

# TITLE 25 HEALTH SERVICES

## PART 1 DEPARTMENT OF STATE HEALTH SERVICES

### CHAPTER 447 CONTRACT PROGRAM REQUIREMENTS

#### SUBCHAPTER A PREVENTION AND INTERVENTION

##### *§447.101 Applicability and Definitions*

(a) The rules in this subchapter apply only to funded programs providing prevention or intervention services.

(b) All funded programs must also comply with Chapter 148 of this title (relating to General Provisions).

(c) The words and terms used in this chapter shall have meanings set forth in Chapter 141 of this title, unless the context clearly indicates otherwise. The following definition is specific to prevention and intervention: Young Adults--Individuals aged 18 - 21 served by Commission-funded youth services prevention providers. Prevention providers may bill and report individuals aged 18 - 21 as youth if all other requirements are met.

*The provisions of this §447.101 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

##### *§447.102 Youth Prevention Programs*

(a) The goal of youth prevention programs shall be to preclude the onset of the use of alcohol, tobacco and other drugs by youth and to foster the development of social and physical environments that facilitate healthy, drug-free lifestyles.

(b) Youth prevention programs shall offer universal and/or selective prevention strategies to youth and their families.

*The provisions of this §447.102 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

##### *§447.103 Program Design and Implementation*

(a) The provider shall determine what population(s) the program is designed to serve: universal, selective or indicated.

(b) The program shall identify and describe the primary and secondary target populations including specific information about:

- (1) age, gender, and ethnicity;
- (2) risk and protective factors;
- (3) patterns of substance use;
- (4) social and cultural characteristics;
- (5) knowledge, beliefs, values, and attitudes; and
- (6) needs.

(c) The program shall identify goals which:

- (1) address identified risks, needs and/or problems of the primary and secondary target populations;
- (2) are designed to enhance protective factors;
- (3) clearly describe behavioral and/or societal changes to be achieved; and
- (4) are realistic in relation to available resources.

(d) The program shall establish objectives that are linked to the goals. Objectives must be measurable, have outcome and family strategies where appropriate.

(e) The program design shall be based on a logical, conceptually sound framework to connect the prevention or intervention effort with the intended result of preventing alcohol, tobacco, and other drug problems. Curricula selected shall be evidence based and appropriate for the target population served. The program shall maintain the fidelity of the program design.

(f) In order to carry out the program design, the program shall incorporate a combination of some or all of the Center for Substance and Prevention's (CSAP) prevention strategies. All youth prevention programs (YPP) and youth intervention programs (YPI) must at a minimum conduct prevention education and skills training as a core strategy.

(g) The program shall be designed to build on and support related prevention and intervention efforts in the community. The program shall establish formal linkages and coordinate with other community resources.

(h) The program shall be appropriately structured to implement the program design. The prevention effort shall be consistent with the availability of personnel, resources, and realistic opportunities for implementation.

(i) The program design, content, communications, and materials shall:

(1) be available in the primary language of the target population;

(2) be appropriate to the literacy level, gender, race, ethnicity, sexual orientation, age, and developmental level of the target population; and

(3) recognize the cultural context of the family unit.

*The provisions of this §447.103 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

##### *§447.104 Key Performance and Activity Measures*

The program shall track and appropriately document the key performance and activity measures defined for the target populations and the services provided as outlined in the contract. The program must maintain adequate documentation to substantiate the reported numbers.

*The provisions of this §447.104 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

##### *§447.105 Performance Measure Review*

(a) Programs will be held to specific key performance measures as stated in the contract.

(b) The Commission shall review actual performance on key measures and notify the program in writing if the program failed to achieve the expected level of performance.

(c) If the program fails to achieve the expected level of performance, the program shall respond within 30 days from the post-mark date of the Commission's written notification with a timeframe in which the deficiencies will be resolved. The program must resolve the noted deficiencies or be subject to sanctions as described in the contract.

(d) The Commission shall take at least one of the following actions in response to performance deficiencies:

(1) notify the program in writing that timeframe for resolving deficiencies has been approved;

- (2) specify additional conditions to include manual pay;
- (3) impose contract restrictions or sanctions or terminate the contract.

*The provisions of this §447.105 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

**§447.106 Staff Training**

(a) During the first six months of employment, all direct service prevention and intervention staff shall receive a total of 16 hours of training (or document 16 hours of equivalent training), with a minimum of three hours in each of the following areas:

- (1) cultural competency;
- (2) risk and protective factors/building resiliency;
- (3) child development and/or adolescent development, as appropriate; and
- (4) strategies for strengthening families.

(b) Staff shall have specific training in the curriculum implemented for prevention education/skills training before facilitating the curriculum independently.

(c) In subsequent years, all direct services prevention staff shall receive eight hours of prevention training related to the program design.

*The provisions of this §447.106 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

**§447.107 Information Dissemination**

(a) Each program that provides activities within this strategy shall disseminate information about these topics as appropriate for the target population:

- (1) the nature and extent of alcohol, tobacco, and other drug use, abuse, and addiction;
- (2) human immunodeficiency syndrome (HIV) infection, tuberculosis (TB), Hepatitis, and sexually transmitted diseases (STDs); and/or
- (3) information about available services and resources.

(b) The information shall be accurate and current.

(c) The information shall be accessible and understandable to the target population in terms of:

- (1) content; and
- (2) mode, time, and location of delivery.

(d) The program shall document the number of individuals receiving written information/literature.

(e) For presentations, documentation shall include, as applicable:

- (1) date, time, and duration of activity;
- (2) location of activity;
- (3) staff/volunteers conducting activity;
- (4) purpose and goal of activity; and
- (5) number of participants.

*The provisions of this §447.107 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

**§447.108 Prevention Education and Skills Training**

(a) Education and skills training must be designed to affect critical life and social skills and include decision-making, refusal skills, critical analysis and systematic judgment abilities.

(b) The activities must include extensive interaction between the leader and the participants.

(c) Activities shall be conducted according to a written, time-specific curriculum, which is based on proven, effective principles.

(d) Each program that provides activities within this strategy must help participants gain knowledge and/or skills needed to access assistance or help with a problem.

(e) Documentation shall include, as applicable:

- (1) date, time, and duration of activity;
- (2) location of activity;
- (3) staff/volunteers conducting activity;
- (4) purpose and goal of activity;
- (5) number of participants; and
- (6) demographics of participants.

*The provisions of this §447.108 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

**§447.109 Alternative Activities**

(a) Each program that provides activities within this strategy shall provide alternative activities designed to assist participants in:

- (1) mastering new skills;
- (2) developing/maintaining relationships;
- (3) bonding with peers, family, school, and community;
- (4) building cultural understanding, and honoring diversity; and
- (5) identifying activities which offset the attraction to fill needs met by alcohol, tobacco and other drug use.

(b) Alternative activities shall be planned and conducted to complement the existing program design and proposed outcomes.

(c) Documentation shall include, as applicable:

- (1) date, time, and duration of activity;
- (2) location of activity;
- (3) staff/volunteers conducting activity;
- (4) purpose and goal of activity; and
- (5) number of participants.

*The provisions of this §447.109 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

**§447.110 Problem Identification and Referral**

(a) General requirements. Each program will provide components to identify those who have indulged in illegal use of tobacco or alcohol and those individuals who can have indulged in first use of illicit drugs in order to assess if their behavior can be reversed through education. Required components include screening, referral, and follow-up. This strategy does not include any activity designed to determine if a person is in need of treatment.

(b) Screening. The screening process shall be designed to identify warning signs for alcohol, tobacco, and/or other drug abuse.

The screening shall also identify STD/HIV risk factors as appropriate.

(c) Referral. The program shall maintain a current list of referral resources, including other services provided by the organization.

(d) Follow-up. The program shall conduct and document follow-up on referrals to ensure that the participant has presented for services.

(e) Documentation. The program shall maintain documentation of each screening which includes:

- (1) date of the screening;
- (2) zip code of the individual screened;
- (3) demographics of the individual screened;
- (4) referrals made; and
- (5) any follow-up contacts.

*The provisions of this §447.110 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

#### §447.111 Community-Based Process

(a) Each program that provides activities within this strategy shall work with other service providers, organizations, individuals, and families to effectively promote substance abuse services and improve the community's ability to prevent substance abuse and related problems.

(b) The program must establish formal linkages with other service providers to build a continuum of substance abuse services in the community. The program shall document active participation in collaborations to support community resource development.

(c) When the program coordinates services with another provider, there must be a written agreement that is renewed annually (by signature or other documented contact) and includes:

- (1) names of the providers entering into the agreement;
- (2) services or activities each provider will provide;
- (3) signatures of authorized representatives; and
- (4) dates of action and expiration.

(d) Documentation of community-based process activities shall include, as applicable:

- (1) date, time, and duration of activity;
- (2) key contact persons/providers involved;
- (3) purpose and goal of activity;
- (4) further action steps needed; and
- (5) action or change achieved.

*The provisions of this §447.111 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

#### §447.112 Environmental and Social Policy

(a) Each program that provides activities within this strategy shall take steps to influence the incidence and prevalence of substance abuse through:

- (1) legal and regulatory strategies; or
- (2) service and action-oriented activities.

(b) Activities must involve members of the community and other key stakeholders who will be impacted by the outcome.

(c) Efforts must be systematic and sustained.

(d) Documentation shall include, as applicable:

- (1) date, time, and duration of activity;
- (2) key contact persons/providers involved;
- (3) purpose and goal of activity;
- (4) further action steps needed; and
- (5) action or change achieved.

(e) Documentation of minors and tobacco presentations shall document:

- (1) content; and
- (2) mode, time, and location of delivery.

(f) The program shall document the number of persons receiving written information/literature.

(g) For presentations, documentation shall include, as applicable:

- (1) date, time, and duration of activity;
- (2) location of activity;
- (3) staff/volunteers conducting the activity;
- (4) purpose and goal of activity; and
- (5) number of participants.

*The provisions of this §447.112 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

#### §447.113 Intervention Services

(a) Each program that provides activities within this strategy shall provide indicated prevention services to individual participants who are showing early warning signs of substance use or abuse and/or exhibiting other high risk problem behaviors. Family members may also be involved in these services.

(b) The program shall determine the needs of the participant (and family members) in a culturally appropriate, face-to-face screening. The screening shall gather information to identify the participant's risk and protective factors in five domains: individual, family, school, peer relationships, and community. Should the participant and/or family member need a more intensive level of services, the invention service provider facilitates their access to the needed service.

(1) Information about the individual shall include:

- (A) age, gender, culture and ethnicity;
- (B) individual assets;
- (C) ATOD use; and
- (D) legal issues.

(2) Information about the family as permitted by law shall include:

- (A) structure;
- (B) functioning; and
- (C) family history of ATOD use.

(3) School information shall include:

- (A) literacy level;
- (B) academic performance; and
- (C) behavioral functioning issues.

(4) Information about peer relationships shall include:

- (A) ATOD use;
- (B) gang or club involvement;
- (C) legal issues; and
- (D) social functioning.

(5) Information about the community shall include:

- (A) economic status;
- (B) general environment;
- (C) criminal activity; and
- (D) availability of ATOD.

(c) The staff person and the participant (and family members, if appropriate) shall develop an intervention plan to address identified needs. The plan shall include:

- (1) behavioral goals;
- (2) timelines for completing the goals; and
- (3) recommended indicated services.

(d) Intervention counseling sessions and screenings shall be conducted through confidential face-to-face contacts with participants and/or family members.

(e) The program may also provide crisis intervention services to participants and their families to intervene in situations which may or may not involve alcohol and drug use, and which may escalate if immediate attention is not provided.

(1) Crisis intervention may be offered through telephone contacts and/or face-to-face individual, family, and group interventions.

(2) Crisis intervention services must be documented.

(3) Crisis intervention services in the context of an indicated prevention program may be provided by non-licensed staff who are qualified to perform these functions.

(f) Intervention services for each participant shall be documented, including:

- (1) the screening;
- (2) the intervention plan;
- (3) documentation of each intervention counseling session, including a summary of the intervention counseling session, and progress toward or away from identified goals;
- (4) referrals and follow-ups; and
- (5) an exit summary which includes a description of the results achieved and participant status at closure.

*The provisions of this §447.113 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

#### §447.114 Community Coalitions

(a) Community coalitions shall implement strategies designed to accomplish the following goals:

- (1) to prevent and reduce substance use and abuse among youth in each community served;
- (2) to strengthen collaboration in communities and support the existing community-based prevention and treatment infrastructure; and
- (3) to increase citizen participation and greater commitment among all sectors of the community toward reducing substance

use and abuse. Community coalitions shall include (or document attempts to recruit) one or more representatives from each of these areas:

- (A) youth;
- (B) parents;
- (C) businesses;
- (D) media;
- (E) schools;
- (F) community organizations serving youth;
- (G) faith-based groups;
- (H) civic and/or volunteer groups;
- (I) health care professionals;
- (J) State, local or tribal governmental agencies with expertise in substance abuse;
- (K) other organizations involved in reducing substance abuse;
- (L) law enforcement; and
- (M) recovery community.

(b) Community coalitions shall implement community-based processes and environmental and social policy strategies in the community.

(c) Community coalitions, other than Statewide Incentive Grant (SIG) recipients, shall not provide or subcontract for the provision of individual direct services, including prevention education and skills training, alternative activities or problem identification and referral.

*The provisions of this §447.114 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

#### §447.115 Prevention Resource Centers

(a) The goal of each prevention resource center shall be to increase the effectiveness and visibility of prevention of alcohol, tobacco and other drug use and abuse within the region it is funded to serve through information dissemination, community education, and identification of training resources and best practices in prevention.

(b) Each prevention resource center shall provide universal prevention strategies to the region it serves.

(c) Identified target groups shall include at a minimum: prevention professionals and volunteers; community leaders; teachers; school counselors and educational administrators; children and adolescents; parents and families; communities at large; local news media within the region served; and other persons in need of training in the area of alcohol, tobacco and other drugs.

(d) The following services are required of all funded prevention resource centers:

- (1) prevention needs assessment and resource identification;
- (2) prevention information marketing efforts;
- (3) prevention training and referral to resources;
- (4) prevention materials clearinghouse accessible to persons served in their region;
- (5) regional coordination/networking; and
- (6) regional prevention resource center web site and toll-free number.

(e) Each program shall submit reports as directed by the Commission.

*The provisions of this §447.115 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

**§447.116 Pregnant and Parenting Adult and Adolescent Female Prevention Services**

In addition to the standards set forth in Chapter 148 of this title (relating to Standard of Care), prevention providers serving pregnant, post-partum female populations shall comply with the following standards of care:

(1) provide outreach and prevention services in prenatal clinics, hospitals, WIC offices, and other sites where adult and adolescent women may be seeking reproductive health care;

(2) utilize evidence based curricula for education on substance use, abuse and the effects of ATOD upon the fetus to women seeking services;

(3) identify pregnant women who are at high risk due to their use of ATOD or who are at high risk due to the use of ATOD by others and provide motivational counseling to reduce risk, provide education on reproductive health, fetal and child development, parenting, and family violence;

(4) provide referral of children and family members for substance prevention and/or treatment services;

(5) coordinate with other services and resources to include continuing care for pregnant, post-partum and parenting women;

(6) provide referral of infants and children 0-3 for early childhood intervention screening; and

(7) provide family service coordination for medical, perinatal, pediatric, WIC and other services that promote the health and well being of the individual.

(8) PPI programs shall comply with §147.112 (a), (b)(1) and (2), and (c) - (e) of this title (relating to Intervention Services). *The provisions of this §447.116 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

## **SUBCHAPTER B STANDARDS OF CARE FOR HIV PROGRAMMING**

### **§447.201 Applicability**

The rules in this subchapter apply only to funded programs providing HIV services.

*The provisions of this §447.201 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

### **§447.202 HIV Required Services**

(a) Programs receiving TCADA HIV funds shall provide comprehensive HIV services to HIV infected persons with substance abuse problems and persons at risk of being infected as a result of substance abuse related activity and their families and/or significant others. HIV services shall include the following components:

(1) access to HIV antibody counseling and testing. Staff who perform HIV antibody counseling and testing must be currently registered as a Prevention Counseling and Partner Elicitation (PCPE) counselor with the Texas Department of Health.

(2) access to screening for TB and STDs.

(3) counseling to help change behaviors associated with risk of infection.

(b) Programs shall establish annual written service agreements with a comprehensive community resource network of related health, social service providers, and Texas Department of Health (TDH)-sponsored community or regional planning groups.

*The provisions of this §447.202 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

### **§447.203 Minimum Operational Requirements for HIV Outreach Programs**

(a) HIV outreach programs identify substance abusers who may or may not be seeking treatment and provide them with information, activities, referrals, and education directed toward informing drug users about the relationship between drug use (especially injecting drug activity) and communicable diseases. The target population is specific to:

(1) injecting drug users at risk of HIV infection;

(2) women, adolescents, and ethnic minority drug users at risk of infection from HIV and other communicable diseases through drug use or unprotected sexual activities; and

(3) other drug users at risk of HIV and other communicable diseases.

(b) HIV outreach service programs shall use outreach models that are scientifically sound. Unless the Commission approves another model in writing, programs shall use one or more of the following models:

(1) The Indigenous Leader Model: Intervention Manual, Wiebel, W. and Levin, L.B., February 1992;

(2) The National Institute on Drug Abuse (NIDA) Standard Intervention Model for Injection Drug Users: Intervention Manual, National AIDS Demonstration Research (NADR) program, National Institute on Drug Abuse, February 1992; and

(3) AIDS Intervention program for Injecting Drug Users: Intervention Manual, Rhodes, R., Humfleet, G.L., et al., February 1992.

(c) HIV outreach services shall be delivered at times and locations that meet the needs of the target population.

(d) Commission-funded HIV outreach programs shall refer all persons found to be HIV-infected to Commission-funded HIV early intervention programs.

*The provisions of this §447.203 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

### **§447.204 Minimum Operational Requirements for HIV Early Intervention (HEI) Programs**

(a) Programs shall develop and implement strategies to identify HIV infected individuals by increasing awareness of HEI services within the target populations. Targets for such efforts should include HIV outreach programs, other HIV service organizations, substance abuse treatment programs, and related health organizations.

(b) Programs shall implement service coordination for HIV infected individuals, which accommodates needs associated with treatment for HIV and substance abuse services. Programs are linked as a network to all other HEI providers in the system.

The provisions of this §447.204 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842

## **SUBCHAPTER C NARCOTIC TREATMENT PROGRAMS PROVIDING PHARMACOTHERAPY SERVICES**

### *§447.301 Applicability*

The rules in this subchapter apply only to funded Narcotic Treatment programs providing pharmacotherapy services.

*The provisions of this §447.301 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

### *§447.302 Program Objectives*

The ultimate objective for funding pharmacotherapy services is that this addicted population can have active lives, hold responsible jobs, succeed in school, care for families and have no greater incidence of psychopathology or general medical problems than their drug-free peers. Pharmacotherapy services are provided to substance abusing/dependent persons who are addicted to opioids/narcotics. Services include methadone administration and LAAM administration or other drugs that might be approved by the Federal Drug Administration (FDA) for therapy and approved by the Commission for payment. Narcotic treatment programs providing pharmacotherapy services should work to foster de-stigmatization, encourage the development of new clinical strategies and treatment strategies, promote individualized treatment planning, and ensure client rights.

*The provisions of this §447.302 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

### *§447.303 Required Services*

(a) Service components, modalities and delivery systems.

(1) Programs shall provide to staff and clients basic substance abuse/HIV/STDs/TB information. The information should include routes of transmission, methods of prevention, high-risk behaviors, occupational precautions, and behaviors in violation of Texas laws.

(2) Methadone/LAAM dosage levels should be conducted by a trained physician based on data that is adequate for each individual client.

(3) Programs shall provide or offer through a memorandum of understanding (MOU) with an appropriate service provider, high-risk prenatal care, proper dietary/nutrition requirements, ongoing individual, family, or group counseling, and parenting classes in conjunction with methadone treatment.

(4) Programs must ensure that methadone/LAAM clients have access to inpatient, residential or outpatient treatment for medical, surgical, psychiatric, and non-opiate chemical dependency conditions without interruption of pharmacotherapy services.

(b) Program design and implementation must address client's access to a full continuum of care to include substance free treatment for ATOD.

(c) Identify those services and/or collaborative arrangements that address co-occurring psychiatric and substance abuse disorders requirements.

(d) Treatment plans must address, if applicable:

(1) client's abuse or dependence on other substances; and

(2) employment counseling and support.

*The provisions of this §447.303 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

### *§447.304 Minimum Operational Requirements*

(a) All narcotic treatment programs providing pharmacotherapy services shall maintain certification and licensure compliance with applicable statutes and regulations adopted by: Texas Department of Health; Center for Substance Abuse Treatment; and the Drug Enforcement Agency.

(b) Narcotic treatment programs providing pharmacotherapy shall ensure that clients served in programs funded by the Commission receive face to face individual chemical dependency counseling sessions, a minimum of once per week, during the initial 45 days of treatment. After the initial 45 days of continuous treatment, the client shall receive at least one face to face individualized counseling session every two weeks. After one year of continuous treatment, the client shall receive at least one individual counseling session each month.

(c) For all methadone clients, including those admitted on or after September 1, 2002, the maximum duration of methadone services under a contract shall be 18 months. The executive director of the Commission may grant exceptions to this restriction upon application by the contractor. Any request for exception must be justified by documentation showing that the client needs additional methadone services. The executive director may consider whether the client has a documented medical, physical or mental health condition, which would prevent gainful and sustainable employment. If the need for continued services is due to a medical or physical condition, the assessment to justify extended services must be performed by a licensed health professional as defined by §141.101(71) of this title (relating to Definitions). If it is a result of a mental health condition, the assessment must be conducted by a qualified mental health professional as defined by §141.101(99) of this title. The assessment of the client's condition must be in direct consultation with a physician licensed by, and in good standing with, the Texas State Board of Medical Examiners.

(d) All narcotic treatment programs providing pharmacotherapy shall adopt policies and procedures that conform with §144.418(b) of this title (relating to Capacity Reporting) and §147.701 of this title (relating to Waiting Lists and Interim Services).

(e) All narcotic treatment programs providing pharmacotherapy shall complete a client fee assessment on each Commission-funded client every six months.

(f) All direct care employees shall receive annual training that includes: symptoms of opiate withdrawal; drug urine screens; current standards of pharmacotherapy; and poly-drug addiction.

(g) The narcotic treatment program providing pharmacotherapy shall ensure that each individual who requests and is in need of treatment for intravenous drug abuse is admitted to an appropriate program not later than 21 days after making the request. Interim services must be provided within 48 hours.

*The provisions of this §447.304 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

## **SUBCHAPTER D OUTREACH, SCREENING, ASSESSMENT AND REFERRAL (OSAR) SERVICES**

### *§447.401 Applicability*

The rules in this subchapter apply only to funded outreach, screening, assessment and referral (OSAR) services.

*The provisions of this §447.401 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

#### §447.402 Standards for OSAR Service Provision

(a) OSARs shall provide screening and assessment, brief interventions, and referral services to individuals with potential substance use disorders.

(b) Screening shall include determination of financial and clinical eligibility for Commission-funded services.

(c) Services shall be offered at times and in locations that facilitate access for target populations, including off-site locations.

(d) Screening and emergency response shall be available 24 hours a day, seven days a week. Screening and assessment shall be conducted by qualified staff using the Commission's Behavioral Health Integrated Provider System (BHIPS).

(e) Screening and assessment shall be sufficient to determine the problem severity, service needs, and stage of change. All clients referred for treatment shall have a DSM diagnosis.

(f) Services shall be provided by qualified staff with skills in motivational interviewing and other engagement techniques.

(g) If an individual is eligible and motivated for Commission-funded services, the OSAR shall arrange for admission to the appropriate service based on client needs and preferences.

(h) The OSAR shall provide brief interventions to help individuals move through the stages of change to a state of readiness to address substance use problems. Brief intervention may be provided as pre-treatment or interim services or as an independent service.

(i) Individuals who are not eligible for TCADA-funded services shall be referred to service providers consistent with their needs and financial resources.

(j) Screening and assessment shall, when appropriate, address the family as a unit and referrals shall be provided for family members, including prevention services for children.

(k) The program shall maintain a resource directory on file that contains current information about local referral resources, including location and contact information, services offered, and eligibility criteria.

(l) OSARs shall coordinate client care across the continuum of care.

(1) A care plan shall be developed for individuals entering Commission-funded services.

(2) The OSAR shall facilitate timely placement into an appropriate level of service.

(3) The OSAR shall provide long-term service coordination for high-severity clients, including:

- (A) participating in evaluating treatment;
- (B) facilitating intensity of services as determined by client needs and progress;
- (C) participating in transfer and discharge planning;
- (D) conducting post-discharge follow-up;
- (E) providing long-term monitoring; and
- (F) offering brief interventions when needed to maintain stability.

(m) OSARs shall coordinate with Commission-funded providers to ensure a seamless episode of care and maximize use of available resources.

(n) OSARs shall promote community awareness of available services through outreach with emphasis on increasing access for priority populations.

*The provisions of this §447.402 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

## SUBCHAPTER E TREATMENT PERFORMANCE STANDARDS

### §447.501 Applicability

The rules in this subchapter apply only to funded treatment programs. *The provisions of this §447.501 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

### §447.502 Select Performance Measure Definitions

(a) Minimum Duration of Retention in Treatment Reporting Requirement. This reporting requirement applies to intensive residential, supportive residential and outpatient programs except for pharmacotherapy programs. For a client to have completed the minimum threshold of retention in treatment, the client record must document the client-specific information that supports the reason for discharge listed on the discharge report in BHIPS. A client will be considered to have completed the minimum duration of retention in treatment if:

(1) In intensive or supportive residential program, the client's length of stay is at least 14 days.

(2) In outpatient programs, the client has attended at least 14 individual or group sessions.

(3) The discharge summary or transfer note shall indicate whether the client has successfully completed the minimum duration of retention in treatment according to the above criteria (unless the reasons for earlier discharge are clinically appropriate and documented) and must be signed by a qualified credentialed counselor (QCC).

(b) Abstinence. This measure applies to all programs except for pharmacotherapy programs and detoxification programs. Abstinence is the percent of clients who report no use of alcohol or drugs in the past 30 days when contacted 60 days after discharge from the treatment program.

(c) Referral Rate. This measure applies to detoxification programs. Referral rate is the percentage of clients who have completed detoxification treatment and are transferred continuing substance abuse treatment as defined below.

(d) Completion of Detoxification Treatment. The client record must record that both the following criteria have been met. Levels of toxic substances and withdrawal symptoms have been sufficiently reduced so that the client is medically stable and able to participate in a less intensive level of treatment. A statement to this effect must be signed by the medical director or designee of the program in the discharge summary or transfer note. A discharge plan or discharge note must be completed prior to discharge or transfer in accordance with §148.805 of this title (relating to Discharge).

(e) Referral. For a client to have been transferred from detoxification to continuing substance abuse treatment, the client records must indicate that one of the following criteria has been met.

(1) The client has been discharged from the program and referred to a less intensive level of treatment in another facility, and

the program has conducted follow-up to determine the results of the referral. The referral and follow-up must be documented in the client record.

(2) The client has been transferred to a less intensive level of treatment within the organization. The client record must include a transfer note to document the transfer.

*The provisions of this §447.502 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

## **SUBCHAPTER F TREATMENT FOR PREGNANT AND POST PARTUM WOMEN WITH DEPENDENT CHILDREN**

### *§447.601 Applicability*

The rules in this subchapter apply only to funded treatment programs for pregnant and post partum women with dependent children.

*The provisions of this §447.601 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

### *§447.602 Purpose of Program*

The Commission shall provide awards or contracts for the purpose of providing to pregnant and postpartum women and their children, including children in the custody of the court or the State, treatment for substance abuse through programs in which, during the course of receiving treatment:

- (1) the women reside in facilities provided by the programs;
- (2) the minor children of the women reside with the women in such facilities, if the women so request; and
- (3) the services described in this section are available to or on behalf of the women.

*The provisions of this §447.602 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

### *§447.603 Availability of Services*

(a) A program will ensure:

(1) treatment services and each supplemental service will be available through the program, either directly or through agreements with other entities; and

(2) the services will be made available to each woman admitted to the program.

(b) A provider shall provide or arrange for transportation to all services required and not provided at the facility.

*The provisions of this §447.603 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

### *§447.604 Individualized Plan of Services*

A funding agreement for an award for provision of services under this subchapter shall contain the following requirements:

(1) In providing authorized services for an eligible woman, the program shall, in consultation with the women, prepare an individualized plan for the provision to the woman of the services.

(2) Treatment services under the plan will include:

(A) individual, group, and family counseling, as appropriate, regarding substance abuse; and

(B) follow-up services to assist the woman in preventing a relapse into such abuse.

(3) Treatment services provided shall be gender specific.

(4) Required supplemental services for eligible women shall include:

(A) provision of, or referral to, prenatal and postpartum health care;

(B) referrals for necessary hospital services; and

(C) referral to comprehensive social services.

(5) Required supplemental services for the infants and children of the woman shall be directly provided or provided by referral if the provider does not employ qualified staff:

(A) pediatric health care, including treatment for any perinatal effects of maternal substance abuse and including screenings regarding the physical and mental development of the infants and children and immunizations;

(B) provision of, or referral to, counseling and other mental health services, in the case of children; and

(C) referral to comprehensive social services.

(6) Therapeutic interventions for children in custody of women in treatment shall address their development needs and issues of sexual abuse and neglect either directly or through referral.

(7) Supervision of children shall be provided during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities.

(8) Training in parenting shall be provided.

(9) Counseling on HIV and on acquired immune deficiency syndrome (AIDS), STDs and TB shall be provided directly or by referral.

(A) Clients shall be given the opportunity for pre- and post-test counseling on HIV and AIDS.

(B) Clients with a positive test for HIV shall be referred, when possible, to a Commission HEI/HIV coordinator or other community resources to be considered for services.

(C) Clients shall be offered testing for tuberculosis upon request.

(D) Clients shall be offered testing for sexually transmitted disease.

(10) Counseling on domestic violence and sexual abuse shall be provided, directly or by referral.

(11) Counseling on obtaining employment, including the importance of graduating from a secondary school or GED course, shall be provided.

(12) Reasonable efforts shall be made to preserve and support the family units of the women, including promoting the appropriate involvement of parents and others, and counseling the children of the women.

(A) In cases when the State has custody of the minor child, all efforts will be made to participate in a family reunification plan with the custodial agency.

(B) The provider will work with the court and the client to meet the conditions of the court to reunite the family.

(13) Planning for and counseling to assist reentry into society shall be provided, both before and after discharge, including referrals to any public or nonprofit private entities in the community

involved that provide services appropriate for the women and the children of the women.

(14) Service coordination shall be provided, to include:

(A) assessing the extent to which authorized services are appropriate for the women and their children;

(B) in the case of the services that are appropriate, ensuring that the services are provided in a coordinated manner; and

(C) assistance in establishing eligibility for assistance under Federal, State, and local programs providing health services, mental health services, housing services, employment services, educational services, or social services.

(15) The program shall provide outreach services in the communities served to help identify women who are engaging in substance abuse and to encourage the women to seek services.

(16) A program providing services will:

(A) be operated at a location that is accessible to low-income pregnant and postpartum women; and

(B) provide authorized services in the language and the cultural context that is most appropriate.

(17) A funded program shall provide for continuing education in treatment services for the individuals who will provide treatment in the program to be operated by the program pursuant to such subsection.

*The provisions of this §447.604 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*

## **SUBCHAPTER G CAPACITY MANAGEMENT AND INTERIM SERVICES**

### *§447.701 Waiting List and Interim Services*

The following provisions apply to all funded treatment services:

(1) The program shall maintain a waiting list or other organized and documented system to track eligible individuals who have been screened but cannot be treated immediately because of insufficient capacity. Eligible individuals who cannot enter treatment due to other circumstances may be placed on the waiting list, but the

provider shall not hold empty beds or slots for anticipated clients for more than 48 hours.

(2) The program shall establish criteria that place members of the priority populations at the top of the waiting list.

(3) When individuals are placed on a waiting list, they shall also be referred to an entity that can provide testing, counseling, and treatment for HIV, TB and STDs.

(4) The program shall consult the State's facility capacity management system to facilitate prompt placement in an appropriate treatment program within a reasonable geographic area.

(5) The program shall implement written procedures to maintain contact with individuals waiting for admission.

(6) When a program does not have capacity to admit an injecting drug user or pregnant female, the program shall place the individual in another treatment facility or provide reasonable access to interim services (when another treatment facility is not available).

(A) Interim services shall be offered within 48 hours.

(B) Interim services shall include counseling and education about HIV and TB, including the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to prevent transmission. Referrals for HIV or tuberculosis treatment shall be provided if necessary. For pregnant females, interim services shall also include counseling about the effects of alcohol and drug use on the fetus and referrals for prenatal care.

(C) The program shall maintain documentation of interim services provided.

(7) The program shall ensure that each individual who requests and is in need of treatment for intravenous drug abuse is admitted to an appropriate program not later than 21 days after making the request. Interim services must be provided within 48 hours as described in paragraph (6)(A) of this section.

(8) Capacity management may be handled through a centralized intake system.

*The provisions of this §447.701 adopted to be effective September 1, 2004, 29 TexReg 1212; transferred effective September 1, 2004, as published in the Texas Register September 10, 2004, 29 TexReg 8842*