

## Minimum Quality Drug Treatment Standards for SABG

Compliance with the following Minimum Quality Treatment Standards is required for all SUD treatment programs (contractors and sub-contractors) either partially or fully funded by Substance Abuse and Prevention Treatment Block Grant (SABG).

### A. Personnel Policies

1. Personnel files shall be maintained on all employees and volunteers/interns and shall contain the following:
  - a) Application for employment and/or resume;
  - b) Signed employment confirmation statement/duty statement;
  - c) Job description;
  - d) Performance evaluations;
  - e) Health records/status as required by program or Title 9;
  - f) Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);
  - g) Training documentation relative to substance use disorders and treatment;
  - h) Current registration, certification, intern status, or licensure;
  - i) Proof of continuing education required by licensing or certifying agency and program; and
  - j) Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well.
2. Job descriptions shall be developed, revised as needed, and approved by the Program's governing body. The job descriptions shall include:
  - a) Position title and classification;
  - b) Duties and responsibilities;
  - c) Lines of supervision; and

- d) Education, training, work experience, and other qualifications for the position.
3. Written code of conduct for employees and volunteers/interns shall be established which address at least the following:
- a) Use of drugs and/or alcohol;
  - b) Prohibition of social/business relationship with clients or their family members for personal gain;
  - c) Prohibition of sexual contact with clients;
  - d) Conflict of interest;
  - e) Providing services beyond scope;
  - f) Discrimination against clients or staff;
  - g) Verbally, physically, or sexually harassing, threatening, or abusing clients, family members or other staff;
  - h) Protection of client confidentiality;
  - i) The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
  - j) Cooperation with complaint investigations.
4. If a program utilizes the services of volunteers and or interns, procedures shall be implemented which address:
- a) Recruitment;
  - b) Screening;
  - c) Selection;
  - d) Training and orientation;
  - e) Duties and assignments;
  - f) Scope of practice;
  - g) Supervision;

- h) Evaluation; and
  - i) Protection of client confidentiality.
5. Written roles and responsibilities and a code of conduct for the medical director (if applicable) shall be clearly documented, signed and dated by an authorized program representative and the medical director.

## B. Program Management

### 1. Admission or Readmission

- a) Each program shall include in its policies and procedures written admission and readmission criteria for determining client's eligibility and suitability for treatment. These criteria shall include, at minimum:
  - i. Use of alcohol/drugs of abuse;
  - ii. Physical health status; and
  - iii. Documentation of social and psychological problems.
- b) If a potential client does not meet the admission criteria, the client shall be referred to an appropriate service provider.
- c) If a client is admitted to treatment, a consent to treatment form shall be signed by the client.
- d) All referrals made by the program shall be documented in the client record.
- e) Copies of the following documents shall be provided to the client upon admission:
  - i. Client rights, client fee policies, and consent to treatment.
- f) Copies of the following shall be provided to the client or posted in a prominent place accessible to all clients:
  - i. A statement of nondiscrimination by race, religion, sex, gender identity, ethnicity, age, disability, sexual preference, and ability to pay;
  - ii. Grievance procedures;
  - iii. Appeal process for involuntary discharge; and
  - iv. Program rules, expectations and regulations.

- g) Where drug screening by urinalysis is deemed appropriate the program shall:
  - i. Establish procedures which protect against the falsification and/or contamination of any urine sample; and
  - ii. Document urinalysis results in the client's file.

## 2. Treatment

- a) Assessment for all clients shall include:
  - i. Drug/Alcohol use history;
  - ii. Medical history;
  - iii. Family history;
  - iv. Psychiatric history;
  - v. Social/recreational history;
  - vi. Financial status/history;
  - vii. Educational history;
  - viii. Employment history;
  - ix. Criminal history, legal status; and
  - x. Previous SUD treatment history.
- b) Treatment plans shall be developed with the client within 30 days of admission and include:
  - i. A problem statement for all problems identified through the assessment whether addressed or deferred;
  - ii. Goals to address each problem statement (except when deferred);
  - iii. Action steps to meet the goals that include who is responsible for the

action and the target date for completion; and

- iv. Signature of primary counselor and client.

All treatment plans shall be reviewed periodically and updated to accurately reflect the client's progress or lack of progress in treatment.

- c) Progress notes shall document the client's progress toward completion of activities and achievement of goals on the treatment plan.
- d) Discharge documentation shall be developed with the client, if possible and include:
  - i. Description of the treatment episode;
  - ii. Prognosis;
  - iii. Client's plan for continued recovery including support systems and plans for relapse prevention;
  - iv. Reason and type of discharge;
  - v. Signature of primary counselor and client; and
  - vi. A copy of the discharge documentation shall be given to the client.