

(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.
- (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; r. (1) (i), Register, July, 1980, No. 296, eff. 8-1-80.

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.

(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.

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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; r. (1) (b) and (c) 3., Register, July, 1980, No. 295, eff. 8-1-80.