

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET
SACRAMENTO, CA 95811-4037
TDD (916) 445-1942
(916) 322-2911

**IMPORTANT MESSAGE TO THE PROSPECTIVE APPLICANT****CERTIFICATION APPLICATION INSTRUCTIONS**

This application package contains the materials necessary to apply for a certification of an alcohol and/or other drug program with the Department of Alcohol and Drug Programs (ADP). It is vital that you carefully read each component (including the *Alcohol and/or Other Drug Program Certification Standards*) before beginning to fill out the application. Answer each question in the application, and submit only the documentation requested/required. An incomplete application results in a delay in the application process.

If, after you have totally read the entire application package, you determine that you would like technical assistance or training with certain portions of the license application process, you may request assistance without charge to you from the Department's consulting agencies.

In Northern California

Ms. Patricia Patterson
California Association of Addiction
Recovery Resources
P.O. Box 214127
Sacramento, CA 95821
(916) 338-9460
patricia@caarr.org

In Southern California

Ms. Margaret Edwards
Social Model Recovery Systems, Inc.
250 East Rowland Street
Covina, CA 91723
1-800-678-7644 or (626) 332-3145, Ext. 1
margarete@socialmodel.com
www.socialmodel.com

Included in This Package Are:

- A copy of the Alcohol and/or Other Drug Program Certification Standards
- A Certification Application Booklet, Form ADP 5085-C.
- Fire Clearance Form.
- Application Supplement – For Sole Proprietors Only.
- A Health Questionnaire
- Data Report Requirements (Facilities and Programs), Addendum to Licensing and Certification Applications

Many programs consider certification advantageous in gaining the confidence of potential residents, insurance companies, and other third-party payors, as it signifies that a program meets minimal levels of service quality.

Please note that effective August 24, 2007, applicants will be assessed an Initial Certification Application Fee in the amount of \$2,664 regardless of the form of organization or ownership.

In addition, once the application and on-site inspection has been approved, applicants will be assessed a Biennial Certification Fee in the amount of \$3,452, which must be paid prior to the issuance of the certification. The certification will be valid for two (2) years, provided there are no compliance issues, after which time certified programs will be required to submit a renewal application for review and approval along with the appropriate biennial certification fee.

If you have any questions regarding the certification of nonmedical adult residential or outpatient alcoholism or drug abuse recovery or treatment facilities, or need assistance with your fire clearance, please contact ADPs Licensing and Certification Division at (916) 322-2911.

Enclosures

ALCOHOL AND/OR OTHER DRUG PROGRAM

INITIAL CERTIFICATION

APPLICATION BOOKLET

ADP 5085 C



STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

LICENSING AND CERTIFICATION DIVISION

FIELD OPERATIONS BRANCH
1700 K STREET
SACRAMENTO, CA 95811 - 4037

(916) 322-2911
FAX (916) 322-2658
TDD (916) 445-1942

REVISED: 05/05/2008

Procedure for Obtaining Certification

The Initial Certification Application Section A and B documents must be completed and submitted to ADP with a check or money order, made out to the Department of Alcohol and Drug Programs, to cover the \$2,664 initial application fee. **The application fee is non-refundable.** The review of the application cannot begin until all the necessary documents and fees have been received by ADP. In addition, applicants must pass an on-site inspection by an ADP licensing analyst. Once an applicant has passed the on-site inspection, a biennial residential or outpatient certification fee, in the amount of \$3,452 will be assessed. When the appropriate biennial fee has been submitted, ADP will issue a certification, which will be valid for two (2) years.

Certification Application Processing

The Section A and B documents must be submitted in the same sequence as they are in the application booklet. Do not bind the application documents or place them in a protective covering. **If the application packet is incomplete, in the wrong format or sequence, or submitted without the appropriate fee, ADP will return the entire packet to you.** To prevent delays, be sure that all the required documentation is completed, properly signed, with original signatures, dated, and submitted in the proper format and sequence, with the appropriate fee. It is recommended that you retain a copy of the completed application packet for your records.

The certification process normally is completed within 120 days. ***The 120 days begins when an application packet is determined to be complete.***

Please mail a check or money order, made out to the Department of Alcohol and Drug Programs, to cover the appropriate initial application fee, the completed application forms contained in Section A and the documents required in Section B in one complete packet to:

**Department of Alcohol and Drug Programs
Licensing and Certification Division
1700 K Street
Sacramento, CA 95811-4037**

Public Information

Information provided by the applicant(s) for licensure can be made available for public review unless otherwise exempted by law (Inspection of Public Records, Chapter 3.5, Division 7, Government Code).

Application Fees

On August 24, 2007, Chapter 177, Statutes of 2007, (Senate Bill 84), was enacted mandating ADP to assess fees to all licensed and/or certified residential and certified outpatient Alcohol and Other Drug (AOD) recovery and treatment facilities regardless of the form of organization or ownership. For more information please refer to ADP Bulletin Number 07-11, entitled Assessment of Fees for Licensure and Certification of Residential and Outpatient Recovery and/or Treatment Facilities, issued on October 11, 2007, and posted on ADP's website at www.adp.ca.gov

Effective August 24, 2007, the following Residential Licensure Fees will be assessed by ADP.

Residential and/or Outpatient Certification Fees	
Initial Residential and/or Outpatient Certification Application Fee	\$ 2,664
Biennial Outpatient Certification Initial/Extension Fee	\$ 3,452

Combined Residential Licensure and Certification Fee	
Initial Combined Residential Licensure and Residential Certification Application Fee	\$ 3,698
Biennial Combined Residential Licensure and Certification Initial/Extension Fee ¹	\$ 147 (per bed)

¹ Residential facilities that are also certified will be assessed based on a per bed extension fee.

**ALCOHOL AND/OR OTHER DRUG PROGRAM
CERTIFICATION
INITIAL APPLICATION CHECKLIST
ADP 5085-C**

SECTIONS A & B

Residential and Outpatient programs require separate applications.

This form is to assist in identifying forms and documents needed for initial program certification. The following pages describe each item in greater detail. All applicants for initial shall submit the following:

SECTION A

REQUEST FOR INITIAL CERTIFICATION

Initial Application for Alcohol and/or Other Drug Program Certification (**ADP5085 - C**)

1. PROGRAM STAFFING PLAN (SEE ATTACHED FORM)

Initial Application Request for Alcohol and/or Other Drug Program Certification
(ADP5085 – C) – The applicant shall complete all of the information and documentation contained in this application for certification.

(For Departmental Use)

	YES	NO	INCOMPLETE
1. Program staffing plan	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION B

Supportive Documents

Each applicant shall submit to the Department the following documents with the application for certification.)

(For Departmental Use)

PLAN OF OPERATION:	YES	NO	INCOMPLETE
1. ANNUAL LINE ITEM BUDGET	<input type="checkbox"/>	<input type="checkbox"/>	
2. PROGRAM MISSION AND PHILOSOPHY STATEMENT(S)	<input type="checkbox"/>	<input type="checkbox"/>	
3. PROGRAM DESCRIPTION (Detoxification services require separate program description)	<input type="checkbox"/>	<input type="checkbox"/>	
4. A STATEMENT OF PROGRAM OBJECTIVES	<input type="checkbox"/>	<input type="checkbox"/>	
5. PROGRAM EVALUATION PLAN	<input type="checkbox"/>	<input type="checkbox"/>	
6. CONTINUOUS QUALITY MANAGEMENT PLAN	<input type="checkbox"/>	<input type="checkbox"/>	
7. AN OUTLINE OF ACTIVITIES AND SERVICES TO BE PROVIDED BY THE PROGRAM (Detoxification services require separate outline.)	<input type="checkbox"/>	<input type="checkbox"/>	
8. A COPY OF THE ADMISSION, READMISSION, AND INTAKE CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>	
9. A STATEMENT OF NONDISCRIMINATION IN THE EMPLOYMENT PRACTICES AND PROVISION OF BENEFITS AND SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	
10. A COPY OF THE PROGRAM'S PARTICIPANT ADMISSION AGREEMENT	<input type="checkbox"/>	<input type="checkbox"/>	

(For Departmental Use)

	YES	NO	INCOMPLETE
11. A TABLE OF ADMINISTRATIVE ORGANIZATION	<input type="checkbox"/>	<input type="checkbox"/>	
12. COPY(IES) OF THE STAFFING PLAN AND JOB DESCRIPTION(S) SHOWING MINIMUM STAFF QUALIFICATIONS	<input type="checkbox"/>	<input type="checkbox"/>	
13. AN APPROVED FIRE CLEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	
14. COPY OF STATE FACILITY LICENSE (RESIDENTIAL ONLY)	<input type="checkbox"/>	<input type="checkbox"/>	
15. PARTNERSHIP AGREEMENT/ARTICLES OF INCORPORATION/BYLAWS	<input type="checkbox"/>	<input type="checkbox"/>	

FOR DEPARTMENTAL USE



APPLICATION COMPLETE: DATE: _____ BY: _____

**INITIAL APPLICATION REQUEST
FOR
ALCOHOL AND/OR OTHER DRUG PROGRAM
CERTIFICATION
ADP 5085 C**

SECTION A

(Residential and nonresidential programs require separate applications).

(FOR DEPARTMENTAL USE ONLY)

PROGRAM ID: _____ **DATE:** _____

COUNTY: _____ **REVIEWED BY:** _____

(DIRECTIONS TO FACILITY)

1. PROGRAM INFORMATION:

(Name of Program)

_____ (Location to be certified) _____ (City/State) _____ (Zip)

_____ (County) _____ (Telephone) _____ (Fax) _____ (E-mail Address)

_____ (Mailing Address – if different from above) _____ (City /State) _____ (Zip)

2. EXECUTIVE/PROGRAM DIRECTOR:

(Name) (Title) (Telephone) (E-mail Address)

3. PROGRAM CONTACT PERSON:

(Name) (Title) (Telephone) (E-mail Address)

4. LEGAL OWNER INFORMATION:

(Legal name, if corporation, the name filed with Secretary of State):

(Name and title of the officer or employee who acts on behalf of the corporation or association)

(Street Address) (City/State) (Zip)

5. TYPE OF ORGANIZATION:

- Profit Corporation, Nonprofit Corporation, Sole Proprietor, Partnership, Government Entity

6. TYPE OF ALCOHOL AND/OR OTHER DRUG SERVICES PROVIDED:

- Residential, Residential Detoxification, Nonresidential: Day Treatment, Outpatient, Detoxification

(If detoxification services are provided, please include a protocol as required in Section B Supportive Documents.)

7. TARGET POPULATION TO BE SERVED:

- 1.1 Co-ed, 1.2 Men only, 1.3 Women only, 1.4 Parents/Children, 1.5 Youth/Adolescents, 1.6 Elderly, 1.7 Families, 1.8 Dual Diagnosis, Other

If other, please identify:

8. HOURS OF OPERATION: 24-HOUR FACILITY YES NO

(If less than 24-hour operation, provide specific hours of operation)

Monday: Friday: Tuesday: Saturday: Wednesday: Sunday: Thursday:

**INITIAL APPLICATION REQUEST
FOR
ALCOHOL AND/OR OTHER DRUG PROGRAM
CERTIFICATION**

EXPLANATION OF SECTION A

Supportive documents and forms to be submitted to ADP.

1. **Facility Staffing Plan** – Identify the program staff and volunteers. [Standards Section 3035 a.12.]

EXPLANATION OF SECTION B

Supportive documents and forms to be submitted to ADP.

1. **Annual Line-item Budget** – A line-item budget (projection of revenues and expenditures) for the current 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. [Standards Section 3035 a. 1.]
2. **Program Mission and Philosophy Statement(s)** – A written statement(s) describing the program's mission and/or philosophy. [Standards Section 3035 a.2.]
3. **Program Description** – A written document that describes the program's 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. [Standards Section 3035 a. 3.]
4. **A Statement of Program Objectives** – 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. [Standards Section 3035 a. 4.]
5. **Program Evaluation Plan** – A written evaluation plan for management decision making. [Standards Section 3035 a. 5.]

6. **Continuous Quality Management Plan** – Written policies and procedures for continuous quality management which shall include continuity of activities, participant file review, and recovery or treatment plan review. [Standards Section 3035 a. 6.]
7. **An Outline of Activities and Services to be Provided by the Program** – (ADP 5085) – Show outline for specific activities and services such as: detoxification (if applicable), group and individual sessions, recovery or treatment planning, continuing recovery or treatment planning recreation, self-help activities (AA, NA, CA), and other activities/services. [Standards Section 3035 a. 7.]
8. **Statement of the Admission, Readmission, and Intake Criteria (including detoxification services, if applicable)** – Written admission, readmission, and intake criteria for determining the participant’s eligibility and suitability for services and procedures. [Standards Section 3035 a. 8.]
9. **Nondiscrimination in the Provision of Services** – Written assurance that 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 2000, 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. [Standards Section 3035 a. 9.]
10. **A Copy of the Program’s Participant Admission Agreement** – A written admission agreement that shall be signed and dated by the participant and program staff upon admission. The admission agreement shall inform the participant of the following: [Standards Section 3035 a. 10.]
 - a. Fees assessed for services provided;
 - b. Activities expected of participant;
 - c. Program rules and regulations;
 - d. Participants’ statutory rights to confidentiality;
 - e. Participants’ grievance procedure; and
 - f. Reasons for termination.
11. **Table of Administrative Organization** – A document showing the lines of authority of all paid and volunteer staff including the board of directors (if applicable) 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. [Standards Section 3035 a. 11.]

12. **Job Description, and Minimum Staff Qualification** – (ADP 5085) – Staff job descriptions and the minimum staff qualifications for the positions. [Standards Section 3035 a. 12.]
13. **An Approved Fire Clearance** – Documentation of the most recent fire safety inspection by the local fire authority (no more than 12 months prior to the date that the Department receives the application for certification) assuring that all fire safety requirements have been met. [Standards Section 3035 b.]
14. **Copy of a State Facility License** – (this only applies to residential facilities that are **not** licensed by ADP) [Standards Section 3015]
15. **Partnership Agreement/Articles of Incorporation/Bylaws** – 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. [Standards Section 3030 a. 2. B.]

WEEKLY SCHEDULE OF RECOVERY, TREATMENT, OR DETOXIFICATION SERVICES

(INCLUDE INDIVIDUAL/GROUP EDUCATION SESSIONS, RECOVERY OR TREATMENT PLANNING)

DETOXIFICATION SERVICES PROVIDED AT THE FACILITY (please check): YES NO

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7 a.m.							
7-8 a.m.							
8-9 a.m.							
9-10 a.m.							
10-11 a.m.							
11 a.m.-12							
12-1 p.m.							
1-2 p.m.							
2-3 p.m.							
3-4 p.m.							
4-5 p.m.							
5-6 p.m.							
6-7 p.m.							
7-8 p.m.							

TOTAL HOURS PER WEEK OF INDIVIDUAL/GROUP/EDUCATION SESSIONS, RECOVERY OR TREATMENT PLANNING, AND DETOXIFICATION SERVICES (IF PROVIDED): _____

Comments:

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET
SACRAMENTO, CA 95811-4037
TDD (916) 445-1942
(916) 322-2911



Dear Prospective Applicant:

As part of the state certification process, a fire clearance is required from local authorities for the address at which substance abuse services are to be provided.

The Licensing and Certification Division (LCD) of the Department of Alcohol and Drug Programs (ADP) has been made aware that it is often difficult for a provider to obtain a fire clearance due to a lack of understanding by local authorities regarding what information will satisfy these requirements and what form the approval should take (letter, form, etc.).

In an effort to assist providers in clarifying the requirements for local authorities, and perhaps provide a form on which local authorities can notify ADP that approval has been obtained, ADP is enclosing a sample of a fire clearance which you may provide to your local fire authority. Also enclosed is a transmittal letter which explains what forms of notification are acceptable to ADP.

Please feel free to take or mail the fire clearance, and the transmittal letters to your local authority when you request the clearance.

The Department of Alcohol and Drug Programs hopes that this form will expedite your inspection/approval process. If you have any suggestions for improvements to the forms or have any questions, you may contact LCD at (916) 322-2911.

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

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TO: LOCAL FIRE AUTHORITY

**FROM: LICENSING AND CERTIFICATION DIVISION
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

SUBJECT: FIRE CLEARANCE

The Department of Alcohol and Drug Programs (ADP) licenses and certifies residential alcohol and/or other drug treatment programs and certifies outpatient programs. In an effort to promote program safety, these programs are required by state regulations and certification standards to obtain a fire clearance from local fire authorities.

The Department requires the Std. 850 form for residential programs. However, for outpatient programs, any clearance issued on official stationary or fire department forms is acceptable. Attached is a sample form, which may also be used. Please feel free to copy the form onto your letterhead when requests are received by your office for fire clearance, or you may use the form as typed and affix an official seal.

Thank you for your cooperation and assistance to these programs and to ADP in our efforts to keep our programs fire-safe. If you have any questions, please contact the Licensing and Certification Division at (916) 322-2911.

Attachment

FIRE CLEARANCE

Fire Authority Name

Address

Telephone Number

(Name of program)

was inspected this date for compliance with local requirements, and is hereby granted a fire clearance to operate an outpatient alcohol and/or other drug treatment program at:

(Address of program – please include suite numbers if applicable)

Inspector's name (typed or printed), telephone number

(Signature and rank of inspector granting clearance)

(Inspection date)

Official seal here



Application Supplement

FOR SOLE PROPRIETORS ONLY

This supplement is to be completed by all sole proprietors who are applying for licensure or alcohol and drug program certification with the Department of Alcohol and Drug Programs.

The information requested is necessary to assist the Department in implementing the federal mandate under Section 411 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (Public Law 104-193). Licensing and certification are considered public benefits. Therefore, under this federal law, persons who are not citizens and are not described in the federal law as qualified aliens, nonimmigrant aliens under the Immigration and Nationality Act (INA), or aliens paroled into the United States for less than one year under Section 212(d)(5) of the INA are ineligible to receive state public benefits.

Sole proprietors are required to complete the attached Statement of Citizenship, Alienage, and Immigration Status for State Public Benefits [Form ADP 10045 (new 1/98)] and return with your completed application.

STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS FOR STATE PUBLIC BENEFITS

Print Name of Applicant (the applicant is the person who wants to be licensed or certified)	Date
Print Name of Person Acting for Applicant, if any	Relationship to Applicant

STATE PUBLIC BENEFITS TO CITIZENS AND ALIENS

Citizens and nationals of the United States, who meet all eligibility requirements, may receive public benefits, and must fill out Sections A and D.

Aliens, who meet all eligibility requirements, may also receive public benefits and must complete Sections A, B, C, and D of this form.

SECTION A: CITIZENSHIP/IMMIGRATION STATUS DECLARATION

1. Is the applicant a citizen or national of the United States? Yes No

If the answer to the above question is yes, where was he/she born? _____
(City/State)

2. To establish citizenship or nationality, please submit one of the documents on List A (attached hereto), which is legible and unaltered.

IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE AN ALIEN, PLEASE COMPLETE SECTION B, AND, IF NECESSARY, SECTION C.

SECTION B: ALIEN STATUS DECLARATION

IMPORTANT: Please indicate the applicant's alien status below and submit documents evidencing such status. The alien status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to aliens in those categories. You can provide other acceptable evidence of your alien status even if not listed below.

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94.
2. An alien, who is granted asylum under section 208 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing grant of asylum under Section 208 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a. 12(a)(5)";
 - INS Form I-766 (Employment Authorization Document) annotated "A5";

- Grant letter from the Asylum Office of INS; or
 - Order of an immigration judge granting asylum.
3. A refugee admitted to the United States under Section 207 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing admission under Section 207 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a. 12(a)(3)";
 - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
 - INS Form I-571 (Refugee Travel Document).
4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA. Evidence includes:
- INS Form I-94 with stamp showing admission for at least one year under Section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
5. An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of such Act (as amended by Section 305(a) of Division C of Public Law 104-208). Evidence includes:
- INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
 - INS Form I-766 (Employment Authorization Document) annotated "A10"; or
 - Order from an immigration judge showing deportation withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the INA.
6. An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
- INS Form I-94 with stamp showing admission under Section 203(a)(7) of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a. 12(a)(3)"; or
 - INS Form I-766 (Employment Authorization Document) annotated "A3".
7. An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
- INS Form (-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, a CH6;
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
 - INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212(d)(5) of the INA.
8. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA. Evidence includes INS Form I-94 showing this status.
9. An alien not in Categories 1 through 8, who has been admitted to the United States for a limited period of time (a non-immigrant). Non-immigrants are persons who have temporary status for a specific purpose. Evidence includes INS Form I-94 showing this status.

SECTION C: DECLARATION FOR BATTERED ALIENS

IMPORTANT: Complete this section if the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States.

- 1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicants child's parent under the INA or found that a pending petition sets forth a prima facie case? Evidence includes of the documents on List B (attached hereto).
- 2. Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to, or acquiesced in the battery or cruelty)?

SECTION D:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: _____

Date: _____

Signature of Person
Acting for Applicant: _____

Date: _____

LIST A

A person who is a citizen or national of the United States.

A. Primary Evidence

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.

Note: If the document shows that the individual was born in Puerto Rico, the U.S. Virgin Islands or the Northern Mariana Islands before these areas became part of the U.S., the individual may be a collectively naturalized citizen--see Paragraph C below.

- United States passport (except limited passports, which are issued for periods of less than five years);
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350) (issued by the Department of State), copies of which are available from the Department of State;
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed);
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed);
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (this is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350); or
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

B. Secondary Evidence

If the applicant cannot present one of the documents listed in A above, the following may be relied upon to establish U.S. citizenship or nationality:

- Religious record recorded in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) within three months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- Evidence of civil service employment by the U.S. government before June 1, 1976;

- Early school records (preferably from the first school) showing the date of admission to the school, the child's date and place of birth and the name(s) and place(s) of birth of the parent(s);
- Census record showing name, U.S. citizenship or a U.S. place of birth, and date of birth or age of applicant;
- Adoption Finalization Papers showing the child's name and place of birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) or, where adoption is not finalized and the State or other jurisdiction listed above in which the child was born will not release a birth certificate prior to final adoption, a statement from a state-approved adoption agency showing the child's name and place of birth in one of such jurisdictions (NOTE: the source of the information must be an original birth certificate and must be indicated in the statement); or
- Any other document that establishes a U.S. place of birth or in some way indicates U.S. citizenship (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13,1941), Guam, the U.S. Virgin Islands (on a her January 17,1917), American Samoa, Swain's Island or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction).

C. Collective Naturalization

If the applicant cannot present one of the documents listed in A or B above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11,1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico an January 13,1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take the oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands an February 25,1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17,1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25,1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3,1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4,1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1,1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4.1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

D. Derivative Citizenship

If the applicant cannot present one of the documents listed in A or B above, you should make a determination of derivative U.S. citizenship in the following situations:

Applicant born abroad to two U.S. citizen parents:

- Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:

- Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother:

- Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

All other situations where an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories but is unable to present the listed documentation:

- If the applicant is in the U.S., refer him or her to the local INS office for determination of U.S. citizenship;
- If the applicant is outside the U.S., refer him or her to the State Department for a U.S. citizenship determination.

E. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Since foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, refer the applicant to the local INS district office for a determination of U.S. citizenship if the applicant provides no evidence of U.S. citizenship.

F. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Ask for: Evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B

A. Documentation Evidencing an Approved Petition or Application

- INS Form 1-551 ("Resident Alien Card" or "Alien Registration Receipt Card". commonly known as a "green card") with one of the following INS class of admission ("COA") codes printed on the front of a white card or the back of a pink card: AR1, AR6, C20 through C29, CF1, CF2, CR1, CR2, CR6, CR7, CX1 through CX3, CX6 through CX8, F20 through F29, FX1 through FX3, FX6 through FX8, IF1, IF2, IR1 through IR4, IR6 through IR9, IW1, IW2, IW6, IW7, MR6, MR7, P21 through P23, or P26 through P28.

If an alien claiming approved status presents a code different than those enumerated, or if you cannot determine the class of admission from the I-551 stamp, you should file INS Form G-845, and the G-845 Supplement (mark item six on the Supplement) (attached hereto) along with a copy of the document(s) presented, with the local INS office in order to determine whether the applicant gained his or her status because he or she was the spouse, widow, or child of a U.S. citizen or the spouse, child, or unmarried son or daughter of an law permanent resident.

- INS Form I-551 with one of the following COA codes stamped on the lower left side of the back of a pink card: IB1 through IB3, IB6 through IB8, B11, B12, B16, B17, B20 through B29, B31 through B33, B36 through B38, BX1 through BX3, or BX6 through BX8.
- INS Form I-551 with COA code Z13.
- Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94 with one of the COA codes specified in the Subsections (1)-(3), above.
- INS Form I-797 indicating approval of an INS I-130 petition (only I-130 petitions describing the following relationships may be accepted: husbands or wives of U.S. citizens or LPRs, unmarried children under 21 years old of U.S. citizens or LPRs, or unmarried children 21 or older of LPRs), or approval of an I-360 petition (only I-360 approvals based on status as a widow/widower of a U.S. citizen or as a self-petitioning spouse or child of an abusive U.S. citizen or LPR may be accepted).
- A final order of an Immigration Judge or the Board of Immigration Appeals granting suspension of deportation under section 244(a)(3) of the INA as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.

B. Documentation Demonstrating that the Applicant has Established a Prima Facie Case

- INS Form I-797 indicating that the applicant has established a prima facie case; or
- An immigration court or Board of Immigration Appeals order indicating that the applicant has established a prima facie case for suspension of deportation under INA section 244(a)(3) as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.

C. Documentation Indicating that the Applicant has Filed a Petition or that a Petition has been Filed on the Applicant's Behalf, as Applicable, but with no Evidence of Approval of the Petition or Establishment of a Prima Facie Case

The benefit provider should determine from the documentation when the petition was filed and take the actions set forth below:

- Applicants with petitions filed before June 7, 1997 should have an INS Form I-797 indicating filing of the I-360 petition by "self-petitioning spouse [or child] of abusive U.S.C. or LPR, "a file-stamped copy of the petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).
- Applicants with petitions filed after June 7, 1997 should have an INS Form I-797 indicating filing of the I-360 petition.

D. Documentation Indicating that the Applicant has filed a Petition or that a Petition was filed on His or Her Behalf, as Applicable

The following must indicate that the applicant is the widow/widower of a U.S. citizen, the husband or wife of a U.S. Citizen or LPR, the unmarried child under age 21 of a U.S. citizen or LPR, or the unmarried child age 21 or older of an LPR):

- For aliens on whose behalf a petition has been filed: INS Form I-797 indicating filing of an INS I-130 petition, a file-stamped copy of the petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-130) (a sample copy of Form I-130 is attached to this Exhibit).
- For self-petitioning widows a widowers: a file-stamped copy of the INS I-360 petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).

E. Documentation Indicating that the INS has Initiated Deportation or Removal Proceedings in which Relief may be Available

- an "Order to Show Cause";
- a "Notice to Appear"; or
- a "Notice of Hearing in Deportation Proceedings."

F. Minimal or no Documentation Regarding the Claimed Filing

If the applicant has some documentation, but it is insufficient to demonstrate filing, establishment of prima facie case or approval of a petition, you should fax the INS Request Form on your agency letterhead, as well as a copy of any document(s) provided by the applicant, to the INS Vermont Service Center in order to determine the applicant's status. If the applicant has no documentation but is certain that a petition has been filed by his or her spouse or parent, you should fax the INS Request Form to the INS Vermont Service Center.

HEALTH QUESTIONNAIRE SCORING KEY

This self-administered questionnaire is designed to provide programs with a set of general guidelines to assist in determining an individual's suitability for treatment/recovery services in a non-medical facility. It is intended as a guideline only and should not be substituted for common sense or any other available data which contradicts this questionnaire. When in doubt, always consider the severity of the issue and, above all, the well being of the client. The potential value of a thorough Health Screening administered by a nurse practitioner or physician should never be underestimated.

Section 1

A **yes** answer to any of the questions in section 1 indicates the existence of a potentially life threatening condition. You should strongly consider referring the individual to a qualified physician, requesting that they provide you with a medical clearance to participate in a program. Enrollment in the program prior to receiving a medical clearance is at the discretion of the program.

Section 2

A **yes** answer to any of the questions in section 2 indicates the existence of a serious health condition. Although admission into your program may be appropriate, a thorough Health Screening should be scheduled at the time of admission. Continuing participation in the program should be at the discretion of program.

Section 3

A **yes** answer to any of the questions in section 3 does not necessarily indicate the existence of a serious health condition. However, **multiple yes** answers could be cause for concern and indicative of a generally poor health condition. Multiple yes answers in section 3 may warrant a Health Screening. At a minimum information gathered in section 3 should be available to staff in order to better serve the client.

The high incidence of illness at time of admission to a program calls for caution and attention to detail. No client can benefit from a program if he or she is too ill to participate fully. Conversely, no program can succeed if its clients are unable to utilize the services offered.

HEALTH QUESTIONNAIRE

Name: _____ Date of Birth: _____

Date: _____ Social Security # _____

This brief questionnaire is about your health. It will assist us in determining your ability to participate in our program. This information is confidential.

Section 1

1. Do you have any serious health problems or illnesses (such as tuberculosis or active pneumonia) that may be contagious to others around you? If yes, please give details.

No Yes Date: _____

2. Have you ever had a stroke? If yes, please give details.

No Yes Date: _____

3. Have you ever had a head injury that resulted in a period of loss of consciousness? If yes, please give details.

No Yes Date: _____

4. Have you ever had any form of seizures, delirium tremens or convulsions? If yes, please give details.

No Yes Date: _____

5. Have you experienced or suffered any chest pains? If yes, please give details.

No Yes Date: _____

Section 2

6. Have you ever had a heart attack or any problem associated with the heart? If yes, please give details.

No Yes Date: _____

7. Do you take any medications for a heart condition? If yes, please give details.

No Yes Date: _____

8. Have you ever had blood clots in the legs or elsewhere that required medical attention? If yes, please give details.

No Yes Date: _____

9. Have you ever had high-blood pressure or hypertension? If yes, please give details.

No Yes Date: _____

10. Do you have a history of cancer? If yes, please give details.

No Yes

11. Do you have a history of any other illness that may require frequent medical attention? If yes, please give details.

No Yes

Section 3

12. Do you have any allergies to medications, foods, animals, chemicals, or any other substance. If yes, please give details.
No Yes
-
13. Have you ever had an ulcer, gallstones, internal bleeding, or any type of bowel or colon inflammation? If yes, please give details.
No Yes Date: _____
-
14. Have you ever been diagnosed with diabetes? If yes, please give details, including insulin, oral medications, or special diet.
No Yes Date: _____
-
15. Have you ever been diagnosed with any type of hepatitis or other liver illness? If yes, please give details.
No Yes Date: _____
-
16. Have you ever been told you had problems with your thyroid gland, been treated for, or told you need to be treated for, any other type of glandular disease? If yes, please give details.
No Yes Date: _____
-
17. Do you currently have any lung diseases such as asthma, emphysema, or chronic bronchitis? If yes, please give details.
No Yes
-
18. Have you ever had kidney stones or kidney infections, or had problems, or been told you have problems with your kidneys or bladder. If yes, please give details.
No Yes Date: _____
-
19. Do you have any of the following; arthritis, back problems, bone injuries, muscle injuries, or joint injuries? If yes, please give details, including any ongoing pain or disabilities.
No Yes
-
20. Please describe any surgeries or hospitalizations due to illness or injury that you have had.
Date: _____
-
21. When was the last time you saw a physician? What was the purpose of the visit?
Date: _____
-
22. Do you take any prescription medications including psychiatric medications? If yes, please list type(s) and dosage(s).
No Yes
-
23. Do you take over the counter pain medications such as aspirin, Tylenol, or Ibuprofen? If yes, list the medication(s) and how often you take it.
No Yes
-
24. Do you take over the counter digestive medications such as Tums or Maalox? If yes, list the medication(s) and how often you take it.
No Yes
-

25. Do you wear or need to wear glasses, contact lenses, or hearing aids? If yes, please give details.
No Yes

26. When was your last dental exam? Date: _____

27. Are you in need of dental care? If yes, please give details.
No Yes

28. Do you wear or need to wear dentures or other dental appliances that may require dental care?
If yes, please give details.
No Yes

29. Are you pregnant?
No Yes Due Date: _____

30. In the past seven days what types of drugs, including alcohol, have you used?

Type of Drug	Route of Administration

31. In the past year what types of drugs, including alcohol, have you used?

Type of Drug	Route of Administration

I declare that the above information is true and correct to the best of my knowledge:

Signature: _____

Today's Date: _____

AUTHORIZATION FOR RELEASE OF PSYCHIATRIC/MEDICAL RECORDS

NAME: _____ DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

This authorization is for use or disclosure of psychiatric/medical information, including diagnosis and treatment of mental disorders and/or conditions related to alcohol/drug abuse.

RELEASE TO: _____
(Program Name, Address and Program Director's Name)

I hereby authorize the following person/agency to furnish the above named recipient with the records and information listed below:

The recipient may use the information authorized only for the following purposes:

This authorization shall remain in effect until _____.
Date

I understand that I may revoke this authorization at any time, except to the extent that the person/agency has already acted in reliance on it.

I understand that the recipient may not further use or disclose this information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

I further understand that I have a right to receive a copy of this authorization upon my request.
No _____ Yes _____ Initial

Information Requested:

- | | |
|---|---|
| <input type="checkbox"/> Medical Examination | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Diagnosis |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Screening Evaluation | <input type="checkbox"/> Summary of Treatment |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Other _____ | |

Authorizing Participant Signature Date

Authorized Program Representative, if applicable Date

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

Department of Alcohol and Drug Programs
1700 K Street
Sacramento, California 95811-4037

Health and Human Services Agency

State of California

March 15, 2004

TABLE OF CONTENTS

	<u>Section</u>
INTRODUCTION	1000
DEFINITIONS	2000
APPLICATION FOR CERTIFICATION	3000
Who May Apply for Program Certification	3010
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

1000

INTRODUCTION

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
Policy and Program Support Branch
Sacramento, CA 95811-4037

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

2000

DEFINITIONS

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

2. The name, mailing address, telephone number and e-mail address 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

3035 Documentation to be Submitted with Initial Application

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.
 - a. 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.

3040

Where to Submit Completed Applications

Applicants shall submit completed applications for certification to the Department of Alcohol and Drug Programs, Licensing and Certification Division, 1700 K Street, Sacramento, CA 95811-4037.

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 Licensing and Certification Division;
 2. Name, address, telephone number and e-mail address of the program;
 3. Name, mailing address, telephone number and e-mail 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 Field Operations Branch, Department of Alcohol and Drug Programs,
1700 K Street, Sacramento, CA 95811-4037.

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.

4000

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.

- 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

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 Licensing and Certification Division 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. 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 Licensing and Certification Division 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
- 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, Field Operations Branch, Department of Alcohol and Drug Programs, 1700 K Street, Sacramento, CA 95811-4037.

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 where to apply for the determination of eligibility for State, federal, or county entitlement programs.

Program policies and procedures shall identify the conditions under which referrals are made. For each participant for whom a referral is made, an entry shall be made in the participant's file, documenting the procedure for making and following-up the referral, and the agency to which the referral was made.

12060

Alcohol and/or Drug Free Environment

Alcohol and/or other drug programs shall provide an alcohol and drug free environment. An alcohol and drug free lifestyle shall be the goal for all participants whose alcohol and/or other drug-related problems are due to personal consumption of alcoholic beverages and other drugs. An alcohol and drug free lifestyle shall be required for participants in all residential programs. Except for participants monitored in nonresidential detoxification, participants of nonresidential programs shall be alcohol and drug free while on the program premises.

Recognizing that relapses can be part of the recovery or treatment process, a program shall have written policies regarding service delivery after a relapse episode. These policies shall be enforced and be supportive of and consistent with the alcohol and drug free environment of the program.

12070

Recovery or Treatment Planning

The program shall provide services to ensure that all program participants develop recovery or treatment plans.

- a. The recovery or treatment plan shall include the following:
 1. Statement of problems experienced by the participant to be addressed;
 2. Statement of objectives to be reached that addresses each problem;
 3. Action steps that will be taken by program and/or participant to accomplish the identified objectives; and
 4. Target date(s) for accomplishment of action steps and objectives.

- b. The process for participant recovery or treatment plans shall be the following:
1. Each participant shall have an individual written recovery or treatment plan that is based upon the information given in the intake and assessment processes.
 2. The recovery or treatment plan shall be goal and action oriented.
 3. If a recovery plan is developed:
 - 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.

- 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.

**CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
ADDENDUM TO ALCOHOL AND/OR OTHER DRUG PROGRAM CERTIFICATION
STANDARDS**

August 24, 2007

Application Fees

On August 24, 2007, Chapter 177, Statutes of 2007, (Senate Bill 84), was enacted mandating ADP to assess fees to all licensed and/or certified residential and certified outpatient Alcohol and Other Drug (AOD) recovery and treatment facilities regardless of the form of organization or ownership. For more information please refer to ADP Bulletin Number 07-11, entitled Assessment of Fees for Licensure and Certification of Residential and Outpatient Recovery and/or Treatment Facilities, issued on October 11, 2007, and posted on ADP's website at www.adp.ca.gov

Effective August 24, 2007, ADP will assess the following fees:

Residential Licensure Fees	
Initial Residential Licensure Application Fee	\$ 2,773
Biennial Residential Licensure Extension Fee	\$ 147 (per bed)
Adolescent Waiver Application Fee	\$ 1,370
Dependent Children Application Fee	\$ 958
Increase in Bed Capacity Application Fee	\$ 940
Facility Relocation Application Fee	\$ 916

Outpatient Certification Fees	
Initial Outpatient Certification Application Fee	\$ 2,664
Biennial Outpatient Certification Extension Fee	\$ 3,452
Facility Relocation Application Fee	\$ 916

Combined Residential Licensure and Certification Fees	
Initial Combined Residential Licensure/Certification Application Fee	\$ 3,698
Biennial Combined Residential Licensure/Certification Extension Fee	\$ 147 (per bed)

Adolescent Waiver Application Fee	\$ 1,370
Dependent Children Application Fee	\$ 958
Increase in Bed Capacity Application Fee	\$ 940
Facility Relocation Application Fee	\$ 916

- In addition, residential facilities that are approved for an increase in bed capacity will pay the per bed licensure fee for each treatment bed added to the facility.
- Residential facilities that are also certified will be assessed based on a per bed extension fee.

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET
SACRAMENTO, CA 95811-4037
TDD (916) 445-1942
PUBLIC (916) 322-2911



TO: PROSPECTIVE ALCOHOL OR OTHER DRUG (AOD)
LICENSURE/CERTIFICATION APPLICANT

SUBJECT: DATA COLLECTION REQUIREMENTS

California Outcomes Measurement System (CalOHMS)

The purpose of this letter is to inform you that you must collect and report treatment data to the Department of Alcohol and Drug Programs (ADP), if you are a licensed Narcotic Treatment Program (NTP), or other program licensed or certified by ADP that receives at least one dollar (\$1.00) of public alcohol or other drug treatment funding.

The California Outcomes Measurement System (CalOHMS) is a statewide client/customer based data collection and outcomes measurement system for Alcohol and Other Drug (AOD) treatment services. Counties and direct contract providers are required to collect and submit client information to ADP. Licensed NTP's, and other AOD treatment programs that receive public monies, should contact their county for detailed information regarding data collection and reporting requirements following licensure or certification.

Enclosed is a copy of ADP Bulletin Number 08-08, Guidelines to Clarify Procedures for Collection of Admission and Discharge Data for the California Outcome Measurement System –Treatment (CalOHMS-Tx), issued on September 16, 2008.

You may view additional CalOHMS Treatment information by selecting the "Data Systems" tab on ADP's website at www.adp.ca.gov



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For energy saving tips, visit the Flex Your Power website at
<http://www.fypower.org>

DATA COLLECTION REQUIREMENTS

Page 2

Drug and Alcohol Treatment Access Report (DATAR)

The Drug and Alcohol Treatment Access Report (DATAR) is the Department of Alcohol and Drug Programs (ADP) system to collect data on Alcohol and Other Drug (AOD) treatment capacity and waiting lists.

DATAR provides essential information about the capacity of California's publicly-funded AOD treatment system to meet the demand for services. In the past, DATAR information has supported requests for increased government funding. When the Substance Abuse and Crime Prevention Act (Proposition 36) was implemented in July 2001, DATAR became ready to monitor the expected increases in public AOD treatment capacity and demand.

Treatment providers that receive state or federal funding through the county as well all licensed Narcotic Treatment programs must send DATAR information to ADP each month. This has information on the program's capacity to provide different types of AOD treatment to clients and how much of the capacity was utilized that month. If the provider has a waiting list for publicly-funded AOD treatment services, DATAR includes summary information about the people on the waiting list.

For more information about DATAR:

- Call ADP's Data Management Services office at 1 (877) 517-3329 or
- Send an email to Cmejia@adp.ca.gov

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET
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(916) 323-8333



ADP BULLETIN

Title GUIDELINES TO CLARIFY PROCEDURES FOR COLLECTION OF ADMISSION AND DISCHARGE DATA FOR THE CALIFORNIA OUTCOME MEASUREMENT SYSTEM - TREATMENT (CALOMS-TX)		Issue Date: 9-16-08 Expiration Date: N/A	Issue No. #08-08
Deputy Director Approval  Gigi Smith Chief Information Officer Information Management Services Division	Function: <input checked="" type="checkbox"/> Information Management <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Service Delivery <input type="checkbox"/> Fiscal <input type="checkbox"/> Administration <input type="checkbox"/> Other	Supersedes Bulletin/ADP Letter No. N/A	

PURPOSE

This bulletin provides protocols and guidelines for collecting CalOMS-Tx data from clients when they are admitted and discharged from alcohol and other drug (AOD) treatment services and reporting this data to the Department of Alcohol and Drug Programs (ADP). The guidelines in this bulletin were developed by a collaborative workgroup named the Data/Outcomes Committee that consists of several county administrators representing the County Alcohol and Drug Program Administrators Association of California (CADPAAC), representatives of the University of California, Los Angeles' Integrated Substance Abuse Program (UCLA ISAP), and ADP staff.

DISCUSSION

Recent analyses of CalOMS-Tx data conducted by ADP and UCLA ISAP indicate a high percentage of administrative discharges are being reported to ADP. Interviews with AOD treatment providers and county staff show an inconsistent understanding of the proper use of the CalOMS-Tx discharge statuses which determine whether a discharge is an administrative discharge (no treatment outcomes collected) or a standard discharge (treatment outcomes are collected). This indicates that, for a portion of our client population, valuable client outcome data is not being collected or is being collected incorrectly.

CalOMS-Tx client outcome information collected at admission and discharge is critical to demonstrate the benefits of treatment services to decision-makers and to compete for scarce funding resources. For continuous quality improvement, our programs must be able to demonstrate that public funds are put to good use and are achieving desired client outcomes. Therefore, to be able to demonstrate AOD treatment program efficacy, it is critical that ADP, counties, and treatment providers collect complete and



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For energy saving tips, visit the Flex Your Power website at
<http://www.flexyourpower.ca.gov>

accurate client outcome data at admission and discharge in a consistent manner so that treatment outcomes can be measured and reported to public funding agencies.

Every treatment provider who receives funding for AOD treatment from ADP, either via a contract with a county or a direct contract with ADP, and every licensed narcotic treatment provider is required to collect CalOMS-Tx data from every client served. Treatment providers must collect CalOMS-Tx data when a client is admitted to treatment (within seven days of their first service), on the one year anniversary date of their admission (for clients in the same treatment service for one year or more), and when the client is discharged from the treatment service in which they have been participating. The one exception to this rule is when the only ADP-distributed funding a provider receives are Substance Abuse Treatment Trust Funds (SATTF) for the Substance Abuse and Crime Prevention Act (SACPA) and the services that provider offers are not narcotic treatment services. If a provider fits this description, then that provider collects and reports CalOMS-Tx data from their SACPA clients only.

Protocols for Discharging Clients

The following protocols clarify business rules for discharging clients from treatment in CalOMS-Tx.

1. A CalOMS-Tx discharge record must be submitted for every client for whom a CalOMS-Tx admission record has been submitted.
2. AOD treatment providers must schedule and conduct a discharge interview with every client. A discharge interview is either in person (face-to-face) or via telephone. This interview includes, but is not limited to, asking each of the required CalOMS-Tx standard discharge questions. Treatment providers are advised to include in each client's treatment plan a date to conduct a discharge interview. This date may be scheduled for some time prior to or on the client's planned last date of service, but may not be more than two weeks prior to the client's planned date of last service.
3. Providers should make every effort to ensure the discharge interview is a face-to-face interview. However, some clients may be unable to appear for the scheduled discharge interview, despite having made satisfactory progress in treatment. In these situations, providers are strongly encouraged to contact the client by phone to collect the CalOMS-Tx standard discharge data.
4. Administrative discharges should only be reported in the event the client cannot be located, either in person or by telephone, to answer the CalOMS-Tx questions. Such attempts to contact a client for a CalOMS-Tx discharge interview must be documented in the client's file. Providers should never guess or complete responses on behalf of an absent client for the required CalOMS-Tx discharge questions.

Key Terms Related to CalOMS-Tx Data Collection

Treatment Episode

Typically, a treatment episode is a planned series of treatment service types occurring consecutively, e.g., admission to and discharge from detoxification followed by admission to and discharge from outpatient services. However, a treatment episode may also be a single treatment service, e.g., admission to and discharge from outpatient treatment with no further AOD treatment services planned for the client. In CalOMS-Tx, episodes should be identified as follows:

- At the time of **admission** to the first treatment service (e.g. detoxification) in an episode, the provider should indicate that the admission is an "initial admission" in the "admission transaction type" field of the CalOMS-Tx admission record. "Initial admission" should also be reported for clients who will only be receiving one treatment service and will not be referred to another AOD treatment program or treatment service.
- At the time of **discharge** from the client's first treatment service, the client's discharge status should be recorded as "completed and referred" (discharge status 1). This indicates in the CalOMS system that the client successfully completed the first phase of multiple planned phases and has been referred to the next level of care. If the client has not completed the first phase and is being referred to continue the same treatment service elsewhere or to change to a different treatment service, choose either "left before completion with satisfactory progress and referred" (discharge status 3) or "left before completion with unsatisfactory progress and referred" (discharge status 5), whichever is applicable to the client's progress in treatment.
- At the time of **admission** to the next treatment service, i.e., the AOD treatment service to which the client was referred by their previous provider, the "admission transaction type" field in the CalOMS admission record should indicate "transfer/change in service."

To summarize, "transfers" are identified in the CalOMS-Tx admission record using the "admission transaction type" field and "referrals" are identified in the CalOMS-Tx discharge record using the "discharge status" field. Please note that a client must be admitted to the treatment programs within 30 days of the prior discharge in order for the service to which the client was referred to be included in the episode. If there is a break of more than 30 days between discharge from one service and admission to the next treatment service, a new episode begins.

Initial Admission

An initial admission is the first admission in a treatment episode. This type of admission may also be used for a client who will be admitted to a single treatment service; i.e. clients for whom an episode is not planned.

Transfer or Change in Service Admission

A transfer or change in service admission is reported for each subsequent treatment service in a treatment episode that follows the initial admission. Transfers follow a referral from the provider that recently discharged the client. A transfer can occur when a client moves from one level of care or service (e.g. detoxification to outpatient) to another within the same provider or between different providers (e.g. ABC Agency to Agency 123).

Referral

Referrals occur when a client is discharged from AOD treatment programs. A referral is when a client in an AOD treatment program is referred to another AOD treatment program for services or referred to a different AOD treatment service within the same provider. For CalOMS-Tx, a referral occurs when the staff at the treatment program in which the client has been participating refers the client to receive additional treatment services at the same service provider or another AOD treatment provider. A client does not have to accept the treatment provider's referral in order for it to be reported as a referral on the discharge record. In CalOMS-Tx, referrals do not include referrals to non-treatment services such as medical appointments or twelve-step programs, or other recovery support services.

Administrative Discharge

An administrative discharge occurs under one of these circumstances:

1. The client has stopped appearing for treatment services without leave from or notification to the AOD treatment program and the client cannot be located to be discharged and complete the CalOMS-Tx discharge interview. Depending on the client's progress (as determined from the client's file or the counselor's interactions with the client while they were in the program) prior to leaving the program, the provider should report either "did not complete, made satisfactory progress, not referred" (status 4), or "did not complete, made unsatisfactory progress, not referred" (status 6).
2. The client has died (status 7) prior to completing all of his/her planned AOD treatment services and thus cannot be interviewed for CalOMS-Tx discharge data collection.

3. The client has become incarcerated (status 8) prior to completing all of their planned AOD treatment services and thus cannot be interviewed for CalOMS-Tx discharge data collection.

An administrative discharge shall only be reported to CalOMS-Tx when one of the above circumstances takes place. Because the client has left the program and cannot be interviewed, the administrative discharge requires the provider to determine the last date they saw the client which is called the administrative discharge date. For example, if a client is enrolled in outpatient treatment services and has not appeared for his/her planned services within the last 30 days, then the discharge date should be the date the treatment counselor last saw the client. The provider can then use the data from the client's admission record to complete the CalOMS-Tx administrative discharge record. Detailed guidelines for determining the administrative discharge date for the different types of treatment services are provided in the *CalOMS Treatment Data Collection Guide*, available on ADP's website.

An administrative discharge is structured this way to ensure data quality; providers administratively determine the discharge date and complete a limited set of information to prevent providers from having to guess the answers to the required CalOMS-Tx discharge questions. An administrative discharge shall only be submitted when a client cannot be located to complete a CalOMS-Tx discharge interview. In these situations, accurate data on the client's condition at the time of discharge cannot be collected to enable measurement of treatment outcomes, e.g., whether a client reduced or abstained from AOD use, became employed, etc. Discharges inappropriately recorded as administrative discharges hinder ADP, county, and treatment provider's ability to report the benefits of AOD treatment services to stakeholders and decision-makers.

Standard Discharge

A standard discharge shall be reported when the client is available to be interviewed and one of these circumstances takes place:

1. The client has completed the treatment episode and is interviewed for the CalOMS-Tx discharge either via telephone or in person.
2. The client has completed a single treatment service and is interviewed for the CalOMS-Tx discharge either via telephone or in person.
3. The client has made either satisfactory or unsatisfactory progress in treatment, will be referred to another AOD treatment service or program, and is interviewed for the CalOMS-Tx discharge either via telephone or in person.

For standard discharges, providers are required to complete a full CalOMS-Tx discharge record by interviewing the client and asking all of the required CalOMS-Tx discharge questions. The date for a standard discharge is the date on which the client completes the CalOMS-Tx discharge interview or the date of last treatment service, whichever is later.

A standard discharge is used to measure treatment outcomes for reporting purposes at the county, state, and federal levels. It is very important to ask the client every CalOMS-Tx standard discharge question and report the client's response in the discharge record. This is because the outcome measures collected for a client's admission and standard discharge for CalOMS-Tx are used to measure whether the client reduced or abstained from drug use, obtained employment, remained out of the criminal justice system, etc. It is critical that counties and treatment providers collect accurate and complete client outcome data at discharge so client outcomes can be measured and reported to public funding agencies to demonstrate the benefits and efficacy of treatment services.

REFERENCES

CalOMS-Tx Data Collection Guide
CalOMS-Tx Data Compliance Standards

Refer to the *CalOMS Treatment Data Collection Guide* for detailed descriptions of data collection requirements. The *CalOMS Treatment Data Collection Guide* is on the ADP Web site (http://www.adp.ca.gov/CalOMS/pdf/CalOMS_Data_Collection_Guide.pdf).

QUESTIONS/MAINTENANCE

Counties are encouraged to conduct provider trainings on how to implement discharge codes properly and on discharge interviewing methods, e.g., strategies to successfully complete the exit interview. UCLA's Addiction Technology Transfer Center (ATTC) can be utilized by counties as a resource to train providers on discharge interview protocols. In addition, a variety of CalOMS-Tx training materials are available online via ADP's website.

For further information related to CalOMS-Tx data collection refer to the CalOMS website through ADP's website:

1. Navigate to ADP's website: <http://www.adp.ca.gov>
2. Click the green tab labeled "Data Systems" toward the top of ADP's homepage.
3. Click the "CalOMS Treatment" link, just below "Active Data Systems."

You may also contact ADP's CalOMS-Tx Help Desk by phone (toll free) at 1-877-517-3329 or at (916) 327-3010, or by e-mail at CalOMShelp@adp.ca.gov.

EXHIBITS

Exhibit A: CalOMS-TX Discharge Status Definitions and Sample Scenarios

The Data/Outcomes Committee developed sample scenarios for each CalOMS-Tx discharge status to provide further assistance in determining the appropriate discharge status for a given situation. Refer to Exhibit A: *CalOMS-TX Discharge Status Definitions and Sample Scenarios* for additional information related to use of each discharge status.

DISTRIBUTION

County Alcohol and Drug Program Administrators
Strategic Local Government Services, LLC
Director's Advisory Council

CALOMS-TX DISCHARGE STATUS DEFINITIONS AND SAMPLE SCENARIOS

The definitions of the CalOMS-Tx discharge status codes and sample scenarios for their use are provided below.

- **Completed Treatment/Recovery Plan Goals – Referred (status 1)**: This is a standard discharge status and is considered a treatment completion status. This status should be used for a client who completed an AOD treatment service and is being referred to another AOD treatment service (this includes clients referred to further AOD treatment that do not accept the referral). The client is available to complete the discharge interview either in person as planned, or by contacting the client by telephone.

Example: Jane was in a residential treatment service and has accomplished the recovery plan goals for residential treatment. Jane will be referred to an outpatient drug-free treatment program to continue treatment. When Jane was admitted to residential treatment, her treatment counselor scheduled a date for her discharge interview to take place three days before Jane's last treatment service. Jane's treatment counselor uses the last service date for the discharge date because it is the last date Jane will be seen by the counselor. The counselor then asks Jane all the required CalOMS-Tx discharge questions. The treatment counselor records Jane's responses and completes a CalOMS-Tx discharge record for submission to the county which the program has a contract with to provide AOD treatment.

Two days later, Jane is admitted to the outpatient drug-free program her residential provider referred her to. The outpatient treatment counselor indicates Jane's admission is a "transfer or change in service" and asks Jane the remaining CalOMS-Tx admission questions.

- **Completed Treatment/Recovery Plan Goals – Not Referred (status 2)**: This is a standard discharge status and is considered a treatment completion status. This status should be used for a client who completed an AOD treatment service, who is not being referred to another AOD treatment service and for a client who is finishing the last treatment service program in a treatment episode (a series of planned consecutive admissions and discharges from various treatment programs). The client is available to complete the discharge interview either in person as planned, or by contacting the client by telephone.

Example: John started a treatment episode in a detoxification program, which he completed as planned by his treatment counselor. At discharge, John was referred to a residential program by the detoxification provider (the detoxification counselor indicated his discharge status as "completed treatment recovery plan goals, referred"). Two days later, John entered the residential program (the treatment counselor entered "transfer/change in service" in the admission transaction type field for John's residential

CalOMS-Tx admission record). John completed the residential program and was referred to an outpatient program (the residential counselor indicated his discharge status was "completed treatment recovery plan goals, referred").

John was admitted to the outpatient program one week after being discharged from the residential program (the treatment counselor entered "transfer/change in service" in the admission transaction type field for John's outpatient CalOMS-Tx admission record). John did very well in his outpatient treatment and he decided he is ready to be discharged from his treatment episode, which began several months prior in a nearby detoxification program. John's treatment counselor schedules a date to discharge John from his final service, the outpatient treatment, and to collect the standard CalOMS-Tx discharge information from John.

However, John did not show up for the discharge interview scheduled by his outpatient treatment provider. The following day, John's treatment counselor called John to reschedule the discharge appointment. John indicates he does not wish to come in for the appointment but agrees to answer the CalOMS-Tx discharge questions over the phone. John's treatment counselor asks John all of the CalOMS-Tx standard discharge questions, records John's responses, and reports the data to the county he contracts with to provide treatment.

- **Left Before Completion with Satisfactory Progress – Referred (status 3):** This is a standard discharge status. This status should be used for a client who is referred to another treatment program to complete either the service they have been receiving or to begin a different level of treatment. The client is available to complete the discharge interview either in person as planned, or by contacting the client by phone.

Example: Joe is enrolled in a 30-day residential treatment program. He is actively participating in the program for two weeks. However, Joe really wants to get back to work and tells his counselor he'd like to leave the residential program. Joe's treatment counselor advises that Joe finish out the remainder of his 30 days in the residential program since he has been making good progress in his treatment.

Though the counselor advised he continue in the residential program, Joe wishes to leave the program. So, Joe's counselor refers him to an outpatient program and schedules a time to ask Joe all the required CalOMS-Tx standard discharge questions prior to discharging him. The counselor uses the date of Joe's interview as the standard discharge date, enters their discharge code for "left before completion with satisfactory progress, referred," and asks Joe all the CalOMS-Tx questions.

- **Left Before Completion with Satisfactory Progress – Not Referred (status 4):** This is an administrative discharge status. This should be used for a client who made satisfactory progress in the treatment service, who did not complete the treatment service as planned, and could not be located to receive a referral for further AOD treatment or to conduct a discharge interview.

Example: James is enrolled in a residential treatment program. He was actively participating in the program for a month but left the program without notice. He has not been seen by his treatment counselor or any of the treatment staff for seven consecutive days. James' treatment counselor makes several attempts to contact him by telephone but is unable to reach him. The counselor documents the attempts made to contact James. The counselor determines that James must be administratively discharged and completes an administrative discharge record to comply with their CalOMS-Tx data reporting requirements.

James' counselor works with other treatment staff to determine the date he left the program. The counselor enters this date for the administrative discharge date then refers to James' CalOMS-Tx admission record to obtain most of the required administrative discharge information. For the "primary drug" field, James' counselor indicates "unknown" since James is unavailable to provide this data. (Note: the counselor may also use the code of the primary drug reported by James at admission.) For the "pregnant during treatment" field, James' counselor enters "no" since he is male and cannot be pregnant. James' treatment counselor then submits the administrative discharge record to the county the provider has a contract with.

- **Left Before Completion with Unsatisfactory Progress – Referred (status 5):** This is a standard discharge status. This status should be used for a client who is referred to another treatment program to complete either the service they have been receiving or to begin a different level of treatment. The client is available to complete the discharge interview either in person as planned or by contacting the client by phone.

Example: Sue began her treatment episode in a detoxification program. She completed her detoxification treatment and was referred to an intensive outpatient program by her detoxification provider. Sue was admitted to the intensive outpatient program she was referred to three days after finishing her detoxification treatment.

Sue has been in the intensive outpatient program for three weeks, but she missed several scheduled appointments. Sue's treatment provider decides that she is not making good progress and might do better in a residential treatment program. Sue's treatment provider schedules an appointment with Sue to discuss her treatment and to ask her the CalOMS-Tx standard

discharge questions. Sue completes the discharge interview and answers all the CalOMS-Tx standard discharge questions prior to being referred to a residential treatment program.

- **Left Before Completion with Unsatisfactory Progress – Not Referred (status 6)**: This is an administrative discharge status. This should be used for a client who made unsatisfactory progress in the treatment service in which they were enrolled and who did not complete the treatment service as planned. The client is unavailable to be referred for other AOD treatment or to complete the discharge interview in person or by telephone.

Example: Sharon began her treatment episode in a detoxification program. She completed her detoxification treatment and was referred to an intensive outpatient program by her detoxification provider. Sharon was admitted to the intensive outpatient program three days after finishing her detoxification treatment.

Sharon has been in the intensive outpatient program for three weeks, but she has missed several scheduled appointments. Sharon's treatment provider decides that she is not making good progress and might do better in a residential treatment program. The treatment provider schedules an appointment with Sharon to discuss her treatment and to ask Sharon the CalOMS-Tx standard discharge questions. Sharon fails to appear for the scheduled discharge interview with her counselor. Sharon's treatment counselor makes several attempts to contact her, but is unable to make contact. The counselor documents the attempts to contact Sharon to complete the CalOMS-Tx discharge interview.

Sharon's treatment counselor determines Sharon must be administratively discharged and uses the date she last saw Sharon as the administrative discharge date. The counselor then refers to Sharon's CalOMS-Tx admission record to obtain most of the required administrative discharge information. For the "primary drug" field, Sharon's counselor enters the primary drug code reported by Sharon at admission. (Note: the counselor may also use the code for unknown for primary drug under this circumstance.) For the "pregnant during treatment" field, Sharon's counselor enters "unknown" or "do not know" since Sharon is unavailable to answer this question. Sharon's treatment counselor then submits the administrative discharge record to the county the provider has a contract with.

- **Death (status 7)**: This is an administrative discharge status. This should be used for a client who dies while enrolled in a treatment program. Because the client cannot be asked the CalOMS-Tx standard discharge questions, the treatment

counselor follows the same procedures used to complete an administrative discharge for clients who leave the program prior to finishing their treatment.

- **Incarceration (status 8):** This is an administrative discharge status. This should be used for a client who becomes incarcerated while enrolled in a treatment program. Because the client cannot be asked the CalOMS-Tx standard discharge questions, the treatment counselor follows the same procedures used to complete an administrative discharge for clients who leave the program prior to finishing their treatment.

ADDITIONAL SCENARIOS RELATED TO DISCHARGING TREATMENT CLIENTS

What discharge status should be used if the program closes?

1. The client is finished with the planned treatment but the program will be closing prior to the scheduled date for the client's discharge interview. (The provider may conduct the discharge interview earlier than originally scheduled to obtain the CalOMS-Tx discharge data from the clients affected by program closure.) If the client is finished with their services and will not be referred for further treatment, use discharge status 2. If the client is finished with the service and will be referred to begin another type of service, enter discharge status 1.
2. The client was making satisfactory progress in treatment and will be continuing their treatment service at a new provider. Use discharge status 3. The new provider will need to enter their code for "transfer or change in service" when they admit this client to their program.
3. The client was not making satisfactory progress in treatment and will be referred to another provider for a different level of care. Use discharge status 5. The new provider will need to enter their code for "transfer or change in service" when they admit this client to their program.
4. The client was making satisfactory progress in treatment, but stopped appearing for treatment prior to program closure and prior to their planned discharge date. The program cannot locate the client to collect the CalOMS-Tx discharge data. Use discharge status 4.
5. The client was making unsatisfactory progress in treatment and stopped appearing for treatment prior to program closure and prior to their planned discharge date. The program cannot locate the client to collect the CalOMS-Tx discharge data. Use discharge status 6.

What discharge status should be used if the funding source to pay for the client changes?

In general, a client should not be discharged from treatment due to a funding change. For example, it may happen that a client comes in and does not know if they are eligible for Drug Medi-Cal (DMC). The client is admitted to the program, and, in the field for the client's response to the question "Are you a Medi-Cal beneficiary," the response "don't know" is entered. The provider submits the client's admission record to their county. Sometime later the provider determines the client is eligible for treatment under DMC. When this happens, the provider must resubmit the client's original admission record with the "Are you a Medi-Cal beneficiary?" field updated to indicate "yes".

The one exception to this general rule is SACPA clients. For SACPA clients ADP must be able to determine the beginning of treatment and the end of treatment provided with SACPA funding. The following is an example of how to handle a client's CalOMS-Tx data in the event they become SACPA-eligible after their CalOMS-Tx admission has already been submitted.

Lee was admitted to outpatient treatment on March 10, 2008. At admission he was awaiting sentencing under SACPA. His provider submitted Lee's admission data to the county on March 15, 2008. On March 21, 2008, Lee became eligible for SACPA and the program began funding his treatment with SACPA funds. Lee's provider must submit a discharge for the admission that was submitted for Lee.

Lee's provider, using the same guidelines as described in the attached ADP Bulletin, determines the appropriate discharge status (should be either status 3 or status 5) for the admission submitted for Lee on March 15, 2008. The provider then collects the CalOMS-Tx discharge data from Lee. The provider submits the discharge to the county. Next, the provider creates a new admission for Lee, and enters March 21, 2008 for the admission date. In the "admission transaction type" field, the provider marks "transfer or change in service." The provider also enters the appropriate SACPA referral (SACPA probation or SACPA parole) for Lee in the "referral source" field of the admission record. Once the provider supplied data related to Lee's new admission is entered, the provider uses Lee's discharge record to complete the client outcome fields of the admission record, since the provider collected this information from Lee very recently (within five days).

For more detailed instructions, refer to the CalOMS Treatment Data Collection Guide available on ADP's website.