

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

SUBCHAPTER 1. GENERAL PROVISIONS

450:17-1-1. 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 ~~450:1-9-5-3~~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 of 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" refers to an individual with a disabling condition who has either: (a) been continuously homeless for a year or more, or (b) has had at least 4 episodes of homelessness in the past 3 years. For this condition, the individual must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these episodes. Chronic homelessness only includes single individuals, not families. A disabling condition is a diagnosable substance abuse disorder, serious mental illness, or developmental disability, including the co-occurrence of two or more of these conditions.

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

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

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

"Community-based Structured Crisis Center" or "CBSCC" means a program of non-hospital emergency services for mental health and substance abuse crisis stabilization as authorized by 43A O.S. §3-317, including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance abuse services. This service is limited to CMHC's 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" includes all activities on behalf of the consumer to assist with or facilitate resolution of problems in the acquisition of resources or services needed by the consumer.

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

"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" for the purposes of the delivery of behavioral health care, means a face-to-face physical contact and in-person encounter between the health care provider and the consumer, including the initial visit. The use of telemedicine shall be considered a face-to-face encounter.

"Facilities or Facility" means entities as described in Title 43A O.S. § 1-103(7), community mental health 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" refers to a person who is sleeping in an emergency shelter; sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings; spending a short time (30 consecutive days or less) in a hospital or other institution, but ordinarily sleeping in the types of places mentioned above; living in transitional/supportive housing but having come from streets or emergency shelters; being evicted within a week from a private dwelling unit and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing; being discharged from an institution and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing; or is fleeing a domestic violence situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

"ICCD" means the International Center for Clubhouse Development.

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

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

"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" as defined in Title 43A §1-103(11).

"Licensure candidate" means practitioners 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" refers to 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.

"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"** is a clinical program that provides continuous treatment, rehabilitation, and support services to persons with mental illness in settings that are natural to the consumer.

"Progress notes" mean a chronological written description of services provided to a consumer, resident, client, or patient that documents, utilizing acceptable documentation practices, 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" are in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual, and are designed to provide sufficient information for problem formulation and intervention.

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

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

"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.

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

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

"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, 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" are 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).

450:17-1-6. 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. CMHC's 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 ~~demonstrate progress toward becoming~~ 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.

SUBCHAPTER 3. REQUIRED SERVICES

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 ~~medication services~~medications provided.
 - (2) Medication orders ~~and administration~~:
 - (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) Only authorized licensed staff shall administer medications~~
 - ~~(D) A list of licensed staff members authorized to administer 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.

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 development; ~~which shall include evidence that the following were evaluated:~~

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

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

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

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

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

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

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

~~(H) Consumer's goals.~~

(2) Development of case management care plan;

(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.

SUBCHAPTER 5. OPTIONAL SERVICES

PART 11. COMMUNITY LIVING PROGRAMS

450:17-5-56. Community living programs

(a) Community living programs shall be co-occurring ~~disorders~~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 number and composition, and training and expertise to sufficiently supervise, provide and maintain the services as defined in the program's goals and objectives and to ensure the safety of 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 ~~conditions~~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.

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

- ~~(a) — The length of stay for Transitional housing programs shall be temporary and transitional in nature.~~
- ~~(b) — Transitional housing programs shall include at least one of the following two types of housing programs:

 - ~~(1) Supervised transitional living programs; or~~
 - ~~(2) Supported transitional housing programs.~~~~
- ~~(c) — Transitional housing programs shall define general parameters for length of stay.~~
- ~~(d) — Compliance with 450:17-5-59.1 shall be determined by a review of the program's written policy and procedures.~~

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

- ~~(a) — Supervised transitional living programs are supervised places of temporary transitional residence for mental health consumers needing on-site support twenty-four (24) hours a day. These programs are intended to assist residents with stabilization and acquisition of skills necessary to transition to an independent living situation.~~
- ~~(b) — Supervised transitional living programs shall:

 - ~~(1) Have paid staff on duty twenty four (24) hours a day, with backup coverage in case of staff unscheduled absences, illness or emergencies.~~
 - ~~(2) Maintain staffing number and composition, and training and expertise to sufficiently supervise, provide and maintain the services as defined in the program's goals and objectives and to ensure the safety of the residents.~~
 - ~~(3) Develop and implement a component of governance by the tenants.~~
 - ~~(4) Be licensed by the Oklahoma State Department of Health if required.~~~~
- ~~(c) — In these programs, the following shall be available for all residents, and shall be specified on the resident's service plan or housing plan, according to individual resident needs and interests: The program shall offer 20 hours per week of meaningful activity.~~

A minimum of ten (10) hours should be provided on-site, with at least eight (8) of those ten (10) hours focusing specifically on independent living skills training.

~~(d) — Compliance with 450:17-5-60 shall be determined by on-site observation; interviews with residents, program staff, and other appropriate CMHC staff; and a review of the following: policy and procedures, facility documentation (including staff schedules); residents' council minutes, and valid State Department of Health Certificate of Licensure if required.~~

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

~~(a) — Supported transitional housing programs are grouped apartment or other residential settings with staff available as needed, but there is not necessarily twenty four (24) hour on-site supervision. In these programs, the following shall be available for all residents, and shall be specified on the resident's treatment plan or housing plan, according to individual resident needs and interests:~~

~~(1) The program shall offer or make available psychiatric rehabilitation program services for residents;~~

~~(2) The program shall offer or make available at least one (1) evening or weekend socialization and recreational activity per week; and~~

~~(3) The program shall offer or make available eight (8) hours of meaningful activity per week. A minimum of five (5) of those hours should include on-site independent living skills training. This shall include working side-by-side with the resident(s) to instruct in the development of independent living skills.~~

~~(b) — Compliance with 450:17-5-64 shall be determined by interviews with residents, program staff, or other appropriate CMHC staff; and a review of facility documentation including a review of the CMHC written policy and procedures and resident records.~~

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

~~(a) — Permanent supported housing programs include at least one of the following two (2) types of housing programs:~~

~~(1) Permanent scattered site housing programs; or~~

~~(2) Permanent congregate housing programs.~~

~~(b) — In permanent supported housing programs the following shall be available for all residents, and shall be specified on the resident's service plan or housing plan, according to individual resident needs and interests:~~

~~(1) The CMHC permanent supported housing programs shall make ongoing monthly contact with each resident, either on or offsite.~~

~~(2) The program shall offer independent living skill training. This training shall include working side-by-side with residents to provide instruction in the development of independent living skills.~~

~~(3) Psychiatric rehabilitation program services shall be made available to residents.~~

~~(4) The CMHC shall offer, or arrange for, socialization and recreational opportunities at least twice a week for individuals in permanent supported housing programs; including at least one evening activity.~~

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

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

~~(a) — The permanent scattered-site housing programs shall facilitate the acquisition of permanent, scattered site housing in the community, which in any given housing complex has no more than fifty percent (50%) of its residents with psychiatric disabilities.~~

~~(b) — Resident choice shall be documented in the selection of housing.~~

~~(c) — The Resident shall be the lessee, and the services provider shall not be the landlord.~~

~~(d) — Compliance with 450:17-3-67.2 shall be determined by the following: on-site observation; interviews with residents, program staff and other appropriate CMHC staff; and a review of facility and resident record documentation.~~

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

~~(a) — Permanent congregate housing programs are programs in which the individual is assisted in finding an apartment or housing within the community, where the housing complex has more than 50% of its residents with psychiatric disabilities.~~

~~(b) — Resident choice shall be documented in the selection of housing.~~

~~(c) — The Resident shall be the lessee, and the landlord may be the services provider.~~

~~(d) — Compliance with 450:17-5-67.3 shall be determined by the following: on-site observation; interviews with residents, program staff and other appropriate CMHC staff; and a review of facility and resident record documentation.~~

PART 25. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

450:17-5-174. Staff Training

(a) In addition to the requirements found in ~~450:1-9-5.3(b)~~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) Risk assessment, suicide prevention and suicide response;~~

~~(4)~~(3) Best practices in utilization of family support providers and peer recovery support specialists; ~~and~~

~~(5) Crisis response and management.~~

(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.

450:17-5-176. 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) 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 in each of the following:

(A) Every county with a population of 20,000 or more; and

(B) Every two (2) counties with a population of less than 20,000.

~~(g)~~(h) 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) 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
- (10) Individual Placement and Support (IPS) Services.

(b) ~~Many of the~~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.

450:17-5-179. 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, ~~as applicable:~~

- ~~(1) Adult Body Mass Index (BMI) Screening and Follow-Up;~~
- ~~(2) Weight assessment and counseling for nutrition and physical activity for children/adolescents (WCC);~~
- ~~(3) Blood Pressure;~~
- ~~(4) Tobacco use: Screening and cessation intervention;~~
- ~~(5) Screening for clinical depression and follow-up plan;~~
- ~~(6) Unhealthy alcohol use;~~
- ~~(7) Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications;~~
- ~~(8) Diabetes care for people with serious mental illness;~~
- ~~(9) Metabolic monitoring for children and adolescents on antipsychotics;~~
- ~~(10) Cardiovascular health screening for people with schizophrenia;~~
- ~~(11) Adherence to mood stabilizers for individuals with Bipolar I Disorder;~~
- ~~(12) Adherence to antipsychotic medications for individuals with Schizophrenia; and~~
- ~~(13) Antidepressant medication management.~~

(1) For all consumers:

- (A) Blood Pressure;
- (B) Tobacco use: Screening and cessation intervention;
- (C) Screening for clinical depression and follow-up plan;
- (D) Unhealthy alcohol use; and
- (E) 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);

(2) As applicable:

(A) Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications;

(B) Diabetes care for people with serious mental illness;

(C) Metabolic monitoring for children and adolescents on antipsychotics;

(D) Cardiovascular health screening for people with schizophrenia;

(E) Adherence to mood stabilizers for individuals with Bipolar I Disorder;

(F) Adherence to antipsychotic medications for individuals with Schizophrenia; and

(G) Antidepressant medication management.

(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.

450:17-5-185. Outpatient therapy services

(a) The facility will directly provide outpatient mental health and substance use disorder services ~~that are evidence-based or best practices, consistent with the needs of the individual consumers as identified in their individual service plan~~ in accordance with 450:17-3 Part 7. In the event specialized services outside the expertise of the facility are required ~~for purposes of outpatient treatment 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) Outpatient therapy services shall include:~~

~~(1) Individual therapy;~~

~~(2) Group therapy;~~

~~(3) Family therapy;~~

~~(4) Psychological/psychometric evaluations or testing;~~

~~(5) Psychiatric assessments; and~~

~~(6) Medication assisted treatment.~~

(d) Compliance with this Section shall be determined by facility policies and clinical records.

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.

450:17-5-191. 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 a ~~health home~~ ean information management system, ~~subject to prior approval by the Director of ODMHSAS Provider Certification,~~ 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.

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

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

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

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

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

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

450:17-7-8. 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 ~~four~~ sixteen (16), 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 mental health 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 for the consumer customer (if over age 14), the parent/guardian (if under age ~~18~~ sixteen (16) 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.

450:17-7-10. Progress Notes

(a) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, the consumer's response to the services provided and the consumer's progress in treatment and adhere to the format and content requirements described in the facility policy and procedures.

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

~~(1) Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments;~~

~~(2) Community living program staff shall complete a summary note monthly identifying the name of the person served and the day(s) the person received the service;~~

~~(3) Inpatient: nursing service is to document on each shift. Each member of the treatment team shall write a weekly progress note for the first two months and monthly thereafter; and~~

~~(4) PSR staff must maintain a daily, member sign-in/sign-out record of member attendance, and shall write a progress note daily or a summary progress note weekly.~~

(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.

SUBCHAPTER 15. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

450:17-15-5. Critical incident reporting

In addition to the requirements set forth in OAC ~~450:1-9-5.3(f)~~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 25. GOVERNING AUTHORITY

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) The meetings of the Board of Directors shall comply with the Oklahoma open meeting laws.~~
- ~~(k)~~(l) 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.