



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

February 13, 2008

Dear Workgroup Member:

We would like to thank you again for your participation in the Integrated Treatment Services Workgroup that was convened in late 2006 by the Governor's Office, the Department of Health (DOH) and the Department of Public Welfare (DPW). At this time, we are attaching the draft outpatient integrated treatment regulations for your review. DOH will promulgate a new chapter at 28 Pa. Code Ch. 719. DPW will add a new subchapter to the existing outpatient mental health facility regulations at 55 Pa. Code Ch. 5200. Both sets of regulations are based on the criteria developed by the Workgroup.

A significant goal in the development of these regulations was to ensure quality statewide integrated treatment standards for individuals with co-occurring psychiatric and substance use disorders, while avoiding additional administrative burden on providers. To this end, the regulations will work as an "overlay" on top of a facility's existing outpatient drug and alcohol or mental health treatment license. In addition, a facility providing integrated treatment under these regulations will not be subject to duplicative licensing inspections by DOH and DPW.

We are looking forward to receiving your constructive input on the draft regulations. Please provide your detailed, written comments to Meghan M. Thomsen, Office of the Governor, Room 506, Finance Building, Harrisburg, PA 17120 by **February 27, 2008**.

Thank you in advance for your continued participation on this important project.

Sincerely,

Donna Cooper
Secretary,
Governor's Office of
Policy and Planning

Estelle Richman
Secretary,
Department of Public Welfare

Calvin B. Johnson, M.D., M.P.H.
Secretary,
Department of Health

Annex A

TITLE 28: HEALTH AND SAFETY

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PART V. DRUG AND ALCOHOL FACILITIES AND SERVICES

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CHAPTER 719. INTEGRATED TREATMENT PROGRAMS

GENERAL PROVISIONS

§ 719.1. Scope and purpose.

This chapter contains standards which are applicable to an outpatient psychiatric clinic desiring to operate an integrated treatment program and provide outpatient integrated treatment services. An outpatient psychiatric clinic may operate an integrated treatment program and provide outpatient integrated treatment services provided that the clinic meets the requirements in this chapter.

§ 719.2. Definitions.

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

Clinical director – The director of treatment services for an integrated treatment program who supervises the clinical staff and meets the education and experience requirements in § 719.22 (related to integrated treatment staff qualifications).

Integrated treatment program – An entity that provides outpatient integrated treatment.

Mental health professional – A person trained in a generally recognized clinical discipline including, but not limited to, psychiatry, social work, psychology or nursing or rehabilitation or activity therapies who has a graduate degree and mental health clinical experience.

Outpatient psychiatric clinic – A psychiatric clinic (outpatient) as defined in 55 Pa. Code § 5200.3 (relating to definitions) and which holds a current certificate of compliance from the Department of Public Welfare.

Outpatient integrated treatment services – Screening, assessment, treatment planning, treatment and coordination of care designed to address co-occurring psychiatric and substance use disorders by actively combining stage specific interventions intended to address these disorders in a single setting for less than three continuous hours in one day.

LICENSING PROCEDURES

§ 719.11. Application for license.

- (a) An outpatient psychiatric clinic desiring to operate an integrated treatment program and provide outpatient integrated treatment services shall apply to the Department for a license and attach to its application a copy of its current certificate of compliance as issued by the Department of Public Welfare.
- (b) The provisions of §§ 709.11 – 709.18 shall be applicable to licenses issued under this chapter.

§ 719.12. Right to enter and inspect.

A provider applying for licensure or licensed as an integrated treatment program shall permit any authorized staff or agent of the Department of Public Welfare or the Department to enter, visit and inspect the program and have full and free access to the patients and records of the program for the purpose of determining whether the program is in compliance with this chapter or whether the program requires a license.

INTEGRATED TREATMENT PROGRAM STAFFING

§ 719.21. Required staff.

An integrated treatment program shall have the following staff:

- (1) A full-time clinical director who is physically present at the integrated treatment program.
- (2) A psychiatrist who is providing treatment at the integrated treatment program, either in-person or by real time video communication with the patient, at least four hours each week for every full-time equivalent clinical staff.
- (3) At least one full-time equivalent clinical staff person for each thirty-five active integrated treatment cases.

§ 719.22. Integrated treatment staff qualifications.

- (a) The clinical director for an integrated treatment program shall have a Masters Degree or an equivalent or higher degree from an accredited college or university with a major in medicine, chemical dependency, psychology, social work, counseling, nursing with a clinical specialty in administration or human services,

or other related field and two years clinical experience in a health or human services agency that includes one year of clinical experience in working with individuals diagnosed with co-occurring psychiatric and substance use disorders.

(b) The psychiatrist for an integrated treatment program shall meet one or more of the following qualifications:

- (1) Certification in Addiction Psychiatry.
- (2) Certification by the American Society of Addictions Medicine.
- (3) Board Certification or Board Eligibility in General or Child Psychiatry with at least two years of clinical experience in treating individuals diagnosed with a substance use disorder.
- (4) Board Certification or Board Eligibility in General or Child Psychiatry with at least one year of clinical experience in treating individuals diagnosed with a substance use disorder and completion of a Board Review course in addictions medicine.

(c) Each clinical staff person for an integrated treatment program required by § 719.21(3) shall meet one or more of the following qualifications:

- (1) Certification as a Co-Occurring Disorder Professional.
- (2) Mental Health Professional with one year of clinical experience working with individuals diagnosed with co-occurring psychiatric and substance use disorders.
- (3) Bachelor's degree or an equivalent or higher degree from an accredited college or university with a major in a human services-related field with

two years clinical experience working with individuals diagnosed with co-occurring psychiatric and substance use disorders.

- (4) Certification as an Addictions Counselor with two years of clinical experience working with individuals diagnosed with co-occurring psychiatric and substance use disorders.
- (d) A clinical staff person who does not meet the qualifications in subsection (c) may counsel an individual under the direct supervision of the clinical director. The integrated treatment program shall document this supervision. A clinical staff person counseling individuals as permitted by this paragraph shall meet the qualifications in subsection (c) within six months following initial employment by the integrated treatment program.
- (e) If the integrated treatment program administers medication, at least one licensed nursing staff person who can dispense and administer medication under his lawful scope of practice shall be physically present at the integrated treatment program.
- (f) If the integrated treatment program holds itself out as providing peer support specialist services, each peer support specialist must meet the following qualifications:
 - (1) A high school diploma or GED.
 - (2) At least one year of work experience or volunteer experience or 24 credits of post secondary education.
 - (3) Satisfactory completion of a recognized peer certification training program.

- (4) At least twelve hours of training in co-occurring psychiatric and substance use disorders.
- (g) Each peer support specialist for an integrated treatment program shall be directly supervised by the clinical director. The integrated treatment program shall document this supervision.

§ 719.23. Staff training.

- (a) Each clinical staff person required by § 719.21(3) shall participate and document participation in training in:
 - (1) Co-occurring psychiatric and substance use disorders overview.
 - (2) Principles of engagement with individuals with co-occurring psychiatric and substance use disorders and families of those individuals.
 - (3) Individualized approaches and supports for co-occurring psychiatric and substance use disorders.
 - (4) Integrated treatment planning and documentation.
 - (5) Basic psychopharmacology.
 - (6) Crisis and relapse prevention and intervention.
 - (7) Recovery, rehabilitation, and self-help for co-occurring psychiatric and substance use disorders.
 - (8) Ethics and boundaries for effective co-occurring psychiatric and substance use service.
 - (9) Trauma-informed treatment.
 - (10) Working respectfully with families.

- (b) Within the first year of employment by the integrated treatment program, each clinical staff person providing integrated treatment services shall participate and document participation in advanced training relating to co-occurring psychiatric and substance use disorders in:
 - (1) Skill building techniques.
 - (2) Consensus and evidence based practices.
 - (3) Drugs of abuse updates.
- (c) Each clinical staff person required by § 719.21(3) shall participate and document participation in at least six hours of training in co-occurring psychiatric and substance use disorder topics each calendar year, which may count towards meeting other applicable training requirements.

INTEGRATED TREATMENT PROGRAM STANDARDS

§ 719.31. Integrated treatment policies and procedures.

The policies and procedures or operations manual of an integrated treatment program shall include:

- (1) A mission statement and program philosophy specifically directed to co-occurring psychiatric and substance use disorder treatment and service needs.
- (2) Admission, continued stay, and discharge criteria for individuals with co-occurring psychiatric and substance use disorders.
- (3) A method to measure implementation of the clinical elements of the program model.

§ 719.32. Integrated screening and assessment process.

- (a) An integrated treatment program shall screen each individual admitted to the program for co-occurring psychiatric and substance use disorders.
- (b) Qualified staff shall assess an individual for whom a screen has indicated the possibility that the individual may have co-occurring psychiatric and substance use disorders or may need integrated treatment. The assessment instrument shall be strength-based and shall gather information about psychiatric and substance use disorders, including information about symptoms of either type of disorder when the other is at baseline. The assessment shall include:
 - (1) Background information.
 - (2) Strengths and challenges.
 - (3) Special needs.
 - (4) Trauma.
 - (5) Substance use and related disorders, including severity.
 - (6) Psychiatric symptoms, including severity.
 - (7) Physical health history.
 - (8) Medication information.
 - (9) Family and collateral input.
 - (10) Stage of change.
 - (11) Treatment readiness and recovery management supports.
- (c) The screening and assessment process shall be completed prior to the development of the initial treatment plan.

- (d) The screening and assessment information shall be documented in the individual's clinical record.

§ 719.33. Integrated treatment planning.

- (a) Within 15 days of intake, an integrated treatment program shall develop a single integrated treatment plan addressing both psychiatric and substance use disorders, with input from the treatment team, collaborating agencies, practitioners and family members, for the individual with co-occurring psychiatric and substance use disorders admitted to the program. The plan shall include:
 - (1) Short-term, measurable goals with concrete objectives that are stage-specific and reflect the presence of psychiatric and substance use disorders.
 - (2) Individualized stage-specific treatment interventions specifically adapted to the individual's co-occurring diagnosis and identified needs.
 - (3) Identification of recovery and support services for psychiatric and substance use disorders.
 - (4) Community supports, including informal, non-traditional resources available to the individual.
- (b) The integrated treatment plan shall be reviewed, revised, and updated based upon individual progress and need at least one time every thirty days.
- (c) An integrated treatment program shall ensure and document that the individual receives a copy of the treatment plan and each subsequent update.

§ 719.34. Mandatory services and interventions.

An integrated treatment program shall have the ability to provide a broad range of cognitive, behavioral and other appropriate clinical interventions that are based upon individual treatment needs identified in the assessment and treatment planning process.

The interventions provided shall include:

- (1) Stage of change matched interventions.
- (2) Motivational interventions.
- (3) Psychoeducational components that address both psychiatric and substance use disorders.
- (4) Medication management.
- (5) Risk reduction interventions.
- (6) Individual, group, and family counseling.
- (7) Trauma-informed treatment.
- (8) Family involvement, when possible.
- (9) Skill building techniques.
- (10) Relapse prevention addressing both disorders.

§ 719.35. Individual records.

- (a) An integrated treatment program shall keep a separate individual record for each individual admitted into the program.
- (b) The individual record shall include:
 - (1) Background information.
 - (2) History and evaluation.

- (3) Progress notes that show the relationship between psychiatric and substance use disorders.
 - (4) An individualized integrated treatment plan and updates.
 - (5) Clinical summaries of the assessment/evaluation information and treatment progress, including substantiation of the diagnoses.
 - (6) Case consultations.
 - (7) Attempts to engage family/significant others/caregivers in the treatment process.
 - (8) Participation in psychoeducational activities that reflect the individual's understanding of the subject matter.
 - (9) Mobile services, if provided.
 - (10) Aftercare planning.
 - (11) Coordination of care to support recovery.
 - (12) Signed consent forms.
- (c) Individual records shall be prepared and maintained as follows:
- (1) Records shall be legible and maintained on a permanent medium.
 - (2) The clinical director shall review each individual record at least one time every quarter for quality.
 - (3) The integrated treatment program shall maintain records in a uniform manner to ensure information is accurate and accessible for administrative and professional purposes.
 - (4) The staff member writing in the record shall sign and date each entry.

- (d) Records shall be kept in locked and protected locations to which only authorized personnel shall be permitted access.

§ 719.36. Crisis intervention plans.

An integrated treatment program shall have a written plan to address crisis situations, such as psychiatric or medical emergencies, in a manner that facilitates engagement, safety and continuity of care, and does not create barriers to accessing appropriate care based upon the presence of a co-occurring psychiatric and substance use disorders.

§ 719.37. Pharmacotherapy.

An integrated treatment program shall:

- (1) Monitor medication adherence, including self-reports by individuals admitted to the program.
- (2) Provide medication education, including potential interactions with illicit substance use, to individuals admitted to the program.
- (3) Document coordination of care between all programs and practitioners providing services to the individual.

§ 719.38. Continuity of Care.

An integrated treatment program shall:

- (1) Begin the aftercare planning process upon admission.
- (2) Coordinate referrals for both psychiatric and substance use services upon discharge, including medication appointments.

- (3) Document referrals to appropriate community support services including peer support, recovery self-help groups, co-occurring self-help groups and other individualized support services.
- (4) Provide written instructions for accessing crisis intervention services for both psychiatric and substance use needs.
- (5) Link with case management services, if appropriate and available, to ensure coordination and linkage with appropriate community services.

§ 719.39. Reportable events.

- (a) An integrated treatment program shall develop and implement policies and procedures to respond to:
 - (1) Physical assault by a patient.
 - (2) Selling of drugs on the premises.
 - (3) Complaints of physical, verbal, sexual or emotional patient abuse.
 - (4) Death or serious injury due to trauma, suicide, medication error or unusual circumstances.
 - (5) Significant disruption of services due to disaster such as fire, storm, flood or other occurrence.
 - (6) Theft, burglary, break-in or similar incident at the facility.
 - (7) Overdose-related hospitalization of a patient.
 - (8) Other events the integrated treatment program believes should be documented.
- (b) These policies and procedures shall include:
 - (1) Documentation of the event.

- (2) Prompt review and investigation.
 - (3) Implementation of a timely and appropriate corrective action plan, when indicated.
 - (4) Ongoing monitoring of the corrective action plan.
- (c) An integrated treatment program shall file a written report with the Department within 48 hours following the program becoming aware of any events in subsection (a).
- (d) Information contained in the notification submitted to the Department by a facility under subsection (c) may not, unless otherwise ordered by a court for good cause shown, be produced for inspection or copying by, nor may the contents thereof be disclosed to, a person other than the Secretary, the Secretary's representative or another government agency, without the consent of the facility which filed the report.
- (e) The Secretary and the Secretary's representative shall use the information contained in the notification from the facility only in connection with the enforcement of the Department's responsibilities under applicable statutes and regulations within the Department's jurisdiction.

§ 719.40. Applicable regulations.

An integrated treatment program shall meet the requirements of:

- (1) § 704.11(a) – (f) (relating to staff development program), for all staff who provide treatment as part of the integrated treatment program.

- (2) §§ 705.21 – 705.29 (relating to physical plant standards for nonresidential facilities), except that a program shall not need to meet the requirements of § 705.29(1)(ii).
- (3) § 709.32(b) (relating to medication control).
- (4) § 709.94(a), (d) and (e) (relating to project management services).

Annex A

Title 55: PUBLIC WELFARE

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PART VII. MENTAL HEALTH MANUAL

SUBPART D. NONRESIDENTIAL AGENCIES/FACILITIES/SERVICES

CHAPTER 5200. PSYCHIATRIC OUTPATIENT CLINICS

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INTEGRATED TREATMENT PROGRAMS

§ 5200.49 – Integrated Treatment Programs.

(a) Certificate of compliance. – An integrated treatment program licensed by the Pennsylvania Department of Health to provide drug and alcohol treatment services may provide outpatient integrated treatment services provided that the program meets the requirements listed in sections 5200.50-5200.64.

(b) Definitions.

“Clinical director” shall mean the director of treatment services for an integrated treatment program who supervises the clinical staff and meets the education and experience requirements in § 5200.53 (relating to integrated treatment staff qualifications).

“Integrated treatment program” shall mean an entity that provides outpatient integrated treatment.

“Outpatient integrated treatment services” shall mean screening, assessment, treatment planning, treatment and coordination of care designed to address co-occurring psychiatric and substance use disorders by actively combining stage specific interventions intended to address these disorders in a single setting for less than three continuous hours in one day.

§ 5200.50 – Application. – An integrated treatment program applying for a certificate of compliance pursuant to this subchapter shall submit with its application a copy of its drug and alcohol treatment license.

§ 5200.51 – Right to enter and inspect. – An integrated treatment program shall permit any authorized staff or agent of the Department of Public Welfare or the Department of Health to enter, visit and inspect the program and have full and free access to the

consumers and records of the program for the purpose of determining whether the program is in compliance with this chapter or whether the program requires a certificate of compliance.

§ 5200.52 – Required staff. – An integrated treatment program shall have the following staff:

- (1) A full-time clinical director who is physically present at the integrated treatment program.
- (2) A psychiatrist who is providing treatment at the integrated treatment program, either in-person or by real time video communication with the patient, at least four hours each week for every full-time equivalent clinical staff.
- (3) At least one full-time equivalent clinical staff person for each thirty-five active integrated treatment cases.

§ 5200.53 – Integrated Treatment Staff Qualifications. – Integrated treatment program staff shall have the following qualifications:

(a) The clinical director shall have a Masters Degree or an equivalent or higher degree from an accredited college or university with a major in medicine, chemical dependency, psychology, social work, counseling, nursing with a clinical specialty in administration or human services, or other related field and two years clinical experience in a health or human services agency that includes one year of clinical experience in working with individuals diagnosed with co-occurring psychiatric and substance use disorders.

(b) The psychiatrist shall meet one or more of the following qualifications:

- (1) certification in Addiction Psychiatry.
- (2) certification by the American Society of Addictions Medicine.
- (3) Board Certification or Board Eligibility in General or Child Psychiatry with at least two years of clinical experience in treating individuals diagnosed with a substance use disorder.

(4) Board Certification or Board Eligibility in General or Child Psychiatry with at least one year of clinical experience in treating individuals diagnosed with a substance use disorder and completion of a Board Review course in addictions medicine.

(c) Each clinical staff person counting toward the ratio in § 5200.52(3) shall meet one or more of the following qualifications:

- (1) certification as a Co-Occurring Disorder Professional.

(2) Mental Health Professional with one year of clinical experience working with individuals diagnosed with co-occurring psychiatric and substance use disorders.

(3) Bachelor's degree or an equivalent or higher degree from an accredited college or university with a major in a human services-related field with two years clinical experience working with individuals diagnosed with co-occurring psychiatric or substance use disorders.

(4) certification as an Addictions Counselor with two years of clinical experience working with individuals diagnosed with co-occurring psychiatric and substance use disorders.

(d) A clinical staff person who does not meet the qualifications in subsection (c) may counsel an individual under the direct supervision of the clinical director. A clinical staff person counseling individuals as permitted by this subsection shall meet the qualifications in subsection (c) within six months following initial employment by the integrated treatment program.

(e) If the integrated treatment program administers medication, at least one licensed nursing staff person who can dispense and administer medication under his or her lawful scope of practice shall be physically present at the integrated treatment program.

(f) If the integrated treatment program holds itself out as providing peer support specialist services, each peer support specialist must meet the following qualifications:

(1) a high school diploma or GED.

(2) at least one year of work experience or volunteer experience or 24 credits of post secondary education.

(3) satisfactory completion of a recognized peer certification training program.

(4) at least twelve hours of training in co-occurring psychiatric and substance use disorders.

(g) Each peer support specialist for an integrated treatment program shall be directly supervised by the clinical director. The integrated treatment program shall document this supervision.

§ 5200.54 – Staff training.

(a) Each clinical staff person counting toward the ratio in § 5200.52(3) shall participate and document participation in training in:

- (1) co-occurring psychiatric and substance abuse overview.
- (2) principles of engagement with individuals with co-occurring psychiatric and substance use disorders and families of those individuals.
- (3) individualized approaches and supports for co-occurring psychiatric and substance use disorders.
- (4) integrated treatment planning and documentation.
- (5) basic psychopharmacology.
- (6) crisis and relapse prevention and intervention.
- (7) recovery, rehabilitation, and self-help for co-occurring psychiatric and substance use disorders.
- (8) ethics and boundaries for effective co-occurring psychiatric and substance use services.
- (9) trauma-informed treatment.
- (10) working respectfully with families.

(b) Within the first year of employment by the integrated treatment program, each clinical staff person providing integrated treatment services shall participate and document participation in advanced training relating to co-occurring psychiatric and substance use disorders:

- (1) skill building techniques.
- (2) consensus and evidence based practices.
- (3) drugs of abuse updates.

(c) Each clinical staff person counting toward the ratio in § 5200.52(3) shall participate and document participation in at least six hours of training in co-occurring psychiatric and substance use disorder topics each calendar year, which may count toward meeting other applicable training requirements.

§ 5200.55 – Integrated treatment policies and procedures. - The policies and procedures or operations manual of an integrated treatment program shall include:

- (1) a mission statement and program philosophy specifically directed to co-occurring psychiatric and substance use disorder treatment and service needs.
- (2) admission, continued stay, and discharge criteria for individuals with co-occurring psychiatric and substance use disorders.
- (3) a method to measure implementation of the clinical elements of the program model.

§ 5200.56. – Integrated screening and assessment process.

(a) An integrated treatment program shall screen each individual admitted to the program for co-occurring psychiatric and substance use disorders.

(b) Qualified staff shall assess each individual for whom a screen has indicated the possibility that the patient may have co-occurring psychiatric and substance use disorders or may need integrated treatment. The assessment instrument shall be strength-based and shall gather information about psychiatric and substance use disorders, including information about symptoms of either type of disorder when the other is at baseline. The assessment shall include:

- (1) background information.
- (2) strengths and challenges.
- (3) special needs.
- (4) trauma.
- (5) substance use and related disorders, including severity.
- (6) psychiatric symptoms, including severity.
- (7) physical health history.
- (8) medication information.
- (9) family and collateral input.
- (10) stage of change.
- (11) treatment readiness and recovery management supports.

(c) The screening and assessment process shall be completed prior to the development of the initial treatment plan.

(d) The screening and assessment information shall be documented in the individual's clinical record.

§ 5200.57 – Integrated treatment planning.

(a) Within 15 days of intake, an integrated treatment program shall develop a single integrated treatment plan addressing both psychiatric and substance use disorders, with input from the treatment team, collaborating agencies, practitioners, and family members, for the individual with co-occurring psychiatric and substance use disorders admitted to the program. The plan shall include:

(1) short-term, measurable goals with concrete objectives that are stage-specific and reflect the presence of psychiatric and substance use disorders.

(2) individualized stage-specific treatment interventions specifically adapted to the individual's co-occurring diagnosis and identified needs.

(3) identification of recovery and support services for psychiatric and substance use disorders.

(4) community supports, including informal, non-traditional resources available to the individual.

(b) The integrated treatment plan shall be reviewed, revised, and updated based upon individual progress and need at least one time every thirty days.

(c) An integrated treatment program shall ensure and document that the individual receives a copy of the treatment plan and each subsequent update.

§ 5200.58 – Mandatory services and interventions.

An integrated treatment program shall have the ability to provide a broad range of cognitive, behavioral, and other appropriate clinical interventions that are based upon individual treatment needs identified in the assessment and treatment planning process. The interventions provided shall include:

(1) stage of change matched interventions.

(2) motivational interventions.

(3) psychoeducational components that address both psychiatric and substance use disorders.

- (4) medication management.
- (5) risk reduction interventions.
- (6) individual, group, and family counseling.
- (7) trauma-informed treatment.
- (8) family involvement, when possible.
- (9) skill building techniques.
- (10) relapse prevention addressing both disorders.

§ 5200.59 – Individual records.

(a) An integrated treatment program shall keep a separate individual record for each individual admitted into the program.

(b) The individual record shall include:

- (1) background information.
- (2) history and evaluation.
- (3) progress notes that show the relationship between psychiatric and substance use disorders.
- (4) an individualized integrated treatment plan and updates.
- (5) clinical summaries of the assessment/evaluation information and treatment progress, including substantiation of the diagnoses.
- (6) case consultations.
- (7) attempts to engage family/significant others/caregivers in the treatment process.
- (8) participation in psychoeducational activities that reflect the individual's understanding of the subject matter.
- (9) mobile services, if provided.
- (10) aftercare planning.

- (11) coordination of care to support recovery.
- (12) signed consent forms.
- (c) Individual records shall be prepared and maintained as follows:
 - (1) Records shall be legible and maintained on a permanent medium.
 - (2) The clinical director shall review each individual record at least one time every quarter for quality.
 - (3) The integrated treatment program shall maintain records in a uniform manner to ensure information is accurate and accessible for administrative and professional purposes.
 - (4) The staff member writing in the record shall sign and date each entry.

(c) Records shall be kept in locked and protected locations to which only authorized personnel shall be permitted access.

§ 5200.60 – Crisis intervention plans. – An integrated treatment program shall have a written plan to address crisis situations, such as psychiatric or medical emergencies, in a manner that facilitates engagement, safety and continuity of care, and does not create barriers to accessing appropriate care based upon the presence of a co-occurring psychiatric and substance use disorder.

§ 5200.61 – Pharmacotherapy.—An integrated treatment program shall:

- (1) monitor medication adherence, including self-reports by individuals admitted to the program.
- (2) provide medication education, including potential interactions with illicit substance use, to individuals admitted to the program.
- (3) document coordination of care between all programs and practitioners providing services to the individual.

§ 5200.62 – Continuity of Care.—An integrated treatment program shall:

- (1) begin the aftercare planning process upon admission.
- (2) coordinate referrals for both psychiatric and substance use services upon discharge, including medication appointments.

(3) document referrals to appropriate community support services including peer support, recovery self-help groups, co-occurring self-help groups and other individualized support services.

(4) provide written instructions for accessing crisis intervention services for both psychiatric and substance use needs.

(5) link with case management services, if appropriate and available, to ensure coordination and linkage with appropriate community services.

§ 5200.63 – Reportable events.

(a) An integrated treatment program shall develop and implement policies and procedures to respond to:

(1) physical assault by a patient.

(2) selling of drugs on the premises.

(3) complaints of physical, verbal, sexual or emotional patient abuse.

(4) death or serious injury due to trauma, suicide, medication error or unusual circumstances.

(5) significant disruption of services due to disaster such as fire, storm, flood or other occurrence.

(6) theft, burglary, break-in or similar incident at the facility.

(7) overdose-related hospitalization of a patient.

(8) other events the integrated treatment program believes should be documented.

(b) These policies and procedures shall include:

(1) documentation of the event.

(2) prompt review and investigation.

(3) implementation of a timely and appropriate corrective action plan, when indicated.

(4) ongoing monitoring of the corrective action plan.

(c) An integrated treatment program shall file a written report with the Department within 48 hours following the program becoming aware of any events in subsection (a).

(d) Information contained in the notification submitted to the Department by a facility under subsection (c) may not, unless otherwise ordered by a court for good cause shown, be produced for inspection or copying by, nor may the contents thereof be disclosed to, a person other than the Secretary, the Secretary's representative or another government agency, without the consent of the facility which filed the report.

(e) The Secretary and the Secretary's representative shall use the information contained in the notification from the facility only in connection with the enforcement of the Department's responsibilities under applicable statutes and regulations within the Department's jurisdiction.

§ 5200.64 – Applicable regulations. – An integrated treatment program shall meet the requirements of:

- (1) 55 Pa. Code Ch. §§ 5100.51-5100.56 (relating to Patient Rights).
- (2) Section 5200.12(a) – (d) (relating to linkages with mental health system).
- (3) Section 5200.44 (relating to quality assurance).
- (4) Section 5200.48 (relating to waiver of standards).