

**Treatment Standards for Substance Use Disorders:  
A Guide for Services**

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State of California  
Spring 2010

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There are many pathways to recovery. Individuals are unique with specific needs, strengths, goals, health attitudes, behaviors, and expectations for recovery. Pathways to recovery are highly personal, and generally involve a redefinition of identity in the face of crisis, or a process of progressive change. Furthermore, pathways are often social, grounded in cultural beliefs or traditions, and involve informal community resources, which provide support for sobriety. The pathway to recovery may include one or more episodes of psychosocial and/or pharmacological treatment. For some, recovery involves neither treatment nor involvement with mutual aid groups. Recovery is a process of change that permits an individual to make healthy choices and improve the quality of her or his life.

- SAMHSA's *Summit on Recovery, 2005*

Participants at the National Summit on Recovery recognized that services shall optimally be provided in flexible, unbundled packages that evolve over time to meet the changing needs of recovering individuals. It was agreed that recovery-oriented systems of care shall:

- Be person-centered
- Involve family and other supports
- Provide services throughout the lifespan, as appropriate
- Be anchored in the community
- Offer continuity of care and integration of services
- Empower individuals to use their strengths, assets and resiliencies
- Include peer recovery support services
- Include voices of recovering individuals and their families
- Provide system-wide education and training
- Be outcomes-driven and research-based
- Be adequately and flexibly financed

The following pages attempt to describe the operation of successful programs for treatment of substance use disorders. Above all, services and support in California's programs shall strive to meet the individual where she/he is at, to give care for problems that she/he is ready to take on, encouragement to pursue issues that remain, and with resources that support him/her in addressing those problems.

2000

PROGRAM DESCRIPTION

2100

Plan of Operation

Establishments offering services for substance use disorders that are operating within the State of California shall make available for public access their plan of operation that includes:

1. The program's mission and philosophy, which shall include its commitment to the provision of culturally competent, linguistically accessible, age-appropriate, gender-responsive, trauma-informed and person-centered services and supports;
2. An outline of activities and services provided by the program;
3. A statement of the admission (3100) and intake (3200) criteria;
4. A program FAQ sheet (2200) written for the public;
5. A copy of the program's client admission agreement (8000);
6. A statement of nondiscrimination (11000);
7. A continuous quality improvement plan (6300) that evaluates services with the goal of improving client access, retention and outcomes;
8. A staffing plan and job descriptions with minimum staff qualifications.

2200

Frequently Asked Questions (FAQ) Sheet

Each program shall maintain a document for distribution, at admission and on demand, that describes its approach to treatment and the services it offers. This document shall provide information in an easy-to-understand format and shall include answers to questions most often asked by clients and/or their significant others, such as:

- What does your program do?
- Does what you do work, and for whom?
- How will you determine what I need?
- Will you help me find the right level of care, even if you cannot provide it?
- Do I have a say in my care? Can I tell you when it isn't working?
- Do you employ persons that are trained to provide services for people like me?
- Will you tell me all of this, and what it costs, before I enter your care?

## 3000

## CLIENT ADMISSION AND INTAKE

People struggling with addiction and substance use problems oftentimes seek treatment when the need for help is immediate and their motivation is high. This is a critical time to encourage initiation of treatment with a warm welcome and immediate assistance and active linkage to care. Counties and providers shall work together to promote early initiation of care and engagement in ongoing treatment for substance use disorders.

## 3100

### Admission Criteria and Procedures

1. The program shall have written admission and readmission criteria for determining the individual's eligibility and suitability for services available to the applicant and the general public.
2. An initial placement assessment shall determine whether or not a program's services meets the individual's needs. Only persons that meet the program's admission criteria shall be admitted.
3. Programs shall respect and address the needs of specific populations including those with co-occurring issues, taking into consideration the cultural, linguistic and sexual differences among such populations. Programs shall ensure that their policies, procedures, practices and rules do not discriminate based on disability (11000).
4. When needs not related to disability cannot be reasonably accommodated, or if the individual is not satisfied with the program, program-to-program referral shall be made to ensure client contact with appropriate or alternative services (5400).
5. Clients 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 evaluation, requires an immediate medical evaluation, or medical or nursing care; or exhibits behavior dangerous to staff, self or others. These individuals shall be referred to appropriate care, and the referral recorded on the initial placement assessment documentation.

## 3200

### Intake

1. If appropriate services and support for the individual can be provided, data elements for the California Outcome Measurement System – Treatment (CalOMS-Tx) shall be gathered and reported to the County for entry into the State database. Appropriate services include activities designed to foster engagement if a client must be temporarily wait-listed for in-depth assessment.
2. Upon completion of the intake process, the client shall sign and date the admission agreement (8000). A copy shall be provided to the client and the

original placed in the client's file (6700). Each client shall be provided with a Notice of Privacy Practices (a document available for use may be found at [http://adp.ca.gov/hp/PDF/Notice\\_of\\_privacy.pdf](http://adp.ca.gov/hp/PDF/Notice_of_privacy.pdf)).

3. Before the admitted client leaves the program site, she/he shall be provided with a simple-to-read explanation of his/her next steps with regard to services, and in particular, the date and time of his/her next appointment.

#### 3300                      Health Questionnaire

A self-assessment of current health status shall be completed and signed by clients as part of their admission to a program. The completed questionnaire shall be filed in the client's record.

#### 3400                      Referral For Medical or Emergency Services

Programs shall have written procedures for obtaining medical or psychiatric evaluation and emergency services. Staff having direct contact with participants shall be trained in infectious disease recognition, and to recognize physical and psychiatric symptoms that require referrals to or assistance from other agencies. When appropriate, the client shall be referred to licensed medical professionals. A medical clearance or release shall be obtained prior to participation in program services, and documented in the client's record.

#### 4000                      WITHDRAWAL MANAGEMENT

Programs offering withdrawal management shall administer to the severity of the client's level of intoxication, to achieve a safe and supportive withdrawal from alcohol and/or other drugs, and to effectively facilitate the client's transition into ongoing services. Accordingly:

1. Such programs shall have staff trained to provide evaluation, withdrawal management, and referral services.
2. Withdrawal management protocols, including pharmacotherapy, shall be documented in the program's policies and procedures manual (6600).
3. Detoxification services shall be documented in the client's file (6700).

5000

PROGRAM ACTIVITIES

5100

Alcohol and Drug-Free Environment

Programs shall provide an alcohol and drug-free environment, and all participants shall be alcohol and drug-free while participating in program activities.

Recognizing that substance use disorder is for many a chronic, relapsing disease, the program shall make every effort to retain clients in treatment, and shall have written policies regarding appropriate supports to the client during a relapse episode.

Addressing relapse is a necessary part of the treatment / recovery process, and presents an opportunity to re-engage and re-assess levels of care and motivation to change. Policies relating to a lapse or relapse shall be consistent with the alcohol and drug-free environment of the program.

Clients may be discharged if they engage in illegal activities or activities listed under Title 9 that compromise their safety or the safety of others, such as possessing, selling, or sharing alcohol or other drugs on-site at a program facility.

5200

Medications

Clients currently on medications will be seeking services. Clients shall not be denied services based solely on the fact that they are taking prescribed medication, regardless of the type of medication. Accordingly:

1. Programs shall not deny services to a client with current, physician-prescribed medications. However, a program shall consider whether the nature and extent of the prescribed medications requires a higher level of care than offered at that program.
2. With client consent, providers shall coordinate with the client's physician or health practitioner when she/he enters treatment with prescribed medications having psychoactive characteristics. Services and Supports Plans (5500) shall be reviewed with the prescribing physician or health practitioner.
3. If while in treatment, a client exhibits behavior that is cause for concern, the treatment provider may address this as a program issue with the client and the client's physician or health practitioner.
4. Programs shall have a safety policy regarding the use of prescribed medications by a program client, including a provision for taking medication in private, if it must be taken on the premises.



## 5300

## Assessment

Clients shall be assessed upon entry into the program, and again periodically, for substance use, related problems, and for co-occurring conditions known to significantly impact treatment efforts.

Assessment shall be performed with a multidimensional validated tool, and if available, one that is appropriate for the person being assessed. The Services and Supports Plan (5500) shall be adjusted as new client needs are identified.

Re-assessment is recommended when a significant relapse occurs to determine if the client needs referral (5400) to a higher level of care, or a different type of care.

## 5400

## Referral Arrangements

If, during the course of program services, the client is assessed (5300) and determined to be in need of and ready for services not provided by the program, the program shall refer the client to appropriate services and with permission of the client, facilitate the first contact.

For each client for whom a referral is made, an entry shall be made in the client's record (6700), documenting the staff member making and following up the referral, the person and agency to which the referral was made, permission for the release of information (if/when applicable), and the date of first service received by the client from the agency to which the referral was made.

## 5500

## Services and Supports Plan

A plan of services and supports shall be developed in collaboration with the client, with careful attention to individual needs. An initial plan shall be developed within 30 days of the client's first service, using assessment (5300) as a guide. It shall include:

1. The client's most important goal(s);
2. Measurable, time sensitive steps that the client will make toward achieving their goal(s); and
3. Measurable, time sensitive steps that the program will take to support the client in achieving his/her goal(s).

Services vital for client attendance, such as child care and transportation, shall be included in the services and supports plan.

The plan shall include Treatment and Support Services (5600) for substance use disorders and shall be updated and revised when appropriate. Revisions/amendments shall occur as steps are accomplished and next steps are identified, when goals



5800

Continuing Supports Plan

As the client becomes ready for less intensive program participation, program staff shall meet with the client to develop a strengths-based plan for maintaining a healthy lifestyle.

The Continuing Supports Plan shall include referrals to specific resources for assistance in meeting the client's self-identified needs. The plan shall include housing, employment (or disability benefits), health care, and education, and may also include extended monitoring, if agreed to by the client.

6000

PROGRAM ADMINISTRATION

6100

Program Director

In order to provide for overall management and operation of the program, the program director shall have knowledge of substance use disorders and of the recovery and treatment process, and sufficient administrative and personnel skills to direct the program. The program director shall have no less than two years of work in the field of substance use disorders.

6200

Quality Assurance

The program shall have a process to monitor and assure the continuity of care, and to keep current the client's file. Essential duties include ensuring completion of the following:

1. Development, review and revision of the Services and Supports Plan (5500);
2. Timely delivery of services specified in the client's plan;
3. Assessments of progress in achieving the objectives identified in the services and supports plan, reviewed with the client; and
4. Development of a Continuing Supports Plan (5800) prior to discharge.

6300

Continuous Quality Improvement Plan

Each program shall have a plan for continuous monitoring of their services, and keep a record of their efforts to use this information for improving quality care.

The program may choose to monitor:

- Show rates: Did the client make it in?
- Engagement and retention: Did she/he engage in services and take advantage of all you have to offer?

- Outcomes: How was he/she helped?
- Referrals: Did the client make it to the referral appointment and begin services?
- Continuing care: Is the client monitored and provided self-management supports after leaving?

6400

Staff Supervision

The program shall provide for at least one staff member that is qualified to evaluate client placement, services and support plans, and client progress. This qualified individual shall be the person responsible for guiding program staff in their work with clients and in their professional development.

6450

Staff Training

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

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.

Seminars, programs and trainings related to the field of addiction and treatment that are attended by staff shall be documented in their files, especially CEUs that support counselor certification.

6500

Program Environment

Each program shall comply with local, state and federal laws and regulations, and shall have in place written procedures to ensure that the program is maintained in a clean, safe, sanitary and alcohol and drug-free environment. A safe environment has no tolerance for violence.

6600

Policies and Procedures Manual

Program policies and procedures shall be contained in a manual that is available to clients, staff and volunteers. The policies and procedures manual shall minimally contain the:

1. Plan of Operation (section 2100); and
2. Frequently Asked Questions Sheet (section 2200);
3. Personnel practices and personnel code of conduct;
4. Client rights and client code of conduct;

5. Notice of Privacy Practices; and
6. Emergency information and disaster plan;

and detailed procedures for:

7. Admission, intake, readmission, and discharge;
8. Referral for emergency or medical services;
9. Use of prescribed medications by clients, with physician contact information;
10. Program-specific treatment services and supports;
11. Maintenance and disposal of client files;
12. Maintenance of confidentiality;
13. Addressing grievances;
14. Maintenance of a clean, safe and sanitary physical environment; and
15. Maintaining good community relations;

with descriptions, when applicable, of:

16. Detoxification services;
17. Drug screening;
18. Alumni involvement and use of volunteers; and
19. Recreational activities.

#### 6650

#### Administrative Manual

The program shall maintain an administrative policies and procedures manual for program administration, emergency preparedness, quality assurance (6200), staff supervision (6400), staff training (6450), continuous quality improvement (6300), and fiscal practices (6900).

#### 6700

#### Contents of Client Records

Programs shall maintain a file for each client admitted to the program. Programs shall develop any necessary forms and/or use required State and County forms. The client record shall contain demographic information sufficient to identify the client and to satisfy data collection needs of the program and funding agencies. Client files shall be maintained and information released in accordance with Title 42, Code of Federal Regulations, Part 2, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Privacy Rule (45 CFR Part 164).

At a minimum, each client file shall contain:

1. Demographic and Identifying Data
  - a. Client identifier (i.e., name, number, etc.);
  - b. Date of birth;
  - c. Sex;
  - d. Race/ethnic and linguistic backgrounds;

- e. Address;
  - f. Telephone number;
  - g. Emergency contact (include phone number and consent of client for contact); and
  - h. Family support system;
2. Admission and Intake Data
- a. Information gathered to determine if the individual 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. Medical referrals and clearances;
  - g. Authorization to release information;
  - h. Client rights document; and
  - i. Notice of Privacy Practices.
3. Services and Supports Records
- a. Referrals for additional services (section 5400);
  - b. Services and supports plans and updates (section 5500);
  - c. Documentation by the counselor/program specialist of the services provided by the program (section 5600).
  - d. Correspondence with or regarding the client, including their physician;
  - e. Discussions and action taken against the client for not complying with program rules and requirements;
  - f. Alcohol and drug screening results (5700); and
  - g. Consent for follow-up contacts (5400,5800).

Other requirements for maintenance of client records:

- 1. The documents contained in the client's file shall be written legibly in ink or computer generated. A standard format shall be used, and these files shall be accessible to staff providing services. If program files are computerized, they shall be accessible to the Department's staff for review.
- 2. All entries shall be signed and dated. Electronic signatures are acceptable.
- 3. All significant information pertaining to a client shall be included in the client file.

6800

Disposition of Client Records

Client files shall be maintained and information released in accordance with Title 42, Code of Federal Regulations, Part 2, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Privacy Rule (45 CFR Part 164). Client files shall be stored in an appropriate confidential manner for not less than three years from the

date they are officially closed.

In the case of a program closing, for county-funded clients, the County Alcohol and Drug Program Administrator is responsible for the client record. If the client is not county-funded, the entity that was certified to run the program is responsible for the client record.

Client files shall be destroyed in a manner that ensures confidentiality.

6900

Fiscal Practices

1. Programs shall have a written policy for assessment and collection of fees that complies with a county-approved client fee determination system. A receipt shall be issued for every payment, and there shall be a client payment file that documents when the client made payment.
2. Programs that are funded through the county shall have a method for assessing fees with documented approval by the county.
3. Each program shall:
  - a. Maintain written policies and procedures that govern the fiscal management system (e.g., purchasing authority, accounts receivable, cash, billings and cost allocation);
  - b. Have a written procedure for assessing and assuring the integrity of the financial books of record at least once every three years;
  - c. Have a uniform, consistent and reasonable procedure for determining costs of services provided;
  - d. Develop a reporting mechanism that indicates the relation of the budget to actual income and expenses to date;
  - e. Have an accounting system, based on accepted accounting principles;
  - f. Prepare a projection of revenues and expenditures (a line-item budget) for each fiscal year that correlates with quarterly and annual written operation reports.
4. 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.

7000

PERSONNEL PRACTICES

7100

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 code 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. Educational background, licenses, and if applicable, ADP Counselor Certification with name and address of the Counselor Certifying Organization, and additional training received during employment at the program;
  3. Job description;
  4. Employment confirmation statement, 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;
  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.

7200

Code of Conduct

1. The program shall have a written code of conduct that pertains to and is understood by staff, paid employees, and volunteers. The code of conduct shall include policies regarding:
  - a. Use of alcohol and/or other drugs on- and off-site;
  - b. Personal relationships or sexual contact with participants;
  - c. Sexual harassment;
  - d. Unlawful discrimination;
  - e. Conflict of interest; and
  - f. Confidentiality.
2. The program shall post the written code of conduct in a public area that is available to participants.

7300

Health Screening and Tuberculosis Requirements

1. All staff and volunteers shall complete a health screening report or a health questionnaire that is signed by the health professional performing the screening and shall indicate the staff's or volunteer's physical ability to perform assigned duties and the presence of any health condition that would create a hazard to participants or other staff and volunteers. The report or questionnaire shall be completed, signed, and placed in the staff or volunteer file.
2. All staff and volunteers shall be tested for tuberculosis. 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.
3. 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.

4. 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.
5. 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.
6. 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.

#### 8000

#### ADMISSION AGREEMENT

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

1. Fees assessed for services provided;
2. Activities expected of participants;
3. Program rules and regulations;
4. Clients' statutory rights to confidentiality;
5. Clients' grievance procedure; and
6. Reasons for termination.

#### 9000

#### CLIENT RIGHTS

1. Each client shall have rights that include, but are not limited to:
  - a. Confidentiality, as provided for in Title 42, Code of Federal Regulations, Part 2; and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Privacy Rule (45 CFR Part 164), and summarized in the *Notice of Privacy Practices*, State of California Department of Alcohol and Drug Programs, October 2007;
  - b. Be accorded dignity in contact with staff, volunteers, board members and other persons;

- c. Safe, healthful and comfortable accommodations to meet his/her needs;
  - d. Be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior;
  - e. Be informed by the program of the procedures to file a grievance or appeal discharge;
  - f. Freedom from discrimination; and
  - g. Reasonable access to her/his file.
2. The provider shall post a copy of client rights in a location visible to all participants and the general public.
  3. Any program conducting research using clients as subjects shall comply with standards of the Research Advisory Panel of California and the federal regulations for protection of human subjects (Title 45, Code of Federal Regulations, 46).

10000

CLIENT RESPONSIBILITIES

Each client has responsibilities that include:

1. Honor the privacy of others;
2. Treat others with respect and dignity;
3. Ask questions until I understand what is expected of me;
4. Let the program know if my referral connection is not a good one;
5. Let staff know about my family or other support system so they can be involved in my care if I choose; and
6. Participate in opportunities to strengthen my recovery.

11000

NONDISCRIMINATION

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.

## 12000

## CONFIDENTIALITY

Programs shall assure confidentiality of the client and the client's files and information in accordance with Title 42, Code of Federal Regulations, Part 2 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Privacy Rule (45 CFR Part 164). A copy of the *Notice of Privacy Practices* shall be provided to each client at intake and accessible to clients at other times from the program's Policies and Procedures Manual (6600).

A written statement regarding confidentiality when answering the telephone and confidentiality regarding files shall be included in the program's Policies and Procedures Manual (6600).

## 13000

## DEFINITIONS

**Action steps** - Specific time-limited verifiable actions of program staff and clients, which lead to the accomplishment of plan goals.

**Admission** – A process whereby the program determines that an individual meets their admission criteria, he/she signs a consent to treatment form in addition to completing the required intake procedure, and becomes a client.

**Alcohol and drug-free** – Not imbibing alcohol and/or using drugs. Drugs prescribed for the individual by a physician or nurse practitioner must be taken in private, out of view of other clients.

**Alcohol and/or other drug program** - A collection of alcohol and/or other drug services that are coordinated to achieve objectives specified in the program plan.

**Alcohol and/or other drug service** - A service that is specifically and uniquely designed to alleviate alcohol and/or other drug problems.

**Assessment** - An in-depth review with a client in order to document function in critical life domains: alcohol and/or other drug use, physical and psychological health, legal involvement, support systems, family responsibilities, living environment and education/employment.

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

**Counseling** - A process based on a face-to-face interaction between a certified counselor and a client (or clients, in a group setting) for the purpose of identifying client strengths and resources that can be drawn upon to support his/her recovery. A

counselor assists the client in defining problems and needs, setting goals and specific interventions, and practicing new behaviors.

**Counselor** - An individual who, by virtue of education, training and experience, is certified to provide services to clients.

**Department** – Refers to the California Department of Alcohol and Drug Programs.

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

**Group counseling** - A structured, face-to-face interaction between the client and program staff, in a group setting, that is designed to implement specific objectives in a client's recovery or treatment plan. Group sessions support, facilitate and encourage changes within the clients' lives which result in improved outcomes and reduced level of care needs, and promote recovery.

**Individual session** - A face-to-face, one-on-one interaction between the participant and program staff on an as-needed or scheduled basis. Individual sessions may be used for assessments, treatment planning, client need for privacy in discussing certain issues, and for checking in on how the group sessions are working for the client.

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

**Program** - An alcohol and/or other drug program.

**Recovery** – A process of change through which an individual achieves abstinence and improved health, wellness and quality of life (SAMHSA Summit on Recovery, 2005).

**Substance use disorder** – When an individual persists in use of alcohol and/or other drugs despite problems related to use of the substance. This includes harmful use and dependence.

**Withdrawal management** – Support to clients who develop clinically relevant symptoms of withdrawal. It shall begin with a physical examination, followed by education and reassurance about the temporary nature of the symptoms. Supportive pharmacology shall be available and provided to manage the symptoms and adverse consequences of withdrawal, based on a systematic assessment of the symptoms and risk of serious adverse consequences related to the withdrawal process.