

## Chapter PW-MH 61

## ALCOHOL AND OTHER DRUG ABUSE

PW-MH 61.01	Emergency and detoxification programs	PW-MH 61.04	Transitional/community living program (TCLP)
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**PW-MH 61.01 Emergency and detoxification programs.** (1) Emergency and detoxification services in hospitals. (a) Required personnel.

1. Staffing patterns shall be consistent with the Wis. Adm. Code H 24.14 (1) (c) for General and Special Hospitals.

2. An AODA counselor shall be available on a 24-hour on-call basis. In the selection of counselors, consideration shall be given to the special characteristics and language of the AODA population.

(b) Program content. 1. Written admission policy and procedures shall be established. Admissions shall not be denied on the basis of the number of previous admissions to any treatment unit, receiving unit, or any other related program.

2. Hospitals shall have a written working agreement with specialized inpatient, outpatient, and aftercare treatment systems to provide care past emergency treatment.

3. Hospitals which do not provide emergency services to the AODA shall have a written referral and transfer agreement with another hospital or county health care facility which can provide such services.

4. Provision shall be made for the management of belligerent and disturbed AODAs and transfer of uncontrollable AODAs if necessary.

5. Records shall be kept on each AODA, the confidentiality of which must be carefully safeguarded. Files shall be kept locked and in a secure place when not in use. Entries shall be made only by staff.

6. A discharge plan shall be formulated, with the AODA, which will provide for escort and transportation to other service/treatment programs to assure a continuum of care.

7. There shall be ongoing orientation for all staff having contact with AODAs. These orientation sessions shall be devoted to developing awareness and empathy in the care of the AODAs and the family.

8. There shall be specialized training for the medical, nursing, and allied health staff, who deal directly with the AODA and family, in the procedures to be used in the treatment of the acute or chronic AODA.

9. The staff shall have ongoing inservice training on the latest techniques in identification, diagnosis, and treatment of chemical dependencies.

10. The unlawful, illicit or unauthorized use of alcohol or other drugs within the program is prohibited.

(2) Detoxification receiving center. (a) Required personnel.

1. There shall be a designated director who shall be responsible for the program.

2. An AODA counselor shall be available on a 24-hour and 7 day a week basis at a minimum ratio of one per 15 AODAs. In the selection of counselors, consideration shall be given to the special characteristics and language of the AODA population.

3. One registered nurse shall serve as nursing director for purposes of accountability. A registered nurse shall be on duty on a 24-hour basis.

4. A physician shall be available on a 24-hour on-call basis.

(b) Program content. 1. Written admission policy and procedures shall be established. Admissions shall not be denied solely on the basis of the number of previous admissions to any treatment unit, receiving unit, or any other related program.

2. The medical status of an AODA shall be reviewed by a physician within 12 hours of admission, and a record shall be maintained.

3. Provisions shall be made for the management of belligerent and disturbed AODAs and transfer of uncontrollable AODAs if necessary.

4. Each center shall have written agreement with a hospital to provide emergency medical services for AODAs and shall provide escort and transportation to the hospital. Escort and transportation for return to the center shall also be provided as necessary.

5. Records shall be kept on each AODA, the confidentiality of which must be carefully safeguarded. Files shall be kept locked and in a secure place when not in use. Entries shall be made only by staff.

6. A discharge plan shall be formulated, with the AODA, which will provide for escort and transportation to other service/treatment programs in order to assure a continuum of care.

7. There shall be orientation for all staff having contact with AODAs. These orientation sessions shall be devoted to developing awareness and empathy in the care of AODAs and the family.

8. There shall be specialized training for the medical, nursing and allied health staff who deal directly with the AODA and family, in the procedures to be used in the treatment of the acute or chronic AODA.

9. The staff shall have ongoing inservice training on the latest techniques in identification, diagnosis, and treatment of chemical dependencies.

10. The center shall have a treatment room with a supply area. First aid supplies shall be maintained in a place known to and readily available to all personnel responsible for the health or well-being of AODAs. Separate locked cabinets within the nursing supply area shall be made available for drugs and similar supplies.

11. The unlawful, illicit, or unauthorized use of alcohol or other drugs within the program is prohibited.

12. Programs shall develop and implement a plan for ongoing internal evaluation of the effectiveness of its program.

**History:** Cr. Register, June, 1976, No. 246, eff. 7-1-76.

**PW-MH 61.02 Inpatient rehabilitation programs.** (1) **REQUIRED PERSONNEL.** (a) There shall be a designated director who shall be responsible for the program.

(b) All medical treatments provided shall be under the supervision of a physician or physicians who shall act as consultant(s) to the multi-disciplinary team.

(c) A treatment team shall be provided, comprised of available staff, whose responsibilities shall include a problem oriented approach to treatment including but not limited to:

1. Diagnostic evaluation of every patient.
2. Establishment of individualized treatment goals.
3. Establishment of individualized treatment plans.
4. Provision for ongoing assessment.
5. Preparation of a discharge summary with recommendations for aftercare and referral to appropriate community resources in order to assure a continuum of care.

6. Escort and transportation shall be provided.

(d) Twenty-four hour care shall be provided.

(e) A consulting psychiatrist and/or clinical psychologist shall be available as needed.

(2) **PROGRAM CONTENT.** (a) Written admission policy and procedures shall be established. Admissions shall not be denied solely on the basis of the number of previous admissions to any treatment unit, receiving unit, or any other related program.

(b) An individualized treatment and rehabilitation plan shall be written, with the AODA, to outline the goals and course of treatment for each AODA. Ongoing assessment shall be provided.

(c) Records shall be kept on each AODA, the confidentiality of which must be carefully safeguarded. Files shall be kept locked and in a secure place when not in use. Entries shall be made only by staff. Records of the AODAs' course of treatment shall be maintained in accordance with Wis. Adm. Code section H 24.07 (1).

(d) Length of stay shall be determined by the attending physician with input from the multi-disciplinary team.

(e) A discharge plan shall be formulated, with the AODA, which will provide for escort and transportation to other service/treatment programs in order to assure a continuum of care.

(f) Working agreements should be formulated with appropriate social service agencies for aftercare services.

(g) There shall be orientation for all staff having contact with AODAs. These orientation sessions shall be devoted to developing awareness and empathy in the care of AODAs and the family.

(h) There shall be specialized training for the medical, nursing and allied health staff who deal directly with the AODA and family, in the procedures to be used in the treatment of the acute or chronic AODA.

(i) The medical staff shall have ongoing inservice training on the latest techniques in identification, diagnosis, and treatment of chemical dependencies.

(j) The unlawful, illicit, or unauthorized use of alcohol or other drugs within the program is prohibited.

(k) Programs shall develop and implement a plan for ongoing internal evaluation of the effectiveness of its program.

**History:** Cr. Register, June, 1976, No. 246, eff. 7-1-76.

**PW-MH 61.03 Outpatient treatment programs.** (1) **REQUIRED PERSONNEL.** (a) There shall be a designated director who shall be responsible for the program.

(b) A treatment team shall be provided, comprised of available staff, whose responsibilities shall include a problem oriented approach to treatment including but not limited to:

1. Diagnostic evaluation.
2. Establishment of individualized treatment goals.
3. Establishment of individualized treatment plans.
4. Provision for ongoing assessment.
5. Preparation of a discharge summary with recommendations for aftercare and referral to appropriate community resources in order to assure a continuum of care.

(c) At least one AODA counselor shall be employed full time. In the selection of counselors, consideration shall be given to the special characteristics and language of the AODA population.

(d) A physician and/or psychiatrist shall be available on a consultation basis.

(e) A psychologist shall be available on a consultation basis.

(f) Staff shall be available to provide social work and vocational services as needed.

(2) **PROGRAM CONTENT.** (a) Written admission policy and procedures shall be established. Admissions shall not be denied solely on the basis of the number of previous admissions to any treatment unit, receiving unit, or any other related program.

(b) An individualized treatment and rehabilitation plan shall be written, with the AODA, to outline the course of treatment for each AODA. Ongoing assessment shall be provided by the treatment team.

(c) There shall be a diagnostic evaluation of every patient.

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- (d) Services not provided by the outpatient program shall be provided by referral to the appropriate agency.
- (e) Records shall be kept on each AODA, the confidentiality of which must be carefully safeguarded. Files shall be kept locked and in a secure place when not in use. Entries shall be made only by staff.
- (f) Adequate records shall be maintained by the agency responsible for the treatment plan indicating patient progress regardless of which agency provides the outpatient services.
- (g) A discharge plan shall be formulated, with the AODA, which will establish linkages to other service/treatment programs in order to assure a continuum of care.
- (h) Working agreements shall be formulated with appropriate social service agencies for aftercare services.
- (i) There shall be orientation for all staff having contact with AODAs. These orientation sessions shall be devoted to developing awareness and empathy in the care of AODAs and the family.
- (j) There shall be specialized training for the staff, who deal directly with the AODA and family, in the procedure to be used in the treatment of the acute or chronic AODA.
- (k) The staff shall have ongoing inservice training in the latest techniques in identification, diagnosis and treatment of chemical dependencies.
- (l) The unlawful, illicit, or unauthorized use of alcohol or other drugs within the program is prohibited.
- (m) A privately operated outpatient program shall be a Wisconsin corporation. In instances where the unified board (51.42) operates the program, the unified board will act as the board for the outpatient program.
- (n) Programs shall develop and implement a plan for ongoing internal evaluation of the effectiveness of its program.

History: Cr. Register, June, 1976, No. 246, eff. 7-1-76.

**PW-MH 61.04 Transitional/community living program (TCLP).** (1) **REQUIRED PERSONNEL.** (a) There shall be a designated director who shall be responsible for the program and the facility and who may have additional staff responsibility.

(b) An AODA counselor shall be available on a full-time basis, and shall be responsible for the program in the absence of the director. Facilities with a capacity exceeding 15 AODAs shall have a full-time AODA counselor in addition to the counseling services of the director and thereafter an additional full-time counselor shall be available for each additional 15 AODAs. In the selection of counselors, consideration shall be given to the special characteristics and language of the AODA population. The AODA counselor may have additional staff responsibilities.

(c) There shall be a resident manager on a 24-hour basis, who may have additional responsibilities.

(d) A physician shall be available as needed.

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- (e) A psychiatrist/clinical psychologist shall be available as needed.
  - (f) A vocational rehabilitation counselor shall be available as needed.
  - (g) Within board policies and programs, volunteers may be utilized from recovering AODAs and other sources.
  - (h) Personnel responsibilities may be combined.
  - (i) If the director or counselor is a recovering AODA, this person shall have been drug free continuously for 2 years, exclusive of medically prescribed treatment, as determined by the hiring body. Trainees may be hired with less than 2 years free of drugs when under direct supervision.
- (2) PROGRAM CONTENT. (a) Written admission policy and procedures shall be established. Admissions shall not be denied solely on the basis of the number of previous admissions to any treatment unit, receiving unit, or any other related programs.
- (b) An individualized treatment and rehabilitation plan shall be written, with the AODA, to outline the goals and course of treatment for each AODA. Ongoing assessment shall be provided.
  - (c) A discharge plan shall be formulated, with the AODA, which will establish linkages to other service/treatment programs in order to assure a continuum of care.
  - (d) Working agreements shall be formulated with appropriate social service agencies for aftercare service.
  - (e) The unlawful, illicit, or unauthorized use of alcohol or other drugs within the program is prohibited.
  - (f) A privately operated TLP shall be a Wisconsin corporation. In instances where the unified board (51.42) operates the TLP program, the unified board will act as the board for the TLP program.
  - (g) Records shall be kept on each AODA, the confidentiality of which must be carefully safeguarded. Files shall be kept locked and in a secure place when not in use. Entries shall be made only by staff.
  - (h) There shall be specialized training for the staff in the procedure to be used in the treatment of the acute or chronic AODA.
  - (i) The staff shall have ongoing inservice training in the latest techniques in identification, diagnosis, and treatment of chemical dependencies.
  - (j) Programs shall develop and implement a plan for ongoing internal evaluation of the effectiveness of its program.

**History:** Cr. Register, June, 1976, No. 246, eff. 7-1-76.

**PW-MH 61.05 Prevention and intervention.** (1) **REQUIRED PERSONNEL.** (a) There shall be a designated director who shall be responsible for the program, who shall have specific training in dealing with AODAs.

(b) If the director is a recovered chemical-dependent, this person shall have been drug free continuously for 2 years, exclusive of

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medically prescribed treatment, as determined by the responsible hiring body.

(c) Other staff shall be procured to meet the needs of the program, as deemed necessary by the board of directors and the director. 1. If professionals are employed, they must be fully qualified according to standards set by each profession and in addition shall have training in the problems of AODAs.

2. Para-professional personnel must be experienced and trained in the problems of AODAs.

3. If an AODA counselor is employed and is a recovered chemical-dependent, this person shall have been drug free continuously for 2 years, exclusive of medically prescribed treatment, as determined by the responsible hiring body. Trainees may be hired with less than 2 years free of drugs when under direct supervision.

4. When donated services by lay or professional persons are used the following minimal requirements apply to volunteers engaged in direct service:

a. Volunteers must be advised as to the scope of the program and the responsibilities of their positions.

b. Volunteers must be screened for suitability for the assigned tasks.

c. There shall be planned inservice training programs for volunteers.

5. The program shall provide through its own efforts, or in coordination with another facility, structured inservice training for direct service personnel on a regular basis. A record of all such training sessions shall be kept, including notation of date held, topic presented or discussed, and the position or credentials of the person leading the session.

6. Staff without previous experience in the area of alcohol and other drug abuse, are required to go through an inservice program and shall be supervised closely in their work by experienced staff members until such time as the director deems them satisfactorily trained to be able to fulfill their duties.

(2) PROGRAM CONTENT. (a) A qualified staff member, paid or volunteer, who is held directly accountable to the director or administrator, shall be present at the program during all hours of operation.

(b) The program shall operate during hours which makes its services reasonably accessible to its target population.

(c) There shall be a 24-hour telephone coverage line functioning 7 days per week to provide crisis counseling, alcohol and drug information, referral to service agencies, and related information. Additional telephone help lines of 24-hours or less may be funded as needed. Staff without previous experience in providing these services must complete 40 hours of inservice training prior to assuming job responsibilities.

(d) Each program shall develop ways for communicating and cooperating with other AODA programs in its general vicinity.

(e) The program shall have a written policy and defined process to provide individuals the opportunity to express opinions regarding ongoing programs, staff, and the methodology by which individual programs are offered.

(f) Each program shall maintain current records of all gifts or grants. Receipts should be issued. The program shall review and conform to all tax rules and regulations pertaining to fund raising activities, including applications for tax exempt status where applicable.

(g) The unlawful, illicit or unauthorized use of alcohol or other drugs within the program is prohibited.

(h) Service shall not be denied solely on the basis of the number of previous admissions to any treatment unit, receiving unit, or any other related program or service.

(i) Programs shall develop an appropriate system of referral, including but not limited to, a current listing of all agencies, organizations, and individuals to whom referrals may be made, and a brief description of the range of services available from each of these referral resources including cost of services.

(j) Programs may provide information and education services.

(k) Programs which provide information and education services shall have an advisory panel for review of materials, curricula and education techniques, except where such materials have been previously cleared by an appropriate review body. Evaluations of the validity, relevance and appeal of written, audio-visual materials and teaching techniques shall be done by professionals, para-professionals and target group representatives who serve on the advisory panel in an ongoing capacity.

(l) Programs shall use the following guidelines for information and education materials. All materials shall be properly labelled to include:

1. Designated audience.
2. Type of message or intended use (information, training, persuasion, etc.).
3. Date of production.
4. A statement requiring an agency reproducing materials to seek the advice of the sponsoring agency if changes in content or layout are planned.

(m) Programs shall develop and implement a plan for ongoing internal evaluation of the effectiveness of its program.

**History:** Cr. Register, June, 1976, No. 246, eff. 7-1-76.