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Department of Mental Health
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

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Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Alcohol and Drug Abuse Programs

9 CSR 30-3.010 Definitions
(Rescinded October 30, 2001)

AUTHORITY: sections 313.842, 630.050 and 630.655, RSMo 1994. Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed July 15, 1987, effective July 1, 1988. Amended: Filed Jan. 19, 1988, effective July 1, 1988. Emergency amendment filed Oct. 4, 1988, effective Oct. 14, 1988, expired Jan. 14, 1989. Amended: Filed Oct. 4, 1988, effective Jan. 14, 1989. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed Oct. 13, 1995, effective April 30, 1996. Rescinded: Filed Feb. 28, 2001, effective October 30, 2001.

9 CSR 30-3.020 Procedures to Obtain Certification
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 1994. Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed May 6, 1985, effective Sept. 1, 1985. Amended: Filed Jan. 19, 1988, effective July 1, 1988. Amended: Filed Aug. 14, 1995, effective Feb. 25, 1996. Rescinded: Filed Feb. 28, 2001, effective October 30, 2001.

9 CSR 30-3.022 Transition to Enhanced Standards of Care

PURPOSE: This rule describes procedures for programs currently certified under 9 CSR 30-3.010 through 9 CSR 30-3.610 to transition to enhanced standards of care.

(1) Temporary Waivers. Upon the effective date of this rule, the department shall hereby grant a waiver for one (1) year from those new requirements listed in this section which would involve additional and substantial expense to a program currently certified under 9 CSR 30-3.010 through 9 CSR 30-3.610 of Certification Standards for Alcohol and Drug Abuse Programs.

(A) Temporary waivers shall be limited to the following requirements under 9 CSR 30-3.100 Service Delivery Process and Documentation:

1. Five (5) axis diagnosis by an eligible, licensed practitioner;

2. Provision of community support services;

3. Provision of family therapy and codependency counseling for family members;

4. Transportation provided by the program.

(B) Waivers shall be temporary and time-limited.

1. The initial waiver period of one (1) year may be renewed or extended by the department annually thereafter.

2. The total period of waiver shall not exceed three (3) years unless otherwise determined by the department. For those services funded by the department or provided through a service network authorized by the department, the waiver period for any requirement listed in this section shall end when the department makes available additional funding intended to implement the requirement.

(C) Waivers shall not be granted to programs currently certified under 9 CSR 30-3.810 through 9 CSR 30-3.970 Certification Standards for Comprehensive Substance Treatment and Rehabilitation (CSTAR), as standards for these programs are equivalent to the enhanced standards of care required by new rules.

(2) Other Requirements. In addition to this rule, a program must also comply with 9 CSR 10-7.130 Procedures to Obtain Certification that is applicable to both substance abuse and psychiatric programs.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995; 630.655, RSMo 1980; and 631.010, RSMo 1980.*

9 CSR 30-3.030 Governing Authority
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001, effective October 30, 2001.

9 CSR 30-3.032 Certification of Alcohol and Drug Abuse Programs

PURPOSE: This rule identifies the types of substance abuse programs eligible for certification and the applicable requirements.

(1) Types of Programs. Certification is available for the following types of alcohol and drug abuse programs and services:

(A) Recovery programs including—

1. Detoxification in accordance with a designated level of care. Levels of care include social setting, modified medical, or medical;

2. Outpatient treatment in accordance with designated levels of care. Levels of care include community-based primary treatment, intensive outpatient rehabilitation, and supported recovery;

3. Opioid treatment;

4. Compulsive gambling treatment;

5. Residential treatment;

6. Institutional corrections; and

7. Comprehensive substance treatment and rehabilitation (CSTAR);

(B) Recovery Programs for Specialized Populations. A specialized program for the treatment and rehabilitation of adolescents or women and children must be certified as a CSTAR program;

(C) Offender education and intervention programs including—

1. Substance Abuse Traffic Offender Program (SATOP) offering designated levels of service. For persons age twenty-one (21) and older, levels of service include offender management, offender education, weekend intervention, and clinical intervention. For persons under the age of twenty-one (21), levels of service include offender management, adolescent diversion education, and youth clinical intervention. The department shall also certify regional SATOP training centers.

2. Required Educational Assessment and Community Treatment Program (REACT) offering a Screening and Education level of service;

(D) Prevention program offering designated levels of service. Levels of service include primary prevention, targeted prevention, and prevention resource center.

(2) Applicable Program Standards. The organization must comply with the standards applicable to each program for which certification is being sought.

(3) Other Rules and Standards. In addition to standards for specific programs and services, the organization must comply with other applicable requirements.

(A) The following Core Rules for Psychiatric and Substance Abuse Programs must be met, unless otherwise stipulated in standards for specific programs and services:

1. 9 CSR 10-7.010 Treatment Principles and Outcomes;

2. 9 CSR 10-7.020 Rights, Responsibilities and Grievances;

3. 9 CSR 10-7.030 Service Delivery Process and Documentation;

4. 9 CSR 10-7.040 Quality Improvement;

5. 9 CSR 10-7.050 Research;

6. 9 CSR 10-7.060 Behavior Management;

7. 9 CSR 10-7.070 Medications;

8. 9 CSR 10-7.080 Dietary Services;

9. 9 CSR 10-7.090 Governing Authority and Program Administration;

10. 9 CSR 10-7.100 Fiscal Management;

11. 9 CSR 10-7.110 Personnel;

12. 9 CSR 10-7.120 Physical Plant and Safety;

13. 9 CSR 10-7.130 Procedures to Obtain Certification;

14. 9 CSR 10-7.140 Definitions;

15. 9 CSR 10-5.190 Criminal Record Review; and

16. 9 CSR 10-5.200 Report of Complaints of Abuse and Neglect; and

17. 9 CSR 10-5.220 Health Insurance Portability and Accountability Act of 1996 (HIPAA).

(B) The following Certification Standards for Alcohol and Drug Abuse Programs must be met, unless otherwise stipulated in standards for specific programs and services:

1. 9 CSR 30-3.022 Transition to Enhanced Standards of Care;

2. 9 CSR 30-3.100 Service Delivery Process and Documentation; and

3. 9 CSR 30-3.110 Service Definitions and Staff Qualifications for Service Delivery.

(4) Approval of Programs and Sites by the Department, When Required. For those services funded by the department or provided through a service network authorized by the department, the department shall have authority to determine and approve each proposed program and/or site prior to the actual delivery of services, including the geographic location, plan of service delivery, and facility.

(A) Any organization subject to this approval process shall submit written notice to the department regarding the proposed program and/or site(s). The notice must include the following information:

1. A determination of need identifying the unserved or under-served target population and the substance abuse treatment, rehabilitation, and other intervention needs of that population. The department shall consider available data, such as current accessibility to and availability of services, prevalence of substance abuse among the target population, applicable emergency room visits and relevant arrest data;

2. A proposed plan of service delivery including, but not limited to, geographic location, facility, services offered, and staffing pattern;

3. A business/capitalization plan demonstrating the organization's financial ability to provide the proposed services to the target population;

4. A description of planning and coordination to meet the needs of the target population in areas such as psychiatric services, housing, etc.; and

5. Documentation of the local community's involvement in and support for the proposed service, such as an advisory committee which includes representatives from the target population and local agencies (such as courts, Board of Probation and Parole, Division of Family Services, mental health providers) with evidence of their involvement via letters of support, minutes of meetings, etc.

(B) An organization which wishes to change its approved program and/or site(s) must obtain approval from the department prior to such change. Any new or different facility must be equal to or better than the original facility.

(C) All opioid treatment programs shall meet the program and/or site approval requirements of this rule, as well as the requirements specified under 9 CSR 30-3.132.

AUTHORITY: sections 302.540, RSMo Supp. 2002 and 630.050, 630.655 and 631.102, RSMo 2000. 45 CFR parts 160 and 164, the Health Insurance Portability and Accountability Act of 1996. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed March 8, 2002, effective Sept. 30, 2002. Emergency amendment filed April 1, 2003, effective April 14, 2003, expired Oct. 14, 2003. Amended: Filed April 1, 2003, effective Oct. 30, 2003.*

**Original authority: 302.540, RSMo 1983, amended 1984, 1993, 1996, 2001, 2002; 630.050, RSMo 1980, amended 1993, 1995; 630.655, RSMo 1980; and 631.102, RSMo 1997.*

9 CSR 30-3.040 Client Rights
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050, 630.110–630.125, 630.200 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001, effective October 30, 2001.

9 CSR 30-3.050 Planning and Evaluation
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001, effective October 30, 2001.

9 CSR 30-3.060 Environment
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed Dec. 13, 1983, effective April 12, 1984. Rescinded and readopted: Filed June 2, 1988, effective Nov. 1, 1988. Rescinded: Feb. 28, 2001, effective October 30, 2001.

9 CSR 30-3.070 Fiscal Management
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050, 630.455 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.080 Personnel
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050, 630.200 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed July 15, 1987, effective July 1, 1988. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.100 Service Delivery Process and Documentation

PURPOSE: This rule describes requirements in the delivery and documentation of services for those programs certified under 9 CSR 30-3.120 through 9 CSR 30-3.199.

(1) Other Requirements. In addition to the requirements of this rule, a program must also comply with 9 CSR 10-7.030 Service Delivery Process and Documentation that is applicable to both substance abuse and psychiatric programs.

(2) Available Services. Assessment, individual counseling, group education and counseling, community support and family therapy shall be available to each person participating

in substance abuse treatment and rehabilitation in accordance with the individual's clinical needs. Day treatment shall be provided if indicated by the person's level of care.

(3) Services to Family Members. Services shall be available to family members of those persons participating in substance abuse treatment and rehabilitation.

(A) Available services shall include family therapy and individual and group codependency counseling. Groups may include both family members and primary clients when indicated by the goals, content and methods of the group.

(B) Family members shall be routinely informed of available services, and the program shall demonstrate the ability to effectively engage family members in a recovery process.

(C) The program shall not be required to establish a client record for a family member, if group education is the only service provided to the family member and if this service is funded by the department or provided through a service network authorized by the department. However, the program shall be required to maintain documentation of group education services and the participating family members.

(4) Services to Women. A program that lacks certification as a specialized program for women and children must meet the following requirements in order to provide services to women:

(A) Offer gender specific groups which address therapeutic issues relevant to women; and

(B) Have staff with experience and training in the treatment of women.

(5) Services to Adolescents. A program that lacks certification as a specialized program for adolescents must meet the following requirements in order to provide services to adolescents—

(A) Offer groups specifically for adolescents;

(B) Have staff with experience and training in the treatment of adolescents;

(C) Maintain an affiliation agreement and demonstrate an effective working relationship with a certified adolescent program; and

(D) Obtain clinical utilization review authorization that the adolescent may participate in services. Services are limited to the supported recovery level, unless otherwise authorized by clinical utilization review.

(6) Assessment. Each person with a substance abuse problem shall have an assessment by a qualified substance abuse professional in order to ensure an appropriate level of care and an individualized plan.

(A) The assessment shall be completed within seventy-two (72) hours for residential clients or the first three (3) outpatient visits.

1. The seventy-two (72)-hour period for residential clients does not include weekends and holidays observed by the state of Missouri.

2. The initial treatment plan for the individual must also be completed within this designated time period.

(B) If there is a history of prior services in a substance abuse treatment program or a psychiatric facility, a request for prior treatment records shall be made upon written consent of the client or legal guardian to access the department's client tracking registration admissions and commitments system.

(7) Diagnosis. Eligibility for services shall include a diagnosis of substance abuse or dependency including all five (5) axis as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association.

(A) A face-to-face diagnostic interview shall be conducted as part of the assessment by a licensed physician, licensed psychologist, licensed clinical social worker, or licensed professional counselor.

(B) A diagnostician must also have at least one (1) year experience in treating persons with substance disorders.

(8) Transportation and Supports. Transportation shall be provided or arranged by the program to promote participation in treatment and rehabilitation services and to access other resources and supports in the community. Supports that are funded by the department (such as housing or child care) shall meet contractual and other applicable regulatory requirements.

(9) Program Schedule. A current schedule of groups and other structured program activities shall be maintained.

(A) Each person shall actively participate in the program schedule, with individualized scheduling and services based on the person's treatment goals, level of care, and physical, mental, and emotional status.

(B) Group sessions shall address therapeutic issues relevant to the needs of persons served. Some of these scheduled group sessions may not be applicable to or appropriate for all persons and should be attended by each individual on a designated or selective basis. Examples of designated or selective groups may include parenting, budgeting, anger management, domestic violence, co-occurring disorders, relapse intervention track, etc.

(10) Therapeutic Setting. Services shall be provided in a therapeutic, alcohol and drug-free setting.

(A) Productive, meaningful, age-appropriate alternatives to substance use shall be encouraged for each individual.

(B) Any incident of client use of alcohol or drugs shall be documented in the client's record.

(C) An incident of possession or use of alcohol or drugs may result in termination from the program, particularly in residential settings.

(D) Repeated incidents of possession or use shall result in termination from the program.

(E) The program shall not allow gambling or wagering on its premises or as part of its activities.

(11) Drug Testing. The program should conduct tests to determine and detect a client's use of alcohol and drugs. The program shall identify its goals, policies and procedures regarding drug testing.

(A) The program shall implement written policies and procedures regarding the collection and handling of specimens. Urine or other specimens shall be collected in a manner that communicates respect for persons served while taking reasonable steps to prevent falsification of samples.

(B) A laboratory which analyzes specimens shall meet all applicable state and federal laws and regulations.

(C) The program shall implement written policies and procedures outlining the interpretation of results and actions to be taken when the presence of alcohol and/or drugs has been determined.

(D) Test results shall be addressed with persons served once the results are available, in order to intervene with substance use behavior. Test results and actions taken shall be documented in the client's record.

(12) A qualified diagnostician as defined under section (7) of this rule shall approve the treatment plan.

(13) Reviewing Treatment Goals and Outcomes. The individual treatment plan shall be reviewed on a periodic basis and shall accurately reflect the person's needs and goals. Persons who receive services funded by the department or through a service network authorized by the department shall participate in continuing reviews of their progress and outcomes and updates of their plans within the following time frames:

(A) Ten (10) days for residential treatment and community-based primary treatment;

(B) Thirty (30) days for intensive outpatient rehabilitation;

(C) Ninety (90) days for other levels of care.

(14) Clinical Utilization Review. Services are subject to clinical utilization review when funded by the department or provided through a service network authorized by the department. Clinical utilization review shall promote the delivery of services that are necessary, appropriate, likely to benefit the client, and provided in accordance with admission criteria and service definitions.

(A) The department shall have authority in all matters subject to clinical utilization review including client eligibility and service definition, authorization, and limitations.

(B) Any service matrix or package that is developed by the department or its authorized representative shall include input from service providers.

(C) Clinical utilization review shall include, but is not limited to, the following situations regarding an individual client:

1. Length of stay beyond any specified maximum time period;

2. Service authorization beyond any specified maximum amount or cost;

3. Admission of adolescents into adult programs; and

4. Unusual patterns of service or utilization, based on periodic data analysis and norms compiled by the division.

(D) Clinical utilization review may be required of any client's situation and needs prior to initial or continued service authorization.

(E) The need for clinical utilization review may be identified and initiated by a provider, an individual client, or by the department.

(F) Clinical utilization review may include, but is not limited to, the following situations regarding a program:

1. Unusual patterns of service or utilization, based on periodic data analysis and norms compiled by the division regarding the utilization of particular services and total service costs; and

2. Compliance issues related to certification standards or contract requirements that can reasonably be monitored through clinical review.

(15) Credentialed Staff. Clinical utilization review shall be conducted by credentialed staff with relevant professional experience.

(16) Procedures for Clinical Utilization Review. Procedures shall be made available to all affected programs and services.

(A) Reviews shall be completed in a timely manner not to exceed three (3) working days from the time a request is received.

(B) To the extent feasible, a review request from a provider shall be made prior to the delivery of services.

1. No request made more than ninety (90) days after service provision shall be accepted or authorized by the department.

2. The provider is fully responsible for sending all pertinent information and documentation related to a clinical utilization review request.

(C) It is the responsibility of the provider to request a review regarding the appropriateness of admission and treatment services, if a provider considers a client to meet some but not all admission criteria or if any reasonable question may exist or be raised about client eligibility for services.

(D) The department may require or initiate clinical utilization review of any situation related to client eligibility.

(E) Service authorization for a client may be continued, increased, reduced, or discontinued in accordance with a clinical utilization review decision.

(F) When a review determines that services have been inappropriate, unnecessary, or delivered to a client who does not meet eligibility and admission criteria, all service authorization for the client may be discontinued and any other necessary action may be taken.

(G) The department shall establish procedures for the review and appeal of an adverse clinical utilization review action. The provider may deliver services to the client during a review or appeal period, with the understanding that such services may not be authorized or funded. A provider or client may—

1. Request further review of an adverse action. The request must be in writing, identify the clinical factors warranting further review, and be received or postmarked within fifteen (15) days of the initial clinical utilization review action; and

2. Appeal any clinical utilization review decision to discontinue all service authorization for the client.

A. The appeal must be in writing, identify the reason for the appeal, and be received or postmarked within thirty (30) days of receiving notice that service authorization has been discontinued.

B. The department shall designate an Appeal Panel to make a final determination in the matter. The panel shall include one (1) or more representatives who are not staff members of the department and shall include at least one (1) member who is a substance abuse treatment provider.

C. Unless otherwise determined by the panel, its final decision shall be based on information available at the time of the initial clinical utilization review action.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995; 630.655, RSMo 1980; and 631.010, RSMo 1980.*

9 CSR 30-3.110 Service Definitions and Staff Qualifications

PURPOSE: This rule defines and describes services provided at treatment and rehabilitation programs certified under 9 CSR 30-3.

(1) Other Requirements. Services shall be provided in accordance with applicable program rules. Limitations on group size that are specified in this rule shall apply to those services funded by the department or provided through a service network authorized by the department.

(2) Available Services. Individual counseling, group education and counseling, community support, and family therapy shall be available to each person participating in substance abuse treatment and rehabilitation in accordance with the individual's clinical needs. Day treatment shall be provided if indicated by the person's level of care.

(3) Services to Family Members. Services shall be available to family members of those persons participating in substance abuse treatment and rehabilitation funded by the department or provided through a service network authorized by the department.

(A) Available services shall include family therapy and individual and group codependency counseling.

(B) Family members shall be routinely informed of available services, and the program shall demonstrate the ability to effectively engage family members in a recovery process.

(4) Services shall be designed and organized to promote peer support and to orient clients and family members to self-help groups.

(5) Individual Counseling. Individual counseling is a structured, goal-oriented therapeutic process in which an individual interacts on a face-to-face basis with a counselor in accordance with the individual's rehabilitation plan

in order to resolve problems related to substance abuse which interfere with the person's functioning.

(A) Key service functions of individual counseling may include, but are not limited to:

1. Exploration of an identified problem and its impact on functioning;

2. Examination of attitudes, feelings, and behaviors that promote recovery and improved functioning;

3. Identification and consideration of alternatives and structured problem-solving;

4. Decision making; and

5. Application of information presented to the individual's life situation in order to promote recovery and improved functioning.

(B) Individual counseling shall only be performed by a qualified substance abuse professional, an associate counselor, or an intern/practicum student as described in 9 CSR 10-7.110(5).

(6) Family Therapy. Family therapy is a planned, face-to-face, goal-oriented therapeutic interaction with a qualified staff member in accordance with an individual rehabilitation plan. The purpose of family therapy is to address and resolve problems in family interaction related to the substance abuse problem and recovery.

(A) One (1) or more family members must be present at all family therapy sessions. In any calendar month, for fifty percent (50%) of a client's family therapy, the primary client must be present, in addition to one (1) or more members of the client's family.

1. Family members below the age of twelve (12) may be counted as one (1) of the required family members when the child can be shown to have the requisite social and verbal skills to participate in and benefit from the service.

2. Documentation of family therapy shall identify the family member(s) present and their relationship to the client.

(B) Key service functions of family therapy may include, but are not limited to:

1. Utilization of generally accepted principles of family therapy to influence family interaction patterns;

2. Examination of family interaction styles and identifying patterns of dysfunctional behavior;

3. Development of a need or motivation for change in family members;

4. Development and application of skills and strategies for improvement in family functioning; and

5. Generalization and stabilization of change to promote healthy family interaction independent of formal helping systems.

(C) Family therapy may be provided in either the office or home setting. Family therapy shall not include driving time to and from the home setting.

(D) Family therapy shall be performed by a person who—

1. Is licensed in Missouri as a marital and family therapist; or

2. Is certified by the American Association of Marriage and Family Therapists; or

3. Has a doctoral degree or master's degree in psychology, social work or counseling and has at least one (1) year of supervised experience in family counseling and has specialized training in family counseling; or

4. Has a doctoral degree or master's degree in psychology, social work or counseling and receives close supervision from an individual who meets the requirements of paragraph 1., 2., or 3. of subsection (5)(D); or

5. Is a degreed, qualified substance abuse professional who receives close supervision from an individual who meets the requirements of paragraph 1., 2., or 3. of subsection (5)(D).

(7) Codependency Counseling. Codependency counseling is a planned, face-to-face, goal-oriented therapeutic interaction with an individual or a group to address dysfunctional behaviors and life patterns associated with being a member of a family in which an individual has a substance abuse problem and is currently participating in treatment for substance abuse.

(A) Codependency counseling—

1. Shall be provided only to a person who is a member of a client's family; and

2. May be provided on an individual or a group basis.

(B) Key service functions may include, but are not limited to:

1. Exploration of the substance abuse problem and its impact on family functioning;

2. Development of coping skills and self-responsibility for changing dysfunctional patterns of relationships;

3. Examination of attitudes and feelings and long-term consequences of living with a person with a substance abuse problem;

4. Identification and consideration of alternatives and structured problem-solving;

5. Productive and functional decision-making; and

6. Generalization of newly learned information and behavior to other life situations in order to promote improved family or personal functioning.

(C) The usual and customary size of group codependency counseling sessions shall not exceed twelve (12) family members in order to promote participation, disclosure and feedback.

1. In no event shall the size of a group codependency counseling session that includes only family members exceed an average of twelve (12) persons per calendar month.

2. The program may structure some sessions to include both family members and primary clients up to a maximum of twenty (20) persons.

3. Primary clients participating in such sessions shall be considered, for funding purposes, to have received either day treatment or group counseling, depending on the client's level of care.

(D) Individual and group codependency counseling shall be provided by a person who meets requirements as a—

1. Family therapist; or

2. Qualified substance abuse professional with training in family recovery.

(8) Codependency counseling with children services shall be delivered in an age-appropriate manner. Group codependency services shall be provided in groups with similar ages and developmental issues.

(A) Assessments, individual counseling and group counseling services provided to children under age twelve (12) shall be provided by—

1. A social worker, counselor, psychologist or physician licensed in Missouri who has at least one (1) year of full-time experience in the assessment and treatment of children; or

2. A graduate of an accredited college or university with a master's degree in social work, psychology, counseling, psychiatric nursing or closely related field, who has at least two (2) years of full-time equivalent experience in the treatment and assessment of children.

(B) Group codependency services of an educational nature for children under age twelve (12) shall be provided by a graduate of an accredited college or university with a bachelor's degree in counseling, psychology, social work or closely related field.

(C) Codependency counseling for family members below the age of five (5) may only be given when the child can be shown to have the requisite social and verbal skills to participate in and benefit from the service.

(9) Group Counseling. Group counseling is face-to-face, goal-oriented therapeutic interaction among a counselor and two (2) or more clients as specified in individual rehabilitation plans designed to promote clients' functioning and recovery through personal

disclosure and interpersonal interaction among group members.

(A) Key service functions of group counseling may include, but are not limited to:

1. Facilitating individual disclosure of issues which permits generalization of the issue to the larger group;

2. Promoting positive help-seeking and supportive behaviors;

3. Encouraging and modeling productive and positive interpersonal communication; and

4. Developing motivation and action by group members through peer pressure, structured confrontation and constructive feedback.

(B) The usual and customary size of group counseling sessions shall not exceed twelve (12) clients in order to promote client participation, disclosure and feedback. In no event shall the size of group counseling sessions exceed an average of twelve (12) clients per calendar month.

(C) Group counseling services shall be provided by a qualified substance abuse professional, an associate counselor, or an intern/practicum student as described in 9 CSR 10-7.110(5).

(10) Group Education. Group education consists of the presentation of general information and application of the information to participants through group discussion in accordance with individualized rehabilitation plans which is designed to promote recovery and enhance social functioning.

(A) Key service functions of group education may include, but are not limited to:

1. Classroom style didactic lecture to present information about a topic and its relationship to substance abuse;

2. Presentation of audiovisual materials which are educational in nature with required follow-up discussion;

3. Promotion of discussion and questions about the topic presented to the individuals in attendance; and

4. Generalization of the information and demonstration of its relevance to recovery and enhanced functioning.

(B) The usual and customary size of group educational sessions shall not exceed thirty (30) clients in order to promote client participation. In no event shall the size of group education sessions exceed an average of thirty (30) clients per calendar month.

(C) Group education services shall be provided by an individual who—

1. Is suited by education, background or experience to teach the information being presented;

2. Demonstrates competency and skill in educational techniques;

3. Has knowledge of the topic(s) being taught; and

4. Is present with clients throughout the group education session.

(D) In addition, staff who provide information about human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) shall have completed a department approved or comparable training program.

(11) Community Support. Community support consists of specific activities with or on behalf of a particular client in accordance with an individual rehabilitation plan to maximize the client's adjustment and functioning within the community while achieving sobriety and sustaining recovery, maximizing the involvement of natural support systems, and promoting client independence and responsibility.

(A) Key service functions of community support include:

1. Participating in the interdisciplinary team meeting in order to identify strengths and needs related to development of the individual's rehabilitation plan;

2. Attending periodic meetings with designated team members and the client, whenever feasible, in order to review and update the rehabilitation plan;

3. Contacting clients who have unexcused absence from the program in order to re-engage the person and promote recovery efforts;

4. Arranging and referring for services and resources and, when necessary, advocating to obtain the services and quality of services to which the person is entitled;

5. Monitoring service delivery by providers external to the program and ensuring communication and coordination of services;

6. Locating and coordinating services and resources to resolve a crisis;

7. Providing experiential training in life skills and resource acquisition;

8. Providing information and education to an individual in accordance with the person's rehabilitation plan; and

9. Planning for discharge.

(B) The following activities shall not be considered a community support unit of service:

1. Reviewing a client's record to ensure that documentation is complete or to conduct quality assurance or other program evaluation;

2. Preparing documentation for the department's management information system or for the client's record, such as progress notes, assessment reports, rehabilitation plans and updates, and initial service plans;

3. Preparing and making clinical utilization review requests;

4. Administering client medications or observing client's self-administer medications;

5. Collecting and processing urine or other specimens for purposes of drug testing;

6. Transporting clients to and from the program;

7. Transporting clients to appointments or other locations in the community, unless the presence of the community support worker is required to resolve an immediate crisis or to address a clearly documented need which the client has previously demonstrated an inability to resolve on his/her own;

8. Routinely visiting the client in the home, unless such visit(s) is clearly and directly related to the rehabilitation plan goals;

9. Meetings with other program staff, except scheduled meetings to develop the initial treatment plan and scheduled treatment plan reviews; and

10. Discussions with the client regarding treatment issues that would be more appropriately addressed by individual counseling, group counseling or education, or other available services.

(C) A client must be reasonably involved in other treatment and rehabilitation services in order to be eligible for community support on an ongoing basis.

(D) The program's staffing pattern and arrangements to provide community support services shall be responsive to the needs, goals and outcomes expected for clients.

(E) Community support services shall be provided by a person who has a bachelor's degree from an accredited college or university in social work, psychology, nursing or a closely related field, or an intern/practicum student as described in 9 CSR 10-7.110(5). Equivalent experience may be substituted on the basis of one (1) year for each year of required educational training.

(12) Day Treatment. Day treatment consists of a comprehensive package of services and therapeutic structured activities provided consistent with an individual rehabilitation plan which are designed to achieve and promote recovery from substance abuse and improve functioning.

(A) Key service functions of day treatment include, but are not limited to, the following:

1. Activities to address the person's immediate need to abstain from substance use;

2. Activities and structure which provide a meaningful, constructive alternative to substance abuse;

3. Activities which promote individual responsibility for recovery;

4. Activities that enhance life skills;

5. Activities that address functional skills;

6. Activities that enhance the use of personal support systems; and

7. Activities which promote development of interests and hobbies to constructively use leisure time.

(B) Required service components which will be used to achieve key service functions of day treatment include:

1. Individual counseling;

2. Group counseling;

3. Group education; and

4. Supervision of clients in structured programming to promote and reinforce a substance-free lifestyle including, but not limited to, organized recreational activities, skill building, structured self-study sessions, promotion of self-help and peer support activities.

(C) The ratio of clients to staff for day treatment shall not exceed the maximum established elsewhere in this rule for group counseling and education.

(13) Ratio of Qualified Substance Abuse Professionals. A majority of the program's staff who provide individual and group counseling shall be qualified substance abuse professionals.

(14) Supervision of Associate Counselors. If an associate counselor provides individual or group counseling, the person shall be registered with and recognized by the Missouri Substance Abuse Counselor's Certification Board, Inc. or by an appropriate board of professional registration within the Department of Economic Development. All counselor functions performed by an associate counselor shall be performed pursuant to the supervisor's control, oversight, guidance and full professional responsibility.

(A) The supervisor shall review and countersign documentation in client records made by the trainee.

(B) Documentation which must be countersigned includes assessments, treatment plans and updates, and discharge summaries.

(15) Credentials for Supervisor of Counselors. Unless otherwise required by these rules, supervision of counselors must be provided by a qualified substance abuse professional who has—

(A) A degree from an accredited college in an approved field of study; or

(B) Four (4) or more years employment experience in the treatment and rehabilitation of persons with substance abuse problems.

(16) Credentials for Supervisor of Community Support Workers. A community support worker shall be supervised by an individual with—

(A) A master's degree from an accredited college or university in social work, counseling, psychology or a closely related field and at least one (1) year of full-time equivalent experience in providing community support services; or

(B) A bachelor's degree from an accredited college or university in social work, counseling, psychology or a closely related field and at least two (2) years of full-time equivalent experience in providing community support services; and

(C) Demonstrated competencies in the areas of supervision and substance abuse treatment and rehabilitation by virtue of experience and/or training.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Sept. 25, 2002, effective May 30, 2003.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995; 630.655, RSMo 1980, and 631.010, RSMo 1980.*

9 CSR 30-3.120 Detoxification

PURPOSE: This rule describes the goals, eligibility and discharge criteria, levels of care, and performance indicators for detoxification programs.

(1) Goals. Detoxification is the process of withdrawing a person from alcohol, other drugs or both in a safe, humane, and effective manner. The goals of detoxification services are to help persons become—

(A) Alcohol and drug-free in a safe manner without suffering severe physical consequences of withdrawal. Medical services shall be provided or arranged, when clinically indicated; and

(B) Involved in continuing treatment. Each person shall be oriented to treatment resources and recovery concepts and shall be assisted in making arrangements for continuing treatment.

(2) Screening. Upon initial contact, a person shall be screened by a trained staff member and assigned to a level of care based on the signs and symptoms of intoxication, impairment or withdrawal, as well as factors related to health and safety.

(A) A screening protocol approved by a physician shall be used to evaluate the person's physical and mental condition and to guide the level of care decision. The department may require, at its option, the use of a standardized screening protocol for those services funded by the department or provided through a service network authorized by the department.

(B) The assigned level of care shall have the ability to effectively address the person's physical and mental condition.

(3) Eligibility Criteria. In order to be eligible for detoxification services, a person must present symptoms of intoxication, impairment or withdrawal and also must require supervision and monitoring of their physical and mental status to ensure safety. A person qualifies for detoxification services on a residential basis if one or more of the following additional criteria are met:

(A) Demonstrates a current inability to minimally care for oneself;

(B) Lacks a supportive, safe place to go and demonstrates a likelihood of continued use of alcohol or other drugs if free to do so;

(C) Requires ongoing observation and monitoring of vital signs due to a prior history of physical complications associated with withdrawal or the severity of current symptoms of intoxication, impairment or withdrawal; or

(D) Presents a likelihood of harm to self or others as a result of intoxication, impairment or withdrawal.

(4) Certified Levels of Care. A person shall be assigned to one (1) of the following levels of detoxification service in accordance with the screening protocol and admission criteria. An agency may offer and be certified for one (1) or more of the following levels of detoxification service:

(A) Social Setting Detoxification. This level of care is offered by trained staff in a residential setting with services and admission available twenty-four (24) hours per day, seven (7) days per week.

1. Medical personnel are not available on-site to prescribe, dispense or administer medications or to diagnosis and treat health problems.

2. A person, who is admitted to social setting detoxification with medication for an established physical or mental health condition, may continue to self-administer his or her medication;

(B) Modified Medical Detoxification. This level of care is offered by medical staff in a

non-hospital setting with services and admission available twenty-four (24) hours per day, seven (7) days per week.

1. Routine medical services are provided, and medications are used, when clinically indicated, to alleviate symptoms of intoxication, impairment or withdrawal.

2. A registered or licensed nurse is on duty at all times. Licensed nursing staff receive clinical supervision by a registered nurse.

3. There is on call at all times a physician or an advanced practice nurse licensed and authorized to title and practice as an advanced practice nurse pursuant to section 335.016, RSMo and who is engaged in a written collaborative practice arrangement as defined by law.

(C) Medical Detoxification. This level of care is offered by medical staff in a licensed hospital with services and admission available twenty-four (24) hours per day, seven (7) days per week. Emergency and non-emergency medical services are provided, and medications are used, when clinically indicated, to alleviate symptoms of impairment or withdrawal.

(5) Safety and Supervision. All detoxification services shall be provided in a humane manner and shall ensure the safety and well-being of persons served.

(A) There shall be monitoring and assessment of the person's physical and emotional status during the detoxification process.

1. Vital signs shall be taken on a regular basis, with the frequency determined by client need based on a standardized assessment instrument.

2. Blood alcohol concentration may be monitored upon admission and thereafter as indicated. Further testing of urine or blood may be conducted by qualified personnel.

(B) Staff coverage in residential settings shall ensure the continuous supervision and safety of clients.

1. Two (2) staff members shall be on-site at all times, and additional staff may be required, as warranted by the size of the program and the responsibilities and duties of staff members.

2. Staff providing direct supervision and monitoring of clients shall demonstrate competency in recognizing symptoms of intoxication, impairment and withdrawal; monitoring vital signs; and understanding basic principles and resources for substance abuse treatment.

3. Clients shall be supervised at all times by a staff member with current certification in first aid and cardiopulmonary resuscitation.

(6) Continuing Treatment. Detoxification services shall actively encourage each person to address substance abuse issues and to make arrangements for continuing treatment. There shall be documentation of services delivered and arrangements for continuing treatment. A comprehensive assessment and master treatment plan are not required during detoxification.

(A) Information and education shall be given to each person regarding substance abuse issues.

(B) Individual and group sessions shall be provided, and each person shall be expected to participate in these sessions, to the extent warranted by their physical and mental status.

(C) Each person shall be encouraged to make plans for continuing treatment.

1. Staff shall assist in making referrals and other arrangements, as needed.

2. Any client refusal of treatment services or referrals shall be documented.

(D) A qualified substance abuse professional shall be available and involved in providing individual and group sessions and making arrangements for continuing treatment.

(7) Discharge Criteria. A person shall be successfully discharged or transferred from the detoxification service when they are physically and mentally able to function without the supervision, monitoring and support of this service.

(8) The program handles applications for civil detention of intoxicated persons in accordance with sections 631.115, 631.120 and 631.125, RSMo 2000 unless a waiver is granted in writing by the department.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Oct. 15, 2001, effective April 30, 2002. Amended: Filed April 15, 2002, effective Nov. 30, 2002.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995; 630.655, RSMo 1980; and 631.010, RSMo 1980.*

9 CSR 30-3.130 Outpatient Treatment

PURPOSE: This rule describes the levels of outpatient care that may be certified and the goals, eligibility criteria, and available services. Discharge criteria and performance indicators for outpatient programs are also identified.

(1) Available Services. An array of services shall be available on an outpatient basis to persons with substance abuse problems and their family members. The program shall provide all services and comply with the functions required under 9 CSR 30-3.110.

(2) Certified Levels of Care. Outpatient services shall be organized and certified according to levels of care. Each of the levels of care shall vary in the intensity and duration of services offered.

(A) The levels of care may include—

1. Community-based primary treatment. This level of care is the most structured, intensive, and short-term service delivery option with services offered on a frequent, almost daily basis;

2. Intensive outpatient rehabilitation. This level of care provides intermediate structure, intensity and duration of treatment and rehabilitation, with services offered on multiple occasions per week;

3. Supported recovery. This level of care provides treatment and rehabilitation on a regularly scheduled basis, with services offered on approximately a weekly basis unless other scheduling is clinically indicated.

(B) All outpatient services and levels of care offered by an organization shall be certified in accordance with this rule. An organization shall be certified as providing one of the following methods of outpatient service delivery:

1. Supported recovery;

2. Intensive outpatient rehabilitation and supported recovery; or

3. Community-based primary treatment, intensive outpatient rehabilitation and supported recovery.

(C) Outpatient services shall be provided in a coordinated manner responsive to each person's needs, progress and outcomes.

1. The organization shall ensure that individuals can access an appropriate level of care.

A. If all three (3) outpatient levels of care are not offered, the organization shall demonstrate that it effectively helps persons to access other levels of care that may be available in the local geographic area, as needed.

B. The organization must demonstrate that it effectively helps persons to access detoxification and residential treatment services, as needed.

2. An organization with multiple service sites shall not be required to offer its certified levels of care at every site, if it can demonstrate that an individual has reasonable access

to its levels of care through coordinated service delivery.

3. A light meal shall be served at a site to those individuals who receive services for a period of more than four (4) consecutive hours. Additional meals shall be provided, if warranted by the program's hours of operation.

(3) Individualized Treatment Options. The levels of care shall be used in a manner that provides individualized treatment options and offers service intensity in accordance with the needs, progress and outcomes of each person served.

(A) A person may enter treatment at any level of care in accordance with eligibility criteria.

(B) A person can move from one level of care to another over time in accordance with symptoms, progress, outcomes and other clinical factors.

1. The duration of each level of care shall be time-limited and tailored to the individual's needs.

2. A person may be transferred to a more intensive level of care if there is a continuing inability to make progress toward treatment and rehabilitation goals.

(4) Community-Based Primary Treatment. This level of care is the most structured, intensive, and short-term service delivery option. Structured services shall be offered at least five (5) days per week and should approximate the service intensity of residential treatment.

(A) Eligibility for primary treatment shall be based on—

1. Evidence that the person cannot achieve abstinence without close monitoring and structured support; and

2. Need for frequent, almost daily services and supervision.

(B) Expected outcomes for primary treatment are to—

1. Interrupt a significant pattern of substance abuse;

2. Achieve a period of abstinence;

3. Enhance motivation for recovery; and

4. Stabilize emotional and behavioral functioning.

(C) The program shall offer an intensive array of services each week.

1. Each person shall participate in at least twenty-five (25) hours of service per week, unless contraindicated by the individual's medical, emotional, legal, and/or family circumstances, and unless residential support is provided.

2. Where residential support is provided, each person shall be offered additional structured therapeutic activities in accordance with residential treatment standards.

3. Each person shall participate in at least one (1) hour per week of individual counseling. Additional individual counseling shall be provided, in accordance with the individual's needs.

4. For community-based primary treatment that is funded by the department or provided through a service network authorized by the department, day treatment may be specified as the applicable service for this level of care.

(5) Intensive Outpatient Rehabilitation. This level of care offers an intermediate intensity and duration of treatment. Services should be offered on multiple occasions during each week.

(A) Eligibility for intensive outpatient rehabilitation shall be based on—

1. Ability to limit substance use and remain abstinent without close monitoring and structured support;

2. Absence of crisis that cannot be resolved by community support services;

3. Evidence of willingness to participate in the program, keep appointments, participate in self-help, etc.; and

4. Willingness, as clinically appropriate, to involve significant others in the treatment process, such as family, employer, probation officer, etc.

(B) Expected outcomes for intensive outpatient rehabilitation are to—

1. Establish and/or maintain sobriety;

2. Improve emotional and behavioral functioning; and

3. Develop recovery supports in the family and community.

(C) The program shall offer at least ten (10) hours of service per week.

1. Each person shall be expected to participate in at least ten (10) hours of service per week, unless contraindicated by the individual's medical, emotional, legal, and/or family circumstances.

2. Each person shall participate in at least one (1) hour per week of individual counseling.

(6) Supported Recovery. This level of care offers treatment on a regularly scheduled basis, while allowing for a temporary increase in services to address a crisis, relapse, or imminent risk of relapse. Services should be offered on approximately a weekly basis, unless other scheduling is clinically indicated.

(A) Eligibility for supported recovery shall be based on—

1. Lack of need for structured or intensive treatment;

2. Presence of adequate resources to support oneself in the community;

3. Absence of crisis that cannot be resolved by community support services;

4. Willingness to participate in the program, keep appointments, participate in self-help, etc.;

5. Evidence of a desire to maintain a drug-free lifestyle;

6. Involvement in the community, such as family, church, employer, etc.; and

7. Presence of recovery supports in the family and/or community.

(B) Expected outcomes for supported recovery are to—

1. Maintain sobriety and minimize the risk of relapse;

2. Improve family and social relationships;

3. Promote vocational/educational functioning; and

4. Further develop recovery supports in the community.

(C) The program shall offer at least three (3) hours of service per week. Each person shall be expected to participate in any combination of services determined to be clinically necessary.

(7) Continued Services. The treatment episode or level of care shall be reviewed for the appropriateness of continued services if the person presents repeated relapse incidents, a pattern of noncompliance or poor attendance, threats or aggression toward staff or other clients, or failure to comply with basic program rules.

(8) Discharge Criteria. Each person's length of stay in outpatient services shall be individualized, based on the person's needs and progress in achieving treatment goals.

(A) An individual should be considered for successful completion and discharge from outpatient services upon—

1. Recognizing and understanding his/her substance abuse problem and its impacts;

2. Achieving a continuous period of sobriety;

3. Absence of immediate or recurring crisis that poses a substantial risk of relapse;

4. Stabilizing emotional problems, when applicable (for example, not experiencing serious psychiatric symptoms, taking psychotropic medication as prescribed, etc.);

5. Demonstrating independent living skills;

6. Implementing a relapse prevention plan; and

7. Developing family and/or social networks which support recovery and a continuing recovery plan.

(B) A person may be discharged from outpatient services before accomplishing these goals if—

1. Commitment to continuing services is not demonstrated by the client; or

2. No further progress is imminent or likely to occur.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Oct. 15, 2001, effective April 30, 2002. Amended: Filed July 29, 2002, effective March 30, 2003.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995; 630.655, RSMo 1980; and 631.010, RSMo 1980.*

9 CSR 30-3.132 Opioid Treatment Program

PURPOSE: This rule describes the specific functions, policies and practices required for a methadone treatment program.

(1) Eligibility for Certification and Service Delivery. Prior to delivering opioid treatment services, an agency must apply for and receive provisional certification from the department.

(A) The agency must document the need for new services and must demonstrate community acceptance of the proposed site(s).

1. Determination of the need for new services shall be at the department's sole discretion as the designated state authority responsible for opioid treatment. The determination of need shall be based on applicable data, such as waiting lists, emergency room visits, arrest data, and federal drug use forecasting data.

2. A new site cannot be located within fifty (50) miles of an existing opioid treatment site, unless otherwise indicated by a determination of need.

3. Community acceptance must be solicited within a one (1)-mile radius of any proposed new site. Assurance must be provided to the department of community acceptance, as well as letters of support from local authorities.

(B) An agency applying for provisional certification as an opioid treatment program in the state of Missouri must have provided other certified alcohol and drug services within the state for two (2) years prior to the application.

(C) In order to be certified as an opioid treatment program, the program shall comply with applicable local, state and federal laws and regulations including those under the jurisdiction of the Food and Drug Administration and the Drug Enforcement Administration.

(2) Treatment Goals and Performance Outcomes. Opioid treatment services shall be organized to achieve key goals and performance outcomes.

(A) Key goals shall include—

1. Developing positive and stable functioning in the community with reduced criminal activity and improved employment status;

2. Reducing or eliminating the use of illicit drugs;

3. Stabilizing emotional and behavioral functioning;

4. Improving social and family relationships; and

5. Improving health status and reducing the spread of infectious disease.

(B) Performance outcomes related to these goals shall be measured in a consistent manner. Measures shall include, but are not limited to—

1. Increasing employment and productive activities. Clients should be involved in employment or other productive activities. For those persons who have been in opioid treatment for six (6) months or longer, seventy percent (70%) shall be working, attending job training or school, be a homemaker, or have a medically documented disability; and

2. Reducing or eliminating the use of illicit drugs. Random urine drug screening shall be used to measure the program's effectiveness in helping clients' progress toward this goal.

A. The following aggregate results shall be expected from random urine drug screening conducted each month—

(I) For all clients tested, seventy percent (70%) shall be free of all drugs; and

(II) For those clients tested who have been in opioid treatment for one (1) consecutive year or longer, eighty percent (80%) shall be free of opiates.

B. In calculating these performance outcomes, the following categories of clients may be exempted—

(I) Persons admitted to the program within the past ninety (90) days;

(II) Persons undergoing administrative withdrawal due to program infraction(s) or other circumstance; and

(III) Persons undergoing withdrawal against medical advice.

(C) If a program does not meet a performance outcome listed in subsection (2)(B) of this rule for three (3) consecutive months, it shall be considered a significant deficiency related to quality of care. The department shall—

1. Place the program on administrative review, require submission of a written plan of correction, and monitor performance for at least ninety (90) days; or

2. Issue conditional certification under the provisions of 9 CSR 10-7.130.

(3) Medical Director. The program shall have a medical director who is a physician licensed in Missouri. Responsibilities of the medical director include, but are not limited to:

(A) Ensuring that clients meet admission criteria and receive the required physical examination and laboratory testing;

(B) Prescribing methadone with client input; and

(C) Reviewing and signing the client's initial treatment plan and the comprehensive treatment plan on an annual basis.

(4) Services. The program shall provide a range of treatment and rehabilitation services to address the therapeutic needs of persons served.

(A) Services shall include:

1. Individual counseling, group education, and counseling, family therapy, community support;

2. Medical evaluations;

3. Use of methadone for medically supervised withdrawal from narcotics and for ongoing opioid treatment.

A. Medically supervised withdrawal means the dispensing of methadone in decreasing doses to an individual in order to alleviate adverse physiological or psychological effects incidental to withdrawal from the continuous or sustained use of narcotics and in order to bring the individual to a drug-free state within a one hundred eighty (180)-day time period.

B. Ongoing opioid treatment means the dispensing of methadone for more than one hundred eighty (180) days in the treatment of an individual for dependence on heroin or other morphine-like drug; and

4. Medical director shall insure that dosage is appropriate to the patient's need.

(B) While eventual withdrawal from the use of all drugs, including methadone, may be an appropriate treatment goal, some clients may remain in opioid treatment for relatively long periods of time.

1. Periodic consideration shall be given to withdrawing from continued opioid treatment, when appropriate to the individual's progress and goals.

2. Such consideration and decisions shall be determined by the client and the program staff as part of an individualized treatment planning process.

(C) The program shall offer services at least six (6) days per week. Services shall be available during early morning or evening so that clients who are employed or otherwise involved in productive, daily activities can access services.

(D) Programs in the same geographical area shall work together to maximize hours of operation and treatment accessibility.

(5) Admission Criteria. The program shall provide treatment and rehabilitation, which includes the use of methadone, to those persons who demonstrate physiologic dependence to heroin and other morphine-like drugs. Priority for admission shall be given to women who are pregnant and to persons who are Human Immunodeficiency Virus (HIV) positive. Persons who are not residents of the state of Missouri shall comprise no more than twenty percent (20%) of the clients of the program.

(A) In order to qualify for medically supervised withdrawal, the applicant must demonstrate physiologic dependence to narcotics. Documentation must indicate clinical signs of dependence, such as needle marks, constricted or dilated pupils, etc.

(B) In order to qualify for initial admission to ongoing opioid treatment, the applicant must demonstrate physiologic dependence and continuous or episodic addiction for the one (1)-year period immediately prior to application for admission. Documentation must indicate clinical signs of dependence, past use patterns and treatment history, etc. The following exceptions may be made to the minimum admission requirements for opioid treatment:

1. The program may place a pregnant applicant on a methadone treatment regimen, regardless of age, if the applicant has had a documented dependency on heroin or other morphine-like drugs in the past and may be in direct jeopardy of returning to such dependency, with its attendant dangers during pregnancy. The applicant need not show evidence of current physiologic dependence if a program physician certifies the pregnancy and, in his/her reasonable clinical judgment, justifies opioid treatment;

2. For an applicant who is under the age of eighteen (18), the program shall document two (2) unsuccessful attempts at drug-free treatment prior to admission to ongoing opioid treatment. The program shall not admit any person under the age of sixteen (16) to a program without the prior approval of the Division of Alcohol and Drug Abuse; and

3. An applicant who has been residing in a correctional institution for one (1) month or longer may enroll in a program within fourteen (14) days before release or discharge or within six (6) months after release from such an institution without evidence of current physiologic dependence on narcotics provided that prior to institutionalization the client would have met the one (1)-year admission criteria.

(C) In order to qualify for readmission to opioid treatment, the applicant must demonstrate current physiologic dependence.

1. The program may waive this requirement if it documents prior opioid treatment of six (6) months or more and discharge within the past two (2) years.

2. At the discretion of its medical director, the program may require an applicant who has received administrative detoxification due to an infraction of program rules to wait a minimum of thirty (30) days prior to applying for readmission.

(D) The medical director may refuse the admission of an applicant and/or opioid treatment to a particular client if, in the reasonable clinical judgment of the medical director, the person would not benefit from such treatment. Prior to such a decision, appropriate staff should be consulted and the reason(s) for the decision must be documented by the medical director.

(6) Admission and Assessment Protocol. The opioid treatment program shall—

(A) Verify the applicant is not currently enrolled in another methadone program;

(B) Obtain the applicant's signature on a consent to treatment, ensuring that the client understands the risks and benefits of opioid treatment and the possibility of administrative detoxification for infractions of program rules;

(C) Conduct a complete medical history and physical examination to determine symptoms of withdrawal and the possibility of infectious disease; and

(D) Obtain laboratory testing to determine—

1. Blood count and differential and chemical profile;

2. Serological test for sexually transmitted disease;

3. Routine and microscope urinalysis;

4. Pregnancy test;

5. Toxicology screening for drugs;

6. Intradermal Purified Protein Derivative (PPD) test, administered and interpreted by medical staff; and

7. A chest X-ray, pap smear, or screening for sickle cell disease if the examining medical personnel request these tests.

(E) A complete medical history, physical examination, and laboratory testing shall not be required for a client who has had such medical evaluation within the prior thirty (30) days. The program shall have documentation of the medical evaluation and any significant findings.

(7) Continued Placement and Utilization Criteria. The program shall utilize a structured approach in providing treatment and rehabilitation services and shall use established criteria for determining client progress. Client progress and movement between the structured phases of treatment shall be based on the following criteria:

(A) Absence of the use of alcohol and other drugs, except as medically prescribed;

(B) Social, vocational, legal, family, emotional and behavioral functioning;

(C) Program attendance as scheduled; and

(D) Other individual goals and accomplishments related to the client's treatment plan.

(8) Phases of Treatment. The program shall utilize six (6) structured phases of treatment and rehabilitation to indicate client progress and to establish requirements regarding client attendance and service participation. The requirements listed below for each phase are minimum requirements and the frequency and extent of treatment and rehabilitation services shall be adjusted, based on individual client needs.

(A) Phase I consists of a minimum ninety (90)-day period in which the client attends the program for observation of opioid treatment daily or at least six (6) days a week. Take-home dosage is limited to a single dose each week.

1. During the initial ninety (90) days, the client shall participate in at least four (4) hours of counseling per month with at least two (2) of the hours being individual counseling.

2. During the initial ninety (90) days, the treatment plan shall be reviewed and updated on at least a monthly basis.

3. Prior to client moving to Phase II or receiving take-home medication, the client shall demonstrate a level of stability as evidenced by absence of alcohol and other drug abuse, regularity of program attendance, absence of significant behavior problems, absence of recent criminal activities, and

employment, actively seeking employment or attending school if not retired, disabled, functioning as a homemaker, or otherwise economically stable.

(B) Phase II is designated for clients who have been admitted more than ninety (90) days, but less than two hundred seventy (270) days and who have successfully met Phase I criteria.

1. During the first ninety (90) days of Phase II, the program may issue no more than two (2) take-home doses of methadone at a time.

2. The client shall participate in at least two (2) hours of counseling per month during the first three (3) months of Phase II, with at least one (1) of the hours being individual counseling.

3. During the second ninety (90) days of phase II, the client shall participate in at least one (1) hour of individual counseling per month, and the program may issue no more than three (3) take-home doses of methadone plus closed and holiday days.

4. The treatment plan shall be reviewed and updated at least every three (3) months during Phase II.

(C) Phase III is designated for clients who have been admitted more than nine (9) months but less than one (1) year and who have successfully met progressive Phase II criteria.

1. During Phase III, the program may issue no more than six (6) take-home doses of methadone plus closed and holiday days.

2. The client shall participate in at least one (1) hour of individual counseling per month during Phase III.

3. The treatment plan shall be reviewed and updated at least every six (6) months during Phase III, or more frequently if circumstances warrant.

(D) Phase IV is designated for clients who have been admitted more than one (1) year but less than two (2) years and who have successfully met progressive Phase III criteria.

1. During Phase IV, the program may issue two (2) week take-home doses plus closed and holiday days.

2. The client shall participate in at least one (1) hour of individual counseling per month during this phase.

3. The treatment plan shall be reviewed and updated at least every six (6) months during this phase.

(E) Phase V is designated for clients who have been admitted for more than two (2) years.

1. During Phase V, the program may issue one (1) month maximum take-home doses.

2. The client shall participate in at least one (1) hour of individual counseling per month during this phase.

3. The treatment plan shall be reviewed and updated at least every six (6) months during this phase.

(F) Phase VI is designated for clients who voluntarily seek medically supervised withdrawal and abstinence from all drugs, including methadone as prescribed. A client may enter this phase at any time in the treatment and rehabilitation process.

1. During Phase VI, the medical director determines take-home doses based on stability.

2. During Phase VI, the counselor determines the frequency of counseling sessions with input from the client. At the onset of Phase V, the client may require an increased level of counseling and other support services.

3. The counselor and patient develop an after care plan prior to the successful completion of treatment.

(9) Program Rules. In order to remain in the program and to successfully progress through the phases of treatment and rehabilitation, a client shall demonstrate progress and shall comply with program rules.

(A) An infraction of program rules by a client may result in administrative medical withdrawal from methadone and termination from the program.

(B) For the purpose of these standards, an infraction means threats of violence or actual bodily harm to staff or another client, disruptive behavior, community incidents (loitering, diversion of methadone, sale or purchase of drugs), continued unexcused absences from counseling and other support services, involvement in criminal activities and other serious rule violations.

(C) A client who either relapses or ceases to meet the progressive phase criteria for which they have been granted may, at the discretion of the medical director, be moved to a phase that the medical director determines is necessary to reestablish stability.

(D) Administrative medical withdrawal shall be scheduled in such a way as to minimize the psychological and physical effects of such withdrawal. Administrative medical withdrawal shall be completed in a manner appropriate to the client's level of medication and the circumstances justifying such action. Programs may facilitate a transfer to another program or referral to a medical facility in lieu of administrative medical withdrawal.

(10) Safety and Health. The program shall establish and implement policies, procedures, and practices which ensure access to its services and which address the safety and health of its clients. The provider shall—

(A) Ensure continued opioid treatment in the event of emergency or natural disaster;

(B) Ensure treatment to persons regardless of sero status, HIV-related conditions, acquired immunodeficiency syndrome (AIDS), or tuberculosis (TB);

(C) Provide information and education to clients regarding HIV and AIDS;

(D) Provide or arrange HIV testing and pre-test and post-test counseling for clients;

(E) Provide or arrange testing for tuberculosis and sexually transmitted diseases upon admission and at least annually thereafter;

(F) Provide medical evaluations to clients upon admission and at least annually thereafter;

(G) Utilize infection control procedures consistent with Occupational Safety and Health Administration guidelines;

(H) Arrange for medical care to clients during pregnancy, when necessary, and document the arrangements made and the client's compliance.

(11) Staff Training. All direct service and medical staff shall receive training relevant to service delivery in an opioid treatment setting. Each staff member shall participate in fourteen (14) clock hours of such training during a two (2)-year period.

(12) Drug Testing. The program shall use drug testing as a performance measure and as a clinical tool for the purpose of diagnosis and treatment planning.

(A) Each sample shall be analyzed for opiates, methadone, amphetamines, cocaine, barbiturates, and benzodiazepines. Testing shall include other drugs as may be indicated by a client's use patterns. In addition, if any other drug or drugs have been determined by a program to be abused in that program's locality, or as otherwise indicated, each test or analysis must include any such drugs.

(B) Drug testing shall be done upon admission, and random drug testing of each client shall be conducted at least eight (8) times during a twelve (12)-month period.

(C) Following admission, the results of a single drug test shall not be the sole basis to determine significant treatment decisions.

(D) A program with thirty percent (30%) or more of its client population having positive drug test results shall be placed on administrative review and the agency shall develop an action plan to bring its program into compliance with this performance expectation.

(13) Take-Home Doses. The program shall implement practices in accordance with the principle that take-home doses of methadone is a privilege given only to those individuals who will benefit from it and who have demonstrated responsibility in taking methadone as prescribed.

(A) The requirement of time in treatment as outlined elsewhere in this rule is a minimum reference point after which a client may be considered for take-home medication privileges. The time reference does not mean that a client in treatment for a particular time has a specific right to take-home medication.

(B) Programs must educate the client regarding safe transportation and storage of methadone as well as emergency procedures in case of accidental ingestion.

(C) Before take-home privileges are allowed, the client must have a lock box for transportation of methadone and home storage.

(D) The program shall have policies that address the responsibilities of patients granted take-home medications. The policies shall include methods of assuring client's appropriate use and storage of medication.

(E) The program shall have policies in place addressing the return of take-home bottles. Policies shall include bottles returned with labels intact and consequences of unreturned bottles.

(F) Regardless of time in treatment, the medical director, in his/her reasonable judgment, may deny or rescind the take-home medication privileges of a client.

(14) Methadone Storage and Security. The program shall ensure the security of its methadone supply and shall account for all methadone.

(A) The program shall meet the requirements of the Drug Enforcement Administration.

(B) The program shall maintain an acceptable security system, and its system shall be checked on a quarterly basis to ensure its continued safe operation.

(C) The program shall physically separate the narcotic storage and dispensing area from other parts of its facility used by clients.

(D) The program shall implement written policies and procedures to ensure positive identification of the client before methadone is administered.

(E) The program shall implement written policies and procedures regarding the recording of client medication intake and a daily methadone inventory.

(15) Emergency Medication. The medical director may, based on his/her reasonable judgment, grant emergency take-home doses of methadone based on emergency circumstances related to medical, criminal justice, family or employment. The circumstances and basis for the action must be documented in the client record and should address the concerns outlined in section (13). Take-home doses for in-state emergencies is limited to a maximum of three (3) doses and out-of-state is limited to a maximum of five (5) doses. Additional take-home doses must be authorized through the exception request process.

(16) Vacation Medication. The program medical director may, based on his/her reasonable judgment grant vacation take-home doses of methadone for up to two (2) weeks per calendar year. The circumstances and basis for the action must be documented in the client record and should address the concerns outlined in section (13). Additional take-home medication must be authorized through the exception request process.

AUTHORITY: sections 630.655 and 631.102, RSMo 2000. This rule originally filed as 9 CSR 30-3.610. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded and readopted: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed July 29, 1997, effective Jan. 30, 1998. Moved to 9 CSR 30-3.132 and amended: Filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Oct. 15, 2001, effective April 30, 2002. Amended: Filed March 8, 2002, effective Sept. 30, 2002. Amended: Filed July 1, 2003, effective Dec. 30, 2003.*

**Original authority: 630.655, RSMo 1980 and 631.102, RSMo 1997.*

9 CSR 30-3.134 Compulsive Gambling Treatment

PURPOSE: This rule describes the specific service delivery requirements for compulsive gambling treatment.

Editor's Note: The following material is incorporated into this rule by reference:

*1) American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorders** 4th Edition. (Washington, D.C., American Psychiatric Association, 1994).*

In accordance with section 536.031(4), RSMo, the full text of material incorporated by reference will be made available to any interested person at the Office of the Secretary of State and the headquarters of the adopting state agency.

(1) Service Functions. The key functions of compulsive gambling treatment and rehabilitation services shall include:

(A) Using generally accepted treatment principles to promote positive changes in gambling behavior and lifestyle;

(B) Exploring the compulsive gambling and its impact on individual and family functioning;

(C) Helping the person to better understand his/her needs and how to constructively meet them;

(D) Teaching effective methods to deal with urges to gamble; and

(E) Enhancing motivation and creative problem solving for both the individual and his/her family.

(2) Treatment Goals and Performance Outcomes. Indicators of positive treatment outcome include the amelioration of gambling behavior, as well as improvements in family relationships, leisure and social activities, educational/vocational functioning, legal status, psychological functioning and financial situation.

(3) Eligibility Criteria. Eligibility for treatment services shall be based on criteria for pathological gambling as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association. There must be documentation of the specific behaviors and circumstances demonstrating how the person meets each criteria. For persons who receive services funded by the department or through a service network authorized by the department, those instruments stipulated or provided by the department shall be used in the admission process and eligibility determination.

(4) Available Services. Compulsive gambling treatment services shall be offered on an individual, family and group basis in an outpatient setting. Available services shall include individual counseling, group education and counseling, family therapy, and codependency counseling for family members.

(A) Each client shall be oriented to and encouraged to participate in self-help groups and peer support.

(B) Family members of persons with a gambling problem shall be encouraged to participate in a recovery process. Such participation does not include counseling sessions for family members on an ongoing basis to resolve other personal problems or other mental disorders.

(C) The treatment provider shall arrange other services and make referrals to address

other problems that the client or the family may have, such as financial problems, substance abuse or other mental disorders.

(5) Service Authorization and Utilization Review. Services shall be subject to authorization and clinical utilization review in accordance with 9 CSR 30-3.100 Service Delivery Process and Documentation.

(6) Definition of Compulsive Gambling Counselor. A compulsive gambling counselor is a person who demonstrates substantial knowledge and skill in the treatment and rehabilitation of compulsive gambling by having completed a designated training program sponsored or approved by the division and being either—

(A) A counselor, clinical social worker, psychologist, or physician licensed in Missouri by the Division of Professional Registration; or

(B) A substance abuse counselor I or II certified by the Missouri Substance Abuse Counselor Certification Board.

(7) Credentialing of Compulsive Gambling Counselors. The department shall issue a compulsive gambling counselor credential to designate those persons who meet the qualifications specified in this rule. This credential shall be a requirement for providing compulsive gambling counseling services eligible for funding by the department.

(A) A person may request an application for this credential from the Department of Mental Health PO Box 687, Jefferson City, MO 65102.

1. The department may require an application fee.

2. The applicant must fully complete the application process and must verify that s/he meets all qualifications specified in this rule.

(B) The credential shall be issued for a period of time coinciding with the period of licensure or certification otherwise required of the applicant, up to a maximum period of two (2) years.

(C) The credential may be renewed upon further application and verification that the counselor continues to meet all qualifications. For renewal, the applicant must have received during the past two (2) years at least fourteen (14) hours of training sponsored or approved by the department that is directly related to the treatment of compulsive gambling.

(D) Credentialed counselors shall adhere to the code of ethics for their profession in providing services for compulsive gambling.

1. Any complaint or grievance received by the department regarding a compulsive gambling counselor shall be forwarded to the applicable licensure or certification body.

2. Any sanction arising from a code of ethics violation shall be deemed as applying equally to the compulsive gambling counselor credential.

AUTHORITY: sections 313.842, 630.050 and 630.655, RSMo 2000. This rule originally filed as 9 CSR 30-3.611. Original rule filed Oct. 13, 1995, effective April 30, 1996. Amended: Filed Jan. 10, 1997, effective Aug. 30, 1997. Moved to 9 CSR 30-3.134 and amended: Filed Feb. 28, 2001, effective Oct. 30, 2001.*

**Original authority: 313.842, RSMo 1991, amended 1996, 2000; 630.050, RSMo 1980, amended 1993, 1995; and 630.655, RSMo 1980.*

9 CSR 30-3.140 Residential Treatment

PURPOSE: This rule describes the goals, eligibility and discharge criteria, available services, and performance indicators for residential treatment.

(1) Treatment Goals. Residential treatment shall offer an intensive set of services in a structured alcohol- and drug-free setting. Services shall be organized and directed toward the primary goals of—

(A) Stabilizing a crisis situation, where applicable;

(B) Interrupting a pattern of extensive or severe substance abuse;

(C) Restoring physical, mental and emotional functioning;

(D) Promoting the individual's recognition of a substance abuse problem and its effects on his/her life;

(E) Developing recovery skills, including an action plan for continuing sobriety and recovery; and

(F) Promoting the individual's support systems and community reintegration.

(2) Eligibility Criteria. In order to fully participate in and benefit from the intensive set of services offered in residential treatment, a person must meet the following admission and eligibility criteria:

(A) Does not demonstrate symptoms of intoxication, impairment or withdrawal that would hinder or prohibit full participation in treatment services. A screening instrument, that includes vital signs, must be used with all prospective clients to identify symptoms of intoxication, impairment, or withdrawal and, when indicated, detoxification services must be provided or arranged;

(B) Needs an alternative, supervised living environment to ensure safety and protection from harm;

(C) Meets the general treatment eligibility requirement of a current diagnosis of substance abuse or dependence and, in addition, demonstrates one or more of the following—

1. Recent patterns of extensive or severe substance abuse;

2. Inability to establish a period of sobriety without continuous supervision and structure;

3. Presence of significant resistance or denial of an identified substance abuse problem; or

4. Limited recovery skills and/or support system; and

(D) A client may qualify for transfer from outpatient to residential treatment if the person—

1. Has been unable to establish a period of sobriety despite active participation in the most intensive set of services available on an outpatient basis; or

2. Presents imminent risk of serious consequences associated with substance abuse.

(3) Safety and Supervision. The residential setting shall ensure the safety and well-being of persons served.

(A) Staff coverage shall ensure the continuous supervision and safety of clients.

1. There shall be an adequate number of paid staff on duty (awake and dressed) at all times. At least two (2) staff shall be on duty, unless otherwise stipulated in these rules or authorized in writing by the department through the exceptions process. Additional staff shall be required, if warranted by the size of the program and the responsibilities and duties of the staff members.

2. Clients shall be supervised at all times by a staff member with current certification in first aid and cardiopulmonary resuscitation.

(B) The program shall immediately and effectively address any untoward or critical incident including, but not limited to, any incident of alcohol or drug use by a client on its premises.

(4) Intensive Services with Individualized Scheduling. Services shall be responsive to the needs of persons served.

(A) There shall be a current schedule of program activities that offers a minimum of fifty (50) hours of structured, therapeutic activity per week.

1. Therapeutic activities shall be provided seven (7) days per week.

2. Group education and group counseling must constitute at least twenty (20) of the required hours of therapeutic activity per week.

(B) At least one (1) hour of individual counseling per week shall be provided to each client. Additional individual counseling shall be provided, in accordance with the individual's needs.

(5) Discharge Criteria. Each client's length of stay in residential treatment shall be individualized, based on the person's needs and progress in achieving treatment goals.

(A) To qualify for successful completion and discharge from residential treatment, the person should—

1. Demonstrate a recognition and understanding of his/her substance abuse problem and its impacts;

2. Achieve an initial period of sobriety and accept the need for continued care;

3. Develop a plan for continuing sobriety and recovery; and

4. Take initial steps to mobilize supports in the community for continuing recovery.

(B) A person may be discharged before accomplishing these goals if maximum benefit has been achieved and—

1. No further progress is imminent or likely to occur;

2. Clinically appropriate therapeutic efforts have been made by staff; and

3. Commitment to continuing care and recovery is not demonstrated by the client.

(6) The program handles applications for continued civil detention in accordance with sections 631.140, 631.145 and 631.150, RSMo 2000.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Oct. 15, 2001, effective April 30, 2002. Amended: Filed April 15, 2002, effective Nov. 30, 2002.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995; 630.655, RSMo 1980; and 631.010, RSMo 1980.*

9 CSR 30-3.150 Comprehensive Substance Treatment and Rehabilitation (CSTAR)

PURPOSE: This rule establishes special requirements for service delivery as Comprehensive Substance Treatment and Rehabilitation (CSTAR).

(1) Levels of Care. A CSTAR program shall provide the following levels of care on a nonresidential basis in accordance with requirements for outpatient programs:

(A) Primary treatment;

(B) Intensive outpatient treatment; and

(C) Supported recovery.

(2) Other Applicable Program Requirements. A CSTAR program shall meet the following additional requirements, when the department determines that they are applicable:

(A) Services offered on a residential basis shall comply with requirements for residential treatment; and

(B) Requirements as a specialized program for adolescents or as a specialized program for women and children shall be met, where applicable.

(3) Medicaid Eligibility. An organization must be certified as a CSTAR program in order to qualify for Medicaid reimbursement of substance abuse treatment services to eligible persons.

(A) A CSTAR program shall comply with applicable state and federal Medicaid requirements.

(B) If there is a change in the Medicaid eligibility or financial status of a person served, the individual shall not be prematurely discharged from the CSTAR program or otherwise denied CSTAR services. The program shall—

1. Continue to provide all necessary and appropriate services until the client meets rehabilitation plan goals and criteria for discharge; or

2. Transition the client to another provider such that there is continuity of clinically appropriate treatment services.

(4) Missed Appointments. If an individual fails to appear at a scheduled program activity, staff shall promptly initiate efforts to contact the person and maintain active program participation.

(A) Such efforts should be initiated within forty-eight (48) hours, unless circumstances indicate a more immediate contact should be made due to the person's symptoms and functioning or the nature of the scheduled service.

(B) Efforts to contact the person shall be documented in the individual's record.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995; 630.655, RSMo 1980; and 631.010, RSMo 1980.*

9 CSR 30-3.160 Institutional Corrections Treatment Programs

PURPOSE: This rule supplements other rules under this chapter by setting forth rules which are specific to institutional corrections treatment programs.

(1) Program Description. An institutional corrections treatment program shall provide treatment and rehabilitation services to persons with substance abuse problems who are incarcerated by the Missouri Department of Corrections. This rule does not apply to those corrections programs or facilities which provide only educational services regarding substance abuse.

(2) Admission Criteria. The program shall provide treatment and rehabilitation for those persons who—

(A) Meet diagnostic criteria for a substance abuse or dependence as described in the current edition of the *Diagnostic and Statistical Manual* of the American Psychiatric Association; or

(B) Have been ordered by a court of jurisdiction or by the Board of Probation and Parole to participate in a substance abuse treatment program in an institutional setting under the auspices of the Department of Corrections.

(3) Treatment Goals. The program shall provide treatment and rehabilitation in a structured, alcohol- and drug-free setting.

(A) Services shall be organized and directed toward the primary goals of—

1. Stabilizing a crisis situation, where applicable;

2. Interrupting a pattern of extensive or severe substance abuse;

3. Restoring physical, mental and emotional functioning;

4. Promoting the individual's recognition of a substance abuse problem and its effects on his/her life;

5. Developing recovery skills, including an action plan for continuing sobriety and recovery; and

6. Promoting the individual's support systems and community reintegration.

(B) The program shall establish a positive, recovery-oriented, supportive treatment setting that emphasizes personal responsibility and accountability and promotes pro-social interaction.

(C) Services shall promote reality-based, cognitive restructuring approaches to address substance abuse and criminality.

(4) Performance Indicators. All programs shall collect and review data related to the

goals and outcomes for institutional corrections treatment.

(A) Each program shall collect data on key indicators that may include, but are not limited to, the following:

1. Client satisfaction with services;

2. Number of persons who successfully complete institutional corrections treatment;

3. Number of persons who leave against staff advice or are otherwise unsuccessfully discharged from the program;

4. Number of persons who engage in continuing treatment in the community;

5. Number of persons who commit further offenses in the community upon release or are re-incarcerated in a correctional facility;

6. Number of persons maintaining a drug-free status as determined by laboratory tests to detect the use of alcohol and drugs; and

7. Changes in the functioning of clients (such as employment and other measures of social and emotional functioning).

(B) Each program shall use this data in its quality improvement process.

(C) The Department of Corrections may require, at its option, the use of designated indicators or measures in order to promote consistency and the wider applicability of this data.

(5) Adapting Other Requirements to Institutional Corrections Treatment Programs and Settings. Requirements referenced under 9 CSR 30-3.022 Certification of Alcohol and Drug Abuse Programs shall be applicable to institutional corrections treatment programs and settings, subject to the modifications and adaptations specified in this rule. The program shall comply with the following requirements without modification or adaptation:

(A) 9 CSR 10-7.010 Treatment Principles and Outcomes;

(B) 9 CSR 10-7.040 Quality Improvement;

(C) 9 CSR 10-7.050 Research;

(D) 9 CSR 10-7.090 Governing Authority and Program Administration;

(E) 9 CSR 10-7.100 Fiscal Management;

(F) 9 CSR 10-7.130 Procedures to Obtain Certification;

(G) 9 CSR 10-7.140 Definitions;

(H) 9 CSR 10-5.190 Criminal Record Review; and

(I) 9 CSR 10-5.200 Report of Complaints of Abuse and Neglect.

(6) Service Definitions and Staff Qualifications. Requirements under 9 CSR 30-3.110 Service Definitions and Staff Qualifications are included by reference and are adapted for institutional corrections treatment programs as follows:

(A) The maximum size of educational groups for clients shall be identified in the organization's policy and procedures manual, approved by its governing authority, and stated in its application for certification.

1. In no case shall the size of the educational groups exceed the capacity for comfort, safety and security.

2. Educational groups shall be supplemented with methods such as worksheets, homework assignments or small discussion groups to enhance clients' understanding and internalization of the information presented.

(B) Educational groups for family members should be offered which provide information about substance abuse and its effects on the family. These groups may include family members and significant others who have an ongoing relationship with the individual that affects the continuing recovery plan.

(7) Service Delivery Process and Documentation. Requirements regarding Service Delivery and Documentation under 9 CSR 10-7.030 and 9 CSR 30-3.100 are included by reference and are adapted for institutional corrections treatment programs as follows:

(A) Individual counseling, group education and counseling, recreation and introduction to self-help groups shall be provided to each client;

(B) Community support, family therapy, and codependency counseling are not required services. However, if these services are offered, service delivery shall be in accordance with applicable standards;

(C) The screening process required under 9 CSR 10-7.030(1) is waived. However, it is the program's responsibility to identify and to refer individuals to appropriate Department of Correction services. The program shall—

1. Comply with Department of Corrections' policy for provision of psychological and medical emergency care; and

2. Coordinate services within the Department of Corrections to ensure the individual's safety;

(D) The assessment shall be completed by a qualified substance abuse professional within ten (10) working days of admission to the treatment program to ensure identification of the appropriate level of care and to develop the individualized treatment plan;

(E) The treatment plan shall be also developed within ten (10) working days of admission to the treatment program and shall accurately reflect the individual's needs and goals;

(F) Treatment plans shall be reviewed and updated as follows, unless a more frequent review is stipulated by the court for an individual:

1. Programs with an expected length of stay of six (6) months or less shall review and update treatment plans every forty-five (45) days;

2. Programs with an expected length of stay of more than six (6) months shall review and update treatment plans every ninety (90) days;

(G) Persons involved in the care and treatment of an individual shall participate in a staffing for the purpose of developing, coordinating, and communicating the treatment plan to all applicable parties;

(H) The program shall facilitate access to and cooperation with all necessary services within the institution including access to pertinent medical records;

(I) The program shall conduct or arrange tests to detect a client's use of alcohol and drugs in accordance with certification standards or Department of Corrections policy and procedure;

(J) The program shall provide an intensive phase of treatment and a less intensive phase including, but not limited to, orientation and work release.

1. During the intensive phase of treatment, each client shall participate in a minimum of thirty (30) hours of planned, structured, therapeutic activity per week.

2. During the less intensive phase of treatment, each client shall participate in a minimum of ten (10) hours of planned, structured, therapeutic activity per week;

(K) Individual counseling shall be provided to each person as follows:

1. Programs with an expected length of stay of six (6) months or less shall provide at least two (2) one-hour sessions per month; and

2. Programs with an expected length of stay of more than six (6) months shall provide at least one (1) one-hour session per month;

(L) Each client shall attend a minimum of two (2) one-hour group counseling sessions per week;

(M) A discharge summary shall be completed and entered in the client's record within fifteen (15) days of discharge or transfer from the program;

(N) For each group session, a group log shall document the type of service, summary of the service, date, actual beginning and ending time, clients' attendance and the signature and title of the staff member providing the service. Group activities may be documented in the client record on a prepared schedule, validated by the initials of the service provider; and

(O) There shall be written policies and procedures to assure the quality of client records.

1. Reviews shall include all applicable forms and documents.

2. Reviews shall include appropriate clinical content of the following documentation: comprehensive assessment; individualized treatment plan and updates; progress notes; continuing recovery plans; and discharge summaries.

3. Random reviews shall be conducted on a quarterly basis.

4. The agency shall maintain a record of files reviewed and include recommendations, corrective actions, and the status of previously identified problems.

5. Files shall reflect date of review and title and signature of person conducting the review.

(8) Client Rights, Responsibilities and Grievances. Requirements under 9 CSR 10-7.020 Client Rights, Responsibilities and Grievances are included by reference and are adapted for institutional corrections treatment programs as follows:

(A) Each individual shall be entitled to these rights, privileges and procedures except where they conflict with rules or official policy governing the rights and privileges of individuals in the custody of the Department of Corrections;

(B) Any deviations from the rights, privileges and procedures defined in 9 CSR 10-7.020 which are necessary for all individuals shall be identified in the organization's policy and procedures manual, approved by its governing authority, and justified in its application for certification;

(C) The following rights enumerated under section 9 CSR 10-7.020(3) may be waived:

1. To receive services in the least restrictive environment;

2. To consult with a private, licensed practitioner at one's own expense;

3. To be paid for work unrelated to treatment, except that the individual may be expected to perform limited tasks and chores within the program that are designed to promote personal involvement and responsibility, skill building or peer support. Any tasks and chores beyond routine care and cleaning of activity or bedroom areas within the program must be directly related to recovery and treatment plan goals developed with the individual;

(D) The right to see one's own records applies only to treatment records;

(E) The following rights enumerated under section 9 CSR 10-7.020(4) may be waived:

1. To wear one's own clothes and keep and use one's own personal possessions;

2. To keep and be allowed to spend a reasonable amount of one's own funds;

3. To have reasonable access to a telephone to make and to receive confidential calls;

4. To be free from seclusion and restraint;

5. To receive visitors of one's own choosing at reasonable hours; and

6. To communicate by sealed mail with individuals outside the facility;

(F) The right to use the telephone and receive visitors is subject to the policies of the Department of Corrections; and

(G) The organization shall ensure that all individuals have the same legal rights and responsibilities as any other citizen, unless otherwise limited by law or Department of Corrections policy.

(9) Behavior Management. Requirements related to behavior management under 9 CSR 10-7.060 are not applicable to institutional corrections treatment programs.

(10) Medications. Requirements under 9 CSR 10-7.070 Medications are included by reference, except that medication requirements do not apply to an institutional dispensary or other medical unit of the facility where services are provided under contractual agreement.

(11) Dietary Service. Requirements under 9 CSR 10-7.070 Dietary Service are included by reference with the following modification for institutional corrections treatment programs.

(A) An institutional corrections treatment program shall include, as part of its application for certification, evidence that its dietary staff, services and facility comply with applicable requirements established by the Department of Corrections.

(B) If this documentation is provided, the institutional corrections treatment program shall be considered in compliance with 9 CSR 10-7.070 Dietary Service.

(12) Personnel. Requirements under 9 CSR 10-7.100 Personnel are included by reference with additional requirements as follows:

(A) The institutional corrections treatment programs shall have a written plan for professional growth that includes cross training in treatment and corrections, and multi-cultural diversity;

(B) Correctional staff that have direct client contact shall be cross trained in treatment issues and exhibit a philosophy that treatment works; and

(C) Treatment staff shall be cross trained in correction issues and understand that custody and protection of the public, staff and offenders are the first priority of security.

(13) Physical Plant and Safety. This section modifies the requirements under 9 CSR 10-7.110 Physical Plant and Safety for institutional corrections treatment programs. Physical plant and safety standards, which would otherwise be in conflict with Department of Corrections policies and procedures, shall be waived.

(A) The program shall comply with Department of Corrections requirements regarding safety including fire safety and emergency preparedness, security, cleanliness and comfort.

(B) The institutional corrections treatment program shall, upon application for certification, provide evidence that the program meets applicable Department of Corrections requirements in these areas. Where such evidence is provided, the agency shall be considered to be in compliance with environmental standards.

(C) The design and structure of the institutional setting shall be sufficient to accommodate staff, clients and functions of the program.

AUTHORITY: sections 313.842, 630.050 and 630.655, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001.*

**Original authority: 313.842, RSMo 1991, amended 1996, 2000; 630.050, RSMo 1980, amended 1993, 1995; and 630.655, RSMo 1980.*

9 CSR 30-3.190 Specialized Program for Women and Children

PURPOSE: This rule establishes requirements relative to specialized substance abuse programs for women and children.

(1) Eligibility Criteria. The program shall provide treatment, rehabilitation, and other supports solely to women and their children. Services may be offered on a residential or outpatient basis, in accordance with admission and eligibility criteria for those programs and settings specified elsewhere in these rules.

(A) Priority shall be given to women who are pregnant, postpartum, or have children in

their physical care and custody. Postpartum shall be defined as up to six (6) months after delivery.

1. The program shall engage in all activities necessary to ensure the actual admission of and services to those women who meet priority criteria.

2. Adolescents who meet priority criteria shall be admitted if, in the staff's clinical judgment, the adolescent can appropriately participate in and benefit from the services and milieu offered.

(B) Programs designated for women and children will ensure that treatment occurs in the context of a family systems model. Each program will provide therapeutic activities designed for the benefit of children. Thus, it is important that children should accompany their mother, unless contraindicated by medical, educational, family, legal or other reasons which are documented in the client's record.

(2) Therapeutic Issues Relevant to Women. The program shall address therapeutic issues relevant to women and shall address their specific needs.

(A) Therapeutic issues relevant to women shall include, but are not limited to, parenting, relationship issues, self-esteem/self-identification, domestic violence, sexuality, health, and spirituality.

(B) Residential treatment and community-based primary treatment shall include planned, supervised activities to promote parent-child bonding.

(3) Supervision of Children. Children shall be supervised at all times.

(A) The parent/guardian should be responsible for providing supervision when the child is not attending day care or participating in other scheduled program activities.

(B) Program staff shall assist the parent in providing age-appropriate activities, training and guidance.

(4) Availability of Day Care and Staffing Patterns. The program shall ensure that child care/day care is available for children while the mother participates in treatment and rehabilitation services.

(A) The program shall obtain licensure as a day care center, unless an exception is granted by the department.

(B) If an exception is granted, the program shall nevertheless meet any licensure requirements that the department determines to be appropriate or applicable to the program. The program shall—

1. Employ a full-time staff person to assume responsibility for day care services. The person shall be qualified by having a minimum of a bachelor's degree in early childhood education or closely related field;

2. Maintain a staff-to-child ratio at the following age-related levels:

A. Birth through two (2) years. Groups composed of mixed ages through two (2) years shall have no less than one (1) adult to four (4) children, with no more than eight (8) children in a group;

B. Age two (2) years. Groups composed solely of two (2)-year-olds shall have no less than one (1) adult to eight (8) children, with no more than sixteen (16) children in a group;

C. Ages three through four (3–4) years. Groups composed solely of three (3)- and four (4)-year-olds shall have no less than one (1) adult to ten (10) children;

D. Ages five (5) and up. Groups composed solely of five (5)-year-olds and older shall have no less than one (1) adult to every sixteen (16) children; and

E. Mixed age groups two (2) years and up. Groups composed of mixed ages of children two (2) years of age and older shall have no less than one (1) adult to ten (10) children with a maximum of four (4) two (2)-year-olds. When there are more than four (4) two (2)-year-olds in a mixed group, there shall be no less than one (1) adult to eight (8) children;

3. If a center has an attendance of more than fifty (50) children, the center director or individual in charge shall not be included in staff/child ratios except during naptime or on an emergency substitute basis;

4. If a center has an attendance of more than thirty (30) children at lunch or dinner time, staff shall be provided for meal preparation, serving and cleanup. The staff shall not be included in staff/child ratios during this time; and

5. Individuals employed for clerical, housekeeping, cleaning and maintenance shall not be included in staff/child ratios while performing those duties.

(C) Day care shall not be funded by the division for children who are thirteen (13) or older, unless there has been specific authorization based on clinical utilization review.

(5) Therapeutic Issues Relevant to Children. The program shall address therapeutic issues relevant to children and shall address their specific needs. Age-appropriate activities, training and guidance shall be offered to meet the following goals:

(A) To build self-esteem;

(B) To learn to identify and express feelings;

(C) To build positive family relationships;

(D) To develop decision-making skills;

(E) To understand chemical dependency and its effects on the family;

(F) To learn and practice nonviolent ways to resolve conflict;

(G) To learn safety practices such as sexual abuse prevention; and

(H) To address developmental needs.

(6) Education for Children. The program shall assist the parent/guardian as necessary to ensure educational opportunities for school age children in accordance with the requirements of the Department of Elementary and Secondary Education.

(7) Documenting Services to Children. The program shall document any services provided to children, including day care and community support.

(A) The record shall document the child's developmental, physical, emotional, social, educational, and family background and current status.

(B) To determine the need for a child to receive services beyond day care and community support, a trained staff member shall complete an initial screening instrument approved by the department. The screening shall include an interview with at least one (1) parent and the child, whenever appropriate.

(C) If indicated by the screening, a qualified staff member will complete an assessment instrument approved by the department. The assessment will determine the appropriateness of therapeutic services and provide information to guide development of an individual plan. The assessment must be completed before a child receives any services beyond day care and community support.

(D) The child's individual plan and consent for treatment must be signed by the legal guardian.

(8) Staff Training. Service delivery staff and program administration shall demonstrate expertise in addressing the needs of women and children. All service delivery staff shall receive periodic training regarding therapeutic issues relevant to women and children.

(9) Safety and Health. The program shall maintain a safe, healthy environment which is responsive to the physical and medical needs of women and children.

(A) A registered nurse (one (1) full-time equivalent) shall be available within the program.

(B) At least one (1) staff member shall be on duty at all times who has current training in first aid and cardiopulmonary resuscitation for infants, children and adults.

(C) The program shall demonstrate effective working relationship(s) with a physician, hospital, and/or clinic to provide medical care for women, including pregnant and postpartum women, and their children.

(D) The program shall ensure an evaluation of medical need for each woman and child and shall ensure that each woman and child is medically stable to safely and adequately participate in services. For women, the evaluation of medical need shall include:

1. Current physical status, including vital signs; and

2. Any symptoms of intoxication, impairment or withdrawal.

(E) The program shall ensure that recommendations by a physician or licensed health care provider are implemented regarding medical, physical and nutritional needs.

(F) If a specialized program for women and children provides detoxification services, it shall comply with applicable standards under 9 CSR 30-3.120 Detoxification. A specialized program for women and children shall not be required to accept applications for ninety-six (96)-hour civil detention of intoxicated persons due to the presence of children within the facility.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995; 630.655, RSMo 1980; and 631.010, RSMo 1980.*

9 CSR 30-3.192 Specialized Program for Adolescents

PURPOSE: This rule establishes requirements relative to specialized substance abuse programs for adolescents.

(1) Age Criteria for Adolescents. The program shall provide treatment, rehabilitation, and other services solely to clients between the ages of twelve through seventeen (12–17) years inclusive and their families. Exceptions to these age requirements may be authorized through clinical utilization review for those individuals in which there is justification and documentation of behavior and experience appropriate for the services available.

(2) Other Eligibility Criteria. The level of care and treatment setting for adolescent services shall be based on problem severity ratings in the following domains:

(A) Substance Abuse Patterns/Withdrawal Risk. This includes factors such as recent use patterns (substances used, frequency, amount, method of administration), consequences of use, progression, tolerance, and withdrawal risk;

(B) Physical Health. This includes physical health conditions that require ongoing care and that may be a factor in treatment planning;

(C) Emotional/Behavioral Functioning. This includes factors such as suicidal ideation or plans, aggressiveness, severe conflict with others, recent running away from home; co-occurring psychiatric disorders, and need for continuous supervision;

(D) Acceptance/Resistance. This includes factors such as blaming others, willingness to acknowledge problems, and attempts to stop or cut back substance use;

(E) Abstinence Potential. This includes factors such as substance use in the past thirty (30) days, longest period of abstinence in the past six (6) months, impulsiveness, general ability to follow through with appointments and responsibilities;

(F) Recovery Environment. This includes factors such as non-using friends, involvement in non-using activities, school attendance and performance, geographic access to treatment services, and involvement of other persons or agencies to support recovery; and

(G) Family/Caregiver Functioning. This includes factors such as appropriateness of rules and consequences, availability of supervision, presence of others in the household with active substance abuse, emotional and psychiatric functioning of caregivers, ability and willingness to participate in the treatment and recovery process.

(3) Treatment Principles and Therapeutic Issues Relevant to Adolescents. The program shall address therapeutic issues relevant to adolescents and shall address their specific needs. The following principles and methods shall be reflected in services delivered to adolescents:

(A) Adolescents are best treated in settings that are programmatically and physically separate from treatment services for adults;

(B) Services shall maintain youth in the family and community setting, whenever clinically feasible;

(C) Services shall support the family and engage the family in a recovery and change process, whenever appropriate. If the parent(s) are not an available and appropriate resource, program staff shall assist in developing alternate social and family support systems for the adolescent;

(D) Services to the family shall be directed to understanding and supporting the youth's recovery process, identifying and intervening with parental substance abuse problems, improving parenting skills and communication skills within the family, and assisting the family in improving its level of functioning;

(E) A cooperative team approach shall be utilized in order to provide a consistent environment and therapeutic milieu;

(F) Cooperation with other youth-serving agencies shall be demonstrated in order to ensure that needs of youth in treatment are met and that services are coordinated. Coordination of service needs are critical with youth due to their involvement with other community agencies and reliance on the family, as well as the fact that substance abuse affects multiple life areas; and

(G) Service delivery shall address—

1. Recovery issues such as peer relationships, use of leisure time, and abuse and neglect;

2. Skill development such as decision-making and study skills; and

3. Information and education regarding adolescent developmental issues and sexuality.

(4) Living Arrangements. Adolescents may be served from a variety of living arrangements including, but not limited to, the following:

(A) Home of the parent/guardian;

(B) Foster home;

(C) Residential settings operated by the program;

(D) Juvenile detention;

(E) Other supervised living arrangements; or

(F) Independent living.

(5) Family Involvement. Each adolescent's living arrangement and family situation shall be reviewed by program staff in order to identify needs and to develop treatment goals and recovery supports for the adolescent and the family.

(A) This review shall be done by a family therapist.

(B) Refusal by the family for an in-home assessment shall not constitute automatic denial of treatment services for adolescents.

(C) The program shall actively involve family members in the treatment process, unless contraindicated for legal or clinical reasons which are documented in the client record.

(D) Staff shall orient the parent or legal guardian regarding—

1. Treatment philosophy and design;

2. Discipline and any behavioral management techniques used by the program;

3. Availability of staff to conduct home-based treatment and community support services;

4. Emergency medical procedures; and

5. Expectations about ongoing family participation.

(E) Staff shall seek family participation in treatment planning, service delivery and continuing recovery planning.

1. Services may include family participation in educational and counseling sessions.

2. Family participation in treatment planning shall be documented in the client record. In the event that the family does not participate, then staff shall document efforts to involve the family and reasons why the family did not participate.

(6) Educational and Vocational Opportunities. The program shall assist the adolescent and parent/guardian as necessary to ensure educational and/or vocational opportunities during treatment.

(7) Privilege System. Any system used by the program to modify behavior by requiring certain behaviors to earn privileges or restricting privileges (that is, step-down program) for failure to comply with requirements shall be defined in writing, stated in behavioral terms to the extent possible, and applied consistently to all clients.

(8) Safety and Health. The program shall maintain a safe, healthy environment which is responsive to the physical and medical needs of adolescents.

(A) Adolescents shall be prohibited from smoking on the premises, grounds and any off-site program functions.

(B) For adolescents receiving residential support, the program must provide or arrange for a history and physical examination performed by a physician licensed in Missouri or a nurse practitioner licensed and authorized to title and practice as an advanced practice nurse pursuant to 335.016, RSMo and who is engaged in a written collaborative practice arrangement as defined by law. Registered nurses may still conduct initial health screenings upon admission to a residential support setting, but this screening does not satisfy the requirement for a history and physical examination as defined above.

(C) The program shall demonstrate effective working relationship(s) with a physician, hospital, and/or clinic to provide medical care for adolescents.

(9) Staff Training and Supervision. Service delivery staff shall—

(A) Have training and demonstrate expertise regarding the treatment of both substance abuse and other disorders related to adolescents; and

(B) Receive clinical supervision by an appropriately licensed, certified, or otherwise credentialed person with experience in the treatment of adolescents.

(10) Structured Activities Available to Adolescents Living in a Residential Setting. In addition to treatment services, adolescents living in a residential setting operated by the program shall have their awake time structured in activities, such as academic education, completing assignments, attendance at self-help groups, family visits and positive leisure.

(11) Staffing Patterns in a Residential Facility. The following minimum client to staff ratios shall be maintained at all times adolescents are present in a residential facility—

(A) At a facility with six (6) residents or less, one (1) staff member must be providing supervision of clients during program hours and also during designated client sleeping hours;

(B) At a facility with seven through twelve (7–12) residents, two (2) staff members must be providing supervision of clients during program hours and also during designated client sleeping hours;

(C) At a facility with thirteen through sixteen (13–16) residents, three (3) staff members must be providing supervision of clients during program hours, with a required ratio of two (2) staff during designated client sleeping hours; and

(D) At a foster home funded by the department, a foster parent must provide or arrange for appropriate supervision of the adolescent(s) at all times.

(12) If the adolescent residential support facility serves a coed population, the staffing pattern shall include at least one (1) female and at least one (1) male staff member any time residents are present. If residential support is provided for girls only, a female staff member must be present at all times. If residential support is provided for boys only, a male staff member must be present at all times.

AUTHORITY: sections 630.050, 630.655 and 631.010, RSMo 2000. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed April 15, 2002, effective Nov. 30, 2002. Amended: Filed July 29, 2002, effective March 30, 2003.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995; 630.655, RSMo 1980; and 631.010, RSMo 1980.*

9 CSR 30-3.200 Research
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050, 630.192–630.198 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.201 Substance Abuse Traffic Offender Programs

PURPOSE: This rule identifies the Department of Mental Health as being responsible for the certification of Substance Abuse Traffic Offender Programs as mandated by state statute.

(1) Mission. The Missouri Substance Abuse Traffic Offender Programs (SATOP) is a statewide system of comprehensive, accessible, community-based education and treatment programs designed for individuals arrested for alcohol and drug-related driving offenses. The mission of SATOP is to—

(A) Inform and educate these drivers as to the hazards and consequences of impaired driving;

(B) Promote safe and responsible decision making regarding driving;

(C) Motivate for personal change and growth; and

(D) Contribute to public health and safety in Missouri.

(2) Program Functions. Substance Abuse Traffic Offender Programs shall provide or arrange for assessment screening, education and rehabilitation.

(3) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization providing SATOP to demonstrate achievement of the program's mission and functions. Indicators can include, but are not limited to the following:

(A) Characteristics of persons participating in SATOP such as blood alcohol content (BAC) level, type of offenses, prior drinking and driving arrests, prior SATOP participation, etc;

(B) Consistent use of screening criteria including the rate at which persons are assigned to the various types of education, intervention and treatment programs;

(C) Rate at which persons successfully complete SATOP and the various types of programs available;

(D) Reductions in drinking and driving among those who complete SATOP; and

(E) Consumer satisfaction and feedback.

(4) Types of Programs. The department shall recognize and certify the following types of Substance Abuse Traffic Offender Programs:

(A) Adolescent Diversion Education Programs (ADEP) which provide offender education to those persons coming under the purview of sections 577.500, 577.525, RSMo and to those under the age of twenty-one (21) coming under the purview of sections 302.510, 302.540 and 577.049, RSMo;

(B) Youth Clinical Intervention Programs (YCIP) which provide intervention, education, and long-term counseling for offenders who are identified through an assessment screening as having alcohol and/or other substance abuse problems and who are under the age of twenty-one (21). A Youth Clinical Intervention Program shall provide twenty-five (25) hours of therapeutic activity for each offender, including ten (10) hours designed to address the issue of drinking and driving;

(C) Offender Management Units (OMU) which provide assessment screening including an individualized interview, recommendation and referral for further services for those coming under the purview of applicable sections of Chapters 302 and 577, RSMo, or by order of the court;

(D) Offender Education Programs (OEP) which provide basic offender education over the course of ten (10) hours for lower risk first offenders to assist them in understanding the choices they made that led to their arrest and the resulting consequences. All persons completing this course shall develop a personal plan of action to assist them in preventing impaired driving behavior;

(E) Weekend Intervention Programs (WIP) which provide specialized intervention and education for repeat offenders or offenders showing signs and symptoms of a significant substance abuse problem. A Weekend Intervention Program shall provide a minimum of twenty (20) program hours conducted over a forty-eight (48)-hour weekend;

(F) Clinical Intervention Programs (CIP) which provide intervention, education, and long-term counseling for offenders who are identified through the assessment screening process as having alcohol and/or other substance abuse problems and who are not eligible for traditional residential treatment or traditional intensive outpatient services. A Clinical Intervention Program shall provide fifty (50) hours of therapeutic activity for each offender including two (2) hours of the assessment designated by the department, eight (8) hours of individual counseling, twenty (20) hours of group counseling and twenty (20) hours of group education. Ten (10) of the required fifty (50) hours must specifically address the issue of drinking and driving; and

(G) SATOP Training Programs which provide regional training to persons seeking to be recognized and certified by the department as a qualified instructor, qualified substance abuse professional, or administrator within SATOP.

(5) Requirements for Program Certification. SATOP programs shall comply with those rules and standards listed under 9 CSR 30-3.032 Certification of Alcohol and Drug Abuse Programs.

(A) Rules under 9 CSR 10-7.120 Physical Plant and Safety shall be applicable based on the type of services provided by the program and whether services are offered to individuals and groups at the program site. In addition:

1. The program must be located in an office, clinic or other professional setting;

2. Assessment screenings must be located in a setting which provides space for private, one-on-one interviews and ensures confidentiality. With the department's written approval, assessment screenings may be conducted at other locations on a limited basis, if confidentiality is assured and the individual agrees to a screening at the alternate site.

(B) Clinical Intervention Programs (CIP) and Youth Clinical Intervention Programs (YCIP) shall meet standards under 9 CSR 30-3.130 Outpatient Treatment and fulfill contract requirements.

1. A YCIP shall also meet standards under 9 CSR 30-3.192 Specialized Program for Adolescents.

2. The waiver of standards listed in subsection (5)(C) of this rule shall not apply to CIP and YCIP programs.

(C) The following rules and standards shall be waived for other types of SATOP programs, unless the department determines that a specific requirement is applicable due to the unique circumstances and service delivery methods of a program:

1. 9 CSR 10-7.010 Treatment Principles and Outcomes;

2. 9 CSR 10-7.030 Service Delivery Process and Documentation;

3. 9 CSR 10-7.060 Behavior Management;

4. 9 CSR 10-7.070 Medications;

5. 9 CSR 10-7.080 Dietary Services;

6. 9 CSR 30-3.100 Service Delivery Process and Documentation (ADA); and

7. 9 CSR 30-3.110 Service Definitions and Staff Qualifications (ADA).

(6) Other Requirements. In addition to the requirements listed under 9 CSR 30-3.032 Certification of Alcohol and Drug Abuse Programs, the department shall use the following criteria in certifying Substance Abuse Traffic Offender Programs:

(A) The department reserves the right to limit the issuance of certification in certain venue areas when it cannot be determined a need exists for the service in that venue and/or when it cannot be determined the proposed service will serve the best interest of SATOP clients in that venue.

1. Determination of need shall be at the department's sole discretion as the designated state authority responsible for SATOP certification.

2. The determination of need shall be based on applicable data, such as the number of DWI arrests within the proposed service area and the number of currently certified SATOP agencies within the proposed service area.

(B) The department must approve any new program site prior to the delivery of SATOP services at the site. The program must submit photographs and a floor plan indicating accessibility compliance for the proposed sites.

(C) The department reserves the right to deny certification to any SATOP program that does not provide a minimum of services to at least fifty (50) persons per year.

(7) Rehabilitation Programs Recognized for SATOP. When the assessment screening indicates the individual's need for treatment and rehabilitation, arrangements should be made for the person to participate in such services.

(A) The department shall recognize the following types of treatment and rehabilitation programs for alcohol and drug-related traffic offenders:

1. Certified Alcohol and/or Drug Treatment and Rehabilitation Programs;

2. Clinical Intervention Programs (CIP); and

3. Youth Clinical Intervention Programs (YCIP).

(B) Clinical Intervention Programs (CIP) and Youth Clinical Intervention Programs (YCIP) must—

1. Meet requirements under 9 CSR 30-3.130 Outpatient Treatment; and

2. Remain in compliance with their contract.

(8) Compliance. Failure to adhere to the stipulations, conditions, and requirements set forth in this rule shall be considered cause for revocation or denial of program certification.

AUTHORITY: sections 302.540, 577.049 and 577.520, RSMo Supp. 2003 and 577.001, 577.525, 630.050, 630.053, 630.655 and 631.010, RSMo 2000. This rule was originally filed as 9 CSR 30-3.700. Emergency rule filed April 22, 1983, effective May 2, 1983, expired Aug. 11, 1983. Original rule filed May 13, 1983, effective Sept. 11, 1983. Amended: Filed May 6, 1985, effective Sept. 1, 1985. Rescinded and readopted: Filed Nov. 2, 1987, effective May 15, 1988. Amended: Filed Sept. 5, 1990, effective Feb. 14, 1991. Emergency amendment filed May 3, 1994, effective July 1, 1994, expired Oct. 28, 1994. Emergency amendment filed Oct. 17, 1994, effective Oct. 28, 1994, expired Feb. 24, 1995. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Moved to 9 CSR 30-3.201 and amended: Filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed June 15, 2004, effective Jan. 30, 2005.*

**Original authority: 302.540, RSMo 1983, amended 1984, 1993, 1996, 2001, 2002, 2003; 577.001, RSMo 1982, amended 1986, 1996; 577.049, RSMo 1982, amended 1993, 1996, 2003; 577.520, RSMo 1987, amended 1991, 1993, 1996, 2003; 577.525, RSMo 1987, amended 1991, 1996; 630.050, RSMo 1980, amended 1993, 1995; 630.655, RSMo 1980; and 631.010, RSMo 1980.*

9 CSR 30-3.202 SATOP Administration and Service Documentation

PURPOSE: This rule establishes administrative procedures and practices in the operation of Substance Abuse Traffic Offender Programs.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of Secretary of State. Any interested person may view this material at either agency's headquarters or the same will be made available at the Office of Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

(1) Program Administrator. An administrator shall be identified for the program.

(A) The administrator shall be the individual ultimately responsible for the proper operation of the program, regardless of whether the program is operated by a probation department, another agency, or organization.

(B) The administrator must be knowledgeable in the areas of fiscal management, program operation, course scheduling and court referral procedures.

(C) All administrators making application for program certification must meet the educational and experiential requirements as either a qualified instructor or a qualified substance abuse professional and must have attended approved Substance Abuse Traffic Offender Program (SATOP) administrator training. In the event an administrator is also performing the duties of a Qualified Instructor (QI) or Qualified Substance Abuse Professional (QSAP), certification at the appropriate level is required.

(2) Access. The program shall be accessible to the public by maintaining reasonable business hours and ready telephone access.

(3) Admission. All persons referred by a court or probation and parole shall be accepted for admission. Other individuals may be accepted upon the approval of the administrator.

(4) Conflict of Interest. An agency which operates probation services, court supervision programs, or non-certified counseling programs must keep these functions separate and distinct from the SATOP program.

(A) The agency must clearly communicate to clients that completion or the failure to complete these programs will not effect their SATOP outcome.

(B) Completion of a SATOP at the agency shall not be made a condition of supervision or probation either directly or by inference.

(5) Notice to Clients. Written notice shall be provided to clients regarding the cost of the program, dates, times, location and requirements for successful program completion.

(6) Attendance Records. Attendance records shall be maintained for each session.

(7) Receipts. Receipts shall be issued for all client money received.

(8) Behavioral Expectations. The agency shall deny access to any program by a person who arrives under the influence of mood-altering substances and shall remove from any program any person who detracts from the program because of uncooperative behavior.

(A) Program staff shall have the authority to deny access to and remove a client from a program. Testing of blood, breath or urine shall not be required or used in any education program.

(B) A written report of the incident shall be made by the program staff and reviewed by the administrator who shall make a final disposition.

(C) A person who has justifiably been denied access to or removed from a program shall not be considered to have satisfactorily completed the program.

(D) A person who has justifiably been denied access to or removed from a program shall not be readmitted to that level of service without written approval by the department.

(9) Assessment Recommendation. The program shall have written policies and procedures which stipulate the methods of individualized assessment and the conditions under which referrals are made for further services. The written policies and procedures must follow the guidelines outlined in the current edition of the *SATOP Manual* and incorporated herein by reference. The written policies and procedures shall address the client's right to a second opinion and procedures for judicial review, if necessary.

(A) An assessment recommendation shall be delivered in writing to the person with written notice that the person is entitled to have this recommendation reviewed by a court pursuant to sections 302.304 and 302.540, RSMo.

(B) A person who objects to the recommendation may file a motion in the associate division of the circuit court, on a printed form provided by the state courts administrator, to have the court hear and determine such motion.

(10) Resources and Referrals. A current resource directory of area self-help groups and substance abuse services shall be maintained.

(A) A person who receives a recommendation for further services shall be given a list of area agencies which includes all certified programs that offer the recommended level of service.

(B) The person shall sign a statement acknowledging receipt of the list. The statement shall also indicate that he or she is not required to obtain recommended services from the same agency that has conducted the individualized assessment.

(11) Consumer Evaluation and Satisfaction. All persons participating in a SATOP program shall be asked to complete a course evaluation.

(A) Participants may be encouraged, but not required, to sign the evaluation form.

(B) Evaluations shall be retained by the program for two (2) years or until completion of the next site survey, whichever is longer.

(12) Data Collection. The program shall cooperate with all SATOP quality assurance and data collection requirements regarding the program operation, DWI offender demographics, or other data collection that may be required by the department. Failure to submit requested information in a timely fashion may result in administrative sanction or revocation of certification.

(13) Master List of Clients. An agency shall keep a master list of all clients who have been admitted or enrolled in its SATOP program(s) to include: name, dates of attendance, program type and whether the client successfully completed the program.

(14) Client Records. An organized record shall be maintained on each person who participates in a SATOP program.

(A) Records shall be stored in a manner to protect confidentiality.

(B) Records shall be retained for at least two (2) years or until completion of the next site survey, whichever is longer. However, if the agency is contracted with the department, the contract requirements for retaining records shall prevail.

(15) Content of Client Records. Each client record shall include:

(A) Dates of attendance;

(B) Demographic information sufficient to complete the division's annual report form;

(C) Scored pretests and posttests measuring knowledge gain and attitude change;

(D) Proper, signed release of information forms;

(E) Department of Revenue driving record check;

(F) Documentation of an individualized assessment screening, where required. The documentation shall include the name of the qualified substance abuse professional, date, amount of time spent, summary of the screening instrument results which includes a substance use history, summary of findings, recommendation and student's response to the recommendation;

(G) Where applicable, signed acknowledgment of receiving an assessment screening recommendation, a list of referral resources, and notice that any additional services may be received from a different provider;

(H) Copy of the SATOP Offender Assignment, Report of Offender Compliance, and the SATOP Completion Certificate; and

(I) Program evaluation completed by the client.

(16) Additional Client Record Requirements for ADEP. For Adolescent Diversion Education Program (ADEP) clients who are under the age of eighteen (18) and are not emancipated, there shall be documentation showing—

(A) Efforts to involve the parent or guardian in the program;

(B) Results of the efforts, that is, whether the parent participated and the extent of participation; and

(C) Where applicable, the parent or guardian's view of substance use patterns and possible effects on family, social, legal, emotional, physical, financial, educational and vocational functioning.

(17) Compliance. Failure to adhere to the stipulations, conditions, and the requirements set forth in this rule shall be considered cause for revocation or denial of program certification.

AUTHORITY: sections 302.304, 302.540, 577.049, and 577.520, RSMo Supp. 2003 and 577.001, 577.525, 630.050, 630.053, 630.655 and 631.010, RSMo 2000. This rule was originally filed as 9 CSR 30-3.730. Original rule filed Nov. 2, 1987, effective May 15, 1988. Emergency amendment filed May 3, 1994, effective July 1, 1994, expired Oct. 28, 1994. Emergency amendment filed Oct. 17, 1994, effective Oct. 28, 1994, expired Feb. 24, 1995. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Moved to 9 CSR 30-2.202 and amended: Filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed June 15, 2004, effective Jan. 30, 2005.*

**Original authority: 302.304, RSMo 1961, amended 1972, 1973, 1979, 1983, 1984, 1989, 1991, 1996, 1999, 2001, 2002, 2003; 302.540, RSMo 1983, amended 1984, 1993, 1996, 2001, 2002, 2003; 577.001, RSMo 1982, amended 1986, 1996; 577.049, RSMo 1982, amended 1993, 1996, 2003; 577.520, RSMo 1987, amended 1991, 1993, 1996, 2003; 577.525, RSMo 1987, amended 1991, 1996; 630.050, RSMo 1980, amended 1993, 1995; 630.053, RSMo 1993, amended 1995, 1996; 630.655, RSMo 1980; and 631.010, RSMo 1980.*

9 CSR 30-3.204 SATOP Personnel

PURPOSE: This rule describes the personnel policies, staff qualifications and training requirements in Substance Abuse Traffic Offender Programs and establishes specific policies and procedures for the revocation or suspension of certified personnel.

(1) Qualifications of Staff. The program shall have qualified staff.

(A) Assessments shall be done by qualified substance abuse professionals.

(B) Educational activities shall be done by qualified substance abuse professionals or by qualified instructors.

(C) A qualified instructor is a graduate of an accredited college or university with a bachelor's degree in counseling, criminal justice, education, psychology, social work or closely related field who is knowledgeable about substance abuse, as evidenced by—

1. Nine (9) semester hours directly related to substance abuse;

2. One hundred forty-four (144) contact hours of continuing education directly related to substance abuse; or

3. One (1) year of full-time paid employment experience in the prevention, treatment or rehabilitation of substance abuse. Applicability of full-time experience shall be defined in the SATOP *Personnel Training and Certification Information Guide*.

(D) A person designated as a Recognized Alcohol and Substance Abuse Counselor II (RASAC II) by the Missouri Substance Abuse Counselors' Certification Board, Inc. may be granted qualified instructor status.

(E) Staff who conduct education and assessment must—

1. Not have had a suspension or revocation of their drivers' licenses within the preceding two (2) years;

2. Not have received a citation or have been charged with any state or municipal alcohol- or drug-related offense within the preceding two (2) years, except when found not guilty in a court of competent jurisdiction;

3. Not have allowed the use of alcohol or other drugs to interfere with the conduct of their SATOP duties;

4. Successfully complete SATOP training offered or approved by the division;

5. Meet criminal record review requirements specified in 9 CSR 10-5.190; and

6. Be certified by the division prior to their employment as meeting requirements as a qualified instructor or qualified substance abuse professional.

(2) Certification of Staff. Individuals certified by the division shall continue to meet all applicable standards and requirements as a condition of their certification.

(A) The division may issue certification for a maximum of three (3) years.

(B) Renewal of certification may be obtained by submitting a satisfactorily completed application for certification and verification of a total of fifteen (15) hours of continuing education or training in the substance abuse field during the prior certification period. Continuing education or training must address prevention, education, or specific counseling techniques directly related to the drinking driver or persons with substance abuse problems. A sixty dollar ($60)-renewal fee must accompany the renewal application.

(C) Any administrator of a certified education program or related rehabilitation program and any individual certified by the division has the duty to report the suspected failure of any individual to meet applicable standards and requirements.

(D) Complaints or allegations against individuals working in SATOP programs that the division may investigate include, but are not limited to:

1. Failure to meet personnel requirements under this rule;

2. Violations of client rights under 9 CSR 30-3.202;

3. Fraudulent or false reporting to the division, Department of Revenue, courts or other agency;

4. Performance of duties for which the individual is not certified;

5. Conviction, plea of guilty or suspended imposition of sentence for any felony or alcohol- or drug-related offense; and

6. Failure to cooperate in any investigation by the division.

(E) The division may reprimand, suspend or revoke the certification of any individual who fails to meet standards and requirements or who fails to report suspected violations of those standards and requirements.

(F) Suspension or revocation of certification may be appealed to the director of the Department of Mental Health within thirty (30) days after receiving notice of that action. The director shall conduct a hearing under procedures set out in Chapter 536, RSMo and issue findings of fact, conclusions of law and a decision which shall be final. If the suspension or revocation involves an allegation of client abuse or threat toward client safety, the department may make a determination to remove the staff person from direct client contact until the hearing is conducted and a disposition is made by the hearing officer.

(G) An individual whose certification has been revoked cannot reapply for certification until two (2) years have lapsed. The department's review of a future application will take into consideration the circumstances which led to revocation.

(3) SATOP Training. Staff with responsibilities for the administration, education or assessment functions of the program, or a combination of these, shall complete a training program offered or approved by the division. Staff may be employed in more than one (1) type of program, when training specific to each type has been completed and the staff member has been appropriately certified by the division.

(4) Guest Speakers and Volunteers. A program which utilizes guest speakers or volunteers shall have written policies and procedures for their recruitment, selection, training, supervision, dismissal and compensation, where applicable.

(A) The program shall maintain a roster of all approved guest speakers or volunteers and a description of the duties or tasks of each.

(B) Guest speakers shall not be considered instructors for the purpose of these rules.

(C) At no time shall a guest speaker or volunteer assume sole responsibility for the class.

(5) Compliance. Failure to adhere to stipulation, conditions, and requirements set forth in this rule shall be considered cause for revocation or denial of program certification.

AUTHORITY: sections 302.540, 577.049 and 577.520, RSMo Supp. 2003 and 577.001, 577.525, 630.050, 630.053, 630.655 and 631.010, RSMo 2000. This rule was originally filed as 9 CSR 30-3.750. Original rule filed Nov. 2, 1987, effective May 15, 1988. Amended: Filed Oct. 2, 1990, effective Feb. 14, 1991. Emergency amendment filed May 3, 1994, effective July 1, 1994, expired Oct. 28, 1994. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Emergency amendment filed Oct. 17, 1994, effective Oct. 28, 1994, expired Feb. 24, 1995. Amended: Filed Oct. 17, 1994, effective April 30, 1995. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Moved to 9 CSR 30-3.204 and amended: Filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed June 15, 2004, effective Jan. 30, 2005.*

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9 CSR 30-3.206 SATOP Program Structure

PURPOSE: This rule establishes basic requirements and structure for Substance Abuse Traffic Offender Programs including the assessment screening and referral process.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of Secretary of State. Any interested person may view this material at either agency's headquarters or the same will be made available at the Office of Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

(1) Program Functions. The program shall provide education, assessment screening and recommendation and, where appropriate, referral for further services.

(A) A program which provides assessment screening must also provide Offender Education Program (OEP) services.

(B) A person may request and attend any program operated by a different agency due to reasonable circumstances, such as distance, work schedule or other time factors.

(C) A separate amount paid by the client shall cover the assessment screening in addition to the cost of the program.

(2) Assessment Screening Process. All persons referred to Substance Abuse Traffic Offender Programs shall, prior to attending the education or rehabilitation program, receive an individualized assessment screening. The assessment screening is a process by which individuals are evaluated and recommended to the most appropriate level of service, either education or intervention or treatment, based on criteria established by the department and the clinical judgement of the qualified substance abuse professional. The assessment screening process shall include:

(A) Demographic data collection;

(B) A standardized screening instrument;

(C) A face-to-face individualized assessment screening interview;

(D) A legible hand-printed or typewritten screening report;

(E) Completion of the SATOP Offender Assignment form and, when requested, a narrative report to the court;

(F) Completion of the SATOP Completion Certificate to the court; and

(G) Minimal case coordination, when appropriate, to coordinate with the courts, probation and parole, or the Department of Revenue (DOR) to verify that education, rehabilitation and treatment recommendations have been completed.

(3) Components of Assessment Screening. The assessment screening by the certified program shall follow basic guidelines established by the department.

(A) All clients shall complete a valid and reliable screening instrument approved by the department to identify problem users. The screening instrument shall be standardized, consistent statewide, and interpreted by certified qualified substance abuse professionals who are properly supervised and trained in the use of the screening device.

(B) All clients shall have an individualized assessment screening interview conducted by a qualified substance abuse professional.

1. The individualized assessment screening shall determine the extent of the problem (or lack of a problem) and the level or type of rehabilitation or education services needed.

2. The assessment screening shall include, but not be limited to, a screening instrument summary including a substance use history, prior treatment history, summary of findings and a recommendation for either education or rehabilitation based on minimum referral guidelines.

3. The assessment screening report shall be accompanied by a DOR driving record and blood alcohol content (BAC) at time of arrest.

4. Collaborative information, such as previous treatment information and contacting significant others, may be obtained with proper authorization when appropriate.

5. The assessment screening shall be valid for six (6) months after the date of the initial screening for each alcohol- or drug-related traffic offense. The client must enroll in the assigned education or treatment program within six (6) months of the initial screening. The client's record may be closed after the six (6)-month period expires if the client has been notified by mail or by phone at least thirty (30) days prior to the closing. The notification must be documented in the client's record.

(4) Quality Recommendations. The program must develop assessment screening recommendations that are—

(A) Impartial and solely based on the needs of the offender and the welfare of society; and

(B) Never be used as a means of case finding for any particular rehabilitation program or as a marketing tool for any SATOP program.

(5) Referral Guidelines. The program must base the assessment screening recommendation for each person on the following referral guidelines:

(A) 1st Offense—OEP/ADEP education unless a more intense program is indicated by such factors as the blood alcohol content at the time of arrest, other alcohol/drug-related arrests, screening instrument recommendations, prior alcohol/drug treatment, or other occupational, relationship, or medical problems;

(B) 2nd offense—WIP unless a more intense program is indicated by such factors as the blood alcohol content at the time of arrest, other alcohol/drug-related arrests, screening instrument recommendations, prior alcohol/drug treatment, or other occupational, relationship, or medical problems;

(C) 3rd offense—Clinical Intervention Program (CIP) unless a more intense program is indicated by such factors as the blood content at the time of arrest, other alcohol/drug-related arrests, screening instrument recommendations, prior alcohol/drug treatment, or occupational, relationship, or medical problems; and

(D) Multiple offenses with substance dependence—Residential treatment, day treatment or hospitalization. The treatment programming at this level must meet or exceed one hundred sixty (160) continuous hours per treatment episode. Offenders presenting for SATOP services having multiple alcohol- or drug-related traffic offenses with substance dependence may be court ordered to this level. Other SATOP clients may voluntarily admit themselves to treatment facilities provided they meet the appropriate admission criteria for substance dependence.

(E) Exceptions to these referral guidelines shall be permitted with departmental approval.

(F) Persons with a serious mental illness should have their mental health treatment needs addressed before completing any SATOP recommendation. A mental health evaluation should be arranged for those clients identified with serious emotional or mental health problems during the SATOP assessment screening process. In order to promptly arrange the mental health evaluation, a SATOP conducting assessment screenings must maintain a formal affiliation agreement with either a certified or accreditated mental health program or a licensed mental health practitioner. The client may resume SATOP participation upon stabilization of the problem as determined by the client's mental health provider.

(6) Assessment Screening Cost. The cost of the assessment screening, along with the supplemental fee, approved by the department shall be borne by the client and should not be excessively greater than relative costs indicate and shall include the costs for any case coordination functions necessary to—

(A) Monitor the client's progress in either education or a treatment and rehabilitation program; and/or

(B) Coordinate with the courts, or probation and parole.

(7) Notice of Program Assignment and Completion. The agency shall provide a SATOP Offender Assignment form, a SATOP Completion Certificate, and, where applicable, a Notice of Offender Compliance. The SATOP Completion Certificate shall be issued within one (1) week of receiving the Notice of Offender Compliance in the event the offender received the education course at another agency.

(A) A referring court or probation and parole office shall be sent a SATOP Offender Assignment form within one (1) week of the assessment screening and a SATOP Completion Certificate within one (1) week of program completion.

(B) A copy of the Notice of Offender Compliance form shall be sent to the Offender Management Unit within seven (7) days of an individual's participation in a program.

(C) The Department of Revenue shall be sent a SATOP Completion Certificate within one (1) week of program completion, when applicable.

(D) A copy of the SATOP Offender Assignment form and the Notice of Offender Compliance form shall be sent to the Department of Mental Health.

(E) A copy of the SATOP Offender Assignment form and the SATOP Completion Certificate shall be given to the individual and, where applicable, to the parent or guardian.

(8) Prior and Persistent Offenders. The department shall recognize three (3) types of treatment and rehabilitation programs for prior or persistent substance abuse traffic offenders.

(A) As used in SATOP rules, the terms prior and persistent offender shall mean—

1. Prior offender, a person who has a prior history of one (1) intoxication related traffic offense committed within five (5) years of the most recent offense for which the person is charged; and

2. Persistent offender, a person who has a prior history of three (3) or more intoxication related traffic offenses committed at different times within ten (10) years of a previous alcohol and/or drug related traffic offensive conviction.

(B) The following types of treatment and rehabilitation programs shall be recognized for prior or persistent offenders:

1. Clinical Intervention Program (CIP);

2. Youth Clinical Intervention Program (YCIP); and

3. Certified Alcohol and/or Drug Treatment and Rehabilitation Programs.

(9) Criteria for Comparable Programs for Persons Domiciled in Missouri. Persons domiciled in Missouri must complete a Missouri SATOP or Missouri comparable program. When the assessment screening process indicates and if the person is eligible, a certified or recognized accredited alcohol and drug treatment and rehabilitation program may provide services for offenders. In order to be recognized by SATOP as minimally complying with SATOP requirements, the offender must have written verification from a certified or recognized accredited treatment and rehabilitation program that he or she has participated in and successfully completed a minimum of one hundred twenty (120) hours of treatment during a period of no less than thirty (30) calendar days. Documentation of completion of a comparable program must be documented by the provider of treatment services on the department approved form. Services shall include the following:

(A) A minimum of forty (40) hours of individual and/or group counseling; and

(B) The remaining hours must include any combination of the following: driver related education, individual counseling, group education, group counseling, and family therapy.

(C) Individuals who complete approved programs at recognized treatment and rehabilitation programs may present documentation of such completion to an OMU. A subsequent SATOP screening is not required. The OMU will complete the Notice of Offender Assignment, Notice of Offender Compliance and SATOP Completion Certificate for those individuals. A supplemental fee must be collected for these individuals.

(D) Individuals who complete approved programs outside of the state of Missouri may submit a SATOP Comparable Program Completion Form to the Department of Mental Health. Upon approval of the program, notification will be provided to the Department of Revenue that the program has met SATOP requirements for license reinstatement.

(10) Criteria for Comparable Programs for Persons Domiciled Outside of Missouri. When the assessment screening process indicates and if the person is eligible, a certified or recognized accredited alcohol and drug treatment and rehabilitation program may provide services for offenders. In order to be recognized by SATOP as minimally complying with SATOP requirements, the offender must have written verification from a certified or recognized accredited program that an assessment was conducted and the offender participated in and successfully completed the recommended level of service that would satisfy the requirements of that state or jurisdiction for a person convicted of a substance abuse traffic offense in that state or jurisdiction.

(11) Cost of Treatment. The client, including those participating in comparable programs, shall be responsible for all costs related to the completion of the treatment and rehabilitation programs referenced in or required by this rule.

(A) All clients shall be required to pay an initial base amount determined by the department before applying the department's Standard Means Test in accordance with 9 CSR 10-1.016.

(B) The client shall be responsible for all costs related to treatment which are not reimbursed through a third-party payer or the department's Standard Means Test process.

(C) Programs may develop long-term payment plans to reasonably assist the client in paying off any outstanding balances.

(12) Cost of SATOP. The cost for SATOP program shall be determined and approved by the department and shall be paid by the client and shall cover the cost of the program. Programs may not charge clients fees which are not specifically outlined in the agreement or contract with the department unless prior authorization is granted.

(13) Hours of Participation. The OEP/ADEP program shall provide at least ten (10) hours of education. The WIP program shall provide at least twenty (20) hours of education and intervention services.

(14) Curriculum Guides. The OEP program shall be conducted in accordance with the current edition of the *OEP Missouri Curriculum Guide*. The ADEP program shall be conducted in accordance with the current edition of the *ADEP Missouri Curriculum Guide*. The WIP program shall be conducted in accordance with the current edition of the *WIP Missouri Curriculum Guide*. A program must specifically request and obtain approval from the division before deviating in any manner from the content and methods in the applicable *Missouri Curriculum Guide* as incorporated herein by reference.

(15) Meals and Breaks. Ample time shall be provided for breaks and meals, where appropriate.

(A) No class shall continue for more than two (2) hours without a break.

(B) The time for breaks shall not be counted toward the required hours of education.

(C) Break time should not exceed more than five (5) minutes per classroom hour of education.

(D) Break time should not be used at the beginning or the end of the classroom session.

(16) Length of Educational Sessions. The OEP/ADEP education component shall be conducted in at least two (2) calendar days.

(A) No OEP/ADEP session shall last more than six (6) hours, not including breaks.

(B) No session may begin before 8:00 a.m. or end after 11:00 p.m.

(17) Use of Instructional Aids. Instructional aids shall be utilized.

(A) Aids may include, but are not limited to, films, videotapes, worksheets and informational handouts.

(B) Films and videotapes shall not comprise more than twenty percent (20%) of the educational component. Audiovisual instructional aids must—

1. Produce a clear image when projected on a clear surface;

2. Utilize a television monitor at least twenty-five inches (25") in diameter;

3. Utilize high quality videotapes or films; and

4. Allow all participants to have an unobstructed view.

(18) Guest Speakers. Use of guest speakers shall not comprise more than twenty percent (20%) of the educational component.

(19) Maximum Number of Persons in Educational Sessions. Program size shall provide an opportunity for client participation.

(A) It shall be usual and customary practice for each OEP/ADEP educational session to have no more than thirty (30) clients in order to promote discussion and participation.

(B) Parents, guardians or significant others who may attend a session or part of a session are not included in the figure of thirty (30) clients.

(20) Criteria for Successful Completion of SATOP Programs. Successful completion requires that the client shall—

(A) Be free of the influence of mood-altering substances at every session;

(B) Attend all sessions on time;

(C) Attend sessions in their proper sequence unless the instructor approves an alternate sequence;

(D) Complete all assignments and cooperatively participate in all class activities;

(E) Pay all fees; and

(F) Complete and sign all required forms.

(21) WIP Requirements. In addition to the basic requirements for OEP/ADEP programs, WIP programs shall—

(A) Be conducted in accordance with the applicable *Missouri Curriculum Guide* for WIP;

(B) Be conducted in a supervised environment approved by the division during a forty-eight (48)-hour weekend;

(C) Provide a minimum of twenty (20) hours of education and intervention;

(D) Provide meals and appropriate sleeping arrangements.

1. Sleeping arrangements should not exceed four (4) persons per room. Waivers for sleeping arrangements may be granted in some instances for programs operated through correctional or detention facilities;

2. Agencies must provide documentation that individuals preparing or handling meals for the Weekend Intervention Program meet state, county, or city regulations related to the handling of food;

(E) Conduct small group breakout discussion and intervention sessions which shall be facilitated by at least one (1) qualified substances abuse professional per twelve (12) clients. In the event two (2) professional staff co-facilitate a small group, one (1) of the staff may be a qualified instructor or an associate counselor if the group size does not exceed twenty-four (24) clients;

(F) Not exceed thirty (30) clients per staff member in large group education lectures and films;

(G) Conduct a medical screening on each participant using the DMH 8618 Non-Emergency Medical Evaluation Checklist; and

(H) Complete a comprehensive assessment on each participant including a legal, social, occupational, physical, psychological, financial, and alcohol/drug problem assessment.

(22) WIP Drug Testing. WIP programs may use breath or urine testing when alcohol or other drug usage is suspected, but cannot otherwise be verified, during the course of the WIP weekend. A written report of the incident shall be made by the WIP staff and reviewed by the WIP program director who will make the final decision as to the client suitability for continuation in the program. Random breath or urine testing shall not be used.

(23) WIP Cost. The cost of the WIP program may be partially offset for some clients by the department, provided funds are available and the person is in need of assistance by meeting the eligibility criteria based on the department's Standard Means Test. These offenders shall be required to pay the basic cost of SATOP in addition to any partial offset towards the cost of the WIP program.

(24) Review and Approval of Costs. The cost for all SATOP programs approved by the department shall be periodically reviewed and adjusted, if necessary, based on the best interests of clients, society and the programs.

(25) Certification of SATOP Training Programs. The department shall certify regional training programs. A certified training program must:

(A) Provide all of the basic core functions of SATOP;

(B) Develop an individualized training plan for each person in training;

(C) Assign a trainer to each person in training;

(D) Provide the opportunity for direct program observation of each program activity by each person in training; and

(E) Maintain full compliance with certification standards.

(26) Training Content. Training shall include, but not be limited to, the following:

(A) Review of certification standards;

(B) Basic agency management;

(C) Characteristics of DWI offenders;

(D) Assessment procedures including the individualized interview and use of the screening instruments;

(E) The principles and techniques of classroom management;

(F) The principles and techniques of adult learning;

(G) Orientation to the appropriate curriculum guide;

(H) Review of the referral process and treatment resources;

(I) SATOP personnel requirements; and

(J) Professional ethics.

(27) Program Observation Required. Training shall include direct observation of a program conducted by a qualified trainer at a certified training program. The term qualified trainer is used to describe a qualified substance abuse professional who has experience in providing two hundred forty (240) hours of ADEP, OEP or WIP.

(28) Written Examination. Certified staff shall complete a written examination and demonstrate the knowledge necessary to conduct the Alcohol and Drug Education Program (ADEP) or the appropriate Substance Abuse Traffic Offender Program (SATOP).

(29) Cost of Training. The cost of training shall be determined and approved by the department. For each trainee who successfully completes the applicable training requirements, including payment of training cost, the training program shall notify the department within ten (10) days of the successful completion.

(30) Availability of Training. Training must be accessible to all trainees on a regular and ongoing basis. The training program shall have the capability to admit each applicant within thirty (30) days after the applicant's initial request for training.

(31) Termination of a Training Program. The training program or the department may terminate the training program by giving ninety (90) days written notice to the other party.

(32) Compliance. Failure to adhere to the stipulations, conditions, and requirements set forth in this rule shall be considered cause for revocation or denial of program certification.

AUTHORITY: sections 302.540, 577.049 and 577.520, RSMo Supp. 2003 and 577.001, 577.525, 630.050, 630,053, 630.655 and 631.010, RSMo 2000. This rule was originally filed as 9 CSR 30-3.760. Original rule filed Nov. 2, 1987, effective May 15, 1988. Emergency amendment filed April 20, 1988, effective May 15, 1988, expired Aug. 31, 1988. Amended: Filed April 20, 1988, effective Aug. 31, 1988. Amended: Filed July 6, 1992, effective Feb. 26, 1993. Emergency amendment filed May 3, 1994, effective July 1, 1994, expired Oct. 28, 1994. Emergency amendment filed Oct. 17, 1994, effective Oct. 28, 1994, expired Feb. 24, 1995. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Moved to 9 CSR 30-3.206 and amended: Filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed March 8, 2002, effective Sept. 30, 2002. Amended: Filed July 29, 2003, effective March 30, 2004. Amended: Filed June 15, 2004, effective Jan. 30, 2005.*

**Original authority: 302.540, RSMo 1983, amended 1984, 1993, 1996, 2001, 2002, 2003, 577.001, RSMo 1982, amended 1986, 1996; 577.049, RSMo 1982, amended 1993, 1996, 2003; 577.520, RSMo 1987, amended 1991, 1993, 1996, 2003; 577.525, RSMo 1987, amended 1991, 1996; RSMo 1980, amended 1993, 1995; 630.053, RSMo 1993, amended 1995, 1996; 630.655, RSMo 1980; and 631.010, RSMo 1980.*

9 CSR 30-3.208 SATOP Supplemental Fee

PURPOSE: This rule establishes a supplemental fee which shall be collected by all certified Substance Abuse Traffic Offender Programs as required by state statute.

(1) Supplemental Fee. All Substance Abuse Traffic Offenders Programs shall collect from all applicants entering the program a supplemental fee determined by the department which shall be in addition to any other costs which may be charged by the program. The supplemental fee shall be collected no more than one (1) time per offense from any individual who has entered SATOP, whether for assessment or educational program.

(2) Remittance of Supplemental Fees. On or before the fifteenth day of each month program directors shall remit the total of all supplemental fees collected during the prior calendar month, less two percent (2%) which, by law, may be retained by the program to offset collection and remittance costs.

(A) Remittance shall be mailed to: Mental Health Earnings Fund, Controller, Department of Mental Health, 1706 East Elm Street, PO Box 596, Jefferson City, MO 65102.

(B) Transfer of supplemental fees from the program to the Mental Health Earnings Fund shall be in the form of a single check made payable to the Mental Health Earnings Fund.

(C) Program remittance checks shall be accompanied by a Supplemental Fee Remittance Form 9314 (to be provided by the Department of Mental Health at no cost to the program) which shall list the name and Social Security number of persons paying each supplemental fee being remitted.

(3) Documentation of Supplemental Fee Transactions. Each program shall maintain, at its principal administrative center, a single record of all supplemental fee transactions, which is separate from all other program records. This separate record will facilitate audits which may from time-to-time be conducted by the department or the state auditor's office. A separate program record of supplemental fee transactions shall include copies of monthly remittance forms and copies of checks forwarded to the Mental Health Earnings Fund.

(4) Acceptance of Supplemental Fees. The department shall accept supplemental fee remittances only from certified programs. Supplemental fee remittances, if received by the department from any agency not certified, will be returned to that agency. If an agency's certification has been revoked, the department will only accept supplemental fee remittances that were collected prior to the date the agency's certification was revoked. Remittances collected by the agency from clients after the date of the revocation shall not be accepted by the department. In such case, the supplemental fee must be returned to the client by the agency.

(5) Notice Posted. Programs shall post, in places readily accessible to persons served, one (1) or more copies of a Student Notice Poster which shall be provided by the department at no cost to the program. Posters shall explain the statutory requirement for the supplemental fees, disposition of supplemental fees, and the means by which programs collect and remit supplemental fees.

(6) Compliance. Failure to adhere to the stipulations, conditions and requirements set forth in this rule shall be considered cause for revocation of program certification.

AUTHORITY: sections 302.540, 577.049 and 577.520, RSMo Supp. 2003 and 577.001, 577.525, 630.050, 630.053, 630.655 and 631.010, RSMo 2000. This rule was originally filed as 9 CSR 30-3.790. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Moved to 9 CSR 30-3.208 and amended: Filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed July 29, 2003, effective March 30, 2004. Amended: Filed June 15, 2004, effective Jan. 30, 2005.*

**Original authority: 302.540, RSMo 1983, amended 1984, 1993, 1996, 2001, 2002, 2003; 577.001, RSMo 1982, amended 1986, 1996; 577.049, RSMo 1982, amended 1993, 1996, 2003; 577.520, RSMo 1987, amended 1991, 1996, 2003; 577.525, RSMo 1987, amended 1991, 1996; 630.050, RSMo 1980, amended 1993, 1995; 630.655, RSMo 1980; 630.655, RSMo 1980; and 631.010, RSMo 1980.*

9 CSR 30-3.210 Clients' Records
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050, 630.140 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed Jan. 19, 1988, effective July 1, 1988. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.220 Referral Procedures
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.230 Required Educational Assessment and Community Treatment Program

PURPOSE: This rule identifies the Department of Mental Health as being responsible for the certification of Required Educational Assessment and Community Treatment programs as mandated by state statute.

(1) Mission. The Missouri Required Educational Assessment and Community Treatment (REACT) program is a statewide system of comprehensive, accessible, community-based education and treatment programs designed for individuals who have been found guilty of, or pled guilty to a Chapter 195 felony drug offense. The mission of REACT is—

(A) To promote a drug- and crime-free lifestyle;

(B) To provide education and/or treatment on the multi-faceted consequences of substance use;

(C) To explore intervention and treatment options; and

(D) To contribute to public health and safety in Missouri.

(2) Program Functions. REACT programs shall provide or arrange assessment screening; education; and treatment.

(3) Performance Indicators. The following are intended as examples of indicators that can be used by the department and the organization providing REACT to demonstrate achievement of the program's mission and functions. Indicators can include, but are not limited to the following:

(A) Characteristics of persons participating in REACT such as type of offense, prior alcohol and drug offenses, prior treatment history, etc.;

(B) Consistent use of screening criteria including the rate at which persons are assigned to education and treatment programs;

(C) Rate at which persons successfully complete REACT;

(D) Reductions in alcohol and drug offenses among those who complete REACT; and

(E) Consumer satisfaction and feedback.

(4) Types of Programs. The department shall recognize and certify the following types of Required Educational Assessment and Community Treatment programs:

(A) REACT Screening Unit (RSU) which provides assessment screening including an individualized interview, recommendation and referral for further services for those coming under the purview of section 559.630, RSMo; and

(B) REACT Education Program (REP) which provides basic offender education over the course of ten (10) hours for lower risk first offenders to assist them in understanding the choices they made that led to their arrest and the resulting consequences. All persons completing this course shall develop a personal plan of action to assist them in preventing future offenses.

(5) Requirements for Program Certification. REACT programs shall comply with those rules and standards listed under 9 CSR 30-3.032 Certification of Alcohol and Drug Abuse Programs.

(A) Rules under 9 CSR 10-7.120 Physical Plant and Safety shall be applicable based on the type of services provided by the program and whether services are offered to individuals and groups at the program site. In addition—

1. The program must be located in an office, clinic or other professional setting;

2. Assessment screenings must be located in a setting which provides space for private, one-on-one interviews and ensures confidentiality. With the department's written approval, assessment screenings may be conducted at other locations on a limited basis, if confidentiality is assured and the individual agrees to a screening at the alternate site.

(B) The following rules and standards shall be waived for REACT programs, unless the department determines that a specific requirement is applicable due to the unique circumstances and service delivery methods of a program:

1. 9 CSR 10-7.010 Treatment Principles and Outcomes;

2. 9 CSR 10-7.030 Service Delivery Process and Documentation;

3. 9 CSR 10-7.060 Behavior Management;

4. 9 CSR 10-7.070 Medications;

5. 9 CSR 10-7.080 Dietary Services;

6. 9 CSR 30-3.100 Service Delivery Process and Documentation (ADA); and

7. 9 CSR 30-3.110 Service Definitions and Staff Qualifications (ADA).

(6) Other Requirements. Agencies certified as a Required Educational Assessment and Community Treatment shall follow the standards found in 9 CSR 30-3.200 through 9 CSR 30-3.210, unless otherwise specified in this rule. When reference is made to the Substance Abuse Traffic Offender Program (SATOP), it shall apply to the REACT program. When reference is made to SATOP Offender Management Unit (OMU), it shall apply to the RSU. When reference is made to the SATOP Offender Education Program (OEP), it shall apply to the REP.

(7) Assessment Screening Required. The program shall have written policies and procedures that stipulate the methods of assessment screening and the conditions under which referrals are made for further services.

(A) The written policies and procedures must follow the screening guidelines outlined by the Department of Mental Health and the Department of Corrections.

(B) The program shall provide assessment screening and recommendation, where appropriate, to education or treatment.

(C) A program that provides assessment screening must also provide REP services.

(D) A person may request and attend a REP operated by a different agency due to reasonable circumstances, such as distance, work schedule or other time factors.

(E) A separate amount paid by the client shall cover the assessment screening in addition to the cost of the program.

(8) Qualifying Staff. A REACT program shall not employ, or sub-contract with any individual, nor themselves be currently, or within a two (2)-year period, under the supervision or jurisdiction of federal, state, county or local corrections or court system.

(9) Assessment Screening Process. All persons referred to REACT shall, prior to attending the education or treatment program, receive an individualized assessment screening to determine the need for treatment or education. The assessment screening process shall include:

(A) Demographic data collection;

(B) A standardized screening instrument;

(C) A face-to-face individualized assessment screening interview;

(D) A legible hand printed or typewritten screening report;

(E) Completion of the REACT Offender Assignment form and, when requested, a narrative report to the court;

(F) Minimal case coordination, when appropriate, to coordinate with the courts, probation and parole, or the Department of Corrections to verify that education, rehabilitation and treatment recommendations have been completed; and

(G) An assessment recommendation shall be delivered in writing to the person.

(10) Components of Assessment Screening. The assessment screening by the certified program shall follow basic guidelines established by the Department of Corrections (DOC).

(A) All clients shall complete a valid and reliable screening instrument approved by the DOC to identify problem users. The screening instrument shall be standardized, consistent statewide, and interpreted by certified qualified substance abuse professionals who are properly supervised and trained in the use of the screening device.

(B) All clients shall have an individualized assessment screening interview conducted by a qualified substance abuse professional.

1. The individualized assessment screening shall determine the extent of the problem (or lack of a problem) and the level or type of treatment or education services needed.

2. The assessment screening shall include, but not be limited to, a screening instrument summary including a substance use history, prior treatment history, summary of findings and a recommendation for either education or treatment based on minimum referral guidelines.

3. Collaborative information, such as previous treatment information and contacting significant others, may be obtained with proper authorization when appropriate.

(11) Quality Recommendations. The program must develop assessment screening recommendations that are—

(A) Impartial and solely based on the needs of the offender and the welfare of society; and

(B) Never used as a means of case finding for any particular treatment program or as a marketing tool for any REACT program.

(12) Referral Guidelines. The program must base the assessment screening recommendation and referral plan for each person on the following referral guidelines:

(A) REP education unless a more intense program is indicated by such factors as other alcohol/drug related arrests, screening instrument recommendations, prior alcohol/drug treatment, or other occupational, relationship, or medical problems; and

(B) Persons with a serious mental illness should have their mental health treatment needs addressed before completing any REACT recommendation. A mental health

evaluation should be arranged for those clients identified with serious emotional or mental health problems during the REACT assessment screening process. In order to promptly arrange the mental health evaluation, the REACT agency conducting assessment screenings must maintain a formal affiliation agreement with either a certified community mental health center, state mental health facility, licensed psychiatrist, licensed psychologist, or licensed clinical social worker. The client may resume REACT participation upon stabilization of the problem as determined by the client's mental health provider.

(13) Assessment Screening Cost. The cost of the assessment screening, along with the sixty-dollar ($60) supplemental fee approved by the department, shall be paid by the client and should not be excessively greater than relative costs indicate and shall include the costs for any case coordination functions necessary to—

(A) Monitor the client's progress in either education or a treatment program(s); and/or

(B) Coordinate with the courts or probation and parole.

(14) Notice of Program Assignment and Completion. The agency that conducts the assessment screening for offenders shall provide a REACT Offender Assignment form and a REACT Report of Offender Compliance form regarding successful completion or unsuccessful completion of the education portion of the program.

(A) A referring probation and parole office shall be sent a REACT Offender Assignment form within one (1) week of the assessment screening and a REACT Report of Offender Compliance form within one (1) week of program completion.

(B) A copy of the REACT Offender Assignment form and the Report of Offender Compliance form shall be sent to the Department of Mental Health.

(C) A copy of the REACT Offender Assignment form and the REACT Completion Certificate shall be given to the offender.

(15) Treatment Programs Recognized for REACT. When the assessment screening indicates the individual's need for treatment and rehabilitation, arrangements shall be made for the person to participate in such services. The department shall recognize the following types of treatment and rehabilitation programs for offenders:

(A) Certified or Accredited Alcohol and/or Drug Treatment and Rehabilitation Programs.

(16) Criteria for Successful Completion of Treatment. When the assessment screening process indicates and if the person is eligible, certified alcohol and drug treatment and rehabilitation programs may also provide services for offenders. In addition, such persons who complete certified treatment programs after being charged or adjudicated for their offense but prior to their RSP screening process, may substitute participation in these treatment programs under certain conditions. In order to be recognized by REACT as successfully completing treatment, the offender must have written verification from a certified treatment and rehabilitation program that he or she has—

(A) Participated as scheduled in treatment services on a residential and/or outpatient basis for a period of at least ninety (90) calendar days;

(B) Substantially achieved personal recovery goals; and

(C) Met any other program requirements for successful completion of treatment. Those persons presenting substance dependence with a history of multiple offenses must participate in one hundred sixty (160) hours of services during the treatment episode.

(17) Cost of Treatment. The offender shall be responsible for all costs related to the completion of the treatment programs referenced in or required by this rule subsequent to the RSP assessment screening.

(A) All offenders shall be required to pay an initial base amount determined by the Department of Corrections before applying the Standard Means Test in accordance with 9 CSR 10-1.016.

(B) The client shall be responsible for all costs related to treatment that are not reimbursed through a third-party payer, including the Department of Corrections, or the Standard Means Test process.

(C) Programs may develop long-term payment plans to reasonably assist the client in paying off any outstanding balances.

(18) Cost of the REP Education Program. The cost shall be determined and approved by the Department of Corrections and shall be paid by the offender and shall cover the cost of the REP education program.

(19) Review and Approval of Costs. All REACT screening and education fees approved by the Department of Corrections shall be periodically reviewed and adjusted, if necessary, based on the best interests of the offender, society and the programs.

(20) Curriculum Guide. The REP program shall be conducted in accordance with the current edition of the *OEP Missouri Curriculum Guide, REACT Addendum*. A program must specifically request and obtain approval from the division before deviating in any manner from the content and methods in the applicable *Missouri Curriculum Guide*.

(21) REACT Training Program. A certified training program must, in addition to following standards found in 9 CSR 30-3.206, provide training on REACT standards. Certified staff shall complete a written examination and demonstrate the knowledge necessary to conduct the REACT programs.

(22) Supplemental Fee. All REACT programs shall collect from all applicants entering the program a sixty-dollar ($60) supplemental fee which shall be in addition to any other costs that may be charged by the program. The supplemental fee shall be collected no more than one (1) time from any individual who has entered REACT, whether for assessment or for an educational program.

(23) Remittance of Supplemental Fees. On or before the fifteenth day of each month, program directors shall remit the total of all supplemental fees collected during the prior calendar month, less two percent (2%) which, by law, may be retained by the program to offset collection and remittance costs.

(A) Remittance shall be mailed to: Correctional Substance Abuse Earnings Fund, Department of Corrections, 2729 Plaza Drive, Jefferson City, MO 65102.

(B) Transfer of supplemental fees from the program to the Correctional Substance Abuse Earnings Fund shall be in the form of a single check made payable to the Correctional Substance Abuse Earnings Fund.

(C) Program remittance checks shall be accompanied by a Supplemental Fee Remittance Form (to be provided by the Department of Corrections at no cost to the program) which shall list name and Social Security number of persons paying each supplemental fee being remitted.

(24) Documentation of Supplemental Fee Transactions. Each program shall maintain, at its principal administrative center, a single record of all supplemental fee transactions, which is separate from all other program records. This separate record will facilitate audits that may from time-to-time be conducted by the Department of Mental Health, the Department of Corrections, or the state auditor's office. A separate program record

of supplemental fee transactions shall include copies of monthly remittance forms and copies of checks forwarded to the Correctional Substance Abuse Earnings Fund.

(25) Acceptance of Supplemental Fees. The Department of Corrections shall accept supplemental fee remittances only from certified programs. Supplemental fee remittances, if received by the department from any agency not certified, will be returned to that agency. If an agency's certification has been revoked, the department will only accept supplemental fee remittances that were collected prior to the date the agency's certification was revoked. Remittances collected by the agency from clients after the date of the revocation shall not be accepted by the department. In such case, the supplemental fee must be returned to the client by the agency.

(26) Notice Posted. Programs shall post in places readily accessible to persons served, one (1) or more copies of a Student Notice Poster that shall be provided by the Department of Corrections at no cost to the program. Posters shall explain the statutory requirement for supplemental fees, disposition of supplemental fees, and the means by which programs collect and remit supplemental fees.

(27) Compliance. Failure to adhere to the stipulations, conditions, and requirements set forth in this rule shall be considered cause for revocation of program certification.

AUTHORITY: sections 559.630, 559.633, 559.635, 630.050, 630.655 and 631.010, RSMo 2000. This rule originally filed as 9 CSR 30-3.800. Original rule filed Oct. 16, 1998, effective March 30, 1999. Moved to 9 CSR 30-3.230 and amended: Filed Feb. 28, 2001, effective Oct. 30, 2001.*

**Original authority: 559.630, RSMo 1998: 559.633, RSMo, 1998; 559.635, RSMo 1998: 630.050, 1980, amended 1993, 1995; 630.655, RSMo 1980; and 631.010, RSMo 1980.*

9 CSR 30-3.240 Medication
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.250 Dietary Services
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Amended: Filed June 2, 1988, effective Nov. 1, 1988. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.300 Prevention Programs

PURPOSE: This rule identifies the expected outcomes, strategies and operational requirements for prevention programs.

(1) Program Description. A prevention program offers a planned, organized set of activities designed to reduce the risk of and incidence of illegal or age-inappropriate use or abuse of alcohol, tobacco and drugs.

(A) Prevention activities and services are provided to an identified target population within a designated geographic area.

(B) The target population may include individuals, groups, organizations, communities, and the general public. The target population may include individuals or groups considered to be at-risk or high-risk in their potential for substance use; however, prevention activities are not specifically or primarily directed to persons who need treatment for substance abuse.

(C) A prevention program shall provide services that are comprehensive, research based and culturally sensitive and relevant.

(D) A prevention program should serve all age groups and populations, including special populations.

(2) Use of Risk Reduction Strategies. A prevention program shall implement strategies which reduce the risk of and the incidence of illegal or age-inappropriate use or abuse of alcohol, tobacco and drugs. The program shall implement the following risk reduction strategies in accordance with the type of prevention services and programming it offers:

(A) Increase awareness of the nature and extent of such substance use or abuse and their effects on individuals, families, and communities;

(B) Inform others about available prevention and treatment services;

(C) Develop social and life skills which reduce the potential for such substance use or abuse;

(D) Provide constructive and healthy activities to offset the attraction of such substance use or abuse or to meet needs which otherwise may be fulfilled by these substances;

(E) Identify persons who may have become involved in the initial, inappropriate or illegal use of alcohol, tobacco, and drugs and then arrange support and other referrals, as needed;

(F) Assess community needs and assist in the development of community planning and action;

(G) Establish or change community attitudes, norms and policies known to influence the incidence of such substance use or abuse;

(H) Actively intervene with individuals and populations who have multiple risk factors for such substance use or abuse; and

(I) Organize, coordinate, train and assist other community groups and organizations in their efforts to reduce such substance use or abuse.

(3) Types of Certified Programs. An agency may be certified to provide one (1) or more of the following types of prevention programs:

(A) Primary Prevention Program;

(B) Targeted Prevention Program; or

(C) Statewide Prevention Resource Center.

(4) Requirements for Certification. A prevention program shall comply with those rules and standards listed under 9 CSR 30-3.032 Certification of Substance Abuse Programs.

(A) Requirements under 9 CSR 10-7.120 Physical Plant and Safety shall be applicable based on the type of services provided by the prevention program and whether services are offered to individuals and groups at the program site.

(B) The following rules and standards shall be waived for prevention programs, unless the department determines that a specific requirement is applicable due to the unique circumstances and service delivery methods of a program:

1. 9 CSR 10-7.010 Treatment Principles and Outcomes;

2. 9 CSR 10-7.020 Rights, Responsibilities and Grievances;

3. 9 CSR 10-7.030 Service Delivery Process and Documentation;

4. 9 CSR 10-7.060 Behavior Management;

5. 9 CSR 10-7.070 Medications;

6. 9 CSR 10-7.080 Dietary Services;

7. 9 CSR 30-3.100 Service Delivery Process and Documentation (ADA); and

8. 9 CSR 30-3.110 Service Definitions and Staff Qualifications (ADA).

(5) Qualifications of Staff. Services shall be provided by a qualified prevention specialist who demonstrates substantial skill by being—

1. A graduate of an accredited college or university with a bachelor's degree in community development, education, public administration, public health, psychology,

sociology, social work or closely related field and have one (1) year or more of full-time equivalent professional experience in education, public health, mental health, human services, or a closely related area. Additional years of experience may be substituted on a year for year basis for the education requirement; or

2. An alcohol and drug abuse prevention professional credentialed by an agent acceptable to the department.

(6) Documentation of Resources and Services. All prevention programs shall maintain—

(A) A current listing of resources within the geographic area in order to readily identify available substance abuse treatment and prevention resources, as well as other resources applicable to the target population;

(B) Informational and technical materials that are current, relevant and appropriate to the program's goals, content, and target population.

1. Materials and their use shall accommodate persons with special needs, or the materials can be readily adapted to meet those needs.

2. Materials shall be periodically reviewed by staff and advisory board to ensure relevance to the target population and consistency with current prevention research. The advisory board shall include members of the target population and a broad range of representatives from other community groups and organizations; and

(C) A record of all service activities. The record shall—

1. Identify the presenter and participants;

2. Describe the service activity;

3. State how the activity meets the specific needs of the individual, group, or community organization served;

4. Include consents for participation or releases of information, as applicable; and

5. Include or summarize participant evaluations, as applicable.

(7) Primary Prevention Program. A Primary Prevention Program shall offer comprehensive services and activities to a specified target population(s) in its effort to reduce the risk of and incidence of illegal or age-inappropriate use or abuse of alcohol, tobacco and drugs.

(A) A primary prevention program shall offer all of the following types of prevention services: information, education, alternatives, problem identification and referral, community-based process, and environmental services.

1. Unless otherwise indicated, the target population for information, education, alternatives, and problem identification and referral services shall include, but is not limited to, one (1) or more of the following: persons who are at risk for substance abuse; families or friends, or both, of persons at risk for a substance abuse problem; school officials or employers of persons at risk for a substance abuse problem; caretakers and families of elderly or populations with other special needs.

2. Unless otherwise indicated, the target population for community-based process and environmental services shall include, but is not limited to, persons at risk for substance abuse; community groups mobilizing to combat substance abuse, include civic and volunteer organizations; church; schools; business; healthcare facilities and retirement communities; state and municipal governments; and other related community organizations.

(B) Information services shall increase awareness of the nature, extent, and effects of such substance use or abuse.

1. Information services are characterized by one (1)-way communication from the presenter to the target population.

2. In addition to the target populations listed in subsection (7)(A), the target population formation services may include the general public.

3. Examples of information service activities include: distributing written materials such as brochures, pamphlets, newsletters, resources directories, and other relevant materials; distributing audiovisual materials such as films, tapes, public service announcements and other relevant materials; functioning as information resource center or clearinghouse; arranging speakers and presentations; and operating as a designated access point for computerized information networks.

(C) Education services shall develop social and life skills, such as conflict resolution, decision-making, leadership, peer resistance and refusal skills.

1. Education services are characterized by interaction between the facilitator and the participants to promote certain skills and behaviors.

2. Examples of education service activities include classroom or small group sessions for person of any age, peer leader and helper programs, and parenting and family management classes.

(D) Alternatives shall provide healthy and constructive activities to offset the attraction of such substance use or abuse or to meet needs which otherwise may be fulfilled by these substances.

1. Alternative services engage the target population in recreational and other activities that exclude such substance use or abuse.

2. Examples of alternative service activities include developing and supporting alcohol- and drug-free dances and parties, community service activities, teen institutes and other leadership training and activities for youth, adults, parents, school faculty, or others.

(E) Problem identification and referral services shall assist in arranging support, education and other referrals, as needed, for persons who have become involved in the initial, inappropriate or illegal use of alcohol, tobacco, and drugs.

1. This service does not include a professional or comprehensive assessment and determination of the need for substance abuse treatment.

2. Examples of specific problem identification and referral activities include training and consultation to student assistance programs, employee assistance programs, medication support programs for the elderly and other programs and organizations that may intervene with persons in the target population.

(F) Community-based process shall involve the assessment of community needs and the promotion of community planning and action in order to enhance other prevention and treatment services and to reduce the incidence of such substance use or abuse.

1. The target population shall include community action teams, such as Community 2000 Teams. A community action team must have broad-based community representation and participation, such as civic organizations, neighborhood groups, churches, schools, law enforcement, healthcare and substance treatment facilities, businesses, and governmental organizations.

2. Examples of community-based process activities include assessing community needs and risk factors and recruiting, training, and consulting with community action teams.

(G) Environmental services shall positively effect community policies, attitudes, and norms known to influence the incidence of such substance use or abuse.

1. Environmental services may address legal/regulatory initiatives, service/action initiatives, or both.

2. Examples of environmental services include maintaining current information regarding environmental strategies; training and consulting with community action teams in the development and implementation of such strategies; serving as a resource to school, businesses, and other community

organizations in the development of policies; and providing information regarding alcohol and tobacco availability, advertising and pricing strategies.

(8) Targeted Prevention Program. A Targeted Prevention Program shall actively intervene with individuals and populations that have multiple risk factors for the illegal or age-inappropriate use or abuse of alcohol, tobacco and drugs. The program shall reduce risk factors and reduce the likelihood of such substance use or abuse.

(A) The target population shall include:

1. Persons at risk of substance abuse, such as out-of-school youth, youth dropouts, or persons prone to violence; and

2. Individuals and groups that influence those persons at risk for substance abuse, such as parents; teachers, families and caretakers of elderly or populations with other special needs; and school based and community groups, including civic and volunteer organizations, churches and other related community organizations.

(B) The program may be located in school or other community settings.

(C) The program shall provide and promote social and emotional support, skill development, counseling, and other preventive services for persons and populations with multiple risk factors.

(D) Examples of specific services and activities include early identification and intervention; efforts to prevent dropping out of school; after-school recreational and educational activities; development of social and life skills such as conflict resolution, decision making, leadership, peer resistance and refusal skills; group counseling or individual counseling, or both; parent training and consultation with school staff or other community organizations.

(9) Prevention Resource Center. A prevention resource center shall organize, coordinate, train, assist and recognize community, regional and state resources in their efforts to reduce the illegal or age-inappropriate use or abuse of alcohol, tobacco and drugs.

(A) The target population shall include community action teams, such as Community 2000 Teams; other community organizations including primary prevention program; and other community and state resources.

(B) Examples of specific activities include:

1. Conducting statewide and regional workshops and conferences;

2. Where applicable, distributing a statewide newsletter that contains current information about prevention activities and issues;

3. Providing information and technical assistance regarding effective prevention strategies that are based on research findings;

4. Recognizing accomplishments by community action teams and sponsoring recognition events;

5. Coordinating prevention activities and resources development with other state level organizations and state agencies; and

6. Expanding and strengthening the network of community and state organizations involved in prevention activities.

AUTHORITY: section 630.655, RSMo 2000. This rule was originally filed as 9 CSR 30-3.630. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded and readopted: Filed June 27, 1995, effective Dec. 30, 1995. Moved to 9 CSR 30-3.300 and amended: Filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed Oct. 15, 2001, effective April 30, 2002.*

**Original authority: 630.655, RSMo 1980.*

9 CSR 30-3.400 Social Setting Detoxification
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.410 Modified Medical Detoxification
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.420 Medical Detoxification Services
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.500 Residential Programs
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.510 Adolescent Program
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050 and 630.655, RSMo 1994. Original rule filed May 6, 1985, effective Sept. 1, 1985. Amended: Filed Dec. 16, 1988, effective March 15, 1989. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.600 Outpatient Programs
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.610 Methadone Treatment
(Moved to 9 CSR 30-3.132)

9 CSR 30-3.611 Compulsive Gambling Treatment
(Moved to 9 CSR 30-3.134)

9 CSR 30-3.620 Information and Referral Program
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050 and 630.655, RSMo 1986. Original rule filed May 13, 1983, effective Sept. 13, 1983. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.621 Central Intake Program
(Rescinded October 30, 2001)

AUTHORITY: sections 630.050, RSMo Supp. 1993 and 630.655, RSMo 1986. Original rule filed Sept. 15, 1994, effective Feb. 26, 1995. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.630 Prevention Programs
(Moved to 9 CSR 30-3.300)

9 CSR 30-3.700 Substance Abuse Traffic Offender Programs
(Moved to 9 CSR 30-3.201)

9 CSR 30-3.710 Definitions
(Rescinded October 30, 2001)

AUTHORITY: sections 302.510, 302.540, 577.001, 577.049, 577.520, 577.525, 630.050 and 630.053, RSMo Supp. 1997 and 630.655 and 631.010, RSMo 1994. Original rule filed Nov. 2, 1987, effective May 15, 1988. Emergency amendment filed Oct. 4, 1988, effective Oct. 14, 1988, expired Jan. 14, 1989. Amended: Filed Oct. 4, 1988, effective Jan. 14, 1989. Emergency amendment filed April 4, 1989, effective April 14, 1989, expired July 14, 1989. Amended: Filed April 4, 1989, effective July 14, 1989. Emergency amendment filed April 4, 1989, effective April 14, 1989, expired July 14, 1989. Emergency amendment filed May 3, 1994, effective July 1, 1994, expired Oct. 28, 1994. Emergency amendment filed Oct. 17, 1994, effective Oct. 28, 1994, expired Feb. 24, 1995. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.720 Procedures to Obtain Certification
(Rescinded October 30, 2001)

AUTHORITY: sections 302.540, 577.001, 577.049, 577.520, 577.525, 630.050 and 630.053, RSMo Supp. 1997 and 630.655 and 631.010, RSMo 1994. Original rule filed Nov. 2, 1987, effective May 15, 1988. Emergency amendment filed May 3, 1994, effective July 1, 1994, expired Oct. 28, 1994. Emergency amendment filed Oct. 17, 1994, effective Oct. 28, 1994, expired Feb. 24, 1995. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.730 Administration
(Moved to 9 CSR 30-3.202)

9 CSR 30-3.740 Environment
(Rescinded October 30, 2001)

AUTHORITY: sections 302.540, 577.001, 577.049, 577.520, 577.525, 630.050 and 630.053, RSMo Supp. 1997 and 630.655 and 631.010, RSMo 1994. Original rule filed Nov. 2, 1987, effective May 15, 1988. Emergency amendment filed May 3, 1994, effective July 1, 1994, expired Oct. 28, 1994. Emergency amendment filed Oct. 17, 1994, effective Oct. 28, 1994, expired Feb. 24, 1995. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.750 Personnel
(Moved to 9 CSR 30-3.204)

9 CSR 30-3.760 Program Structure
(Moved to 9 CSR 30-3.206)

9 CSR 30-3.770 Client Records
(Rescinded October 30, 2001)

AUTHORITY: sections 302.540, 577.001, 577.049, 577.520, 577.525, 630.050 and 630.053, RSMo Supp. 1997 and 630.655 and 631.010, RSMo 1994. Original rule filed Nov. 2, 1987, effective May 15, 1988. Emergency amendment filed May 3, 1994, effective July 1, 1994, expired Oct. 28, 1994. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Emergency amendment filed Oct. 17, 1994, effective Oct. 28, 1994, expired Feb. 24, 1995. Amended: Filed Oct. 17, 1994, effective April 30, 1995. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.780 Curriculum and Training
(Rescinded October 30, 2001)

AUTHORITY: sections 302.540, 577.001, 577.049, 577.520, 577.525, 630.050 and 630.053, RSMo Supp. 1997 and 630.655 and 631.010, RSMo 1994. Original rule filed Nov. 2, 1987, effective May 15, 1988. Amended: Filed April 29, 1998, effective Oct. 30, 1998. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.790 Supplemental Fee
(Moved to 9 CSR 30-3.208)

9 CSR 30-3.800 Required Educational Assessment and Community Treatment Program
(Moved to 9 CSR 30-3.230)

9 CSR 30-3.810 Definitions
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.820 Procedures to Obtain Certification
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Emergency amendment filed Dec. 20, 1995, effective Dec. 30, 1995, expired June 26, 1996. Amended: Filed Dec. 20, 1995, effective June 30, 1996. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.830 Comprehensive Substance Treatment and Rehabilitation Program Description
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.840 Treatment and Rehabilitation Process
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.850 Service Provision
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded and readopted: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Emergency amendment filed Dec. 20, 1995, effective Dec. 30, 1995, expired June 26, 1996. Amended: Filed Dec. 20, 1995, effective June 30, 1996. Amended: Filed July 30, 1998, effective Feb. 28, 1999.

Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.851 Specialized Program for Women and Children
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1994. Original rule filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.852 Specialized Program for Adolescents
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1994. Original rule filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.853 Adolescent Residential Support
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1994. Original rule filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.860 Quality Assurance
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.870 Behavior Management
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.880 Client Records
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.890 Personnel, Staff Qualifications, Responsibilities and Training
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.900 Client Rights
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.910 Research
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.920 Governing Authority and Program Administration
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.930 Fiscal Management
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.940 Environment, Safety and Sanitation
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.950 Accessibility
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.960 Dietary Services
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1994. Original rule filed June 15, 1990, effective Nov. 30, 1990. Amended: Filed July 30, 1998, effective Feb. 28, 1999. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.

9 CSR 30-3.970 Medication Management
(Rescinded October 30, 2001)

AUTHORITY: section 630.655, RSMo 1986. Original rule filed June 15, 1990, effective Nov. 30, 1990. Rescinded: Filed Feb. 28, 2001, effective Oct. 30, 2001.