

DEPARTMENT OF MENTAL HEALTH
MENTAL ILLNESS COMMUNITY PROGRAMS
ADMINISTRATIVE CODE

CHAPTER 580-2-9
PROGRAM OPERATION

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Specific Sections Addressing Deaf People

Full Code at
<http://www.alabamaadministrativecode.state.al.us/docs/mhlth/index.html>

580-2-9-.01 Type Of Certificate.

2. In addition to the specific criteria listed below, the provider must also comply with the applicable sections of the program standards for each program element. For each required program element under the CMHC certificate, the criteria that must be met at the time of initial application and at the time of the first on-site visit and subsequent site visits are specified below. Providers who do not meet all criteria below for each service required to be a Community Mental Health Center (CMHC) at the time of the initial Application for Certification are not eligible to be surveyed as a CMHC. If all the criteria for a CMHC are not met during a site visit, the provider is not eligible for certification as a CMHC. A provider may request certification as a Mental Health Services Provider for those services which do meet the applicable standards.

(C) Capacity to ensure that consumers who are deaf/hard of hearing can gain access to linguistically appropriate emergency care.

580.2.13-.03 Mental Illness Program Staff.

(10) Staff who provide services primarily to specific subgroups (such as people who are elderly or deaf/hard of hearing) shall have either 2 years supervised experience with the specific subgroup or 2 specialized graduate courses related specifically to the subgroup or 12 continuing education credits of training in the specialty area to work with such subgroups or shall receive supervision by a staff member with the required training/experience.

580-2-9-.04 Consumer Protection.

(13) Unless contraindicated for individualized therapeutic or security reasons, each program has in place procedures affording consumers privacy in receiving visitors, receiving or sending communications by sealed mail, direct

contact and telephone communications with persons both inside and outside the facility or program.

(b) Consumers who are deaf shall have ready access to adaptive telecommunication devices in order to make and receive telephone calls.

580-2-9-.06 Consumer Records.

(9) Following the completion of Intake and assignment for treatment, the following information, if available, shall be recorded in the consumer record:

(e) A description of how linguistic support services will be provided to consumers who are deaf or have limited English proficiency including a signed waiver of free language assistance if the consumer who is deaf or who has limited English Proficiency has refused interpreting or translating services. If a family member is used to interpret, such should be documented in the consumer record. No one under the age of 18 can be used as interpreters.

10. Documentation that authorization was obtained through interpretation or translation when the consumer is deaf or limited English proficient.

580-2-9-.07 Performance Improvement.

(6) The Consumer and Family Satisfaction component of the PI System shall include tools to assess the satisfaction of consumers and families with services provided and to obtain input from consumers and their families regarding factors which impact the care and treatment of consumers. This component shall include at a minimum the following characteristics:

(c) A description of the mechanism for obtaining input from consumers and family members when either are deaf, limited English proficient, or illiterate.

(8) The Review of Treatment Plan component of the PI system includes a process for an ongoing review of the treatment planning process to include the implementation of

treatment services to ensure adequacy and appropriateness of the process and of the treatment received by each individual.

(a) A description of the process for conducting a clinical review of a sample of all direct service staff records every 12 months to determine that the case has been properly managed. The review shall include an assessment of the following:

1. Treatment plan timely.
2. Treatment plan appropriate.
3. Documentation of services is related to the treatment plan and addresses progress toward treatment objectives.
4. Collaterals involved as needed, including linguistic support services for people who are deaf or limited English proficient.
- 5.

580-2-9-.08 General Clinical Practice.

(1) Each consumer admitted for treatment must be assigned to an appropriately qualified staff member or clinical treatment team who has the primary responsibility for coordination/implementation of the treatment plan.

(2) The program shall have and implement written procedures to assure that consumers who are deaf or who have limited English proficiency are provided culturally sensitive, linguistically appropriate access to services to include but not limited to the following:

(a) Free language assistance will be offered to consumers with limited English proficiency or who are deaf. All interpreters must be qualified to work in the assigned setting with preference given to Qualified Mental Health Interpreters as defined by 580-3-24.

(b) While face-to-face interpreter services are preferable, procedures will specify how services will be secured when face-to-face interpreters are not available. For consumers needing spoken language assistance, telephonic

interpreter services may be used. Video remote interpreters may be used for deaf consumers using sign language.

(c) If qualified interpreters are offered and refused, a signed waiver must be placed in the consumer's file. If family members are used to interpret, this will be noted on the waiver. Family members under the age of 18 cannot be used as interpreters.

(d) In the event that interpreters cannot be secured for an assignment, there must be documentation that reasonable efforts were made to secure interpreters.

(e) For consumers who are deaf, hard of hearing, or otherwise physically disabled, appropriate environmental accommodations shall be provided on an individually assessed basis.

(3) Services must be individualized, well-planned, based on a comprehensive mental health evaluation and assessment of needed treatment and support, and should include treatment designed to enhance the consumer's abilities to recover and function in society as normally as possible.

(a) Upon admission, a comprehensive mental status evaluation and assessment of each consumer.

(b) Each program shall provide individualized mental health care and treatment that is designed to promote Recovery and Resiliency and that represents person-centered treatment planning process.

(c) Treatment for consumers who are deaf or who have limited English proficiency will be offered by staff fluent in language of the consumer's choice or by using qualified interpreters.

(d) Treatment will be modified to effectively serve consumers who are deaf as determined by a communication assessment conducted by the Office of Deaf Services or staff approved by the Office.

(9) The provider must provide or arrange for emergency service for enrolled consumers through compliance with 580-2-9-.12 Emergency Services or through contracts and cooperative agreements that spell out procedures for 24 hour emergency telephone coverage and evaluation services through a

local hospital or other appropriate resource including how the provider will handle calls from people who are deaf, hard of hearing, or who have limited English proficiency.

580-2-9-.09 General Outpatient.

(4) Outpatient services shall include a variety of treatment modalities and techniques. Services (a)-(g) must be provided to be certified for Outpatient Services. The remaining services described below are optional.

(h) Diagnostic Testing - Key service functions include the administration and interpretation of standardized objective and/or projective tests of an intellectual, personality, or related nature. Testing of consumers who are deaf or have limited English proficiency must be done by staff or by using a Qualified Mental Health Interpreter as defined by 380-3-24. If the consumer is deaf, the staff member will have at least an Advanced level on the Sign Language Proficiency Interview.

580-2-9-.10 Child and Adolescent In-Home Intervention

(6) Consumers who are deaf, hard of hearing, or limited English proficient shall have effective communication access to these services provided by:

(a) Staff fluent in the consumer's preferred language, or

(b) A qualified interpreter.

(c) Staff working with consumers who are deaf shall have at least an Intermediate Plus level on the Sign Language Proficiency Interview.

580-2-9-.11 Adult In-Home Intervention

(6) Consumers who are deaf or limited English proficient shall have effective communication access to these services provided by:

(a) Staff fluent in the consumer's preferred language, or

(b) A qualified interpreter.

(c) Staff working with consumers who are deaf shall have at least an Intermediate Plus level on the Sign Language Proficiency Interview.

580-2-9-.12 Emergency Services.

(2) There is a 24 hour per day 7 day per week capability to respond to an emergency need for mental health services for enrolled consumers. Such capability shall include:

(a) Telephone response by a credentialed staff member (a direct service provider with at least a BA or RN) or

(b) Face-to-face response by a credentialed staff member (a direct service provider with at least a BA or RN).

(c) Adequate provision for handling special and difficult cases, e.g. violent/suicidal, deaf, or limited English proficient.

580-2-9-.13 Partial Hospitalization Program.

(3) Partial Hospitalization Programs shall have a multi-disciplinary treatment team under the direction of a psychiatrist, certified registered nurse practitioner, or physician's assistant. The team may include social workers, counselors, psychologists, nurses, occupational therapists, recreational therapists, activity therapists, chemical dependency counselors, and other staff trained to work with psychiatric patients. At a minimum, the treatment team will include a psychiatrist (or certified nurse practitioner or physician's assistant), a doctoral or master's level

clinician, a licensed practical nurse, and at least one other trained professional and/or para-professional. The clinician, nurse, and other staff member will each be present during the hours of program operation except for excused absences. A qualified interpreter will be present at all team meetings when a consumer who is deaf or who has limited English proficiency is present. There shall be a sufficient number of staff for the daily census of the program with a minimum staff to consumer ratio of 1:10.

(9) Consumers who are deaf will have communication access provided by staff fluent in the preferred language of the consumer or by a qualified interpreter. Staff serving consumers who are deaf will hold certification at Intermediate Plus level or higher on the Sign Language Proficiency Interview or be a Qualified Interpreter. Programming will be modified to provide effective participation for all consumers who are deaf.

580-2-9-.14 Adult Intensive Day Treatment.

(12) Consumers who are deaf will have communication access provided by staff fluent in the consumer's preferred language or by a qualified interpreter. Staff serving consumers who are deaf will hold certification at the Intermediate Plus level or higher on the Sign Language Proficiency Interview. Programming will be modified to provide effective participation for all consumers who are deaf.

580-2-9-.15 Adult Rehabilitation Day Program.

(7) Consumers who are deaf or who have limited English proficiency will have communication access provided by staff fluent in the consumers' preferred language or by a qualified interpreter.

(a) If the consumer is deaf, the staff member providing service shall have at least an Intermediate Plus level in the Sign Language Proficiency Interview.

(b) Programming will be modified to provide effective participation for all consumers who are deaf.

580-2-9-.16 Child and Adolescent Day Treatment.

(1) The program description shall describe how services for consumers who are deaf, hard of hearing, or limited English proficient are provided.

(6) Consumers who are deaf or have limited English proficiency will have communication access provided by staff fluent in the consumer's preferred language or by a qualified interpreter. If the consumer is deaf, the staff member providing services shall have at least an Intermediate Plus level in the Sign Language Proficiency Interview. Programming will be modified to provide effective participation for all consumers who are deaf.

580-2-9-.17 Case Management.

(3) Case Management Services must be provided by a staff member with a Bachelor's Degree and who has completed a DMH approved Case Manager Training Program and infection control training. Case managers who work with consumers who are deaf must complete training focusing on deafness and mental illness by DMH Office of Deaf Services.

(4) Case Management Services for consumers who are deaf or who have limited English proficiency must be provided in a linguistically appropriate manner by staff fluent in the consumer's preferred language, or through the use of a qualified interpreter who achieves at least an Intermediate Plus level on the Sign Language Proficiency Interview.

(8) The following documentation and/or forms are required and must be readily identifiable in the consumer's record:

(d) Documentation that communication access has been provided for consumers who are deaf or who have limited English proficiency.

1. If qualified interpreters are offered and refused.

2. A signed waiver must be placed in the consumer's file.

3. If family members are used to interpret, this will be noted on the waiver. Family members under the age of 18 cannot be used as interpreters.

580-2-9-.18 Residential Services. Sections 580-2-9-.18(1) through 580-2-9-.18(27) apply to any residential setting that provides congregate living and dining to consumers. Sections 580-2-9-.18(28) through 580-2-9-.18(38) apply to specific types of residential care.

(7) The majority of residential staff of a home serving primarily consumers who are deaf shall hold at least Intermediate Plus level fluency in Sign Language as measured by the Sign Language Proficiency Interview (SLPI) with at least one fluent person per shift. Staff providing clinical services shall have an Advanced proficiency. Non-signing staff will engage in on the job training to learn American Sign Language.

(9) Residential programs shall provide or arrange access to a wide range of services. The following services, at a minimum, should be either provided in-house or arranged for by the residential staff, depending upon the needs of the individual consumer:

(n) The consumers' records indicate that the provision of communication access for people who are deaf is consistent with programming offered by the home.

(22) There shall be adequate room for private visits with relatives and friends, for small group activities, and for social events and recreational activities. In homes occupied by consumers who are deaf, an adaptive telecommunication device must be present in order to allow the consumer to make and receive telephone calls.

(23) Radios, television, books, current magazines and newspapers, games, etc. shall be available for consumers. In homes occupied by deaf consumers, televisions will have working closed-caption decoders and such decoders will be turned on.

580-2-9-.21 Assertive Community Treatment.

(6) Services must be available and accessible, including effective communication access for consumers who are deaf, hard of hearing, or limited English proficient, to enrolled consumers 24 hours per day/7 days per week in a manner and at locations that are most conducive to consumers' compliance with treatment and supports. It is not necessary that a member of the ACT team be on call at all times.

580-2-9-.22 Program for Assertive Community Treatment

(23) Consumers who are deaf or have limited English proficiency will have communication access provided by staff fluent in the consumer's preferred language or by a qualified interpreter. If the consumer is deaf, the staff member providing services shall have at least an Intermediate Plus level in the Sign Language Proficiency Interview. Programming will be modified to provide effective participation for all consumers who are deaf.

580-2-9-.23 Child and Adolescent Seclusion and Restraint.

Because of the high-risk nature of seclusion and restraint procedures and the potential for harm to consumers, the DMH MI Division Policy on Restraint and Seclusion is included here to place the standards within the proper context.

(g) Seclusion and restraint may not be used in lieu of effective communication with consumers who are deaf, hard of hearing, or have limited English proficiency. In the case of consumers who are deaf and who use sign language to communicate, restraints must be applied in a way that leaves at least one hand free to sign.

(14) The initial assessment of each consumer at the time of admission or intake assists in obtaining all of the following information about the consumer that could help minimize the use of restraint or seclusion. Such information is documented in the consumer record. The program informs the family/legal guardian about use and reporting. The following information is obtained/provided:

(d) If the consumer is deaf and uses sign language, provision shall be made to assure access to effective communication and that techniques used will not deprive the consumer of a method to communicate in sign language.

(16) In the event that a consumer who is deaf, hard of hearing, or limited English proficient must be restrained, effective communication shall be established by a staff member fluent in the consumer's language of choice. If the consumer's preferred language is sign, the staff member shall hold an Intermediate Plus level or higher on the Sign Language Proficiency Interview or be a qualified interpreter. The manner of communication is documented in the consumer record. A consumer who is deaf must have at least one hand free during physical restraint.

(24) Within 24 hours after a restraint or seclusion has ended or the next business day in a community-based non-residential program, appropriate supervisory staff, administrative staff, and the case responsible Licensed Independent Practitioner shall perform an administrative review. To the extent that it is possible, the review should include all staff involved in the intervention, when available. The administrative review is used to:

(d) The review shall include particular attention to the following:

3. Adequacy of communication in instances of restraint or seclusion of consumers who are deaf, hard of hearing, or limited English proficient.

(31) Consumer records document that the use of restraint or seclusion is consistent with organization policy, and documentation focuses on the individual. Each episode of use is recorded. Documentation includes:

(c) That consumers who are deaf or limited English proficient are provided effective communication in the language that they prefer (signed or spoken) during seclusion and restraint.

580-2-9-.24 Adult Seclusion And Restraint.

(8) The following written policies must be Board approved and implemented if an adult crisis residential program includes psychiatric seclusion/restraint as part of its interventions.

(a) Psychiatric seclusion or restraint must be ordered by a qualified physician on the premises, except as

noted in 580-2-9-.24(9)(b), only for the purpose of protecting the consumer from harming him/herself or others, and only for the period of time necessary for the consumer to no longer threaten his/her safety or that of other consumers and staff.

(b) Use of seclusion or restraint:

4. May not be used in lieu of effective communication with consumers who are deaf, hard of hearing, or have limited English proficiency. In the case of consumers who are deaf and who use sign language to communicate, restraints must be applied in a way that leaves at least one hand free to sign.

(f) The use of psychiatric restraint or seclusion must be in accordance with a written modification to the patient's plan of care. If the consumer is deaf and uses sign language, provision shall be made to assure access to effective communication and that techniques used will not deprive the consumer of a method to communicate in sign language.

(9) Seclusion or restraint must be initiated in accordance with the following procedures:

(c) For an individual who is deaf or limited English proficient, communication in the language (spoken or signed) of the consumer's choice must be established within 1 hour by:

1. Staff fluent in the language the consumer prefers or, as appropriate, with an Intermediate Plus rating on the Sign Language Proficiency Interview.

2. A qualified interpreter.

(d) Orders for restraints must specify a type of restraint approved by the Medical Director and that the use must conform to the manufacturer's guidelines. For an individual who is deaf, at least one hand must be left free to communicate.

580-2-9-.25 Therapeutic Individualized Rehabilitation Services (TIRS)

(1) Consumers who are deaf, hard of hearing, or

limited English proficient shall have effective communication access to these services provided by:

(a) Staff fluent in the consumer's preferred language, or

(b) A qualified interpreter or staff working with consumers who are deaf shall have at least an Intermediate Plus level on the Sign Language Proficiency Interview.