

**ALCOHOL AND/OR OTHER DRUG PROGRAM
CERTIFICATION STANDARDS**

Department of Alcohol and Drug Programs
1700 K Street
Sacramento, California 95814-4037

Health and Human Services Agency

State of California

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TABLE OF CONTENTS

	<u>Section</u>
INTRODUCTION	1000
DEFINITIONS	2000
APPLICATION FOR CERTIFICATION	3000
Who May Apply for Program Certification	3010
Licensure	3015
How to Obtain Application Information	3020
Content of Initial Application	3030
Documentation to be Submitted with Initial Application	3035
Where to Submit Completed Application	3040
Departmental Review of Application	3045
Content of Renewal Application	3050
Withdrawal of Application	3055
Issuance of Certification	3060
DENIAL OF CERTIFICATION	4000
CERTIFICATION COMPLIANCE REVIEWS	5000
WRITTEN VERIFICATION OF CORRECTION OF DEFICIENCIES	6000
CERTIFICATION	7000
Change in Location	7005
Suspension and Revocation	7010
Appeal of Certification Decision	7020
PROGRAM MISSION AND PHILOSOPHY STATEMENT (S)	8000

PROGRAM DESCRIPTION	9000
PROGRAM OBJECTIVES	10000
PROGRAM EVALUATION	11000
ADMISSION, READMISSION AND INTAKE	12000
Admission and Readmission Criteria and Procedures	12010
Intake	12015
Health Questionnaire	12020
Communicable Diseases	12030
Medications	12040
Drug Screening	12045
Referral for Medical or Psychiatric Evaluation and Emergency Services	12050
Referral Arrangements	12055
Alcohol and/or Drug Free Environment	12060
Recovery or Treatment Planning	12070
Continuing Recovery or Treatment Exit Plan	12080
Discharge Summary	12085
INDIVIDUAL AND GROUP SESSIONS	13000
ALUMNI INVOLVEMENT	14000
RECREATIONAL ACTIVITIES	15000
DETOXIFICATION SERVICES	16000
Referral Plans	16010
Levels of Detoxification Services	16015

Residential Detoxification Practices	16020
Detoxification Staffing	16025
Residential Detoxification Staffing	16030
PROGRAM ADMINISTRATION	17000
Program Management	17005
Program Policies	17010
Participant Files	17015
Continuous Quality Management	17020
BOARD OF DIRECTORS AND COMMUNITY ADVISORY BOARD	18000
Board of Directors	18005
Program Director	18010
Community Advisory Board	18015
PERSONNEL PRACTICES	19000
Personnel Policies	19005
Code of Conduct	19010
Health Screening and Tuberculosis Requirements	19015
Staff Training	19020
FISCAL PRACTICES	20000
ADMISSION AGREEMENT	21000
PARTICIPANT RIGHTS	22000
NONDISCRIMINATION IN PROVISION OF SERVICES	23000
CONFIDENTIALITY	24000

COMMUNITY RELATIONS	25000
PHYSICAL ENVIRONMENT	26000
Health and Safety	26010
Fire Safety	26015
Hours of Operation	26020

These Alcohol and/or Other Drug Program Certification Standards replace the Standards for Direct Alcohol Program Services (Revised December 1, 1984) and the Standards for Drug Treatment Programs (October 21, 1981).

The problems associated with alcohol and/or other drugs are as varied as the people involved. These Alcohol and/or Other Drug Program Certification Standards accommodate divergent philosophies within a consistent system of accountability. We hope that the essence of these standards can be incorporated within all programs, regardless of size and will contribute to success in providing effective alcohol and/or other drug services.

These standards have four primary purposes:

1. To ensure that an acceptable level of service quality is being provided to program participants;
2. To encourage a variety of fiscal supports for quality alcohol and/or other drug services;
3. To provide the basis for certification of alcohol and/or other drug programs; and
4. To contribute to the development of quality alcohol and/or other drug programs.

Although alcohol and/or other drug programs provide a wide range of services, all programs seeking departmental certification are required to meet these standards.

The Department of Alcohol and Drug Programs shall conduct certification evaluations to assess compliance with these standards. Programs that were certified when these combined standards became effective shall have one year from the effective date of these standards to comply with any requirement that exceeds the prior Standards for Direct Alcohol Program Services (for alcohol programs) or the Standards for Drug Treatment Programs (for other drug programs).

Send suggestions for revisions to these standards to:

Department of Alcohol and Drug Programs
Licensing and Certification Division
Residential and Outpatient Programs Compliance Branch
1700 K Street
Sacramento, CA 95814-4037

Please state the problem as you see it and suggest the specific changes.

Action steps - Specific time-limited verifiable actions of participant and/or services, which lead to the accomplishment of recovery or treatment plan goals.

Admission - When the program determines that the participant meets the admission criteria and the participant signs a consent to recovery or treatment form in addition to completing the required intake procedure.

Alcohol and drug free - Free of the use of alcohol and/or the illicit use of drugs.

Alcohol and drug free environment - An environment that is free of the use of alcohol and/or the illicit use of drugs.

Alcohol and other drug problems - The problems of individuals, families and the community which are related to inappropriate alcohol and/or other drug use and include conditions usually associated with the terms “alcoholism, addiction, alcohol abuse and illicit use of drugs.”

Alcohol and/or other drug program - A collection of residential or nonresidential alcohol and/or other drug services that are coordinated to achieve specified objectives.

Alcohol and/or other drug service - A service that is specifically and uniquely designed to alleviate or preclude alcohol and/or other drug problems in the individual, his or her family, or the community.

Appeal process - A written procedure by which participants may appeal discharge.

Assessment - An in-depth review including level of care assessment and participant strengths and needs to provide baseline information regarding life domains, i.e., alcohol and/or other drug use, medical, employment, legal, social, psychological, family, environment and special needs.

Board of Directors - The governing body that has full legal authority for governing the operations of an alcohol and/or other drug program.

Community advisory board - An appointed body of designated community representatives that participates in the planning process and advises the program director regarding policies and goals of the program in order to foster greater responsiveness to community needs.

Counseling - A process based on a face-to-face participant counselor/program specialist interaction or group/family counselor/program specialist interaction for the purpose of identifying the participant’s problems and needs, setting goals and interventions, and practicing new behaviors.

Counselor/program specialist - An individual who, by virtue of education, training and/or experience, provides services that may include advice, opinion, or instruction to an individual or group to allow participants an opportunity to explore problems related directly or indirectly to alcohol and/or other drugs.

Days - “Days” means calendar days, unless otherwise specified.

Day treatment - A nonresidential alcohol and/or other drug service that is provided to participants at least three hours per day and at least three days per week. Day treatment is

designed to provide an alcohol and drug free environment with structure and supervision to further a participant's ability to improve his/her level of functioning.

Department - Means the Department of Alcohol and Drug Programs.

Detoxification services - The services provided to assist participants during the process in which alcohol and/or other drugs are metabolized in the body to eliminate their toxic physiological and psychological effects. These services may be provided in a medical or nonmedical residential or nonresidential setting.

Effectiveness - The extent to which pre-established program objectives are attained as a result of program activities.

Follow-up - The process for determining the status of an individual who has been discharged from a program.

Governing body - The entity that has full legal authority for operating the program (e.g., in a government-operated program it may be the Board of Supervisors or City Council; in a program operated by a corporation it may be the Board of Directors or corporate officers; in a program operated by a partnership it is the partners; and in a program operated by a sole proprietor it is the sole proprietor).

Grievance procedure - A written procedure by which a participant may protest an alleged violation of rights.

Group session - A face-to-face interaction, in a group setting, on an as-needed or scheduled basis, between the participant and program staff designed to support and encourage positive changes within the participant's life and reduce or ameliorate the problems associated with alcohol and/or other drug use and to promote recovery.

Illicit use of drugs - The use of any substance defined as a drug in Section 11014, Chapter 1, Division 10 of the Health and Safety Code, except:

- a. Drugs or medications prescribed by a physician or other person authorized to prescribe drugs, pursuant to Section 4036, Chapter 9, Division 2 of the Business and Professions Code and used in the dosage and frequency prescribed; or
- b. Over-the-counter drugs or medications used in the dosage and frequency described on the box, bottle, or package insert.

Individual session - A face-to-face, one-on-one interaction between the participant and program staff on an as-needed or scheduled basis, designed to implement specific objectives in the treatment/recovery plan to support, facilitate and encourage changes within the participant's life which result in improved participant outcomes and reduced level of care needs and reduce or ameliorate the problems associated with alcohol and/or other drug use and to promote recovery.

Intake - The process by which the program obtains information about an individual seeking admission for alcohol and/or other drug services.

May - “May” means permissive.

Nonresidential alcohol and/or other drug services - Alcohol and/or other drug services, provided in an alcohol and drug free environment, which support recovery or treatment for individuals and/or family members affected by alcohol and/or other drug problems. Services are performed by program-designated personnel and may include the following elements: detoxification, recovery or treatment planning, educational sessions, social/recreational activities, individual and group sessions, family education and parenting, case management, participant file review, relapse prevention and information about and assistance in obtaining, health, social, vocational and other community services. In addition, a nonresidential alcohol and/or other drug service may provide services of a medical or psychotherapeutic nature, offered by personnel trained and/or licensed to conduct therapeutic interventions. Day treatment and outpatient services are included in this category.

Outpatient service - A nonresidential alcohol and/or other drug service in which a participant is provided a minimum of two counseling sessions per 30-day period. Outpatient services are designed to provide an alcohol and drug free environment with structure and supervision to further a participant's ability to improve his/her level of functioning.

Participant - An individual who has an alcohol and/or other drug problem, for whom intake and admission procedures have been completed.

Participant file - The file that contains the information required by these standards that is established for each participant upon admission to a program.

Postmarked - For purposes of these standards, “Postmarked” means the date of the U.S. Post Office cancellation mark on the envelope, the date listed on a delivery service air bill (i.e., FedEx) or given to a courier service, the date that an item is hand or special-delivered and date stamped by ADP, or the date that a facsimile (FAX) to ADP is transmitted and received.

Program - An alcohol and/or other drug program.

Program objective - A statement of the intended impact of program activities that includes descriptions of both process (the planned course of action) and outcome (the expected results) objectives, which are stated in measurable and time-limited terms.

Qualified medical consultant - A licensed physician or nurse practitioner or a physician assistant operating under the supervision of a licensed physician.

Residential alcohol and/or other drug services - Alcohol and/or other drug services that are provided to residents at a program which is maintained and operated to provide 24-hour, residential, nonmedical, alcoholism or other drug addiction recovery or treatment services. Services are provided in an alcohol and drug free environment and support recovery or treatment for alcohol and/or other drug related problems. Services are provided by program-designated personnel and may include the following elements: detoxification, recovery or treatment planning, educational sessions, social/recreational activities, individual and group sessions, family education and parenting, case management, participant file review, relapse prevention and information about and assistance in obtaining health, social, vocational and other community services.

Shall - “Shall” means mandatory.

Structured therapeutic activities - Structured activities that are designed to meet treatment goals and objectives for increased social responsibility, self-motivation and integration into the larger community. Such activities would include participation in the hierarchical social structure of the residential or day treatment program and the participant's progression, through job and other assignments, with increasing levels of responsibility and independence, culminating in employment seeking and employment-initiation activities in the community.

Note: As the need arises, other terms may be added to this section. Any additions will be subject to public review procedures.

3000

APPLICATION FOR CERTIFICATION

3010

Who May Apply for Program Certification

Any adult or firm, partnership, association, corporation, county, city, public agency, or other governmental entity may apply for certification regardless of ethnic group identification, religion, age, sex, color, or disability.

3015

Licensure

In order for a residential program to obtain certification, it shall be licensed in accordance with all applicable state licensing statutes and regulations and shall remain in compliance with such licensure regulations.

3020

How to Obtain Application Information

Application information may be obtained by contacting the Department of Alcohol and Drug Programs, Residential and Outpatient Programs Compliance Branch, 1700 K Street, Sacramento, CA 95814-4037 and telephone number: (916) 322-2911.

3030

Contents of Initial Application

- a. The application and supporting documents shall contain the following:
 1. The name or proposed name, address, and telephone number of the program;
 2. The name, mailing address, and telephone number of the applicant;
 - A. If the applicant is a partnership, the name and principal business address of each partner and a copy of the partnership agreement as filed with the county or state, as applicable;
 - B. If the applicant is a corporation or association, the name and address of the principal place of business of the corporation or association; the name and title of the officer or employee who acts on behalf of the corporation or association; bylaws, and a copy of the articles of incorporation signed and dated by the Secretary of State.
 3. The name of the program director;
 4. Type of service(s) to be provided; and
 5. A plan of operation as specified in Section 3035 a.
- b. The applicant shall sign the application.
 1. If the applicant is a partnership, each partner shall sign the application.
 2. If the applicant is a firm, association, corporation, county, city, public agency or other governmental entity, the chief executive officer or the individual legally responsible for representing the firm, association, corporation, county, city, public agency, or other governmental entity shall sign the application. The application shall include the resolution or board minutes authorizing the individual to sign.

As a condition of certification, each applicant shall submit to the Department the following documents with the application for certification:

- a. A plan of operation that includes:
 1. Annual line item budget;
 2. Program mission and philosophy statement(s);
 3. Program description;
 4. A statement of program objectives;
 5. Program evaluation plan;
 6. Continuous quality management plan;
 7. An outline of activities and services to be provided by the program;
 8. A statement of the admission, readmission and intake criteria;
 9. A statement of nondiscrimination in the employment practices and provision of benefits and services on the basis of ethnic group identification, religion, sex, color, or disability pursuant to Title VI of the Civil Rights Act of 1964 (Section 2000d, Title 42, United States Code); the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and Chapter 6 (commencing with Section 10800), Division 4, Title 9 of the California Code of Regulations;
 10. A copy of the program's participant admission agreement;
 11. A table of the administrative organization showing the lines of authority of all paid and volunteer staff including the board of directors and the community advisory board. Public organizations shall provide an organization chart that reflects the program's placement within a government agency. Private organizations shall provide documentation of the legal authority for the formation of the agency; and
 12. A staffing plan, job descriptions and minimum staff qualifications.
- b. An approved fire clearance issued from the fire authority having jurisdiction for the area in which the program is located. The fire clearance shall have been conducted no more than 12 months prior to the date that the Department receives the application for certification.

- c. Approval from the local agency authorized to provide a building use permit. A local use permit satisfies this requirement. If the local agency authorized to provide a building use permit does not require a use permit, the applicant shall submit a letter from the local agency identifying the location and attesting to the circumstances. A residential program that has a licensed treatment capacity of six beds or less is exempt from this subsection unless the program is seeking certification for nonresidential services.

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Where to Submit Completed Applications

Applicants shall submit completed applications for certification to the Department of Alcohol and Drug Programs, Residential and Outpatient Programs Compliance Branch, 1700 K Street, Sacramento, CA 95814-4037.

As used in these standards, "completed application," means an application for certification that includes all of the information and documentation required in Sections 3030 and 3035.

3045

Departmental Review of Application

a. Initial Application Review

1. The Department shall review the application for certification and attached documentation, to determine completeness and compliance with Sections 3030 and 3035.
2. Within 45 working days of receipt of the application, the Department shall notify the applicant whether the application is complete or incomplete.
3. If the application is incomplete, the Department shall specify the information or documentation that is missing and the applicant shall be given up to 60 days from the date of the notification to provide the missing information or documentation. If the missing information or documentation is not received within the 60 days, as determined by postmark date, the review of application shall be terminated and the applicant notified of the termination. Termination of the application review process shall not constitute denial of certification. However, to continue the certification process the applicant shall be required submit a new application.
4. If the application has been determined to be complete, the Department shall schedule an on-site compliance review at the program to determine if the program is in compliance with the Alcohol and/or Other Drug Program Certification Standards.

b. Extension of Certification Period

1. The Department shall renew the certification of an alcohol and/or other drug program every two years provided the program remains in compliance with these standards, corrects deficiencies in accordance with Section 6000 and does not have its certification suspended, terminated, or revoked.

2. At least 120 days prior to the expiration date shown on the certificate, the Department shall send a notice and a renewal application to the program which shall (1) inform the program of the date when the current period of certification will expire; and (2) inform the program that the period of certification will be extended if the program updates the information contained in the program's application for certification.
3. Upon receipt of the application, the Department shall review it for completeness and compliance with the Alcohol and/or Other Drug Program Certification Standards.
4. If the program does not submit an application postmarked on or before the expiration date shown on the certificate, the certification shall automatically expire as of the date specified on the certificate. The program may reapply as an initial applicant.

3050

Content of Renewal Application

- a. The contents of the application shall contain the following:
 1. Provider identification number assigned by the Residential and Outpatient Programs Compliance Branch;
 2. Name, address, and telephone number of the program;
 3. Name, mailing, and telephone number address of the applicant;
 4. Annual line item budget;
 5. Name of the program director; and
 6. Type of program service(s) to be provided.
- b. The following shall be submitted when there has been a change from the documents previously submitted for initial certification or extension of the existing certification period:
 1. Program mission and philosophy statement(s);
 2. Program description;
 3. Statement of program objectives;
 4. Program evaluation plan;
 5. Continuous quality management plan;

6. Outline of activities and services to be provided by the program;
 7. Statement of the admission, readmission and intake criteria;
 8. Copy of the program's participant admission agreement;
 9. Table of the administrative organization showing the lines of authority of all paid and volunteer staff including the board of directors and the community advisory board. Public organizations shall provide an organization chart that reflects the program's placement within a government agency. Private organizations shall provide documentation of the legal authority for the formation of the agency; and
 10. Staffing plan, job descriptions and minimum staff qualifications.
- c. An approved fire clearance issued from the fire authority having jurisdiction for the area in which the program is located shall be submitted when the provider is requesting modifications to the building or when a provider is requesting an increase in its residential capacity.

3055

Withdrawal of Initial Application

The applicant may withdraw an application for certification by submitting a written request to the Manager of the Residential and Outpatient Programs Compliance Branch, Department of Alcohol and Drug Programs, 1700 K Street, Sacramento, CA 95814-4037.

3060

Issuance of Initial Certification

The Department shall issue a certificate to the applicant by mail if it determines that the applicant is in compliance with the provisions of these standards, based on the Department's review of the application for certification pursuant to Section 3045 and upon completion of an on-site compliance review and correction by the applicant of any cited deficiencies.

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DENIAL OF INITIAL CERTIFICATION

- a. The Department may deny the issuance of initial certification for any of the following reasons:
 1. Review of the application indicates that the applicant is not in compliance with these standards;
 2. The applicant fails to remedy each deficiency identified pursuant to Section 5000 of these standards; or
 3. The program is not in compliance with these standards.

- b. If the Department denies an application for certification, the Department shall send a written notice of denial to the applicant by mail. The notice shall document the reasons for denial.

5000

CERTIFICATION COMPLIANCE REVIEWS

a. Initial Compliance Reviews

1. Prior to granting initial certification, the Department shall conduct an on-site review of each program to determine compliance with these standards.
2. If deficiencies are noted and not corrected prior to the conclusion of the compliance review, a certification report shall be left with the applicant or mailed postmarked within 10 working days after the review.
3. The applicant shall correct the deficiencies identified in the certification report prior to certification in accordance with Section 6000 of these standards. If the applicant fails to correct the deficiencies identified in the certification report, the issuance of certification shall be denied. After the denial of the initial certification, a program that wishes to pursue the certification process shall start the process from the beginning by submitting a new application.
4. The Department shall issue a certificate or written notification of denial to the applicant. The notification shall be postmarked within 180 days from the receipt of the completed initial application.

b. Extension Compliance Reviews

1. The Department shall conduct an on-site review of each certified program to determine compliance with these standards at least once during the two-year period of certification.
2. Any authorized employee or agent of the Department may enter and inspect any alcohol and/or other drug program at any time, upon presentation of proper identification, with advance notice, to determine compliance with the provisions of these standards. Advance notice is not required for conducting an investigation of a complaint or an on-site review at a certified program that is located at an alcohol and drug program's licensed residential facility.
3. The Department may interview participants and/or program staff in private and inspect relevant program records without the prior consent of the program.
4. At the completion of the compliance review, the reviewer shall conduct a face-to-face exit interview with the program director or his/her designee if the program director or his/her designee is on site and available to discuss any deficiencies noted. If the reviewer does not conduct a face-to-face exit interview, the reviewer shall document in the certification report why he/she did not conduct a face-to-face exit interview.

5. The reviewer shall prepare a written certification report that shall specify:
 - A. The section number and title of each standard that has been violated;
 - B. The manner in which the program failed to comply with a specified standard; and
 - C. The date by which each deficiency shall be corrected.
6. The reviewer shall provide the written certification report to the program director or his/her designee:
 - A. In person before leaving the program; or
 - B. By mail, postmarked within ten working days of the completion of the certification compliance review.
7. The certification report shall require the program to correct deficiencies within 30 days of the date of the letter transmitting the certification report unless the reviewer determines, based on the review, that the deficiency is sufficiently serious to require correction within a shorter period of time. In that event, the report shall explain how the deficiency jeopardizes the health or safety of program participants.

6000 WRITTEN VERIFICATION OF CORRECTION OF DEFICIENCIES

- a. The program shall submit written verification of correction for each deficiency identified in the certification report to the reviewer at the Residential and Outpatient Programs Compliance Branch, Department of Alcohol and Drug Programs, 1700 K Street, Sacramento, CA 95814-4037. The written verification shall substantiate that the deficiency has been corrected and specify the date when the deficiency was corrected. The written verification shall be postmarked no later than 30 days of the date of the Department's letter transmitting the certification report.
- b. If the program fails to correct the deficiencies and notify the Department within 30 days of the date of the Department's letter transmitting certification report, the certification shall be suspended. The beginning date of the suspension shall be the 31st day following the date of the Department's letter transmitting the certification report. To end the term of suspension, the program shall correct and provide the Department with written verification that all deficiencies have been corrected. The reinstatement date of the certification shall be the date the written verification of correction is received and accepted by the Department. Once reinstated, the certification shall remain in effect through the remainder of the two-year certification period.
- c. The Department shall revoke the program certification if the program fails to correct the deficiencies and notify the Department within 90 days of the date of the Department's letter transmitting the certification report. The revocation shall be effective on the 91st

day following the date of the Department's letter transmitting the certification report. To become recertified, the program must apply as an applicant for initial certification and demonstrate that it meets all of the requirements of these standards.

- d. Within ten days of receipt by the Department of the written verification, the Department shall notify the program, in writing by first class mail, whether the written verification has been approved.

7000

CERTIFICATION

A certification shall automatically terminate, prior to the expiration date stated on the certificate, whenever the program:

- a. Changes ownership, including sales or transfers of ownership of the program, unless the transfer of ownership applies to the transfer of stock when the program is owned by and certified as a corporation and when the transfer of stock does not constitute a majority change in ownership;
- b. Voluntarily surrenders certification;
- c. Moves operation of the program from the location identified on the certificate to another location without notifying and submitting documents to the Department (as specified in Section 7005);
- d. Owner dies;
- e. Is actually or constructively abandoned. As used in this section, the term "constructive abandonment" shall include insolvency, eviction, or seizure of assets or equipment resulting in the failure to provide alcohol and/or other drug services to participants; or
- f. Fails to be licensed in accordance with all applicable state licensing statutes and regulations.

7005

Change In Location

- a. To prevent a lapse in certification in the event that operation of the program is moved to a new location, the program shall submit the following to the Department:
 - 1. At least 30 days prior to the move, the program shall submit to the Department written notification that includes at least the following:
 - A. The legal name, program name, address the program is moving from, and provider number assigned by the Residential and Outpatient Programs Compliance Branch for the program;
 - B. The address the program is moving to;

- C. The effective date of the move;
 - D. A statement that there is no change in the legal owner of the program;
 - E. A statement affirming that there is no change to the program other than the change in location; and
2. Prior to moving the operation of the program to a new location, the provider shall obtain and submit to the Department the following:
- A. An approved fire clearance for the new facility issued from the fire authority having jurisdiction for the area in which the program is located. The fire clearance shall have been conducted no more than 12 months prior to the date that the Department receives the notification of the move.
 - B. Approval from the local agency authorized to provide a building use permit. A local use permit satisfies this requirement. If the local agency authorized to provide a building use permit does not require a use permit, the provider shall submit a letter from the local agency identifying the location and attesting to the circumstances. A residential program that has a licensed treatment capacity of six beds or less is exempt from this subsection unless the program is seeking certification for nonresidential services.
- b. To prevent a lapse in certification in the event that the program moves operation of the program to a new location due to emergency (e.g., earthquake, fire, flood, vandalism, a 30 day or less notice of loss of lease, etc.), within 60 days after the date of the move, the program shall submit to the Department written notification and documentation that includes at least the following:
- 1. The legal name, program name, address the program is moving from, and provider number assigned by the Residential and Outpatient Programs Compliance Branch for the program;
 - 2. The address the program is moving to;
 - 3. The effective date of the move;
 - 4. A statement that there is no change in the legal owner of the program;
 - 5. A statement affirming that there is no change to the program other than the change in location;
 - 6. A description of the emergency necessitating the move;
 - 7. An approved fire clearance for the new facility issued from the fire authority having jurisdiction for the area in which the program is located. The fire clearance shall have been conducted no more than 12 months prior to the date that the Department receives the notification of the move; and

8. Approval from the local agency authorized to provide a building use permit. A local use permit satisfies this requirement. If the local agency authorized to provide a building use permit does not require a use permit, the provider shall submit a letter from the local agency identifying the location and attesting to the circumstances. A residential program that has a licensed treatment capacity of six beds or less is exempt from this subsection unless the program is seeking certification for nonresidential services.
- c. If the program fails to comply with the requirements of subsection a. of this section, the certification shall terminate as of the date that operation of the program is moved (except as specified in subsection b. of this section).
- d. If the program fails to comply with the requirements of subsection b. of this section, the certification shall terminate as of the 61st day after the date of the move.
- e. The Department may conduct an on-site compliance review in conjunction with the move to determine compliance with these standards.

7010

Suspension and Revocation

- a. The Department shall suspend certification when the program fails to correct the deficiencies and notify the Department within 30 days of the date of the Department's letter transmitting certification report.
- b. The Department may revoke certification when:
 1. The program fails to comply with any statutory requirement, regulation, or standard of the Department;
 2. The program fails to correct the deficiencies and notify the Department within 90 days of the date of the Department's letter transmitting certification report; or
 3. The provider is issued a certification report for any action, which has resulted in a substantiated death, serious physical harm, or imminent danger to a participant.
- c. The Department shall notify the provider by first-class mail of the suspension or revocation. The notice shall:
 1. Inform the provider that the program's certification is being suspended or revoked and the effective date of the action;
 2. Explain the reason(s) for the action; and
 3. Explain the provider's right to appeal in accordance with Section 7020.

7020

Appeal of Certification Decision

Denial, suspension, or revocation of certification may be appealed by the program to the Department. Appeals shall be submitted in writing within 30 days of the date that the Department postmarked written notification to the program of the denial, suspension, or revocation. All appeals shall be directed to the Manager, Residential and Outpatient Programs Compliance Branch, Department of Alcohol and Drug Programs, 1700 K Street, Sacramento, CA 95814-4037.

Appeals shall clearly identify the certification action being appealed, the reason for appeal and relief sought. The Department shall have the sole authority for rendering a determination on the appeal. The Department's response to the appeal shall be in writing. The Department shall respond to an appeal request within 15 working days of the date that the Department receives the written request for approval.

8000

PROGRAM MISSION AND PHILOSOPHY STATEMENT (S)

The program shall have a written statement(s) describing its mission and/or philosophy.

9000

PROGRAM DESCRIPTION

Each program shall have a written document that describes its alcohol and/or other drug services and settings that are offered according to the severity of alcohol and/or other drug involvement and the program's approach to recovery or treatment which shall include but not be limited to an alcohol and drug free environment.

10000

PROGRAM OBJECTIVES

The program shall have written, time-limited and measurable process and outcome objectives that can be verified in terms of time and results and that serve as indicators of program effectiveness. These objectives shall be reflective of the program's mission and philosophy.

11000

PROGRAM EVALUATION

Each program shall have a written evaluation plan for management decision making. Sufficient program data shall be collected to provide a meaningful assessment of the program's progress in meeting its objectives.

12000

ADMISSION, READMISSION AND INTAKE

12010

Admission and Readmission Criteria and Procedures

- a. For each individual participant, including family members or significant others, involvement with alcohol and/or other drugs, or alcohol and/or other drug-related problems, shall be the primary criterion for participation.
- b. The program shall have written admission and readmission criteria for determining the participant's eligibility and suitability for services and procedures, which shall be available to applicant and the general public. An initial interview shall determine whether or not a participant meets the admission criteria. All participants admitted shall meet the admission criteria and this shall be documented in the participant's file. The admission criteria shall include:
 1. Identification of alcohol and illicit drugs used;
 2. Documentation of social, psychological, physical and/or behavioral problems related to alcohol and/or other drugs; and
 3. A statement of nondiscrimination requiring that admission shall not be denied on the basis of ethnic group identification, religion, age, sex, color, or disability. The above shall not preclude alcohol and/or other drug programs from emphasizing services for specific populations.
- c. Programs shall address the needs of special populations, taking into consideration, when the need arises, the disabilities, the cultural, racial, linguistic and sexual differences among such populations. Programs shall ensure that their policies, procedures, practices and rules and regulations do not discriminate based on disability. Whenever the nondisability-related needs of any applicant cannot be reasonably accommodated, efforts shall be made to make referral to appropriate programs. All participants shall be physically and mentally able to comply with the program rules and regulations.

No individual shall be admitted who, on the basis of staff judgement:

1. Exhibits behavior dangerous to staff, self, or others; or
 2. Requires an immediate medical evaluation, or medical or nursing care.
- d. As part of the admission process to residential programs, the participant shall relinquish potentially harmful articles. Each admitted participant shall be given the opportunity to have possessions of value stored in a safe place. All stored possessions shall be inventoried. A copy of the inventory shall be given to the participant, and the program shall retain a copy.

12015

Intake

- a. If a participant is appropriate for treatment, the following information shall be gathered:

1. Social, economic and family history;
 2. Education;
 3. Employment history;
 4. Criminal history, legal status;
 5. Medical history;
 6. Alcohol and/or other drug history; and
 7. Previous treatment.
- b. Upon completion of the intake process, the participant shall sign and date the admission agreement. A copy shall be provided to the participant and the original shall be placed in the participant's file.
- c. Within 72 hours after admission, each participant shall attend an orientation which shall describe the functions and requirements of the program.
- d. Each program shall have immediately available a written, annotated inventory of community services. Participants shall be made aware of the inventory.

12020

Health Questionnaire

The health questionnaire, shall be completed for all participants admitted for residential or nonresidential alcohol and/or other drug services. Programs may use form ADP 10100-A-E for the health questionnaire or may develop their own health questionnaire provided it contains, at a minimum, the information requested in ADP 10100-A-E. The health questionnaire is a participant's self-assessment of his/her current health status. The health questionnaire shall be completed and signed prior to the participant's admission to the program and filed in the participant's file.

Program staff shall review each completed health questionnaire. When appropriate, the participant shall be referred to licensed medical professionals for physical and laboratory examinations. A medical clearance or release shall be obtained prior to admission whenever a participant is referred to licensed medical professionals for physical and laboratory examinations.

The referral and clearance shall be documented in the participant's file.

12030

Communicable Diseases

All programs shall have a policy that requires participants who show signs of any communicable disease, or through medical disclosure during the intake process, admit to a health related

problem that would put others at risk, to be cleared medically before services are provided by the program.

12040

Medications

All alcohol and/or other drug programs shall have a written policy statement regarding the use of prescribed medications by program participants. Such a policy shall not necessarily preclude the licit use of prescribed medications.

12045

Drug Screening

All programs shall have a written policy statement regarding drug screening. For those situations where alcohol and/or other drug screening is deemed appropriate and necessary by the program director or designee, or supervising physician, the program shall:

- a. Establish procedures that protect against the falsification and/or contamination of any body specimen sample collected for drug screening; and
- b. Document results of the drug screening in the participant's files.

12050

Referral For Medical or Psychiatric Evaluation and Emergency Services

The program shall have written procedures for obtaining medical or psychiatric evaluation and emergency services.

All program staff having direct contact with participants shall, within the first year of employment, be trained in infectious disease recognition, crisis intervention referrals and to recognize physical and psychiatric symptoms that require appropriate referrals to other agencies.

For purposes of this section, program staff shall include program counselors, program specialists, program director, program supervisor and anyone providing alcohol and/or other drugs services to participants.

The program shall have readily available the name, address, and telephone number of the fire department, a crisis center, local law enforcement, and a paramedical unit or ambulance service.

12055

Referral Arrangements

If during the course of recovery or treatment services, the participant is assessed and determined to be in need of additional services, the program shall provide the participant with a referral to the appropriate services, if available.

The program shall maintain and make available to participants a current list of resources within the community that offer services that are not provided within the program. At a minimum, the list of resources shall include medical, dental, mental health, public health, social services and

- A. The participant shall develop the initial recovery plan with guidance from staff in accordance with the timeframe specified below:
 - (1) For short-term residential programs (program duration 30 days or less) the recovery plan shall be developed within 10 days from the date of the participant's admission.
 - (2) For long-term residential programs (program duration 31 days or more) the recovery plan shall be developed within 14 days from the date of the participant's admission.
 - (3) For nonresidential programs the recovery plan shall be developed within 30 days from the date of the participant's admission.

 - B. The participant shall review his/her progress in achieving the objectives of the recovery plan with staff in accordance with the timeframe specified below:
 - (1) For short-term residential programs (program duration 30 days or less) the participant's progress shall be reviewed and documented within 10 days after signing the initial recovery plan and not later than every 10 days thereafter.
 - (2) For long-term residential programs (program duration 31 days or more) the participant's progress shall be reviewed and documented within 14 days after signing the initial recovery or treatment plan and not later than every 14 days thereafter.
 - (3) For nonresidential programs the participant's progress shall be reviewed and documented within 30 days after signing the initial recovery plan and not later than every 30 days thereafter.

 - C. Staff shall ensure and document that the participant reviews and revises, as necessary, the recovery plan when a change in problem identification or focus of treatment occurs, or no later than 90 days after signing the initial recovery plan and no later than every 90 days thereafter, whichever comes first.
4. If a treatment plan is developed:
- A. Staff shall develop the initial treatment plan with input from the participant in accordance with the timeframe below:
 - (1) For short-term residential programs (program duration 30 days or less) the treatment plan shall be developed within 10 days from the date of the participant's admission.

- (2) For long-term residential programs (program duration 31 days or more) the treatment plan shall be developed within 14 days from the date of the participant's admission.
 - (3) For nonresidential programs the treatment plan shall be developed within 30 days from the date of the participant's admission.
 - B. Staff shall review and document the participant's progress in achieving the objectives of the treatment plan in accordance with the timeframe specified below:
 - (1) For short-term residential programs (program duration 30 days or less) the staff shall review the participant's treatment plan and document progress within 10 days after signing the initial treatment plan and not later than every 10 days thereafter.
 - (2) For long-term residential programs (program duration 31 days or more) the staff shall review the participant's treatment plan and document progress within 14 days after signing the initial treatment plan and no later than every 14 days thereafter.
 - (3) For nonresidential programs the staff shall review the participant's treatment plan and document progress within 30 days signing the initial treatment plan and no later than every 30 days thereafter.
 - C. Staff and the participant shall review and update the treatment plan when a change in problem identification or focus of recovery or treatment occurs, or no later than 90 days after signing the initial treatment plan and no later than every 90 days thereafter, whichever comes first.
5. The initial recovery or treatment plan and any update shall be signed and dated by the participant and staff at the time the recovery or treatment plan is developed or updated.

12080

Continuing Recovery or Treatment Exit Plan

Before active program participation is concluded and prior to program approved discharge, program staff shall meet with each participant to develop and document an individualized strategy that will assist the participant in maintaining a continued alcohol and drug free lifestyle. The continuing recovery or treatment exit planning process shall be inclusive of the goals identified in the recovery or treatment plan and shall include referrals to appropriate resources (e.g., social services, Medi-Cal and vocational rehabilitation, and others).

12085

Discharge Summary

Each program shall have written procedures regarding participant discharge. These procedures shall contain the following:

- a. Written criteria for discharge defining:
 1. Successful completion of program;
 2. Unsuccessful discharge;
 3. Involuntary discharge; and
 4. Transfers and referrals.

- b. A discharge summary that includes:
 1. Description of treatment episodes or recovery services;
 2. Current alcohol and/or other drug usage;
 3. Vocational and educational achievements;
 4. Legal status;
 5. Reason for discharge and whether the discharge was involuntary or a successful completion;
 6. Participant's continuing recovery or treatment exit plan;
 7. Transfers and referrals; and
 8. Participant's comments.

13000

INDIVIDUAL AND GROUP SESSIONS

- a. The program shall provide individual and group sessions for participants. The program may provide individual and group sessions that are specifically intended for participants plus family members and other persons who are significant in the participant's recovery or treatment. Individual and group sessions shall be directed toward concepts of withdrawal, recovery, an alcohol and drug free lifestyle, relapse prevention and familiarization with related community recovery resources. Emphasis shall be placed on the recovery continuum appropriate to participants' needs.

- b. Individual sessions shall provide face-to-face discussion between a participant and a counselor/program specialist on issues identified in the participant's recovery or treatment plan.

- c. Group sessions shall provide face-to-face contact in which one or more counselors/program specialists provide discussion with two or more participants, focusing on the needs of participants served.

- d. The counselor/program specialist shall document, by signing their name and putting the date on the following information for participant's attendance at individual and group sessions. This documentation shall be placed in the participant's file:

1. Date of each session attended;
2. Type of session (i.e., individual or group);
3. Progress toward achieving the participant's recovery or treatment plan goals;
 - A. Nonresidential programs shall document each participant's progress for each individual or group session attended.
 - B. Residential programs shall document each participant's progress on a weekly basis.
 - C. The progress notes shall include one or more of the following:
 - (1) Participant's progress towards one or more goals in the participant's recovery or treatment plan;
 - (2) New issues or problems that affect the participant's recovery or treatment plan; or
 - (3) Types of support provided by the program or other appropriate health care providers.

e. Frequency of Service

1. Residential. A minimum of 20 hours per week of individual or group sessions and/or structured activities shall be provided for each participant. Structured activities shall be designed to meet treatment goals and objectives for increased social responsibility, self-motivation, and integration into the larger community. Such activities may include work, school, or volunteer hours outside the facility which are required as part of the residential program.
2. Nonresidential
 - A. Outpatient. A minimum of two individual or group sessions shall be provided for each participant per 30-day period or more often, depending on the participant's need and recovery or treatment plan.
 - B. Day Treatment. A minimum of three hours per day for three days per week of individual or group sessions and/or structured therapeutic activities shall be provided for each participant.
3. Exceptions to the above frequency of services may be made for individual participants where it is determined by program staff that fewer contacts are

appropriate and that progress toward recovery or treatment goals is being maintained. Such exceptions shall be noted in the participant's file.

f. Type of Services

1. The need for the following minimum services shall be assessed and, when needed, shall be provided directly or by referral to an ancillary service. These services include, but are not limited to:
 - A. Education opportunity;
 - B. Vocational counseling and training;
 - C. Job referral and placement;
 - D. Legal services;
 - E. Medical services, dental services;
 - F. Social/recreational services; and
 - G. Individual and group sessions for participants, spouses, parents and other significant people.
2. To the maximum extent possible, programs shall provide and utilize community resources and document referrals in participant files.

14000

ALUMNI INVOLVEMENT

If an alcohol and/or other drug program include activities for alumni, the program shall encourage former participants to make return visits and to serve as volunteer workers.

15000

RECREATIONAL ACTIVITIES

Residential programs shall provide the opportunity for participants to participate in planned recreational activity.

16000

DETOXIFICATION SERVICES

- a. Detoxification services shall be designed to administer to the severity of the participant's level of intoxication, to achieve a safe and supportive withdrawal from alcohol and/or other drugs, and to effectively facilitate the participant's transition into ongoing services.
- b. Detoxification services may be provided in either a residential or nonresidential setting.
- c. Programs providing detoxification services in a residential setting shall be licensed.

- d. Nonresidential services shall be provided in predetermined regularly scheduled sessions.
- e. All detoxification protocols shall be documented in the policies and procedures manual.
- f. All detoxification services shall be documented in the participant file.

16010

Referral Plans

Detoxification services shall support a smooth transition for individuals from detoxification to community support services. Detoxification programs shall develop and document a referral plan appropriate for each participant.

16015

Levels of Detoxification Services

Each program shall establish policies and procedures to identify participants who are in need of medical services beyond the capacity of the program and to refer or transfer such participants to more appropriate levels of service. All referrals to another level of service shall be documented in participant's file. The level of detoxification service is contingent upon the severity of use, characteristics of the substance used, current physical health status of the participant, current level of functioning of the participant and the availability of support services. Detoxification services shall be provided or the participant referred to another level of service in accordance with the criteria for the following levels of detoxification services:

a. Nonresidential detoxification

Nonresidential detoxification services are appropriate for participants who are assessed as being at minimal risk of severe withdrawal syndrome outside the program setting, are free of severe physical and psychiatric complications and would safely respond to several hours of monitoring, medication and treatment.

b. Nonresidential detoxification with extended on-site monitoring

Nonresidential detoxification with extended on-site monitoring services are appropriate for participants who are assessed as being at moderate risk of severe withdrawal syndrome outside the program setting, are free of severe physical and psychiatric complications and would safely respond to several hours each day of monitoring, medication, and treatment. Appropriately credentialed and licensed individuals (such as licensed vocational nurses, licensed psychiatric technicians, registered nurses, licensed practical nurses, nurse practitioners, physician's assistants, or physicians) shall monitor participants over a period of several hours each day.

c. Monitored residential detoxification

Monitored residential detoxification services are appropriate for participants assessed as not requiring medication for the management of withdrawal, but require this level of service to complete detoxification and enter into continued treatment or self-help

recovery because of inadequate home supervision or support structure. This level is characterized by its emphasis on peer and social support.

d. Medically-managed residential detoxification

Medically-managed residential detoxification services are appropriate for participants whose level of physiological dependence upon alcohol and/or other drugs requires prescribed medication for the management of withdrawal, but whose withdrawal signs and symptoms do not require the full resources of a medically-monitored inpatient detoxification facility. Medications for the management of withdrawal shall only be provided under the direction of a licensed physician or other person authorized to prescribe drugs, pursuant to Section 4036, Chapter 9, Division 2 of the Business and Professions Code. No participant shall be given medication unless a physician or his/her licensed medical staff has personally examined the participant.

e. Medically-monitored inpatient detoxification

Medically-monitored inpatient detoxification services are required for participants whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. These services are provided in an acute care hospital setting under the direction of a licensed physician and delivered by medical and nursing professionals.

16020

Residential Detoxification Practices

Each individual shall be closely observed and physically checked at least every 30 minutes during the first 12 hours following admission by a staff person or volunteer. The close observation and physical checks shall continue beyond the initial 12-hour period for as long as the withdrawal signs and symptoms warrant. Documentation of the information that supports a decrease in observation and physical checks shall be recorded in the participant's file by a staff person or volunteer.

- a. At least one staff member or volunteer shall be assigned to the observation of detoxification participants at all times.
- b. Staff or volunteer shall physically check each participant for breathing by a face-to-face physical observation at least every 30 minutes.
- c. Documentation of observations and physical checks shall be recorded in a systematic manner.

16025

Detoxification Staffing

Residential and nonresidential programs, providing detoxification services, shall have program staff, which has been trained to provide evaluation, detoxification, and referral services.

16030

Residential Detoxification Staffing

During the provision of detoxification services, the minimum staffing or volunteer ratios and health-related requirements shall be as follows:

- a. In a program with 15 or fewer residents who are receiving detoxification services, there shall be at least one staff member or volunteer on duty and awake at all times with a current cardiopulmonary resuscitation certificate and current first aid training.
- b. In a program with more than 15 residents who are receiving detoxification services, there shall be at least two staff or volunteers on duty and awake at all times, one of whom shall have a current cardiopulmonary resuscitation certificate and current first aid training.
- c. Residents shall not be used to fulfill the requirements of this Section.

17000

PROGRAM ADMINISTRATION

17005

Program Management

Each program shall comply with all applicable local, state and federal laws and regulations. The program shall develop written procedures to ensure that the program is maintained in a clean, safe, sanitary and alcohol and drug-free environment.

17010

Program Policies

All program policies and procedures shall be contained in an operation manual that is located at each certified site and that shall be available to staff and volunteers. The policies and procedures manual shall contain but not be limited to the following:

- a. Program mission and philosophy statement(s);
- b. Program description;
- c. Program objectives;
- d. Program evaluation plan; and
- e. Policies and procedures for:
 1. Admission and readmission;
 2. Intake;
 3. Discharge;
 4. Individual and group sessions;
 5. Alumni involvement;

6. Use of volunteers;
7. Recreational activities;
8. Detoxification services, if applicable;
9. Program administration;
10. Personnel practices;
11. Participant grievances/complaints;
12. Fiscal practices;
13. Continuous quality management;
14. Participant rights;
15. Nondiscrimination in provision of employment and services;
16. Confidentiality;
17. Community relations;
18. Maintenance of program in a clean, safe and sanitary physical environment;
19. Use of prescribed medications by participants;
20. Maintenance and disposal of participant files;
21. Drug screening; and
22. Code of conduct.

17015

Participant Files

- a. Programs shall maintain a file for each participant admitted to the program. Programs shall develop any necessary forms. All participant files shall contain demographic information sufficient to identify the participant and to satisfy data collection needs of the program and funding agencies.
- b. At a minimum, each participant file shall contain the following:
 1. Demographic and Identifying Data
 - A. Participant identifier (i.e., name, number, etc.);

- B. Date of birth;
- C. Sex;
- D. Race/ethnic backgrounds;
- E. Address;
- F. Telephone number; and
- G. Next of kin or emergency contact (include phone number and consent of participant to notify contact).

2. Admission and Intake Data

All data gathered during admission and intake including:

- A. Information gathered to determine if the participant is appropriate for admission;
- B. Date and type of admission (e.g., new, readmission, etc.);
- C. Referral source and reason for referral;
- D. Admission agreement;
- E. Health questionnaire;
- F. Authorization to release information; and
- G. Participant rights document.

3. Other Data

- A. Medical referrals and clearances;
- B. Referrals for additional services including the procedure for making and following-up the referral and the agency to which the referral was made;
- C. Individual recovery or treatment plans;
- D. Documentation by the counselor/program specialist of the services provided by the program including the date, type and summary of the session or service and notations that state the achieved steps of the participant toward reaching the goals described in his/her recovery or treatment plan;
- E. Exceptions to the frequency of services specified in Section 13000.e.;

- F. Correspondence with or regarding the participant;
 - G. Discussions and action taken against the participant for not complying with program rules and requirements;
 - H. Drug screening results; and
 - I. Consent to follow-up.
4. Closed File Data
- A. Continuing recovery or treatment exit plans written prior to discharge;
 - B. Discharge summary including the date and reason for discharge; and
 - C. Consent to follow-up.
- c. All participant files shall be maintained and information released in accordance with Title 42, Code of Federal Regulations, Part 2.
- d. Other requirements
- 1. The documents contained in the participant file shall be written legibly in ink or typewritten. If program files are computerized, they shall be accessible to the Department's staff for review.
 - 2. All entries shall be signed and dated.
 - 3. All significant information pertaining to a participant shall be included in the participant file. A standard format shall be used for all participant files. These files shall be easily accessible to staff providing services to the participants.
- e. Disposal and Maintenance of Participant files
- 1. Closed programs - In the case of a program closing, participant files shall be stored as follows:
 - A. Participant files of county funded participants shall be stored in an appropriate confidential manner by the County Alcohol and Drug Program Administrator for not less than three years.
 - B. Participant files of all noncounty funded participants shall be stored for not less than three years in an appropriate confidential manner by the entity that was certified to operate the program.
 - 2. Closed cases - There shall be a written policy in all programs regarding the maintenance and disposal of participant files. All participant files shall be stored in an appropriate confidential manner for not less than three years from the date they are officially closed.

3. Participant files shall be destroyed in a manner that ensures the confidentiality of participants.

17020

Continuous Quality Management

Each program shall maintain written policies and procedures for continuous quality management and shall document in participant file compliance with the procedures. The procedures shall include the following:

a. Continuity of Activities

The program shall provide for a staff person (or persons) to monitor and assure that the following activities take place:

1. A recovery or treatment plan is developed within the timeframe specified in Section 12070 b.3.A. or Section 12070 b.4.A. of these Standards;
2. The services required are provided and documented in the participant's file;
3. Failure of the participant to keep scheduled appointments is discussed with the participant and other action taken as appropriate and the discussion and action documented in the participant's file;
4. Progress in achieving the objectives identified in the recovery or treatment plan is assessed and documented within the timeframe specified in Section 12070 b.3.B. or Section 12070 b.4.B. of these Standards;
5. The recovery or treatment plan is reviewed by the participant and updated as necessary at least every 90 days;
6. The participant's file contains all required documents identified in Section 17015; and
7. If feasible, the participant is followed-up after completion of program services as scheduled in the discharge summary.

b. Participant File Review

At minimum, program staff shall review participant files at intake, when recovery or treatment plan revision is appropriate and at discharge. The purpose of the documented participant-file review is to ensure that:

1. The recovery or treatment plan is relevant to the stated problem(s);
2. The services delivered are relevant to the recovery or treatment plan; and

3. Record keeping is in accordance with these standards.

c. Recovery or Treatment Plan-Review

The recovery or treatment-plan review shall occur as specified in Section 12070.b. and shall:

1. Assess progress to date;
2. Reassess needs and services; and
3. Identify additional problem areas and formulate new goals, when appropriate.

18000

BOARD OF DIRECTORS AND COMMUNITY ADVISORY BOARD

All boards addressed in Sections 18000, 18005 and 18010 shall include persons who are knowledgeable about alcohol and/or other drug recovery and treatment, and representative of the community served. The names and addresses of all the board of directors and community advisory board members shall be available. The bylaws and rules of the program shall follow applicable legal requirements.

18005

Board of Directors

All programs incorporated as nonprofit corporations shall be governed by a Board of Directors of not less than five persons who meet at least quarterly, consistent with appropriate articles of incorporation and bylaws.

The minutes of all board meetings shall be kept and be available to the public and community advisory board.

The board of directors shall identify an Executive Director whose duties include:

- a. Planning activities;
- b. Reporting program's operations;
- c. Reporting program's finances, including developing the annual operation budget; and
- d. Developing program rules, including personnel policies.

The major duties, authority and qualifications of the Executive Director of the program shall be defined in the organization's bylaws or rules.

18010

Program Director

- a. All programs that are operated by an entity other than a nonprofit corporation shall have a program director. The program director shall be designated by the entity to act on its behalf in the overall management and operation of the program. The program director shall have knowledge of alcohol and/or other drug related problems and the recovery and treatment process and shall have sufficient administrative and personnel skills to direct the program. The program director shall be responsible for implementing budgetary and policy decisions.
- b. The program director shall have no less than two years of work in the field of alcohol and/or other drug services.

18015

Community Advisory Board

An alcohol and/or other drug program community advisory board shall be required for all alcohol and/or other drug programs including government operated and proprietary programs. If one program has two or more locations in the same geographical area, one advisory board is acceptable. A community advisory board may consist of the same people who constitute a program's board of directors; however, the community advisory board shall consist of at least five members.

The community advisory board shall meet at least quarterly to review operations reports and the effectiveness of services provided to participants. The community advisory board shall advise the program director on policies and goals of the alcohol and/or other drug program and on any other related matters the governing body refers to it, or that are raised by the community advisory board. When there is a board of directors and community advisory board, the role of the community advisory board shall not be in conflict with the role of the board of directors. The community advisory board shall be governed by bylaws.

19000

PERSONNEL PRACTICES

19005

Personnel Policies

- a. The program shall establish and maintain personnel policies that:
 - 1. Are written and revised as needed and are approved by the governing body;
 - 2. Are applicable to all employees and are available to and reviewed with new employees;
 - 3. Comply with applicable local, state and federal employment practice laws; and
 - 4. Contain information about the following:
 - A. Recruitment, hiring process, evaluation, promotion, disciplinary action and termination;

- B. Equal employment opportunity, nondiscrimination and sexual harassment policies as applicable;
 - C. Employee benefits, (vacation, sick leave, etc.), training and development and grievance procedures;
 - D. Salary schedules, merit adjustments, severance pay and employee rules of conduct;
 - E. Employee safety and injuries; and
 - F. Physical health status including a health screening report or health questionnaire, and tuberculosis test results.
- b. The program shall maintain personnel files on all employees. Each personnel file shall contain:
- 1. Application for employment and resume;
 - 2. Employment confirmation statement;
 - 3. Job description;
 - 4. Salary schedule and salary adjustment information;
 - 5. Employee evaluations;
 - 6. Health records including a health screening report or health questionnaire, and tuberculosis test results as required; and
 - 7. Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries).
- c. If a program utilizes the services of volunteers, it shall develop and implement written policies and procedures, which shall be applicable to, available for, and reviewed with all volunteers. The policies and procedures shall address the following:
- 1. Recruitment;
 - 2. Screening;
 - 3. Selection;
 - 4. Training and orientation;
 - 5. Duties and assignments;

6. Supervision;
 7. For those volunteers whose functions require or necessitate contact with participants or food preparation, health screening report or health questionnaire, and tuberculosis test results;
 8. Protection of participant confidentiality; and
 9. Code of conduct.
- d. The program shall maintain personnel files on all volunteers. Each personnel file shall contain:
1. Health records including a health screening report or health questionnaire, and tuberculosis test result records as required;
 2. Code of conduct statement;
 3. Protection of confidentiality statement; and
 4. Job description including lines of supervision;
- e. The program shall develop and establish written procedures for access to and confidentiality of personnel records.
- f. The program shall develop and revise, as needed, job descriptions for each employee and volunteer. The governing body or designee shall approve the job descriptions. The job descriptions shall include:
1. Position title and classification;
 2. Duties and responsibilities;
 3. Lines of supervision; and
 4. Education, training, work experience and other qualifications for the position.

19010

Code of Conduct

- a. The program shall have a written code of conduct that pertains to and is known about by staff, paid employees, volunteers, and the governing body and community advisory board members.
- b. The code of conduct shall include the program policies regarding at a minimum the following:
 1. Use of alcohol and/or other drugs on the premises and when off the premises;

2. Personal relationships with participants;
 3. Prohibition of sexual contact with participants;
 4. Sexual harassment;
 5. Unlawful discrimination;
 6. Conflict of interest; and
 7. Confidentiality.
- c. The program shall post the written code of conduct in a public area that is available to participants.
 - d. Each staff, paid employee and volunteer shall sign a copy of the code of conduct, and the program shall place the signed copy in the personnel file of the individual.
 - e. The governing body and community advisory board members shall annually review and revise, if needed, the code of conduct and document the review and/or revision in the board minutes.

19015

Health Screening and Tuberculosis Requirements

- a. All staff and volunteers whose functions require or necessitate contact with participants or food preparation shall complete a health screening report or a health questionnaire.
 1. If the program uses a health screening report, it shall be signed by the health professional performing the screening and shall indicate the following:
 - A. The staff's or volunteer's physical ability to perform assigned duties; and
 - B. The presence of any health condition that would create a hazard to participants or other staff and volunteers.
 2. If the program uses a health questionnaire, the questionnaire shall contain, at a minimum, the information requested in ADP 10100-A-E. The health questionnaire shall be completed, signed, and placed in the staff or volunteer file.
- b. All staff and volunteers whose functions require or necessitate contact with participants or food preparation shall be tested for tuberculosis.
 1. The tuberculosis test shall be conducted under licensed medical supervision not more than three months prior to or seven days after employment and renewed annually from the date of the last tuberculosis test.
 2. Staff and volunteers with a known record of tuberculosis or record of positive testing shall not be required to obtain a tuberculosis skin test. Unless there is

documentation that the staff or volunteer completed at least six months of preventive therapy, the staff or volunteer shall be required to obtain, within 45 days of employment, a chest x-ray result and a physician's statement that he/she does not have communicable tuberculosis and has been under regular care and monitoring for tuberculosis. A chest x-ray within the prior six months is acceptable. The physician's statement shall be renewed annually.

3. At all times, regardless of any tuberculosis skin test, any staff or volunteer with tuberculosis symptoms or an abnormal chest x-ray consistent with tuberculosis shall be referred immediately for medical evaluation to rule out communicable tuberculosis. The symptoms of tuberculosis may include a cough lasting more than three weeks accompanied by one or more of the following: recent unintentional weight loss of five pounds or more, fever of more than 100 degrees Fahrenheit, night sweats, or recent fatigue.
4. Any staff or volunteer who has the symptoms of tuberculosis or an abnormal chest x-ray consistent with tuberculosis shall be temporarily barred from contact with participants and other program staff until a written physician's clearance is obtained.
5. At the discretion of the program director, tuberculosis testing need not be required for support or ancillary staff whose functions do not necessitate contact with participants or food preparation and who are not headquartered at the program.

19020

Staff Training

The program shall foster and encourage the continuing development of staff expertise and staff attendance at appropriate training programs.

- a. The program shall have a written plan that is annually updated, for the training needs of staff. All staff training events shall be documented and maintained as part of the training plan.
- b. Staff seminars and programs shall be held to discuss new developments in the field, to encourage guest participants and to provide a forum for sharing individual experiences. All events shall be documented.
- c. Professional journals and other pertinent publications shall be available to the staff.

20000

FISCAL PRACTICES

- a. All programs shall have a written policy for the assessment and collection of fees.
- b. Programs that are funded through the county shall have a method for assessing fees with documented approval by the county.
- c. Each program shall:

1. Maintain written policies and procedures that govern the fiscal management system (e.g., purchasing authority, accounts receivable, cash, billings and cost allocation);
 2. Have a written procedure for assessing and assuring the integrity of the financial books of record at least once every three years;
 3. Have a uniform, consistent and reasonable procedure for determining costs of services provided;
 4. Develop a reporting mechanism that indicates the relation of the budget to actual income and expenses to date;
 5. Have an accounting system, based on accepted accounting principles;
 6. Prepare a projection of revenues and expenditures (a line-item budget) for each fiscal year that correlates with quarterly and annual written operation reports and, if the provider is a nonprofit corporation, is approved by the board of directors. The projection of revenues and expenditures shall be reviewed by the community advisory board, which may consist of the same people who constitute a program's board of directors in accordance with Section 18015.
- d. All programs shall have liability insurance coverage or be bonded. Documentation of the liability insurance coverage or bond shall be placed in the administration file.

21000

ADMISSION AGREEMENT

The program shall have a written admission agreement that shall be signed and dated by the participant and program staff upon admission. The program shall place the original signed admission agreement in the participant's file and a copy shall be given to the participant. The admission agreement shall inform the participants of the following:

- a. Fees assessed for services provided;
- b. Activities expected of participants;
- c. Program rules and regulations;
- d. Participants' statutory rights to confidentiality;
- e. Participants' grievance procedure; and
- f. Reasons for termination.

22000

PARTICIPANT RIGHTS

- a. Each participant shall have rights that include, but are not limited to, the following:
 - 1. The right to confidentiality as provided for in Title 42, Code of Federal Regulations, Part 2.
 - 2. To be accorded dignity in contact with staff, volunteers, board members and other persons.
 - 3. To be accorded safe, healthful and comfortable accommodations to meet his or her needs.
 - 4. To be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior.
 - 5. To be informed by the program of the procedures to file a grievance or appeal discharge.
 - 6. To be free from discrimination based on ethnic group identification, religion, age, sex, color, or disability.
 - 7. To be accorded access to his or her file.
- b. Each participant shall review, sign, and be provided at admission, a copy of the participant rights specified in a.1. through 7. above. The program shall place the original signed participant rights document in the participant's file.
- c. The provider shall post a copy of the participant rights in a location visible to all participants and the general public.
- d. The follow-up after discharge can not occur without a written consent from the participant.
- e. Any program conducting research using participants as subjects shall comply with all standards of the California Research Advisory Panel and the federal regulations for protection of human subjects (Title 45, Code of Federal Regulations, 46).

23000

NONDISCRIMINATION IN PROVISION OF SERVICES

Programs shall not discriminate in the provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability, pursuant to Title VI of the Civil Rights Act of 1964 (Section 2000d, Title 42, United States Code), the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and Chapter 6 (commencing with Section 10800), Division 4, Title 9 of the California Code of Regulations.

24000

CONFIDENTIALITY

Programs shall assure confidentiality of the participant and the participant's files and information in accordance with Title 42, Code of Federal Regulations, Part 2 and, when state funds are used, Health and Safety Code, Sections 11812(c) and 11977. A copy of the federal regulations shall be available at each program. The federal regulations can be obtained from:

Superintendent of Documents
U. S. Government Printing Office
Washington, D.C. 20402

A written statement regarding confidentiality when answering the telephone and confidentiality regarding files shall be included in the program's operations manual. Participant files shall be accessible only to authorized personnel.

25000

COMMUNITY RELATIONS

A written description of the program's services and admission criteria and procedures shall be provided to the applicants, to the general public, and to cooperating referral sources that may include emergency room personnel, law enforcement agencies, and self-help groups such as Alcoholics Anonymous. Continuing efforts shall be made to guarantee coordination and cooperation with other service providers and enhance relations with neighbors through a good neighbor policy.

26000

PHYSICAL ENVIRONMENT

26010

Health and Safety

- a. Programs shall be clean, safe, sanitary and in good repair at all times for the safety and well being of participants, employees and visitors.
 1. The program shall be free from:
 - A. Broken glass, filth, litter, or debris;
 - B. Flies, insects, or other vermin;
 - C. Toxic chemicals or noxious fumes and odors;
 - D. Exposed electrical wiring;
 - E. Peeling paint or broken plaster; and
 - F. Other health or safety hazards.
 2. The program shall maintain all carpets and floors free from filth, holes, cracks, tears, broken tiles, or other safety hazards.

3. The program shall provide for the safe disposal of contaminated water and chemicals used for cleaning purposes.
 4. The program shall have a written policy that prohibits individuals from possessing guns, knives (other than kitchen utensils), or other weapons (except for law enforcement officers or security guards acting in the line of duty) at the program site.
- b. All participants shall be protected against hazards within the program through provision of protective devices including but not limited to nonslip material on rugs.
 - c. All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction and lighted for the visibility and safety of all participants.
 - d. Program equipment and supplies shall be stored in appropriate space and shall not be stored in space designated for other activities.

26015

Fire Safety

The program shall maintain a valid fire clearance.

26020

Hours of Operation

Each program shall post the hours of operation to inform the general public and participants. When not open, the program shall provide information concerning the availability of short-term emergency counseling or referral services, including, but not limited to, emergency telephone services.