Appendix II

SUBSTANCE ABUSE TREATMENT STANDARDS

TEXAS ADMINISTRATIVE CODE. Title 37. PUBLIC SAFETY AND CORRECTIONS

Part VI. TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Chapter 163. COMMUNITY JUSTICE ASSISTANCE DIVISION STANDARDS

§163.40 SUBSTANCE ABUSE TREATMENT STANDARDS….

§163.40 Substance Abuse Treatment

(a) Definitions. These words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise.

(1) "Admission" is the administrative process and procedure performed to accept an offender into a treatment program or facility.

(2) "Aftercare" is the counseling and community based support services that are designed to provide continued support for treatment delivered in a residential or outpatient program.

(3) "Aftercare Caseloads" is the supervision of and support services for offenders who have completed a substance abuse treatment program.

(4) "Assessment" is a process conducted by a qualified credentialed counselor or counselor intern trained to administer a structured interview to determine the nature and extent of an offender's chemical abuse, dependency, or addiction, and to assist in making an appropriate referral. Other criminogenic risks and needs will be assessed and incorporated into the individual treatment plan.

(5) "Best Practices" are evidence based substance abuse treatment programs that address concepts such as criminogenic risks and needs, responsivity, and cognitive behavioral treatment, and programs that possess the following hallmarks:

(A) Validated treatment assessments that include criminogenic risks and need factors;

(B) A treatment regimen that focuses on changing criminogenic risks and needs, behaviors, and thinking patterns;

(C) A treatment regimen that includes a specific, cognitive behavioral program that has been recognized in professional criminal justice journals;

(D) Responsivity in addressing offenders' needs and employment of qualified staff; and

(E) Measurable outcomes to reduce substance abuse, dependency, or addiction as well as other criminogenic risks and needs.

(6) "Chemical Dependency" is a substance related disorder as defined in the most recent published edition of the *Diagnostic and Statistical Manual of Mental Disorders.*

(7) "Continuum of Care" is a system that provides for the uninterrupted provision of essential services from initial assessment through completion of treatment.

(8) "Counseling" is face-to-face interaction between offenders and counselors to help offenders identify, understand, and resolve personal issues and problems related to their substance abuse or chemical dependency. Counseling may take place in groups or in individual meetings.

(9) "Counselor" is a graduate or counselor intern working towards licensure that would certify the individual to be a qualified credentialed counselor.

(10) "Counselor Intern" (CI) is a person seeking a license as a chemical dependency counselor who is registered with the Texas Department of State Health Services (DSHS) and pursuing a course of training in chemical dependency counseling at a registered clinical training institute or under the supervision of a certified supervisor.

(11) "Criminogenic Risk and Needs" are dynamic risk factors that are directly related to crime production, such as antisocial peers; antisocial beliefs, values, and attitudes; substance abuse, dependency, or addiction; anger or hostility; poor self-management skills; inadequate social skills; poor attitude toward work or school; and poor family dynamics.

(12) "Detoxification" is chemical dependency treatment designed to systematically reduce the amount of alcohol and other toxic chemicals in an offender's body, manage withdrawal symptoms, and encourage the offender to continue ongoing treatment for chemical dependency.

(13) "Direct Care Staff" is staff responsible for providing treatment, care, supervision, or other direct client services that involve face-to-face contact with an offender.

(14) "Discharge" is formal documented termination of services.

(15) "Discharge Summary" is a written report of the offender's progress and participation while in treatment, including a discharge plan that provides an aftercare or supervision plan designed to sustain progress for offenders successfully completing treatment.

(16) "Education" is instruction; a planned, structured presentation of information that is related to substance abuse or chemical dependency. Education is not considered counseling.

(17) "Emergency" is a situation requiring immediate attention and action to treat or prevent physical or emotional harm or illness.

(18) "Evaluation" is a process conducted by a community supervision officer (CSO) trained to administer the Texas Department of Criminal Justice Community Justice Assistance Division (TDCJ CJAD) Substance Abuse Evaluation instrument to determine the nature and extent of an offender's chemical abuse, dependency, or addiction to assist in making an appropriate referral. Other criminogenic risks and needs will be assessed and incorporated into the individual treatment plan.

(19) "Facility" is the physical location of the treatment program operated by, for, or with funding from the TDCJ CJAD. Some locations may be secured facilities for inpatient treatment; other programs may be offered at locations as outpatient treatment.

(20) "Graduate" is an individual who has
successfully completed, or been exempted from, supervised work experience and who is still registered with the DSHS as a CI, as defined by the DSHS.

(21) "Grievance" is a formal complaint limited to matters affecting the complaining offender personally and limited to matters that the facility or program has the authority to remedy.

(22) "Intake" is the process of gathering information to determine if an offender is eligible and appropriate for services as well as providing information to the offender about a program's services and rules.

(23) "Intensive Outpatient Treatment" is an outpatient treatment program that delivers no less than six hours per week of chemical dependency counseling.

(24) "Life Skills Training" is a structured program of training, based upon a written curriculum and provided by qualified staff designed to help offenders with social competencies, such as communication and social interaction, stress management, problem solving, decision making, and management of daily responsibilities.

(25) "Primary Counselor" is an individual working directly with and responsible for the treatment of the offender.

(26) "Qualified Credentialed Counselor (QCC)" is a licensed chemical dependency counselor or one of the practitioners listed below who is licensed and in good standing in the state of Texas as defined by the DSHS:

(A) Licensed professional counselor;

(B) Licensed master social worker;

(C) Licensed marriage and family therapist;

(D) Licensed psychologist;

(E) Licensed physician (MD or DO);

(F) Licensed physician's assistant;

(G) Certified addictions registered nurse; or

(H) Licensed psychological associate; and

(I) Nurse practitioner recognized by the Board of Nursing as a clinical nurse specialist or nurse practitioner with specialty in psyche-mental health.

(27) "Responsivity" is matching the characteristics of the offender with the program modality, and the knowledge, skills, and abilities of the staff. It includes offender's learning style and readiness for treatment; the quality of the treatment relationship; and the staff's therapeutic approach, cultural competency, use of reinforcement, and modeling.

(28) "Screening" is the initial stage of a process when it is determined whether an offender has a chemical dependency problem that may require further assessment or evaluation.

(29) "Senior Counselor, Unit Manager, or Unit Supervisor" is a supervisory staff member who directs, monitors, and oversees the work performance of subordinate staff members.

(30) "Special Needs Populations" are offenders who have significant problems in the areas of mental health, diminished intellectual capacity, or medical needs.

(31) "Structured Activity" is a planned, interactive, scheduled event that is overseen by staff in which participants actively take part in an activity related to recovery, health, life skills, or interpersonal skills.

(32) "Supportive Outpatient Treatment" is an outpatient treatment program that delivers no less than two hours per week of chemical dependency counseling.

(33) "Treatment" is a planned, structured, and organized program, either residential or nonresidential, designed to initiate and promote an offender's chemical free status or to maintain the offender 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 chemical dependency that are maladaptive, destructive, or injurious to health, or to restore appropriate levels of physical, psychological, or social functioning lost due to chemical dependency.

(34) "Treatment Team" is the team consisting of at least the offender, the offender's counselor, and a CSO or residential CSO when appropriate.

(a) Compliance. Compliance with TDCJ CJAD substance abuse treatment standards is required of all programs that provide substance abuse treatment and are funded directly or indirectly or managed by the TDCJ CJAD. Programs and facilities providing only substance abuse education are not subject to these standards.

(b) Accreditation of Personnel and Staff Development. The employer shall ensure that employees

acquire and maintain any credentials, licensing, certifications, or continuing education required to perform their duties, with copies kept in their personnel files.

(c) Admissions and Removals.

(1) Eligibility. Programs shall have written eligibility criteria specific to the services and mission of the program. Offenders may be admitted into a program only by order of the court and only if they meet the minimum eligibility criteria as outlined in the program policies, licensure, or CJAD approved program design. Offenders found to be ineligible for admission within 10 days of arrival at the program shall not be counted in program admissions.

(2) Specific admission criteria and procedures shall be documented. Offenders are eligible for substance abuse treatment programs if:

(a) There is responsivity between the treatment services provided by the program and the offender's criminogenic risks and needs;

(b) A court orders the offender into the program and the subsequent assessment indicates the need for treatment services; or

(c) The program allows readmissions and the offender meets the admission criteria.

(d) For offenders placed in treatment programs who do not meet admission or eligibility criteria, a mechanism or procedure shall be developed for offender removal. A review and justification explaining the reason the offender does not meet admission criteria shall be required with copies kept in the offender's file. Offenders who do not meet eligibility criteria will be considered ineligible and shall not be counted as discharged.

(e) Intake. There shall be written policies and procedures establishing an intake process to determine eligibility for offenders entering a substance abuse treatment program. The intake process must be completed within 10 working days of an offender's arrival in a program.

(f) Initial Assessment Procedures. Acceptable and recognized assessment tools shall be used in all substance abuse treatment programs within 10 working days from date of admission. Assessment policies and procedures shall require the use of approved clinical measurements and screening tests. If the screening identifies a potential mental health problem, the facility shall obtain a mental health assessment and seek appropriate mental health services when resources for mental health assessments and services are available internally or through referral at no additional cost to the program. Assessment procedures shall include the following:

(1) Identification of strengths, abilities, needs, and substance preferences of the offender;

(2) Summarization and evaluation of each offender to develop individual treatment plans;

(3) Assessments completed by a QCC or a CI. If the assessor is a CI, the documentation must be reviewed and signed by a QCC.

(g) Assessments. The assessment shall include:

(1) A summary of the offender's alcohol or drug abuse history including substances used, date of last use, date of first use, patterns and consequences of use, types of and responses to previous treatment, and periods of sobriety;

(2) Family information, including substance use and abuse by family members and supportive or dysfunctional relationships;

(3) Vocational and employment status, including skills or trades learned, work record, and current vocational plans;

(4) Health information, including medical conditions that present a problem or that might interfere with treatment;

(5) Emotional or behavioral problems, including a history of psychiatric treatment;

(6) Educational achievement level;

(7) Intellectual functioning level;

(8) Responsivity analysis; and

(9) A diagnostic summary signed and dated by a QCC.

(h) Orientation. Each program shall establish written policies and procedures for the orientation process. Orientation shall be provided at the onset of treatment and in accordance with the level of treatment to be provided. The orientation shall relay information concerning program rules, the grievance procedure, and the steps necessary for offenders to complete treatment successfully.

(i) Offender Rights. The offender's basic rights shall be respected and protected, free from abuse, neglect, exploitation, and discrimination. Each provider shall have written policies and procedures to ensure protection of the offender's rights according to federal and state guidelines.

(j) Release of Information. There shall be written policies and procedures for protecting and releasing offender information that conforms to federal and state confidentiality laws. The staff shall follow written policies and procedures for responding to oral and written requests for information that identifies an offender.

(k) Offender Records. There shall be written policies and procedures regarding the content of offender treatment records. Residential programs shall maintain separate individual treatment records for defendants. Case records, whether residential or outpatient, shall include the following information at a minimum:

(1) Court order placing the offender into the program;

(2) Initial intake information form;

(3) Referral documentation;

(4) Case information from referral source, if applicable;

(5) Release of information forms;

(6) Relevant medical information;

(7) Case history and assessment including risk and needs assessment and Strategies for Case Supervision, if required;

(8) Individual treatment plan;

(9) Evaluation and progress reports; and

(10) Discharge summary.

(l) Offender Records Review Policy. There shall be written policies and procedures to govern the access of offenders to their own substance abuse treatment records in accordance with Texas Health and Safety Code and 42 Code of Federal Regulations Part 2. This access does not apply to criminal justice records. Restrictions on access to treatment records shall be specified and explained to offenders upon request. Exceptions may be made if providing the records to the offender has the potential to harm the offender or others.

(m) Treatment Planning and Review. Initial individual treatment plans shall be completed by the counselor collaborating with the offender within 10 working days from the date of admission to a community corrections facility (CCF), county correctional center, or any other substance abuse treatment program or through a similar process approved by the community supervision and corrections department (CSCD). Substance abuse treatment shall be based on substance abuse, chemical dependency or addiction, and other criminogenic risks and needs identified through assessments and revised according to the offender's successful resolution of those substance abuse, chemical dependency, addiction, and other criminogenic risks and needs. Treatment plans shall include criteria for discharge that are based on the achievement of treatment plan goals and shall be reviewed at timely intervals with a minimum of once each month or when major changes occur such as a change in stage. The treatment planning and review process shall ensure that:

(1) The primary counselor meets with the offender as needed to review the treatment plan, evaluating goal progress and revisions;

(2) All revised treatment plans are signed and dated by the counselor and the offender; and

(3) Results of the review are documented and placed in the treatment file, with a copy to the CSO.

(n) Treatment Progress Notes. There shall be written policies and procedures to require all programs to record and maintain progress notes on all offender case records, document counseling sessions, and summarize significant events that occur throughout the treatment process. Progress notes shall be documented at a minimum of once each week.

(o) Changes in Treatment Stages. Each treatment program shall develop written criteria based on achievement of treatment plan goals for an offender to advance or regress from a stage of treatment. An offender must meet the criteria for a change in the stage of treatment before such a change or a discharge is implemented. The treatment team shall confer when the offender is subject to a major setback in the program and prior to discharge.

(p) Discharges from Treatment. Discharge from a program shall be according to one of the following criteria:

(1) Completion of Program. The offender has made sufficient progress towards meeting the objectives of the treatment plan, including addressing criminogenic risks and needs and program requirements, or the offender has satisfied a period of placement as a condition of community supervision;

(2) Inappropriate Placement or Unable to Participate. The offender is removed:

(A) By order of the court;

(B) By operation of law for conduct occurring prior to admission into the program; or

(C) Because the program did not address the risk and needs of the offender.

(3) Violation of Program. The offender has demonstrated noncompliance with the program criteria or court order, including absconding from the program; or

(4) Other. The offender manifests a medical or psychological problem, including death, which prohibits participation or completion of the program requirements.

(q) Discharge Plan. The treatment team shall adopt a discharge plan for each offender prior to successful discharge. The discharge plan shall be sent to the offender's CSO within seven days after discharge and provide a summary of:

(1) Clinical problems at the onset of treatment and original diagnosis;

(2) The problems or needs and strengths or weaknesses identified on the master treatment plan;

(3) The goals and objectives established;

(4) The course of treatment;

(5) The outcomes achieved; and

(6) A continuum of care and relapse plan for aftercare treatment, which must be prepared with the offender and a family member or significant other, if appropriate and available.

(r) Discharge Summary. A discharge summary shall be prepared, within 30 days, for all offenders who leave the program successfully. The summary shall include elements (1) - (5) of the discharge plan.

(s) General Program Services Provisions. Specific services shall be required of all substance abuse treatment programs. Written policies and procedures shall ensure the following standards are met:

(1) All substance abuse services shall be delivered according to a written treatment plan that has been developed from the offender's assessment.

(2) Group counseling sessions are limited to a maximum of 16 offenders. Group education and life skills training sessions are limited to a maximum of 35 offenders. These limits do not apply to multifamily educational groups, seminars, outside speakers, or other events designed for a large audience.

(3) All programs shall employ a QCC.

(4) All counselor interns shall work under the direct supervision of a QCC.

(5) Chemical dependency counseling shall be provided by a QCC, graduate, or counselor who has the specialized education, training, or expertise in that subject matter. Chemical dependency education shall be provided by counselors or individuals who have the specialized education, training, or expertise in that subject matter.

(6) Direct care staff shall be awake and alert on site during all hours of program operation.

(7) Residential programs shall have, at a minimum, one counselor on duty at least eight hours a day, five days a week.

(8) Offenders in residential programs shall have an opportunity for eight continuous hours of sleep each night. Staff shall conduct and document at least three checks while offenders are sleeping.

(9) The program shall include a culturally diverse curriculum applicable to the population served and shall be evidenced through demonstrated, appropriate counseling, and instructional materials.

(10) Members of the offender treatment team shall demonstrate effective communications and coordination, as evidenced in staffing, treatment planning, and case management documentation.

(11) There shall be written policies and procedures regarding the delivery and administration of prescription and nonprescription medication that provide for:

(A) Conformity with state regulations; and

(B) Documentation of the administration of medications, medication errors, and drug reactions.

(12) Chemical dependency education and life skills training shall follow a course outline that identifies lecture topics and major points to be discussed. All educational sessions shall include offender participation and discussion of the material presented.

(13) The program shall provide education about the health risks of tobacco products and nicotine addiction.

(14) The program shall provide human immunodeficiency virus (HIV), Hepatitis B and C, and tuberculosis education based on the Model Workplace Guidelines for Direct Service Providers developed by the DSHS.

(15) Offenders shall have access to HIV counseling and testing services directly or through referral, as follows:

(A) HIV services shall be voluntary, anonymous, and not limited by ability to pay.

(B) Counseling shall be based on the model protocol developed by the DSHS.

(C) In all TDCJ CJAD funded facilities, testing, as well as pre- and post-test counseling, shall be provided by the medical department or contracted medical provider.

(16) The program shall make testing and information for tuberculosis and sexually transmitted diseases available to all offenders, unless the program has access to test results obtained during the past year, as follows:

(A) Services may be made available directly or through referral.

(B) If an offender tests positive for tuberculosis or a sexually transmitted disease, the program shall refer the offender to an appropriate health care provider and take appropriate steps to protect offenders and staff.

(C) A CCF shall report to the local health department the release of an offender who is receiving treatment for tuberculosis.

(17) The program shall:

(A) Refer pregnant offenders who are not receiving prenatal care to an appropriate health care provider and verify services were received; and

(B) Refer offenders to ancillary services, such as mental health services, necessary to meet treatment goals.

(18) CSCDs that contract for services shall give preference to available programs that include the following elements of best practices in criminal justice treatment. CSCDs that conduct their own

programs are required to incorporate the following elements of best practices in criminal justice treatment:

(A) Validated treatment assessments that include substance abuse, dependency, or addiction, and other criminogenic risks and needs factors;

(B) A treatment regimen that focuses on changing substance abuse, dependency or addiction, and other criminogenic risks and needs, behaviors, and thinking patterns;

(C) A treatment regimen that includes a specific, cognitive behavioral program that has been recognized in professional criminal justice journals; and

(D) Responsivity in addressing offenders' needs and in employment of qualified staff.

(19) CSCDs that place offenders in substance abuse treatment programs shall ensure that offenders are referred to available aftercare services, giving preference to programs that incorporate best practices elements.

(t) Stages of Treatment. All CCFs providing substance abuse treatment shall designate in the current facility's Community Justice Plan program proposal stages of treatment to be provided as described in subsections (v) - (y) of this rule.

(u) Detoxification. Offenders being referred to detoxification services shall be referred to licensed service providers.

(v) Intensive Residential Treatment. Written policies and procedures shall ensure the following:

(1) All offenders admitted to intensive residential treatment shall have written justification to support their admission, be medically stable, and able to participate in treatment.

(2) The program shall provide adequate staff for close supervision and individualized treatment with counselor caseloads not to exceed 10 offenders.

(3) There shall be direct care staff alert and on site during all hours of operation. There shall be an appropriate number of direct care staff to provide all required program services, maintain an environment that is conducive to treatment, and ensure the safety and security of the offenders, according to the design of the facility and with the approval of the funding source.

(4) Program counselors shall complete a comprehensive offender assessment and individual treatment plan within 10 working days of admission.

(5) The facility shall deliver not less than 25 hours of structured activities per week for each offender, including:

(A) Ten hours of chemical dependency counseling using a cognitive behavioral approach with no less than one hour of individual counseling;

(B) Ten hours additional education, counseling, life skills, or rehabilitation activities; and

(C) Five hours of structured social or recreational activities.

(6) Counseling and education schedules shall be submitted to the funding entity for approval.

(7) Each offender shall have an opportunity to participate in physical recreation at least weekly.

(8) Program staff shall offer chemical dependency education or services to identified significant others.

(9) The program shall provide each offender with opportunities to apply knowledge and practice skills in a structured, supportive environment. Cognitive behavioral programs shall have a published curriculum identified by the authors to contain cognitive, social, and behavioral elements. Anyone facilitating a cognitive curriculum shall be trained in that specific curriculum. All direct care staff shall receive training on the principles of a cognitive behavioral model as it relates to their job duties. This curriculum shall be approved by the TDCJ CJAD and implemented as designed. Components of the cognitive program shall include, at a minimum:

(A) Ways to identify thinking patterns; and

(B) A social skills training component.

(w) Supportive Residential Treatment. Written policies and procedures shall ensure the following:

(1) All offenders admitted to supportive residential treatment shall have written justification to support their admission, be medically stable, be able to function with limited supervision and support, and be able to participate in work release or community service and restitution programs.

(2) The program shall have adequate staff to meet treatment needs within the context of the program description, with counselor caseloads not to exceed 20 offenders, unless the program can provide research based evidence in writing to justify a higher caseload size based on the program design, characteristics and needs of the population served, and any other relevant factors.

(3) There shall be direct care staff alert and on site during all hours of operation. There shall be an appropriate number of direct care staff to provide for the safety and security of the offenders, according to the design of the facility and with the approval of the funding source.

(4) Counselors shall complete a comprehensive offender assessment and individualized treatment plan within 10 working days of admission for each offender.

(5) The program shall deliver no less than six hours per week of chemical dependency counseling with a cognitive behavioral approach for each offender, of which one hour per month shall be individual counseling.

(6) Counseling and education schedules shall be submitted to the funding entity for approval.

(7) The program design and application shall include increasing levels of responsibility for offenders and frequent opportunities for offenders to apply knowledge and practice skills in structured and unstructured settings. Cognitive behavioral programs shall have a published curriculum identified by the authors to contain cognitive, social, and behavioral elements. This curriculum shall be approved by the TDCJ CJAD and implemented as designed. Anyone facilitating a cognitive curriculum shall be trained in that specific curriculum. All staff shall receive training on the principles of a cognitive behavioral model as it relates to their job duties. Components of the cognitive program shall include, at a minimum:

(A) Ways to identify thinking patterns; and

(B) A social skills training component.

(x) Outpatient Treatment. Written policies and procedures shall ensure the following:

(1) All offenders admitted to outpatient treatment programs shall be medically stable, and have appropriate support systems in the community to live independently with minimal structure.

(2) The program shall have adequate staff to provide offenders support and guidance to ensure effective service delivery, safety, and security. Staffing patterns shall be submitted to the funding entity.

(3) The program shall set limits on counselor caseload size to ensure effective, individualized treatment and rehabilitation. Criteria used to set the caseload size shall be documented and approved by the funding entity.

(4) Didactic groups shall not exceed 35 offenders per group.

(5) Therapeutic groups shall not exceed 16 offenders per group.

(6) For offenders in supportive outpatient programs, counselors shall complete a comprehensive offender assessment within 30 calendar days of admission.

(7) For offenders in intensive outpatient programs, counselors shall complete a comprehensive offender assessment within 10 calendar days of admission.

(8) Intensive outpatient programs shall deliver no less than six hours per week of chemical dependency counseling with a cognitive behavioral approach.

(9) Supportive outpatient programs shall deliver no less than two hours per week of chemical dependency counseling.

(10) Each offender's progress shall be assessed regularly by clinical staff to help determine the length and intensity of the program.

(11) Counseling and education schedules shall be submitted to the funding entity for approval.

(12) The program design and application shall include increasing levels of responsibility for offenders and frequent opportunities for offenders to apply knowledge and practice skills in structured and unstructured settings.

(13) The outpatient treatment stages may be used for residents in the work release phase of any residential substance abuse treatment program.

(y) Special Needs Populations. Written policies and procedures shall ensure the following:

(1) Programs that address the special mental health, intellectual capacity, or medical needs of offenders shall provide appropriate treatment either by program staff or through contracted services.

(2) Admission to a special needs program shall be based on a documented mental health, intellectual capacity, or medical need.

(3) When the assessment process indicates that the offender has coexisting disabilities and disorders, the treatment plan shall specifically address those issues that might impact treatment, recovery, relapse, and recidivism.

(4) Personnel qualified in the treatment of coexisting disabilities and disorders shall be available as needed.

(5) Within 96 hours of admission to a special needs residential program, an offender shall be administered a medical and psychological evaluation.

(6) Within 10 days of admission to a residential program for special needs offenders, the program administrator or designee shall contact the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) regarding the offender's status. As soon as a discharge date is projected, TCOOMMI shall be notified in writing of plans for a continuum of care after discharge, regardless of whether or not the discharge is for successful completion of the program.

(7) Residential facilities providing services for special needs populations shall have procedures to provide access to health care services, including medical, dental, and mental health services, under the control of a designated health authority. When this authority is other than a physician, final medical judgments shall rest with a single designated responsible physician licensed by the state.

(A) Services and treatment shall be directed toward maximizing the functioning and reducing the symptoms of offenders.

(B) There shall be written policies and procedures regarding the delivery and administration of prescription and nonprescription medication that provide for:

(i) Conformity with state regulations;

(ii) Documentation of the rationale for use and goals of service and treatment consistent with the individual treatment plan;

(iii) Documentation of the administration of medications, medication errors, and drug reactions; and

(iv) Procedures to follow in case of emergencies.

(8) There shall be procedures for documenting that the offender has been informed of medication management procedures.

(9) Offenders shall be actively involved in decisions related to their medications.

(10) Programs for special needs offenders shall follow the same staffing for treatment levels as the levels for other offenders, except all residential programs shall maintain caseloads of no greater than 16 offenders for each counselor.

(11) Programs operating in residential facilities shall ensure that offenders have no less than 10 days of appropriate medication for use after discharge.

(z) Use of Force. The CSCD director and facility director shall ensure that a residential treatment program has written policies, procedures, and practices that restrict the use of physical force to instances of self-protection, protection of offenders or others, or prevention of property damage. The use of physical force against an offender is never justifiable as punishment. A written report shall be prepared following all uses of force, and all such written reports shall be promptly submitted to the CSCD director and facility director for review and follow-up. Only an individual who is properly trained in the use of such devices may use restraining devices, aerosol sprays, and chemical agents. These devices shall only be used in an emergency by such an individual in self-protection, protection of others, or other circumstances as described previously.

Source Note: The provisions of this §163.40 adopted to be effective October 4, 1998, 23 TexReg 9775; amended to be effective June 20, 2002, 27 TexReg 5220; amended to be effective April 17, 2003, 28 TexReg 3065; amended to be effective April 21, 2005, 30 TexReg 2234; amended to be effective September 11, 2011, 36 TexReg 5693