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.

SUBCHAPTER 23. SPECIAL POPULATIONS

450:55-23-1. Americans with Disabilities Act of 1990

- (a) Under Titles 11 and 111 of the ADA, the PACT 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 PACT shall assume responsibility for verification of all applicable requirements and comply with the most stringent standards.
- (c) The PACT facility 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 450:55-23-1 shall be determined through a review of facility written policy and procedure and any other supporting documentation.

450:55-23-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS)

- (a) A policy of non-discrimination against persons with HIV infection or AIDS shall be adopted and in force in the policy and procedure of the PACT.
- (b) All PACT shall observe the Universal Precautions For Transmission of Infectious Diseases as set forth in "Occupational Exposure to Blood Borne Pathogens" published by the United States Occupations Safety Health Administration (OSHA).
 - (1) There shall be written documentation the aforestated Universal Precautions are the policy of the PACT; and
 - (2) In-service regarding the Universal Precautions shall be a part of employee orientation and/at least once per year, is included in employee in-service training.
- (c) Compliance with 450:55-23-2 is determined by review of PACT policy and procedure and in-service records, on-site observation, schedules and other documentation