

**DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
ADMINISTRATIVE CODE**

**580-2-20
PROGRAM OPERATION**

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580-2-20-.02 Governing Body. The agency shall maintain and have the following documents/information available for review onsite:

- (1) Each agency shall have written board-approved operational policies.
- (2) Each agency shall have articles of incorporation (or charter) and bylaws.
- (3) Each agency shall have a current organizational chart.
- (4) Each agency shall have a written mission statement that is approved by the Governing Body/Board of Directors.
- (5) Each agency shall have in written form the responsibilities of the Governing Body/Board of Directors.
- (6) Records/minutes of Governing Body/Board of Directors meetings shall be maintained and available for review.
- (7) The Governing Body/Board of Directors shall assure compliance with 580-3-26, Human Rights Committee in ADMH Certified Programs.
- (8) The Governing Body/Board of Directors shall assure compliance with applicable federal, state, and local

laws. Reviews by the Alabama Department of Mental Health only certify compliance with Administrative Code issued by it.

(9) The Governing Body/Board of Directors shall have a policy and procedure for reviewing and approving agency's policies and procedures. The Governing Body/Board of Directors shall have procedures on when implementation of updates to agency's policies and procedures will take effect.

(10) The Governing Body/Board of Directors shall ensure agency has indexed Policies and Procedures Manual which shall, minimally, contain each of the required written policies, procedures, practices, plans, and processes as specified by MHS Administrative Code. All policies and procedures contained within the Policies and Procedures Manual shall:

(a) Obtain advisory input by the programs' staff, clients, their families, and client advocates, as appropriate that may be garnered from surveys, advisory committees, suggestions, etc.

(b) Be consistent with ADMH Mental Health and Substance Abuse Services Administrative Code relative to recipient protection.

(11) The Policies and Procedures Manual shall be:

(a) Updated as needed and approved according to written procedures established by the Governing Body/Board of Directors.

(b) Reviewed and approved, at least, on an annual basis by the Governing Body/Board of Directors with this review process documented in writing.

(c) Easily accessible to all agency personnel and available at each certified service/program location.

(d) Accessible for review by ADMH upon request.

Author: Division of Mental Health and Substance Abuse Services,
DMH Statutory Authority: Code of Ala. 1975, §22-50-11.
History: New Rule: Filed: February 21, 2020. **Effective:** May 15, 2020.

580-2-20-.03 Personnel

(1) There shall be a full-time executive director who has overall responsibility for the operation of the agency. The executive director shall:

(a) Have at least a master's degree in Public Health, Business Administration, Public Administration, Psychology, Counseling, Social Work or related field and at least five (5) years managerial experience in a mental health or substance abuse treatment setting; or

(b) Have a Bachelor's Degree in Public Health, Business Administration, Public Administration, Psychology, Counseling, Social Work or related field and at least ten (10) years managerial experience in mental health or substance abuse treatment setting.

(c) Notify MHSAS of changes in Executive Director.

(d) Be verified for compliance with ADMH Administrative Code by ADMH MHSAS certification process.

(2) There shall be a full-time Clinical Director (in addition to the Executive Director) who has full-time responsibility for the quality of clinical care and the appropriateness of clinical programs as delineated in the job description. The Clinical Director shall:

(a) Have a minimum of either a master's degree in psychology, social work, counseling, or psychiatric nursing and have a minimum of 3 years post master's relevant clinical experience or be a physician who has completed an approved residency in psychiatry.

(b) For agencies who provide substance abuse treatment services, have a license or a substance abuse counselor certification credential from the Alabama Association of Addiction Counselors, National Association of Alcoholism and Drug Abuse Counselors, Alabama Alcohol and Drug Abuse Association, or International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc.

(c) Notify MHSAS of changes in Clinical Director.

(d) Be verified for compliance with ADMH Administrative Code by ADMH MHSAS certification process.

(3) There shall be a Business Manager/Chief Financial Officer or equivalent:

(a) The financial accounting operations of a service provider organization with a total annual budget exceeding \$750,000 shall be supervised by a full time employee or contracted service who has the following qualifications:

1. At least a bachelor's degree in accounting or business, finance, management, public administration, with at least three (3) college accounting courses.

2. At least two (2) years accounting experience.

(b) The financial accounting operations of a service provider organization with a total annual budget less than \$750,000 shall be supervised by an employee or contracted service who/which has the following qualifications:

1. Demonstrated familiarization with Generally Accepted Accounting Principles and;

2. At least two (2) years accounting/bookkeeping experience.

(4) An individual who met the requirements of the Administrative Code 580-9-44-.02 Personnel effective March 2012 or Administrative Code 580-2-9-.03 MI Program Staff July 2010 and was employed prior to the approval of these rules shall be in good standing.

Author: Division of Mental Health and Substance Abuse Services, DMH **Statutory Authority:** Code of Ala. 1975, §22-50-11.

History: New Rule: Filed: August 15, 2018. **Effective:** November 20, 2018

580-2-20-.04 Recipient Protection. Recipient definition - a person with serious emotional disturbance, serious mental illness and/or substance use disorder served in program programmatically certified by ADMH.

(1) There must be written policies and procedures that protect the recipient's welfare, the manner in which the recipient is informed of these protections, and the means by

which these protections will be enforced. The legal guardian of a minor, except where the minor is above the age of fourteen (14) and chooses not to involve parents consistent with state law, will be given a copy of the recipient's rights and a copy of the grievance policies. Documentation must exist, unless waived by a minor at or above the age of fourteen (14) that demonstrates that family members of a minor receive a copy of the recipient's rights, written information and grievance policies. Any reference to "written" notification in these rules indicates that the recipient is entitled to receive information in their preferred language and manner understood by the recipient.

(2) Upon admission, and as soon as clinically appropriate, recipients are informed on an individual basis concerning services offered and fees for these services, with information presented in the recipient's preferred language and in terms appropriate to the recipient's condition and ability to understand. The program shall provide the recipient/lawful representative with written notification upon admission and when any changes or limitations in services or fees occur. Recipients who are primarily responsible for payment of charges for services are informed in writing of their eligibility for reimbursement by third party payers for service rendered and assisted as needed with application.

(3) The agency shall develop, maintain, and document implementation of written policies and procedures that:

(a) Describe the mechanisms utilized for implementation and protection of recipient rights, which shall include at a minimum:

1. Informing the recipient of his/her rights at the time of admission in recipient's preferred language and in a manner understood by the recipient, and as needed throughout the service delivery process.

2. Providing the recipient with a copy of the rights, in a medium that the recipient understands, at admission and documenting this process in the recipient's record.

3. Prominently posting copies of the rights throughout the facility in which services are provided.

(4) The written policies and procedures shall, at a minimum, address the following rights:

- (a) To privacy.
- (b) To confidentiality.
- (c) To be informed of the person(s) who has primary responsibility for the recipient's treatment and clinical care.
- (d) To participate fully in all decisions related to treatment and clinical care provided by the agency.
- (e) To be provided with appropriate information to facilitate informed decision making regarding treatment.
- (f) To the provision of services in a manner that is responsive to and respectful of the recipient's strengths, needs, and abilities and preferences, including preference of language.
- (g) To the development of an individualized unique service/treatment plan formulated in partnership with the program's staff, and to receive services based upon that plan.
- (h) To the availability of an adequate number of competent, qualified, and experienced professional clinical staff to ensure appropriate implementation of the recipient's service/treatment plan.
- (i) To the provision of care as according to accepted clinical practice standards within the least restrictive and most integrated setting appropriate.
- (j) To be educated about the possible significant adverse effects of the recommended treatment, including any appropriate and available alternative treatments, services, and/or providers.
- (k) To express preference regarding the selection of service provider(s).
- (l) To service delivery that is absent of abuse and neglect including but not limited to:
 - 1. Physical abuse.
 - 2. Sexual abuse.

3. Harassment.
4. Physical punishment.
5. Psychological abuse, including humiliation.
6. Threats.
7. Exploitation.
8. Coercion.
9. Fiduciary abuse.

(m) To be protected from harm including any form of abuse, neglect, or mistreatment.

(n) To report without fear of retribution, any instances of perceived abuse, neglect, or exploitation.

(o) To provide input into the agency's service delivery processes through recipient satisfaction surveys and other avenues provided by the governing body.

(p) To access upon requests all information in the recipient's mental health, substance abuse, medical, and financial records consistent with applicable laws and regulations.

(q) To manage personal funds.

(r) To access funds when the provider is payee.

(s) To complaint and grievance procedures.

(t) To be informed of the financial aspects of treatment.

(u) To be informed of the need for parental or guardian consent for treatment, if applicable.

(v) To a written statement of services to be provided.

(w) To give informed consent prior to being involved in research or experimental projects.

(x) To have access to and privacy of mail, telephone communications, and visitors for recipients in residential or inpatient settings.

(y) To have access to courts and attorneys.

(z) To enforce rights through courts or appropriate administrative proceedings.

(aa) To be informed of commitment status, if any.

(bb) If committed, to be included in the community with appropriate and adequate supports on completion of or in conjunction with the terms of commitment.

(cc) To be accorded human respect and dignity on an individual basis in a consistently humane fashion.

(dd) To refuse services without reprisal except as permitted by law.

(ee) To be informed of the means for accessing advocates, an ombudsman, or rights protection services.

(ff) To be free from seclusion, restraint, drugs, or other interventions administered for purposes of punishment, discipline, or staff convenience.

(gg) To a well-balanced diet that meets his/her daily nutritional and special dietary needs if in inpatient or residential.

(hh) To assistance in accessing medical and dental care, including vision and hearing services if in residential or inpatient.

(ii) To access and utilization of appropriately prescribed medication.

(5) Each program affords every recipient the right to privacy relative to their treatment and care, unless contraindicated by clinical determination made by professional staff for therapeutic or security purposes. The agency shall ensure:

(a) Emergency determinations limiting privacy shall be reviewed and documented frequently.

(b) Each program respects recipients' privacy during toileting, bathing, and personal hygiene activities.

(c) Each program allows recipients to converse privately with others and to have private access to telephone and visitors at reasonable hours.

(d) Searches of a recipient or his/her living area and personal possessions are only conducted when it is documented that the program director deems such to be necessary for the safety and security of the recipient, others, and/or the physical environment. The recipient and a witness must be present during a search unless there is documentation why the recipient could not be present.

(e) Each program has procedures established for conducting searches, which observe and adhere to the recipient's right to be accorded human respect and dignity on an individual basis in a consistently humane manner.

(f) In residential programs, written policies and procedures require that staff alert recipients prior to entering recipient living areas.

(g) Written and informed consent must be signed by the lawful representative of a recipient less than 14 years of age before photographs are taken and the photograph is to be returned to the lawful representative upon request when the recipient is discharged.

(6) Confidentiality and Privacy. The agency shall develop, maintain, and document implementation of written policies and procedures that govern confidentiality and privacy of recipient information that includes, at a minimum, the following specifications:

(a) Policies and procedures shall comply with all state and federal laws and regulations relative to confidentiality and privacy of recipient information, including but not limited to, Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and Part 8, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164.

(b) Each program ensures that access to clinical records is restricted to individuals, entities, and instances permitted by applicable state and federal laws and regulations.

(c) No recipient's record(s) is released to other individuals or agencies without the written, informed consent of the recipient except for requests in accordance with state and federal laws and regulations (e.g. emergencies) and so documented.

(d) Each program is responsible for the safekeeping of each recipient's records and for securing it against loss, destruction, or use by unauthorized persons.

(7) Each program has established procedures regarding the content of a recipient's records and procedures for release or disclosure of parts thereof, in accordance with state and federal laws and regulations.

(a) Upon request by a recipient/lawful representative for access to the contents of his/her records, the program makes a clinical assessment to determine whether such access would or would not be detrimental to the recipient's health or present a threat of physical harm to a third party. Additional requests may be made at any time.

(b) Each program has established an appeals procedure regarding denial of the disclosure of the content of a recipient's records.

(8) Prior to or promptly upon admission, each program provides every recipient/lawful representative a concise written statement and verbal orientation, in their preferred language and terms appropriate for the recipient to understand, of rights and responsibilities and complaint procedures along with procedures to be followed to initiate, review, and resolve allegations of rights violations.

(a) Each program obtains from the recipient a written verification of receipt of statement of rights and grievance procedure information.

(b) At a minimum, the complaint/grievance procedures shall include:

1. The name and telephone number of a designated local contact within the program. The designated person shall be

able to inform recipients of the means of filing grievances and of accessing advocates, ombudsmen, or right protection services within or outside the program.

2. Rights information is posted in commonly used public areas of outpatient and residential facilities where recipients receive services.

3. Such notices shall include the 800 numbers of the DMH Advocacy Program, Federal Protection and Advocacy System, and local Department of Human Resources.

4. Programs assure recipient access to advocates and the grievance/complaint process occurs without reprisal.

(9) Recipients shall manage their personal funds unless there is a payee, guardian, or similar appointee who manages the account for them.

(a) Program admissions shall not be contingent upon payee status.

(b) Any limitations placed by the provider on a recipient's right to manage his or her personal funds shall be time limited and can only be made:

1. After a specific assessment of the recipient's ability to manage funds,

2. After the recipient has been fully informed of the limitation, and

3. In consideration of the recipient's individual treatment plan as it relates to personal finances.

(c) The provider must establish a written, Board approved policy addressing:

1. The procedures for recipients to gain access to their personal funds when the provider is the representative payee or otherwise the custodian of the recipients' personal funds.

2. Any limitations on the manner and frequency in which funds can be accessed.

3. Any limitations on the amount of funds that can be kept in the recipient's personal possession in a residential program.

4. Requirements for the provider on the management, at least quarterly accounting of all expenditures, and reporting of recipient personal funds when the provider is the representative payee or custodian of personal funds.

5. Requirements for obtaining the consent of the recipient or lawful representative for the provider to manage recipient's personal funds when the provider is not the representative payee.

6. Any expenditure must be exclusively for the recipient's use or benefit.

(d) Funds in excess of what is needed to maintain the recipient's personal fund account will be placed in an interest bearing account accrued to the recipient's account.

(10) Recipients are informed of the need for parental or guardian consent for treatment, if appropriate.

(11) Each program will provide any recipient/lawful representative who is asked to participate in a research or experimental project full information regarding procedures to be followed before consent is sought. The information presented shall follow the General Requirements for Informed Consent as cited in the Code of Federal Regulations 45 CFR 46.116, Department of Health and Human Services, National Institute of Health, Office for Protection from Research Risks: "Protection of Human Subjects".

(a) Each program obtains the written, informed consent of the recipient/lawful representative for participation in research or experimental procedures.

(b) The recipient/lawful representative may withdraw or withhold consent at any time.

(c) The recipient's/lawful representative's withdrawal of consent to participate in an experimental or research project will not be used in a coercive or retaliatory manner against the recipient.

(12) Without regard to competency or legal restrictions all recipients shall receive treatment and care in an environment which is safe, humane, and free from physical, verbal, or sexual abuse, neglect, exploitation, or mistreatment.

(a) Each program actively investigates and maintains investigation documentation for any suspected abuse and/or neglect of recipients.

(b) Acts or alleged acts which are applicable under state and local laws are reported for investigation and/or disciplinary action.

(c) Each program provides each staff upon employment or promptly thereafter a written policy statement regarding abuse and neglect. The statement is prominently displayed and available in the program or facility.

(d) Each day and residential program employs sufficient numbers of qualified staff in accordance with approved program descriptions to protect recipients from abuse and neglect.

(e) Each program will inform the lawful representative of a recipient less than fourteen (14) years of age of all special incidents verbally and in writing as documented in the recipients file with the time and number called and the letter is sent the next business day after the incident.

(13) Unless contraindicated for individualized therapeutic or security reasons, each program has in place procedures affording recipients privacy in receiving visitors, receiving and sending communications by sealed mail, direct contact and telephone communications with persons both inside and outside the facility or program.

(a) Every recipient is allowed visitation and opportunity for private conversation with members of his/her family, friends, and significant others.

(b) Recipients who are deaf or hard of hearing shall have ready access to adaptive telecommunication devices in order to make and receive telephone calls.

(c) Recipients are allowed to send and receive mail without hindrance.

(d) Recipients are provided adequate opportunities for interaction with members of the opposite sex. Specific interactions may be prohibited by the rules of the program and/or state and local laws.

(e) No restrictions are imposed by the program which would prohibit the recipient from communicating with advocacy officials, the court which ordered confinement, or the recipient's legal counsel, family or significant others, or personal physician, unless legally restricted.

(14) Attorneys and/or court representatives are allowed to visit privately and communicate with recipients at reasonable times.

(a) Every recipient is free to access courts, attorneys, and administrative procedures or to participate in those activities generally requiring legal representation, without fear or reprisal, interference, or coercion unless otherwise restricted by a court order.

(15) Promptly upon admission, each program or facility provides each legally committed recipient a concise written statement describing his/her commitment status, the requirements of the commitment, and the length of the commitment.

(a) Information regarding recipient rights complaint and appeal procedures relative to legal commitment is made available to recipients in their preferred language and in terms appropriate for them to understand.

(16) Recipients legally committed to mental health services do not lose any rights to be included in the community with appropriate and adequate supports on completion of or in conjunction with the terms of commitment except as provided in the commitment order.

(a) Prior to termination of the commitment order, the program develops, with the active participation of the recipient, a transition plan which includes referral to community support services necessary to ensure the recipient's successful transition.

(17) Recipients are, without fear of reprisal, able to refuse treatment, except when refusals are not permitted under

applicable law. Such refusal of treatment shall be documented in the recipient's record.

(18) Without fear of restraint, coercion, interference, discrimination, reprisal, or threat of discharge, recipients and others acting on their behalf are free to access available protection and advocacy services.

(19) Recipients are advised whenever special equipment, such as two-way mirrors or cameras, is used. A written, informed consent must be signed by the recipient, when used in non-emergency situations. Exceptional circumstance may exist when ADMH ODS provides services to recipients who are language dysfluent and incapable of giving informed consent.

(20) Each recipient's personal liberty must be respected with services provided in the least restrictive environment necessary. Liberty and/or rights must not be abridged without notification to recipient and agency compliance with due process.

(21) Recipients of mental health and substance abuse services have the same general rights as other citizens of Alabama. A provider of such services shall assure that such rights are not abridged by the provider's policies, procedure, or practices. These rights include but are not limited to the following rights:

(a) To exercise rights as a citizen of the United States and the State of Alabama.

(b) To be served through general services available to all citizens.

(c) To choose to live, work, be educated, and recreate with persons who do not have disabilities.

(d) To be presumed competent until a court of competent jurisdiction, abiding by statutory and constitutional provisions, determines otherwise.

(e) To vote and otherwise participate in the political process.

(f) To free exercise of religion.

(g) To own and possess real and personal property. Nothing in this section shall affect existing laws pertaining to conveyance of personal property.

(h) To make contracts.

(i) To obtain a driver's license on the same basis as other citizens.

(j) To social interaction with members of either sex.

(k) To marry and divorce.

(l) To be paid the value of work performed.

(m) To exercise rights without reprisal.

(22) Each program provides recipients in residential programs with safe and humane physical and psychological environment(s) in accordance with applicable federal and state laws and DMH standards of certification and licensure. Each program provides safety precautions to promote the individual welfare of all recipients. The environment shall at a minimum provide:

(a) Comfortable living and sleeping areas.

(b) Clean and private bathroom facilities.

(c) Attractive and adequately furnished visiting and living rooms.

(d) Clean and comfortable dining facilities.

(e) Facilities and equipment for laundering services.

(f) Safe and sturdy furnishings in good repair.

(g) Adequate provisions for smoking and/or non-smoking preference.

(h) Adequate and decorative room décor.

(i) Space and materials for leisure time and recreational activities.

(j) Each program ensures regular housekeeping and

maintenance to assure safe and clean conditions throughout the facility or program.

(k) Unless contraindicated for therapeutic or security purposes, recipients are allowed regular access to the outdoors.

(23) The recipient's personal health and hygiene needs are recognized and addressed in a safe and humane manner.

(24) In addition to treatment for mental or substance use disorders, every recipient is provided prompt assistance in accessing medical and dental treatment.

(a) Recipients are either provided or referred to other health and/or dental services as deemed necessary by qualified staff.

(b) No program prohibits a recipient from accessing dental or medical services of his/her choice. Such should not be construed to be an obligation for the program to provide/pay for such services.

Author: Division of Mental Health and Substance Abuse Services, **DMH Statutory Authority:** Code of Ala. 1975, §22-50-11.

History: **New Rule:** **Filed:** August 15, 2018. **Effective:** November 20, 2018

580-2-20-.05 Infection Control

(1) The entity shall develop, maintain, and document compliance with a written plan for exposure control relative to infectious diseases that shall, at a minimum, include the following requirements:

(a) The plan shall be inclusive of the entity's staff, recipients, and volunteers.

(b) The plan shall be consistent with protocols and guidelines established for infection control in healthcare settings by the Federal Center for Disease Control, and shall at a minimum include:

1. Policies and procedures to mitigate the potential for transmission and spread of infectious diseases within the agency.

2. All staff shall be trained in infection control. Staff shall be trained prior to working with recipients and annually thereafter.

3. Risk assessment and screening of recipients reporting high risk behavior and symptoms of communicable disease.

4. Procedures to be followed for recipients known to have an infectious disease.

5. Provisions to offer directly or by referral to all recipients who voluntarily accept the offer for HIV/AIDS early intervention services to include, HIV pre-test and post-test counseling and case management and referral services, as needed, for medical care.

6. Substance Abuse Only: The provision of HIV/AIDS, Hepatitis, STD, and TB education for all program admissions either provided by the agency or by referral.

7. Each recipient shall have training in infection control at program admission and annually thereafter.

8. A formal process for screening all program admissions for TB.

9. TB screening for all employees prior to initiation of duties. Annual screening shall occur only if there has been known exposure or evidence of ongoing TB transmission.

10. All staff shall be educated annually about TB including risk factors and signs and symptoms.

11. The entity shall document compliance with all laws and regulations regarding reporting of communicable diseases to the Alabama Department of Public Health.

Author: Division of Mental Health and Substance Abuse Services,
DMH Statutory Authority: Code of Ala. 1975, §22-50-11.
History: New Rule: Filed: March 11, 2020. Effective: May 15, 2020.

580-2-20-.06 Incident Management

(1) Each provider shall develop and implement written policies and procedures to support compliance with the most recent published ADMH MHSAS Incident Management Plan.

(2) The provider's Incident Management Plan shall comply with all local, state and federal laws.

(3) The provider shall provide training for all staff prior to initiation of duties and as needed thereafter on agency's policies and procedures to support compliance with the most recent published ADMH MHSAS Incident Management Plan.

(4) The provider shall provide training for all staff prior to initiation of duties and annually thereafter on agency's policies and procedures regarding abuse and neglect.

(5) Agency staff members responsible for conducting/supervising investigations shall attend training(s) as required by ADMH.

Author: Division of Mental Health and Substance Abuse Services,

DMH Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed: February 21, 2020. Effective: May 15, 2020.

580-2-20-.07 Performance Improvement.

(1) The Performance Improvement (PI) System shall provide meaningful opportunities for input concerning the operation and improvement of services from recipients, family members, recipient groups, advocacy organizations, and advocates. The provider shall operate and maintain a Performance Improvement (PI) System that is designed to:

(a) Identify and assess important processes and outcomes.

(b) Correct and follow-up on identified problems.

(c) Analyze trends.

(d) Improve the quality of services provided, and to improve recipient and family satisfaction with services provided.

(2) The PI System shall be described in writing and shall include, at a minimum, the following characteristics:

- (a) Identifies and covers all program service areas and functions including subcontracted recipient services.
- (b) Is reviewed and approved by the Board of Directors/Governing Body at least every two (2) years and when revisions are made.
- (c) Outlines the agency's mission related to Performance Improvement.
- (d) Contains the agency's goals and objectives related to Performance Improvement.
- (e) Defines the organization of PI activities and the person(s) responsible for coordinating the PI System.
- (f) Defines the methodology for the assessment, evaluation, and implementation of improvement strategies for important processes and outcomes.
- (g) Specifies the manner in which communication of Performance Improvement findings and recommendations for all six (6) PI components is done at the governing body, clinical and administrative supervisory levels, staff levels, recipients, families and advocates and the manner in which it is documented.
- (h) At a minimum, identifies and monitors important processes and outcomes for the six (6) components of Performance Improvement, Quality Improvement, Incident Prevention and Management, Utilization Review, Recipient and Family Satisfaction, Review of Treatment Plans, and Seclusion and Restraint (if applicable) consistent with the definitions described in this section.
- (i) Specifies that the agency will participate in all required performance indicators and Quality Improvement Reporting requirements as specified by the ADMH Mental Health and Substance Abuse Services.
- (j) Requires that the person(s) responsible for coordinating the agency's PI System or designee attend training on ADMH MHSAS approved Incident Management process.
- (k) Specifies the manner of cross-departmental and cross-discipline staff input from all levels of the agency

regarding the selection of QI indicators to be monitored and improvement activities to be implemented.

(l) Specifies the manner of recipient and family member input regarding the selection of QI indicators to be monitored and improvement activities to be implemented.

(m) Where applicable, ensures that the manner of data collection assures recipient/family member confidentiality.

(n) The plan is implemented as written.

(3) The Quality Improvement component of the PI System shall, at a minimum, include indicators to be monitored including any system level performance measures as specified by the ADMH MHSAS and the following:

(a) A description of a process for periodic and timely review of any deficiencies, requirements, and Quality Improvement suggestions related to critical standards from DMH Certification site visits, Advocacy visits, and/or from other pertinent regulatory, accrediting, or licensing bodies. This shall include a specific mechanism for the development, implementation, and evaluation of the effectiveness of Action Plans designed to correct deficiencies and to prevent reoccurrence of deficiencies cited.

(b) A description of a process for conducting an administrative review of a representative sample of recipient records to determine that all documentation required by these standards and agency policy/procedure is present, complete, and accurate. This function may be performed by the agency's Electronic Health Record (EHR).

(c) A review of aggregate findings from the administrative review of recipient records at least annually with recommendations and actions taken for improvement as indicated by the data, unless performed by the agency's EHR.

(d) The Plan shall specify frequency of monitoring for each indicator and the period of time that monitoring will continue after goal attainment is achieved.

(e) The Plan shall specify that the agency shall participate in System Level activities (including the use of DMH sanctioned External Monitoring) to assess and to identify actions for improvement.

(f) Substance Abuse Only Outcome Measures:

1. At a minimum, the entity shall collect information at time of assessment and at transfer or discharge to provide measures of outcome as specified in the following domains:

(i) Reduced Morbidity:

(I) Outcome: Abstinence from drug/alcohol use.

(II) Measure: Reduction/no change in frequency of use at date of last service compared to date of first service.

(ii) Employment/Education:

(I) Outcome: Increased/Retained Employment or Return to/Stay in School.

(II) Measure: Increase in/no change in number of employed or in school at date of last service compared to first service.

(iii) Crime and Criminal Justice:

(I) Outcome: Decreased criminal justice involvement.

(II) Measure: Reduction in/no change in number of arrests in past thirty (30) days from date of first service to date of last service.

(iv) Stability in Housing:

(I) Outcome: Increased stability in housing.

(II) Measure: Increase in/no change in number of recipients in stable housing situation from date of first service to date of last service.

(v) Social Connectedness:

(I) Outcome: Increased social supports/social connectedness.

(II) Measure: Increase in or no change in number of recipients in social/recovery support activities from date of first service to date of last service.

2. The entity shall provide reports of outcomes to DMH in the manner, medium and period specified.

(4) The Incident Prevention and Management System component of the PI System shall include, at a minimum, the following:

(a) PI review of special incident data.

(b) Includes and describes a process for the timely and appropriate review of special incident data at least quarterly via the PI System. Such reviews shall focus on the identification of trends and actions taken to reduce risks and to improve the safety of the environment of care for recipients, families, and staff members.

(c) Identify and implement a quality improvement plan for medication errors for residential programs.

(d) Findings and recommendations from the quarterly Special Incident reviews shall be reported at least quarterly to the executive and clinical leaders including the Board of Director/Governing Body.

(e) Pertinent data regarding improvement strategies shall be communicated to staff level employees.

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

(a) A description of the mechanism for obtaining recipient input regarding satisfaction with service delivery and outcomes.

(b) A description of the mechanisms for obtaining family member input regarding satisfaction with service delivery and outcomes for recipients.

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

(d) A periodic review (at least annually) of data collected via the tools as described above.

(e) A periodic review (at least annually) of complaints/grievances filed according to the process required in 580-2-9-.02(3).

(f) Identifies agency specific performance indicators for recipient and family satisfaction.

(g) Substance abuse agency's shall assess the satisfaction of recipients and families, including but not limited to the following:

1. The recipient's perception of the outcome of services.

2. The recipient's perception of the quality of the therapeutic alliance.

3. Other perceptions of recipients and families that impact care and treatment, including, but not limited to:

(i) Access to care.

(ii) Knowledge of program information.

(iii) Staff helpfulness.

(6) The Utilization Review (UR) component of the PI system shall include the following:

(a) The agency shall perform at least quarterly reviews of the findings from the UR monitor for all MI residential programs and for all SA levels of care. At a minimum, this review will assess the agency's compliance with Length of Stay (LOS) expectations and will determine and implement actions to improve performance when variations in Length of Stay (LOS) expectations occur.

(b) The agency shall review at least annually a representative sample in each certified program to assess the

appropriateness of admission to that program relative to published admission criteria.

(7) The treatment review component shall include, at a minimum, the following characteristics:

(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. The appropriateness of admission to that program is relative to published admission criteria.

2. Treatment plan is timely.

3. Treatment plan is individualized.

4. Documentation of services is related to the treatment plan and addresses progress toward treatment objectives.

5. There is evidence of attempts to actively engage recipient, family and collateral supports in the treatment process to include linguistic and/or auxiliary support services for people who are deaf, hard of hearing, or limited English proficient as well as any other accommodations for other disabilities.

6. Treatment plan modified (if needed) to include linguistic and/or auxiliary support services for people who are deaf, hard of hearing, or limited English proficient as well as any other accommodations for other disabilities.

(b) An aggregate review of the clinical review findings described above at least annually to assess trends and patterns and to determine actions for improvement based on findings.

(8) The organization collects restraint and seclusion data in order to ascertain that restraint and seclusion are used only as emergency interventions, to identify opportunities for incrementally improving the rate and safety of restraint and seclusion use, and to identify any need to redesign care process.

(9) Using a recipient identifier, data on all restraint and seclusion episodes are collected from and classified for all settings/units/locations at the frequency determined by the agency on by:

- (a) Time.
- (b) Staff and title of who initiated the process.
- (c) Length of each episode.
- (d) Date and time each episode was initiated.
- (e) Date and time each episode was ended.
- (f) Day of the week each episode was initiated.
- (g) Type of restraint used.
- (h) Description of injuries sustained by the individual or staff, if applicable.
- (i) Age of the individual.
- (j) Gender of the individual.
- (k) Multiple instances of restraint or seclusion experienced by an individual within a 12-hour timeframe.
- (l) Number of episodes per individual.
- (m) Instances of restraint or seclusion that extend beyond two (2) consecutive hours.
- (n) Use of psychoactive medications, including name of medication and dosage, as an alternative to, or to enable discontinuation of, restraint and seclusion.

(o) Documentation of the one hour face to face physical and behavioral assessment.

(p) Documentation of the debriefing/trauma check within twenty-four (24) hours.

Author: Division of Mental Health and Substance Abuse Services,

DMH Statutory Authority: Code of Ala. 1975, §22-50-11.

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