

Texas Administrative Code

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

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Subchapter A Definitions and General Provisions

§353.101 Definitions

Effective Date: 10/1/21

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

- (1) **Client**--An individual who receives or has received substance use disorder services from a provider in a substance use disorder treatment program.
- (2) **Clinical Training Institution**--An individual or legal entity registered with the Texas Department of State Health Services to supervise a licensed chemical dependency counselor intern.
- (3) **Consenter**--The individual legally responsible for giving informed consent for a client.
- (4) **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, to the influence of significant others, and to the client's cultural and social context.
- (5) **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 unless the context clearly indicates otherwise.
- (6) **Discharge**--Formal, documented termination of services.

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- (7) **Juvenile Justice Facility (or 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 Texas Department of Family and Protective Services or the Texas Department of State Health Services.
- (8) **Juvenile Justice Program (or 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.
- (9) **Licensed Chemical Dependency Counselor**--A counselor licensed by the Texas Department of State Health Services pursuant to [Chapter 504, Occupations Code](#).
- (10) **Licensed Chemical Dependency Counselor Intern**--A person registered with the Texas Department of State Health Services who is pursuing a course of training in chemical dependency counseling at a registered clinical training institution.
- (11) **Life Skills Training**--A structured program of training, based upon a written curriculum and provided by qualified personnel, designed to help clients with social competencies such as communication and social interaction, stress management, problem-solving, decision-making, and management of daily responsibilities.
- (12) **Personnel**--The members of the governing body of a juvenile justice facility or juvenile justice program and, without limitation, the employees, contractors, consultants, agents, representatives, volunteers, interns, or other individuals working for or on behalf of the facility or program through a formal or informal agreement.
- (13) **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.
- (14) **Provider**--A person who provides or offers to provide substance use disorder treatment in a substance use disorder treatment program. The term is limited to a qualified credentialed counselor or any other person authorized by the State of Texas to provide substance use disorder treatment under the supervision of a QCC.
- (15) **Qualified Credentialed Counselor (QCC)**--Means:
- (A) a licensed chemical dependency counselor who is licensed and in good standing in the State of Texas;
 - (B) one of the practitioners listed below who is licensed and in good standing in the State of Texas and, in performing any activity as a QCC, is acting within the authorized scope of the individual's license:
 - (i) licensed professional counselor (LPC);
 - (ii) licensed clinical social worker (LCSW);
 - (iii) licensed marriage and family therapist (LMFT);
 - (iv) licensed psychologist;

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- (v) licensed physician;
 - (vi) licensed physician assistant;
 - (vii) certified addictions registered nurse (CARN);
 - (viii) advanced practice registered nurse licensed by the Texas Board of Nursing as a psychiatric/mental health clinical nurse specialist or psychiatric/mental health nurse practitioner; or
- (C) an individual with a license that the administrative rules of the Texas Department of State Health Services identify as sufficient to qualify the individual as a QCC.
- (16) **Recovery Maintenance**--A level of treatment designed to maintain and support a client's continued recovery.
- (17) **Substance Use Disorder**--Defined by the most recent published edition of the Diagnostic and Statistical Manual of Mental Disorders (see DSM).
- (18) **Substance Use Disorder Services (or Services)**--A comprehensive term intended to describe activities undertaken to address any substance use disorder, including prevention activities. The term includes the provision of screening, assessment, referral, and treatment.
- (19) **Substance Use Disorder Treatment (or Treatment)**--A planned, structured, and organized clinical intervention designed primarily to help the client achieve appropriate levels of physical, psychological, or social functioning by identifying and changing patterns of behavior that are maladaptive, destructive, or injurious to health and that are related to or resulting from substance use disorders.
- (20) **Substance Use Disorder Treatment Program (or Treatment Program)**--A program that has a primary focus on providing substance use disorder treatment and that is offered by a juvenile justice facility or juvenile justice program. This term means *substance abuse facility or program* as used in [Section 221.002, Human Resources Code](#).
- (21) **Supplemental Support**--Substance use disorder services that do not meet the definition of substance use disorder treatment, such as drug education, prevention, or other support services that are designed to support substance use prevention or treatment goals.

§353.102 Purpose

Effective Date: 10/1/21

The purpose of these rules is to ensure that juveniles receiving substance use disorder treatment offered by juvenile justice facilities or programs are afforded an efficient, effective, and appropriate continuum of services that are designed to address the juvenile's substance use disorder treatment needs. These rules further serve to protect the health, safety, and welfare of those juveniles receiving substance use disorder treatment.

§353.103 Interpretation and Applicability

Effective Date: 10/1/21

- (a) When the terms *include*, *includes*, and *including* are used in this chapter, the items that follow constitute a non-exhaustive list unless the context clearly indicates otherwise.
- (b) This chapter applies to a juvenile justice facility or juvenile justice program that provides substance use disorder treatment. This chapter does not apply to a juvenile justice facility or juvenile justice program that provides only supplemental support or substance use disorder services that do not include substance use disorder treatment.
- (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 TJJJ Notification

Effective Date: 10/1/21

- (a) A juvenile board or its designee must notify TJJJ in writing prior to a juvenile justice facility or program in its jurisdiction offering a substance use disorder treatment program. This provision does not apply to treatment programs in operation before September 1, 2017.
- (b) The juvenile board or its designee must notify TJJJ in writing if the juvenile justice facility or program ceases the operation of a substance use disorder treatment program.
- (c) If the juvenile board authorizes a designee to provide either of these notifications, the authorization shall be in writing.

§353.105 Waiver or Variance to Standards

Effective Date: 10/1/21

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](#).

Subchapter B Providers

§353.201 Standard of Care

Effective Date: 10/1/21

- (a) Providers shall:
 - (1) provide adequate and appropriate services consistent with best practices and industry standards;
 - (2) maintain objectivity;
 - (3) respect each client's dignity, protect each client's rights, and act with integrity in providing services;
 - (4) ensure the treatment services, lectures, and written materials are age-appropriate and easily understood by clients; and
 - (5) involve the client's parent/guardian or an alternate support system in the treatment process or document why this is not possible or appropriate.
- (b) Providers shall not engage in any action that may cause physical, emotional, or other harm to a client.

§353.202 Scope of Practice

Effective Date: 10/1/21

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

§353.203 Verification and Documentation

Effective Date: 10/1/21

- (a) Before allowing a provider to provide services in a treatment program, the juvenile justice facility or program shall verify with the credentialing authority that the provider has the required credentials and is in good standing. The juvenile justice facility or program shall maintain documentation of its compliance.
- (b) The treatment program shall maintain a list of each of its personnel who qualify as a QCC and maintain documentation that supports such qualification.

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- (c) The facility or program must comply with its obligations under [Section 81.003, Texas Civil Practices and Remedies Code](#), and maintain documentation of its compliance.

§353.204 Ethics

Effective Date: 10/1/21

- (a) 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 a professional license and to safeguard the client or participant.
- (b) Juvenile justice facilities and programs must adopt and implement written policies and procedures to ensure that all suspected unethical conduct by a provider is reported to the appropriate regulatory body in accordance with the rules of the regulatory body.

§353.205 Licensed Chemical Dependency Counselor Interns

Effective Date: 10/1/21

A facility or program with personnel that includes licensed chemical dependency counselor interns must be registered with the Texas Department of State Health Services as a clinical training institution and comply with all applicable requirements.

Subchapter C Treatment Program Requirements

§353.301 Notice of Client Rights

Effective Date: 10/1/21

- (a) Before services in a treatment program begin, the facility or program shall provide each client with a notice of rights, which shall read as follows:
- (1) You have the right to be told the following information before you start receiving services in the treatment program:
 - (A) the condition that will be treated;
 - (B) the proposed treatment;
 - (C) the risks, benefits, and side effects of all proposed treatment;
 - (D) how your physical and mental health may be affected if you refuse treatment;
 - (E) other treatments that are available and which ones, if any, might be appropriate for you; and
 - (F) the amount of time you will probably spend in the treatment program.
 - (2) You have the right to accept or refuse treatment after a personnel member explains what the treatment will include. However, be aware that refusal to participate in court-ordered treatment may be considered by the court in determining your compliance with probation conditions.
 - (3) If you agree to treatment, you have the right to change your mind at any time. However, be aware that refusal to participate in court-ordered treatment may be considered by the court in determining your compliance with probation conditions.
 - (4) You have the right to know that additional action could be taken by the court if you do not complete a treatment program successfully.
 - (5) You have the right to be told about the treatment program's rules before you start the program, including the rules about restraints and seclusion. Your parent or guardian also has the right to be notified of the rules about restraints and seclusion.
 - (6) You have the right to a treatment plan designed to meet your needs, and you have the right to participate in developing that plan.

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- (7) You have the right to meet with the provider on a regular basis to review and update your treatment plan.
 - (8) You have the right to have information about you kept private and to be told about the times when the information can be given to others without your permission.
 - (9) You have the right to have your rights and treatment plan explained to you in words you can understand.
- (b) The facility or program shall provide each client with the rights in the notice of client rights.

§353.302 Client Records

Effective Date: 10/1/21

- (a) The treatment program shall establish and maintain a separate treatment record for every client, beginning at the time of admission into the treatment program.
- (b) The treatment program shall protect all client records and other client-identifying information from destruction, loss, or tampering and from unauthorized access, use, or disclosure. These safeguards must protect against verbal disclosure and prevent unsecured maintenance of records or recording of an activity or presentation without appropriate releases. Information that identifies those seeking services shall be protected to the same degree as information that identifies clients.
- (c) Only personnel whose duties require access to client records may have such access. The treatment program shall keep records locked at all times unless authorized personnel are continuously present in the immediate area.
- (d) The treatment program shall 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 treatment program shall also protect the confidentiality of HIV information as required in [Section 81.103, Texas Health and Safety Code](#) (relating to confidentiality; criminal penalty).
- (e) The treatment program shall adopt written policies for personnel regarding the confidentiality of substance use disorder treatment records under the law. The policies shall specify the circumstances in which information regarding a client's substance use disorder treatment may be shared by law.
- (f) The treatment 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.

§353.303 General Documentation Requirements

Effective Date: 10/1/21

- (a) The treatment program shall keep complete, current documentation.
- (b) All documents shall be factual and accurate.
- (c) All documents and entries shall be dated and either signed or electronically authenticated by the person responsible for the content.

§353.304 Location and Environment

Effective Date: 10/1/21

- (a) Services shall 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.

§353.305 Policies and Procedures

Effective Date: 10/1/21

- (a) The juvenile justice facility or program shall adopt and implement written policies and procedures for the treatment program. The policies and procedures must contain, at a minimum, the following:

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- (1) a statement of the treatment program's purposes, goals, and objectives;
 - (2) a description of the services offered and how they are provided; and
 - (3) a description of the population to be served.
- (b) The policies and procedures shall:
- (1) contain sufficient detail to ensure personnel comply with all applicable TJJJD rules in this chapter;
 - (2) be current, as evidenced by documentation establishing that the most recent adoption, amendment, or review occurred no later than the last calendar day of the 12th month following the previous adoption, amendment, or review;
 - (3) be specific to the treatment program; and
 - (4) be easily accessible to treatment program personnel at all times.

§353.306 Assessment

Effective Date: 10/1/21

- (a) The juvenile must meet the current DSM criteria for a substance use disorder in order to be eligible for admission to a treatment program. An assessment process appropriate for the target population, juvenile's age, developmental level, culture, and gender shall be used to determine if the juvenile is eligible for the treatment program.
- (b) A provider shall conduct and document a comprehensive psychosocial assessment with each client admitted to the treatment program. Documentation shall reflect that the assessment process included consideration of each of the following areas:
 - (1) presenting problems resulting in admission;
 - (2) alcohol and other drug use;
 - (3) psychiatric and substance use treatment;
 - (4) medical history and current health status, to include an assessment of risk behaviors for tuberculosis, HIV, and other sexually transmitted infections, as permitted by law;
 - (5) relationships with family;
 - (6) significant life events, including any trauma;
 - (7) social and leisure activities;
 - (8) education and vocational training;
 - (9) employment history;
 - (10) legal problems;
 - (11) mental/emotional functioning; and
 - (12) strengths and weaknesses.
- (c) A comprehensive diagnostic impression, including the client's problems, needs, and strengths, shall be prepared based on the results of the assessment.
- (d) If the assessment identifies a previously unidentified mental health issue, the treatment program shall seek appropriate mental health services.
- (e) The assessment shall be signed by a QCC and filed in the client record within seven calendar days of admission.
- (f) The treatment program may accept an assessment from an outside source if:
 - (1) the assessment meets the criteria set forth herein;
 - (2) the assessment was completed during the 30 days preceding admission or is received directly from a treatment program that is transferring the client; and
 - (3) a provider reviews the information with the client and documents an update.

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§353.307 Admission Authorization and Consent to Treatment

Effective Date: 10/1/21

- (a) Only a QCC may authorize an admission. The QCC shall authorize each admission in writing and specify the level of care to be provided. The authorization shall be documented in the client record and shall contain sufficient documentation to support the diagnosis and the placement decision.
- (b) The treatment program must obtain written authorization from the consenter before providing any treatment. The consent form must be dated and signed by the client, the consenter, and the personnel member 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 personnel member(s) who will provide the treatment;
 - (8) the name of the primary provider;
 - (9) the client grievance procedure;
 - (10) the notice of client rights;
 - (11) the treatment program rules;
 - (12) violations that may lead to disciplinary action or discharge;
 - (13) any consequences or searches used to enforce treatment program rules;
 - (14) the services and treatment process; and
 - (15) opportunities for the parent/guardian or an alternate support system to be involved in treatment.
- (c) This information shall be explained to the client and consenter in simple, non-technical terms no later than 24 hours after the client's admission to the treatment program. Documentation of the explanation must be dated and signed by the client, the consenter, and the personnel member providing the explanation.
- (d) 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 of the client's admission to the treatment program, a personnel member must document the circumstances in the client record and present the explanation as soon as possible.
- (e) The client record must include a copy of the notice of client rights dated and signed by the client and consenter.
- (f) If possible, all information shall be provided in the consenter's primary language.
- (g) When an applicant is determined to be eligible for services but denied admission, the treatment program shall maintain documentation signed by the examining QCC that includes the reason for the denial.

§353.308 Treatment Planning, Implementation, and Review

Effective Date: 10/1/21

- (a) The provider shall work with the client 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. The client's parent(s) or guardian(s) shall also be involved unless such involvement is not possible or appropriate. In such instances, the client record shall include documentation explaining why the involvement of the parent(s) or guardian(s) was not possible or appropriate.

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- (1) When the client needs services not offered by the treatment program, appropriate referrals shall be made and documented in the client's record.
- (2) The client record shall contain justification when identified needs are temporarily deferred or not addressed during treatment.
- (b) The treatment plan shall include goals, objectives, and strategies.
 - (1) Goals shall be based on the client's problems/needs, strengths, and preferences.
 - (2) Objectives shall be individualized, realistic, measurable, time-specific, appropriate to the level of treatment, and clearly stated in behavioral terms.
 - (3) Strategies shall describe the type and frequency of the specific services and interventions needed to help the client achieve the identified goals and shall be appropriate to the intensity level of the treatment program in which the client is receiving treatment.
- (c) The treatment plan shall identify discharge criteria and include initial plans for discharge.
- (d) The treatment plan shall include a projected length of stay in the treatment program.
- (e) The treatment plan shall identify the client's primary provider and must be dated and signed by the client and the provider. When the treatment plan is prepared by a provider who is not a QCC, a QCC must review and sign the treatment plan.
- (f) The treatment plan shall be completed and filed in the client record no later than seven calendar days after admission.
- (g) The primary provider shall meet with the client to review and update the treatment plan at appropriate intervals, as defined in writing by the treatment program. In non-residential treatment programs, treatment plans must be reviewed no less frequently than midway through the projected duration of treatment. In residential treatment programs, treatment plans must be reviewed no less frequently than monthly.
- (h) The treatment plan review shall include:
 - (1) an evaluation of the client's progress toward each goal and objective;
 - (2) revision of the goals and objectives, as necessary; and
 - (3) justification of continued length of stay in the treatment program.
- (i) Treatment plan reviews must be dated and signed by the client, the provider, and, if applicable, the supervising QCC.
- (j) 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 provider, if there is a different provider.
- (k) Treatment program personnel shall document all substance use disorder services in the client record within 72 hours, including the date, nature, and duration of the contact and the signature or electronic authentication of the provider.
 - (1) Education, life skills training, and group counseling notes must also include the topics/issues addressed.
 - (2) Individual counseling notes must include the goals addressed, clinical observations, and new issues or needs identified during the session.

§353.309 Requirements Applicable to All Treatment Programs

Effective Date: 10/1/21

- (a) Each client's treatment shall be based on a treatment plan developed in accordance with [§353.308 of this chapter](#).

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- (b) Group counseling sessions must be limited to a maximum of 16 clients. This limit does not apply to multifamily educational groups, seminars, outside speakers, or other events designed for a large audience.
- (c) Group education and life skills training sessions must be limited to a maximum of 35 clients. This limit does not apply to multifamily educational groups, seminars, outside speakers, or other events designed for a large audience.
- (d) Substance use disorder education and life skills training must follow a written curriculum. All educational sessions must include the opportunity for client participation and discussion of the material presented.
- (e) The treatment program must provide education about the health risks related to the use of drugs, alcohol, and tobacco products.
- (f) The treatment program must include education about tuberculosis, HIV, hepatitis B and C, and sexually transmitted infections.
- (g) The treatment program must provide information on accessing screening for tuberculosis and testing for HIV antibody, hepatitis C, and sexually transmitted infections.
 - (1) HIV antibody testing must be carried out by an entity approved by the Texas Department of State Health Services.
 - (2) If a client tests positive, the treatment program must refer the client to an appropriate health care provider.
- (h) 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 substance use disorder treatment.
- (i) Substance use disorder counseling may be provided only by individuals who meet the definition of a provider in this chapter.
- (j) Supplemental support may be provided only by individuals who have the appropriate specialized education and expertise to provide that particular supplemental support.
- (k) Counselor interns must be under the direct supervision of a QCC as required by Texas Administrative Code provisions related to QCC's and counselor interns.

§353.310 Additional Requirements for Residential Treatment Programs Effective Date: 10/1/21

- (a) Clients assigned to an intensive service level in a residential treatment program must be provided at least 20 hours of substance use disorder services per week, including at least:
 - (1) ten hours of substance use disorder treatment (one hour of which must be individual counseling);
 - (2) five hours of additional substance use disorder treatment, counseling, substance use education, life skills training, coping skills training, and/or relapse prevention education; and
 - (3) five additional hours of services described in subsection (1) or (2) of this section.
- (b) Clients assigned to a specialized service level in a residential treatment program must be provided at least six hours of substance use disorder services per week for each client, including at least:
 - (1) three hours of substance use disorder treatment (one hour of which must be individual counseling); and
 - (2) three hours of additional substance use disorder treatment, counseling, substance use education, life skills training, coping skills training, and/or relapse prevention education.
- (c) Each residential treatment program must set limits on caseload size that ensure effective, individualized treatment. The treatment program must justify the caseload size in writing based on the treatment program design, characteristics and needs of the population served, and any other relevant factors.

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- (d) A treatment program may provide fewer than the number of weekly service hours required in subsections (a) and (b) of this section for good cause, such as the unavailability of the provider or client. All such justifications must be documented in the client record.

§353.311 Additional Requirements for Day Treatment Programs

Effective Date: 10/1/21

- (a) Day treatment programs are designed for clients who require substance use disorder services on a daily basis but who do not require the more structured environment of residential treatment to maintain sobriety.
- (b) Day treatment programs shall:
- (1) have written procedures addressing notification of parents or guardians in the event the client leaves the site of the day treatment program without authorization;
 - (2) have written procedures addressing the process for daily admission and release of clients;
 - (3) provide each client, within three school days of admission, access to education approved by the Texas Education Agency;
 - (4) provide each client at least 15 hours of substance use disorder services per week, including at least:
 - (A) one hour of individual counseling; and
 - (B) 14 hours of additional substance use disorder treatment, counseling, substance use disorder education, life skills training, coping skills training, and/or relapse prevention education. Attendance in school may not be counted toward this requirement.

§353.312 Additional Requirements for Outpatient Treatment Programs

Effective Date: 10/1/21

- (a) Outpatient treatment programs are designed for clients who do not require the more structured environment of day treatment or residential treatment to maintain sobriety.
- (b) Outpatient treatment programs shall provide each client with one or more of the following, in accordance with the client's needs:
- (1) substance use disorder treatment;
 - (2) educational and process groups;
 - (3) individual counseling; and
 - (4) other substance use disorder services.

§353.313 Transfer to Another Treatment Program

Effective Date: 10/1/21

- (a) When a client is transferred to another treatment program for continuing care, the sending treatment program must contact the receiving treatment program to provide information for continuity of care.
- (b) With proper client consent, the sending treatment program shall provide the receiving treatment program with copies of relevant parts of the client's record.

§353.314 Discharge

Effective Date: 10/1/21

- (a) Before the client's discharge from the treatment program, the provider and client shall develop and implement an individualized discharge plan. The plan must address the client's ongoing needs, including, at a minimum:

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- (1) individual goals or activities to sustain recovery;
 - (2) continuity of services to the client, including, if applicable, referrals to other providers or services; and
 - (3) recovery maintenance services, if applicable.
- (b) The treatment program shall include the client's parent/guardian or an alternate support system in the discharge planning process when possible and appropriate. The treatment program shall document the inclusion of the parent/guardian or alternate support system or the reason that it was not possible or appropriate to do so.
- (c) The completed discharge plan shall be dated and signed by the provider, the client, and, if applicable, the consenter.
- (d) The treatment program shall give a copy of the plan to the client and, if applicable, the consenter and file the signed plan in the client record.
- (e) The treatment program shall complete a discharge summary for each client no later than 30 days after 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 for recovery maintenance, if applicable.