

Minimum Quality Drug Treatment Standards for DMC/SABG

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC/SABG. If conflict between regulations and standards occurs, the most restrictive shall apply.

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 addresses 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 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) Cooperate 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 shall be clearly documented, signed and dated by a program representative and physician.
- 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. DSM diagnosis;
 - ii. Use of alcohol/drugs of abuse;
 - iii. Physical health status; and
 - iv. 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, consent to treatment form shall be signed by the client.
 - d) The medical director shall document the basis for the diagnosis in the client record.
 - e) All referrals made by program staff shall be documented in the client record.
 - f) Copies of the following documents shall be provided to the client upon admission:
 - i. Client rights, share of cost if applicable, notification of DMC funding accepted as payment in full, and consent to treatment.
 - g) Copies of the following shall be provided to the client or posted in a prominent place accessible to all beneficiaries:

- i. A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay;
 - ii. Complaint process and grievance procedures;
 - iii. Appeal process for involuntary discharge; and
 - iv. Program rules, expectations and regulations.
- h) Where drug screening by urinalysis is deemed medically 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 clients file.

2. Treatment

A. Assessment for all beneficiaries shall include:

- i. Drug/Alcohol use history;
- ii. Medical history;
- iii. Family history;
- iv. Psychiatric/psychological 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 and include:

- i. A problem statement for all problems identified through the assessment whether addressed or deferred;
- ii. Goals to address each problem statement (unless deferred);
- iii. Action steps to meet the goals that include who is responsible for the action and the target date for completion;
- iv. Typed or legibly printed name, signature, and date of signature of primary counselor, client, and medical director; and
- v. All treatment plans shall be reviewed in accordance with CCR Title 22 requirements 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 in accordance with CCR Title 22 51341.

- i. A copy of the discharge plan shall be given to the client.