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TITLE 450

CHAPTER 17. STANDARDS AND CRITERIA FOR COMMUNITY MENTAL HEALTH CENTERS

Effective September 1, 2024

Authority: Oklahoma Board of Mental Health and Substance Abuse Services; 43A O.S. §§ 2-101, 3-306, 3-306.1 and 3-315

History: Codified 7-1-96; Added at 13 OK Reg 2741, effective 07/01/1996; Amended at 14 OK Reg 1919 effective 05/27/1997; Amended at 16 OK Reg 1494, effective 07/01/1999; Amended at 17 OK Reg 2127, effective 07/01/2000; Added – Emergency Rules, effective 10/13/2000; Amended at 18 OK Reg 2658, effective 07/01/2001; Amended at 19 OK Reg 2333; Amended at 20 OK Reg 653, effective 02/27/2003; Amended at 20 OK Reg 1303, effective 07/01/2003; Amended at 21 OK Reg 1067 effective 07/01/2004; Amended at 22OK Reg 960, effective 07/01/2005; Amended at 23 OK Reg 1421, effective 07/01/2006; Amended at 24 OK Reg 2563, effective 07/12/2007; Amended at 25 OK Reg 2526, effective 07/11/2008; Amended at 26 OK Reg 2675, effective 07/25/2009; Amended at 27 OK Reg 2216, effective 07/11/2010; Amended at 30 OK Reg 1414, effective 07/01/2013; Amended at 31 OK Reg 1995, effective 10/01/2014; Amended at 32 OK Reg 2077, effective 09/15/2015; Amended at 33 OK Reg 964, effective 09/01/2016; Amended at 34 OK Reg 1777, effective 10/01/2017; Amended at 35 OK Reg 1809, effective 10/01/2018; Amended at 38 OK Reg 1226, effective 09/15/2021; Amended at 39 OK Reg 1938, effective 09/15/2022; Amended at 40 OK Reg 1051, effective 09/15/2023; Amended at 41 OK Reg 1416, effective 09/01/2024

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SUBCHAPTER 1. GENERAL PROVISIONS

450:17-1-1. Purpose

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

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

(c) 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.

450:17-1-2. Definitions

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

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

"Adults who have a Serious Mental Illness" means persons eighteen (18) years of age or older who show evidence of points of (A), (B) and (C) below:

(A) The disability must have persisted for six months and be expected to persist for a year or longer.

(B) A condition or Serious Mental Illness as defined by the most recently published version of the DSM or the International Classification of Disease (ICD) equivalent with the exception of DSM "V" codes, substance abuse, and developmental disorders which are excluded, unless they co-occur with another diagnosable Serious Mental Illness.

(C) The adult must exhibit either (i) or (ii) below:

(i) Psychotic symptoms of a Serious Mental Illness (e.g. Schizophrenia characterized by defective or lost contact with reality, often hallucinations or delusions); or

(ii) Experience difficulties that substantially interfere with or limit an adult from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. There is functional impairment in at least two of the following capacities (compared with expected developmental level):

(I) Impairment in self-care manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes and meeting of nutritional needs.

(II) Impairment in community function manifested by a consistent lack of appropriate behavioral controls, decision-making, judgment and value systems which result in potential involvement or involvement with the criminal justice system.

(III) Impairment of social relationships manifested by the consistent inability to develop and maintain satisfactory relationships with peers.

(IV) Impairment in family function manifested by a pattern of disruptive behavior exemplified by repeated and/or unprovoked violence, disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable limitations and expectations.

(V) Impairment in functioning at school or work manifested by the inability to pursue educational or career goals.

"**Advance Practice Registered Nurse**" means a registered nurse in good standing with the Oklahoma Board of Nursing, and has acquired knowledge and clinical skills through the completion of a formal program of study approved by the Oklahoma Board of Nursing Registration and has obtained professional certification through the appropriate National Board recognized by the Oklahoma Board of Nursing. Advance Practice Registered Nurse services are limited to the scope of their practice as defined in 59 Okla. Stat. § 567.3a and corresponding rules and regulations at OAC 485:10-5-1 through 10-16-9.

"AOA" means American Osteopathic Association

"ASAM" means the American Society of Addiction Medicine.

"ASAM criteria" means the most current edition of the American Society of Addiction Medicine's published criteria for admission to treatment, continued services, and discharge.

"Case management services" means planned referral, linkage, monitoring and support, and advocacy provided in partnership with a consumer to assist that consumer with self sufficiency and community tenure and take place in the individual's home, in the community, or in the facility, in accordance with a service plan developed with and approved by the consumer and qualified staff.

"CARF" means Commission on Accreditation of Rehabilitation Facilities

"Child with Serious Emotional Disturbance" or **"SED"** means a child under the age of 18 who shows evidence of points of (A), (B) and (C) below:

(A) The disability must have persisted for six months and be expected to persist for a year or longer.

(B) A condition or Serious Emotional Disturbance as defined by the most recently published version of the DSM or the International Classification of Disease (ICD) equivalent with the exception of DSM "V" codes, substance use disorders, and developmental disorders which are excluded, unless they co-occur with another diagnosable serious emotional disturbance.

(C) The child must exhibit either (i) or (ii) below:

(i) Psychotic symptoms of a Serious Mental Illness (e.g. Schizophrenia characterized by defective or lost contact with reality, often hallucinations or delusions); or

(ii) Experience difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. There is functional impairment in at least two of the following capacities (compared with expected developmental level):

(I) Impairment in self-care manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes and meeting of nutritional needs.

(II) Impairment in community function manifested by a consistent lack of age appropriate behavioral controls, decision-making, judgment and value systems which result in potential involvement or involvement with the juvenile justice system.

(III) Impairment of social relationships manifested by the consistent inability to develop and maintain satisfactory relationships with peers and adults.

(IV) Impairment in family function manifested by a pattern of disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents, disregard for safety and welfare or self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable limitations and expectations which may result in removal from the family or its equivalent).

(V) Impairment in functioning at school manifested by the inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage or violence toward others).

"Chronic Homelessness" means a disabling condition in which an individual has either: (a) been continuously homeless for one (1) year or more, or (b) has had at least four (4) episodes of homelessness in the past three (3) years. For this condition, the individual must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these episodes. Chronic homelessness only includes single individuals, not families. A disabling condition is a diagnosable substance abuse disorder, serious mental illness, or developmental disability, including the co-occurrence of two or more of these conditions.

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

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

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

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance abuse crisis stabilization as authorized by 43A O.S. §3-317, including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric

or substance abuse services. This service is limited to CMHC's 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.

"Community mental health center" or **"CMHC"** means a facility offering a comprehensive array of community-based mental health services, including but not limited to, inpatient treatment, outpatient treatment, partial hospitalization, emergency care, consultation and education; and, certain services at the option of the center, including, but not limited to, prescreening, rehabilitation services, pre-care and aftercare, training programs, and research and evaluation.

"Consultation" means the act of providing information or technical assistance to a particular group or individual seeking resolution of specific problems. A documented process of interaction between staff members or between facility staff and unrelated individuals, groups, or agencies for the purpose of problem solving or enhancing their capacities to manage consumers or facilities.

"Consumer" means an individual, adult, adolescent, or child, who has applied for, is receiving or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

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

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

"Contract" means a document adopted by the governing authority of a treatment facility and any other organization, facility, or individual, which specifies services, personnel, or space to be provided by the program, as well as the monies to be expended in exchange.

"Co-occurring disorder" (COD) means any combination of mental health symptoms and substance use disorder symptoms or diagnoses that affect a consumer and are typically determined by the current Diagnostic and Statistical Manual of Mental Disorders.

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

"Crisis Diversion" means an unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community.

"Crisis Intervention" means actions taken, and services provided to address emergency psychological, physiological, and safety aspects of alcohol, drug-related, and mental health crises.

"Crisis stabilization" means emergency, psychiatric, and substance use disorder treatment services for the resolution of crisis situations and may include placement of

an individual in a protective environment, basic supportive care, and medical assessment, and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

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

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"Designated Collaborating Organization" or **"DCO"** means a provider with whom a Certified Community Behavioral Health Clinic has a formal relationship to provide certain allowable services on behalf of the Certified Community Behavioral Health Clinic.

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

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

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

"Emergency services" means a twenty-four (24) hour capability for assessment, intervention, and resolution of a consumer's crisis or emergency provided in response to unanticipated, unscheduled emergencies requiring prompt intervention to resolve immediate, overwhelming problems that severely impair the individual's ability to function or remain in the community and may include placement of the individual in a protective environment, withdrawal management, individual and group consultation, and medical assessment.

"Face-to-face" means, for the purpose of the delivery of behavioral health care, an in-person encounter between the health care provider and the consumer, or a telehealth encounter with two-way video functionality.

"Facility" or **"Facilities"** means entities as described in Title 43A O.S. § 1-103(7), community mental health centers, residential mental health facilities, community based structured crisis centers, certified services for the alcohol and drug dependent, programs of assertive community treatment, eating disorder treatment, gambling addiction treatment, and narcotic treatment programs.

"Family" means the parents, brothers, sisters, other relatives, foster parents, guardians, and others who perform the roles and functions of family members in the lives of consumers.

"Follow-up" means the organized method of systematically determining the status of consumers after they have been discharged to determine post-treatment outcomes and utilization of post-treatment referrals.

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

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

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

"ICCD" means the International Center for Clubhouse Development.

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

"Individual Placement and Support" or **"IPS"** means an evidence-based, specific type of employment and education service to help people with mental illness, substance use disorders, or co-occurring disorders find and keep competitive employment.

"Intensive services" means a comprehensive range of services, supports and coordinated care using a team-based approach that necessitate contact multiple times per week (or at a minimum, weekly) to a defined population. Coordination requires an ongoing relationship between the individual and a designated member of the care team.

"**Licensed Behavioral Health Professional"** or "**LBHP**" means:

(A) An Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;

(B) An Advanced Practice Registered Nurse licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty;

(C) A Clinical Psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists;

(D) A Physician Assistant who is licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;

(E) A practitioner with a license to practice in the state in which services are provided by one of the following licensing boards:

(i) Social Work (clinical specialty only);

(ii) Professional Counselor;

(iii) Marriage and Family Therapist;

(iv) Behavioral Practitioner; or

(v) Alcohol and Drug Counselor.

"Licensed mental health professional" or **"LMHP"** means a practitioner who meets qualifications as defined in Title 43A §1-103(11).

"Licensure candidate" means a practitioner actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

(A) Psychology;

(B) Social Work (clinical specialty only);

(C) Professional Counselor;

(D) Marriage and Family Therapist;

(E) Behavioral Practitioner; or

(F) Alcohol and Drug Counselor.

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

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

"Medically necessary" means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

"Medication error" means an error in prescribing, dispensing or administration of medication, regardless if the error reached the consumer, e.g., omission of prescribed drugs, giving drugs not prescribed, prescribing inappropriate drugs, prescribing or administering incorrect dosages, incorrectly filling or labeling prescriptions, incorrectly transcribing medication orders.

"Mobile crisis" means the provision of crisis intervention services by at least one (1) professional at the location of a consumer who is not at the treatment facility (e.g., services provided at the consumer's home).

"Nurse Care manager" means a Licensed Practical Nurse (LPN) or a Registered Nurse (RN).

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

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

"**Peer Recovery Support Specialist**" or "**PRSS**" means an individual who meets the qualifications and is certified as a PRSS pursuant to OAC 450:53.

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

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

"PICIS System" means a management information system based on national standards for mental health and substance abuse databases. Information gathered through PICIS is used for prior authorizations, service utilization management and continuous quality improvement processes. PICIS data is reported throughout the treatment episode to ensure service recipients receive appropriate types and levels of care and are making satisfactory progress. Numerous reports are developed using PICIS data and are provided to clinicians, administrators and the general public.

"**Primary Care Practitioner (PCP)"** means a licensed allopathic physician, osteopathic physician, Advance Practice Registered Nurse (APRN), or Physician Assistant (PA) licensed in the State of Oklahoma.

"Program of 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.

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

"Psychiatric Residential Treatment Facility" or **"PRTF"** means a non-hospital facility that provides inpatient psychiatric services to individuals under the age of twenty-one (21).

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

"Psychosocial rehabilitation" or **"PSR"** means curriculum based education and skills training performed to improve an individual's ability to function in the community. PSR provides an array of services that focus on long term recovery and maximization of self-sufficiency, role functioning, and independence, as distinguished from the symptom stabilization function of acute care.

"Psychotherapy" or **"Therapy"** means a goal directed process using generally accepted clinical approaches provided face-to-face by a qualified service provider with consumers in individual, group or family settings to promote positive emotional or behavioral change.

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

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

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

"Risk Assessment" means a clinical function that aims to determine the nature and severity of the mental health problem, determine which service response would best meet the needs of the consumer, and how urgently the response is required.

"Screening" means the process to determine whether the person seeking assistance needs further comprehensive assessment.

"Sentinel event" is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, staff member, or visitor, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to, suicide, homicide, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death. Sentinel events include occurrences that take place at the facility and/or during the delivery of services, as well as suicide and unintentional drug overdose deaths that occur at any time while an outpatient consumer is an active consumer and within seventy-two (72) hours of discharge from inpatient and residential settings, including sites certified under Chapter 23 of this Title.

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

"**Service Intensity"** means the frequency and quantity of services needed, the extent to which multiple providers or agencies are involved, and the level of care coordination required.

"Service plan" or **"Treatment plan"** means the document used during the process by which a qualified service provider and the consumer together and jointly identify and rank problems, establish agreed-upon immediate short-term and long-term goals, and decide on the treatment process and resources to be utilized.

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

"Special population 1" means individuals eighteen (18) years of age and over with serious mental illness and complex needs, including those with co-occurring substance use disorder, who meet Most in Need criteria as identified in the CCBHC Manual.

"Special population 2" means children and youth [ages six (6) through twenty-one (21)] with serious emotional disturbance and complex needs, including those with co-occurring substance use disorder, who meet Most in Need criteria as identified in the CCBHC Manual.

"Supportive services" means assistance with the development of problem-solving and decision-making skills to maintain or achieve optimal functioning within the community and can include consumer education.

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

"Tobacco" means any nicotine delivery product or device that is not approved by the U.S. Food and Drug Administration (FDA) for the purpose of nicotine dependence treatment, including, but not limited to cigarettes, cigars, snuff, chewing tobacco, electronic cigarettes and vaping devices.

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

"Trauma informed capability" means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

"Urgent recovery clinic" means a program of non-hospital emergency services for mental health and substance use crisis response including, but not limited to, observation, evaluation, emergency treatment, and referral, when necessary to a higher level of care. This service is limited to CMHCs and Comprehensive Community Addiction Recovery Centers (CCARCs) certified by ODMHSAS or facilities operated by ODMHSAS.

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

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

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

"Volunteer" means any person who is not on the program's payroll, but provides services and fulfills a defined role within the program and includes interns and practicum students.

"Wellness" means the condition of good physical, mental and emotional health, especially when maintained by an appropriate diet, exercise, and other lifestyle modifications.

"Wellness Coach" means an individual who is actively working on personal wellness and who is designated to collaborate with others to identify their personal strengths and goals within the eight dimensions of wellness (spiritual, occupational, intellectual, social, physical, environmental, financial, and emotional).

(A) In order to qualify to be a Wellness Coach, individuals shall:

(i) Have a behavioral health related associates degree or two years of experience in the field and/or have an active certification and/or license within the behavioral health field (e.g. PRSS, Case Management, LBHP, LPN, Recreational Therapist, etc.); and

(ii) Complete the ODMHSAS Wellness Coach Training Program and pass the examination with a score of 80% or better.

(B) Wellness Coach roles and responsibilities include:

(i) Role model wellness behaviors and actively work on personal wellness goals;

(ii) Apply principles and processes of coaching when collaborating with others;

(iii) Facilitate wellness groups;

(iv) Conduct motivational interventions;

(v) Practice motivational interviewing techniques;

(vi) Provide referrals to community resources for nutrition education, weight management, Oklahoma Tobacco Helpline, and other wellness-related services and resources;

(vii) Create partnerships within local community to enhance consumer access to resources that support wellness goals;

(viii) Raise awareness of wellness initiatives through educational in-service and community training;

(ix) Elevate the importance of wellness initiatives within the organization;

(x) Promote a culture of wellness within the organization for both consumers and staff;

(xi) Respect the scope of practice and do not practice outside of it, referring people to appropriate professionals and paraprofessionals as needed.

"Young Adults in Transition" means persons between sixteen to twenty-five (16-25) years of age who have a Serious Mental Illness (ages 18 – 25), or Serious Emotional Disturbance (ages 16 – 18).

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

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

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

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

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

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

450:17-1-6. Services and service areas

(a) All facilities providing services shall have a group of services herein designated as required core services in accordance with 450:17-3-2. Each site certified as a CMHC shall offer all required core services through in-person and/or virtual means. CMHCs may have specific additional services some of which are designated as optional services in accordance with 450:17-5-1. All required core services and all optional services must be co-occurring disorder capable.

(b) Service areas are established by ODMHSAS to ensure the most efficient statewide availability of treatment services. Only one certified CMHC is allowed per service area. Each CMHC entity may only operate CMHC sites within its designated service area.

(c) If operated by a CMHC entity, Community-Based Structured Crisis Center (CBSCC) sites must be within the CMHC's designated service area unless special approval by ODMHSAS is obtained.

450:17-1-7. Applicability

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

SUBCHAPTER 3. REQUIRED SERVICES

PART 1. REQUIRED SERVICES

450:17-3-1. Required core services

The services in this subchapter are core services, are required of each CMHC, and are required to be provided in a co-occurring capable manner.

450:17-3-2. Required core community mental health services

(a) Each CMHC shall provide the following services:

(1) Screening, assessment and referral services;

(2) Emergency services;

(3) Outpatient therapy;

(4) Case management services;

(5) Psychiatric rehabilitation services;

(6) Medication clinic services;
(7) Service to homeless individuals;
(8) Peer Support Services, and
(9) Wellness Activities and Support.

(b) Compliance with 450:17-3-2 shall be determined by a review of the following:
(1) On-site observation;
(2) Staff interviews;
(3) Written materials;
(4) Program policies;
(5) Program Evaluations;
(6) Data reporting; and
(7) Clinical records.

450:17-3-3. Availability of services

(a) The core services shall be available to individuals regardless of their work or school schedule.

(1) All services provided on an outpatient basis shall be routinely available at least forty (40) hours per week, and will include evenings or weekends.

(2) CMHC policy shall provide for hours in addition to 8:00 AM - 5:00 PM. This applies to the main CMHC location and full time satellite offices with two (2) or more full time employed clinical staff.

(3) For CMHCs not providing 24 hour on-site services, hours of operation shall be conspicuously posted.

(b) Compliance with 450:17-3-3 shall be determined by a review of the following: schedules; posting of hours; policy and procedures; and consumer needs assessment.

PART 3. SCREENING, ASSESSMENT AND REFERRAL

450:17-3-21. Integrated screening and assessment services

(a) CMHC policy and procedure shall require that a screening of each consumer's service needs is completed.

(b) Upon determination of appropriate admission, a consumer assessment shall be completed by a LBHP or licensure candidate and shall include, but not be limited to, the following information:

(1) Behavioral, including mental health and addictive disorders;

(2) Emotional, including issues related to past or current trauma and domestic violence;

(3) Physical/medical;

(4) Social and recreational;

(5) Vocational;

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

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

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

(1) The information to be obtained on all applicants or referrals for admission;

(2) The procedures for accepting referrals from outside agencies or organizations;

(3) The procedure to be followed when an applicant or referral is found to be ineligible for admission;

(4) Methods of collection of information from family members, significant others or other social service agencies;

(5) Methods for obtaining a physical examination or continued medical care where indicated;

(6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet; and

(7) No barriers to entry based solely on the presence of current or recent substance use.

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

PART 5. EMERGENCY SERVICES

450:17-3-41. Emergency services

(a) CMHCs shall provide, on a twenty-four (24) hour basis, accessible co-occurring disorder capable services for substance use disorder and/or psychiatric emergencies.

(b) This service shall include the following:

(1) 24-hour assessment and evaluation, including emergency examinations;

(2) Availability of 24-hour inpatient/crisis center referral and crisis diversion/intervention;

(A) CMHC staff shall be actively involved in the emergency services and referral process to state-operated psychiatric inpatient units, crisis centers and urgent recovery clinics.

(B) Referral to state-operated psychiatric inpatient units by the CMHC shall occur only after all other community resources, including crisis centers and urgent recovery clinics, are explored with the individual and family if family is available.

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

(3) Availability of assessment and evaluation in external settings unless immediate safety is a concern. This shall include but not be limited to schools, jails, and hospitals;

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

(5) CMHCs serving multiple counties shall provide or arrange for face-to-face assessment of persons taken into protective custody [43A O.S. § 5-206 et seq.] in each county;

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

(7) Face-to-face strength based assessment, unless there are extenuating circumstances, addressing both mental health and substance use disorder issues which, if practicable, include a description of the client's strengths in managing mental health and/or substance use issues and disorders during a recent period of stability prior to the crisis;
(8) Intervention and resolution; and
(9) Access to an evaluation. No barriers to access of an evaluation based on active substance use or designated substance levels shall be implemented unless the facility provides written justification approved by ODMHSAS Provider Certification.

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

450:17-3-42. Emergency examinations

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

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

(c) Failure to comply with 450:17-3-42 will result in the initiation of procedures to deny, suspend and/or revoke certification.

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

(a) Staff providing emergency examinations shall be an LMHP as defined in 43A O.S. § 1-103 and meet the CMHC's privileging requirements for the provision of emergency services, which shall include core competency in emergency evaluation of co-occurring disorders.

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

PART 7. OUTPATIENT THERAPY SERVICES

450:17-3-61. Outpatient therapy services

(a) Outpatient services shall include a range of co-occurring disorder capable services to consumers based on their needs regarding emotional, social and behavioral problems. These outpatient therapy services shall be provided or arranged for, and shall include, but not be limited to the following:
(1) Individual therapy;
(2) Group therapy;
(3) Family therapy;
(4) Psychological/psychometric evaluations or testing; and
(5) Psychiatric assessments.

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

450:17-3-62. Outpatient therapy services, substance use disorder, co-occurring

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

(1) Provide or refer for educational sessions regarding HIV/STD/AIDS to consumers and the significant other(s) of the consumer; and

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

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

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

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

PART 9. MEDICATION CLINIC SERVICES

450:17-3-81. Medication clinic services

(a) Medication clinic services shall include an assessment of each individual's condition and needs; and an assessment of the effectiveness of those services.
(b) Medication clinic services shall be co-occurring capable and shall utilize accepted practice guidelines for psychopharmacologic management of co-occurring disorders.
(c) CMHCs shall offer comprehensive medication clinic services to consumers in need of this service, including, but not limited to:

(1) Prescribing or administering medication, including evaluation and assessment of the medications provided.

(2) Medication orders:

(A) Licensed allopathic physicians, osteopathic physicians, medical residents or consultant physicians shall write medication orders and prescriptions. Physician's assistants and nurse practitioners may write medication orders, or prescriptions consistent with state and federal law.

(B) A list of those allopathic physicians and osteopathic physicians authorized to prescribe medications shall be maintained and regularly updated.

(C) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed.

(d) CMHCs shall ensure that consumers who have transitioned to the CMHC from a higher level of care have their medication needs met within two (2) weeks of being discharged from the facility providing the higher level of care.
(e) Compliance with 450:17-3-81 shall be determined by on-site observation and a review of the following: clinical records, written policy and procedures, and roster of licensed, credentialed staff.

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

(a) Medication administration, storage and control, and consumer reactions shall be regularly monitored at all facilities where medications are stored, dispensed, or administered.

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

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

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

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

(4) A qualified allopathic physician or osteopathic physician shall supervise the preparation and stock of an emergency kit which is readily available, but accessible only to physician, nursing and pharmacy staff. Documentation by the qualified allopathic physician or osteopathic physician shall clearly indicate that the supervision has been performed.

(5) Only authorized licensed staff shall administer medications.

(6) A list of licensed staff members authorized to administer medications shall be maintained and regularly updated.

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

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

(a) The facility's performance improvement program shall specifically, objectively, and systematically monitor medications administration or dispensing or medication orders and prescriptions to evaluate and improve the quality of consumer care.

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

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

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

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

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

(2) Medication shall be not withheld from consumers for whom it is prescribed, for non-medical reasons. There shall be policies governing the provision of medication to clients who are actively using substances at the time of their dosage, which

document how to determine which medications should continue to be provided, and which medications should be withheld or postponed.

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

450:17-3-85. Pharmacy Services

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

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

(c) Failure to comply with 450:17-3-85 will result in the initiation of procedures to deny, suspend and/or revoke certification.

PART 11. CASE MANAGEMENT

450:17-3-101. Case management services

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

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

(c) Case management shall be co-occurring disorder capable.

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

(1) Completion of strengths based assessment for the purpose of assisting in the development of an individual plan of care;

(2) Development of case management care plan, which can be integrated into the existing individual plan of care;

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

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

(5) Monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress;

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

(7) Crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they

become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist consumer(s) from progression to a higher level of care.

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

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

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

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

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

450:17-3-103. Case management services for consumers admitted to higher levels of care

(a) Case managers shall maintain contact with existing CMHC consumers, and establish contact with newly referred persons who are receiving services in inpatient psychiatric settings, Community Based Structured Crisis Centers, (CBSCC), or 24-hour settings providing substance use disorder treatment.

(b) Each CMHC shall assign at least one (1) staff member who is responsible for linkage between psychiatric inpatient units, CBSCCs, and/or the substance use disorder treatment facility and the CMHC. Linkage shall include, but not limited to, the following activities, pursuant to appropriately signed releases and adherence to applicable privacy provisions:

(1) Regular visits or communication with the psychiatric inpatient unit, CBSCC, and/or substance use disorder treatment facility to monitor progress of those consumers hospitalized and/or in facility-based substance use disorder treatment from the CMHC's service area.

(2) Provide knowledge and communication to other CMHC staff regarding psychiatric inpatient unit admission, CBSCC and/or substance use disorder treatment facility and discharge procedures.

(c) Case managers from the CMHC to which the consumer will be discharged shall assist the consumer and psychiatric inpatient unit, CBSCC, and/or substance use disorder treatment facility with discharge planning for consumers returning to the community.

(d) Individuals discharging from an inpatient psychiatric unit setting, CBSCC, and/or substance use disorder treatment facility, who have not already been engaged, shall be offered case management and other supportive services. This shall occur as soon as possible, but shall be offered no later than seventy-two (72) hours post-discharge.

(e) Compliance with 450:17-3-103 shall be determined by a review of the following: clinical records; staff interviews; information from ODMHSAS operated psychiatric inpatient unit; CBSCC facilities, substance use disorder treatment facilities; meetings minutes (CMHC or state-operated psychiatric inpatient unit); and a review of a minimum of ten (10) clinical records of consumers who received services at an inpatient unit, CBSCC, and/or 24-hour setting providing substance use disorder treatment within the past twelve (12) months.

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

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

(b) Facility supervisors must be a certified behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50 if they directly supervise the equivalent of two (2) or more FTE certified behavioral health case managers who provide case management services as part of their regular duties. A facility supervisor certified as a behavioral health case manager prior to becoming a facility supervisor shall meet this requirement if acceptable documentation of certification is provided to the Department.

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

Part 13. ODMHSAS OPERATED PSYCHIATRIC HOSPITALS [REVOKED]

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

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

PART 15. BEHAVIORAL HEALTH REHABILITATION SERVICES

450:17-3-141. Psychiatric rehabilitation services

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

(b) The CMHC shall provide one or more of the following for adults: a PSR program, or ICCD Clubhouse program, or individual and group rehabilitation services. In addition, the CMHC shall provide individual and group rehabilitation services for children.

(c) CMHC policy and procedures shall reflect that psychiatric rehabilitation services shall be co-occurring disorder capable and facilitate processes for dual recovery for these individuals.

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

450:17-3-142. Day programs – day treatment [REVOKED]

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

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

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

(b) The program shall incorporate the following functions:

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

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

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

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

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

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

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

(c) PSR programs are required to maintain minimum staff ratios to assure participants have choices in activities and staff with whom they work. The following

staffing ratios shall be maintained for each location at which a psychiatric rehabilitation program is in operation.

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

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

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

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

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

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

450:17-3-146. ICCD Clubhouse program

(a) The Clubhouse program shall be certified as a Clubhouse through the International Center for Clubhouse Development (ICCD).

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

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

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

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

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

PART 17. SERVICES TO HOMELESS INDIVIDUALS

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

(a) CMHCs shall provide the following services to individuals within their service area who are homeless, including those individuals experiencing chronic homelessness and who have a serious mental illness, including co-occurring substance use disorders:

(1) Linkage and contacts with local emergency services, shelters, state-operated psychiatric inpatient unit, Community Based Structured Crisis Centers, Urgent Recovery Clinics and any other organizations which may be in contact with homeless persons;

(2) Linkage and contacts with local housing authorities;

(3) Contact, and work with those who are homeless and who have a serious mental illness, to assist with accessing CMHC services, income benefit programs, and housing programs, among other services; and
(4) These services shall be addressed in CMHC policy and procedures.
(b) Compliance with 450:17-3-161 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; PICIS reporting data; and, CMHC policy and procedures.

PART 19. PHARMACY SERVICES

450:17-3-181. Pharmacy services [AMENDED AND RENUMBERED 450:17-3-85]

PART 21. PEER RECOVERY SUPPORT SERVICES

450:17-3-191. Peer Recovery support services
(a) Peer recovery support services are provided as a program integrated within the overall structure of Community Mental Health Center services and must be offered to children ages 16 and 17 with SED, and adults age 18 and older with (SMI), including co-occurring disorders.
(b) Peer recovery support services may be offered to other consumers of the community mental health center and their families.
(c) These services shall have written policies specific to these services.
(d) Each CMHC shall have in place provisions for direct supervision and other supports for staff providing this service.
(e) Compliance with 450:17-3-191 shall be determined by a review of the following: documentation of linkage activities and agreements; clinical records; PICIS reporting data; and, CMHC policy and procedures.

450:17-3-192. Peer Recovery Support Specialists staff requirements
(a) Peer Recovery Support Services shall be provided only by staff who are certified as a Peer Recovery Support Specialist pursuant to Oklahoma Administrative Code, Title 450, Chapter 53.
(b) Each CMHC shall maintain records to verify certification for each provider of this service.
(c) Compliance for 450:17-3-192 shall be determined by a review of the facility personnel records and ODMHSAS files.

450:17-3-193. Peer Recovery Support services: Locale and frequency
(a) Peer Recovery Support services can be provided in any location. The majority of contacts should be face-to-face, however, services may be provided over the telephone as necessary to help the consumer achieve his/her goals.
(b) Compliance for 450:17-3-193 shall be determined by a review of the agency policy and procedures, PICIS, consumer records, consumer interviews, and observation.

PART 23. WELLNESS SERVICES AND RELATED ACTIVITIES

450:17-3-201. Wellness Services and Related Activities

(a) Wellness Services and Related Activities are consumer-driven services and supports that promote healthy lifestyles and behaviors which may include and not be limited to smoking cessation activities, exercise, stress management, and education on nutrition.

(b) These services shall:

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

(2) Be provided by staff credentialed by ODMHSAS as Wellness Coaches; and

(3) Have written policies specific to this services.

(c) Compliance for 450:17-3-201 shall be determined by a review of the following: documentation of activities and agreements; clinical records; PICIS reporting data; and, CMHC policy and procedures.

SUBCHAPTER 5. OPTIONAL SERVICES

PART 1. APPLICABILITY

450:17-5-1. Applicability

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

PART 3. INTENSIVE CASE MANAGEMENT [REVOKED]

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

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

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

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

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

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

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

PART 7. DAY TREATMENT SERVICES, CHILDREN AND ADOLESCENTS

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

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

(1) Hours of operation shall be held during periods which make it possible for consumers to receive a minimum of three (3) hours of treatment and services each day for five (5) days each week in the program, excluding time spent in fulfillment of academic educational activities as required by law; days and hours of operation shall be regularly scheduled and conspicuously displayed so as to communicate the schedule to the public; and

(2) Services provided shall be co-occurring disorders capable and include, at a minimum, the following:

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

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

(C) Integrated attention to decision making and healthy skill building regarding substance use, including nicotine and caffeine;

(D) Recreation and leisure activities;

(E) Emergency services;

(F) Habilitation services;

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

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

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

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

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

PART 9. VOCATIONAL EMPLOYMENT SERVICES

450:17-5-45. Vocational employment services

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

(1) Vocational assessment services;

(2) Vocational preparation services;

(3) Vocational placement services; and

(4) Other on and off-site employment support services.

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

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

PART 11. COMMUNITY LIVING PROGRAMS

450:17-5-56. Community living programs

(a) Community living programs shall be co-occurring disorder capable and include at least one of the following two types of supportive housing options for persons not in crisis who need assistance with obtaining and maintaining an independent living situation:

(1) Transitional housing; or

(2) Permanent Supported housing;

(b) Community living programs shall maintain staffing numbers, composition, training, and expertise to sufficiently supervise, provide, and maintain the services as defined in the program's goals and objectives and to ensure the safety of residents. A community living program shall have written policies and procedures specifying how, and by whom, the following services shall be performed:

(1) Medical treatment for residents on both emergency and routine bases;

(2) Mental health and substance use disorder services on both emergency and routine bases;

(3) Daily living, social and occupational evaluation and progress planning;

(4) Daily living and social skills training;

(5) Occupational and vocational training;

(6) Assistance to residents in locating appropriate alternative living arrangements as clinically indicated or requested by resident or as part of program completion or graduation;

(7) A mechanism for orientation and education of new residents, which shall include, at least:

(A) Emergency procedures including fire, health and safety procedures;

(B) Resident rights and responsibilities; and

(C) Program expectations and rules; and

(8) Assistance to residents in accessing community resources including but not limited to rental assistance and other benefits.

(c) There shall be documentation indicating that each resident has received orientation and education on emergency procedures, resident rights and responsibilities, and program expectations and rules.

(d) To ensure a safe and sanitary environment for residents, the following shall apply for all CMHC owned and/or managed housing facilities:

(1) The apartment or house and furnishings shall be in good repair, and free of unpleasant odors, and insect and rodent infestations.

(2) The apartment or house shall contain safe heating and air conditioning systems,

which are in proper working condition. Each apartment or house shall have an annual fire and safety inspection by the State or local Fire Marshal's office.

(3) Apartments or houses shall be inspected by CMHC staff on a regular basis as specified in agency Policy and Procedures to ensure that fire, health or safety hazards do not exist.

(4) The program shall develop and maintain emergency policy and procedures which shall include but are not limited to:

(A) Fire response and evaluations;

(B) Response to other disasters;

(C) Relocation if housing unit(s) become unlivable; and

(D) Personal accident or illness.

(e) Compliance with 450:17-5-56 shall be determined by on-site observation; interviews with residents, program staff, and other appropriate CMHC staff; and a review of facility documentation including a review of the CMHC written policy and procedures and resident records.

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

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

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

450:17-5-59.1. Transitional housing programs [REVOKED]

450:17-5-60. Supervised transitional living programs [REVOKED]

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

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

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

450:17-5-64. Supported transitional housing programs [REVOKED]

450:17-5-65. Community Living environment [REVOKED]

450:17-5-66. Permanent supported housing programs [REVOKED]

450:17-5-67. Permanent supported housing programs, monthly contacts and activities [REVOKED]

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

450:17-5-67.2. Permanent scattered-site housing programs [REVOKED]

450:17-5-67.3. Permanent congregate housing programs [REVOKED]

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

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

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

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

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

PART 13. CRISIS STABILIZATION

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

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

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

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

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

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

PART 15. INPATIENT SERVICES

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

(a) Any community mental health center providing inpatient services must demonstrate current compliance with applicable accreditation requirements for inpatient psychiatric or behavioral health services as stipulated by any of the following: the Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation (COA). Facilities shall also demonstrate current licenses as required by the Oklahoma State Department of Health.

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

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

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

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

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

450:17-5-100. Mechanical restraints [REVOKED]

PART 17. PSYCHIATRIC INPATIENT SERVICES IN GENERAL HOSPITALS [REVOKED]

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

PART 19. PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part 21. GAMBLING DISORDER TREATMENT SERVICES [REVOKED]

450:17-5-128. Gambling Disorder Treatment Services [REVOKED]

450:17-5-129. Level of Care [REVOKED]

450:17-5-130. Admission criteria [REVOKED]

450:17-5-131. Discharge criteria [REVOKED]

450:17-5-132. Treatment services [REVOKED]

PART 23. BEHAVIORAL HEALTH HOME [REVOKED]

450:17-5-140. Program description and purpose [REVOKED]

450:17-5-141. Target populations [REVOKED]

450:17-5-142. Outreach and engagement [REVOKED]

450:17-5-143. Structure of Behavioral Health Home and administrative staff [REVOKED]

450:17-5-144. Treatment team; general requirements [REVOKED]

450:17-5-145. Treatment team; adult team [REVOKED]

450:17-5-146. Treatment team; children and adolescent team [REVOKED]

450:17-5-147. Required services [REVOKED]

450:17-5-148. Access to specialists [REVOKED]

450:17-5-149. Admission [REVOKED]

450:17-5-150. Initial assessment [REVOKED]

450:17-5-151. Comprehensive assessment [REVOKED]

450:17-5-152. Integrated care plan [REVOKED]

450:17-5-153. Integrated care plan; content [REVOKED]

450:17-5-154. Review of plan [REVOKED]

450:17-5-155. Intensive care coordination for children and adolescents; wraparound approach [REVOKED]

450:17-5-156. Behavioral Health Home medication monitoring [REVOKED]

450:17-5-157. Behavioral Health Home pharmacy services [REVOKED]

450:17-5-158. Health promotion and wellness; consumer self-management [REVOKED]

450:17-5-159. Discharge or transfer from Behavioral Health Home [REVOKED]

450:17-5-160. Linkage and transitional care [REVOKED]

450:17-5-161. Consumer (Patient Care) Registries and Population Health Management [REVOKED]

450:17-5-162. Electronic health records and data sharing [REVOKED]

450:17-5-163. Performance measurement and quality improvement [REVOKED]

PART 25. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

450:17-5-170. Certified Community Behavioral Health Clinic

(a) The purpose of this Part is to set forth, in addition to all other applicable rules, program requirements, activities and services for CMHCs who opt to operate as a Certified Community Behavioral Health Clinic (CCBHC).

(b) The purpose of a CCBHC is to:

(1) Provide access to integrated services for all individuals regardless of pay source or ability to pay;

(2) Provide a full array of mental health and substance use disorder services in every certified location, and provide, or coordinate with, primary care services;

(3) Provide quality-driven and outcome-driven services as demonstrated through data reports and outcomes reports generated by the ODMHSAS or its contractor; and

(4) Provide enhanced integration and coordination of mental health, primary, and substance use disorder services and supports for persons across the lifespan utilizing an interdisciplinary, team-based approach and in compliance with all requirements in the CCBHC Manual.

(c) In order to be certified as a CCBHC, an entity must have a current contract in good standing for CCBHC services from ODMHSAS.

450:17-5-171. Organizational authority, governance and accreditation

(a) In addition to the board composition requirements found in 450:17-25-2, facilities certified under this Part will incorporate meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of facility consumers, either through 51 percent of the board being families, consumers or people in recovery from behavioral health conditions, or through a substantial portion of the governing board members meeting this criteria and other specifically described methods for consumers, people in recovery and family members to provide meaningful input to the board about the facility's policies, processes and services. Any alternative to the 51 percent standard must be approved by the Director of Provider Certification.

(b) To the extent a facility is comprised of a governmental or tribal entity or a subsidiary or part of a larger corporate organization that cannot meet these requirements for board membership, the facility shall develop an advisory structure and other specifically described methods for consumers, persons in recovery, and family members to provide meaningful input to the board about the facility's policies, processes and services.

(c) An independent financial audit shall be performed annually in accordance with federal audit requirements, and, where indicated, a corrective action plan is submitted addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report.

(d) Compliance with this Section shall be determined by a review of facility policy and procedures regarding governing authority; governing body bylaws, rules and regulations; governing body minutes; membership rolls; and other documentation as needed.

450:17-5-172. General Staffing

(a) In order to ensure adequate staffing, the facility must complete an assessment of the needs of the target consumer population and a staffing plan. The needs assessment will include cultural, linguistic, and treatment needs. The needs assessment will include both consumer and family/caregiver input and will be updated regularly, but no less frequently than every three (3) years.

(b) The facility operating the CCBHC will have policies and program descriptions to define how the CCBHC will operate a team dedicated to provide the range of specific services articulated elsewhere in this Subchapter.

(c) The facility shall have a fully staffed management team as appropriate for the size and needs of the clinic as determined by the current needs assessment and staffing plan. The management team will include, at a minimum a CEO or Executive Director and a psychiatrist as Medical Director. The Medical Director need not be a full-time employee. The Medical Director will ensure the medical component of care and the

integration of behavioral health and primary care are facilitated.
(d) The facility must maintain liability/malpractice insurance adequate for the staffing and scope of services provided.
(e) Compliance with this Section shall be determined by a review of policies, facility needs assessment, organizational chart, clinic liability and malpractice insurance documentation.

450:17-5-173. Staffing; Treatment team
(a) The treatment team includes the consumer, the family/caregiver of child consumers, the adult consumer's family to the extent the consumer does not object, any other person the consumer chooses, and identified staff as appropriate to the needs of the individual consumer. Each facility shall maintain a core staff comprised of employed and, as needed, contracted staff, which shall, at a minimum, include the following positions:
(1) Licensed Psychiatrist;
(2) Licensed Nurse Care Manager (RN or LPN);
(3) Consulting Primary Care Physician, Advanced Practice Registered Nurse, or Physician Assistant;
(4) At least one (1) Licensed Behavioral Health Professional (LBHP) and may include additional LBHPs or Licensure Candidates;
(5) Behavioral Health Case Manager II or Certified Alcohol and Drug Counselor;
(6) Peer Recovery Support Specialist;
(7) Family Peer Recovery Support Specialist;
(8) Qualified Behavioral Health Aide; and
(9) Wellness Coach.
(b) Optional positions, to be included as necessary based on community needs assessments and the caseload of the CCBHC, may include:
(1) Certified Behavioral Health Case Manager I;
(2) Licensed nutritionist;
(3) Occupational therapist; and/or
(4) Occupational therapist assistant under the supervision of a licensed occupational therapist.
(c) Compliance with this Section shall be determined by a review of personnel files and privileging documents.

450:17-5-174. Staff Training
(a) In addition to the requirements found in 450:1-9-5.6(b) in-service presentations shall be conducted upon hire/contracting and each calendar year thereafter for all CCBHC employees on the following topics:
(1) Person/Family-centered, recovery oriented, evidence-based and trauma-informed care;
(2) Primary care/behavioral health integration; and
(3) Best practices in utilization of family support providers and peer recovery support specialists.
(b) The facility shall assess the skills and competence of each individual furnishing services and, as necessary, provide in-service training and education programs. The

facility will have written policies and procedures describing its method(s) of assessing competency and maintains a written accounting of the in-service training provided during the previous 12 months.
(c) Individuals providing staff training must be qualified as evidenced by their education, training and experience.
(d) Compliance with this Section shall be determined by a review of policies and procedures and personnel records.

450:17-5-175. Linguistic Competence
(a) If the facility services individuals with Limited English Proficiency (LEP) or with language-based disabilities, the facility will take reasonable steps to provide meaningful access to their services. Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP."
(b) Interpretation/transitional service(s) are provided that are appropriate and timely for the size/needs of the LEP consumer population (e.g., bilingual providers, onsite interpreters, language telephone line). To the extent interpreters are used, such translation service providers are trained to function in a medical and/or behavioral health setting (e.g., confidentiality and plain language).
(c) Documents or messages vital to a consumer's ability to access services are available for consumers in languages common in the community served, taking account of literacy levels and the need for alternative formats. The requisite language will be informed by the needs assessment.
(d) The facility will use culturally and linguistically appropriate screening tools, and tools/approaches that accommodate disabilities (i.e. hearing disability, cognitive limitations), when appropriate.
(e) Compliance with this Section shall be determined by a review of policies, procedures, personnel files and the facility needs assessment.

450:17-5-176. Availability and accessibility of services
(a) A CCBHC must conduct outreach activities to engage those consumers who are difficult to find and engage, with an emphasis on the special population list also known as the "Most in Need" list that is determined and supplied to the CCBHC by the ODMHSAS. These activities must be services reported through the Medicaid Management Information System (MMIS). The CCBHC must have dedicated staff who do not carry a caseload. The CCBHC must have policies and procedures to describe how outreach and engagement activities will occur to assist consumers and families to access benefits and formal or informal services to address behavioral health conditions and needs.
(b) Facility records will identify which staff members are responsible for specific elements of outreach and engagement.
(c) To the extent possible, the facility should make reasonable efforts to provide transportation or transportation vouchers for consumers to access services provided or arranged for by the facility.
(d) To the extent allowed by state law, facility will make services available via telemedicine in order to ensure consumers have access to all required services.

(e) The facility will ensure that no individuals are denied services, including but not limited to crisis management services, because of an individual's inability to pay and that any fees or payments required by the clinic for such services will be reduced or waived to enable the facility to fulfill this assurance. The facility will have a published sliding fee discount schedule(s) that includes all services offered.
(f) The facility will ensure no individual is denied behavioral healthcare services because of place of residence or homelessness or lack of a permanent address. Facility will have protocols addressing the needs of consumers who do not live within the facility's service area. At a minimum, facility is responsible for providing crisis response, evaluation, and stabilization services regardless of the consumer's place of residence and shall have policies and procedures for addressing the management of the consumer's ongoing treatment needs. In addition, for those consumers who are homeless, the CCBHC must attempt to obtain at least two contact phone numbers for persons of the consumer's choice who know how to reach the consumer in the consumer's record, and/or a location where the consumer is most likely to be found, and/or a location to find a person of the consumer's choice likely to know where the consumer is located.
(g) The facility shall report to the Department any individual who is denied services and the reason for the denial. Reporting shall be completed in a form and manner prescribed by the Department.
(h) Each CCBHC must have the following within three (3) years of initial CCBHC certification or by July 1, 2024, whichever is later:
(1) A minimum of one outpatient clinic with twenty-four (24) hour service availability, urgent recovery clinic (URC), or crisis unit in each of the following:
(A) Every county within the CCBHC catchment area with a population of 20,000 or more; and
(B) A minimum of one (1) adjacent county (if not within the county) for every county within the catchment area with a population of less than 20,000. A URC or crisis unit in another catchment area may be utilized to satisfy this requirement.
(i) Compliance with this Section shall be determined by a review of policies, consumer records and facility fee schedule.

450:17-5-177. General service provisions
(a) Facility is responsible for the provision of the following services:
(1) Screening, assessment and treatment planning;
(2) Crisis Services (24/7 walk-in crisis clinic or urgent care);
(3) Outpatient behavioral health services;
(4) Outpatient primary care screening and monitoring;
(5) Case management;
(6) Psychiatric rehabilitation;
(7) Peer and family supports;
(8) Intensive community-based outpatient behavioral health care for members of the US Armed Forces and veterans;
(9) Coordination and services for persons discharging from jail and, when possible, persons discharging from prison;
(10) Extensive outreach and intensive community-based outpatient behavioral health

care for historically disadvantaged populations and older persons to ensure consumers served are representative of the communities served; and

(11) Individual Placement and Support (IPS) Services.

(b) Certain services may be provided either directly by the facility or through formal relationships with other providers. Whether directly supplied by the facility or by a Designated Collaborating Organization (DCO) through a formal arrangement, the facility is ultimately clinically responsible for all care provided. The facility must have policies and procedures that ensure DCO-provided services for facility's consumers must meet the same quality standards as those provided by the facility.

(c) Compliance with this Section shall be determined by a review of policies, procedures and consumer records.

450:17-5-178. Preliminary screening

For new consumers requesting or being referred for behavioral health services, an integrated screening approach in accordance with OAC 450:17-3-21 will be used to determine the consumer's acuity of needs. The facility shall use standardized and validated screening and assessment tools, and where appropriate, brief motivational interviewing techniques. The preliminary screening shall be completed upon initial contact with the consumer.

(1) If the screening identifies an emergency/crisis need, the facility will take appropriate action immediately, including any necessary subsequent outpatient follow-up.

(2) If the screening identifies an urgent need, clinical services are provided and the initial evaluation completed within one business day of the time the request is made. An urgent need is one that if not addressed immediately could result in the person becoming a danger to self or others, or could cause a health risk.

(3) If screening identifies unsafe substance use including problematic alcohol or other substance use, the facility will conduct a brief intervention and the consumer is provided or referred for and successfully linked with a full assessment and treatment, if applicable with appropriate follow up to ensure that the consumer made contact with the treatment facility.

(4) If the screening identifies routine needs, services will be provided and the initial assessment completed within 10 business days in accordance with OAC 450:17-5-180.

450:17-5-179. Primary care screening and monitoring

(a) The facility is responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risk. Facility shall have policies and procedures to ensure that these services are received in a timely fashion, whether provided directly by the facility or through a DCO.

(b) Required primary care screening and monitoring of key health indicators and health risk provided by the facility shall include but not be limited to the following

(1) For all consumers, as applicable based on age as specified in the CCBHC Manual:

(A) Adult Body Mass Index (BMI) screening and follow-up for adults or weight assessment and counseling for nutrition and physical activity for

children/adolescents (WCC);
(B) Blood pressure;
(C) Screening for clinical depression and follow-up plan;
(D) Tobacco use: Screening and cessation intervention; and
(E) Unhealthy alcohol use.
(2) As applicable:
(A) Adherence to antipsychotic medications for individuals with Schizophrenia;
(B) Adherence to mood stabilizers for individuals with Bipolar I Disorder;
(C) Antidepressant medication management;
(D) Cardiovascular health screening for people with schizophrenia;
(E) Diabetes care for people with serious mental illness;
(F) Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications; and
(G) Metabolic monitoring for children and adolescents on antipsychotics.

(c) The facility will ensure children receive age appropriate screening and preventive interventions including, where appropriate, assessment of learning disabilities, and older adults receive age appropriate screening and preventive interventions.

(d) Compliance with this Section will be determined by a review of facility policies and consumer records.

450:17-5-180. Initial assessment and initial care plan

(a) The initial assessment and the initial care plan must be completed within ten (10) business days after the first contact. The initial care plan must include, at a minimum, the following:

(1) Preliminary diagnoses;
(2) Source of referral;
(3) Reason for seeking care, as stated by the client or other individuals who are significantly involved;
(4) Identification of the client's immediate clinical care needs related to the diagnosis for mental and substance use disorders;
(5) A list of current prescriptions and over-the-counter medications, as well as other substances the client may be taking;
(6) An assessment of whether the client is a risk to self or to others, including suicide risk factors;
(7) An assessment of whether the client has other concerns for their safety;
assessment of need for medical care (with referral and follow-up as required);
(8) A determination of whether the person presently is or ever has been a member of the U.S. Armed Services; and
(9) At least one (1) immediate treatment goal.

(b) A Licensed Behavioral Health Professional (LBHP) or Licensure Candidate, acting within his/her scope of practice requirements, must complete the initial assessment and initial care plan in accordance with OAC 450:17-3-21 for consumers who have not been assessed by the facility within the past six (6) months.

450:17-5-181. Comprehensive care plan, content

(a) The CCBHC team must develop a consumer directed, comprehensive care plan for each enrolled consumer that reflects input of the interdisciplinary team, and others the consumer chooses to involve.
(b) The comprehensive care plan shall clearly address physical and behavioral health goals, consumer preferences, and the overall health and wellness needs of the consumer. The plan shall address the services necessary to assist the client in meeting his or her mental health and physical health goals, and include the following:

(1) Consumer diagnoses, relative to behavioral and physical health conditions assessed by and addressed in terms of direct services provided and/or conditions for which the individual is referred and linked elsewhere for treatment;

(2) Consumer integrated care service needs, relative to behavioral and physical health conditions assessed by and addressed in terms of direct services provided and/or conditions for which the individual is referred and linked elsewhere for treatment;

(3) One to three treatment goals for the upcoming six (6) months, including preventive, primary care, and wellness services;

(4) Interventions, including identification of and follow up with necessary medical providers, and identification of any specific care pathways for chronic conditions; and

(5) The interdisciplinary treatment team's documentation of the consumer's or representative's and/or primary caregiver's (if any) understanding, involvement, and agreement with the integrated care plan.

(c) The CCBHC must provide for each consumer and primary caregiver(s), as applicable, education and training consistent with the consumer and caregiver responsibilities as identified in the plan and relative to their participation in implementing the plan.
(d) The comprehensive care plan must be signed by an LBHP or licensure candidate in accordance with OAC 450:17-7-8, with participation by the interdisciplinary team performing within each team member's scope of practice consistent with each consumer's immediate needs.
(e) Compliance with this Section will be determined by on-site review of clinical records and supported documentation. The ODMHSAS or its contractor may utilize site observation, staff surveys and/or interviews to assist Provider Certification with determining compliance.

450:17-5-182. Comprehensive care plan, timeframes

(a) The comprehensive care plan must be documented and completed within sixty (60) calendar days after the first contact.
(b) The comprehensive care plan must be updated as needed but no less than every six (6) months thereafter. The update shall include an addendum to the plan showing progress toward goals specified in the plan, goals and objectives that have been achieved, and any new goals or objectives.
(c) Additionally, a review of the comprehensive care plan shall be completed every three (3) months. A review shall consist of a review of the consumer's needs and progress as compared to the content of the comprehensive care plan to determine if an update to the comprehensive care plan is needed more frequently than required in (b) above.

(d) Compliance with this Section will be determined by on-site review of clinical records and supported documentation. The ODMHSAS or its contractor may utilize site observation, staff surveys and/or interviews to assist Provider Certification with determining compliance.

450:17-5-183. Care coordination

(a) Based on a person and family-centered care plan and as appropriate, the facility will coordinate care for the consumer across the spectrum of health services, including access to physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person. This care coordination shall include not only referral but follow up after referral to ensure that services were obtained, to gather the outcome of those services, and to identify next steps needed.

(b) The facility must have procedures and agreements in place to facilitate referral for services needed beyond the scope of the facility. At a minimum, the facility will have agreements establishing care coordination expectations with Federally Qualified Health Centers (FQHCs) and, as applicable, Rural Health Centers (RHCs) to provide healthcare services for consumers who are not already served by a primary healthcare provider.

(c) The facility must have procedures and agreements in place establishing care coordination expectations with community or regional services, supports and providers including but not limited to:

(1) Schools;

(2) OKDHS child welfare;

(3) Juvenile and criminal justice agencies;

(4) Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department; and

(5) Indian Health Service regional treatment centers.

(d) The facility will develop contracts or memoranda of understandings (MOUs) with regional hospital(s), Emergency Departments, Psychiatric Residential Treatment Facilities (PRTF), ambulatory and medical withdrawal management facilities or other system(s) to ensure a formalized structure for transitional care planning, to include communication of inpatient admissions and discharges.

(1) Transitional care will be provided by the facility for consumers who have been hospitalized or placed in other non-community settings, such as psychiatric residential treatment facilities. The CCBHC will provide care coordination while the consumer is hospitalized as soon as it becomes known. A team member will go to the hospital setting to engage the consumer in person and/or will connect through telehealth as a face to face meeting. Reasonable attempts to fulfill this important contact shall be documented. In addition, the facility will make and document reasonable attempts to contact all consumers who are discharged from these settings within 24 hours of discharge.

(2) The facility will collaborate with all parties involved including the discharging/admitting facility, primary care physician, and community providers to

ensure a smooth discharge and transition into the community and prevent subsequent re-admission(s).

(3) Transitional care is not limited to institutional transitions, but applies to all transitions that will occur throughout the development of the enrollee and includes transition from and to school-based services and pediatric services to adult services.

(4) The facility will document transitional care provided in the clinical records.

(e) Care Coordination activities shall include use of population health management tools, such as dashboards, patient registries, and team staffings.

(f) Care coordination activities will be carried out in keeping with the consumer's preferences and needs for care, to the extent possible and in accordance with the consumer's expressed preferences, with the consumer's family/caregiver and other supports identified by the consumer. The facility will work with the consumer in developing a crisis plan with each consumer, such as a Psychiatric Advanced Directive or Wellness Recovery Action Plan.

(g) Referral documents and releases of information shall comply with applicable privacy and consumer consent requirements.

(h) Compliance with this Section will be determined by on-site observation, review of organizational documents, contracts, MOUs, and clinical records.

450:17-5-184. Crisis services

(a) The CCBHC will make available, either directly or through a qualified DCO, the following co-occurring capable crisis services:

(1) Mobile crisis teams that are available for community response twenty-four (24) hours a day, seven (7) days a week, with response times of no more than one (1) hour in urban areas and two (2) hours in rural areas (as designated by the most recent data from the U.S. Census Bureau). Response time is the time from referral to the mobile crisis team to on-site, community-based response;

(2) Emergency crisis intervention services available in-person at the facility twenty-four (24) hours a day, seven (7) days a week; and

(3) Specialized crisis stabilization services, such as a PACT team or dedicated outreach staff/team, that are accessible to all consumers in the catchment area with serious mental illness/serious emotional disturbance that meet criteria as determined by the CCBHC or as designated by ODMHSAS.

(b) Crisis services must include suicide crisis response and services capable of addressing crises related to substance use disorder and intoxication, including ambulatory and medical withdrawal management.

(c) The CCBHC will have an established protocol specifying the role of law enforcement during the provision of crisis services.

(d) Compliance with this Section shall be determined by facility policies and clinical records. The ODMHSAS may also utilize surveys and/or interviews with law enforcement agencies, consumers, families and community partners to determine if these requirements are met.

450:17-5-185. Outpatient therapy services

(a) The facility will directly provide outpatient mental health and substance use disorder services in accordance with 450:17-3 Part 7. In the event specialized services outside

the expertise of the facility are required to meet the needs of the consumer, the facility will make them available through referral or other formal arrangement with other providers or, where necessary and appropriate, through the use of telemedicine services.
(b) Evidence-based or best practices shall include, but not be limited to, medication assisted treatment and those referenced in the CCBHC Manual.
(c) Compliance with this Section shall be determined by facility policies and clinical records.

450:17-5-186. Case management services
(a) The facility is responsible for high quality targeted case management (TCM) services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports. TCM should include supports for persons deemed at high risk of suicide, particularly during times of transitions such as from an emergency department or psychiatric hospitalization, as outlined in the provider's suicide care pathway.
(b) The provision of TCM shall meet the requirements set forth in OAC 450:17-3 Part 11 and will be made available to all consumers as appropriate and identified in the individual service plan.
(c) Compliance with this Section shall be determined by a review of facility policy and clinical records.

450:17-5-187. Behavioral health rehabilitation services
(a) The facility is responsible for providing evidence-based and other psychiatric rehabilitation services. Services to be considered include:
(1) Medication education;
(2) Self-management education;
(3) Community integration services;
(4) Recovery support services including Illness Management & Recovery;
(5) Financial management education;
(6) Dietary and wellness education; and
(7) Other services referenced in the CCBHC Manual.
(b) Evidence based and best practices shall include but not be limited to:
(1) Individual Placement and Support (IPS) supported employment;
(2) Illness Management & Recovery (IMR) and Enhanced Illness Management & Recovery (EIMR);
(3) Housing First Philosophy; and
(4) Matrix model components, including contingency management.
(c) The provision of behavioral health rehabilitation services shall meet the requirements set forth in OAC 450:17-3 Part 15 and will be made available to all consumers, as appropriate and identified in the individual service plan.
(d) Compliance with this Section shall be determined by a review of facility policy and clinical records.

450:17-5-188. Peer support services
(a) The facility is responsible for the availability of peer recovery support and

family/caregiver support services.
(b) The provision of Peer Recovery Support services shall meet the requirements set forth in OAC 450:17-3 Part 21 and will be made available to all consumers, as appropriate and identified in the individual service plan.
(c) Family support and training shall be made available to all child consumers and their families/caretakers, as appropriate and identified in the individual service plan.
(d) Compliance with this Section shall be determined by a review of facility policy and clinical records.

450:17-5-189. Community-based mental health care for members of the Armed Forces and Veterans
(a) The facility is responsible for screening all individuals inquiring about services for current or past service in the US Armed Forces.
(b) The facility is responsible for intensive, community-based behavioral health care for certain members of the US Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more from a Military Treatment Facility (MTF) and veterans living 40 miles or more from a Veterans Affairs (VA) medical facility.
(c) All members of the Armed Forces and veterans will be afforded the complete array of services and supports available through the CCBHC, regardless of pay source or diagnosis. Need will be determined through a thorough assessment that includes any necessary communications with and records from any part of the military or veterans systems.
(d) The CCBHC will maintain Memoranda of Agreement and letters of collaboration necessary to easily receive referrals from the military or a VA medical facility, and to obtain all needed information from them, for successful treatment of all persons currently serving in the military or veterans.
(e) Compliance with this Section shall be determined by a review of facility policies and clinical records. In addition, the ODMHSAS may conduct surveys and/or interviews, or utilize a contracted agent to conduct them.

450:17-5-189.1. Individual Placement and Support services
(a) The facility is responsible for the provision of Individual Placement and Support (IPS) services, which will be made available to all consumers as appropriate and identified in the individual service plan.
(b) IPS services shall be provided by appropriately trained staff who have credentials as an IPS service provider.
(c) Compliance with this Section shall be determined by a review of facility policy and clinical records.

450:17-5-189.3. Intensive services for consumers with serious mental illness/ serious emotional disturbance
(a) Intensive services and care coordination shall be delivered with a single point of accountability for providing treatment, rehabilitation and support services to consumers with serious mental illness/serious emotional disturbance that meet criteria as determined by the CCBHC or as designated by ODMHSAS; and/or who are categorized as Special Population 1 or Special Population 2.

(b) The CCBHC shall use an intensive team-based model that is separate and distinct from other outpatient care teams, such as Programs of Assertive Community Treatment, to merge clinical and rehabilitation staff expertise within one service delivery team for such consumers. This model shall include services with a focus on community tenure, stable housing, and opportunities for employment.
(c) Program policies shall define the intensive team-based approach and criteria as identified in (a) and (b) above and stipulate that these policies must be followed by staff to develop care coordination plans for consumers with serious mental illness/serious emotional disturbance.
(d) Clinical records shall document the implementation of services identified in (a) and (b) above.

450:17-5-190. Electronic health records and data sharing
(a) The facility shall utilize a functioning electronic health record (EHR) system that meets Meaningful Use standards, as defined in the Medicare and Medicaid Incentive Programs, or have a facility approved written plan with timeframes to obtain one.
(b) The facility shall document a plan to work with health information organizations to share referrals, continuity of care documents, lab results, and other health information and develop partnerships that maximize the use of Health Information Technology (HIT) across all treating providers.
(c) It is the facility's responsibility to arrange for access to any consumer data from a participating DCO as legally permissible upon creation of the relationship with the DCO and to ensure adequate consent as appropriate and that releases of information are obtained for each affected consumer.
(d) Compliance with (a) will be determined by review of documentation that certifies the electronic health record meets Meaningful Use standards or documentation of a plan to obtain one with implementation timeline.
(e) Compliance with (b) will be determined by on-site observation, review of policy, MOUs, clinical records, information available through an approved information system documenting that facility's consumers' records have been accessed and shared through a Health Information Exchange (HIE), and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

450:17-5-191. Consumer (Patient Care) Registries and Population Health Management
(a) The facility must implement clinical decision support mechanisms following nationally published evidence-based guidelines for:
(1) A mental health or substance use disorder;
(2) A chronic medical condition;
(3) An acute condition;
(4) A condition related to unhealthy behaviors; and
(5) Well child or adult care.
(b) Facility must have descriptions of programs in place to demonstrate how it encourages healthier lifestyles for consumers, including increased physical activity, better nutrition, avoidance of behavioral risks, and wider use of preventive care.
(c) The facility shall electronically submit data to an information management system,

which will act as a consumer registry, care management device and outcomes measurement tool.
(d) The facility shall utilize information provided through the approved information system for the purpose of enrollment and discharge tracking, compliance, quality assurance, and outcome monitoring.
(e) Compliance will be determined by on-site observation, review of information available through an approved information system, and consultation with the ODMHSAS Decision Support Services and ODMHSAS Information Services Division.

450:17-5-192. Data reporting, performance measurement and quality improvement
(a) Facility shall annually submit a cost report containing data elements as specified by ODMHSAS with supporting data within six months after the end of each calendar year.
(b) There shall be an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care related to facility operations.
(c) The performance improvement activities must:
(1) Focus on high risk, high volume, or problem-prone areas.
(2) Consider incidence, prevalence, and severity of problems.
(3) Give priority to improvements that affect behavioral outcomes, client safety, and person-centered quality of care.
(d) Performance improvement activities must also track adverse client events, analyze their causes, and implement preventive actions and mechanisms.
(e) The program must use quality indicator data, including client care, and other relevant data in the design of its program.
(f) The facility must use the data collected to monitor the effectiveness and safety of services and quality of care and identify opportunities and priorities for improvement.
(g) The functions and processes outlined in (a) through (e) shall be evidenced in an annual written plan for performance improvement activities. The plan shall include but not be limited to:
(1) Outcomes management processes which include measures required by CMS and the State and may also include measures from the SAMHSA National Outcomes Measures, NCQA, and HEDIS as required to document improvement in population health.
(2) Quarterly record review to minimally assess:
(A) Quality of services delivered;
(B) Appropriateness of services;
(C) Patterns of service utilization;
(D) Treatment goals and objectives based on assessment findings and consumer input;
(E) Services provided which were related to the goals and objectives;
(F) Patterns of access to and utilization of specialty care; and
(G) The care plan is reviewed and updated as prescribed by policy.
(3) Review of critical incident reports and consumer grievances or complaints.

(h) Compliance with this Section will be determined by a review of the written program evaluation plan, program goals and objectives and other supporting documentation provided as well as policy, cost report and annual written plan.

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

450:17-7-1. Clinical record keeping system [REVOKED]

450:17-7-2. Applicability

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

450:17-7-3. Basic requirements [REVOKED]

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

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

(a) All facilities shall complete a face-to face screening with each individual to determine appropriateness of admission.
(b) The CMHC shall document the face-to-face screening between the potential consumer and the CMHC including how the consumer was assisted to identify goals, how the consumer received integrated screening to identify both immediate and ongoing needs and how the consumer was assisted to determine appropriateness of admission, and/or to access other appropriate services.
(c) Upon determination of appropriate admission, consumer demographic information shall be collected.
(d) All programs shall complete a psychosocial assessment which gathers sufficient information to assist the consumer in developing an individualized service plan.
(e) The CMHC shall have policy and procedures that stipulate content required for items (c) and (d).
(f) An assessment update, to include date, identifying information, source of information, present needs, present life situation, current level of functioning, and what consumer wants in terms of service, is acceptable only on re-admissions within one (1) year of previous admission.
(g) Compliance with 450:450:17-7-5 shall be determined by a review of the following: psychosocial assessment instruments; consumer records; case management assessments; interviews with staff and consumers; policies and procedures and other facility documentation.

450:17-7-5.1. Clinical record content, on-going assessment

(a) The CMHC shall have procedures and policies which delineate the process, protocols, and timeframes by which on-going clinical assessments occur.
(b) Compliance with 450: 17-7-5.1 shall be determined by a review of the clinical records and agency policies and procedures.

450:17-7-6. Health and drug history [REVOKED]

450:17-7-7. Psychosocial evaluation [REVOKED]

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

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

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

(c) The service plan must have an overall general focus on recovery which, for adults, may include goals like employment, independent living, volunteer work, or training, and for children, may include areas like school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.

(d) Comprehensive service plans must be completed within six (6) treatment sessions and adhere to the format and content requirements described in the facility policy and procedures.

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

(f) Service plans, both comprehensive and update, must include dated signatures of the consumer (if over age 14), the parent/guardian (if the consumer is under age eighteen (18) or otherwise applicable), and the primary service practitioner. Signatures must be obtained after the service plan is completed.

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

450:17-7-9. Medication record

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

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

(1) Name of medication,

(2) Dosage,

(3) Frequency of administration or prescribed change, and

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

(c) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities during screening and assessment, updated when required by virtue of new information, and kept in a highly visible location in or on the record.
(d) Compliance with 450:17-7-9 shall be determined by a review of medication records and clinical records.

450:17-7-10. Progress Notes
(a) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment and shall adhere to the format and content requirements described in the facility policy and procedures.
(b) Progress notes must include the consumer's name, be signed by the service provider, and include the service provider's credentials.
(c) Compliance with 450:17-7-10 shall be determined by a review of clinical records and policies and procedures.

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

450:17-7-12. Discharge summary [REVOKED]

SUBCHAPTER 9. CONSUMER RECORDS AND CONFIDENTIALITY [REVOKED]

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

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

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

SUBCHAPTER 11. CONSUMER RIGHTS

450:17-11-1. Consumer rights, inpatient and residential
The CMHC shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

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

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

The CMHC shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

450:17-11-4. ODMHSAS Consumer Advocacy Division

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

SUBCHAPTER 13. ORGANIZATIONAL AND FACILITY MANAGEMENT [REVOKED]

450:17-13-1. Organizational and facility description [REVOKED]

450:17-13-2. Information analysis and planning [REVOKED]

SUBCHAPTER 15. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

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

450:17-15-1.1. Performance improvement program [REVOKED]

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

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

450:17-15-3.1. Quality improvement activities [REVOKED]

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

450:17-15-5. Critical incident reporting

In addition to the requirements set forth in OAC 450:1-9-5.6(f), sentinel events shall have a root cause analysis completed no later than 30 days after the event occurred with a copy of the completed report sent to ODMHSAS.

SUBCHAPTER 17. UTILIZATION REVIEW [REVOKED]

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

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

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

SUBCHAPTER 19. HUMAN RESOURCES [REVOKED]

450:17-19-1. Personnel policies and procedures [REVOKED]

450:17-19-2. Job descriptions [REVOKED]

450:17-19-3. Utilization of volunteers [REVOKED]

SUBCHAPTER 21. STAFF DEVELOPMENT AND TRAINING [REVOKED]

450:17-21-1. Staff qualifications [REVOKED]

450:17-21-2. Staff development [REVOKED]

450:17-21-3. Annually required in-service training for all employees and volunteers [REVOKED]

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

450:17-21-5. CAPE training [REVOKED]

450:17-21-6. Clinical supervision [REVOKED]

SUBCHAPTER 23. FACILITY ENVIRONMENT [REVOKED]

450:17-23-1. Facility environment [REVOKED]

450:17-23-2. Technology [REVOKED]

450:17-23-3. Tobacco-free campus [REVOKED]

SUBCHAPTER 25. GOVERNING AUTHORITY

450:17-25-1. Documents of authority [REVOKED]

450:17-25-2. Board composition

(a) Members of the Board of Directors shall reside, or be employed, or otherwise have a demonstrated interest in the area served.

(b) The composition of the Board shall reflect an equitable representation of the population distribution in the service area. Each county in a multi-county service area of five or fewer counties must be represented on the Board by at least one resident of the county. CMHCs serving six or more counties may rotate such membership or otherwise ensure representation.
(c) Composition of the Board shall also reflect a broad representation of the community, including minorities, at least one consumer of Mental Health services and one family member of a child with an emotional disturbance.
(d) No more than forty percent of the Board's members shall be providers of mental health services.
(e) The Board shall have no less than seven members.
(f) System shall be devised to provide for a staggering of terms so that the terms of the Directors do not all expire at the same time.
(g) The Board shall have a provision for the removal of individuals from the Board for non-attendance of Board meetings.
(h) The governing body shall meet at least quarterly.
(i) Employees of an agency shall be prohibited from participation as Board members of their governing authority, except in an ex-official, nonvoting capacity.
(j) Compliance with 450:17-25-2 shall be determined by a review of facility policy and procedures regarding governing authority; governing body bylaws, rules and regulations; governing body minutes; membership rolls; and other documentation as needed.

SUBCHAPTER 27. SPECIAL POPULATIONS [REVOKED]

450:17-27-1. Americans with Disabilities Act of 1990 [REVOKED]

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