Certification Page
Regular and Emergency Rules

Revised July 2019

☐ Emergency Rules *(Complete Sections 1-3 and 5-6)* ☒ Regular Rules

1. General Information

a. Agency/Board Name: Wyoming Department of Health		
b. Agency/Board Address: 122 W. 25th Street, 2 Southwest	c. City: Cheyenne	d. Zip Code: 82002
e. Name of Agency Liaison: Heather Canarecci	f. Agency Liaison Telephone Number: 777-8028	
g. Agency Liaison Email Address: heather.canarecci2@wyo.gov	h. Adoption Date: February 3, 2020	
i. Program: Community Program - Mental Health and Substance Abuse Program		

2. Legislative Enactment

For purposes of this Section 2, "new" only applies to regular (non-emergency) rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.

a. Are these non-emergency or regular rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

☒ No. ☐ Yes. If the rules are new, please provide the Chapter Numbers and Years Enacted (e.g. 2015 Session Laws Chapter 154):

3. Rule Type and Information

For purposes of this Section 3, "New" means an emergency or regular rule that has never been previously created.

a. Provide the Chapter Number, Title* and Proposed Action for Each Chapter. *Please use the "Additional Rule Information" form to identify additional rule chapters.*

Chapter Number:	Chapter Name:	
1	General Introduction and Information	☐ New ☐ Amended ☒ Repealed
2	General Administration	☐ New ☐ Amended ☒ Repealed
3	Mental Health Personnel Standards and Policies	☐ New ☐ Amended ☒ Repealed
4	Substance Abuse Personnel Standards and Policies	☐ New ☐ Amended ☒ Repealed
5	Client Rights	☐ New ☐ Amended ☒ Repealed
6	Records	☐ New ☐ Amended ☒ Repealed
7	General Services Standards	☐ New ☐ Amended ☒ Repealed
8	Substance Abuse Service Standards	☐ New ☐ Amended ☒ Repealed
9	Mental Health Service Standards	☐ New ☐ Amended ☒ Repealed
10	Standards Management	☐ New ☐ Amended ☒ Repealed

* If the name of a chapter of rules is changing, please only provide the NEW chapter name on this rules certification form.

4. Public Notice of Intended Rulemaking

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. ☐ No. ☑ Yes. ☐ N/A

b. A public hearing was held on the proposed rules. ■ No. ☐ Yes. **Please complete the boxes below.**

Date:	Time:	City:	Location:

5. Checklist

a. ☑ For regular rules, the Statement of Principal Reasons is attached to this Certification and, in compliance with Tri-State Generation and Transmission Association, Inc. v. Environmental Quality Council, 590 P.2d 1324 (Wyo. 1979), includes a brief statement of the substance or terms of the rule and the basis and purpose of the rule

b. ☐ For emergency rules, the Memorandum to the Governor documenting the emergency, which requires promulgation of these rules without providing notice or an opportunity for a public hearing, is attached to this Certification.

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct. By electronically submitting the emergency or regular rules into the Wyoming Administrative Rules System, the undersigned acknowledges that the Registrar of Rules will review the rules as to form and, if approved, the electronic filing system will electronically notify the Governor's Office, Attorney General's Office, and Legislative Service Office of the approval and electronically provide them with a copy of the complete rule packet on the date approved by the Registrar of Rules. The complete rules packet includes this signed certification page; the Statement of Principal Reasons or, if emergency rules, the Memorandum to the Governor documenting the emergency; and a strike and underscore copy and clean copy of each chapter of rules.

Signature of Authorized Individual	Michael A Ceballos
Printed Name of Signatory	Michael A. Ceballos
Signatory Title	Director
Date of Signature	February 3, 2020

7. Governor's Certification

I have reviewed these rules and determined that they:

1. Are within the scope of the statutory authority delegated to the adopting agency;
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature	
Date of Signature	

BEHAVIORAL HEALTH – PERSONNEL & PROGRAM QUALITY

REPEAL OF CHAPTERS 1-12

SUMMARY OF COMMENTS

The Wyoming Department of Health did not receive any public comments.

COMMUNITY PROGRAM MENTAL HEALTH & SUBSTANCE ABUSE PROGRAM

REPEAL OF CHAPTERS 1-10

SUMMARY OF COMMENTS

The Wyoming Department of Health did not receive any public comments.

SUBSTANCE ABUSE

REPEAL OF CHAPTERS 1-8

SUMMARY OF COMMENTS

The Wyoming Department of Health did not receive any public comments.

MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

PROMULGATION OF CHAPTERS 1-6

SUMMARY OF COMMENTS

The Wyoming Department of Health did not receive any public comments.

Rules and Regulations for Mental Health and Substance Use Disorder Services
Intent to Repeal Rules

Statement of Reasons

The Wyoming Department of Health ("Department") has determined that the current rules addressing mental health and substance use disorder services need to be updated to reflect new legislation and other changes. These current rules include thirty chapters spread across three different programs, noted as follows:

1. *Rules, Wyoming Department of Health, Behavioral Health – Personnel & Program Quality,* chapters 1 to 12, which have been effective since 1992;

2. *Rules, Wyoming Department of Health, Community Program – Mental Health & Substance Abuse Program,* chapters 1 to 10, which have been effective since 1993; and

3. *Rules, Wyoming Department of Health, Substance Abuse,* chapters 1 to 8, which have been effective since 2009.

Because the Department seeks to make extensive changes to the format, organization, and substance of these rules addressing mental health and substance abuse disorder services, the Department has decided to repeal these thirty chapters across three programs and create a new program comprising of six chapters, effectively replacing the current rules.

Here, the Department specifically seeks to repeal *Rules, Wyoming Department of Health, Behavioral Health – Personnel & Program Quality,* chapters 1-12 (1992) to make way for the new program comprising of six chapters. This repeal is proposed concurrently with: (1) the repeal of *Rules, Wyoming Department of Health, Community Program – Mental Health & Substance Abuse Program,* chapters 1-10 (1993); (2) the repeal of *Rules, Wyoming Department of Health, Substance Abuse,* chapters 1-8 (2009); and (3) the creation of *Rules, Wyoming Department of Health, Mental Health and Substance Use Disorder Services,* chapters 1-6. These three other acts of rulemaking are addressed by separate rules packets available online at https://rules.wyo.gov. The proposed rules packet for *Rules, Wyoming Department of Health, Mental Health and Substance Use Disorder Services,* chapters 1-6 contains a discussion of the key modifications between the proposed new program comprising of six chapters and the current rules the Department proposes to repeal.

CHAPTER I

GENERAL INTRODUCTION AND INFORMATION

This Chapter has been repealed.

CHAPTER I

GENERAL INTRODUCTION AND INFORMATION

This Chapter has been repealed.

~~Section 1. Reasons for Adopting Standards. The purpose of these rules is to prescribe standards for programs and personnel providing mental health and substance abuse services, which are purchased in whole or in part by the State of Wyoming under the Community Human Services Act.~~

~~Section 2. Statutory Authority. These standards are adopted pursuant to the Community Human Services Act, W.S. 35-1611 through 627; W.S. 9-2-102(a)(iii) and W.S. 9-2-102(a)(iv).~~

~~Section 3. Severability. If any provision of these standards or the application thereof to any program, person, service, or circumstance is held invalid, the invalidity shall not affect other provisions or applications of these standards. These standards can be given effect without the invalid provision or application and, to this end, the provisions of these standards are severable.~~

~~Section 4. Definitions. As used in these standards, the term or phrase:~~

~~(a) "Accessible" means flexibility in scheduling hours, to the extent reasonable, to meet special needs of clients for appointment times.~~

~~(b) "Administrator" means the Administrator of the Division of Behavioral Health of the Department of Health.~~

~~(c) "Advanced degree" means an academic degree at the master's or doctoral level granted by an accredited college or university.~~

~~(d) "Authorized peer reviewers" means staff of a program certified under these Standards who, by arrangement of the Division, are authorized to participate in the monitoring process for another certified program.~~

~~(e) "Client" means any person or family unit that is receiving mental health or substance abuse evaluation or treatment services. This term does not include persons who have not been enrolled or who have been formally discharged from the program; nor does it include a recipient of substance abuse prevention services, or a recipient of substance abuse or mental health education services.~~

~~(f) "Client identifying information" means information by which the identity of a client can be determined. The term does not include a client identifying number assigned by a program.~~

~~(g) "Clinical assessment" means a written evaluation describing a client's status, consisting of, at minimum: a description of the presenting problems, a summary of the history of the presenting problems and prior treatment, relevant family and social data, medical data including significant physical problems and medications being used, a diagnostic summary which gives the therapist's or counselor's analysis and interpretation, and a diagnosis or diagnostic impression.~~

~~(h) "Clubhouse" means a sheltered pre-vocational service in which seriously mentally ill~~

persons learn and practice prevocational skills in order to prepare them for either supported employment provided by the mental health program or for referral to another agency which offers sheltered employment, work crews, or enclaves. A clubhouse is operated by the client members in a setting apart from the mental health program and clients as a group are responsible for running the program with coaching from staff as needed. Members determine and assign to themselves work tasks such as cleaning, meal preparation, telephone answering, and other work training activities which foster skill development in social and work behaviors appropriate to eventual employment in the community.

(i) "Continuing care" means time-limited clinical services intended to solidify or enhance the gains made in mental health or substance abuse treatment.

(j) "Director" means the Director of the Department of Health.

(k) "Discharge summary" means an organized statement, in writing, prepared upon each client's discharge, which summarizes the services provided, discharge status, and the actual date of discharge.

(l) "Division" means the Division of Behavioral Health of the Department of Health.

(m) "Executive Director" means the director of a mental health or substance abuse program who is hired in this capacity by the governing body.

(n) "Governing body" means the board of directors of a private nonprofit corporation or a community board or a public agency, as defined in W.S. 35-1-613(a)(i).

(o) "Human relations discipline" means a field of academic study which deals with knowledge and skill development in clinical counseling. Such fields of academic study may include, but are not limited to: social work, psychology, nursing, counseling, and family or addictions counseling.

(p) "Human relations therapist or counselor" means a person with an advanced degree from an academic program which deals with knowledge and skill development in clinical counseling. Such programs may include, but are not limited to: Clinical social work, psychology, family counseling, psychiatric nursing, counselor education, and addictions counseling.

(q) "Inpatient services" means medically-based, 24-hour treatment services provided by a hospital, by a facility licensed as a hospital, or in a suitably equipped medical setting. These services are provided to severely chemically addicted persons or psychiatrically impaired persons who require 24-hour medical supervision for physical and/or psychological complications in conjunction with an intensive treatment regimen.

(r) "Integration services" means the coordination of all group sessions of an intensive outpatient treatment program, facilitation of attendance at substance abuse self-help group meetings by clients enrolled in an intensive outpatient treatment program, and other services as needed.

(s) "Job coaching" means a full range of flexible job support services designed individually for each client to assist that client in maintaining his or her job in the community. Job coaching includes, but is not limited to: locating a job suitable to a client's interests and capabilities, on-going work

with an employer to accept and understand the client, assisting a client to meet social and work behaviors acceptable in the job setting, providing or assisting with transportation and coordinating with a client's therapist to provide integrated assistance for a client's problems with medications, stress, and symptoms of mental illness which may interfere with maintaining the job.

(t) "Legally responsible other" means a person or agency authorized by a court or recognized by law to act on behalf of a client or a former client.

(u) "Minor" means a person as defined by W.S. 14-1-101.

(v) "MIS" means the management information system used by the Division to collect uniform client information.

(w) "Operating policies" means a set of written directives related to the day-to-day management of the program.

(x) "Presenting problem" means the description of those behaviors and symptoms which cause the client to seek or be referred for services.

(y) "Prevention evaluation" means methods, any one or all of, which may be undertaken to measure success in achieving specified objectives.

(i) Process evaluation is assessment that describes the characteristics of an operational, ongoing prevention program at one point in time. Process evaluation includes a description of the target population, a description of the services delivered, a description of resources used by the program, and the experiences of the participants.

(ii) Outcome evaluation is assessment that includes measuring the effects of the program on the participants. Outcome evaluation specifies changes in participants' attitudes, knowledge, behavior, and attempts to determine the degree to which the program has met its own goals and attempts to measure the generalized effects of alcohol and other drug abuse prevention efforts in the community.

(z) "Pre-vocational Services" means assessment of work skills, extended career counseling to assist in career choice, skill training for work-related behavior, and for job seeking education about work settings and requirements, job support selfhelp groups, and, as appropriate, volunteer or paid trial work with job coaching and rehabilitation therapy provided in close cooperation to sustain the trial position.

(aa) "Primary residential treatment program" means a community-based program that provides 24-hour live-in rehabilitation for alcohol and drug abusers whose chemical dependency does not require intensive medical or psychiatric management but does require intensive evaluation and treatment in a structured setting.

(bb) "Primary therapist" means a mental health professional or counselor or a substance abuse professional or counselor to whom a client is assigned for purposes of clinical assessment, development of treatment plans, and provision of mental health or substance abuse treatment services.

(cc) "Program" means the services provided by an entity including any private agency, public

agency, or community board that maintains facilities and provides mental health or substance abuse services.

(dd) "Psychiatrist" means a person who is licensed to practice medicine by the State of Wyoming, in accordance with the provisions of W.S. 33-26-301 through 33-26-307.

(ee) "Psychologist" means a person who is licensed to practice psychology by the State of Wyoming, in accordance with the provisions of W.S. 33-27-101 through 33-27-112.

(ff) "Qualified federal personnel" means a person or persons who have been verified by the Division of Behavioral Health as having legitimate oversight functions for federal statutes, regulations, and contracts which affect programs under these Standards.

(gg) "Qualified state personnel" means a person or persons who have been authorized by the Division of Behavioral Health to monitor programs under these Standards.

(hh) "Regularly scheduled services" means that services are provided on a schedule reasonably expected to meet client needs.

(ii) "Seriously mentally ill" means an adult person who has been diagnosed with a mental disorder that is typically characterized by psychosis, and who has functional deficits resulting from this mental disorder.

(jj) "Service area" means the geographic area, designated by Division contract, in which the contracted services are provided
by a program.

(kk) "Service plan" means a written description of how each purchased service is staffed, organized, and delivered by the program, including admission and discharge criteria for specialized sub-programs, program goals and objectives, and the collaborative relationship with human service programs in the service area.

(ll) "Substance abuse" is the use, without medical reason, of any substance that results in psychological or physiological dependency as a function of such continued use as to induce mental, emotional, or physical impairment or cause socially dysfunctional behavior.

(mm) "Supervision" means regular oversight of the administrative, clinical, or clerical work performance of staff, students, volunteers, or contracted employees by person(s) with the authority to give direction and to require change.

(nn) "Supported Employment" means competitive work on a full-time or part-time basis, in fully integrated, normal community employment with non-handicapped co-workers, at the prevailing wage paid by the employer in accordance with the Fair Labor Standards Act, and with on-site or off-site job coaching as needed in order to maintain the job.

(oo) "Title 25" means W.S. 25-10-101 through 25-10-126, Hospitalization of Mentally Ill Persons.

(pp) "Transitional residential care program" means a community-based program that provides services in a home-like setting to alcohol and drug abusers who have made a clear commitment to abstinence and to continue a recovery process after having received treatment in a more structured treatment setting.

(qq) "Treatment" means planned and structured clinical services provided directly to a client and designed to initiate and promote improvement of and/or remission of current presenting problems of substance abuse or mental health clients.

(rr) "Treatment goals" mean client outcomes that are expected to result from implementation of the client's treatment plan.

(ss) "Treatment plan" means a document that describes individualized treatment goals with strategies designed to meet the client's needs as determined by the clinical assessment.

(tt) "Variance" means the decision to forego education and/or experience requirements of Chapter III or Chapter IV on a case-by-case basis for the duration of a person's employment with a program.

(uu) "Vocational services" means pre-vocational services, supported employment, and club-house services that are designed to help remediate social behaviors and work behaviors that have precluded or interfered with the ability of a seriously mentally ill person to acquire or maintain employment in the community.

(vv) "Waiver" means the decision to temporarily forego the enforcement of a particular standard in regard to a particular program.

CHAPTER II

GENERAL ADMINISTRATION

This Chapter has been repealed.

CHAPTER II

GENERAL ADMINISTRATION

This Chapter has been repealed.

~~Section 1. Organization.~~

~~(a) Each program shall have a governing body that has overall responsibility for the operation of the program.~~

~~(b) The governing body shall meet at least quarterly andminutes of these meetings shall be kept.~~

~~Section 2. Financial Management.~~

~~(a) The governing body shall annually adopt a formal, written budget of expected revenues and expenses.~~

~~(i) The budget shall categorize revenues by mental health and by substance abuse and by source of revenue for each.~~

~~(ii) The budget shall categorize expenses by mental health and by substance abuse and by types of expenses for each.~~

~~(iii) Revisions made in the budget during the fiscal year shall be reviewed and approved by the governing body, according to its policies.~~

~~(b) The program shall maintain current, written policies and procedures for the operation of the fiscal management system in accordance with generally acceptable accounting practices and procedures recommended by the program's independent auditor.~~

~~(c) The fiscal management system shall include a fiscal performance reporting mechanism that makes such reports available on a regular basis to the governing body.~~

~~(d) The program shall maintain insurance coverage for malpractice, and for general liability.~~

~~(e) The program shall ensure that all program personnel who handle funds are covered by fidelity bonding insurance.~~

~~(f) The programs financial records shall be kept either in original form or in another acceptable form, such as but not limited to microfilm, microfiche, or optical disk storage, for a period of seven (7) years from the close of the state fiscal year. If the records are the subject of an audit, a fraud investigation, or a lawsuit, they shall be kept until the matter is resolved.~~

~~Section 3. Physical Plant.~~

(a) Any program that provides services to mental health or substance abuse clients shall comply with generally accepted standards governing health, sanitation, and fire safety, and with existing local inspection codes.

(b) All program facilities shall have fire extinguishers in operating order.

(c) If no existing local inspection codes apply, the program shall have an annual fire safety inspection at each facility used by the program for client services.

(d) Each program shall provide a location for interviewing, staff conferences, and client evaluation that is suitable to protect the confidentiality of such activities.

Section 4. Personnel Policies.

(a) Written personnel policies shall be developed, adopted, and maintained by the program.

(b) All personnel policies shall be reviewed and approved on a biennial basis by the governing body and dated to indicate each time of review.

(c) The written personnel policies shall be explained to each employee.

(d) The program shall notify its employees of changes in personnel policies.

(e) A personnel record shall be kept on each staff member.

(f) There shall be written policies that are designed to assure the confidentiality of personnel records and that specify who has access to various types of personnel information.

(g) For each position in the program, there shall be a written job description that specifies the duties and responsibilities of the position and the minimum level of education, training and/or related work experience required or needed to fulfill it.

Section 5. Operating Policies.

(a) The program shall develop, adopt, and maintain written operating policies.

(b) There shall be a written policy that describes methods and procedures for supervising all personnel, including volunteers.

(c) In programs where volunteer services are utilized, the objectives and scope of the volunteer service shall be clearly stated in writing.

(d) There shall be written policies and procedures for handling alleged instances of client neglect and abuse occurring within the program.

(e) There shall be procedures for staff to meet the statutory requirement of reporting alleged instances of neglect and abuse that staff have knowledge of occurring outside the program.

~~(f) There shall be procedures for advising all staff of applicable state and federal statutes regarding reporting procedures in cases involving child or adult abuse or neglect.~~

CHAPTER III

MENTAL HEALTH PERSONNEL STANDARDS AND POLICIES

This Chapter has been repealed.

CHAPTER III

MENTAL HEALTH PERSONNEL STANDARDS AND POLICIES

This Chapter has been repealed.

~~Section 1. Effective Date and Grandfathering.~~

~~(a) Effective Date. All personnel providing mental health services who are hired by a program after the effective date of these Standards shall be either mental health professionals or shall be mental health counselors, mental health assistants, or mental health technicians working under the direct, documented supervision of a mental health professional.~~

~~(b) Grandfathering. All personnel providing mental health services in mental health programs certified by the Division prior to the effective date of these Standards shall be eligible to continue providing those services, whether in their current place of employment or in any other mental health program certified under these Standards.~~

~~Section 2. Mental Health Personnel.~~

~~(a) In order to qualify as an executive director of a mental health program, the person shall be employed on a fulltime basis by the governing body of the program and shall be:~~

~~(i) A mental health professional who has had a minimum of three (3) years of post-master's experience providing mental health treatment services in a mental health setting and who has had a minimum of two (2) years of relevant experience in mental health management or administration; and~~

~~(ii) Assigned administration of the program as a primary responsibility, commensurate with the scope and size of the program. It is recommended to include but not be limited to management of fiscal, clinical, personnel, and program operations, liaison between staff and governing body, and liaison between the program and the community.~~

~~(iii) Allowed to meet either the qualifications for a mental health executive director or the qualifications for a substance abuse executive director if the person is an executive director of a combined mental health and substance abuse program.~~

~~(b) A mental health professional is:~~

~~(i) A psychiatrist, a psychologist, or a human relations therapist who has had one year of documented, supervised experience providing mental health treatment services as part of or after the awarding of the qualifying degree.~~

~~(ii) Allowed to supervise other mental health staff.~~

~~(c) A mental health counselor is:~~

(i) A human relations therapist or counselor who does not have the documented, supervised experience and training required of a mental health professional in (b)(i); or

(ii) A person who has achieved a bachelor's degree in a human relations discipline and who has had two (2) years of documented, supervised experience and training in providing mental health treatment services.

(iii) Allowed to serve as a primary therapist for a program's clients under documented, scheduled supervision.

(d) A mental health assistant is:

(i) A person who has achieved a bachelor's degree in a human relations discipline but who does not have the documented, supervised experience and training required of a mental health counselor in (c)(ii).

(ii) Allowed to work as primary therapist for a limited number of clients while receiving individual, documented supervision of these cases from a mental health professional who maintains responsibility for the clients' treatment, if the program elects to prepare the assistant as a mental health counselor.

(iii) Not allowed to be a primary therapist or solo group leader except as provided in (d)(ii) and shall work under the documented, scheduled supervision of a mental health professional.

(e) A mental health technician is:

(i) A person who has a GED, a high school degree, or a higher degree in an other than human relations discipline.

(ii) Allowed to work as an aide to a mental health professional or a mental health counselor who is directly delivering the mental health treatment services to clients.

CHAPTER IV

SUBSTANCE ABUSE PERSONNEL STANDARDS AND POLICIES

This Chapter has been repealed.

CHAPTER IV

SUBSTANCE ABUSE PERSONNEL STANDARDS AND POLICIES

This Chapter has been repealed.

~~Section 1. Effective Date and Grandfathering.~~

~~(a) Effective Date. All personnel providing substance abuse services who are hired by a program after the effective date of these Standards shall be either substance abuse professionals or shall be substance abuse counselors, substance abuse assistants, or substance abuse technicians working under the direct, documented supervision of a substance abuse professional.~~

~~(b) Grandfathering. All personnel providing substance abuse services in substance abuse programs certified by the Division prior to the effective date of these Standards shall be eligible to continue providing those services, whether in their current place of employment or in any other substance abuse program certified under these Standards.~~

~~Section 2. Substance Abuse Personnel.~~

~~(a) In order to qualify as a executive director of a substance abuse program, the person shall be employed on a fulltime basis by the governing body of the program and shall be:~~

~~(i) A substance abuse professional who has had a minimum of three (3) years of experience providing substance abuse treatment services and who has had a minimum of two (2) years of experience in substance abuse management or administration.~~

~~(ii) Assigned administration of the program as a primary responsibility, commensurate with the scope and size of the program. It is recommended to include, but not be limited to, management of fiscal, clinical, personnel, and program operations, liaison between staff and governing body, and liaison between the program and the community.~~

~~(iii) Allowed to meet either the qualifications for a substance abuse executive director or the qualifications for a mental health executive director if the person is an executive director of a combined mental health and substance abuse program.~~

~~(b) A substance abuse professional is:~~

~~(i) A psychiatrist, a psychologist, or a human relations therapist or counselor who has had one year of documented, supervised experience providing substance abuse treatment services as part of or after the awarding of the qualifying degree.~~

~~(ii) Allowed to supervise other substance abuse staff.~~

~~(c) A substance abuse counselor is:~~

~~(i) A human relations therapist or counselor who does not have the documented, super-~~

vised experience and training required of a substance abuse professional in (b)(i); or

(ii) A person who has achieved a bachelor's degree in a human relations discipline and who has had two (2) years of supervised experience in providing substance abuse treatment services after the awarding of the qualifying degree; or

(iii) A person who has achieved an associate's degree in a specific chemical dependency program from a recognized college or university and who has a minimum of two (2) years of supervised experience providing substance abuse treatment services after the awarding of the qualifying degree;

(iv) Allowed to function as a primary therapist for a program's clients under documented, scheduled supervision.

(d) A substance abuse assistant is:

(i) A person who meets the educational requirements of (c)(ii) or (c)(iii) but who has not had the supervised experience; or

(ii) A person who has achieved a minimum of an associate's degree or thirty (30) semester hours of recognized and documented training in a human relations discipline related to substance abuse and who has had a minimum of three (3) years of supervised experience providing substance abuse services.

(iii) Allowed to work as primary therapist for a limited number of clients while receiving individual, documented supervision of these cases from a substance abuse professional who maintains responsibility for the clients' treatment if the program elects to prepare the assistant as a substance abuse counselor.

(iv) Not allowed to be a primary therapist or solo group leader except as provided for in (d)(iii) and shall work under the documented, scheduled supervision of a substance abuse professional.

(e) A substance abuse technician is:

(i) A person who has a GED, a high school degree, or a higher degree in an other than human relations discipline.

(ii) Allowed to work as an aide to a substance abuse professional or a substance abuse counselor who is directly delivering the substance abuse treatment services to clients.

(f) A prevention specialist is:

(i) A substance abuse professional or counselor; or

(ii) A person who has achieved a bachelors' degree and who has had a minimum of two (2) years of experience in providing substance abuse prevention services or similar services; or

(iii) A person who has achieved as associates' degree and who has had a minimum of

three (3) years of experience providing substance abuse prevention services or similar services.

(g) A prevention technician is a person who does not meet the qualifications of a prevention specialist. The person shall be supervised at all times by a prevention specialist or substance abuse professional or counselor.

CHAPTER V

CLIENT RIGHTS

This Chapter has been repealed.

CHAPTER V

CLIENT RIGHTS

This Chapter has been repealed.

~~Section 1. General. Programs shall support and protect the fundamental human, civil, constitutional, and statutory rights of each client. Substance abuse records are additionally protected by 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records.~~

~~Section 2. Policies. The program shall have written policies that describe the rights of clients and the means by which these rights are protected and exercised. These rights shall include the following.~~

~~(a) Persons shall have impartial access to treatment, regardless of race, religion, sex, ethnicity, age, physical handicap, type of mental health or substance abuse disorder, or sources of financial support.~~

~~(b) Each client's personal dignity and privacy shall be recognized and respected in the provision of care and treatment.~~

~~(c) Written and verbal communications between clients and staff and the content of clinical records shall be held in confidence by all staff.~~

~~(i) Except as limited by 42 CFR, Part 2, for substance abuse clients, the fact of being a consumer of mental health and/or substance abuse services is to be held as confidential information.~~

~~(ii) Except as limited by 42 CFR, Part 2, for substance abuse clients, confidential client information shall be revealed or released only with the client's informed and written consent except in cases of imminent life-threatening physical danger to the client or others, instances of legally reportable child or adult abuse and neglect, and to qualified state and federal personnel and to authorized peer reviewers under written oath of confidentiality, per Chapter X, Section 1 (b)(ii) and (iii).~~

~~Section 3. Treatment Rights.~~

~~(a) Each client shall receive treatment appropriate to his or her needs, which shall include at least the following:~~

~~(i) The development of an individualized written treatment plan that is reviewed and updated as frequently as clinically indicated.~~

~~(ii) The right to initiate a grievance and a mechanism for requesting a review of the grievance.~~

(b) Clients shall be allowed access to their own records except as clinically contraindicated or except as information has been provided by a third party on the condition that it will remain confidential.

(c) Each client or, where appropriate, the client's legal guardian, shall be informed orally and in writing of the client's rights. If the client or guardian does not understand written rights, these rights shall be explained orally in a language that the client or guardian understands.

(d) If a client's rights under this section are limited or denied due to clinical contraindications, such limitations or denials shall be fully documented in the clinical record.

(e) In residential programs, in addition to the rights stated above, each client's personal privacy and dignity shall be assured and protected within the constraints of the individual treatment plan.

(i) The client shall be allowed to have visitors, regardless of their age.

(ii) Suitable areas shall be provided for clients to visit in private.

(iii) Clients shall be allowed to send and receive mail without hindrance.

(iv) Clients shall be allowed to conduct private telephone conversations with family and friends.

(v) Clients shall be provided with an individualized plan of appropriate services, which provides for the least restrictive treatment that may reasonably be expected to benefit the client.

(vi) Clients shall be allowed to wear their own clothing, to keep and use personal possessions, including toilet articles, unless the articles may be used to endanger their own or others' lives, and to keep and be allowed to spend their own money.

(vii) Clients shall be free from physical restraints and isolation except when there is an immediate danger to self or others.

(viii) Each residential program shall have a written policy covering the use of restraint and isolation, which ensures that the dignity and safety of the person are protected and that there is regular, frequent monitoring by trained staff.

(ix) If a residential program limits or denies client's rights because of clinical contraindications, such limitations or denials shall be fully documented in the clinical record.

CHAPTER VI

CLINICAL RECORDS

This Chapter has been repealed.

CHAPTER VI

CLINICAL RECORDS

This Chapter has been repealed.

~~Section 1. Written Clinical Records. The program shall maintain a written clinical record on each client. These records shall serve the dual purpose of providing information useful to program personnel and documentation necessary to satisfy the accountability requirements of authorized funding sources. Each record shall contain:~~

~~(a) Client identifying data that is recorded on the state MIS forms.~~

~~(b) A clinical assessment, including a diagnosis or diagnostic impression.~~

~~(c) Documentation that clients have been informed of their rights.~~

~~(d) A record of the consent of the client, or legally responsible other, for the client's treatment.~~

~~(e) A fee agreement signed by the client or legally responsible other.~~

~~(f) An individualized treatment plan based on the clinical assessment, including the services and strategies to be used to meet identified treatment goals.~~

~~(g) Periodic documentation of client progress in achieving treatment goals, including updates of individualized treatment plans as frequently as clinically indicated.~~

~~(h) A discharge summary written within 90 days of a client's last clinical contact containing a summary of pertinent case record information including referrals to other continuing care services.~~

~~(i) Dated and signed clinical entries, including the clinical degree or title of the staff member.~~

~~(j) Other pertinent documentation as applicable, including but not limited to medications prescribed by a physician affiliated with the program and written interpretation of testing.~~

~~(k) Clinical entries made in clinical records by persons who are not qualified to act as a primary therapist under these Standards must be countersigned by the clinical supervisor.~~

~~Section 2. Security of Records.~~

~~(a) Written policies shall govern the compilation, storage, accessibility, and disposal of client records. Client records shall be kept either in original form or in another acceptable form, such as but not limited to microfilm, microfiche, or optical disk storage, for a period of seven (7) years from the date of closure. If the record is part of an investigation or lawsuit or it is deemed clinically important not to destroy the record, the record shall be kept until all matters are resolved.~~

~~(b) Records and client data, including computerized information systems, shall be protected in a manner that provides confidentiality and security, including suitably locked and secured rooms and files,~~

and ability to retrieve information.

Section 3. Release of Information.

(a) A client or his or her legally responsible other may consent to the release of or request for confidential information concerning the client provided that written consent is given on a form containing the following information:

(i) The name of the program that is seeking to release or is requesting the information;

(ii) The name of the person, agency, or organization to which the information is to be released or from which the information is requested;

(iii) The name of the client;

(iv) The specific information to be released and the specific information requested;

(v) The purpose or need for the release or request;

(vi) The date or condition upon which consent will expire, reasonably related to the purpose of the request or release;

(vii) A statement that the consent may be revoked at any time except in instances where a particular action depends upon the consent remaining in effect;

(viii) The date the consent was signed; and

(ix) The signature of the client, or in the case of a person who is a minor or has been adjudicated by a court of law as incompetent, the signature of such person's parent or guardian.

(b) Releases or requests authorized by written consent must be accompanied by a notice prohibiting subsequent release.

(c) The client's consent shall be acquired in accordance with all applicable federal, state, and local laws, rules, and regulations.

(d) When information is released as the result of a signed consent, the actual date the information was requested or released and the signature of the staff member who released the information shall be made a part of the clinical record.

(e) In a life-threatening situation or when a person's condition or situation precludes the possibility of obtaining written consent, the program may release or request pertinent information without a signed consent.

(f) When information has been released or requested under emergency conditions, the responsible staff member shall enter all pertinent details of the transaction into the client's clinical record, including at a minimum the following items:

(i) The date the information was released or requested;

(ii) The person to whom the information was released or from whom requested;

(iii) The reason the information was released and/or the reason the information was requested;

(iv) The reason written consent could not be obtained; and

(v) The specific information released or requested.

(vi) The client shall be informed that the information was released or requested as soon as reasonable after the release of or request for information.

Section 4. Confidentiality of Client Information. The program shall protect the confidentiality of all information related to its clients and former clients.

(a) The program shall disclose no confidential information, including the fact that a person is or has been a client of the program, unless at least one of the following conditions prevails:

(i) The client or a legally responsible other consents in writing to the disclosure;

(ii) Exceptions allowed under 42 CFR, Part 2;

(iii) The disclosure is required by State law in reporting suspected child or adult abuse or neglect;

(iv) Pursuant to a court order, which meets the requirements of 42 CFR, Part 2;

(v) Disclosure which may be made in the course of site visits, audits, and program evaluation. Such reviewers shall sign a written oath of confidentiality; or

(vi) To the extent necessary to defend against a lawsuit initiated by or on behalf of a client.

(vii) When a client poses a threat of harm to self or others.

(b) The consent of the client or a legally responsible other shall be obtained in writing prior to billing third party payers and pursuing the payment of delinquent accounts.

(c) Other than proceedings under W.S. 25-10-122, clinical staff services provided to all courts, including, but not limited to, consultations, evaluations, or expert testimony shall require the consent in writing of the client or a legally responsible other or meet the requirements of a (iv) above.

(d) The Governing Board shall be excluded both as a joint body and as individual board members from any access to confidential client information except to the extent necessary to resolve a client initiated grievance.

~~(e) All staff members having access to clinical records shall be required to abide by these standards regarding confidentiality as well as all applicable federal, state, and local laws, rules, and regulations.~~

CHAPTER VII

GENERAL SERVICE STANDARDS

This Chapter has been repealed.

CHAPTER VII

GENERAL SERVICE STANDARDS

This Chapter has been repealed.

~~Section 1. General.~~

~~(a) Mental health and substance abuse programs shall have a written service plan which delineates the manner in which all services are provided.~~

~~(i) The service plan shall describe how services will be made available to outlying communities.~~

~~(ii) The service plan shall describe how the program determined the needs for services in the service area.~~

~~(b) Mental health and substance abuse services shall be available on a regularly scheduled basis and accessible to persons residing or located in the area as described in the program's biennial service plan(s).~~

~~(c) There shall be public notification of the availability of mental health and substance abuse services.~~

~~(d) The program shall have written policies and procedures that facilitate the referral of clients among a program's components and that promote consultation between the program and other service providers in the community.~~

~~(e) The program shall develop and implement a sliding fee scale, based on guidelines developed by the Division, that assures that no person shall be denied services based solely on ability to pay.~~

~~(f) No person shall be denied services based solely on ability to pay even the minimum charge on the Division's fee scale guidelines.~~

~~Section 2. Medication Management.~~

~~(a) Each program that employs personnel for the purpose of prescribing or dispensing medications shall ensure that such personnel are so licensed under state statute and shall establish and enforce written policies and procedures to govern the storage, prescription, dispensing, and administration of medication.~~

~~(b) Medication prescribed by a physician associated with the program shall be appropriately integrated with the treatment plan for the client.~~

~~(c) A program that stores, prescribes, dispenses, or administers medication shall have policies and procedures that shall be in compliance with all applicable state and federal statutes.~~

CHAPTER VIII

SUBSTANCE ABUSE SERVICE STANDARDS

This Chapter has been repealed.

CHAPTER VIII

SUBSTANCE ABUSE SERVICE STANDARDS

This Chapter has been repealed.

~~Section 1. General. A substance abuse program shall provide, at minimum, Outpatient Services (Clinical Assessment, Individual Therapy, Family/Couples Therapy, and, as practicable, Group Therapy).~~

~~Section 2. Outpatient Services.~~

~~(a) Outpatient services are non-residential diagnostic and treatment services that are provided to persons and their families.~~

~~(b) Outpatient services include:~~

~~(i) Clinical Assessments: Therapeutic contacts with the client, relatives, and significant others to the extent necessary to complete an accurate psychosocial evaluation and DSM-III-R diagnosis from the most current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, including psychological testing, as indicated, for the purpose of writing an assessment and developing the treatment plan.~~

~~(ii) Individual Therapy: Therapeutic contact with the enrolled client for the purpose of implementing the treatment plan.~~

~~(iii) Family/Couples Therapy: Therapeutic contact with the enrolled client and one or more persons, who are considered by the client to be family/partner, for the purpose of resolving problems identified in the treatment plan.~~

~~(iv) Group Therapy: Therapeutic contact with two or more unrelated clients by one or more therapists for the purpose of implementing each client's treatment plan.~~

~~(v) Medication Management: Therapeutic contact with a client by medical personnel (licensed physician, licensed physician's assistant, or licensed registered nurse as appropriate) for the purpose of prescribing or monitoring medication, including education of the client regarding appropriate use and side effects.~~

~~(vi) Intensive Outpatient: Intensive Outpatient treatment is structured, group counseling as an alternative to inpatient and residential care, for chemically dependent persons who accept that they have a substance abuse problem, and who are willing and capable of maintaining abstinence during treatment.~~

~~(A) The program shall be designed to provide a comprehensive, intensive, and structured series of treatment services requiring at least forty (40) hours within a one-month period of time, followed by group sessions for a minimum of twelve weeks after completion of the structured program. Continuing care services shall be made available for further follow up.~~

~~(B) The program shall include integration services and participation in self-help groups.~~

(C) Each Intensive Outpatient Treatment program shall establish written admission and discharge criteria.

(D) Each Intensive Outpatient Treatment program shall establish and utilize a schedule of group activities with written descriptions of the content of the group themes (except self-help groups).

Section 3. General Standards for Substance Abuse Residential Services.

(a) Admission and Discharge Criteria:

(i) The program shall establish written clinical criteria for determining which persons are to be admitted to the program and shall ensure that only those clients who meet the admission criteria are admitted to the program.

(ii) The admission policy shall include, but not be limited to, provisions that prior to admission, a professional or counselor as defined in Chapter III or IV must determine that the individual:

(A) Has a diagnosis of chemical dependency for adults in primary residential treatment or a diagnosis of chemical dependency or psychoactive substance abuse disorder for adolescents or for adults in transitional residential care according to the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association;

(B) Is capable of self care;

(C) Is not in need of detoxification, major medical care, or primary psychiatric care;

(D) Cannot be effectively or efficiently treated on an outpatient basis; and

(E) Has parental or guardian consent for treatment if the person to be admitted is a minor.

(iii) The program shall have written criteria and procedures which address discharge when treatment is complete or against staff advice or at staff request.

(iv) The program shall have written procedures for referral to appropriate continuing care services.

(b) Medical Services.

(i) The program shall establish a written plan to assist the client in obtaining appropriate medical services at the client's expense.

(ii) An evaluation of the client's medical status shall be made as soon as possible, but not to exceed seventy-two hours following the client's admission to the program. The evaluation may be waived, if a copy of a physical exam performed within the sixty days prior to admission is contained in the client file. The evaluation shall include a medical history, a physical examination, and appropriate screening for tuberculosis, and, when indicated, other communicable diseases to include HIV and AIDS screening. All females under the age of majority as defined by Wyoming Statute shall have a pregnancy test as part of the medical evaluation. The evaluation shall be carried out, by, or under the supervision of a licensed physician. The results of the examination shall be placed in the client's clinical record.

(c) Policies/Procedures.

(i) The program shall establish house rules that shall be distributed to all clients at the time of their admission.

(ii) All staff shall, at the time of their initial employment, be provided with copies of all program policies, procedures.

(iii) All staff of primary and transitional treatment programs shall have basic first aid training which includes CPR training.

(iv) The program shall maintain appropriate first aid supplies.

(v) The program policies shall prohibit the use of isolation or restraint, except when there is an immediate danger to self or others.

(d) Food Services.

(i) A nourishing, well-balanced diet in adequate amounts shall be provided to all residents in accordance with current Recommended Daily Dietary Allowances for adults and adolescents of the American Dietary Association.

(ii) The program shall provide for the special dietetic needs of specific clients and this information shall be maintained in the client's clinical record.

(iii) At least three meals daily shall be provided, or arranged for, at normal mealtimes.

(iv) Records of menus as served shall be filed and maintained in the program's records for on-site inspection.

(v) All resident activities in food preparation areas shall be under the supervision of program staff who have received instruction in, and can instruct residents in approved food handling techniques and practices.

(vi) Foods shall be stored at appropriate temperatures:

(A) Refrigerators shall have a thermometer located in the warmest part of the appliance in which food is stored. Refrigeration temperatures shall be 45@F (forty-five degrees Fahrenheit) or below.
or less. The freezer shall have a thermometer.

(vii) Raw or unpasteurized milk and home-canned or preserved foods shall not be served.

(viii) No person while infected with or suspected of being infected with communicable diseases, boils, open sores, or wounds, or acute respiratory infections shall prepare meals or come into contact with food preparation surfaces.

(ix) Eating and serving utensils shall be washed by approved techniques and practices.

(e) Physical Plant.

(i) The facility shall be designed, constructed, equipped, and maintained in a manner that provides for the physical safety of residents, personnel, and visitors.

(ii) Buildings shall be kept clean, in good repair, and free of infestations.

(iii) The facility shall have fire detection and extinguishing equipment and a written fire safety plan.

(A) Fire drills shall be conducted monthly and a record of the dates maintained.

(B) ABC portable fire extinguishers shall be available in the kitchen and other areas as recommended by the local fire department.

(C) Fire extinguishers shall be inspected at least annually and have a regular maintenance program.

(D) Underwriters Laboratory approved smoke detectors shall be installed in each bedroom, and on all floors of the facility including the basement.

(E) There shall be documentation of monthly inspection of smoke detectors and fire extinguishers conducted by the program staff.

(F) Evacuation routes and procedures shall be posted and shall be shown to each resident at admission.

(G) At least annually there shall be a walk-through of the facility by the local fire department and recommendations shall be implemented.

(H) Portable space heaters shall not be used.

(iv) Plumbing systems shall be designed, installed, operated, and maintained in a manner that is designed to provide an adequate and safe supply of water for all facility operations.

(v) Garbage and rubbish shall be stored in leakproof, non-absorbent containers with tight fitting lids and shall be removed from the premises at least weekly.

(vi) Poisons and other toxic materials shall be properly labeled, kept in the original container, and stored in a locked area.

(vii) Smoking shall be permitted only in designated areas, and may for reasons of resident safety, be limited.

(viii) Appropriate furnishings for each room shall be available, clean, and in good repair.

(ix) Laundry facilities shall be available in the facility or on a contractual basis. When provided in the facility, the laundry room shall be kept separate from bedrooms, living areas, dining areas, and kitchen.

(x) Separate storage areas shall be provided for food, kitchen, and eating utensils; clean linens, soiled linens, and clothing; cleaning compounds and equipment; and outdoor recreational and maintenance equipment.

(xi) The facility shall have a kitchen area that is kept clean.

(f) Medication.

(i) All medication not administered by persons licensed by the State of Wyoming to administer medication are to be self-administered by the resident for whom the medication was prescribed.

(ii) Medication documentation is maintained in the client record for each client taking medication. This documentation includes:

(A) Client's name;

(B) Name and dose of each medication taken;

(C) Signature of the staff person who observed self-administration of the drug;

(D) All medication is taken according to the written prescription.

(E) All prescription and non-prescription medications are kept in locked storage.

(F) All medications are stored in their original containers under appropriate storage conditions in a neat, orderly fashion.

(G) Drugs are removed on or before their expiration date and destroyed.

(H) Medication for a client who has left the program is destroyed.

(I) The poison control number is posted by all telephones.

(J) Physician's Desk Reference or other comprehensive drug reference materials published within the last year is accessible to staff.

Section 4. Adult Primary Residential Treatment Program. Primary treatment services for adults are defined as 28-30 day, non-medical, 24-hour, live-in, treatment program for chemically dependent adults who require intensive evaluation and treatment services in a highly structured setting. The program shall provide services according to a schedule that includes the following:

(a) 28-35 hours per week of intensive, structured, staff facilitated, group activities which focus on all aspects of chemical dependency, the predominant life issues that impact on recovery, and the individual concerns of each client, including an educational program dealing with alcoholism and addiction, personal growth, the recovery process, and a philosophy of living that will support recovery;

(b) A family program designed specifically for family members or significant others of clients in treatment, including an educational component and counseling;

(c) Individual counseling, as appropriate;

(d) Referral to appropriate self help groups;

(e) Opportunities for recreational and social activities;

(f) Direct 24-hour supervision of the program provided by a staff member; and

(g) A plan for continuing care.

Section 5. Adult Transitional Residential Care Program. Transitional residential care for adults is a 30-120 day recovery process in a homelike setting which provides daily needs for food and shelter for adult alcohol and drug abusers who have made a clear commitment to abstinence and have received sufficient substance abuse treatment to continue recovery. Transitional care focuses on activities and coping skills for daily independent living and provides:

(a) A treatment plan that addresses substance abuse and the specific behaviors that must be changed in order to obtain and maintain a lifestyle free of chemicals of abuse.

(b) 8-12 hours per week of staff facilitated, structured, group functions aimed at promoting adjustment to a chemically abstinent lifestyle.

(c) Individual counseling as appropriate;

(d) Encouragement of employment;

(e) Referral to appropriate self-help groups;

(f) Direct twenty-four-hour-a-day supervision provided by a staff member or a responsible person designated in writing by the program director; and

(g) Opportunities for recreational and social activities.

Section 6. Adolescent Primary Residential Treatment Program. Primary treatment for adolescents is a 45-60 day, nonmedical, 24-hour, live-in rehabilitation treatment program for chemically dependent or chemically abusing individuals aged 13 to the age of majority under Wyoming Statute and who require intensive evaluation and treatment services in a highly structured and controlled setting.

(a) The provision of primary residential treatment services to minors includes:

(i) 28-35 hours per week of structured, staff facilitated, group activities which focus on all aspects or chemical dependency, the predominant life issues that impact on recovery, and the individual concerns of each client;

(ii) Family counseling;

(iii) Individual counseling;

(iv) On-site appropriate schooling;

(v) Organized recreational activities provided on a regularly scheduled basis at a minimum of three times per week;

(vi) Referral to appropriate self help groups;

(vii) Continuing care service either as a component of the program or provided under an agreement with a certified substance abuse program in the location of the residence of the minor;

(viii) Direct 24-hour-a-day supervision by program staff.

(b) If primary residential treatment services for adolescents and adults are provided in the same facility, the two populations and all services and activities shall be separate.

(c) Primary residential treatment facilities for adolescents must be certified by the Department of Family Services as a child care facility.

(d) An evaluation and assessment shall be completed and documented in the client file. The information gathered in the evaluation and assessment procedure shall include, but not be limited to:

(i) The history and current status of the chemical use of the minor;

(ii) The history and current status of the minor's involvement with the criminal justice system;

(iii) The history and current status of any school problems of the minor;

(iv) The events that precipitated the minor's referral to primary residential treatment;

(v) The substance abuse/mental health service history of the minor and of the minor's family members;

(vi) The history and potential for physical and emotional abuse of and by the minor;

(vii) An assessment by the minor of his/her own alcohol and drug abuse; and

(viii) The medical history of the minor;

(e) The information used in the evaluation and assessment procedure shall be gathered through interviews and consultations with the adolescent and the adolescent's family, the referral source, and allied agencies that are involved, including the school.

(f) Clinical staff shall be knowledgeable about normal childhood development, the impact of the use of and the dependency on alcohol and drugs on normal childhood development, and the issues of adolescence.

(g) The ratio of two staff for every six youth shall be maintained during waking hours.

(h) There shall be one male and one female staff person on duty at all times.

(i) There shall be counseling staff on duty or on call at all times.

(j) The program's on-site schooling shall comply with accreditation requirements of the Wyoming State Department of Education.

(k) All school educational activities shall be conducted by instructors certified by the Wyoming State Department of Education.

(l) All school activities shall be conducted at times of the day conducive to learning and shall be individualized, according to the age, learning level, and needs of the minor.

(m) If the program employs a step-level system, it must comply with the following requirements:

(i) Criteria for entering each level are defined in writing and stated in behavioral terms.

(ii) Criteria are applied equally to all clients.

(iii) Privileges, rewards, restrictions, and other consequences corresponding to the specific levels or behaviors are therapeutically indicated as determined by the executive director, defined in writing, implemented consistently as written, and documented in the client record.

(n) Upon completion of treatment, a referral for aftercare services shall be made to an appropriate substance abuse treatment program, and with the parent's or guardian's consent the discharge summary shall be forwarded to that agency.

(o) The program shall develop and implement policies on: visitation, receiving and sending mail, sexual activity, the use of alcohol and drugs within the facility, violence, facility damages, room searches, personal possessions, smoking, contraband, leaving the grounds without permission, money, clothing, and interpersonal conduct. These policies shall be explained to the minor and his/her parents or guardians upon admission.

(p) The program shall utilize, on a day-to-day basis, a consistent, behavioral, therapeutic model of treatment. The treatment model shall be described in writing and approved by the executive director.

Section 7. Prevention.

(a) Prevention is the initial phase of an overall continuum of services consisting of prevention, intervention/treatment and continuing care. Prevention services are provided to the general public and to individuals in high risk groups who have not yet been identified as substance abusers. Prevention services provide opportunities by which individuals and groups acquire the knowledge and skills to promote optimal functioning and to avoid or protect themselves from the substances, conditions, or situations which are known to contribute to drug use, alcohol abuse, or other disruptive life events. Prevention services are planned and proactive, promote health and well-being, and reduce risk factors associated with alcohol and other drug abuse. Specific types of prevention services include:

(i) Information: Services which provide awareness and knowledge of the nature and extent of alcohol and other drug use, abuse, and addiction and their effects on individuals, families, and communities. Information services provide knowledge and awareness of available prevention and treatment programs and services. Information programming includes such activities as appropriately targeted media campaigns, fliers, posters, brochures, or drug information seminars for youth, parents, and other target groups.

(ii) Education: Services that assist individuals to develop or improve their critical life skills. Critical life skills include decision making, peer resistance, coping with stress, problem solving, interpersonal and intra-personal communication, systematic thinking, and judgment abilities.

(iii) Alternatives: Services that provide challenging positive growth experiences in which people can develop self-discipline, confidence, personal awareness, self reliance, and independence they need to become socially mature individuals. Alternative prevention programs are designed to provide positive alternatives to drug-taking behavior through a variety of community activities. The intention is that healthy activities will meet the need filled by alcohol and other drugs.

(iv) Community Coordination and Training: cooperative networking activities, action planning, and technical assistance provided to community individuals, groups, or agencies.

(v) Early Intervention: Services which focus on early detection and remedial action among persons who may be experiencing alcohol and other drug related problems and to refer them to appropriate services to prevent development of more serious problems. Services may include a variety of activities such as groups for high-risk youth, diversion classes, and student assistance programs.

(vi) Social Policy and Environmental Change: Services which establish or change

written and unwritten community standards, codes, or attitudes thereby influencing alcohol and other drug use in the general population.

(b) Organization and Staffing

(i) The organization offering substance abuse prevention shall identify a contact person for prevention services.

(ii) Program Planning

(A) The organization shall evaluate community prevention needs at least every four (4) years.

(B) There is a plan derived from the needs evaluation and updated bi-annually which contains, at minimum, the following:

(1.) Identified priority populations within the community for services;

(2.) Goals and measurable objectives;

(3.) Specified services which are intended to achieve the goals and objectives and which are of sufficient quantity and duration to effect change; and

(4.) Procedures which will permit appropriate evaluation of the program.

(iii) Prevention Records: The program shall maintain written records of prevention activities and services provided, including:

(A) Date of service;

(B) Service provider(s);

(C) Hours of service provided;

(D) Hours of preparation time;

(E) Population served and number of recipients;

(F) A description of the program, activity, or service; and

(G) Goal(s) to which the activity or service relates;

CHAPTER IX

MENTAL HEALTH SERVICE STANDARDS

This Chapter has been repealed.

CHAPTER IX

MENTAL HEALTH SERVICE STANDARDS

This Chapter has been repealed.

~~Section 1. General.~~

~~(a) A mental health program shall provide, at minimum, Outpatient Services (Clinical Assessment, Individual Therapy, and, as practicable, Rehabilitation Therapy), Consultation and Education, and Liaison Services.~~

~~(b) In addition to other clients, a mental health program shall serve persons who are seriously mentally ill according to the definition of the Division.~~

~~Section 2. Outpatient Services.~~

~~(a) Outpatient services are non-residential diagnostic and treatment services that are provided to persons and their families.~~

~~(b) Outpatient services include:~~

~~(i) Clinical Assessment: Therapeutic contacts with the client, relatives, and significant others to the extent necessary to complete an accurate evaluation and DSM-III-R diagnosis, including psychological testing as indicated, for the purpose of writing an assessment and developing the treatment plan.~~

~~(ii) Individual Therapy: Therapeutic contact with the enrolled client for the purpose of implementing the treatment plan.~~

~~(iii) Family/Couples Therapy: Therapeutic contact with the enrolled client and one or more persons, who are considered by the client to be family/partner, for the purpose of resolving problems identified in the treatment plan.~~

~~(iv) Case Management: Case management means case review, setting of treatment goals, design of treatment plan, coordination of the necessary components of the plan, monitoring of the treatment, and retention of responsibility for the clients' treatment, performed by qualified staff of the community mental health center or clinic with the objective of assuming an integrated system of care for the client.~~

~~(v) Medication Management/Monitoring: Therapeutic contact with a client by medical personnel (licensed physician, licensed physician's assistant, or licensed registered nurse as appropriate) for the purpose of prescribing or monitoring medication, including education of the client regarding appropriate use and side effects.~~

~~(vi) Group Therapy: Therapeutic contact with two or more unrelated clients by one or more mental health professionals or counselors for the purpose of implementing each client's treatment plan.~~

~~(vii) Day Treatment: Therapeutic contact with two or more clients by one or more thera-~~

pists or counselors for the purpose of providing a preplanned and structured program of group treatment activities which may include skill training, education about illness and medications, group counseling and problem solving, and similar treatment.

Section 3. Consultation and Education Services.

(a) Consultation services are case-centered or program centered services rendered to other human service agencies, health care professionals, or human service oriented groups in order to assist them in meeting the mental health needs of their constituents who are NOT clients of the mental health center. Consultation does not involve treatment of individuals or groups in lieu of enrolling such persons as clients of the mental health centers.

(b) Education services are designed to increase the level of mental health knowledge or skills of the lay public or specialized groups of individuals in the community. Education services may consist of providing mental health information to the general public, skill training, conducting workshops, seminars, or similar experiences. It does not include staff development or continuing educational experiences for the agency's own staff, political activities designed to influence voters on mental health issues, or activities which are primarily fund-raising in nature.

(c) Providers of consultation and education services shall maintain a record which includes the following for each consultation and education activity reimbursed by the Division:

(i) The date and recipient(s) of service.

(ii) The number of people receiving the service.

(iii) The name(s) of staff providing the service.

(iv) The type and duration of the activity.

Section 4. Liaison Services.

(a) Liaison service is coordination of client care between the community mental health program and the Wyoming State Hospital for the purpose of diverting inappropriate admissions to the State Hospital and of planning ongoing treatment after discharge.

(b) Liaison services may be provided to other inpatient or residential treatment facilities but not in correctional facilities or nursing homes.

(c) Mental health programs providing liaison services shall:

(i) Screen and evaluate clients for possible admission to determine whether or not such clients are to be referred to an inpatient program;

(ii) Make available, either directly or through referral, appropriate support and information services to the client, family, and significant others during the client's inpatient treatment;

(iii) Establish, in cooperation with the inpatient program, an appropriate treatment plan designed to maximize successful readjustment to the community upon discharge; and

(iv) For clients admitted to a hospital under Title 25, forward all appropriate records to the inpatient program according to W.S. 25-10-122(b).

(d) The client shall be treated in the least restrictive environment reasonably available.

(e) To facilitate the adjustment of formerly hospitalized clients to community living, appropriate follow-up and treatment shall be offered to the client through the program's outpatient services and other appropriate services.

Section 5. Vocational Services for Seriously Mentally Ill Persons.

(a) Vocational services shall be provided by persons who meet one of the following standards either as a Vocational Services Specialist or Technician:

(i) Vocational Services Specialist

(A) Have a degree in vocational rehabilitation or a vocationally related field with training or experience in the provision of vocational services; or

(B) Have a degree in a human relations field and a minimum of one year experience in providing vocational services; or

(C) Be a mental health professional or counselor supervised by a Vocational Service Specialist; or

(D) Have two years' supervised experience as a Vocational Services Technician.

(ii) Vocational Services Technician

(A) A person who has a high school diploma or a higher degree and training or experience in the provision of vocational services. A Vocational Technician must be supervised by a Vocational Services Specialist or Mental Health Professional; or

(B) A seriously mentally ill consumer who has successfully completed a vocational program that was specifically designed for persons with seriously mental illness and has been employed a minimum of one year in an integrated setting.

(b) An agency offering supported employment vocational services shall provide pre-vocational services.

(c) Supported employment services shall include, as appropriate for individual clients:

(i) Assessment procedures to include assessment of work skills, functional abilities, and

psychosocial skills;

(ii) Client vocational plan which includes staff, client, and industry responsibilities;

(iii) The following on and off the job site training functions should be provided, as appropriate, for the individual client:

(A) Job Specifications and/or task analysis;

(B) A systematic plan of instruction in work skills and behaviors to be acquired;

(C) A plan to develop appropriate social and interpersonal skills necessary to retain employment;

(D) A plan to transfer supervision from the program to industry;

(iv) Structured provision for acquiring periodic client status information from the employer and significant
others.

Section 6. Recreation/Socialization: Recreation outings and social activities provided to clients by one or more mental health professional or counselors as one part of a client's individual treatment plan for individual group therapy services.

Section 7. Residential Services.

(a) Group Residential Services are non-medical, fully supervised room, board, and therapeutic structure provided in a licensed facility directly operated by professional staff of a state certified community mental health center that also provides outpatient treatment for residents. Such programs shall be licensed by the Department of Health, under Standards for the Licensing of Group Residential Programs for Mentally Ill Persons.

(b) Adult Support Homes are non-medical, fully supervised, or semi-supervised room and board purchased from an approved foster provider, boarding home provider, or commercial facility by and under the supervision of a state certified community mental health center that also provides outpatient treatment for residents. Such programs shall be licensed by the Department of Health under Standards for Adult Support Homes.

CHAPTER X STANDARDS

MANAGEMENT

This Chapter has been repealed.

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MANAGEMENT

This Chapter has been repealed.

~~Section 1. On-Site Evaluation.~~

~~(a) The Division shall conduct a biennial on-site evaluation of the program to ensure that the program is in substantial compliance with these standards.~~

~~(i) The Division shall provide the program with at least forty-five (45) days' written notice prior to the date scheduled for the on-site review, except as pursuant to subsection (c) of this Section.~~

~~(ii) The Division shall provide the program with a copy of the applicable Standards and a written format upon which the on-site review shall be based.~~

~~(iii) The on-site review personnel team shall consist of representative(s) of the Division and may also include mutually agreed upon mental health and substance abuse professionals and other appropriate persons.~~

~~(iv) During an on-site visit, the review and evaluation team shall provide administrative and program consultation as requested by the program.~~

~~(v) There shall be an entrance conference that shall include the executive director and an exit conference that shall review significant items and shall be held at a mutually agreed time and shall include the executive director and representation from the governing body.~~

~~(vi) The Division shall prepare a report of the findings of the review and shall send a copy to the chairperson of the governing body and to the executive director of the program within 45 days after the last day of the on-site review. The report shall contain at least the following information:~~

~~(A) Required actions for the program to take in order to comply with standards for which deficiencies were found;~~

~~(B) Specifications and conditions prescribed for any standard or standards for which the Division has granted a waiver or variance.~~

~~(C) Documentation that any required actions from the previous site visit have or have not been resolved.~~

~~(b) The program shall provide for review a representative sample of client records, program records, financial statements, and other documents needed by the Division to make its determinations, including any information that may have changed since the time the program's application(s) was submitted.~~

~~(i) Records or materials not related to compliance with these Standards, Division Rules, statutes, and the program's contract with the Division will not be reviewed.~~

(ii) The program may elect, but is not required, to cover any client identifying information in clinical records to be reviewed.

(iii) When client identifying information is not covered, the program shall have the reviewer(s) sign an oath of confidentiality for any information in clinical records.

(c) In addition to the on-site evaluation conducted pursuant to subsection (a) of this Section, the Division may:

(i) Upon a written notice that outlines the issues related to compliance, conduct other on-site evaluations of the program necessary to determine continued compliance with these Standards and other applicable requirements; or

(ii) Conduct other on-site evaluations to determine the continued capability of the program to provide services.

(d) The Division shall offer education and consultation on these Standards to the executive director and/or to the governing body when the program has an interim executive director or a new executive director.

Section 2. Notification of Compliance.

(a) A written notice and certification shall be issued to the program by the Division if it determines, in accordance with the provisions of this Chapter, that the program is in substantial compliance with these Standards.

(b) The program shall be required by the Division to correct any deficiencies within a reasonable period of time specified by the Division in the on-site report. If the program disputes the accuracy of any of the significant findings of the site visit, the Division Administrator will verify the accuracy of findings.

(c) Certification under Standards is not automatically continued when board ownership or control is changed. The Division shall be notified within thirty days of any such change.

Section 3. Expiration and Redetermination of Compliance.

(a) A finding of substantial compliance with the mental health and substance abuse Standards shall be valid for two years from the first day of the next month following such determination, except as pursuant to (b) of this Section.

(b) The Division may determine that a program is not in substantial compliance with these Standards but does not warrant a finding of non-compliance because there exists evidence that the program is able to correct deficiencies.

(i) The Division may issue certification for any period of time less than the usual two years.

(ii) The Division shall conduct another on-site review prior to the expiration of certification to determine that deficiencies have been corrected.

(c) A program may apply for redetermination by submitting an application.

(d) The Division shall review each program requesting redetermination within ninety days of such request.

Section 4. Waivers.

(a) The Division may grant a waiver of any standard or standards in this document.

(b) If the Division determines that requiring immediate compliance with a particular standard would create an undue hardship on a program and that temporary noncompliance with that particular standard would not substantially impair the quality of the services being provided by the program, the Division may grant a waiver of the particular standard with respect to that program.

(c) Any governing body requesting a waiver may request the waiver at the time of the initial application or any other time that the governing body deems a standard to represent undue hardship to that program.

(d) The Division, prior to or as a condition to granting a waiver under this Section, may:

(i) Establish schedules or timetables setting forth time limits during which the program must achieve compliance with the standard in question;

(ii) Require the program to submit a written plan to the Division setting forth proposed methods of achieving compliance with the standard; and

(iii) Set a time limit on the effective duration of the waiver.

(e) No waiver granted pursuant to this Section shall be construed to affect in any way the responsibility of any program to comply with any other applicable legal requirement.

Section 5. Variances.

(a) The Division may grant a variance of any personnel standard in Chapter III or Chapter IV, if requested by the governing body.

(b) A variance may be granted only on the basis of information satisfactory to the Division that such variance shall maintain or enhance the quality of program operation and client services.

(c) Division decisions on variance requests shall be communicated to the program in writing.

Section 6. Finding of Noncompliance.

(a) If, as the result of a review of the application for compliance or as the result of any on-site

evaluation, the Division determines that the program is not in substantial compliance with the Standards, the Division shall notify the program within forty-five days of the on-site evaluation. Any program that has been found not to be substantially in compliance is entitled to a hearing, in accordance with the provisions of W.S. 16-3-113(c).

(b) The Administrator shall suspend or revoke an existing determination of compliance if s/he determines that the program is not in substantial compliance with these standards. Unless an emergency exists, revocation or suspension under this Section shall become effective no less than thirty days following the date of issuance of the Administrator's order suspending or revoking the determination of compliance. Prior to the issuance of a suspension or revocation order, the Division shall comply with the procedural requirements of W.S. 9-2 102(a)(iii) and W.S. 9-2-102 (a)(iv).

(c) The Administrator may deny, revoke, or suspend all or any part of a determination of compliance in accordance with this Section.

(d) Any hearing conducted pursuant to the denial, suspension, or revocation under this Section shall be held as a contested case hearing, in accordance with the provisions of W.S. 16-3-107, and the Department of Health Rules of Practice and Procedure.

(e) Suspension shall be lifted when the program has demonstrated substantial compliance with the Standards.

(f) If the Administrator finds that the public health, safety, or welfare imperatively requires emergency action, and incorporates a finding to that effect in his order, suspension prior to a hearing may be ordered, in accordance with the provisions of W.S. 16-3-113(c).