

# Texas Administrative Code

Title 37 Public Safety and Corrections  
Part 11 Texas Juvenile Justice Department  
**Chapter 353 Substance Abuse Treatment Programs**

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### Subchapter A Definitions and General Provisions

#### §353.101 Definitions

Effective Date: 2/28/18

The following words and terms have the following meanings when used in this chapter unless the context clearly indicates otherwise.

- (1) **Advanced Practice Registered Nurse**--A registered nurse currently licensed by the Texas Board of Nursing to practice as a nurse practitioner or clinical nurse specialist.
- (2) **Assessment**--An ongoing process through which the counselor collaborates with the client and others to gather and interpret information necessary for developing and revising a treatment plan and evaluating client progress toward achievement of goals identified in the treatment plan, resulting in comprehensive identification of the client's strengths, weaknesses, and problems/needs.
- (3) **ATOD**--Alcohol, tobacco, and other drugs collectively.
- (4) **Authorized Representative**--An attorney authorized to practice law in the State of Texas or, if authorized by applicable law, a person designated in writing by a party to represent the party.
- (5) **Behavioral Health Integrated Provider System (BHIPS)**--The Department of State Health Services' Internet-based computer system for contracted service providers that offers contractors the tools to meet state and federal requirements for reporting, including capturing required client and billing data.
- (6) **Chemical Dependency**--In addition to the statutory provisions defining chemical dependency as abuse of, dependence on, or addiction to alcohol or a controlled substance (as defined by [Chapter 481, Health and Safety Code](#), and related statutory provisions in [Chapters 461 and 464, Health and Safety Code](#)), chemical dependency is also defined as substance-related disorders, as that term is used in the most recent published edition of the Diagnostic and Statistical Manual of Mental Disorders (See DSM).
- (7) **Chemical Dependency Counseling**--See Practice of Chemical Dependency Counseling Services.
- (8) **Chemical Dependency Counselor**--See Licensed Chemical Dependency Counselor (LCDC).
- (9) **Chemical Dependency Counselor Intern**--A person registered with the Department of State Health Services who is pursuing a course of training in chemical dependency counseling at a registered clinical training institution.
- (10) **Chemical Dependency Treatment**--A planned, structured, and organized chemical dependency program designed to initiate and promote a person's chemical-free status or to maintain the person free of illegal drugs. It includes, but is not limited to, the application of planned procedures to identify and change patterns of behavior related to or resulting from substance-related disorders that are maladaptive, destructive, or injurious to health, or to restore appropriate levels of physical, psychological, or social functioning.
- (11) **Client**--An individual who receives or has received services, including admission authorization or assessment or referral, from a chemical dependency treatment provider, counselor, counselor intern, or applicant for licensure as a counselor or from an organization where the counselor, intern, or applicant is working on a paid or voluntary basis.
- (12) **Clinical Training Institution**--An individual or legal entity registered with the Department of State Health Services to supervise a counselor intern.
- (13) **Consenter**--The individual legally responsible for giving informed consent for a client. Unless otherwise provided by law, a legally competent adult is his or her own consenter and the consenter for an adolescent or child is the parent, guardian, or conservator. Texas law allows a person 16 or 17 years of age to consent to his or her own treatment.

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- (14) **Counseling**--A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives. Counseling includes methods that are sensitive to individual client characteristics and to the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built upon the understanding of, appreciation of, and ability to appropriately use the modalities of care for individuals, groups, families, couples, and significant others.
- (15) **Counselor**--A qualified credentialed counselor, graduate, or counselor intern working towards licensure that would qualify them to be a qualified credentialed counselor (QCC).
- (16) **Crisis Intervention**--Actions designed to intervene in situations that require immediate attention to avert potential harm to self or others. Services include face-to-face individual, family, or group interviews/interactions and/or telephone contacts to identify needs.
- (17) **Digital Authentication Key**--Identification data (that includes user identification and a time stamp) that is digitally stamped on electronic documents identifying the specific user that created the document. The identification data must be controlled by a unique user ID and an encrypted password.
- (18) **Direct Care Staff**--Staff responsible for providing treatment, care, supervision, or other direct client services that involve face-to-face contact with a client.
- (19) **Discharge**--Formal, documented termination of services.
- (20) **Document (noun)**--A written or electronic record.
- (21) **Diagnostic and Statistical Manual of Mental Disorders (DSM)**--The Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. Any reference to DSM constitutes a reference to the most recent edition then published, unless the context clearly indicates otherwise.
- (22) **Facility**--See Juvenile Justice Facility.
- (23) **Graduate**--An individual who has successfully completed the 270 hours of education, 300-hour practicum, and 4,000 hours of supervised work experience and who is still registered with the Department of State Health Services as a counselor intern.
- (24) **Human Immunodeficiency Virus (HIV)**--The virus that causes Acquired Immune Deficiency Syndrome (AIDS). Infection is determined through a testing and counseling process overseen by the Department of State Health Services. Being infected with HIV is not necessarily equated with having a diagnosis of AIDS.
- (25) **Intake**--The process for gathering information about a prospective client and giving a prospective client information about treatment and services.
- (26) **Intervention**--The interruption of the onset or progression of chemical dependency in the early stages. Intervention strategies target indicated populations.
- (27) **Juvenile Justice Facility**--A facility operated wholly or partly by the juvenile board, by another governmental unit, or by a private vendor under a contract with the juvenile board, county, or other governmental unit that serves juveniles under juvenile court jurisdiction. The term includes:
- (A) a public or private juvenile pre-adjudication secure detention facility, including a holdover facility;
  - (B) a public or private juvenile post-adjudication secure correctional facility except for a facility operated solely for children committed to the Texas Juvenile Justice Department; and
  - (C) a public or private non-secure juvenile post-adjudication residential treatment facility that is not licensed by the Department of Family and Protective Services or the Department of State Health Services.

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- (28) **Juvenile Justice Program**--A program or department operated wholly or partly by the juvenile board or by a private vendor under a contract with a juvenile board that serves juveniles under juvenile court jurisdiction. The term includes:
- (A) a juvenile justice alternative education program;
  - (B) a non-residential program that serves juvenile offenders under the jurisdiction of the juvenile court; and
  - (C) a juvenile probation department.
- (29) **License**--The whole or part of any agency permit, certificate, approval, registration, or similar form of permission authorized by law.
- (30) **Licensed Chemical Dependency Counselor (LCDC)**--A counselor licensed by the Department of State Health Services pursuant to [Chapter 504, Occupations Code](#).
- (31) **Life Skills Training (Treatment)**--A structured program of training, based upon a written curriculum and provided by qualified staff designed to help clients with social competencies such as communication and social interaction, stress management, problem solving, decision making, and management of daily responsibilities.
- (32) **Person**--An individual, corporation, organization, government or governmental subdivision or agency, business trust, estate, trust, partnership, association, or any other legal entity.
- (33) **Personnel**--The members of the governing body of a provider and, without limitation, its staff, employees, contractors, consultants, agents, representatives, volunteers, or other individuals working for or on behalf of the provider through a formal or informal agreement.
- (34) **Practice of Chemical Dependency Counseling Services**--Providing or offering to provide chemical dependency counseling services involving the application of the principles, methods, and procedures of the chemical dependency counseling profession as defined by the activities listed in the domains of Technical Assistance Publication 21 "Addictions Counseling Competencies: the Knowledge, Skills, and Attitudes of Professional Practice" published by the Center for Substance Abuse Treatment.
- (35) **Prevention**--A proactive process that uses multiple strategies to preclude the illegal use of alcohol, tobacco, and other drugs and to foster safe, healthy, drug-free environments.
- (36) **Program**--See Juvenile Justice Program.
- (37) **Provider**--A person who performs or offers to perform substance abuse services in a program offered by a juvenile justice facility or juvenile justice program. The term includes but is not limited to, a qualified credentialed counselor, applicant for counselor licensure, and counselor intern.
- (38) **Qualified Credentialed Counselor (QCC)**--A licensed chemical dependency counselor or one of the practitioners listed below who is licensed and in good standing in the State of Texas and has at least 1,000 hours of documented experience treating substance-related disorders:
- (A) licensed professional counselor (LPC);
  - (B) licensed master social worker (LMSW);
  - (C) licensed marriage and family therapist (LMFT);
  - (D) licensed psychologist;
  - (E) licensed physician;
  - (F) licensed physician assistant;
  - (G) certified addictions registered nurse (CARN); or
  - (H) APRN licensed by the Texas Board of Nursing as a psychiatric-mental health clinical nurse specialist (PMHCNS) or psychiatric-mental health nurse practitioner (PMHNP).

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- (39) **Recovery Maintenance**--A level of treatment designed to maintain and support a client's continued recovery.
- (40) **Referral**--The process of identifying appropriate services and providing the information and assistance needed to access them.
- (41) **Residential Site**--A physical location owned, leased, or operated by a provider where clients reside in a supervised treatment environment.
- (42) **Screening**--The process through which a qualified staff, client or participant, and available significant others determine the most appropriate initial course of action, given the individual's needs and characteristics and the available resources within the community. In a treatment program, screening includes determining whether an individual is appropriate and eligible for admission to a particular program.
- (43) **Services**--Substance abuse treatment services.
- (44) **Staff**--Individuals working for a person in exchange for money or other compensation.
- (45) **Substance Abuse**--A maladaptive pattern of substance use leading to clinically significant impairment or distress, as defined by the most recently published version of the DSM.
- (46) **Substance Abuse Services (Services)**--A comprehensive term intended to describe activities undertaken to address any substance-related disorder as well as prevention activities. The term includes the provision of screening, assessment, referral, treatment for chemical dependency, and chemical dependency counseling.
- (47) **Substance-Related Disorders**--Defined by the most recently published version of the DSM.
- (48) **Treatment**--See Chemical Dependency Treatment.
- (49) **Treatment Planning**--A collaborative process through which the provider and client develop desired treatment outcomes and identify the strategies for achieving them. At a minimum, the treatment plan addresses the identified substance use disorder(s), as well as issues related to treatment progress, including relationships with family and significant others, employment, education, spirituality, health concerns, and legal needs.
- (50) **Unethical Conduct**--Conduct prohibited by the ethical standards adopted by state or national professional organizations or by rules established by a profession's state licensing agency.
- (51) **Utilization Review**--The process of evaluating the necessity, appropriateness, and efficiency of the use of chemical dependency treatment services, procedures, and facilities.

### §353.102 Purpose

Effective Date: 2/28/18

The purpose of these rules is to ensure that juveniles receiving substance abuse treatment services offered by juvenile justice facilities or programs are afforded an efficient, effective, and appropriate continuum of services that will enable the juveniles to be productive members of society. These rules further serve to protect the health, safety, and welfare of those receiving substance abuse treatment services.

### §353.103 Applicability

Effective Date: 2/28/18

- (a) This chapter applies to a substance abuse facility or program offered by a juvenile justice facility or program.
- (b) All providers must comply with the provisions of this chapter in all matters related to the provision of services.
- (c) The provisions of this chapter apply in addition to other chapters relevant to the juvenile justice facility or program.

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### §353.104 Program Approval and Registration

Effective Date: 2/28/18

- (a) A juvenile board must obtain approval from TJJD prior to operating a substance abuse treatment program. This provision does not apply to programs in operation prior to September 1, 2017.
- (b) All substance abuse treatment programs offered by a juvenile justice facility or program must be registered with TJJD.

### §353.105 Change in Status

Effective Date: 2/28/18

- (a) A juvenile justice facility or program operating a substance abuse program must notify TJJD and receive written approval before:
  - (1) adding a new detoxification service;
  - (2) adding a new residential site;
  - (3) moving to a new residential site;
  - (4) increasing the number of beds in a residential substance abuse program;
  - (5) adding a new residential service;
  - (6) adding a new day-treatment service;
  - (7) adding a new outpatient service;
  - (8) adding a new outpatient site or moving an outpatient site to a new location; or
  - (9) providing services to a new age group or gender.
- (b) A juvenile justice facility or program operating a substance abuse treatment program must notify TJJD prior to a change in the name of the facility or program, closure of a residential or outpatient location, decrease in the number of residential beds in the substance abuse program, or discontinuation of a service related to the substance abuse program.

### §353.106 Inspection

Effective Date: 2/28/18

TJJD may conduct a scheduled or unannounced inspection or request materials for review at reasonable times, including any time treatment services are provided. The facility or program must allow TJJD staff to access the grounds, buildings, and records of the facility or program. The facility or program must allow TJJD staff to interview members of the governing body, staff, and clients. The facility or program must make all property, records, and documents available upon request for examination, copy, or reproduction, on or off premises.

### §353.107 Waiver or Variance to Standards

Effective Date: 2/28/18

Unless expressly prohibited by another standard, an application for a waiver or variance of any standard in this chapter may be submitted in accordance with [§349.200 of this title](#).

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### Subchapter B Standard of Care Applicable to All Providers

#### §353.201 General Standard

Effective Date: 2/28/18

- (a) Providers must provide adequate and appropriate services consistent with best practices and industry standards.
- (b) Providers must maintain objectivity.
- (c) Providers must respect each individual's dignity, must not engage in any action that may cause injury, and must always act with integrity in providing services.

#### §353.202 Scope of Practice

Effective Date: 2/28/18

- (a) Providers must recognize the limitations of their abilities and must not offer services outside their scope of practice or use techniques that exceed their professional competence.
- (b) Providers must not make any claim, directly or by implication, that they possess professional qualifications or affiliations that they do not possess.

#### §353.203 Competence and Due Care

Effective Date: 2/28/18

- (a) Providers must plan, adequately supervise, and evaluate all activities for which they are responsible.
- (b) Providers must render services carefully and promptly.
- (c) Providers must follow the technical and ethical standards related to the provision of services, strive continually to improve personal competence and quality of service delivery, and discharge their professional responsibilities to the best of their abilities.
- (d) Providers are responsible for assessing the adequacy of their own competence for the responsibility to be assumed.
- (e) Services must be designed and administered as to do no harm to recipients.
- (f) Providers must always act in the best interest of the individual being served.
- (g) Providers must terminate any professional relationship that is not beneficial, or is in any way detrimental, to the individual being served.

#### §353.204 Appropriate Services

Effective Date: 2/28/18

- (a) Services must be appropriate for the individual's needs and circumstances, including age and developmental level, and must be culturally sensitive.
- (b) Providers must possess an understanding of the cultural norms of the individuals receiving services.
- (c) Services must be respectful and non-exploitative.

#### §353.205 Accuracy

Effective Date: 2/28/18

- (a) Providers must report information fairly, professionally, and accurately when providing services and when communicating with other professionals, TJJD, and the general public.
- (b) Each provider must document and assign credit to all contributing sources used in published material or public statements.
- (c) Providers must not misrepresent, either directly or by implication, professional qualifications or affiliations.

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### **§353.206 Documentation**

Effective Date: 2/28/18

Providers must maintain required documentation of services provided and related transactions, including financial records.

### **§353.207 Discrimination**

Effective Date: 2/28/18

Providers must not discriminate against any individual on the basis of gender, race, religion, age, national origin, disability (physical or mental), sexual orientation, or medical condition, including HIV diagnosis or because an individual is perceived as being HIV-infected.

### **§353.208 Access to Services**

Effective Date: 2/28/18

Providers must provide access to services, including providing information about other services and alternative providers, taking into account an individual's special needs.

### **§353.209 Location**

Effective Date: 2/28/18

Providers may not offer or provide services in settings or locations that are inappropriate or harmful to individuals served or others.

### **§353.210 Confidentiality**

Effective Date: 2/28/18

- (a) The provider must protect the privacy of individuals served and may not disclose confidential information except as permitted by law.
- (b) The provider must remain knowledgeable of and follow all state and federal laws and regulations relating to confidentiality of juvenile records and of records relating to the provision of services.
- (c) The provider is prohibited from discussing or divulging information obtained in clinical or consulting relationships except in appropriate settings and for professional purposes that demonstrably relate to the case.
- (d) Confidential information acquired during delivery of services must be safeguarded from illegal or inappropriate use, access, and disclosure and from loss, destruction, and tampering. These safeguards must protect against verbal disclosure and prevent unsecured maintenance of records or recording of an activity or presentation without appropriate releases.

### **§353.211 Environment**

Effective Date: 2/28/18

- (a) Services must be provided in an appropriate, safe, clean, and well-maintained environment.
- (b) Private space must be provided and used for confidential interactions, including all group counseling sessions.

### **§353.212 Communications**

Effective Date: 2/28/18

The provider must inform the individual receiving services about all relevant and important aspects of the service relationship.

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### §353.213 Exploitation

Effective Date: 2/28/18

The provider must not exploit relationships with individuals receiving services for personal or financial gain of the provider or its personnel. The provider may not charge exorbitant or unreasonable fees for any service. The provider may not pay or receive any commission, consideration, or benefit of any kind related to the referral of an individual for services.

### §353.214 Duty to Report

Effective Date: 2/28/18

- (a) When a provider or program staff has knowledge of unethical conduct or practice on the part of a person or provider, the individual with the knowledge must report the conduct or practices to the appropriate funding or regulatory bodies.
- (b) Any provider or provider personnel who receives an allegation of, or has reason to suspect that an individual has been, is, or will be subject to, abuse, neglect, or exploitation must report that information as provided by [Chapter 358 of this title](#).

### §353.216 Ethics

Effective Date: 2/28/18

Providers must adhere to established professional codes of ethics. These codes of ethics define the professional context within which the provider works in order to maintain professional standards and safeguard the client or participant.

### §353.217 Specific Acts Prohibited

Effective Date: 2/28/18

In addition to the provider's general duty to provide services in a professional manner, failure to adhere to the following rules constitutes a violation:

- (1) Providers must not provide services, interact with individuals receiving services, or perform any job duties while under the influence of or impaired by alcohol or mood altering substances, including prescription medications not used in accordance with a licensed prescriber's order.
- (2) Providers must not commit an illegal, unprofessional, or unethical act (including acts constituting abuse, neglect, or exploitation).
- (3) Providers must not assist or knowingly allow another person to commit an illegal, unprofessional, or unethical act.
- (4) Providers must not falsify, alter, destroy, or omit significant information from required reports and records or interfere with their preservation.
- (5) Providers must not retaliate against anyone who reports a violation of these rules or cooperates during a review, inspection, investigation, hearing, or other related activity.
- (6) Providers must not interfere with probation department, facility, or TJJJD reviews, inspections, investigations, hearings, or related activities. This includes taking action to discourage or prevent someone else from cooperating with the activity.
- (7) Providers must not enter into a personal or business relationship of any type with an individual receiving services until at least two years after the last date an individual receives services from the provider.
- (8) Providers must not discourage, intimidate, harass, or retaliate against individuals who try to exercise their rights or file a grievance.
- (9) Providers must not restrict, discourage, or interfere with any communication with law enforcement, an attorney, the probation department, the facility, or TJJJD for the purposes of filing a grievance.
- (10) Providers must not allow unqualified persons or entities to provide services.

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- (11) Providers must not hire or utilize known sex offenders in adolescent programs or programs that house children.
- (12) Providers must prohibit adolescent clients and participants from using tobacco products on the program site. Staff and other adults (volunteers, clients, participants, and visitors) must not use tobacco products in the presence of adolescent clients or participants.

### §353.218 Standards of Conduct

Effective Date: 2/28/18

- (a) The program and program personnel must protect clients' rights and provide competent services.
- (b) Any person associated with the program who receives an allegation of, or has reason to suspect that a person associated with the program has been, is, or will be engaged in illegal, unethical, or unprofessional conduct must immediately inform the facility administrator or chief administrative officer of the juvenile probation department. If the person suspected of misconduct holds a license or certification from a state agency or other licensing entity, a report must also be made to the appropriate agency or entity.
- (c) There must be written policies on program personnel conduct that are consistent with this section.

## Subchapter E Substance Abuse Program Requirements

### §353.502 Operational Plan, Policies, and Procedures

Effective Date: 2/28/18

- (a) The facility or program must operate the substance abuse program according to an operational plan. The operational plan must reflect:
  - (1) program purpose or mission statement;
  - (2) services and how they are provided;
  - (3) a description of the population to be served; and
  - (4) goals and objectives of the program.
- (b) The facility or program must adopt and implement written policies and procedures as deemed necessary by the facility or program and as required herein. The policies and procedures must contain sufficient detail to ensure compliance with all applicable TJJD rules.
- (c) The policy and procedure manual must be current, consistent with program practices, individualized to the program, and easily accessible to all staff at all times.

### §353.503 Reporting Measures

Effective Date: 2/28/18

For each facility or program, the following information must be submitted to TJJD annually in a format provided by TJJD:

- (1) total number of clients served by diagnosis;
- (2) gender of clients served;
- (3) ethnicity of clients served;
- (4) ages of clients served;
- (5) primary and secondary drug at admission;
- (6) discharge reason per treatment episode, including length of stay at time of discharge; and
- (7) average percent of occupancy for each residential substance abuse program.

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### §353.504 Quality Management

Effective Date: 2/28/18

The facility or program must develop procedures and implement a quality management process. The procedures must address, at a minimum:

- (1) goals and objectives that relate to the program purpose or mission statement;
- (2) methods to review the progress toward the goals and a documented process to implement corrections or changes;
- (3) mechanisms to:
  - (A) review and analyze incident reports;
  - (B) monitor compliance with rules and other requirements;
  - (C) identify areas where quality is not optimal and analyze identified issues;
  - (D) implement corrections and evaluate and monitor their ongoing effectiveness;
- (4) methods of utilization review to ensure appropriate client placement, adequacy of services provided, and length of stay in the substance abuse program; and
- (5) documentation of the activities of the quality management process.

### §353.507 General Documentation Requirements

Effective Date: 2/28/18

- (a) The facility or program must keep complete, current documentation.
- (b) All documents must be factual and accurate.
- (c) All documents and entries must be dated and authenticated by the person responsible for the content.
  - (1) Authentication of paper records must be an original signature that includes at least the first initial, last name, and credentials. Initials may be used if the client record includes a document that identifies all individuals initialing entries, including the full printed name, signature, credentials, and initials.
  - (2) Authentication of electronic records must be by a digital authentication key.
- (d) Documentation must be permanent and legible.
- (e) When it is necessary to correct a client record, incident report, or other document, the error must be marked through with a single line, dated, and initialed by the writer.
- (f) Records must contain only those abbreviations included on the facility's or program's list of approved abbreviations.

### §353.508 Client Records

Effective Date: 2/28/18

- (a) The facility or program must establish and maintain a single record for every client beginning at the time of admission. The content of client records must be complete, current, and well-organized.
- (b) The facility or program is required to protect all client records and other client-identifying information from destruction, loss, or tampering and from unauthorized access, use, or disclosure.
  - (1) All active client records must be stored at the facility. Inactive records, if stored off-site, must be fully protected. All original client records must be maintained in the State of Texas.
  - (2) Information that identifies those seeking services must be protected to the same degree as information that identifies clients.
  - (3) Electronic client information must be protected to the same degree as paper records and must have a reliable backup system.

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- (c) Only personnel whose job duties require access to client records may have such access.
- (d) Personnel must keep records locked at all times unless authorized staff is continuously present in the immediate area.
- (e) The facility or program must ensure that all client records can be located and retrieved upon request at all times.
- (f) The facility or program must comply with federal and state confidentiality laws and regulations, including [42 CFR part 2](#) (federal regulations on the confidentiality of substance use disorder patient records), [Chapter 611, Texas Health and Safety Code](#) (relating to mental health records), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The program must also protect the confidentiality of HIV information as required in [Section 81.103, Texas Health and Safety Code](#) (relating to confidentiality; criminal penalty).
- (g) The facility or program may not deny clients access to the content of their records except as provided by [Section 611.0045, Texas Health and Safety Code](#), and HIPAA or other law.
- (h) Client records must be maintained for at least five years after the client turns 18.
- (i) If client records are microfilmed, scanned, or destroyed, the facility must take steps to protect confidentiality. The facility must maintain a record of all client records destroyed on or after September 1, 1999, including the client's name, record number, birth date, and dates of admission and discharge.

### Subchapter F Personnel Practices and Development

#### §353.601 Hiring Practices

Effective Date: 2/28/18

- (a) A facility or program whose personnel includes counselor interns must be registered with the Department of State Health Services as a clinical training institution and comply with all applicable requirements.
- (b) The facility or program must verify by Internet, telephone, or letter and document the current status of all required credentials with the credentialing authority.
- (c) The facility or program must comply with its obligations under [Section 81.003, Texas Civil Practices and Remedies Code](#).
- (d) The facility or program must develop a job description that outlines job duties and minimum qualifications for all personnel.
- (e) The facility or program must maintain a personnel file for each contractor, student, and volunteer having any direct contact with a client and for each employee. The file must contain documentation demonstrating compliance with this section.

#### §353.602 Students and Volunteers

Effective Date: 2/28/18

- (a) The facility must ensure that students and volunteers comply with all applicable rules.
- (b) Students and volunteers may not be assigned to perform duties for which they are not qualified.
- (c) Students and volunteers must receive orientation and training appropriate to their qualifications and responsibilities.
- (d) Students and volunteers must be appropriately supervised.

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### §353.603 Training

Effective Date: 2/28/18

- (a) This section applies only to staff assigned to the substance abuse treatment program.
- (b) Unless otherwise specified, video, manual, or computer-based training is acceptable if the supervisor discusses and documents the material with the staff person in a face-to-face session to highlight key issues and answer questions.
- (c) The facility or program must maintain documentation of all required training.
  - (1) Documentation of external training must include:
    - (A) date;
    - (B) number of hours;
    - (C) topic;
    - (D) instructor's name; and
    - (E) signature of the instructor (or equivalent verification).
  - (2) The facility or program must maintain documentation of all internal training. For each topic, the documentation must include:
    - (A) an outline of the contents;
    - (B) the name, credentials, and relevant qualifications of the person providing the training; and
    - (C) the method of delivery.
  - (3) For each group training session, the facility must maintain a dated attendee sign-in sheet with signatures of the trainer and the attendees.
- (d) The facility or program must provide an orientation to staff, volunteers, and students before they perform their duties and responsibilities. This orientation must include information addressing:
  - (1) substance abuse program policies and procedures;
  - (2) client rights;
  - (3) client grievance procedures;
  - (4) confidentiality of client-identifying information ([42 CFR Part 2](#); HIPAA);
  - (5) standards of conduct; and
  - (6) emergency and evacuation procedures.
- (e) The following initial training(s) must be received within the first 90 days of employment and must be completed before the employee may perform a function to which the specific training is applicable. Subsequent training must be completed as specified.
  - (1) **Abuse, Neglect, and Exploitation.**  
All substance abuse program personnel with any direct client contact must receive this training.
  - (2) **HIV, Hepatitis B and C, Tuberculosis, and Sexually Transmitted Diseases.**  
All personnel with any direct client contact must receive this training.
    - (A) The initial training must be three hours in length.
    - (B) Staff must receive updated information about these diseases annually.
  - (3) **Cardiopulmonary Resuscitation (CPR).**  
All direct-care staff in a residential substance abuse program must maintain current CPR and first-aid certifications.

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(4) **Nonviolent Crisis Intervention.**

The face-to-face training must teach staff how to use verbal and other non-physical methods for prevention, early intervention, and crisis management. The instructor must have documented successful completion of a course for crisis intervention instructors or have equivalent documented training and experience.

- (A) The initial training must be four hours in length.
- (B) Staff must complete two hours of annual training thereafter.

(5) **Intake, Screening, and Admission Authorization.**

All staff who conduct intake and screening and who authorize admission for applicants to receive program services must complete training in the substance abuse program's screening and admission procedures. The training must include two hours of DSM diagnostic criteria for substance-related disorders and other mental health diagnoses.

- (A) The initial training must be eight hours in length.
- (B) Staff must complete eight hours of annual training thereafter.
- (C) The training must be completed before staff screen or authorize applicants for admission.

(6) **Self-administration of Medication.**

All personnel responsible for supervising clients in self-administration of medication who are not credentialed to administer medication must complete this training before performing this task.

- (A) The training must be two hours in length and is required only one time.
- (B) The training must be provided by a physician, pharmacist, physician assistant, or registered nurse before administering medication and must include:
  - (i) prescription labels;
  - (ii) medical abbreviations;
  - (iii) routes of administration;
  - (iv) use of drug reference materials;
  - (v) storage, maintenance, handling, and destruction of medication;
  - (vi) documentation requirements; and
  - (vii) procedures for medication errors, adverse reactions, and side effects.

## Subchapter G Client Rights

### §353.701 Client Bill of Rights

Effective Date: 2/28/18

The facility or program must respect, protect, implement, and enforce each client right that is required to be contained in the facility's Client Bill of Rights. The Client Bill of Rights for all facilities must include:

- (1) You have the right to accept or refuse treatment after receiving this explanation.
- (2) If you agree to treatment or medication, you have the right to change your mind at any time (unless specifically restricted by law).
- (3) You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.

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- (4) You have the right to be free from abuse, neglect, and exploitation.
- (5) You have the right to be treated with dignity and respect.
- (6) You have the right to appropriate treatment in the least restrictive setting available that meets your needs.
- (7) You have the right to be told about the program's rules and regulations before you are admitted, including, without limitation, the rules and policies related to restraints and seclusion. Your legally authorized representative, if any, also has the right to be and shall be notified of the rules and policies related to restraints and seclusion.
- (8) You have the right to be told before admission in the substance abuse program:
  - (A) the condition to be treated;
  - (B) the proposed treatment;
  - (C) the risks, benefits, and side effects of all proposed treatment and medication;
  - (D) the probable health and mental health consequences of refusing treatment;
  - (E) other treatments that are available and which ones, if any, might be appropriate for you; and
  - (F) the expected length of stay in the substance abuse program.
- (9) You have the right to a treatment plan designed to meet your needs, and you have the right to take part in developing that plan.
- (10) You have the right to meet with staff to review and update the plan on a regular basis.
- (11) You have the right to refuse to take part in research without affecting your regular care.
- (12) You have the right not to receive unnecessary or excessive medication.
- (13) You have the right to have information about you kept private and to be told about the times when the information can be released without your permission.
- (14) You have the right to be told in advance of all estimated charges and any limitations on the length of services of which the facility is aware.
- (15) You have the right to receive an explanation of your treatment or your rights if you have questions while you are in treatment.
- (16) You have the right to make a complaint and receive a fair response from the facility within a reasonable amount of time.
- (17) You have the right to complain directly to the Texas Juvenile Justice Department at any reasonable time.
- (18) You have the right to get a copy of these rights before you are admitted, including the address and phone number of the Texas Juvenile Justice Department.
- (19) You have the right to have your rights explained to you in simple terms, in a way you can understand, within 24 hours of being admitted.

### §353.704 Program Rules

Effective Date: 2/28/18

- (a) The facility must establish therapeutically sound written program rules addressing client behavior that are designed to protect the health, safety, and welfare of clients.
- (b) The consequences for violating program rules must be defined in writing and must include clear identification of violations that may result in discharge. The consequences must be reasonable and take into account the client's diagnosis and progress in treatment and may not include:
  - (1) physical discipline;

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- (2) measures involving the denial of food, water, sleep, or bathroom privileges; or
- (3) discipline that is authorized, supervised, or carried out by clients.
- (c) At the time of admission, every client must be informed verbally and in writing of the program rules and consequences for violating the rules.
- (d) The facility must enforce the rules fairly and objectively and may not implement consequences for the convenience of staff.

### Subchapter H Screening and Assessment

#### **§353.801 Screening**

Effective Date: 2/28/18

- (a) To be eligible for admission to a treatment program, an individual must meet the DSM criteria for a substance use disorder (or substance withdrawal or intoxication in the case of a detoxification program). The facility must use a screening process appropriate for the target population, individual's age, developmental level, culture, and gender.
- (b) The screening process must include the collection of other information as necessary to determine the type of services that are required to meet the individual's needs. This may necessitate the administration of all or part of validated assessment instruments.
- (c) Sufficient documentation must be maintained in the client record to support the diagnosis and justify the referral/placement decision. Documentation must include the date of the screening and the signature and credentials of the qualified credentialed counselor (QCC) supervising the screening process.
- (d) For admission to a detoxification program, the screening will be conducted by a physician, physician assistant, APRN, registered nurse, or licensed vocational nurse (LVN). An LVN may conduct a screening under the following conditions:
  - (1) the LVN has completed detoxification training and demonstrated competency in the detoxification process;
  - (2) the training and competency verification is documented in the LVN's personnel file;
  - (3) the LVN must convey the medical data obtained during the screening process to a physician, physician assistant, or APRN in person or via telephone. The physician, physician assistant, or APRN must determine the appropriateness of the admission and authorize the admission or give instructions for an alternative course of action; and
  - (4) the physician, physician assistant, or APRN must examine the client in person and sign the admission order within 24 hours of authorizing admission.
- (e) For admission to all other treatment programs, the screening will be conducted by a counselor or counselor intern.

#### **§353.802 Admission Authorization and Consent to Treatment**

Effective Date: 2/28/18

- (a) A QCC must authorize each admission in writing and specify the level of care to be provided. If the screening counselor or intern is not qualified to authorize admission, the QCC must review the results of the screening with the applicant, directly or indirectly, before authorizing admission. The authorization must be documented in the client record and must contain sufficient documentation to support the diagnosis and the placement decision.

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- (b) The facility must obtain written authorization from the consenter before providing any treatment or medication. The consent form must be dated and signed by the client, the consenter, and the staff person providing the information and must include documentation that the client and consenter received and understood the following information:
- (1) the specific condition to be treated;
  - (2) the recommended course of treatment;
  - (3) the expected benefits of treatment;
  - (4) the probable health and mental health consequences of not consenting;
  - (5) the side effects and risks associated with the treatment;
  - (6) any generally accepted alternatives and whether an alternative might be appropriate;
  - (7) the qualifications of the staff who will provide the treatment;
  - (8) the name of the primary counselor;
  - (9) the client grievance procedure;
  - (10) the Client Bill of Rights as specified in [§353.701 of this title](#);
  - (11) the program rules;
  - (12) violations that can lead to disciplinary action or discharge;
  - (13) any consequences or searches used to enforce program rules;
  - (14) the facility's services and treatment process; and
  - (15) opportunities for family to be involved in treatment.
- (c) This information must be explained to the client and consenter in simple, non-technical terms. If an emergency or the client's physical or mental condition prevents the explanation from being given or understood by the client within 24 hours, staff must document the circumstances in the client record and present the explanation as soon as possible. Documentation of the explanation must be dated and signed by the client, the consenter, and the staff person providing the explanation.
- (d) The client record must include a copy of the Client Bill of Rights dated and signed by the client and consenter.
- (e) If possible, all information must be provided in the consenter's primary language.
- (f) When an applicant is screened and determined to be eligible for services but denied admission, the facility must maintain documentation signed by the examining QCC that includes the reason for the denial.

### §353.803 Assessment

Effective Date: 2/28/18

- (a) A counselor or counselor intern must conduct and document a comprehensive psychosocial assessment with the client admitted to the facility. The assessment must elicit and document enough information about the client's past and present status to provide a thorough understanding of the following areas:
- (1) presenting problems resulting in admission;
  - (2) alcohol and other drug use;
  - (3) psychiatric and chemical dependency treatment;
  - (4) medical history and current health status, to include an assessment of risk behaviors for tuberculosis (TB), HIV, and other sexually transmitted disease (STD), as permitted by law;
  - (5) relationships with family;
  - (6) social and leisure activities;

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- (7) education and vocational training;
  - (8) employment history;
  - (9) legal problems;
  - (10) mental/emotional functioning; and
  - (11) strengths and weaknesses.
- (b) A comprehensive listing of the client's problems, needs, and strengths must be prepared based on the results of the assessment.
  - (c) A comprehensive diagnostic impression must be prepared based on the results of the assessment.
  - (d) If the assessment identifies a potential mental health problem, the facility or program must obtain a mental health assessment and seek appropriate mental health services when resources for mental health assessments and/or services are available internally or through referral at no additional cost to the program. These services must be provided by a facility or person authorized to provide such services or a qualified professional as described in [§353.901 of this title](#).
  - (e) The assessment must be signed by a QCC and filed in the client record within three individual service days of admission.
  - (f) The program may accept an evaluation from an outside source if:
    - (1) it meets the criteria set forth herein;
    - (2) it was completed during the 30 days preceding admission or is received directly from a facility that is transferring the client; and
    - (3) a counselor reviews the information with the client and documents an update.

### **§353.804 Treatment Planning, Implementation, and Review**

Effective Date: 2/28/18

- (a) The counselor and client work together to develop and implement an individualized, written treatment plan that identifies the services and support needed to address the problems and needs identified in the assessment. When appropriate, the client's family must also be involved.
  - (1) When the client needs services not offered by the facility, appropriate referrals must be made and documented in the client record. When feasible, other QCCs or mental health professionals serving the client from a referral agency should participate in the treatment planning process.
  - (2) The client record must contain justification when identified needs are temporarily deferred or not addressed during treatment.
- (b) The treatment plan must include goals, objectives, and strategies.
  - (1) Goals must be based on the client's problems/needs, strengths, and preferences.
  - (2) Objectives must be individualized, realistic, measurable, time-specific, appropriate to the level of treatment, and clearly stated in behavioral terms.
  - (3) Strategies must describe the type and frequency of the specific services and interventions needed to help the client achieve the identified goals and must be appropriate to the level of intensity of the program in which the client is receiving treatment.
- (c) The treatment plan must identify discharge criteria and include initial plans for discharge.
- (d) The treatment plan must include a projected length of stay in the program.
- (e) The treatment plan must identify the client's primary counselor and must be dated and signed by the client and the counselor. When the treatment plan is conducted by an intern or graduate, a QCC must review and sign the treatment plan.

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- (f) The treatment plan must be completed and filed in the client record within five individual service days of admission.
- (g) The treatment plan must be evaluated on a regular basis and revised as needed to reflect the ongoing reassessment of the client's problems, needs, and response to treatment.
- (h) The primary counselor must meet with the client to review and update the treatment plan at appropriate intervals, as defined in writing by the program. At a minimum, treatment plans must be reviewed midway through the projected duration of treatment, and no less frequently than monthly in residential substance abuse programs.
- (i) The treatment plan review must include:
  - (1) an evaluation of the client's progress toward each goal and objective;
  - (2) revision of the goals and objectives; and
  - (3) justifications of continued length of stay in the program.
- (j) Treatment plan reviews must be dated and signed by the client, the counselor, and the supervising QCC, if applicable.
- (k) When a client's intensity of service is changed, the client record must contain:
  - (1) clear documentation of the decision signed by a QCC, including the rationale and the effective date;
  - (2) a revised treatment plan; and
  - (3) documentation of coordination activities with the receiving treatment provider.
- (l) Program staff must document all treatment services (counseling, chemical dependency education, and life skills training) in the client record within 72 hours, including the date, nature, and duration of the contact and the signature and credentials of the person providing the service.
  - (1) Education, life skills training, and group counseling notes must also include the topic/issue addressed.
  - (2) Individual counseling notes must include the goals addressed, clinical observations, and new issues or needs identified during the session.

### **§353.805 Discharge**

Effective Date: 2/28/18

- (a) The counselor and client/consenter must develop and implement an individualized discharge plan.
- (b) Discharge plans must be updated as the client progresses through treatment and must address the continued appropriateness of the current treatment level.
- (c) The discharge plan must address continuity of services to the client.
  - (1) When a client is referred or transferred to another chemical dependency or mental health service provider for continuing care, the substance abuse program must contact the receiving program before the client is discharged to make arrangements for the transfer.
  - (2) Coordination activities must be documented in the client record, including a timeframe for the client to have access to needed services and any constraints associated with the referral.
  - (3) With proper client consent, the facility must provide the receiving program with copies of relevant parts of the client's record.
- (d) The substance abuse program must involve the client's family or an alternate support system in the discharge planning process when appropriate.
- (e) Discharge planning must be completed before the client's scheduled discharge from the substance abuse program.

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- (f) A written discharge plan must be developed and must address ongoing client needs, including:
  - (1) individual goals or activities to sustain recovery;
  - (2) referrals; and
  - (3) recovery maintenance services, if applicable.
- (g) The completed discharge plan must be dated and signed by the counselor, the client, and the consentor (if applicable).
- (h) The facility or program must give the client and consentor a copy of the plan and file the original signed plan in the client record.
- (i) The facility or program must complete a discharge summary for each client within 30 days of discharge. The discharge summary must be signed by a QCC and must include:
  - (1) dates of admission and discharge;
  - (2) needs and problems identified at admission, during treatment, and at discharge;
  - (3) services provided;
  - (4) assessment of the client's progress towards goals;
  - (5) reason for discharge; and
  - (6) referrals and recommendations, including arrangements for recovery maintenance.
- (j) The facility or program must contact each client between 60 and 90 days after discharge from the substance abuse program and must document the individual's current status or the reason the contact was unsuccessful.

### Subchapter I Treatment Program Services

#### **§353.901 Requirements Applicable to All Treatment Services**

Effective Date: 2/28/18

- (a) Each client's treatment must be based on a treatment plan developed from the client's comprehensive assessment.
- (b) Group counseling sessions must be limited to a maximum of 16 clients. Group education and life skills training sessions must be limited to a maximum of 35 clients. This limit does not apply to multi-family educational groups, seminars, outside speakers, or other events designed for a large audience.
- (c) Chemical dependency education and life skills training must follow a written curriculum. All educational sessions must include client participation and discussion of the material presented.
- (d) The substance abuse program must include education about tuberculosis (TB), HIV, hepatitis B and C, and sexually transmitted diseases (STDs).
- (e) The substance abuse program must provide education about the health risks of tobacco products and nicotine addiction.
- (f) The substance abuse program must provide access to screening for TB and testing for HIV antibody, hepatitis C, and STDs.
  - (1) HIV antibody testing must be carried out by an entity approved by the Department of State Health Services.
  - (2) If a client tests positive, the facility or program must refer the client to an appropriate health care provider.

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- (g) The substance abuse program must facilitate access to physical health, mental health, and ancillary services if those services are not available through the program and are necessary to meet treatment goals; the facilitation efforts must be documented.
- (h) Individuals may not be denied admission or discharged from treatment because they are taking prescribed medication.
- (i) The facility must maintain an adequate number of qualified staff to comply with these standards, provide appropriate and individualized treatment, and protect the health, safety, and welfare of clients.
- (j) All personnel must receive the training and supervision necessary to ensure compliance with these rules, provision of appropriate and individualized treatment, and protection of client health, safety, and welfare.
- (k) Residential direct care staff included in staff-to-client ratios may not have job duties that prevent ongoing and consistent client supervision.
- (l) Residential substance abuse programs must have at least one counselor on duty at least eight hours a day, six days a week.
- (m) Individuals responsible for planning, directing, or supervising treatment programs must be QCCs. The clinical program director must have at least two years of post-licensure experience providing chemical dependency treatment.
- (n) Chemical dependency counseling must be provided by a QCC, graduate, or counselor intern. Chemical dependency education and life skills training must be provided by counselors or individuals who have the appropriate specialized education and expertise.
- (o) All counselor interns must be under the direct supervision of a QCC as required in [Texas Administrative Code, Title 40, Chapter 140](#) (relating to Counselor Licensure).

### §353.902 Requirements Applicable to Detoxification Services

Effective Date: 2/28/18

- (a) A facility providing detoxification services must ensure every individual admitted to a detoxification program meets the DSM criteria for substance intoxication or withdrawal.
- (b) All detoxification programs must ensure continuous access to emergency medical care.
- (c) The program must have a medical director who is a licensed physician. The medical director must be responsible for admission, diagnosis, medication management, and client care.
- (d) The medical director or designee must approve all medical policies, procedures, guidelines, tools, and the medical content of all forms, which must include:
  - (1) screening instruments and procedures;
  - (2) protocol or standing orders for each major drug category of abusable drugs (opiates, alcohol and other sedative-hypnotic/anxiolytics, inhalants, stimulants, hallucinogens) that are consistent with guidelines published by nationally recognized organizations (e.g., Substance Abuse and Mental Health Services Administration, American Society of Addiction Medicine, American Academy of Addiction Psychology);
  - (3) procedures to deal with medical emergencies;
  - (4) medication and monitoring procedures for pregnant women that address effects of detoxification and medications used on the fetus; and
  - (5) special consent forms for pregnant women identifying risks inherent to mother and fetus.
- (e) The medical director or designee must authorize all admissions, conduct a face-to-face examination to include both a history and physical examination of each applicant for services to establish the diagnosis, assess level of intoxication or withdrawal potential, and determine the need for treatment and the type of treatment to be provided to reach a placement decision.

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- (1) The examination must identify potential physical and mental health problems and/or diagnoses that warrant further assessment.
  - (2) The authorization and examination must be documented in the client record and must contain sufficient documentation to support the diagnoses and the placement decision. If the physician, physician assistant, or APRN determines an admission is not appropriate, the client must be transferred to an appropriate service provider.
  - (3) The face-to-face examination (history and physical examination) and signed orders of admission must occur within 24 hours of admission.
  - (4) The program may accept an examination completed during the 24 hours preceding admission if it is approved by the program's medical director or designee and includes the elements in paragraphs (1)–(2) of this subsection. The program may not require a client to obtain a history and physical as a condition of admission.
  - (5) Detoxification programs must have a licensed vocational nurse or registered nurse on duty for at least eight hours every day and a physician or designee on call 24 hours a day.
  - (6) Detoxification programs must ensure that detoxification services are accessible at least 16 hours per day, seven days per week.
- (f) Providers must develop and implement a mechanism to ensure that all direct care staff in detoxification programs have the knowledge, skills, and abilities to provide detoxification services, as they relate to the individual's job duties. Providers must be able to demonstrate through documented training, credentials, and experience that all direct care staff are proficient in areas pertaining to detoxification, including, but not limited to areas, regarding:
- (1) signs of withdrawal;
  - (2) observation and monitoring procedures;
  - (3) pregnancy-related complications (if the program admits women);
  - (4) complications requiring transfer;
  - (5) appropriate interventions; and
  - (6) frequently used medications including purpose, precautions, and side effects.
- (g) Residential and ambulatory (outpatient) detoxification programs must provide monitoring to manage the client's physical withdrawal symptoms. Monitoring must be conducted at a frequency consistent with the degree of severity of the client's withdrawal symptoms, the drug(s) from which the client is withdrawing, and/or the level of intoxication of the client. This information will be documented in the client's record and reflected in the client's orders. Residential detoxification programs must have a licensed vocational nurse or registered nurse on duty for at least eight hours every day and a physician or designee on call 24 hours a day. Ambulatory detoxification programs must have a licensed vocational nurse or registered nurse on duty for at least two hours every day and a physician or designee on call 24 hours a day.
- (1) Monitoring must include:
    - (A) changes in mental status;
    - (B) vital signs; and
    - (C) response of the client's symptoms to the prescribed detoxification medications.
  - (2) It is recommended that providers use instruments such as the Clinical Institute Withdrawal Assessment-Alcohol, revised (CIWA-Ar) for alcohol and sedative hypnotic withdrawal, and the "clinician's assessment" in the Behavioral Health Integrated Provider System (BHIPS).
  - (3) More intensive monitoring is required for clients with a history of severe withdrawal symptoms (e.g., a history of hallucinosis, delirium tremors, seizures, uncontrolled vomiting/dehydration, psychosis, inability to tolerate withdrawal symptoms, and self-harming attempts) or the presence of current severe withdrawal symptoms and/or co-occurring medical and psychiatric disorders.

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- (4) At a minimum, monitoring must be done every four hours in residential detoxification programs for the first 72 hours and as ordered by the medical director or designee thereafter, dependent on the client's signs and symptoms.
  - (5) Medication must be available to manage withdrawal/intoxication from all classes of abusable drugs.
  - (6) While medication regimens, protocols, or standing orders may be used, detoxification must be tailored to each client's need based on vital signs and symptom severity (objective and subjective), which must be noted in the client's record.
  - (7) Ambulatory detoxification must have clear documentation by the physician or designee that the client's symptoms are or are expected to be of a severity that necessitates monitoring once a day at a minimum.
- (h) In addition to the management of withdrawal and intoxicated states, detoxification programs must provide services, including counseling, which are designed to:
- (1) assess the client's readiness for change;
  - (2) offer general and individualized information on substance abuse and dependency;
  - (3) enhance client motivation;
  - (4) engage the client in treatment; and
  - (5) include a detoxification plan that contains the goals of successful and safe detoxification and details the process for transferring to another treatment intensity. At least one daily individual session by a registered nurse, QCC, or counselor intern with the client must be conducted.
- (i) Ambulatory detoxification may not be a stand-alone service; services must be provided in conjunction with outpatient treatment services. When treatment services are not available in conjunction with ambulatory detoxification services, the ambulatory detoxification program must arrange for them.
- (j) Bunk beds may not be used in residential detoxification programs.
- (k) In residential substance abuse programs, direct care staff must be on duty where the clients are located 24 hours a day.
- (1) During day and evening hours, at least two staff must be on duty for the first 12 clients, with one more staff on duty for each additional one to 16 clients.
  - (2) At night, at least one staff member with detoxification training must be on duty for the first 12 clients with one more staff on duty for each additional one to 16 clients.
- (l) Clients who are not in withdrawal but meet the DSM criteria for substance dependence may be admitted to detoxification services for 72 hours for crisis stabilization.
- (m) Crisis stabilization is appropriate for clients who have diagnosed conditions that result in current emotional or cognitive impairment such that they would not be able to participate in a structured and rigorous schedule of formal chemical dependency treatment.
- (1) The specific client signs and symptoms that meet the DSM or other medical criteria for the disorder must be documented in the client record.
  - (2) Documentation must also include what symptoms are precluding the client from participating in treatment and the manner in which they are to be resolved.

### **§353.903 Requirements Applicable to Residential Services**

Effective Date: 2/28/18

- (a) Residential treatment provides 24-hour per day, 7 days per week multidisciplinary, professional clinical support to facilitate recovery from addiction. Clients are housed in a residential site. Comprehensive chemical dependency treatment services offer a structured therapeutic environment.
- (b) The facility must ensure access to the full continuum of treatment services and sufficient treatment intensity to achieve treatment plan goals. Intensity and content of treatment must be appropriate to the client's needs and consistent with generally accepted placement guidelines and standards of care.

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- (c) Each individual admitted to intensive residential services must be appropriately suited to this type of treatment setting, and there must be written justification to support the admission.
- (d) Intensive residential substance abuse programs must provide an average of at least 30 hours of services per week for each client, comprised of at least:
  - (1) 10 hours of chemical dependency counseling (one hour of which must be individual counseling);
  - (2) 10 hours of additional counseling, chemical dependency education, life skills training, and relapse prevention education; and
  - (3) 10 hours of planned, structured activities monitored by staff (five hours of which must occur on weekends and evenings).
- (e) In intensive residential substance abuse programs, counselor caseloads may not exceed 10 clients for each counselor.
- (f) Supportive residential substance abuse programs must provide at least six hours of treatment services per week for each client, comprising at least:
  - (1) three hours of chemical dependency counseling (one hour per month of which must be individual counseling); and
  - (2) three hours of additional counseling, chemical dependency education, life skills training, and relapse prevention education.
- (g) Each supportive residential substance abuse program must set limits on caseload size that ensure effective, individualized treatment. The program must justify the caseload size in writing based on the program design, characteristics and needs of the population served, and any other relevant factors.

### **§353.904 Requirements for Outpatient Treatment Programs**

Effective Date: 2/28/18

- (a) Outpatient programs are designed for clients who do not require the more structured environment of residential treatment to maintain sobriety.
- (b) Outpatient programs must ensure access to a full continuum of care and ensure sufficiency of treatment intensity to achieve treatment plan goals. Intensity and content of treatment must be appropriate to the client's needs and consistent with generally accepted placement guidelines and standards of care.
- (c) Each individual admitted to an outpatient program must be appropriately suited to this type of treatment setting, and there must be written justification to support the admission.
- (d) Treatment must include individualized treatment planning based on a comprehensive assessment, educational and process groups, and individual counseling.
- (e) Each client's progress must be assessed regularly by clinical staff to help determine the length and intensity of the program for that client.

### **§353.905 Requirements for Programs for Juveniles**

Effective Date: 2/28/18

- (a) Facilities providing residential services for juveniles must:
  - (1) provide access to education approved by the Texas Education Agency within three school days of admission when treatment is expected to last more than 14 days;
  - (2) in addition to the service requirements set forth in [§353.903\(d\)\(3\) of this title](#), provide five hours of planned, structured activities during evenings and weekends. Recreational and leisure activities must be included in the structured time. The total number of hours of planned, structured activities must be at least 15. Attendance in school may be counted toward this requirement;
  - (3) ensure the direct care staff-to-client ratio is at least 1:8 during waking hours (including program-sponsored activities away from the facility) and 1:16 during sleeping hours;

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- (4) facilitate regular communication between an adolescent client and the client's family and may not arbitrarily restrict any communications without clear individualized clinical justification documented in the client record; and
- (5) have written procedures addressing notification of parents or guardians in the event an adolescent leaves a residential substance abuse program without authorization.
- (b) Facilities or programs providing outpatient services must provide access to education approved by the Texas Education Agency within three school days of admission when treatment is expected to last more than 14 days, if required by law.
- (c) Facilities or programs providing day treatment must provide at least 15 hours of services per week, comprised of at least:
  - (1) one hour of individual counseling; and
  - (2) 14 hours of additional counseling, chemical dependency education, life skills training, and relapse prevention education. Attendance in school may not be counted toward this requirement.
- (d) All facilities and programs must:
  - (1) ensure the program's treatment services, lectures, and written materials are age-appropriate and easily understood by clients;
  - (2) involve the client's family or an alternate support system in the treatment process or document why this is not possible; and
  - (3) develop and implement a mechanism to ensure that all direct care staff in adolescent programs have the knowledge, skills, and abilities to provide services to adolescents, as they relate to the individual's job duties. Providers must be able to demonstrate through documented training, credentials, and experience that all direct care staff are proficient in areas pertaining to adolescent services, including, but not limited to, areas regarding:
    - (A) chemical dependency problems specific to adolescent treatment;
    - (B) appropriate treatment strategies, including family engagement strategies; and
    - (C) emotional, developmental, and mental health issues for adolescents.
- (e) Adolescent programs may serve children 13 to 17 years of age. However, young adults aged 18 to 21 may be admitted to an adolescent program when the screening process indicates the individual's needs, experiences, and behavior are similar to those of adolescent clients.
- (f) Every exception to the general age requirements must be clinically justified and documented and approved in writing by a QCC.

### **§353.906 Access to Services for Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Clients**

Effective Date: 2/28/18

- (a) In determining an individual's initial and ongoing eligibility for any service, an entity may not exclude an individual based on the following factors:
  - (1) the individual's past or present mental illness;
  - (2) medications prescribed to the individual in the past or present;
  - (3) the presumption of the individual's inability to benefit from treatment; or
  - (4) the individual's level of success in prior treatment episodes.
- (b) Providers must ensure that a client's refusal of a particular service does not preclude the client from accessing other needed mental health or substance abuse services.
- (c) Providers must establish and implement procedures to ensure the continuity between screening, assessment, treatment, and referral services provided to clients.

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### §353.907 Additional Requirements for COPSD Programs

Effective Date: 2/28/18

- (a) The services provided to a client with COPSD must:
  - (1) address both psychiatric and substance use disorders;
  - (2) be provided within established practice guidelines for this population; and
  - (3) help individuals to access the available services they need and choose, including self-help groups.
- (b) The services provided to a client with COPSD must be provided by staff who are competent in the areas identified in §353.908 of this title.

### §353.908 Specialty Competencies for COPSD Programs

Effective Date: 2/28/18

- (a) Providers must ensure that services to clients are age-appropriate and are provided by staff within their scope of practice who have the following minimum knowledge, technical, and interpersonal competencies prior to providing services.
  - (1) Knowledge competencies:
    - (A) knowledge of the fact that psychiatric and substance use disorders are potentially recurrent relapsing disorders and that, although abstinence is the goal, relapses can be opportunities for learning and growth;
    - (B) knowledge of the impact of substance use disorders on developmental, social, and physical growth and development of children and adolescents;
    - (C) knowledge of interpersonal and family dynamics and their impact on individuals;
    - (D) knowledge of the current Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnostic criteria for psychiatric disorders and substance use disorders and the relationship between psychiatric disorders and substance use disorders;
    - (E) knowledge regarding the increased risks of self-harm, suicide, and violence in individuals;
    - (F) knowledge of the elements of an integrated treatment plan and community support plan for individuals;
    - (G) basic knowledge of pharmacology as it relates to individuals with a mental disorder;
    - (H) basic understanding of the neurophysiology of addiction;
    - (I) knowledge of the phases of recovery for individuals;
    - (J) knowledge of the relationship between substance abuse disorders and psychiatric disorders; and
    - (K) knowledge of self-help in recovery.
  - (2) Technical competencies:
    - (A) ability to perform age-appropriate assessments of clients; and
    - (B) ability to formulate an individualized treatment plan and community support plan for clients.
  - (3) Interpersonal competencies:
    - (A) ability to tailor interventions to the process of recovery for clients;
    - (B) ability to tailor interventions with readiness to change; and
    - (C) ability to engage and support clients who choose to participate in 12-step recovery programs.

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- (b) Providers must ensure that staff who provide services to clients with COPSD have demonstrated the competencies described in subsection (a) of this section. These competencies may be evidenced by compliance with current licensure requirements of the governing or supervisory boards for the respective disciplines involved in serving clients with COPSD or by documentation regarding the attainment of the competencies described in subsection (a) of this section.

### **§353.909 Treatment Planning of Services to Clients with COPSD**

Effective Date: 2/28/18

- (a) The treatment plan must identify services to be provided and must include measurable outcomes that address COPSD.
- (b) The treatment plan must identify the family members' need for education and support services related to the client's mental illness and substance abuse and a method to facilitate the family members' receipt of the needed education and support services.
- (c) The client and, if requested, the client's family member, must be given a copy of the treatment plan as permitted by law.