

FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA

ORDINANCE #03/03, AMENDED

**LICENSING OF CHEMICAL DEPENDENCY
PROGRAMS**

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CHAPTER 1

AUTHORITY, PURPOSE AND SCOPE

Section 101 Authority

This Ordinance is enacted pursuant to the inherent sovereign authority of the Fond du Lac Reservation Business Committee, as the governing body of the Fond du Lac Band of Lake Superior Chippewa, as recognized under Section 16 of the Indian Reorganization Act, 25 U.S.C. § 476, the Indian Self-Determination and Education Assistance Act, 25 U.S.C. § 450 et seq., the Indian Health Care Improvement Act, 25 U.S.C. § 1601 et seq., the Tribal Self-Governance Act of 1994, 25 U.S.C. § 458aa et al., and Article VI of the Revised Constitution of the Minnesota Chippewa Tribe.

Section 102 Purpose

The purpose of this Ordinance is to establish a system for licensing chemical dependency programs in order to foster excellence in chemical dependency patient care and in treatment programs on the Fond du Lac Reservation through the following:

- a. Establishment of uniform standards for chemical dependency services provided by the Fond du Lac Band which reflect the highest quality, professionalism, and appropriate cultural sensitivity to the community;
- b. Definition of the scope of practice of chemical dependency counselors in the total therapeutic management of the patient; and
- c. Establishment of required credentials for chemical dependency treatment providers who serve under the authority of the Fond du Lac Reservation Business Committee.

Section 103 Scope

The requirements and standards established by this Ordinance apply to any individual who provides chemical dependency counseling services as part of a rehabilitation program operated by the Fond du Lac Band which serves five or more chemically dependent clients at one time.

Section 104 Reservation of Rights

The Reservation Business Committee reserves the right to amend or repeal all or any part of this Ordinance at any time. There shall be no vested private right of any kind created by this Ordinance. All the rights, privileges, or immunities conferred by this Ordinance or by acts done pursuant thereto shall exist subject to the power of the Reservation Business Committee. Nothing in this Ordinance shall be construed to constitute a waiver of the sovereign immunity of the Fond du Lac Band or a consent to jurisdiction by any government or forum not expressly authorized to exercise jurisdiction under this Ordinance.

CHAPTER 2

DEFINITIONS AND INTERPRETATION

Section 201 General Definitions

The following terms have the meanings given them.

- a. Access Services. “Access Services” refers to the provision of childcare and transportation services which enable client participation in Fond du Lac chemical dependency treatment programs.
- b. Accreditation and Evaluation Coordinator. “Accreditation and Evaluation Coordinator” shall mean the position within the Human Services Division that is assigned by the Reservation Business Committee to review and monitor compliance with Fond du Lac Reservation health care and human service law, ordinances, policies, procedures, accreditations, and licensure.
- c. Addiction. “Addiction” refers to the physical and psychological dependency on alcohol and/or other drugs. Further, it means that the person with an addiction has a history of abusing said chemical(s) to the degree that the addiction is causing problems in living for the addicted person and his/her significant others.
- d. Adolescent. “Adolescent” means an individual under 18 years of age.
- e. Applicant. “Applicant” means an individual, organization, partnership, voluntary association, corporation, or other public or private organization that applies for licensure.
- f. Substance Use Disorder Department. “Substance Use Disorder” shall mean the Substance Use Disorder Department of the Fond du Lac Human Services Division.
- g. Chemical. “Chemical” means alcohol, solvents, and other mood-altering substances, including controlled substances.
- h. Chemical Abuse. “Chemical Abuse” means a pattern of inappropriate and harmful chemical use. Chemical abuse includes inappropriate and harmful patterns of chemical use that are linked to specific situations in an individual’s life such as loss of a job, death of a loved one, or sudden change in life circumstances. Chemical abuse does not involve a pattern of pathological use, but it may progress to pathological use.
- i. Chemical Dependency. “Chemical Dependency” means a pattern of pathological use as defined in subpart 18, accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of

chemical use. Chemical dependency includes a pattern of pathological use. Accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal, which has been interrupted by a period of incarceration or hospitalization.

- j. Chemical Dependency Counselor. “Chemical Dependency Counselor” means a staff person of a rehabilitation program who meets the qualifications.
- k. Chemical Dependency Services. “Chemical Dependency Services” refers to access services, individual and group counseling, individual and group education on chemical use and co-existing mental health conditions, addiction, relapse and other aspects of chemical dependency, as well as education on a healthy lifestyle – such as education on nutrition, exercise, and community services.
- l. Chemical Dependency Treatment Providers. “Chemical Dependency Treatment Providers” refers to five types of providers within Fond du Lac Chemical Dependency Treatment Programs:
 - (1) Licensed Alcohol and Drug Counselor/Supervisor. This is a licensed alcohol and drug counselor with additional experience in supervising other licensed alcohol and drug counselors.
 - (2) Licensed Alcohol and Drug Counselor. A licensed alcohol and drug counselor (LADC) licensed per Minnesota Statutes; per Fond du Lac Reservation Licensing of Chemical Health Professional, FDL Ord. #03/16; or per any other licensing board approved by the Fond du Lac Reservation Business Committee.
 - (3) Licensed Alcohol and Drug Counselor IV. A counselor that is dually licensed as Chemical Dependency License and Mental Health Practitioner. Per; Fond du Lac Reservation Ordinance 03/16.
 - (4) Lead Recovery Case Manager. A case manager with additional experience in supervising Recovery Case Managers and Peer Recovery Specialists.
 - (5) Recovery Case Manager. A Recovery Case Manager assists the client and the client’s treatment team by linking the client to the resources needed to fulfill the client’s treatment plan.
 - (6) Peer Recovery Specialist. Peer Recovery Specialist is a support advocate that works directly with the client and the treatment team to assist in meeting recovery goals. PRC has specialized certification as a Peer Recovery Specialist
 - (7) Lead Treatment Technician. Lead Treatment Technician is chemical dependency program employee who assist in supervising Treatment Technician and Treatment aides with day care and monitoring.
 - (8) Treatment Technician/Treatment Aide. A Treatment Technician/Treatment Aide is a chemical dependency program employee who performs in support of the provision of services, especially arranging access services.

- (9) Rule 25 Assessor. A licensed or certified counselor with specialized training in conducting Comprehensive Assessment for placement and funding.
 - (10) Rule 25 Clerk. Rule 25 Clerk has specialized training in assisting with securing client placement and funding. Assist the team with care coordination.
 - (11) Chemical Dependency Intake worker. An intake worker is responsible for the intake/admission of Tagwii clients.
 - (12) Childcare Provider. A licensed Child Care or Day Care Provider contracted by the Fond du Lac Human Services to provide childcare for Tagwii clients during group or individual sessions.
- m. Client. “Client” means an individual who seeks or obtains chemical dependency rehabilitation services.
- n. Client Property. “Client Property” means those items that are privately owned or in the possession of a FDL Chemical Dependency Program client. The FDL chemical dependency program Policy and Procedures Manual shall describe action to be taken by staff when a client brings personal property that holds the potential to do harm to self or others. Procedures must address:
- (1) Whether staff can accept client property;
 - (2) What staff members are to do if a client brings a gun/firearm, knife or other weapon on program premises. This includes weapons stored in client vehicles and
 - (3) When and how client notification of this policy occurs and how the policy will be clearly posted on the program premises.
- o. Collaboration Process. “Collaboration Process” refers to a working relationship within and between departments of the Fond du Lac Reservation Human Services Division in order to provide holistic treatment of chemically dependent clients. Further, it refers to a working relationship between the FDL Human Services Division and other FDL Divisions, so as to promote holistic treatment of chemically dependent clients. Finally, it refers to a working relationship between FDL Reservation Divisions and non-FDL agencies to promote holistic treatment and recover for FDL Chemical Dependency Program clients.
- p. Co-morbid Condition. A “Co-morbid Condition” means a client has been diagnosed with both chemical dependency and a mental health problem. Co-morbid conditions are also referred to as co-occurring or dual disorders.
- q. Compliance Coordinator. “Compliance Coordinator” shall mean the position assigned by the Reservation Business Committee to review and monitor the quality compliance of health care provided in the Fond du Lac Human Services Division.
- r. Credentials. “Credentials” refer to professional licensure/certification; the assurances that the license holder has successfully completed the required course work, internship(s); and

has passed professional board licensing/certification exams, and is thereby competent to provide chemical dependency treatment services.

- s. Cultural Sensitivity and Competence. “Cultural Sensitivity” and “Cultural Competence” refers to a serious commitment to cultural learning, skill development, and cognitive understanding so that services are more sensitive and thus more effective when they are provided within the cultural context of the people being served.
- t. Detoxification Program. “Detoxification Program” has the meaning given it in Minnesota Statutes § 254A.08, subdivision 2.
- u. Drug Test. “Drug Test” means a technical analysis of a biological specimen, for example, urine, hair, blood, sweat, or oral fluid/saliva, to determine the presence or absence of specified parent drugs or their metabolites.
- v. Fond du Lac Band. “Fond du Lac Band” shall mean the Fond du Lac Band of Lake Superior Chippewa.
- w. Fond du Lac Reservation. “Fond du Lac Reservation” shall mean all land owned by the Fond du Lac Band or lying within the boundaries of the Fond du Lac Reservation.
- x. Fond du Lac Reservation Business Committee. “Fond du Lac Reservation Business Committee” shall mean the governing body of the Band of Lake Superior Chippewa.
- y. Fond du Lac Reservation Chemical Dependency Program Licensing Board. “Fond du Lac Reservation Chemical Dependency Program Licensing Board” shall mean the Fond du Lac Reservation Business Committee or other body designated by the Reservation Business Committee to undertake inspections, evaluations and issue licensure under this Ordinance.
- z. Health Assessment. “Health Assessment” means the process of evaluating a client's physical condition to determine the level and type of care required and the immediacy of service needs.
- aa. Health Monitoring. “Health Monitoring” shall mean all FDL chemical dependency programs will coordinate with the client’s Health Care Provider, Public Health Nurse, Nutritionist, and Physical Trainer to assure the highest level of care.
- bb. Holistic Therapeutic Treatment. “Holistic Therapeutic Treatment” shall mean a comprehensive approach to treatment that addresses the physical, psychological, emotional, behavioral, social and spiritual well-being of chemically dependent clients.
- cc. Human Service Division. “Human Services Division” shall mean the Fond du Lac Human Services Division, through which the FDL Reservation Business Committee administers the health care and human/social services provided by the Fond du Lac Band of Ojibwe.

- dd. Individual Treatment Plan. “Individual Treatment Plan” means a written plan of treatment developed by a chemical dependency counselor, in consultation with the client, on the basis of the client’s evaluation results and reviewed at scheduled intervals.
- ee. Inappropriate and Harmful Use. “Inappropriate and Harmful Use” means use of a chemical that exceeds social or legal standards of acceptability, the outcome of which is characterized by three or more of the following:
- (1) Weekly use to intoxication;
 - (2) Inability to function in a social setting without becoming intoxicated;
 - (3) Driving after consuming sufficient chemicals to be considered legally impaired under applicable law, whether or not an arrest takes place;
 - (4) Excessive spending on chemicals that results in an inability to meet financial obligations;
 - (5) Loss of friends due to behavior while intoxicated; or
 - (6) Chemical use that prohibits the individual from meeting work, school, family, or social obligations.
- ff. Integrated Treatment. “Integrated Treatment” shall mean when a client is diagnosed with both Mental Health and Chemical Dependency issues and services are delivered concurrently for both disorders.
- gg. Intoxicated Individual. “Intoxicated Individual” means an individual who has a blood alcohol content of 0.08 or greater, or whose mental or physical functioning is substantially impaired as a result of the physiological presence of a chemical.
- hh. Levels of Care Outpatient.

Outpatient Levels of Care	ASAM Criteria
Brief Intervention Adult/Adolescent	6+ hours/week.
Low Intensity Outpatient Adult/Adolescent	Less than 6 hours of service/week (adults); Less than 6 hours of service/week (adolescent) for recovery or motivational enhancement therapies/strategies.
Medium Intensity Outpatient Adult/Adolescent	9 or more hours of services/week (adults); 6 or more hours of services/week (adolescent) to treat multidimensional instability.
High Intensity Outpatient Services Adolescent/Adolescent	15 up to 20 or more hours of service/week for multidimensional instability not requiring 24-hour care.

	Adults a minimum of 15 hours/week Adolescent a minimum of 20 hours/week
COR 12 Adult Only	6 to 9 hours/week of treatment services
Relapse Recovery Adult/Adolescent	Up to 6 hours/week
Phase II/Maintenance Stage of Change Adult/Adolescent	Services include: up to 3 contacts/week

ii. Residential Levels of Care.

Low Intensity Residential Care	24-hour structure with available trained personnel; at least 6 hours/week of treatment services
Medium Intensity Residential	24-hour care with a trained counselor to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community. 15 hours/week minimum up to 30 hours/week.
High Intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu for those with cognitive or other impairments. 30+ hours/week.

jj. License. “License” has the meaning given it by Fond du Lac Board.

kk. License Holder. “License Holder” means the individual, corporation, partnership, voluntary association, or other public or private organization legally responsible for and licensed to operate a rehabilitation program.

ll. Licensed Alcohol and Drug Counselor. A “Licensed Alcohol and Drug Counselor” (LADC) means a chemical dependency treatment provider has met the licensing criteria of the State of Minnesota and/or the Fond du Lac Reservation Chemical Dependency Program Licensing Board.

- mm. Medical Services Director. “Medical Services Director” shall mean the Medical Services Director of the Fond du Lac Human Services Division as designated by the Reservation Business Committee.
- nn. Pathological Use. “Pathological Use” means the compulsive use of a chemical characterized by three or more of:
- (1) Daily use required for adequate functioning;
 - (2) An inability to abstain from use;
 - (3) Repeated efforts to control or reduce excessive use;
 - (4) Binge use, such as remaining intoxicated throughout the day for at least two days at a time;
 - (5) Amnesic periods for events occurring while intoxicated; or
 - (6) Continuing use despite a serious physical disorder that the individual knows is exacerbated by continued chemical use.
- oo. Program Design. “Program Design” means the number and type of client services a program provides, the methods used to achieve desired client outcomes, and the schedule of program services.
- pp. Program Director. “Program Director” means the Substance Use Disorder Department Coordinator, as designated by the license holder to be responsible for all operations of a FDL Reservation chemical dependency rehabilitation program.
- qq. Program Supervisor. “Program Supervisor” means a licensed alcohol and drug counselor with additional experience in supervising other licensed alcohol and drug counselors.
- rr. Rehabilitation Residential Program. “Rehabilitation Residential Program” means a program of chemical dependency rehabilitation provided in a residential facility and offering a program of rehabilitation services to five or more chemically dependent clients on a 24-hour basis.
- ss. Rehabilitation Services. “Rehabilitation Services” means a group of services arranged and provided by a chemical dependency program to address the individual needs of a chemically dependent client. The goal of chemical dependency services is to alter the client’s pattern of chemical use by assisting the client in recognizing the harmful effects of chemicals on themselves and others, to develop the skills necessary for abstinence and to identify alternative methods of meeting the needs previously met by chemical use.
- tt. Security and Safety. “Security and Safety” refers to physical and psychological/emotional well-being in the Substance Use Disorder treatment program. The chemical dependency program Policy and Procedures Manual shall provide a description and a procedure for the following security and safety measures:

- (1) Protocol and procedures to call law enforcement;
 - (2) Physical security of program premise;
 - (3) Security and safety for staff or guest speakers who are facilitating groups or conducting individual or co-joint counseling sessions after regular work day hours;
 - (4) Physical arrangement of offices that assures staff have direct access to a door;
 - (5) Transportation of clients;
 - (6) Crisis Intervention training for staff.
 - (7) Physical intervention with a client who is threatening bodily harm to self or to others.
 - (8) Protocol to address community security issues.
- uu. Target Population. “Target Population” means that portion of chemically dependent individuals with specific, identified characteristics that a rehabilitation program proposes to serve.
- vv. Treatment. “Treatment” means a process of assessment of a client’s needs, development of planned interventions or services to address those needs, the provision of services, facilitation of services provided by other service providers, and reassessment. The goal of treatment is to assist and support the client’s efforts to alter the client’s harmful pattern of chemical use.
- ww. Treatment System. A “Treatment System” means a structured and regulated series of programs that are interdependent in their facilitation of services provided by licensed/certified professionals that assist and support the well-being of clientele.
- xx. Uniform Treatment Standards. “Uniform Treatment Standards” shall mean conformity with the Substance Use Disorder program standards within and between FDL programs and service providers hired to fill positions within those chemical dependency programs.

Section 202 Interpretation

The provisions of this Ordinance shall be interpreted and administered in a manner which is intended to improve the quality of chemical dependency counseling services provided by the Fond du Lac Band through its Human Services Division.

CHAPTER 3

ESTABLISHMENT OF THE FOND DU LAC RESERVATION CHEMICAL DEPENDENCY PROGRAM LICENSING BOARD; APPLICATION PROCESS

Section 301 Establishment and Composition of the Fond du Lac Reservation Chemical Dependency Program Licensing Board

The Fond du Lac Reservation Chemical Dependency Program Licensing Board is hereby established, and shall be comprised of the incumbent members of the Reservation Business Committee or other individuals duly appointed by resolution of the Reservation Business Committee. There shall be no proxy members of the Licensing Board.

Section 302 Meetings of the Licensing Board

- a. The Licensing Board shall hold meetings in the same manner as the Reservation Business Committee in Executive Session, except that such meetings shall be specifically convened as a meeting of the Licensing Board, and minutes of the Licensing Board shall be taken and maintained separately from those of the Reservation Business Committee.
- b. At least five (5) days prior to each meeting of the Licensing Board, copies of all application materials to be considered shall be distributed to the Board members by the Medical Services Director of the Human Services Division, who shall maintain all records required under this Ordinance.

Section 303 Licensing Board Consultation with Human Services Division Director and Substance Use Disorder Department Coordinator

The Licensing Board shall consult with the Human Services Director and Substance Use Disorder Department Coordinator of the Fond du Lac Human Services Division in its determination of qualifications of any program which is licensed under this Ordinance.

Section 304 Applications

- a. Submission; Documentation of Compliance. Applications for licensure under this Ordinance shall be submitted in writing to the Licensing Board and shall include certification by the Accreditation and Evaluation Coordinator that the program meets all applicable requirements set forth in Chapters 4 and 5 of this Ordinance.

- b. Retention of Applications. A file containing the completed application and any related documents will be retained for a period of at least 5 years. There shall be an individual file for each application, and all files shall be kept in a lockable filing cabinet with the Compliance Coordinator of the Fond du Lac Human Services Division.

Section 305 Licensing Decisions by the Licensing Board

- a. Completed applications shall be presented to the Licensing Board by the Human Services Director within 30 days of submission.
- b. Notification of the Board’s decision shall be given within 30 days of the Board meeting.
- c. Applicants denied licensure by the Board will receive a detailed written explanation of the denial from the Chair of the Licensing Board, and shall have the right to appeal as set forth under Section 309.

Section 306 Duration of License and Relicensing Requirements

Each license issued under this Ordinance shall be valid for a period not to exceed three (3) years from its issuance. Applications for re-licensure must be submitted by a program prior to the expiration of a license, and in the same manner as set forth under Section 304.

Section 307 Licensure Limitations

Licensure granted under this Ordinance is limited and shall be used solely for the purposes of providing the delivery of chemical dependency services through the Fond du Lac Human Services Division to the population entitled to services from the Fond du Lac Band. A license is not transferrable and shall automatically be revoked upon the termination of the program.

Section 308 License Display

Each program which is issued a license under this Ordinance shall display the license at the program’s principal place of business.

Section 309 Appeals

- a. An applicant which is denied licensure under this Ordinance may address a written appeal of the decision to the Chairman of the Reservation Business Committee. The appeal should set forth the specific error which was made in the licensing determination, and should include as attachments the documentation demonstrating such error.

- b. Following the receipt of an appeal, the Chairman shall place the matter on the agenda of the Reservation Business Committee for a review of the initial licensing decision and any new information that has been submitted. The Human Services Director shall provide an opinion to the Reservation Business Committee as to whether the initial denial of licensure should be reversed.

CHAPTER 4

**LICENSING REQUIREMENTS FOR
OUT-PATIENT CHEMICAL DEPENDENCY TREATMENT PROGRAMS**

Section 401 Licensing of Programs

Any chemical dependency out-patient program operated by the Fond du Lac Band shall possess a current valid license or provisional license as required under this Ordinance. An applicant or license holder applying for more than one program license may reference in the second application the materials submitted with the applicant's or license holder's first application.

Section 402 Contents of Application

An applicant shall submit the following to the Licensing Board prior to issuance of a license:

- a. Documentation that it has completed an assessment of need for a new or expanded program; and
- b. Type of services provided, the hours of services provided, counseling and other rehabilitative client services.

Section 403 Chemical Dependency Out-Patient Facility Licenses

- a. All FDL Chemical Dependency Out-Patient Treatment Programs shall be licensed. Services will be designed in the following programs:
 - a. Tagwii Outpatient Treatment Program/s.
 - b. Fond du Lac Adult Outpatient Treatment Program/s.
 - c. Fond du Lac Adolescent Outpatient Treatment Programs.

Section 404 Change in license terms

- a. In addition to other applicable requirements, a license holder must apply to the Fond du Lac Reservation Chemical Dependency Program Licensing Board and a new license must be issued before the license holder:
 - (1) Reduces the total number of hours of rehabilitation services provided; or
 - (2) Changes staffing patterns or ratios, reducing the amount of program services offered.

Section 405 Staff Qualifications

a. Qualifications applying to all employees working directly with clients. All employees working directly with clients must meet the following qualifications:

- (1) The employee must be 18 years of age or older; and
- (2) All chemical dependency program employees, who are responsible for the provision of rehabilitative services must document two years of freedom from chemical use problems.

Section 406 Chemical Dependency Professional Staff Qualifications

Position	Education	Tribal/State Exam	SUPERVISED PRACTICE
Alcohol and Drug Program Supervisors	Bachelor Degree or its equivalent in Human services	Tribal ADC III or higher or Equivalent state, UMICAD license/certificated counselor. Exam as outlined in FDL Ordinance #03/16 Licensing of Chemical Health Professions	Documentation of one or more years supervised practice in providing individual and group counseling to chemically dependent clients; <i>and</i> provides documentation of one or more year of supervision experience with CD counselors who were providing direct service to clients with chemical use problems
Alcohol and Drug Counselor	Refer to FDL Ordinance #03/16.	Refer to FDL Ordinance #03/16	Refer to FDL Ordinance #03/16
ADC I	Enrolled in accredited program to be ADCII/III	State, UMICAD or Tribal Exam Required	
ADC II	AA/AAS		
ADC III	BA/BS in Human Service Related Field.		
ADC IV	Master in Mental Health related field		
ADC V	Master Addiction Sciences		
Rule 25 Assessor	ADC II or Higher	Refer to FDL Ordinance	Refer to FDL

		#03/16 State, UMICAD or Tribal Exam Required	Ordinance #03/16
Lead Recovery Case Manager	Bachelor Degree in Human Services or related field	UMICAD I or higher	Supervised work experience and/or internship with a human services agency. Two years' experience in Treatment Care Coordination (TCC). One year of supervisor experience Preferred
Recovery Case Manager	Associate of Arts or Associate of Science Degree in human services or related field	UMICAD I or higher	Supervised work experience and/or internship with a human services agency
Lead Treatment Technician	High School Diploma and/or GED. AA Degree Preferred	UMICAD I	Supervised work experience with human services agency
Treatment Technician/Treatment Aide	High School Diploma and/or GED	UMICAD I	Supervised work experience with human services agency
Peer Recovery Specialist	High School Diploma and/or GED	Certified Peer Recovery Specialist Reciprocal Certification (CPRSR)	Supervised work experience with human services agency

A single individual may be simultaneously employed as a chemical dependency counselor supervisor and a chemical dependency counselor if the individual meets the qualifications for each position. If a chemical dependency counselor is simultaneously a chemical dependency counselor supervisor, that individual shall be considered a 0.5 full-time equivalent chemical dependency counselor for purposes of meeting the staffing requirements.

Responsible Staff Person. Each program supervisor shall, during all hours of operation, designate a staff member who is present in the facility as responsible for the program. A technician in training may *not* be the designated responsible staff person.

Section 407 Supervision Requirement for Chemical Dependency Providers

- a. All supervision requirements must be continuous and the hours of supervision must be evenly distributed over the course of any supervised internship or temporary permit to practice. Part-time practice or part-time internship requires a pro-rated number of hours of supervision per calendar month over a time period that assures completion of the required hours for licensure. Supervision can be obtained:

- (1) while employed in a licensed chemical dependency program;
 - (2) while in an academically approved internship with a licensed chemical dependency counselor; or
 - (3) while fulfilling 880 hours of practice with supervision by a licensed chemical dependency counselor.
- b. Supervised practice must be completed under an approved supervision plan.
- c. If the Fond du Lac Reservation Licensing Board finds that an applicant's supervision was truly unobtainable, then the applicant may be given a two-year temporary permit to practice in order to:
- (1) obtain the required 880 hours of supervised practice with a licensed chemical dependency counselor; or
 - (2) obtain the required chemical dependency course work and four-year degree for chemical dependency licensure.

Section 408 Continuing Education

Licensed alcohol and drug counselors must report forty (40) hours of continuing education every two years at the time of license renewal. Continuing education applies only to the provision of alcohol and drug services – counseling, the 12 core functions, two (2) of the 40 continuing education hours need to be in professional ethics, and six (6) of the 40 continuing education hours must be training on providing appropriate chemical dependency services to minority cultural populations, and people living with disabilities, such as the deaf. Only continuing education obtained during the previous two-year reporting period can be considered at renewal. The Licensed professional is responsible for obtaining the required continuing education units as specified.

Section 409 Program Policy and Procedures Manual

Each license holder shall develop a written policy and procedures manual. The manual must contain the following materials:

- a. A statement describing the rehabilitation program's purpose and goals. The statement must include a description of the geographical area to be served, the type of services offered, and the target population to be served;
- b. A program design;
- c. A program evaluation plan;
- d. Personnel policies that comply with existing Fond du Lac Reservation Personnel policies;
- e. Admission, information and referral, and discharge policies;

- f. Policies and procedures that protect client's rights as required under HIPAA;
- g. A health monitoring plan;
- h. A plan for serving vulnerable adults;
- i. A medical services plan;
- j. Requirements of a client treatment plan;
- k. A security procedures policy; and
- l. Policies and procedures for maintaining clients' records.

Section 410 Program Evaluation

- a. The license holder of a chemical dependency out-patient program shall submit a program evaluation plan with its application for license. The Plan must include the goal or goals of the program, and measurable objectives that address program activities that facilitate the achievement of desired outcomes. The Plan must specify what information will be collected to measure the achievement of the program objectives, and how the information will be collected, analyzed, and used to improve program and client outcomes.
- b. The license holder shall obtain follow-up data after a client graduates or discontinues the program. The data must be collected at the three, six, and 12-month mark after graduation or after the client discontinues the program.
- c. Documentation of at least two efforts to locate a client for follow-up shall be made on each client until 50% of the clients have been contacted. Follow-up contacts should ascertain, for each client:
 - (1) Changes in chemical use patterns, including the longest period of abstinence from all chemical use;
 - (2) Participation in services identified in the client's lifelong recovery plan;
 - (3) Risk and protective factors that influenced the client's lifelong recovery plan;
 - (4) Admissions to detoxification or other chemical dependency treatment programs that occurred following discharge;
 - (5) Arrests, convictions, and incarcerations that occurred following discharge; and
 - (6) Work or school problems associated with chemical use that occurred following discharge.

- c. Evaluation Report. The license holder shall submit an evaluation report with its application for re-licensure. The report shall include summary data on the age, race, and sex of all clients admitted and summary data on whether clients discharged from the program completed the program or left before completion.

Programs must also include a summary of data documentation verifying the use of the evaluation findings to improve client outcomes.

Section 411 Personnel Policies and Procedures

- a. Policy Requirements. The license holder shall have written personnel policies, and shall make them available to each employee when hired. Personnel policies must:

- (1) Assure that employee retention, promotion, job assignment, or pay are not affected by a good faith communication between an employee and Fond du Lac Reservation Human Resources, or the local agencies for investigation of complaints regarding a client's rights, health, or safety concern;
- (2) Contain job descriptions for each position specifying responsibilities, degree of authority to execute job responsibilities, standards of job performance related to the specified job responsibilities, and qualifications;
- (3) Provide for job performance evaluations, based on the standards of job performance, to be conducted on a regular and continuing basis, with a written annual review;
- (4) Describe the behavior which constitutes grounds for disciplinary action, suspension, or dismissal, including policies on mental health and chemical use problems, policies prohibiting personal involvement with clients; and
- (5) Include a program of orientation for all new staff based on a written plan that, at a minimum, must provide for training related to the specific job functions for which the employee was hired, program policies and procedures, the needs of clients to be served.

- b. Staff Development.

Each program shall provide direct service and supervisory personnel with program orientation and policy and procedures training; as well as 20 hours of continuing education to develop staff skills and abilities through a defined staff development plan; and/or participation in other training programs. If volunteers are utilized, they shall be included in any staff development training. The person responsible for the staff development program shall be the Substance Use Disorder Department Coordinator. This plan shall be reviewed annually.

- c. Staff Development Plan. The license holder shall have a written staff development plan. The staff development plan shall identify staff skill and abilities being expanded and/or training adapted to the needs of the program's target population.

The training must include the following areas in a 12-month period:

- (1) Confidentiality rules and regulations and how they specifically pertain to clients;
 - (2) Security procedures;
 - (3) Clients' rights; and
 - (4) Reporting of abuse of vulnerable adults and maltreatment of minors.
- d. Personnel Files. The Behavioral Health Department Coordinator shall maintain a separate personnel file for each employee. At a minimum, the file must contain the following:
- (1) Copies of drivers' license, proof of insurance, and professional licenses.
 - (2) Documentation of orientation;
 - (3) A record of training and education activities completed by the employee during employment; and
 - (4) The Employee Notification Form.

Section 412 Admission, Information and Referral, and Discharge Policies

- a. Admission Policy. Each license holder shall have a written admission policy. This policy must be posted in the area of the facility where clients are admitted, or given to all interested individuals upon inquiry and all clients upon admission. The admissions policy shall designate which staff members are authorized to admit and discharge clients.
- b. Admission Criteria. The license holder shall maintain in the client files documentation that each client meets the criteria for placement, or the client meets the definition of chemically dependent.
- c. Individuals not served by program. The following individuals shall not be admitted:
 - (1) An individual in need of emergency medical care;
 - (2) An individual who poses a substantial likelihood of physical harm to self or others, as demonstrated by an attempt or threat to physically harm self or others; or
 - (3) An individual not meeting the program's admission criteria.

All denials under item 1 or 2 that involve the commission of a crime against a license holder's employee or on a license holder's property, must be reported to a law enforcement agency with proper jurisdiction. All denials under item 1 or 2 that involve a medical emergency, must be referred to a medical facility capable of admitting the individual.

- d. Discharge and Transfer Policies. Each license holder shall have a written policy that specifies conditions under which a client shall be discharged. The policy shall include the following:
- (1) Specific objectives a client must meet before obtaining a staff approved discharge;
 - (2) Client behavior that constitutes reason for a discharge at staff request;
 - (3) Procedures staff must follow when a client leaves against staff or medical advice and when the client may be dangerous to self or others; and
 - (4) Other community resources to be used if the client is determined to be inappropriate for continued stay in the program.

Section 413 Policies and Procedures Which Guarantee Client Rights

- a. Client rights; Explanation. The license holder shall give each client on admission a written statement of client rights and responsibilities. Program staff shall explain to all clients their rights and responsibilities. A list of client rights and responsibilities must be posted in a place accessible to the clients.
- b. Grievance Procedure. Each license holder and applicant shall have a written procedure for hearing, considering, and responding to client grievances. The procedure shall be given to clients or their representatives on admission. The procedure must include direct client access to the Human Services Director. The procedure must include program staff assistance in the development and processing of the grievance. The procedure shall be posted in a place accessible to the clients. The procedure must also be available to former clients of the program. The procedure must provide an initial response from the facility to a client or former client within three days of the facility's receipt of the grievance.
- c. Photographs of Client. All photographs, video tapes, and motion pictures of clients taken on program premises or by program personnel are considered a client record. Photographs for identification and recordings by video and audio tape for the purpose of enhancing either therapy or staff supervision may be required of clients, but may only be available for use as communications within a program. Clients must be informed when their actions are being recorded by camera or tape, and have the right to deny any taping or photography.

Section 414 Health Monitoring Services

- a. Health Monitoring Plan. Each license holder shall have a written plan for monitoring the client's health. Monitoring client health will occur in the following two ways:
- (1) chemical dependency counselors will utilize the six (6) dimensions model for monitoring client treatment progress; and

- (2) each client's health will be monitored through his/her treatment team review process. Including: frequency of client observations; scope of medical services to be provided by the facility; including physical indicators for physician or hospital referral and procedures for referral; and formulation of standing orders regarding what medication, if any, will be administered to clients requiring withdrawal regimen.
- b. At intake all clients will complete a comprehensive intake assessment before his or her medical physical. The intake assessment will include a history of high-risk behaviors that put the client at risk for HIV/AIDS, Hepatitis, or other communicable diseases. All information will be forwarded to the medical physician. Any high-risk behaviors identified after intake requires referral of the client to his/her Physician, Public Health Nurse or Other Qualified Professional. The intake assessor will complete and forward the Patient Referral Form to the referral source and place a copy in the client file. Health Monitoring may require the client's participation in physical exercise and nutrition sessions.

Section 415 Security Procedures

- a. Security Procedures Plan. Each license holder or applicant shall have a written plan that establishes the procedures program staff must follow when responding to a client who is exhibiting behavior that is threatening to the safety of the client or others. The plan shall include procedures that prevent the client from harming self or others. The plan must also include emergency resources the program staff must contact when a client's behavior cannot be controlled by the procedures established in this plan.
- b. Security Procedures. Security procedures may not be used to enforce facility rules or for the convenience of staff. Any hands-on procedures may be used only in extreme cases where a less restrictive or a hands-off alternative will not protect the client or others from harm, and where the client is in imminent danger of causing injury to self or others. If a program elects to use a hands-on protective procedure, it must have a written policy that defines under what emergency conditions the hands-on protective procedures will be used.
- c. Review and Use of Security Procedures. The security procedures plan must be reviewed and approved by the Human Services Division director, and the governing body prior to implementation. Approval shall be reviewed annually by the Human Services Director, Behavioral Health Coordinator and program supervisor.
- d. Record of Security Procedures. Each use of a security procedure must be recorded in a central log and in the client file. The client record must include:
 - (1) A description of specific client behavior precipitating a decision to use a security procedure, including date, time, and program staff present;
 - (2) The specific means whereby the client's behavior was limited;

- (3) The time the security procedure began, the time ended, and the time of each staff observation of the client during the procedure;
 - (4) The program staff authorizing the use of the security procedure and the program staff directly involved in the security procedure and observation process; and
 - (5) A brief description of the purpose for using a security procedure, including less restrictive intervention means considered or employed prior to the decision to use a physical security procedure, and a description of the behavioral results obtained through the use of the procedure.
- e. Restriction. Restriction must be used only when authorized by law or when necessary to prevent harm to the client or others.

Section 416 Client Records

- a. Client Records Required. License holders shall maintain a central file of client records on the program premises in which information and documents are maintained in a standardized manner. The content and format of client records must be uniform and entries in each case record must be signed and dated. Client records must be protected against loss, tampering, or unauthorized disclosure. License holders shall maintain a system for periodic review to ensure entries are current.
- b. Program Client Records. Program client records must include the following:
- (1) A chemical use screening, and, if appropriate, a chemical use assessment;
 - (2) An individual abuse prevention plan; and
 - (3) An individual treatment plan;
 - (4) Progress notes;
 - (5) An aftercare plan or if graduating, a life-long recovery plan; and
 - (6) A discharge summary.

Section 417 Client Services

- a. Client Services
- (1) Chemical Use Assessment. Each license holder shall screen each client admitted to its program to determine if the client is chemically dependent or a chemical abuser. The chemical use assessment shall be conducted by a qualified assessor. Information obtained in the assessment and the findings of the assessor shall be recorded in the client's case file, and must include the following:

- (A) The client's chemical use, including amounts of chemical use, frequency of use, and periods of voluntary abstinence;
 - (B) The client's age, sex, cultural background, sexual preference, and the geographic location of the client's home;
 - (C) Specific behaviors exhibited by the client when under the influence of chemicals, such as verbal or physical fights, impaired social relationships, criminal behaviors, and other antisocial behaviors;
 - (D) The client's current family status; the client's family history including history of or presence of neglect, or emotional, physical, or sexual abuse; the client's level of family support; the effects of the client's chemical use on other family members and significant others; and chemical use, abuse, or dependency among other family members and significant others and its effect on the client;
 - (E) Previous assessments or attempts at treatment of the client for chemical abuse or dependency, or mental illness;
 - (F) The client's mental disorders, documented by a psychiatrist, licensed consulting psychologist, or licensed psychologist, which may have contributed to the problem brought on by chemical misuse, or which in combination with chemical use, abuse, or dependency present serious health risks;
 - (G) The client's arrests or legal interventions related to chemical use;
 - (H) The ability of the client to seek, obtain, be trained for, or function appropriately in a work setting relative to the use, abuse, or dependency on chemicals;
 - (I) The ability of the client to function in an educational setting, and changes in the client's level of functioning relative to use, abuse, or dependency; and
 - (J) The appropriateness of an involuntary referral through the civil commitment process.
- (2) Client Education. The license holder shall provide clients with written materials concerning the effects of chemical abuse, and assistance regarding chemical abuse and chemical dependency problems.
- (3) Client Referral. The license holder shall provide referrals to chemical dependency services to clients as indicated by the client's chemical use assessment. Referrals may also be made for economic, social, and health care needs as the individual client may require. Each referral must:
- (A) Be individualized and part of a comprehensive plan for service based on the chemical use assessment;
 - (B) Recognize geographical, economic, educational, and employment status as factors affecting treatment planning; and

- (C) Be fully recorded in the individual client file.
- (4) Client Services. Services shall be provided to each client in the amount specified in the client's individual treatment plan.
 - (A) Individual and group counseling;
 - (B) Family education, co-joint counseling, and family transition at discharge;
 - (C) Client education;
 - (D) Therapeutic recreation;
 - (E) Physical and nutritional health services to assist the client in reaching and maintaining an acceptable level of health and physical fitness;
 - (F) Other rehabilitative services may be provided as indicated in the client's individual treatment plan;
 - (G) Self-help groups may *not* be included in the required 30 hours of rehabilitative service.

Section 418 Individual Treatment Plans

- a. Intake Treatment Plan. An intake treatment plan shall be written by a program counselor who admits a client. The intake treatment plan must be written in cooperation with the client and goals must be written within three (3) days of the client's admission to the program. The intake treatment plan must address the client's immediate needs and intake requirements.
- b. Individual Treatment Plans. The program chemical dependency counselor must complete a comprehensive individual treatment plan with the client. The client shall have an opportunity to have active, direct involvement in developing the individual treatment plan. The comprehensive individual treatment plan must be completed within ten (10) days of the client's admission. An individual treatment plan must follow the Six (6) Dimension and rating scale.
- c. Bio-Psycho-Social Assessment. Must include the following parts (1)-(3) and is used to develop the Individual Treatment Plan.
 - (1) Documentation, whether the client is receiving public assistance
 - (2) Documentation that the client has received a chemical use assessment.
 - (3) Documentation that the evaluation shall be recorded in the individual client file, and must include consideration of the following:
 - (A) The client's chemical use history;
 - (B) The client's history, including the client's use of social services; cultural background; vocational and educational history, including reading ability; family relationship information; need for parenting skills education; and use of leisure time;

- (C) Medical and psychological history;
- (D) The client's susceptibility to abuse or neglect; and
- (E) The evaluation results written by a chemical dependency counselor and based on sub-items (A), (B), (C) and (D).

d. Treatment Plan Review. The program supervisor shall assure the review of the client's progress in achieving individual treatment plan objectives. Progress notes must be entered in a client's file at least weekly. Progress notes must indicate the type and amount of each rehabilitative service the client has received and must indicate whether the services have had the desired impact. All entries in client records must be legible, signed, and dated.

A client's progress in achieving each individual treatment plan objective must be reviewed with the client, and the client's treatment team. The client's participation in the review must be documented in his or her case file. Clients must be notified of the right to access plan reviews.

e. Aftercare Plan/Life Long Recovery Plan. A chemical dependency counselor shall develop a written aftercare plan for each client who completes the program before the client is discharged. The aftercare plan must:

- (1) Include a brief review of the client's problems, strengths, and needs while a client of the program, including program services provided;
- (2) Address the client's progress in achieving each of the goals identified in the individual treatment plan;
- (3) Identify the individuals, including at least the client and the chemical dependency counselor, who participated in the development of the aftercare plan;
- (4) Identify client goals and objectives for services following discharge, with specific timelines; and
- (5) Identify individuals or agencies who will be working with the client after transfer or discharge. A copy of the aftercare plan must be given to the client, and when allowed, to other relevant individuals, family members and/or agencies at the time of the client's discharge.

f. Discharge Summary. The summary must be completed within five days of the client's discharge and include at least the following information:

- (1) A brief review of the client's problems, strengths, and needs while a client of the program, including program services provided; and
- (2) The client's progress in achieving each of the goals identified in the individual treatment plan; and
- (3) Client participation in services identified in the discharge plan.

CHAPTER 5

**LICENSING REQUIREMENTS FOR
CHEMICAL DEPENDENCY TREATMENT REHABILITATION PROGRAMS**

Section 501 Licensing of Programs

Any chemical dependency rehabilitation program operated by the Fond du Lac Band shall possess a current valid license or provisional license as required under this Ordinance. An applicant or license holder applying for more than one program license may reference in the second application the materials submitted with the applicant's or license holder's first application.

Section 502 Contents of Application

An applicant shall submit the following to the Licensing Board prior to issuance of a license:

- a. Documentation that it has completed an assessment of need for a new or expanded program;
- b. The number of hours of counseling provided, and other rehabilitative client services; and
- c. Documentation of insurance coverage, including bonding, sufficient to cover all client funds, property, and interests and all grants awarded to the program.
- d. Change in license terms. In addition to other applicable requirements, a license holder must apply to the Fond du Lac Reservation Chemical Dependency Program Licensing Board and a new license must be issued before the license holder:
 - (1) Reduces the total number of hours of rehabilitation services provided; or
 - (2) Changes staffing patterns or ratios, reducing the amount of program services offered.

Section 503 Health Facility Licenses

Rehabilitation (Residential) programs must have the following licenses:

Low Intensity Residential Care	24-hour structure with available trained personnel; at least 6 hours/week of treatment services
Medium Intensity Residential	24-hour care with a trained counselor to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community. 15 hours/week minimum up to 30 hours/week.
High Intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu for those with cognitive or other impairments. 30+ hours/week.

Section 504 Staff Qualifications

- a. Qualifications applying to all employees working directly with clients. All employees working directly with clients must meet the following qualifications:
- (1) The employee must be 18 years of age or older; and
 - (2) Program directors, chemical dependency counselor supervisors, and employees who are responsible for the provision of rehabilitative services must document two years of freedom from chemical use problems.

b. Chemical Dependency Professional Staff Qualifications.

Position	Education	Tribal/State Exam	SUPERVISED PRACTICE
Department Coordinator/Assistant Coordinator	Bachelor Degree in psychology, criminology or chemical dependency or social work	Tribal ADC III or higher or Equivalent state, UMICAD license/certificated counselor	Documentation of three or more years supervised practice in providing individual and group counseling to chemically dependent clients; <i>and</i> provides documentation of three or more year of supervision experience with CD counselors who were providing direct service to clients with chemical use problems
Alcohol and Drug Program Supervisors	Bachelor Degree or its equivalent in Human services	Tribal ADC III or higher or Equivalent state, UMICAD license/certificated counselor. Exam as outlined in FDL Ordinance #03/16 Licensing of Chemical Health Professions	Documentation of one or more years supervised practice in providing individual and group counseling to chemically dependent clients; <i>and</i> provides documentation of one or more year of supervision experience with CD counselors who were providing direct service to clients with chemical use problems
Alcohol and Drug Counselor	Refer to FDL Ordinance #03/16.	Refer to FDL Ordinance #03/16	Refer to FDL Ordinance #03/16
ADC I	Enrolled in accredited program to be ADCII/III	Tribal Exam Required	
ADC II	AA/AAS	State, UMICAD or Tribal Exam Required	
ADC III	BA/BS in Human Service Related Field.		

ADC IV	Master in Mental Health related field		
ADC V	Master Addiction Sciences		
Rule 25 Assessor	ADC II or Higher	Refer to FDL Ordinance #03/16 State, UMICAD or Tribal Exam Required	Refer to FDL Ordinance #03/16
Lead Recovery Case Manager	Bachelor Degree in Human Services or related field	UMICAD I or higher	Supervised work experience and/or internship with a human services agency. Two years' experience in Treatment Care Coordination (TCC). One year of supervisor experience Preferred
Recovery Case Manager	Associate of Arts or Associate of Science Degree in human services or related field	UMICAD I or higher	Supervised work experience and/or internship with a human services agency
Lead Treatment Technician	High School Diploma and/or GED. AA Degree Preferred	UMICAD I	Supervised work experience with human services agency
Treatment Technician/Treatment Aide	High School Diploma and/or GED	UMICAD I	Supervised work experience with human services agency
Peer Recovery Specialist	High School Diploma and/or GED	Certified Peer Recovery Specialist Reciprocal Certification (CPRSR)	Supervised work experience with human services agency

Section 505 Staffing Requirements

- a. Program director required. Each rehabilitation program must have a program director. The program director must be under contract or employed full time by the license holder.
- b. Chemical dependency counselor supervisor requirements. Every rehabilitation program must employ a chemical dependency counselor supervisor. A single individual may be

simultaneously employed as the program director, chemical dependency counselor supervisor, and as a chemical dependency counselor if the individual meets the qualifications for each position. If a chemical dependency counselor is simultaneously a chemical dependency counselor supervisor or program director, that individual shall be considered a 0.5 full-time equivalent chemical dependency counselor for purposes of meeting the staffing requirements.

- c. Responsible staff person. Each program director shall, during all hours of operation, designate a staff member who is present in the facility as responsible for the program. A technician in training may not be the designated responsible staff person.
- d. Staffing requirements. A program shall provide one full-time equivalent qualified LADC II or higher for each ten (10) clients being served by the program. This may be provided by part-time, full-time, or contracted staff or staff from another agency guaranteed by interagency contract.

Residential program must have one technician on duty at all times for each ten clients in the program. For the purpose of establishing this ratio, all Substance Use Disorder personnel whose qualifications meet or exceed those for technicians, may be counted as technicians. An individual may not be counted as both a technician and a chemical dependency counselor. A Residential program must have a qualified medical staff, available for consultation and supervision.

Section 506 Policy and Procedures Manual

Each license holder shall develop a written policy and procedures manual. The manual must contain the following materials:

- a. A statement describing the rehabilitation program's purpose and goals. The statement must include a description of the geographical area to be served, the type of services offered, and the target population to be served;
- b. A program design;
- c. A program evaluation plan;
- d. Personnel policies that comply with existing Fond du Lac Reservation Personnel policies;
- e. Admission, information and referral, and discharge policies;
- f. Policies and procedures that protect client's rights as required under HIPAA;

- g. A health monitoring plan;
- h. A medical services plan;
- i. A protective procedures policy, if the program elects to use protective procedures; and
- j. Policies and procedures for maintaining clients' records.

Section 507 Program Evaluation

- a. Evaluation Plan. The license holder of a residential program shall submit a program evaluation plan with its application for license. The Plan must include the goal or goals of the program, measurable objectives that address anticipated changes in client behavior, and measurable objectives that address program activities that facilitate clients' achievement of desired outcomes. The Plan must specify what information will be collected to measure the achievement of the program objectives, and how the information will be collected, analyzed, and used to improve client outcomes.
- b. Follow-up data for residential programs; including DANNES. The license holder of a residential program shall obtain follow-up data after a client discontinues the program. The data must be collected at discharge (DANNES) and on either a six month or 12-month basis. The data must be collected from 100 percent of clients at discharge (DANNES) and 50% of clients at the six- and twelve-month follow-up periods. The clients must be selected proportionately from clients who complete the program and clients who do not complete the program.

Documentation of at least two efforts to locate a client for follow-up shall be made on each client until 50% of clients have been contacted. Follow-up contacts should ascertain, for each client:

- (1) Changes in chemical use patterns, including the longest period of abstinence from all chemical use;
- (2) Participation in services identified in the client's aftercare plan;
- (3) Hospital admissions that occurred following discharge;
- (4) Arrests, convictions, and incarcerations that occurred following discharge;
- (5) Work or school problems associated with chemical use that occurred following discharge; and

- (6) Admissions to detoxification or chemical dependency treatment programs that occurred following discharge.

A program that participates in the Drug and Alcohol Abuse Normative Evaluation System meets requirements (1) - (6).

- c. Evaluation Report. The license holder shall submit an evaluation report with its application for relicensure. The report shall include summary data on the age, race, and sex of all clients admitted and summary data on whether clients discharged from the program completed the program or left before completion.

Residential programs must also include a summary of data documentation verifying the use of the evaluation findings to improve client outcomes.

Section 508 Personnel Policies and Procedures

- a. Policy Requirements. The license holder shall have written personnel policies, and shall make them available to each employee when hired. Personnel policies must:

- (1) Assure that employee retention, promotion, job assignment, or pay are not affected by a good faith communication between an employee and Fond du Lac Reservation Human Resources, or the local agencies for investigation of complaints regarding a client's rights, health, or safety concern;
- (2) Contain job descriptions for each position specifying responsibilities, degree of authority to execute job responsibilities, standards of job performance related to the specified job responsibilities, and qualifications;
- (3) Provide for job performance evaluations, based on the standards of job performance, to be conducted on a regular and continuing basis, with a written annual review;
- (4) Describe the behavior which constitutes grounds for disciplinary action, suspension, or dismissal, including policies on mental health and chemical use problems, policies prohibiting personal involvement with clients; and
- (5) Include a program of orientation for all new staff based on a written plan that, at a minimum, must provide for training related to the specific job functions for which the employee was hired, program policies and procedures, the needs of clients to be served.

- b. Staff Development Plan. The license holder shall have a written staff development plan. The staff development plan shall identify training adapted to the needs of the program's target population. The plan must specify training requirements for counselors in current treatment concepts and methods.

The license holder must assure that each staff person working directly with clients receives at least 20 hours of continuing education annually. All training completed must be recorded in individual personnel files. The training must include the following areas in a 12-month period:

- (1) Confidentiality rules and regulations and how they specifically pertain to clients;
 - (2) Protective procedures;
 - (3) Clients' rights; and
 - (4) Reporting of abuse of vulnerable adults and maltreatment of minors;
 - (5) NARCAN Training;
 - (6) Suicide Prevention and Awareness Training
- c. Personnel Files. Each license holder shall maintain a separate personnel file for each employee. At a minimum, the file must contain the following:
- (1) An application for employment completed and signed by the employee which includes the employee's qualifications for employment;
 - (2) Names and addresses of all previous employers for the past five years for program directors, chemical dependency counselor supervisors, and employees who are responsible for the provision of rehabilitative services;
 - (3) Documentation of orientation;
 - (4) A record of training and education activities completed by the employee during employment; and
 - (5) An annual job performance evaluation.

Section 509 Admission Criteria, Exclusion and Referral Information, and Discharge Policies

- a. Admission Policy. Each license holder shall have a written admission policy. This policy must be posted in the area of the facility where clients are admitted, or given to all interested individuals upon inquiry and all clients upon admission. The admissions policy shall designate which staff members are authorized to admit and discharge clients.
- b. Exclusion Criteria Residential Programs. A Residential program is not permitted to admit clients who meet the criteria for admission but has one of the following, which would exclude admission into the program:

- (1) Clients who appear to be intoxicated;
 - (2) Clients experiencing physical, mental, or emotional problems due to withdrawal from alcohol or another drug;
 - (3) Clients who have been committed, and in need of temporary placement; or
 - (4) Clients who are being held as chemically dependent.
- c. Admissions Criteria Residential Programs. The license holder of a residential program shall maintain in the client files documentation that each client meets the criteria for placement, or the client meets the definition of chemically dependent (has a current Substance Use Disorder) provided in the Diagnostic and Statistical Manual of Mental Disorders (5th Edition, Revised), published by the American Psychiatric Association, copyright, 2013. This definition is incorporated by reference. It is available through the Minitex interlibrary loan system.
- d. Inadmissible Individuals. The following individuals shall not be admitted to the program:
- (1) An individual in need of emergency medical care not provided by the program;
 - (2) An individual who poses a substantial likelihood of physical harm to self or others, as demonstrated by an attempt or threat to physically harm self or others, if the behavior is beyond the behavior management capabilities of the program and staff; or
 - (3) An individual not meeting the program's admission criteria.

All denials under item 1 or 2 that involve the commission of a crime against a license holder's employee or on a license holder's property, must be reported to a law enforcement agency with proper jurisdiction. All denials under item 1 or 2 that involve a bona fide medical emergency, must be referred to a medical facility capable of admitting the individual.

- e. Discharge and Transfer Policies. Each license holder shall have a written policy that specifies conditions under which a client shall be discharged. The policy shall include the following:
- (1) Specific objectives a client must meet before obtaining a staff approved discharge;
 - (2) Client behavior that constitutes reason for a discharge at staff request;
 - (3) Procedures staff must follow when a client leaves against staff or medical advice and when the client may be dangerous to self or others; and

- (4) Other community resources to be used if the client is determined to be inappropriate for continued stay in the program.

Section 510 Policies and Procedures Which Guarantee Client Rights

- a. Client Rights; Explanation. The license holder shall give each client on admission a written statement of client rights and responsibilities, approved by the director of rehabilitation programs. Program staff shall explain to all clients their rights and responsibilities. A list of client rights and responsibilities must be posted in a place accessible to the clients.
- b. Grievance Procedure. Each license holder and applicant shall have a written procedure for hearing, considering, and responding to client grievances. The procedure shall be given to clients or their representatives on admission. The procedure must include direct client access to the program director. The procedure must include program staff assistance in the development and processing of the grievance. The procedure shall be posted in a place accessible to the clients. The procedure must also be available to former clients of the program. The procedure must provide an initial response from the facility to a client or former client within three days of the facility's receipt of the grievance.
- c. Client Property Management. Each license holder and applicant shall establish a written procedure for the management of the personal property of clients admitted to the program. The procedure must include:
 - (1) A written record of each personal property item held in trust by the program, signed by the staff and the client, or by two staff members in cases of client non-cooperation.
 - (2) A procedure whereby clients may retain control of all possessions that do not present a danger to self or others, or are not medically contraindicated, except that the facility may establish policies regarding the use of personal property to assure that program activities and the rights of other patients are not infringed, and may take temporary custody of property as a consequence of a violation of the policies.
 - (3) A client fund account maintained separately from program fund accounts, or a policy statement that client funds will not be supervised by the program.
 - (4) A procedure for abandoned property whereby there is a written agreement between the client and the program, and the program retains client property after client discharge as follows:
 - (A) Client property must be retained for a minimum of 30 days.
 - (5) A procedure whereby all property held in trust is returned to the client upon discharge, regardless of discharge status, with the following exceptions:

- (A) Drugs, drug paraphernalia, and drug containers that are forfeited shall be destroyed by staff or given over to the custody of a local law enforcement agency;
 - (B) Weapons, explosives, and other property which may cause serious harm to self or others shall be given over to the custody of a local law enforcement agency, and the client shall be notified of the transfer and of the right to reclaim any illicit property transferred; and
 - (C) Legal chemicals which have been determined harmful by a physician after examining the client, except when approved for continued use by the client's personal physician.
- d. Photographs of Client. All photographs, video tapes, and motion pictures of clients taken on program premises or by program personnel are considered a client record. Photographs for identification and recordings by video and audio tape for the purpose of enhancing either therapy or staff supervision may be required of clients, but may only be available for use as communications within a program. Clients must be informed when their actions are being recorded by camera or tape, and have the right to deny any taping or photography.
- e. Visitors. Clients shall be allowed to receive visitors. Clients shall be allowed to receive visits at all reasonable times from their personal physician, religious advisor, county case manager, parole or probation officer, and attorney. A client's right to receive visitors other than a personal physician, religious advisor, county case manager, parole or probation officer, or attorney may be subject to reasonable written visiting rules and hours established by the license holder for all clients. The program director may impose limitations as necessary for the welfare of the client provided the program director documents the limitations and reasons in the client's individual treatment plan.

Section 511 Health Monitoring Services

- a. Health Monitoring Plan. Each license holder shall have a written plan for monitoring the client's health. The health monitoring plan must be approved by a licensed physician, must establish sequential health monitoring procedures, must specify the staff responsible for monitoring clients' health, and must address items 1 to 8:
- (1) Measurement of client vital signs, including pulse, blood pressure, respiration, and temperature;
 - (2) A visual assessment of client health status;
 - (3) Obtaining current health complaints and relevant medical history by client interview;
 - (4) Recording assessment information and findings in the client file;

- (5) Ongoing stabilization of vital signs;
- (6) Ongoing identification of injuries that jeopardize a client's physical functions;
- (7) Criteria for determining when it is necessary to transfer a client to a hospital; and
- (8) Client's ongoing nutritional needs.

Residential programs must provide items 1 and 2 above within one hour of a client's admission and before being permitted to enter into program dormitory.

- b. Health Monitoring Procedures. Residential programs will use the information gained through the health monitoring procedures required under subpart 1 must be included in the individual treatment plan under Dimension 2.
- c. At intake all clients will complete a comprehensive intake assessment before his or her medical physical. The intake assessment will include a history of high-risk behaviors that put the client at risk for HIV/AIDS, Hepatitis, or other communicable diseases. All information will be forwarded to the medical physician. Any high-risk behaviors identified after intake requires referral of the client to his/her Physician, Public Health Nurse or Other Qualified Professional. The intake assessor will complete and forward the Patient Referral Form to the referral source and place a copy in the client file. Health Monitoring may require the client's participation in physical exercise and nutrition sessions.

Section 512 Medical Services

- a. Medical Services Description. With each application for a license, an applicant shall submit a complete description of the medical services offered by the license holder including nursing services, dietary services, medication dispensing services, and emergency physician services.
- b. Emergency Physician Services. Each license holder or applicant shall have available one or more licensed physicians, or a medical clinic, to provide emergency medical services. A schedule that lists the names, telephone numbers, and call days of the emergency physicians shall be posted near a telephone accessible to program staff. The license holder or applicant shall record an alternate source for medical consultation and services if the physician under contract with the license holder is not available in a medical emergency.
- c. Physician Contract. Each license holder or applicant shall have a licensed physician available for medical supervision. Each program must require and record annually a physician's approval of the following procedures and practices before they may be used:
 - (1) Admission criteria and admission health assessment procedures and discharge health standards and health assessment procedures; and
 - (2) Procedures for routine medical monitoring of clients, including:

- (A) Frequency of client observations; and
 - (B) Scope of medical services to be provided by the facility, including physical indicators for physician or hospital referral and procedures for referral; and
 - (C) Formulation of standing orders regarding what medication, if any, will be administered to clients requiring withdrawal regimen.
- d. Consultation Services. The license holder or applicant of a program shall have available a licensed physician and a licensed nurse for necessary medical care for all clients in the program. The license holder or applicant shall document the availability of a psychiatrist or a licensed psychologist to provide, at the discretion of the program director, psychiatric and psychological evaluation services for clients of the program.

The license holder or applicant shall also document the availability of a family or mental health counselor to provide, at the discretion of the program director, family counseling services.

- e. Administration of Prescription Medications. Each license holder that elects to provide for the administration of prescription medications shall have a staff member employed for this function who is licensed to practice nursing under applicable law. Oral prescription medications, if administered within the facility, must be stored, recorded, and administered, under the supervision of a licensed registered nurse, by an individual having a medication administration certificate from a training program approved by the Minnesota Department of Health or by the Fond du Lac Reservation Chemical Dependency Program Licensing Board. Administration of medications by injection shall be limited to staff members with a license to practice nursing. All medications administered must be recorded in the client file and signed, timed, and dated by the personnel administering the medication. This charting must include the dosage and route of medication.

Section 513 Protective Procedures

- a. Protective Procedures Plan. Each license holder or applicant shall have a written plan that establishes the procedures program staff must follow when responding to a client who is exhibiting behavior that is threatening to the safety of the client or others. The plan shall include procedures that prevent the client from harming self or others. The plan must also include emergency resources the program staff must contact when a client's behavior cannot be controlled by the procedures established in this plan.

Protective procedures may not be used to enforce facility rules or for the convenience of staff. Protective procedures may be used only in cases where a less restrictive alternative will not protect the client or others from harm, and where the client is in imminent danger of causing injury to self or others. If a program elects to use protective procedures, it must have a written policy that defines under what emergency conditions protective procedures such as physical restraints or seclusions will be used.

- b. Review and Use of Protective Procedures. The protective procedures plan must be reviewed and approved by the program director, the governing body, and a licensed physician prior to implementation. Approval shall be reviewed annually by the program director, a physician, and the governing body or its designated representative.
- c. Record of Protective Procedures. Each use of a protective procedure must be recorded in a central log and in the client file. The client record must include:
 - (1) A description of specific client behavior precipitating a decision to use a protective procedure, including date, time, and program staff present;
 - (2) The specific means whereby the client's behavior was limited;
 - (3) The time the protective procedure began, the time ended, and the time of each staff observation of the client during the procedure;
 - (4) The program staff authorizing the use of the protective procedure and the program staff directly involved in the protective procedure and observation process; and
 - (5) A brief description of the purpose for using a protective procedure, including less restrictive intervention means considered or employed prior to the decision to use a protective procedure, and a description of the behavioral results obtained through the use of the procedure.
- d. Restriction. Restriction must be used only when authorized by law or when necessary to prevent harm to the client or others.
- e. Seclusion. The use of seclusion shall be limited as follows:
 - (1) Seclusion must be employed solely for the purpose of preventing client harm to self or others. Seclusion facilities must be equipped in a manner which prevents clients from harming themselves with projections, windows, electrical fixtures, or hard objects usable for self-harm, and must allow the client to be readily observed without being interrupted. Seclusion must be authorized by the senior staff on duty, in accordance with written policies.
 - (2) A client shall not be placed in seclusion for more than 12 hours. Clients in seclusion shall be observed every quarter hour for the duration of seclusion and shall be in continuous hearing range of program staff. Program staff shall have a process for removing the client to a more restrictive setting in the facility or the community if seclusion does not sufficiently assure client safety.
 - (3) Seclusion areas may be used for other purposes, such as intensive observation, if the room meets normal standards of care for the purpose and if the room is not locked.

Section 514 Client Records

- a. Client Records Required. License holders shall maintain a central file of client records on the program premises in which information and documents are maintained in a standardized manner. The content and format of client records must be uniform and entries in each case record must be signed and dated. Client records must be protected against loss, tampering, or unauthorized disclosure. License holders shall maintain a system for periodic review to ensure entries are current.

- b. Client Records. Client records in must include the following:
 - (1) A chemical use screening, and, if appropriate, a chemical use assessment;
 - (2) An individual abuse prevention plan;
 - (3) A record of referrals made.
 - (4) A chemical use evaluation;
 - (5) An individual abuse prevention plan;
 - (6) Short-term goals;
 - (7) An individual treatment plan;
 - (8) Progress notes;
 - (9) An aftercare plan; and
 - (10) A discharge summary.

Section 515 Client Services

- a. Client Services
 - (1) Chemical Use Assessment. Each license holder shall screen each client admitted to its program to determine if the client is chemically dependent or a chemical abuser. Each license holder shall provide or arrange for the provision of a chemical use assessment for each client admitted to its program who is determined to be chemically dependent or a chemical abuser. The chemical use assessment shall be conducted by a qualified assessor. Information obtained in the assessment and the findings of the assessor shall be recorded in the client's case file, and must include the following:
 - (A) The client's chemical use, including amounts of chemical use, frequency of use, and periods of voluntary abstinence;
 - (B) The client's age, sex, cultural background, sexual preference, and the geographic location of the client's home;

- (C) Specific behaviors exhibited by the client when under the influence of chemicals, such as verbal or physical fights, impaired social relationships, criminal behaviors, and other antisocial behaviors;
 - (D) The client's current family status; the client's family history including history of or presence of neglect, or emotional, physical, or sexual abuse; the client's level of family support; the effects of the client's chemical use on other family members and significant others; and chemical use, abuse, or dependency among other family members and significant others and its effect on the client;
 - (E) Previous assessments or attempts at treatment of the client for chemical abuse or dependency, or mental illness;
 - (F) The client's mental disorders, documented by a psychiatrist, licensed consulting psychologist, or licensed psychologist, which may have contributed to the problem brought on by chemical misuse, or which in combination with chemical use, abuse, or dependency present serious health risks;
 - (G) The client's arrests or legal interventions related to chemical use;
 - (H) The ability of the client to seek, obtain, be trained for, or function appropriately in a work setting relative to the use, abuse, or dependency on chemicals;
 - (I) The ability of the client to function in an educational setting, and changes in the client's level of functioning relative to use, abuse, or dependency; and
 - (J) The appropriateness of an involuntary referral through the civil commitment process.
- (2) Client Education. The license holder of a program shall provide clients with written materials concerning the effects of chemical abuse, and assistance regarding chemical abuse and chemical dependency problems.
- (3) Client Referral. A license holder shall provide referrals to chemical dependency services to clients served in the detoxification program as indicated by the client's chemical use assessment. Referrals may also be made for economic, social, and health services as the individual client may require. Each referral must:
- (A) Be individualized and part of a comprehensive plan for service based on the chemical use assessment;
 - (B) Recognize geographical, economic, educational, and employment status as factors affecting treatment planning; and

(C) Be fully recorded in the individual client file.

b. High Intensity Residential Client Services. Each client in a residential program shall be provided with a minimum of thirty (30) hours per week of the treatment services specified in items 1-5 below. The services shall be provided to each client in the amount specified in the client's individual treatment plan.

- (1) Individual and group counseling to assist the client in identifying and addressing problems related to chemical use and developing strategies for avoiding inappropriate chemical use after treatment.
- (2) Family counseling to assist the client in identifying the impact of inappropriate chemical use on others and to assist the client and family in identifying and changing behaviors that contribute to inappropriate chemical use.
- (3) Client education to provide information to the client concerning strategies for avoiding inappropriate chemical use and to provide the client with information concerning health problems related to chemical use and the changes in life style necessary for the client to regain and maintain health.
- (4) Therapeutic recreation to provide the client with an opportunity to participate in recreational activities without the use of mood-altering chemicals and to learn to plan and select leisure activities that do not involve the inappropriate use of chemicals.
- (5) Health and medical services to assist the client in reaching and maintaining an acceptable level of health and physical fitness.

Other rehabilitative services may be provided as indicated in the client's individual treatment plan. Self-help groups may **not** be included in the required thirty (30) hours of treatment service.

c. Medium Intensity Residential Client Services. Each client in a Medium Intensity Level of programming shall be provided with an average of fifteen (15) hours per week of the rehabilitative services specified in items (1) to (6). The services shall be provided to each client in the amount specified in the client's individual treatment plan.

- (1) Individual and group counseling to assist the client in identifying and addressing problems related to chemical use and developing strategies for avoiding inappropriate chemical use after treatment.
- (2) Family counseling to assist the client in identifying the impact of inappropriate chemical use on others and to assist the client and family in identifying and changing behaviors that contribute to inappropriate chemical use.
- (3) Client education to provide information to the client concerning strategies for avoiding inappropriate chemical use and to provide the client with information

concerning health problems related to chemical use and the necessary changes in life style to regain and maintain health.

- (4) Therapeutic recreation to provide the client with an opportunity to participate in recreational activities without the use of mood-altering chemicals and to learn to plan and select leisure activities that do not involve the inappropriate use of chemicals.
- (5) Health and medical services to assist the client in reaching and maintaining an acceptable level of health and physical fitness.
- (6) Living skills development to assist the client in learning basic skills necessary for independent living.

Other rehabilitative services may be provided as indicated in the client's individual treatment plan. Self-help groups may not be included in the required 15 hours of rehabilitative service.

d. Low Intensity Client Services. Each client in a Low Intensity programming shall be provided with a minimum of six (6) hours per week of the rehabilitative services specified in items (1) to (7) below. The services shall be provided to each client in the amount specified in the client's individual treatment plan.

- (1) Individual and group counseling to assist the client in identifying and addressing problems related to chemical use and developing strategies for avoiding inappropriate chemical use after treatment.
- (2) Family counseling to assist the client in identifying the impact of inappropriate chemical use on others and to assist the client and family in identifying and changing behaviors that contribute to inappropriate chemical use.
- (3) Client education to provide information to the client concerning strategies for avoiding inappropriate chemical use and to provide the client with information concerning health problems related to chemical use and the necessary changes in life style to regain and maintain health.
- (4) Therapeutic recreation to provide the client with an opportunity to participate in recreational activities without the use of mood-altering chemicals and to learn to plan and select leisure activities that do not involve the inappropriate use of chemicals.
- (5) Health and medical services to assist the client in reaching and maintaining an acceptable level of health and physical fitness.
- (6) Living skills development to assist the client in learning basic skills necessary for independent living.

- (7) Employment or educational services to assist the client in becoming financially independent.

Other rehabilitative services may be provided as indicated in the client's individual treatment plan. Self-help groups may not be included in the required five hours of rehabilitative service.

Section 516 Individual Treatment Plans

- a. Initial treatment plan will be developed at intake to meet the client's immediate needs. Initial Treatment plans shall be written by a chemical dependency counselor or the staff member who admits a client. The initial treatment plan must be written in cooperation with the client.
- b. Individual Treatment Plans. The chemical dependency counselor must complete an individual treatment plan with the client and with input from other members of the client's treatment team, including ADC IV (Mental Health) and medical. The individual treatment plan must be completed within ten days of the client's admission. The plan must provide for involvement of the client's family at the earliest opportunity when appropriate.

The client shall have an opportunity to have active, direct involvement in developing the individual treatment plan. The individual treatment plan must be signed by the client and the chemical dependency counselor, and the participation of others must be noted in the plan. The individual treatment plan and documentation related to it must be kept at the facility in the client's Electronic Health Record.

- c. Plan Contents. An individual treatment plan must include items (1) to (6).
 - (1) Documentation, that the client has received a chemical use assessment.
 - (2) An evaluation of the client's chemical use problems. The evaluation must be completed before admission or by the day of admission. The evaluation shall be recorded in the individual client file, and must include consideration of the following:
 - (A) The client's chemical use history;
 - (B) The client's history, including the client's use of social services; cultural background; vocational and educational history, including reading ability; family relationship information; need for parenting skills education; and use of leisure time;
 - (C) The client's susceptibility to abuse or neglect; and
 - (D) The evaluation results written by a chemical dependency counselor and based on subitems (A), (B), and (C). If the evaluation information does not

support a determination that the client is chemically dependent, or that the program services do not meet the client's assessed needs, the client shall be discharged and informed of any other services needed, as indicated by the evaluation.

- (3) A list of all health services required by the client, the frequency of health services to be provided, and the staff person or outside resource responsible for providing the health services.
 - (4) Specific problems to be resolved by the client.
 - (5) Specific, time limited client goals in order of priority, and measurable objectives for meeting those goals.
 - (6) Specific methods and resources, including which of the rehabilitative services will be provided and in what amount, to assist the client to achieve the desired outcome.
- d. Plan Review. The program director shall assure the review of the client's progress in achieving individual treatment plan objectives. Progress notes must be entered in a client's file at least once a week as part of client case consultation. Progress notes must indicate the type and amount of each rehabilitative service the client has received and must indicate whether the services have had the desired impact. All entries in clients Electronic Health Records.

A client's progress in achieving each individual treatment plan objective must be reviewed with the client, and the client's participation in the review must be documented in his or her case file. Clients must be notified of the right to access plan reviews.

- e. Aftercare/Discharge Plan. A chemical dependency counselor shall develop a written aftercare plan for each client who completes the program before the client is discharged. The aftercare plan must:
- (1) Include a brief review of the client's problems, strengths, and needs while a client of the program, including program services provided;
 - (2) Address the client's progress in achieving each of the goals identified in the individual treatment plan;
 - (3) Identify the individuals, including at least the client and the chemical dependency counselor, who participated in the development of the aftercare plan;
 - (4) Identify client goals and objectives for services following discharge, with specific timelines; and
 - (5) Identify individuals or agencies who will be working with the client after transfer or discharge. A copy of the aftercare plan must be given to the client and, when allowed

by applicable data privacy laws and regulations, other relevant individuals or agencies at the time of the client's discharge.

- f. Discharge Summary. A chemical dependency counselor shall write a discharge summary for each client who leaves the program regardless of discharge status. The summary must be completed within five days of the client's discharge and include at least the following information:
- (1) A brief review of the client's problems, strengths, and needs while a client of the program, including program services provided; and
 - (2) The client's progress in achieving each of the goals identified in the individual treatment plan.

CHAPTER 6
AMENDMENT OR REPEAL

Section 601 Amendment or Repeal

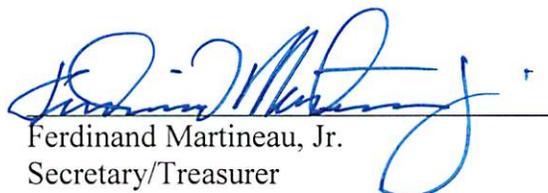
This Ordinance, and any provision herein, may be amended or repealed by resolution of the Reservation Business Committee.

CERTIFICATION

We do hereby certify that the foregoing Ordinance #03/03 was duly presented and adopted by Resolution #1102/03 by a vote of 4 for, 0 against, 0 silent, with a quorum of 5 being present at a Special Meeting of the Fond du Lac Reservation Business Committee held on May 8, 2003 on the Fond du Lac Reservation; and subsequently amended by Resolution #1174/07 on May 31, 2007; by Resolution #1265/10 on July 22, 2010; and by Resolution # 1099/22 on March 23, 2022.



Kevin R. Dupuis, Sr.
Chairman



Ferdinand Martineau, Jr.
Secretary/Treasurer