

ENROLLED HOUSE  
BILL NO. 1425

By: Jones and Nance of the  
House

and

Riley of the Senate

An Act relating to mental health; amending 43A O.S. 2001, Sections 5-501, as last amended by Section 1, Chapter 130, O.S.L. 2003, 5-502, as last amended by Section 1, Chapter 394, O.S.L. 2003, and 5-503, 5-506, 5-508 and 5-513, as last amended by Sections 3, 6, 8 and 13, Chapter 130, O.S.L. 2003 (43A O.S. Supp. 2004, Sections 5-501, 5-502, 5-503, 5-506, 5-508 and 5-513), which relate to Inpatient Mental Health and Substance Abuse Treatment of Minors Act; expanding legislative intent; modifying definitions; modifying voluntary admission; providing for emergency detention; modifying involuntary admission of minors; deleting obsolete language; modifying individualized treatment plans; amending Section 7, Chapter 313, O.S.L. 2004 (59 O.S. Supp. 2004, Section 1876), which relates to licensed alcohol and drug counselors; modifying certain dates; repealing 43A O.S. 2001, Section 5-505, as last amended by Section 5, Chapter 130, O.S.L. 2003 (43A O.S. Supp. 2004, Section 5-505), which relates to admission to mental health facility; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 43A O.S. 2001, Section 5-501, as last amended by Section 1, Chapter 130, O.S.L. 2003 (43A O.S. Supp. 2004, Section 5-501), is amended to read as follows:

Section 5-501. A. Sections 5-501 through 5-513 of this title shall be known and may be cited as the "Inpatient Mental Health and Substance Abuse Treatment of Minors Act".

B. The Oklahoma Legislature hereby declares that the public policy of this state is to assure adequate treatment of minors needing mental health treatment or treatment for drug or alcohol abuse, to establish behavioral standards for determination of dangerousness of persons in need of such treatment, to require the use of the least restrictive alternative in the determination of the method of treatment, to provide orderly and reliable procedures for admission or commitment of minors alleged to be in need of inpatient mental health treatment or treatment for drug or alcohol abuse consistent with due process of law, and to protect the rights of patients hospitalized pursuant to law.

C. It is the intent of the Legislature that:

1. Mental health and substance abuse treatment services shall be provided in the manner most likely to preserve, support and strengthen the family of the minor and to assist the minor and the family of the minor;

2. Minors needing mental health services or substance abuse treatment shall, to the maximum extent possible, receive those services on an outpatient basis; and

3. Inpatient evaluation and treatment services shall be utilized only as necessary to preserve the health or safety of the minor or for the protection of others in the case of a minor who as a result of a demonstrable mental illness or drug or alcohol dependence can be expected to intentionally or unintentionally seriously and physically injure another person.

D. A minor may be admitted for inpatient mental health or substance abuse treatment only pursuant to the provision of the Inpatient Mental Health and Substance Abuse Treatment of Minors Act.

SECTION 2. AMENDATORY 43A O.S. 2001, Section 5-502, as last amended by Section 1, Chapter 394, O.S.L. 2003 (43A O.S. Supp. 2004, Section 5-502), is amended to read as follows:

Section 5-502. As used in the Inpatient Mental Health and Substance Abuse Treatment of Minors Act:

1. "Minor" means any person under eighteen (18) years of age;
2. "Minor in need of treatment" means a minor:
  - a. who has a demonstrable mental illness or who is drug or alcohol dependent and as a result of that mental illness or dependency can be expected within the near future to inflict or attempt to inflict serious bodily harm to himself or herself or another person, and who has engaged in one or more recent overt acts or made significant recent threats which substantially support that expectation, or
  - b. who has a demonstrable mental illness or is drug or alcohol dependent of sufficient severity to cause substantial impairment or disability in at least two of the following major areas of functioning in the ~~minor's~~ life of the minor:
    - (1) family relations,
    - (2) school performance,
    - (3) social interactions,
    - (4) ability to perform independently the basic tasks of personal hygiene, hydration and nutrition, or
    - (5) self-protection.

A determination regarding the ability of the minor to perform independently such basic tasks shall be based upon the age of the minor and the reasonable and appropriate expectation of the abilities of a minor of such age to perform such tasks.

The term "minor in need of treatment" shall not mean a minor afflicted with epilepsy, a developmental disability, organic brain syndrome, physical handicaps, brief periods of intoxication caused by such substances as alcohol or drugs or who is truant or sexually active unless the minor also meets the criteria for a minor in need of treatment pursuant to subparagraph a or b of this paragraph;

3. "Consent" means the voluntary, express, and informed agreement to treatment in a mental health facility by a minor sixteen (16) years of age or older ~~and~~ or by a parent ~~having custody~~ of the minor;

4. "Individualized treatment plan" means a specific plan for the care and treatment of an individual minor who requires inpatient mental health treatment. The plan shall be developed with maximum involvement of the family of the minor, consistent with the desire of the minor for confidentiality and with the treatment needs of the minor, and shall clearly include the following:

- a. a statement of the presenting problems of the minor, short- and long-term treatment goals and the estimated date of discharge. The short- and long-term goals shall be based upon a clinical evaluation and shall include specific behavioral and emotional goals against which the success of treatment can be measured,
- b. treatment methods and procedures to be used to achieve these goals, which methods and procedures are related to each of these goals and which include, but are not limited to, specific prognosis for achieving each of these goals,
- c. identification of the types of professional personnel who will carry out the treatment procedures including, but not limited to, appropriate licensed mental health professionals, education professionals, and other health or social service professionals, and
- d. documentation of the involvement of the minor or the ~~minor's~~ parent of the minor or legal custodian in the development of the treatment plan and whether all persons have consented to such plan;

5. "Inpatient treatment" means treatment services offered or provided for a continuous period of more than twenty-four (24) hours in residence after admission to a mental health or substance abuse treatment facility for the purpose of observation, evaluation or treatment;

6. "Least restrictive alternative" means the treatment and conditions of treatment which, separately and in combination, are no more intrusive or restrictive of freedom than reasonably necessary to achieve a substantial therapeutic benefit to the minor, or to protect the minor or others from physical injury;

7. "Less restrictive alternative to inpatient treatment" means and includes, but is not limited to, outpatient counseling services, including services provided in the home of the minor and which may be referred to as "home-based services", day treatment or day hospitalization services, respite care, or foster care or group home care, as defined by Title 10 of the Oklahoma Statutes, through a program established and specifically designed to meet the needs of minors in need of mental health treatment, or a combination thereof;

8. "Licensed mental health professional" means a person who is not related by blood or marriage to the person being examined or does not have any interest in the estate of the person being examined, and who is:

- a. a psychiatrist who is a diplomate of the American Board of Psychiatry and Neurology,
- b. a physician licensed pursuant to Chapter 11 or Chapter 14 of Title 59 of the Oklahoma Statutes who has received specific training for and is experienced in, performing mental health therapeutic, diagnostic, or counseling functions,
- c. a clinical psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists,
- d. a professional counselor licensed pursuant to Chapter 44 of Title 59 of the Oklahoma Statutes,
- e. a person licensed as a clinical social worker pursuant to the provisions of the Licensed Social Workers Act,
- f. a licensed marital and family therapist as defined in Chapter 44A of Title 59 of the Oklahoma Statutes,
- g. a licensed behavioral practitioner as defined in Chapter 44B of Title 59 of the Oklahoma Statutes, or
- h. an advanced practice nurse, as defined in Chapter 12 of Title 59 of the Oklahoma Statutes, specializing in mental health.

For the purposes of this paragraph, "licensed" means that the person holds a current, valid license issued in accordance with the laws of this state;

9. "Mental health evaluation" means an examination or evaluation of a minor for the purpose of making a determination whether, in the opinion of the licensed mental health professional making the evaluation, the minor is a minor in need of treatment and, if so, is in need of inpatient treatment and for the purpose of preparing reports or making recommendations for the most appropriate and least restrictive treatment for the minor;

10. "Mental health facility" means a public or private hospital or related institution as defined by Section 1-701 of Title 63 of the Oklahoma Statutes offering or providing inpatient mental health services, a public or private facility accredited as an inpatient or residential psychiatric facility by the Joint Commission on

Accreditation of Healthcare Organizations, or a facility operated by the Department of Mental Health and Substance Abuse Services and designated by the Commissioner of the Department of Mental Health and Substance Abuse Services as appropriate for the inpatient evaluation or treatment of minors;

11. "Mental illness" means a substantial disorder of the child's thought, mood, perception, psychological orientation or memory that demonstrably and significantly impairs judgment, behavior or capacity to recognize reality or to meet the ordinary demands of life. "Mental illness" may include substance abuse, which is the use, without compelling medical reason, of any substance which results in psychological or physiological dependency as a function of continued use in such a manner as to induce mental, emotional, or physical impairment and cause socially dysfunctional or socially disordering behavior;

12. "Parent" means:

- a. a biological or adoptive parent who has legal custody of the minor, ~~including either parent if custody is shared under a joint decree or agreement~~ or has visitation rights, or
- b. a person judicially appointed as a legal guardian of the minor, or
- c. a relative within the third degree of consanguinity who exercises the rights and responsibilities of legal custody by delegation from a parent, as provided by law;

13. "Person responsible for the supervision of the case" means:

- a. when the minor is in the legal custody of a private child care agency, the Department of Human Services or the Office of Juvenile Affairs, the caseworker or other person designated by the agency to supervise the case, or
- b. when the minor is a ward of the court and under the court-ordered supervision of the Department of Human Services, the Office of Juvenile Affairs or a statutorily constituted juvenile bureau, the person designated by the Department of Human Services, the Office of Juvenile Affairs or juvenile bureau to supervise the case;

14. "Medical necessity review" means an assessment of current and recent behaviors and symptoms to determine whether an admission for inpatient mental illness or drug or alcohol dependence treatment or evaluation constitutes the least restrictive level of care necessary. The review shall be performed by a licensed mental health professional;

15. "Ward of the court" means a minor adjudicated to be a deprived child, a child in need of supervision, or a delinquent child;

16. "Treatment" means any planned intervention intended to improve the functioning of a minor in those areas which show impairment as a result of mental illness or drug or alcohol dependence; and

17. "Prehearing detention order" means a court order that authorizes a facility to detain a minor pending a hearing on a petition to determine whether the minor is a minor in need of treatment.

SECTION 3. AMENDATORY 43A O.S. 2001, Section 5-503, as last amended by Section 3, Chapter 130, O.S.L. 2003 (43A O.S. Supp. 2004, Section 5-503), is amended to read as follows:

~~Section 5-503. A. A minor may be admitted for inpatient mental health or substance abuse treatment only pursuant to the provisions of the Inpatient Mental Health and Substance Abuse Treatment of Minors Act.~~

~~B. A parent of a minor or a minor sixteen (16) years of age or older may consent to the voluntary admission of the minor for inpatient mental health or substance abuse treatment or if a minor age sixteen (16) years or older refuses or revokes consent to inpatient mental health or substance abuse treatment, the parent may request that the district attorney file a petition alleging the minor to be a minor in need of mental health treatment and require inpatient treatment.~~

B. Upon the application of a minor sixteen (16) years of age or older or a parent of a minor, a mental health or substance abuse facility may admit the minor for inpatient evaluation or treatment if the person in charge of the facility, or a designee, determines the minor to be clinically eligible for such admission, and:

1. After a medical necessity review, a licensed mental health professional determines and states in writing that there is reasonable cause to believe that the minor may be a minor in need of treatment and that an evaluation is necessary to properly determine the condition and treatment needs of the minor, if any; and

2. After an outpatient or inpatient mental health evaluation, a licensed mental health professional determines and states in writing that in the opinion of the professional, the minor is a minor in need of treatment and:

a. the minor appears to have a mental illness or drug or alcohol dependence serious enough to warrant inpatient treatment and is reasonably likely to benefit from the treatment, and

b. based upon the following, inpatient treatment is determined to be the least restrictive alternative that meets the needs of the minor:

(1) reasonable efforts have been made to provide for the treatment needs of the minor through the provision of less restrictive alternatives and such alternatives have failed to meet the treatment needs of the minor, or

(2) after a thorough consideration of less restrictive alternatives to inpatient treatment, the condition of the minor is such that less restrictive alternatives are unlikely to meet the treatment needs of the minor, and

c. the minor has been provided with a clinically appropriate explanation of the nature and purpose of the treatment.

The consenting parent shall have the opportunity to discuss the findings with a person involved in the treatment of the minor.

C. The determinations and written statements of a licensed mental health professional made pursuant to this section shall, upon the admission of the minor for inpatient evaluation or treatment, be made a part of the medical record of the minor.

D. Inpatient treatment of a minor admitted under this section may not exceed thirty (30) consecutive days unless continued inpatient treatment has been authorized by appropriate hospital medical personnel, based upon their written findings that the criteria set forth in subsection B of this section continue to be met, after such persons have examined the minor and interviewed the consenting parent and reviewed reports submitted by members of the facility staff familiar with the condition of the minor.

~~E.~~ E. A mental health or substance abuse treatment facility may request that the district attorney file a petition alleging a minor to be a minor in need of treatment and require inpatient treatment when the parent consenting to the admission of a minor or when the minor age sixteen (16) years or older who had previously consented to admission revokes such consent and the person in charge of the facility, or a designee, determines that the condition of the minor is such that the minor should remain in the facility.

~~F.~~ F. A minor who is in the legal custody of the Department of Human Services or the Office of Juvenile Affairs, or who is a ward of a court may be admitted to a hospital or other facility for inpatient mental health or substance abuse treatment only pursuant to the provisions of Section 5-507 of this title.

1. A public or private child care agency having legal custody of a minor may request the district attorney to file a petition alleging the minor to be a minor in need of treatment and to require inpatient treatment.

2. Nothing in the Inpatient Mental Health and Substance Abuse Treatment of Minors Act shall be interpreted to prohibit or preclude the provision of outpatient treatment or services including, but not limited to, outpatient evaluation, counseling, educational, rehabilitative or other mental health and substance abuse services to the minor, as necessary and appropriate, in the absence of a specific court order for such services.

~~G.~~ G. 1. An order of a court committing a minor to a facility for inpatient mental health or substance abuse evaluation or treatment shall not, by itself, relieve a parent of the obligation to provide for the support of the minor nor of liability for the cost of treatment provided to the minor.

2. Nothing in the Inpatient Mental Health and Substance Abuse Treatment of Minors Act shall be interpreted to:

- a. limit the authority of the court to order a parent to make support payments or to make payments or reimbursements for medical care or treatment, including mental health care or treatment, to the person, institution, or agency having custody of the minor or providing the treatment, or
- b. abrogate the right of the minor to any benefits provided through public funds for which the minor is otherwise eligible.

3. An order committing a minor to a facility for inpatient mental health or substance abuse treatment shall not by itself serve to preclude a subsequent adjudication which finds the minor to be delinquent, in need of supervision or deprived nor shall it cause the vacation of any such order of adjudication previously entered.

~~F. If a peace officer reasonably believes that a minor is a minor in need of treatment, the officer shall take the minor into protective custody and shall transport the minor to a mental health or substance abuse treatment facility for evaluation. Peace officers providing such transportation services shall be entitled to reimbursement pursuant to Section 1-110 of this title.~~

H. If the parent who consented to the admission of a minor under this section revokes such consent at any time, the minor shall be discharged within forty-eight (48) hours unless the district attorney is requested to file a petition alleging the minor to be a minor in need of treatment and to require inpatient treatment in accordance with the provisions of this title.

I. If a minor sixteen (16) years of age or older who consented to treatment subsequently revokes their consent at any time, the minor shall be discharged within forty-eight (48) hours unless the district attorney is requested to file a petition alleging the minor to be a minor in need of treatment and to require inpatient treatment in accordance with the provisions of this title or the parent of the minor subsequently consents to the treatment of the minor.

SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 5-505.1 of Title 43A, unless there is created a duplication in numbering, reads as follows:

A. Any minor who appears to be mentally ill, alcohol-dependent, or drug-dependent to a degree that immediate emergency action is necessary may be taken into protective custody and detained pursuant to the provisions of this section.

B. Any peace officer who reasonably believes that a minor is a minor in need of treatment as defined in Section 5-502 of Title 43A of the Oklahoma Statutes shall take the minor into protective custody and shall transport the minor to a mental health or substance abuse treatment facility for evaluation. Peace officers providing such transportation services shall be entitled to



reimbursement pursuant to Section 1-110 of Title 43A of the Oklahoma Statutes.

C. The officer shall prepare a written affidavit indicating the basis for the belief of the officer that the minor is a minor in need of treatment and the circumstances under which the officer took the person into protective custody. The officer shall give a copy of the statement to the parent of the minor or the attorney of the minor upon the request of either. If the officer does not make the determination to take an individual into protective custody on the basis of the personal observation of the officer, the officer shall not be required to prepare a written affidavit. However, the person upon whose statement the officer relies shall sign a third-party statement indicating the basis for such belief of the person that the minor is a minor in need of treatment. Any false statement given to the officer by the person upon whose statement the officer relies shall be a misdemeanor and subject to the sanctions of Title 21 of the Oklahoma Statutes.

D. A minor in protective custody shall be subject to a medical necessity review at the appropriate facility by a licensed mental health professional for the purpose of determining whether emergency detention is warranted.

1. If the licensed mental health professional determines that the minor is not a minor in need of treatment or that the condition of the minor is such that emergency detention is not warranted, the minor shall be returned immediately to the point where the minor was taken into protective custody and released or the minor may be taken to the home or residence of the minor or to an alternative facility.

2. If the licensed mental health professional determines that the minor is a minor in need of treatment to a degree that emergency detention is warranted, the minor shall be detained in emergency detention for a period not to exceed five (5) days, excluding weekends and holidays. The detention may exceed five (5) days, excluding weekends and holidays, upon a court order authorizing detention pending a hearing on a petition requesting involuntary commitment or treatment.

E. If a licensed mental health professional designated to have such responsibility by the executive director of a hospital, or the administrator of a facility designated by the Commissioner of Mental Health and Substance Abuse Services as appropriate for emergency detention believes a minor to be a minor requiring treatment to a degree that emergency action is necessary, the administrator may detain such minor in emergency detention for a period not to exceed five (5) days, excluding weekends and holidays, only on the following conditions:

1. The minor sixteen (16) years of age or older or parent of the minor has refused to consent or has withdrawn consent to voluntary treatment;

2. The minor has been examined by a licensed mental health professional who has determined that the minor is a minor in need of treatment, the condition of the minor is such that emergency detention is warranted, and an evaluation report has been prepared as provided in Section 5-508 of Title 43A of the Oklahoma Statutes; and

3. The administrator or the designee of the administrator shall provide for a medical necessity review of the minor by a licensed mental health professional.

F. Whenever it appears that a person detained as provided by this section will require treatment beyond the period of emergency detention and the minor sixteen (16) years of age or older or parent of the minor has refused to consent to voluntary treatment, a licensed mental health professional conducting a medical necessity review of the minor or the administrator of the facility in which the minor is being detained, or the designee of the administrator, shall immediately file a petition or request the district attorney to file a petition with the district court as provided by Section 5-509 of Title 43A of the Oklahoma Statutes, and may request a court order directing prehearing detention when detention is necessary for the protection of the person or others.

SECTION 5. AMENDATORY 43A O.S. 2001, Section 5-506, as last amended by Section 6, Chapter 130, O.S.L. 2003 (43A O.S. Supp. 2004, Section 5-506), is amended to read as follows:

Section 5-506. A. ~~Upon the application of a parent and following~~ Any parent, guardian, or law enforcement officer may request the administrator of a facility or designee to conduct a medical necessity review of a minor to determine whether the minor is a minor requiring treatment.

B. Following a medical necessity review, a minor ~~sixteen (16) years of age or older who objects to admission or revokes his or her consent to inpatient treatment~~ may be admitted or detained on an emergency basis in a mental health or substance abuse treatment facility that is willing to admit or detain the minor for a period not to exceed five (5) days from the time of admission or detention, excluding weekends and legal holidays. The admission or detention for an emergency basis may only exceed five (5) days, excluding weekends or holidays, if the facility receives a prehearing detention order authorizing detention pending a hearing on a petition to determine whether the minor is a minor in need of treatment and to require inpatient treatment. ~~If admission or transfer from a private facility to a state-operated facility is sought, the community mental health center serving the area in which the minor resides shall provide the required evaluations and reports and shall ensure that the necessary written findings have been made.~~

~~B.~~ C. 1. A minor admitted or detained pursuant to this section shall be evaluated by a licensed mental health professional to determine whether the minor is a minor in need of treatment.

- a. If the licensed mental health professional determines that the minor is a minor in need of treatment, the licensed mental health professional shall submit a report of the evaluation to the district attorney within forty-eight (48) hours, excluding weekends or holidays, of admission, detention, or revocation of the consent of the minor sixteen (16) years of age or older or to the parent.

- b. If the licensed mental health professional determines that the minor is not a minor in need of treatment, the minor shall immediately be discharged.

2. Upon admission or detention of a minor pursuant to this section, the person requesting the petition shall immediately notify the district attorney. The district attorney shall file a petition as provided in Section 5-509 of this title within three (3) days of receipt of the report and shall request a prehearing detention order from the court authorizing further detention of the child in the facility pending a hearing on a petition alleging the minor to be a minor in need of treatment and to require inpatient treatment and further order of the court.

- a. If the court finds probable cause exists that the minor is a minor in need of treatment, the court shall issue a prehearing detention order authorizing the facility to detain the minor until the hearing on the petition and to immediately set a date and time for a hearing on the petition. A certified copy of the prehearing detention order shall constitute authority for a facility to detain or continue to detain the minor who is the subject of the order.
- b. If the court does not find probable cause exists that the minor is a minor in need of treatment, the court shall dismiss the petition and request for a prehearing detention order and order the release of the minor to the minor's parent.

~~C. If the parent who consented to the admission of a minor under this section revokes such consent at any time, the minor shall be released within forty-eight (48) hours to the custody of the parent unless the person in charge of the facility, or a designee, requests the filing of a petition as provided of in this section.~~

SECTION 6. AMENDATORY 43A O.S. 2001, Section 5-508, as last amended by Section 8, Chapter 130, O.S.L. 2003 (43A O.S. Supp. 2004, Section 5-508), is amended to read as follows:

Section 5-508. A. The report of a licensed mental health professional prepared pursuant to Section 5-506 or 5-507 of this title shall include written findings as to whether:

1. The minor appears to be a minor in need of treatment and is reasonably likely to benefit from treatment; ~~and~~

2. Based upon the following, inpatient treatment is the least restrictive alternative that meets the needs of the minor:

- a. reasonable efforts have been made to provide for the treatment needs of the minor through the provision of less restrictive alternatives and such alternatives have failed to meet the treatment needs of the minor, or
- b. after a thorough consideration of less restrictive alternatives to inpatient treatment, the condition of the minor is such that less restrictive alternatives

are unlikely to meet the treatment needs of the minor;  
and

3. The minor has been provided with a clinically appropriate explanation of the nature and purpose of the treatment, ~~and~~

~~4. If the minor is sixteen (16) years of age or older and was admitted to or detained in a mental health or substance abuse treatment facility pursuant to Section 5-506 of this title, the minor has been provided with an explanation of his or her rights pursuant to the Inpatient Mental Health and Substance Abuse Treatment of Minors Act including the right to object to admission or detention.~~

B. Any report of a mental health evaluation of a minor alleged to be a minor in need of treatment that recommends that the minor be found to be eligible for inpatient mental health or substance abuse treatment shall be signed by the licensed mental health professional examining the minor.

C. The parents, all public agencies, and all providers or programs which have treated or are treating the minor shall cooperate with the person conducting a mental health evaluation for the purpose of providing a report to a district attorney or to a district court and shall promptly deliver, as otherwise provided by law, all records related to the treatment or education of the minor.

SECTION 7. AMENDATORY 43A O.S. 2001, Section 5-513, as last amended by Section 13, Chapter 130, O.S.L. 2003 (43A O.S. Supp. 2004, Section 5-513), is amended to read as follows:

Section 5-513. A. Within ten (10) days after the admission of a minor for inpatient treatment, the person in charge of the facility in which the minor is being treated shall ensure that an individualized treatment plan has been prepared by the person responsible for the treatment of the minor. The minor shall be involved in the preparation of the treatment plan to the maximum extent consistent with the ability of the minor to understand and participate. The parent or legal custodian of the minor or, if the minor is in the custody of the Department of Human Services or the Office of Juvenile Affairs, the designated representative of the applicable agency, shall be involved to the maximum extent consistent with the treatment needs of the minor.

B. ~~The minor facility shall be discharged from discharge the facility minor when appropriate facility medical staff determine the minor no longer meets the admission or commitment criteria, as determined by appropriate medical staff review after such persons have examined the minor and reviewed reports submitted by facility staff familiar with the condition of the minor.~~ If not previously discharged, a minor committed by a court for inpatient treatment shall be discharged upon the expiration of a court order committing the minor for inpatient treatment or an order of the court directing the discharge of the minor.

C. Prior to the discharge of the minor from inpatient treatment, a discharge plan for the minor shall be prepared and explained to the minor and the parent or the person responsible for the supervision of the case. The plan shall include, but not be limited to:

1. The services required by the minor in the community to meet the needs of the minor for treatment, education, housing and physical care and safety;

2. Identification of the public or private agencies that will be involved in providing treatment and support to the minor;

3. Information regarding medication which should be prescribed to the minor; and

4. An appointment for follow-up outpatient treatment and medication management.

SECTION 8. AMENDATORY Section 7, Chapter 313, O.S.L. 2004 (59 O.S. Supp. 2004, Section 1876), is amended to read as follows:

Section 1876. A. Unless exempt pursuant to Section ~~3~~ 1872 of this ~~act~~ title, on and after January 1, 2005, any person wishing to practice alcohol and drug counseling in this state shall obtain a certificate or license to practice pursuant to the provisions of the Licensed Alcohol and Drug Counselors Act.

B. An application for a certificate or license to practice as a certified or licensed alcohol and drug counselor shall be made to the Oklahoma Board of Licensed Alcohol and Drug Counselors in writing. Such application shall be on a form and in a manner prescribed by the Board. The application shall be accompanied by the fee required by this act, which shall be retained by the Board and not returned to the applicant.

C. Each applicant for a certificate or license to practice as a certified or licensed alcohol and drug counselor shall:

1. Be possessed of good moral character;

2. Pass an oral and a written examination based on standards established by the International Counselor and Reciprocity Consortium;

3. Be at least twenty-one (21) years of age;

4. Not have engaged in, nor be engaged in, any practice or conduct which would be grounds for denying, revoking or suspending a license pursuant to the provisions of this act; and

5. Otherwise comply with the rules promulgated by the Board pursuant to the provisions of this act.

D. Except as otherwise provided by subsections E and G of this section, on and after January 1, 2005, in addition to the qualifications specified by the provisions of subsection C of this section, an applicant for a license to practice as a licensed alcohol and drug counselor shall have:

1. At a minimum, a master's degree in a behavioral science field that is recognized by the Oklahoma Board of Licensed Alcohol and Drug Counselors as appropriate to practice as a licensed alcohol and drug counselor;

2. Successfully completed at least one (1) year of full-time supervised work experience. For the purpose of this act, "one (1) year of full-time work experience" shall be defined as two thousand (2,000) hours of work experience, of which at least one thousand (1,000) hours shall consist of providing alcohol and drug counseling services to an individual and/or the individual's family;

3. Successfully completed at least one hundred eighty (180) clock hours of education related to alcohol and drug counseling subjects, theory, practice or research; and

4. Successfully completed at least three hundred (300) hours of supervised practicum experience in the field of drug and alcohol counseling.

E. Effective January 1, 2010, an applicant for a license to practice as a licensed alcohol and drug counselor shall have:

1. At least a master's degree in alcohol and substance abuse counseling from a college or university accredited by an agency recognized by the United States Department of Education; or

2. a. Possess at least a master's degree in a behavioral science or counseling-related field from a college or university accredited by an agency recognized by the United States Department of Education which is the content-equivalent of a graduate degree in alcohol and substance abuse counseling. In order to qualify as a "content-equivalent" degree, a graduate transcript shall reflect, at a minimum, the following knowledge areas and graduate hours:

- (1) three courses in foundational knowledge, including one course in alcohol and drug addiction, one course in drug and alcohol counseling theory, and one course in the pharmacology of drugs of abuse,
- (2) three courses in assessment and treatment of alcohol and drug problems, which may include group dynamics, individual and family counseling skills, specific counseling approaches, assessment methods, community resources and referral, or other courses primarily related to the assessment and treatment of alcohol and drug problems,
- (3) one course in human development,
- (4) one course in psychopathology,
- (5) one course in multicultural and cultural competency issues,
- (6) one course in family systems theory,
- (7) one course in ethics, which includes established ethical conduct for alcohol and drug counselors,

- (8) one course in research methods, and
- (9) one three-hour practicum/internship in the field of drug and alcohol counseling of at least three hundred (300) clock hours.

b. All courses shall be graduate level courses and shall be three (3) semester hours or four (4) quarter credit hours which shall include a minimum of forty-five (45) class hours for each course.

F. Effective January 1, 2005, except as provided in subsection G of this section, each applicant for a certificate to practice as a certified alcohol and drug counselor shall have:

1. At a minimum, a bachelor's degree in a behavioral science field that is recognized by the Oklahoma Board of Licensed Alcohol and Drug Counselors as appropriate to practice as a certified drug and alcohol counselor in this state;

2. Successfully completed at least two (2) years of full-time supervised work experience. For the purpose of this act, "two years of full-time work experience" shall be defined as four thousand (4,000) hours of work experience of which at least two thousand (2,000) hours shall consist of providing alcohol and drug counseling services to an individual and/or the individual's family;

3. Successfully completed at least two hundred seventy (270) clock hours of education related to alcohol and drug counseling subjects, theory, practice or research;

4. Successfully completed, as part of or in addition to the education requirements established in paragraph 3 of this subsection, a minimum of forty-five (45) clock hours of specialized training approved by the Board in identifying co-occurring disorders and making appropriate referrals for treatment of co-occurring disorders; and

5. Successfully completed at least three hundred (300) hours of supervised practicum experience in the field of drug and alcohol counseling.

G. 1. Subject to application to the Board, prior to ~~January~~ November 1, 2005, any person practicing in the State of Oklahoma at the time of application and holding a certificate in alcohol and drug counseling from any state or nationally recognized certifying body or agency recognized by the Board and issued on or before December 31, 2004, shall be granted a certificate under this act.

2. Subject to application to the Board, prior to ~~January~~ November 1, 2005, any person practicing in the State of Oklahoma at the time of application and holding a certificate in alcohol and drug counseling from any state or nationally recognized certifying body or agency recognized by the Board and issued on or before December 31, 2004, and a master's degree, as provided in paragraph 1 of subsection D of this section, shall be granted a license under this act.

SECTION 9. REPEALER 43A O.S. 2001, Section 5-505, as last amended by Section 5, Chapter 130, O.S.L. 2003 (43A O.S. Supp. 2004, Section 5-505), is hereby repealed.

SECTION 10. This act shall become effective November 1, 2005.

Passed the House of Representatives the 14th day of March, 2005.

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Presiding Officer of the House of  
Representatives

Passed the Senate the 18th day of April, 2005.

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Presiding Officer of the Senate