

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

**CHAPTER 24. STANDARDS AND CRITERIA FOR COMPREHENSIVE
COMMUNITY ADDICTION RECOVERY CENTERS**

SUBCHAPTER 1. GENERAL PROVISIONS

450:24-1-1. Purpose

(a) This chapter sets forth the Standards and Criteria used in the certification of Comprehensive Community Addiction Recovery Centers (CCARC) and implements 43A O.S. § 3-415. A.1., which authorizes the Board of Mental Health and Substance Abuse Services to certify private facilities and organizations which provide treatment, counseling and rehabilitation services directed toward alcohol and drug dependent persons. A CCARC is considered distinct and separate from facilities that may be certified under OAC 450:18 in that 450:24 requires the provision of all services stipulated in Subchapter 450: 24-3 et seq.

(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.

SUBCHAPTER 3. REQUIRED SERVICES

PART 3. SCREENING, ASSESSMENT AND REFERRAL

450:24-3-21. Integrated screening and assessment services

(a) CCARC policy and procedure shall require that a screening of each consumer's service needs is completed in a timely manner. An integrated screening should be welcoming, trauma-informed, and culturally appropriate, include screening of whether the consumer is a risk to self or others, including suicide risk factors, as well as maximize recognition of the prevalence of co-occurring disorders among those who present for services at a Community Comprehensive Addiction Recovery Center.

(b) Upon determination of appropriate admission, a biopsychosocial assessment must be completed using standardized tools such as the Addiction Severity Index (ASI) for adults or the Teen Addiction Severity Index (T-ASI) for adolescents, which gathers sufficient information to assist the consumer in developing an individualized service plan. The assessment must also list the client's past and current psychiatric medications. The assessment must be completed by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate. Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing.

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

- (d) The CCARC shall have policy and procedures specific to each program service which dictate timeframes by when assessments must be completed and documented. ~~If halfway house, residential, or medically supervised withdrawal management services are provided, assessments shall be completed in accordance with 450:18-7-24 through 450:18-7-26 and 450:18-13-61(b)(5)(B).~~ In the event the consumer is not admitted and as a result the assessment is not included in the clinical record, the policy shall specify how screening and assessment information is maintained and stored.
- (e) Compliance with 450:24-3-21 shall be determined by a review of clinical records, and policy and procedures.

450:24-3-22. 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) Emphasis on welcoming all consumers and conveying a recovery oriented hopeful message; and~~
 - ~~(8)~~(7) No barriers to entry based solely on the presence of historic, current or recent mental health symptoms.
- (b) Compliance with 450:24-3-22 shall be determined by a review of the facility's written policy and procedures.

PART 15. CASE MANAGEMENT

450:24-3-141. 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 are receiving services and, to each child (or their parent/guardian).
- (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 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 financial needs;~~
- ~~(E) Consumer's legal needs;~~
- ~~(F) Consumer's present living situation and support system;~~
- ~~(G) Consumer's use of substances and orientation to changes related to substance use;~~
- ~~(H) Consumer's medical and health status;~~
- ~~(I) Consumer's needs or problems which interfere with the ability to successfully function in the community; and~~
- ~~(J) 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 450:24-3-141 shall be determined by on-site observation and a review of the following: clinical records, and written policy and procedures.

450:24-3-143. Case management services for consumers admitted to higher levels of care

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

(b) Each CCARC shall assign at least one (1) staff member who is responsible for linkage between CBSCCs, withdrawal management center and/or the residential substance use disorder treatment facility and the CCARC. 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 CBSCC, withdrawal management setting, and/or residential substance use disorder treatment facility to monitor progress of those consumers in a CBSCC, withdrawal management setting and/or in facility-based substance use disorder treatment from the CCARC's service area.

(2) Provide knowledge and communication to other CCARC staff regarding CBSCC, withdrawal management setting, and/or residential substance use disorder treatment facility and discharge procedures.

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

(d) Individuals discharging from an inpatient 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 one (1) week post-discharge.

(e) Compliance with 450:24-3-143 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 (CCARC 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, CBSS, and/or 450-hour setting providing substance use disorder treatment within the past twelve (12) months.

SUBCHAPTER 7. FACILITY CLINICAL RECORDS

450:24-7-5. 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 CCARC shall document the face-to-face screening between the potential consumer and the CCARC including how the consumer was welcomed and engaged, how the consumer was assisted to identify goals and experience hope, 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) All facilities shall assess each consumer for appropriateness of admission to the treatment program. ~~Each presenting consumer for substance use disorder treatment shall be assessed, according to ASAM criteria, which includes a list of symptoms for all six dimensions and each level of care to determine a clinically appropriate placement in the least restrictive level of care. The ODMHSAS~~

~~designated ASAM Service Level instrument must be completed to determine clinically appropriate residential/inpatient level of care (ASAM Level 3) treatment placement prior to admission into the treatment facility. Facilities must ensure that a consumer's refusal of a particular service does not preclude the consumer from accessing other needed mental health or substance-related or addictive disorder treatment services. Should the service provider determine the consumer's needs cannot be met within the facility, clinical assessments and referrals for the consumer shall be documented.~~

(d) Any consumer seeking admission to inpatient or residential services, including medically-supervised withdrawal management and non-medical withdrawal management while under the influence or undergoing withdrawal of alcohol or drugs, shall be assessed prior to admission for medical needs. The written criteria to be used for medical needs assessment of persons under the influence or undergoing withdrawal of alcohol or drugs, and the protocols for determining when physician review of the assessment is needed, shall be approved by the facility's consulting physician.

~~(e) Upon determination of appropriate admission, consumer assessment demographic information shall contain, but not be limited to, the following:~~

- ~~(1) Date of initial contact requesting services;~~
- ~~(2) Date of the screening and/or assessment;~~
- ~~(3) Consumer's name;~~
- ~~(4) Gender;~~
- ~~(5) Birthdate;~~
- ~~(6) Home address;~~
- ~~(7) Telephone number;~~
- ~~(8) Referral source;~~
- ~~(9) Reason for referral;~~
- ~~(10) Significant other to be notified in case of emergency; and~~
- ~~(11) PICIS data core content, if the facility reports on PICIS.~~

(f) Compliance with 450:18-7-21 may be determined by a review of the following:

- (1) Policies and procedures;
- (2) Intake protocols;
- (3) assessment instruments;
- (4) Treatment records;
- (5) Interviews with staff and consumers; and
- (6) Other facility documentation.

450:24-7-9. 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.

~~(b) Progress notes shall address the following:~~

- ~~(1) date;~~
- ~~(2) consumer's name;~~
- ~~(3) Start and stop time for each timed treatment session or service;~~
- ~~(4) type of service provided; and~~
- ~~(5) signature of the service provider with their credential(s).~~

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

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

(d) Compliance with 450:24-7-9 shall be determined by a review of clinical records and policies and procedures.

450:24-7-11. Discharge assessment

(a) All facilities shall assess each consumer for appropriateness of discharge from a substance use disorder treatment program. ~~Each consumer shall be assessed using ASAM criteria that includes a list of symptoms for all six dimensions and each of the levels of care, to determine a clinically appropriate placement in the least restrictive level of care. This organized process involves a professional determination for appropriate placement to a specific level of care based on the consumer's severity of symptoms and current situations.~~

(b) Compliance with 450:24-7-11 may be determined by a review of the following:

- (1) Policies and procedures;
- (2) Continuing care plans;
- (3) Discharge assessments;
- (4) Discharge summaries;
- (5) Progress notes;
- (6) Consumer records;
- (7) Interviews with staff and consumers; and
- (8) Other facility documentation.

450:24-7-12. Transition/discharge plan

(a) The facility shall assist the consumer to obtain services that are needed, but not available within the facility, and/or in transitioning from one level of care to another, and/or discharging from a facility. ~~A written plan of recommendations and specific referrals for implementation of continuing care services, including medications, shall be prepared for each consumer who meets the ASAM PPC dimensional continued service criteria, in each level of care. Transition/discharge plans shall be developed with the knowledge and cooperation of the consumer.~~

~~(b) Appointments for outpatient therapy and other services, as applicable, should be scheduled prior to discharge from residential/inpatient level of care (ASAM level 3) service settings. Development of the transition/discharge plan shall begin no later than two (2) weeks after admission into residential service settings.~~

~~(c) The consumer's response to the continuing care plan shall be noted in the plan or a note shall be made that the consumer was not available and why. In the event of the death of a consumer, a summary statement including this information shall be documented in the record.~~

(b) A written plan of recommendations and specific referrals for implementation of continuing care services, including medications, shall be prepared for each consumer

~~(d)~~(c) The transition/discharge plan shall be included in the discharge summary.

~~(e)~~(d) Compliance with 450:24-7-12 may be determined by a review of closed clinical records.

SUBCHAPTER 23. GOVERNING AUTHORITY

450:24-23-2. 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. CCARC's 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 addiction recovery services and one family member of an adolescent who has received addiction recovery services.

(d) No more than forty percent of the Board's members shall be providers of mental health and/or addiction recovery 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)~~(j) Compliance with 450:24-23-2 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.