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TITLE 450

CHAPTER 23. STANDARDS AND CRITERIA FOR COMMUNITY-BASED STRUCTURED CRISIS CENTERS

Effective September 15, 2022

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

History: Emergency Rules, effective 10/13/2000; Amended at 18 OK Reg 2690, effective 07/01/2001; Amended at 19 OK Reg 1443, effective 07/01/2002; Amended at 20 OK Reg 653, effective 02/27/2003; Amended at 20 OK Reg 1324, effective 07/01/2003; Amended at 21 OK Reg 1082, effective 07/01/2004; Amended at 22 OK Reg 972, effective 07/01/2005; Amended at 23 OK Reg 1436, effective 07/01/2006; Amended 25 OK Reg 1404, effective 07/01/2008; 31 OK Reg 2034, effective 10/01/2014; 32 OK Reg 2110, effective 09/15/2015; Amended at 38 OK Reg 1336, effective 09/15/2021; Amended at 39 OK Reg 1995, effective 09/15/2022

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TITLE 450. DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
SUBCHAPTER 1. GENERAL PROVISIONS

450:23-1-1. Purpose

This chapter sets forth the Standards and Criteria used in the certification of CBSCC's (43A O.S. § 3-317). The rules regarding the certification processes including, but not necessarily limited to, applications, fees, requirements for, levels of, and administrative sanctions are found at OAC 450:1, Subchapters 5 and 9. Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

450:23-1-2. Definitions

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

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

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

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

"Consumer" means an individual, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons.

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

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

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

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

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

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

"Emergency examination" For adults: means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted, by a licensed mental health professional to determine if emergency detention of the person is warranted. The examination must occur within twelve (12) hours of being taken into protective custody.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) “Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.

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

450:23-1-4. Applicability

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

SUBCHAPTER 3. CBSCC SERVICES

PART 1. FACILITY-BASED CRISIS STABILIZATION

450:23-3-1. Required services

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

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

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

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

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

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

(1) Triage services;

(2) Co-occurring capable Psychiatric crisis stabilization; and

(3) Co-occurring capable Drug/alcohol crisis stabilization.

(e) The CBSCC shall have written policy and procedures addressing mechanical restraints for adults only, and these shall be in compliance with 450:23-9-4.
(f) Compliance with 450:23-3-2 shall be determined by on-site observation, and a review of the following: clinical records; ICIS information; and the CBSCC policy and procedures.

450:23-3-3. Crisis stabilization, triage
(a) Crisis stabilization services shall include twenty-four (24) hour triage services and emergency examination.
(b) Qualified staff providing triage services shall be:
(1) Clinically privileged pursuant to the CBSCC's privileging requirements for crisis stabilization services; and
(2) Knowledgeable about applicable laws, ODMHSAS rules, facility policy and procedures, and referral sources.
(c) Components of this service shall minimally include the capacity to provide:
(1) Immediate response, on-site and by telephone;
(2) Screening for the presence of co-occurring disorders;
(3) integrated Emergency mental health and/or substance use disorder examination on site or via telemedicine; and
(4) Referral, linkage, or a combination of the two services.
(d) The CBSCC shall have written policy and procedures minimally:
(1) Providing twenty-four (24) hour, seven (7) days per week, triage crisis services; and
(2) Defining methods and required content for documentation of each triage crisis response service provided.
(3) Ensuring that individuals who present in crisis with co-occurring disorders are identified, and that there are no barriers to access triage crisis response based on arbitrary alcohol or drug levels, types of diagnosis or medications while remaining in compliance with facility certification, licensure, and medical standards. Nothing in this Section shall require a facility to treat a consumer is not medically stable pursuant to Title 43A.
(e) Compliance with 450:23-3-3 shall be determined by a review of the following: clinical privileging records; personnel files and job descriptions; policy and procedures, program description; on-site observation; and clinical documentation of services provided.

450:23-3-4. Crisis stabilization services, psychiatric services [REVOKED]

450:23-3-5. Crisis stabilization, psychiatric, substance use disorder and co-occurring services
(a) Crisis stabilization services shall provide continuous twenty-four (24) hour evaluation, observation, crisis stabilization, and social services intervention seven (7) days per week for consumers experiencing mental health or substance use disorder related crises; or those who present with co-occurring disorders.
(b) Licensed nurses and other support staff shall be adequate in number to provide care needed by consumers twenty-four (24) hours a day seven (7) days per week.

(c) Crisis stabilization services shall be provided by a co-occurring disorder capable multidisciplinary team of medical, nursing, social services, clinical, administrative, and other staff adequate to meet the clinical needs of the individuals served.
(d) Every staff member providing services within a medical supervised detoxification component shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs and the implication of those vital signs, and emergency procedures as well as demonstrating core competencies in addressing the needs of individuals receiving detoxification services who may have co-occurring mental health disorders and be on psychotropic medication.
(e) Services shall minimally include:
(1) Medically-supervised substance use disorder and mental health screening, observation and evaluation;
(2) Initiation and medical supervision of rapid stabilization regimen as prescribed by a physician, including medically monitored detoxification where indicated;
(3) Medically-supervised and co-occurring disorder capable detoxification, in compliance with procedures outlined in OAC Title 450, Subchapter 18;
(4) Intensive care and intervention during acute periods of crisis stabilization;
(5) Motivational strategies to facilitate further treatment participation for mental health and/or substance abuse needs; and,
(6) Providing referral, linkage or placement, as indicated by consumer needs.
(f) Crisis stabilization services, whether psychiatric, substance use disorder, or co-occurring, shall be utilized only after less restrictive community resources have been determined to be inadequate to meet the current needs of the consumer.
(g) Compliance with 450:23-3-5 shall be determined by a review of the following: personnel files and clinical privileges records; clinical records; ICIS information; policy and procedures; critical incident reports; staffing; census; and by on-site observation.

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

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

450:23-3-7. Linkage Services to higher or lower levels of care, or longer term placement
(a) Persons needing mental health services shall be treated with the least restrictive clinically appropriate methods.
(b) In cases where consumers are not able to stabilize in or are not appropriate for the CBSCC unit, linkage services shall be provided, including the following steps:
(1) Qualified CBSCC staff shall perform the crisis intervention and referral process to the appropriate treatment facility.
(2) The referral process shall require referral to the least restrictive service to meet the needs of the consumer. The referral shall be discussed with the consumer, the consumer's legal guardian, or both the consumer and legal guardian as applicable, and shall include a discussion of why a less restrictive community resource was not utilized if applicable. This discussion shall be documented in the consumer's record.

If an adult consumer wishes to include family members in the decision making process, appropriate releases should be obtained.

(3) Staff shall make referral to an appropriate treatment facility to include demographic and clinical information and documentation. Appropriate releases should be obtained as indicated.

(c) If the CBSCC is referring an adult to a state-operated inpatient facility, the consumer must meet the criteria in OAC 450:30-9-3 and the CBSCC must comply with OAC 450:30-9-4.

(d) Compliance with 450:23-3-7 shall be determined by a review of the following: clinical records; psychiatric hospital information and admission records as applicable; consumer data required for submission to ODMHSAS; and PI monitoring information as available from both the CBSCC and the psychiatric inpatient hospital.

450:23-3-8. Services to homeless individuals

(a) The CBSCC shall provide linkage services to individuals and families who meet the ODMHSAS definition of homeless.

(b) The CBSCC shall provide the following services to such homeless individuals:

(1) Linkage and contacts for housing placement,

(2) If housing placement can not be obtained, then linkage and contacts with local emergency services including shelters and homeless project coordinators at designated community mental health centers.

(3) Referrals to income benefit programs, local housing authorities, community food banks, among other services;

(4) For Unaccompanied minors, ensure appropriate guardianship prior to discharge.

(c) The CBSCC shall have policy and procedures for guidelines to these services.

(d) Compliance with 450:23-3-8 shall be determined by on-site observation and review of the following: documentation of linkage activities and agreements; clinical records; ICIS reporting data; and, CBSCC policy and procedures.

450:23-3-9. Pharmacy services

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

(b) Compliance with 450:23-3-9 shall be determined by a review of the following: clinical records; written agreements for pharmacy services; and State of Oklahoma pharmacy license.

(c) Failure to comply with 450:23-3-9 will result in immediate denial, suspension and/or revocation of certification.

PART 2. URGENT RECOVERY CLINIC SERVICES

450:23-3-20. Applicability

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

facility's certification. Urgent Recovery Clinics can operate in conjunction with a facility-based crisis stabilization unit or as a stand-alone facility.

450:23-3-21. Urgent Recovery Clinic services

(a) Urgent Recovery Clinics (URC) offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress. Each facility must be specifically accessible to individuals who present with co-occurring disorders.

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

(1) Triage crisis response;
(2) Crisis intervention;
(3) Crisis assessment;
(4) Crisis intervention plan development; and
(5) Linkage and referral to other services as applicable.

450:23-3-22. Urgent Recovery crisis response

(a) URC services shall include twenty-four (24) hour crisis response services and emergency examination.

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

(1) Clinically privileged pursuant to the facility's privileging requirements for crisis stabilization services; and

(2) Knowledgeable about applicable laws, ODMHSAS rules, facility policy and procedures, and referral sources.

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

(1) Immediate response, face to face, by telephone and by the provision of mobile services;

(2) Screening for the presence of co-occurring disorders;

(3) Emergency mental health and/or substance use disorder examination on site or via telemedicine;

(4) Referral, linkage, or a combination of the two services.

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

(1) providing twenty-four (24) hour, seven (7) days per week, crisis response services;

(2) Defining methods and required content for documentation of each crisis response service provided; and

(3) Ensuring that individuals who present in crisis with co-occurring disorders are identified, and that there are no barriers to access crisis intervention services based on arbitrary alcohol or drug levels, types of diagnosis or medications.

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

450:23-3-23. URC Crisis intervention services

(a) URCs shall provide evaluation, crisis stabilization, and social services intervention and must be available seven (7) days per week for consumers experiencing substance abuse related crisis; consumers in need of assistance for emotional or mental distress; or those with co-occurring disorders.

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

(c) The URC shall provide or otherwise ensure the capacity for a practitioner with prescriptive authority at all times for consumers in need of emergency medication services.

(d) Crisis intervention services shall be provided by a co-occurring disorder capable team of social services, clinical, administrative, and other staff adequate to meet the clinical needs of the individuals served and make appropriate clinical decisions to:

(1) Determine an appropriate course of action;

(2) Stabilize the situation as quickly as possible; and

(3) Guide access to inpatient services or less restrictive alternatives, as necessary.

(e) Compliance with this Section shall be determined by a review of the following: personnel files and clinical privileges records; clinical records; PICIS information; policy and procedures; critical incident reports; staffing; census; and by on-site observation.

450:23-3-24. Linkage Services to higher or lower levels of care, or longer term placement and services to homeless individuals.

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

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

SUBCHAPTER 5. CBSCC CLINICAL RECORDS

450:23-5-1. Clinical record keeping system

Each CBSCC shall maintain an organized clinical record keeping system to collect and document information appropriate to the treatment processes. This system shall be organized; easily retrievable, usable clinical records stored under confidential conditions and with planned retention and disposition.

450:23-5-2. Basic requirements

(a) The CBSCC's policies and procedures shall:

(1) define the content of the consumer record in accordance with 450:23-5-4 through 23-5-9; and

(2) meet all requirements set forth in OAC 450:1-9-5.6(d).

(b) Compliance with 450:23-5-2 shall be determined by on-site observation and a review of the following: CBSCC policy, procedures and operational methods; clinical records; other CBSCC provided documentation; and PI information and reports.

450:23-5-3. Record access for clinical staff [REVOKED]

450:23-5-4. Intake and assessment

(a) The CBSCC shall assess each individual to determine appropriateness of admission. For minors admitted on a voluntary or involuntary basis, an LMHP must complete an initial assessment prior to admission.
(b) Consumer intake information shall contain, but not be limited to the following identification data:
(1) Consumer name;
(2) Name and identifying information of the legal guardian(s)
(3) Home address;
(4) Telephone number;
(5) Referral source;
(6) Reason for referral;
(7) Significant other to be notified in case of emergency;
(8) Presenting problem and disposition;
(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; and
(10) Screening for co-occurring disorders, trauma, and homelessness, medical and legal issues.
(c) Consumer assessment information for consumers admitted to facility-based crisis stabilization shall be completed within 72 hours of admission.
(1) Integrated mental health and substance abuse psychosocial evaluation that minimally addresses:
(A) The consumer's strengths and abilities to be considered during community re-entry;
(B) Economic, vocational, educational, social, family and spiritual issues as indicated; and
(C) An initial discharge plan.
(2) Interpretive summary of relevant assessment findings that results in the development of an intervention plan addressing mental health, substance use disorder, and other related issues contributing to the crisis;
(3) An integrated intervention plan that minimally addresses the consumer's:
(A) Presenting crisis situation that incorporates the identified problem(s);
(B) Strengths and abilities;
(C) Needs and preferences; and
(D) Goals and objectives.
(d) Assessment information for consumers admitted to a URC shall be completed within twelve (12) to twenty-four (24) hours of arrival.
(e) Compliance with 450:23-5-4 shall be determined by a review of the following: intake assessment instruments and other intake documents of the CBSCC; clinical records; and, other agency documentation of intake materials or requirements.

450:23-5-5. Health, mental health, substance abuse, and drug history
(a) A health and drug history shall be completed for each consumer at the time of admission in facility-based crisis stabilization and as soon as practical in the URC. The medical history shall include obtainable information regarding:
(1) Name of medication;

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

(b) A mental health history, including symptoms and safety screening, shall be completed for each consumer at the time of admission in facility-based crisis stabilization and as soon as practical in the URC.

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

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

450:23-5-6. Progress notes

(a) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment for consumers admitted to facility-based crisis stabilization.

(b) Progress notes must include the consumer's name, be signed by the service provider, and include the service provider's credentials.

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

(1) Intervention team shall document progress notes daily; and

(2) Nursing service shall document progress notes on each shift.

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

450:23-5-7. Medication record

(a) The CBSCC 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 has been prescribed for the consumer.

(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) The record of medication administered, dispensed or 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 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 450:23-5-7 shall be determined by a review of medication records in clinical records; and a review of clinical records.

450:23-5-7.1. Aftercare and discharge planning

(a) Aftercare and discharge planning is to be initiated for the consumer at the earliest possible point in the crisis stabilization service delivery process. Discharge planning must be matched to the consumer's needs and address the presenting problem and any identified co-occurring disorders or issues.

(b) The program will have designated staff with responsibility to initiate discharge planning.

(c) Referral and linkage procedures shall be in place so staff can adequately advocate on behalf of the person served as early as possible during the stabilization treatment process to transition to lesser restrictive or alternative treatment settings, as indicated.

(d) Compliance with 450:23-5-7.1 shall be determined by a review of closed consumer records, policies and procedures, and interviews with referral contacts.

450:23-5-8. Aftercare and discharge summary

(a) An aftercare plan shall be entered into each consumer's record upon discharge from the CBSCC. A copy of the plan shall be given to the consumer, the consumer's legal guardian, or both the consumer and legal guardian as applicable, as well as to any facility designated to provide follow-up with a valid written authorization by the consumer, the consumer's legal guardian, or both the consumer and legal guardian as applicable.

(b) An aftercare plan shall include a summary of progress made toward meeting the goals and objectives of the intervention plan, as well as an overview of psychosocial considerations at discharge, and recommendations for continued follow-up after release from the CBSCC.

(c) The aftercare plan shall minimally include:

(1) Presenting problem at intake;

(2) Any co-occurring disorders or issues, and recommended interventions for each;

(3) Physical status and ongoing physical problems;

(4) Medications prescribed at discharge;

(5) Medication and lab summary, when applicable;

(6) Names of family and significant other contacts;

(7) Any other considerations pertinent to the consumer's successful functioning in the community;

(8) The Consumer's, the consumer's legal guardian, or as indicated both the consumer's and legal guardian's comments on participation in his or her crisis resolution efforts; and

(9) The credentials of the staff members treating the consumer and their dated signatures.

(d) Compliance with 450:23-5-8 shall be determined by a review of closed consumer records.

450:23-5-9. 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 CBSCC.
(d) Compliance with 450:23-5-9 shall be determined by a review of clinical records.

SUBCHAPTER 7. CONFIDENTIALITY [REVOKED]

450:23-7-1. Confidentiality, mental health consumer information and records [REVOKED]

450:23-7-1.1. Confidentiality of mental health and drug or alcohol abuse treatment information [REVOKED]

450:23-7-2. Confidentiality, substance abuse consumer information and records [REVOKED]

SUBCHAPTER 9. CONSUMER RIGHTS

450:23-9-1. Consumer rights, Community-based Structured Crisis Center

Each CBSCC either operated by, certified by, or under contract with ODMHSAS providing CBSCC services shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

450:23-9-2. Consumers' grievance policy

Each CBSCC shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

450:23-9-3. ODMHSAS advocate general

The ODMHSAS Office of Consumer Advocacy, in any investigation or program monitoring regarding consumer rights shall have access to clients, CBSCC records and CBSCC staff as set forth in OAC Title 450, subchapter 15.

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

(a) Mechanical restraints shall not be used on a non-consenting individual unless a licensed CBSCC physician personally examines the individual and determines their use to be required for the safety and protection of the consumer or other persons. This shall not prohibit the emergency use of restraint pending notification of the physician.
(b) The CBSCC shall have a written protocol for the use of mechanical restraints which includes, but is not limited to:

(1) Criteria to be met prior to authorizing the use of mechanical restraints;
(2) Signature of the licensed physician authorizing use is required;
(3) Time limit of said authorizations;
(4) Circumstances which automatically terminate an authorization;

(5) Setting a time period, not to exceed every fifteen (15) minutes, an individual in mechanical restraints shall be observed and checked by a designated staff under the on-site supervision of a registered nurse;

(6) Requiring in every use of mechanical restraints documentation the specific reason for such use, the actual start and stop times of use, authorizing licensed CBSCC physician signature, and record of times the consumer was observed and checked and by whom;

(7) A chronological log including the name of every consumer placed in mechanical restraints, and the occurrence date. In accordance with 43 A O.S. § 4-106, the CBSCC director, or designee shall be responsible for insuring compliance with record keeping mandates;

(8) A process of peer review to evaluate use of mechanical restraints; and

(9) The items listed in (1) through (6) of this rule shall be made a part of the consumer record.

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

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

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

(a) Mechanical restraints will not be used on minors

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

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

SUBCHAPTER 11. ORGANIZATIONAL MANAGEMENT [REVOKED]

450:23-11-1. Organizational description [REVOKED]

450:23-11-2. Information Analysis and Planning [REVOKED]

SUBCHAPTER 13. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT [REVOKED]

450:23-13-1. Performance improvement program [REVOKED]

450:23-13-2. Written plan [REVOKED]

450:23-13-3. Performance improvement activities [REVOKED]

450:23-13-4. Monitoring and evaluation process [REVOKED]

450:23-13-5. Incident reporting [REVOKED]

SUBCHAPTER 15. UTILIZATION REVIEW [REVOKED]

450:23-15-1. Utilization review [REVOKED]

450:23-15-2. Written plan [REVOKED]

450:23-15-3. Methods for identifying problems [REVOKED]

SUBCHAPTER 17. PERSONNEL [REVOKED]

450:23-17-1. Personnel policies and procedures [REVOKED]

450:23-17-2. Job descriptions [REVOKED]

SUBCHAPTER 19. STAFF DEVELOPMENT AND TRAINING [REVOKED]

450:23-19-1. Staff qualifications [REVOKED]

450:23-19-2. Staff development [REVOKED]

450:23-19-3. In-service [REVOKED]

SUBCHAPTER 21. FACILITY ENVIRONMENT

450:23-21-1. Facility environment

In addition to the requirements set forth in OAC 450:9-1-5.5(a), the CBSCC shall:

(1) 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; and

(2) 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.

450:23-21-2. Medication clinic, medication monitoring

(a) Medication administration; storage and control; and consumer reactions shall be continuously monitored.

(b) CBSCCs 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. Factors 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 CBSCC physician shall supervise the preparation and stock of an emergency kit which shall be readily available, but accessible only to CBSCC staff.

(c) Compliance with 450:23-21-2 shall be determined by on-site observation, and a review of the following: written policy and procedures; clinical records; and PI records.

450:23-21-3. Medication, error rates

(a) The facility shall have an ongoing performance improvement program that specifically, objectively, and systematically monitors medications administration or dispensing or medication orders and prescriptions to evaluate and improve the quality of consumer care.
(b) Compliance with 450:23-21-3 shall be determined by a review of the facility policies, PI logs, data and reports.

450:23-21-4. Technology [REVOKED]

SUBCHAPTER 23. GOVERNING AUTHORITY [REVOKED]

450:23-23-1. Documents of authority [REVOKED]

SUBCHAPTER 25. SPECIAL POPULATIONS [REVOKED]

450:23-25-1. Americans with Disabilities Act of 1990 [REVOKED]

450:23-25-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]