

CHAPTER VIII

SUBSTANCE ABUSE SERVICE STANDARDS

Section 1. General. A substance abuse program shall provide, at minimum, Outpatient Services (Clinical Assessment, Individual Therapy, Family/Couples Therapy, and, as practicable, Group Therapy).

Section 2. Outpatient Services.

(a) Outpatient services are non-residential diagnostic and treatment services that are provided to persons and their families.

(b) Outpatient services include:

(i) Clinical Assessments: Therapeutic contacts with the client, relatives, and significant others to the extent necessary to complete an accurate psychosocial evaluation and DSM-III-R diagnosis from the most current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, including psychological testing, as indicated, for the purpose of writing an assessment and developing the treatment plan.

(ii) Individual Therapy: Therapeutic contact with the enrolled client for the purpose of implementing the treatment plan.

(iii) Family/Couples Therapy: Therapeutic contact with the enrolled client and one or more persons, who are considered by the client to be family/partner, for the purpose of resolving problems identified in the treatment plan.

(iv) Group Therapy: Therapeutic contact with two or more unrelated clients by one or more therapists for the purpose of implementing each client's treatment plan.

(v) Medication Management: Therapeutic contact with a client by medical personnel (licensed physician, licensed physician's assistant, or licensed registered nurse as appropriate) for the purpose of prescribing or monitoring medication, including education of the client regarding appropriate use and side effects.

(vi) Intensive Outpatient: Intensive Outpatient treatment is structured, group counseling as an alternative to inpatient and residential care, for chemically dependent persons who accept that they have a substance abuse problem, and who are willing and capable of maintaining abstinence during treatment.

(A) The program shall be designed to provide a comprehensive, intensive, and structured series of treatment services requiring at least forty (40) hours within a one-month period of time, followed by group sessions for a minimum of twelve weeks after completion of the structured program. Continuing care services shall be made available for further follow up.

(B) The program shall include integration services and participation in self-help groups.

(C) Each Intensive Outpatient Treatment program shall establish written admission and discharge criteria.

(D) Each Intensive Outpatient Treatment program shall establish and utilize a schedule of group activities with written descriptions of the content of the group themes (except self-help groups).

Section 3. General Standards for Substance Abuse Residential Services.

(a) Admission and Discharge Criteria:

(i) The program shall establish written clinical criteria for determining which persons are to be admitted to the program and shall ensure that only those clients who meet the admission criteria are admitted to the program.

(ii) The admission policy shall include, but not be limited to, provisions that prior to admission, a professional or counselor as defined in Chapter III or IV must determine that the individual:

(A) Has a diagnosis of chemical dependency for adults in primary residential treatment or a diagnosis of chemical dependency or psychoactive substance abuse disorder for adolescents or for adults in transitional residential care according to the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association;

(B) Is capable of self care;

(C) Is not in need of detoxification, major medical care, or primary psychiatric care;

(D) Cannot be effectively or efficiently treated on an outpatient basis; and

(E) Has parental or guardian consent for treatment if the person to be admitted is a minor.

(iii) The program shall have written criteria and procedures which address discharge when treatment is complete or against staff advice or at staff request.

(iv) The program shall have written procedures for referral to appropriate continuing care services.

(b) Medical Services.

(i) The program shall establish a written plan to assist the client in obtaining appropriate medical services at the client's expense.

(ii) An evaluation of the client's medical status shall be made as soon as possible, but not to exceed seventy-two hours following the client's admission to the program. The evaluation may be waived, if a copy of a physical exam performed within the sixty days prior to admission is contained in the client

file. The evaluation shall include a medical history, a physical examination, and appropriate screening for tuberculosis, and, when indicated, other communicable diseases to include HIV and AIDS screening. All females under the age of majority as defined by Wyoming Statute shall have a pregnancy test as part of the medical evaluation. The evaluation shall be carried out, by, or under the supervision of a licensed physician. The results of the examination shall be placed in the client's clinical record.

(c) Policies/Procedures.

(i) The program shall establish house rules that shall be distributed to all clients at the time of their admission.

(ii) All staff shall, at the time of their initial employment, be provided with copies of all program policies, procedures.

(iii) All staff of primary and transitional treatment programs shall have basic first aid training which includes CPR training.

(iv) The program shall maintain appropriate first aid supplies.

(v) The program policies shall prohibit the use of isolation or restraint, except when there is an immediate danger to self or others.

(d) Food Services.

(i) A nourishing, well-balanced diet in adequate amounts shall be provided to all residents in accordance with current Recommended Daily Dietary Allowances for adults and adolescents of the American Dietary Association.

(ii) The program shall provide for the special dietetic needs of specific clients and this information shall be maintained in the client's clinical record.

(iii) At least three meals daily shall be provided, or arranged for, at normal mealtimes.

(iv) Records of menus as served shall be filed and maintained in the program's records for on-site inspection.

(v) All resident activities in food preparation areas shall be under the supervision of program staff who have received instruction in, and can instruct residents in approved food handling techniques and practices.

(vi) Foods shall be stored at appropriate temperatures:

(A) Refrigerators shall have a thermometer located in the warmest part of the appliance in which food is stored. Refrigeration temperatures shall be 45@F (forty-five degrees Fahrenheit) or below.

(B) Frozen foods shall be kept frozen and stored at 0@F zero degrees Fahrenheit)

or less. The freezer shall have a thermometer.

(vii) Raw or unpasteurized milk and home-canned or preserved foods shall not be served.

(viii) No person while infected with or suspected of being infected with communicable diseases, boils, open sores, or wounds, or acute respiratory infections shall prepare meals or come into contact with food preparation surfaces.

(ix) Eating and serving utensils shall be washed by approved techniques and practices.

(e) Physical Plant.

(i) The facility shall be designed, constructed, equipped, and maintained in a manner that provides for the physical safety of residents, personnel, and visitors.

(ii) Buildings shall be kept clean, in good repair, and free of infestations.

(iii) The facility shall have fire detection and extinguishing equipment and a written fire safety plan.

(A) Fire drills shall be conducted monthly and a record of the dates maintained.

(B) ABC portable fire extinguishers shall be available in the kitchen and other areas as recommended by the local fire department.

(C) Fire extinguishers shall be inspected at least annually and have a regular maintenance program.

(D) Underwriters Laboratory approved smoke detectors shall be installed in each bedroom, and on all floors of the facility including the basement.

(E) There shall be documentation of monthly inspection of smoke detectors and fire extinguishers conducted by the program staff.

(F) Evacuation routes and procedures shall be posted and shall be shown to each resident at admission.

(G) At least annually there shall be a walk-through of the facility by the local fire department and recommendations shall be implemented.

(H) Portable space heaters shall not be used.

(iv) Plumbing systems shall be designed, installed, operated, and maintained in a manner that is designed to provide an adequate and safe supply of water for all facility operations.

(v) Garbage and rubbish shall be stored in leakproof, non-absorbent containers with tight fitting lids and shall be removed from the premises at least weekly.

(vi) Poisons and other toxic materials shall be properly labeled, kept in the original container, and stored in a locked area.

(vii) Smoking shall be permitted only in designated areas, and may for reasons of resident safety, be limited.

(viii) Appropriate furnishings for each room shall be available, clean, and in good repair.

(ix) Laundry facilities shall be available in the facility or on a contractual basis. When provided in the facility, the laundry room shall be kept separate from bedrooms, living areas, dining areas, and kitchen.

(x) Separate storage areas shall be provided for food, kitchen, and eating utensils; clean linens, soiled linens, and clothing; cleaning compounds and equipment; and outdoor recreational and maintenance equipment.

(xi) The facility shall have a kitchen area that is kept clean.

(f) Medication.

(i) All medication not administered by persons licensed by the State of Wyoming to administer medication are to be self-administered by the resident for whom the medication was prescribed.

(ii) Medication documentation is maintained in the client record for each client taking medication. This documentation includes:

(A) Client's name;

(B) Name and dose of each medication taken;

(C) Signature of the staff person who observed self-administration of the drug;

(D) All medication is taken according to the written prescription.

(E) All prescription and non-prescription medications are kept in locked storage.

(F) All medications are stored in their original containers under appropriate storage conditions in a neat, orderly fashion.

(G) Drugs are removed on or before their expiration date and destroyed.

(H) Medication for a client who has left the program is destroyed.

(I) The poison control number is posted by all telephones.

(J) Physician's Desk Reference or other comprehensive drug reference materials published within the last year is accessible to staff.

Section 4. Adult Primary Residential Treatment Program. Primary treatment services for adults are defined as 28-30 day, non-medical, 24-hour, live-in, treatment program for chemically dependent adults who require intensive evaluation and treatment services in a highly structured setting. The program shall provide services according to a schedule that includes the following:

- (a) 28-35 hours per week of intensive, structured, staff-facilitated, group activities which focus on all aspects of chemical dependency, the predominant life issues that impact on recovery, and the individual concerns of each client, including an educational program dealing with alcoholism and addiction, personal growth, the recovery process, and a philosophy of living that will support recovery;
- (b) A family program designed specifically for family members or significant others of clients in treatment, including an educational component and counseling;
- (c) Individual counseling, as appropriate;
- (d) Referral to appropriate self help groups;
- (e) Opportunities for recreational and social activities;
- (f) Direct 24-hour supervision of the program provided by a staff member; and
- (g) A plan for continuing care.

Section 5. Adult Transitional Residential Care Program. Transitional residential care for adults is a 30-120 day recovery process in a homelike setting which provides daily needs for food and shelter for adult alcohol and drug abusers who have made a clear commitment to abstinence and have received sufficient substance abuse treatment to continue recovery. Transitional care focuses on activities and coping skills for daily independent living and provides:

- (a) A treatment plan that addresses substance abuse and the specific behaviors that must be changed in order to obtain and maintain a lifestyle free of chemicals of abuse.
- (b) 8-12 hours per week of staff-facilitated, structured, group functions aimed at promoting adjustment to a chemically abstinent lifestyle.
- (c) Individual counseling as appropriate;
- (d) Encouragement of employment;
- (e) Referral to appropriate self-help groups;
- (f) Direct twenty-four hour a day supervision provided by a staff member or a responsible person designated in writing by the program director; and
- (g) Opportunities for recreational and social activities.

Section 6. Adolescent Primary Residential Treatment Program. Primary treatment for adolescents is a 45-60 day, nonmedical, 24-hour, live-in rehabilitation treatment program for chemically dependent or chemically abusing individuals aged 13 to the age of majority under Wyoming Statute and who require intensive evaluation and treatment services in a highly structured and controlled setting.

(a) The provision of primary residential treatment services to minors includes:

(i) 28-35 hours per week of structured, staff-facilitated, group activities which focus on all aspects of chemical dependency, the predominant life issues that impact on recovery, and the individual concerns of each client;

(ii) Family counseling;

(iii) Individual counseling;

(iv) On-site appropriate schooling;

(v) Organized recreational activities provided on a regularly scheduled basis at a minimum of three times per week;

(vi) Referral to appropriate self-help groups;

(vii) Continuing care service either as a component of the program or provided under an agreement with a certified substance abuse program in the location of the residence of the minor;

(viii) Direct 24-hour-a-day supervision by program staff.

(b) If primary residential treatment services for adolescents and adults are provided in the same facility, the two populations and all services and activities shall be separate.

(c) Primary residential treatment facilities for adolescents must be certified by the Department of Family Services as a child care facility.

(d) An evaluation and assessment shall be completed and documented in the client file. The information gathered in the evaluation and assessment procedure shall include, but not be limited to:

(i) The history and current status of the chemical use of the minor;

(ii) The history and current status of the minor's involvement with the criminal justice system;

(iii) The history and current status of any school problems of the minor;

(iv) The events that precipitated the minor's referral to primary residential treatment;

(v) The substance abuse/mental health service history of the minor and of the minor's family members;

(vi) The history and potential for physical and emotional abuse of and by the minor;

(vii) An assessment by the minor of his/her own alcohol and drug abuse; and

(viii) The medical history of the minor;

(e) The information used in the evaluation and assessment procedure shall be gathered through interviews and consultations with the adolescent and the adolescent's family, the referral source, and allied agencies that are involved, including the school.

(f) Clinical staff shall be knowledgeable about normal childhood development, the impact of the use of and the dependency on alcohol and drugs on normal childhood development, and the issues of adolescence.

(g) The ratio of two staff for every six youth shall be maintained during waking hours.

(h) There shall be one male and one female staff person on duty at all times.

(i) There shall be counseling staff on duty or on call at all times.

(j) The program's on-site schooling shall comply with accreditation requirements of the Wyoming State Department of Education.

(k) All school educational activities shall be conducted by instructors certified by the Wyoming State Department of Education.

(l) All school activities shall be conducted at times of the day conducive to learning and shall be individualized, according to the age, learning level, and needs of the minor.

(m) If the program employs a step-level system, it must comply with the following requirements:

(i) Criteria for entering each level are defined in writing and stated in behavioral terms.

(ii) Criteria are applied equally to all clients.

(iii) Privileges, rewards, restrictions, and other consequences corresponding to the specific levels or behaviors are therapeutically indicated as determined by the executive director, defined in writing, implemented consistently as written, and documented in the client record.

(n) Upon completion of treatment, a referral for aftercare services shall be made to an appropriate substance abuse treatment program, and with the parent's or guardian's consent the discharge summary shall be forwarded to that agency.

(o) The program shall develop and implement policies on: visitation, receiving and sending mail, sexual activity, the use of alcohol and drugs within the facility, violence, facility damages, room searches, personal possessions, smoking, contraband, leaving the grounds without permission, money, clothing, and interpersonal conduct. These policies shall be explained to the minor and his/her parents or guardians upon admission.

(p) The program shall utilize, on a day-to-day basis, a consistent, behavioral, therapeutic model of treatment. The treatment model shall be described in writing and approved by the executive director.

Section 7. Prevention.

(a) Prevention is the initial phase of an overall continuum of services consisting of prevention, intervention/treatment and continuing care. Prevention services are provided to the general public and to individuals in high risk groups who have not yet been identified as substance abusers. Prevention services provide opportunities by which individuals and groups acquire the knowledge and skills to promote optimal functioning and to avoid or protect themselves from the substances, conditions, or situations which are known to contribute to drug use, alcohol abuse, or other disruptive life events. Prevention services are planned and proactive, promote health and well-being, and reduce risk factors associated with alcohol and other drug abuse. Specific types of prevention services include:

(i) Information: Services which provide awareness and knowledge of the nature and extent of alcohol and other drug use, abuse, and addiction and their effects on individuals, families, and communities. Information services provide knowledge and awareness of available prevention and treatment programs and services. Information programming includes such activities as appropriately targeted media campaigns, fliers, posters, brochures, or drug information seminars for youth, parents, and other target groups.

(ii) Education: Services that assist individuals to develop or improve their critical life skills. Critical life skills include decision making, peer resistance, coping with stress, problem solving, interpersonal and intra-personal communication, systematic thinking, and judgment abilities.

(iii) Alternatives: Services that provide challenging positive growth experiences in which people can develop self-discipline, confidence, personal awareness, selfreliance, and independence they need to become socially mature individuals. Alternative prevention programs are designed to provide positive alternatives to drug-taking behavior through a variety of community activities. The intention is that healthy activities will meet the need filled by alcohol and other drugs.

(iv) Community Coordination and Training: cooperative networking activities, action planning, and technical assistance provided to community individuals, groups, or agencies.

(v) Early Intervention: Services which focus on early detection and remedial action among persons who may be experiencing alcohol and other drug related problems and to refer them to appropriate services to prevent development of more serious problems. Services may include a variety of activities such as groups for high-risk youth, diversion classes, and student assistance programs.

(vi) Social Policy and Environmental Change: Services which establish or change

written and unwritten community standards, codes, or attitudes thereby influencing alcohol and other drug use in the general population.

(b) Organization and Staffing

(i) The organization offering substance abuse prevention shall identify a contact person for prevention services.

(ii) Program Planning

(A) The organization shall evaluate community prevention needs at least every four (4) years.

(B) There is a plan derived from the needs evaluation and updated bi-annually which contains, at minimum, the following:

(1.) Identified priority populations within the community for services;

(2.) Goals and measurable objectives;

(3.) Specified services which are intended to achieve the goals and objectives and which are of sufficient quantity and duration to effect change; and

(4.) Procedures which will permit appropriate evaluation of the program.

(iii) Prevention Records: The program shall maintain written records of prevention activities and services provided, including:

(A) Date of service;

(B) Service provider(s);

(C) Hours of service provided;

(D) Hours of preparation time;

(E) Population served and number of recipients;

(F) A description of the program, activity, or service; and

(G) Goal(s) to which the activity or service relates;