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Title:	ALCOHOL AND DRUG SERVICES PROGRAM GUIDELINES	

INTENT:

The Alcohol and Drug Services Program Guidelines are intended to define the criteria for professional practice for Alcohol and Drug Services in Saskatchewan to ensure that the quality of service is consistently delivered and continuously improved. These guidelines reflect the goals and strategies set out in *A Saskatchewan Vision for Health: A Framework for Change* and are intended to assist in translating this vision into performance.

LEGISLATIVE AUTHORITY:

Facility Designation Regulations, Section 4

RELATED GUIDELINES (Links):

GUIDELINE/GENERAL INFORMATION:

Saskatchewan Alcohol And Drug Services Program Guidelines



**Saskatchewan
Health**

Saskatchewan Alcohol and Drug Services Program Guidelines

January 2001

Table Of Contents

Foreword.....	iii
Acknowledgements	iii
Introduction.....	iv
Process.....	iv
Format.....	vi
Section 1: Client Recovery Services	1
1.1 Statement of Philosophy	1
1.2 Program Descriptions	2
1.3 Client Rights	3
1.4 Client's Right to Appeal.....	4
1.5 Client's Right to Access Services	5
1.6 Client's Right to Individualized Treatment.....	6
1.7 Client's Right to Familiar Participation	7
1.8 Admission Criteria	8
1.9 Intake Procedure.....	9
1.10 Program Orientation	10
1.11 Intake Record	11
1.12 Client Profile	12
1.13 Individualized Plan.....	14
1.14 Detoxification Program	15
1.15 Residential Services	16
1.16 Outpatient Services.....	17
1.17 Ongoing Recovery Services	18
1.18 Ongoing Recovery Planning	19
1.19 Dealing With Intoxicated or Behaviorally Disturbed Persons and Clients	20
1.20 Use of Physical Restraint	21
1.21 Discharge/Transfer Planning	22
1.22 Outreach Activities.....	23
1.23 Ancillary Services Directory	24
1.24 Self-help Information	25
Section 2: Program Planning And Management	26
2.1 Program Planning Process.....	26
2.2 Population Demographics	27
2.3 Documented Program Plan.....	28
2.4 Quality Assurance	29
2.5 Program Evaluation.....	30
2.6 Research Involving Clients	31
2.7 Operations Policy and Procedure	33

2.8	Program Organization	34
2.9	Public Relations.....	35
2.10	Facility Requirements.....	36
2.11	Program and Administrative Space and Equipment/Furnishings.....	37
2.12	Program Activities Area.....	38
2.13	Insurance	39
2.14	Medication Management.....	40
2.15	Dietary Services	41
2.16	Building and Fire Safety.....	42
2.17	Emergencies Involving Clients, Staff, and Public.....	43
2.18	First Aid.....	44
2.19	Complaint Handling	45
2.20	Abuse of a Vulnerable Person	46
2.21	Client Labour.....	48
Section 3: Records.....		49
3.1	Standardized Record-Keeping System.....	49
3.2	Confidentiality and Security of Client Records	50
3.3	Review of Records	51
3.4	Closing and Storing of Client Records.....	52
3.5	Utilization Records.....	53
Appendix A - Community Resources – Local & Provincial		54
A.	Volunteers and Student Practicum Services.....	54
B.	Orientation and Training	55
C.	Liability Insurance.....	56
D.	Volunteer and Student Records	57
Appendix B - Personnel.....		58
A.	Personnel Policies and Procedure Manual.....	58
B.	Job Descriptions	59
C.	Staff Development Plan.....	60
D.	Personnel Record.....	61
E.	Performance Appraisals	62
F.	Employee Assistance.....	63
G.	Code of Ethics	64

Foreword

The program guidelines included in this document define the criteria for professional practice for Alcohol and Drug Services in Saskatchewan to ensure that the quality of service is consistently delivered and continuously improved. These guidelines reflect the goals and strategies set out in *A Saskatchewan Vision for Health: A Framework for Change* and are intended to assist in translating this vision into performance.

Program Guidelines for Saskatchewan Alcohol and Drug Services (98) is a written set of expectations that define desirable and achievable levels of practice related to Alcohol and Drug Services. They do not include specific program objectives, policies, and procedures as these are the responsibility of each health district Alcohol and Drug Services or community-based organization. These guidelines are not intended to replace or replicate the roles and responsibilities of professional associations, accrediting bodies, or health districts or boards in developing and enforcing standards. Each of these bodies has governing legislation and regulations, as in the case of *The Health Districts Act and Regulations*, governing its role, responsibilities, and standards of practice.

Information practices of district health board facilities are governed by *The Local Authority of Freedom of Information and Protection of Privacy Act*.

It is hoped, however, that these guidelines will provide a framework for the minimum standard of care from which Alcohol and Drug Services could develop specific program objectives, policies, and procedures. They should also assist organizations in preparing for district-wide accreditation.

Acknowledgements

We gratefully acknowledge the British Columbia Ministry for Children and Families for allowing us to use their publication *British Columbia Program Standards for Alcohol and Drug Programs* in the development of these guidelines.

Introduction

Program Guidelines for Saskatchewan Alcohol and Drug Services (98) is a statement of a minimum standard of care and service. They have been adapted from the *British Columbia Program Standards for Alcohol and Drug Programs* developed by the British Columbia Ministry of Health. B.C. reviewed models of alcohol and drug program standards from across the country and the final B.C. document represents the work of many staff, and many months of research, validation and development effort.

Developing *Program Guidelines for Saskatchewan Alcohol and Drug Services (98)* required the efforts of a number of people over a period of years. The Alcohol and Drug Services Standards Committee was first established in 1993 to draft program guidelines for standards of care. Our records show that the original committee included the following people:

Mary Muir (Kindersley)
Jean Dunlop (Saskatoon)
Jan Frayling (Saskatoon)
Bill Logue (Saskatoon)
Joe Penkula (Larson House, Saskatoon)
Larry Hornung (Pine Lodge)
Roly Gatin (Pine Lodge)
Bill Stephenson (Regina Recovery Manor)
Murray Simpson (Calder Centre, Saskatoon)
Lynn Tait (Saskatchewan Health)
Sandy Lane (Saskatchewan Health)
Maureen Simpson (Saskatoon)
Jerry Fitzgerald (Regina)
Sharon Erickson (Moose Jaw)
John Kreiser (La Ronge)

Process

The committee developed a draft of program standards based on the *Saskatchewan Vision for Health*, the goals, strategies and principles recognized by Alcohol and Drug Services Programs Branch, Saskatchewan Health. It was reviewed by all Alcohol and Drug Services agencies.

Following the transfer of Alcohol and Drug Services to health districts in 1995, a subsequent draft was reviewed by the Alcohol and Drug Abuse Advisory Council (ADAAC) for feedback. In March of 1997, the document was presented to the health district Directors of Community Services group for review and comments. The document was then reviewed by the newly formed Alcohol and Drug Services Provincial Working Group.

A Working Group sub-committee then adapted the format of the B.C. program standards to Saskatchewan's program guidelines. *Program Guidelines for Saskatchewan Alcohol and Drug Services (98)* incorporates the strategies outlined in *Saskatchewan Vision for Health*, and the goals of Saskatchewan Health:

- To encourage program integration by health districts
- To focus attention on outcomes and outputs
- To emphasize client-centered and home/community-based programs
- To ensure safety, quality and consistency in the provision of health services
- To ensure accountability and protect public interest
- To ensure health service accessibility and availability throughout the province

An attempt has also been made to include the principles of the Saskatchewan Model of Recovery Services (SMRS), developed in 1991 by the Saskatchewan Alcohol and Drug Abuse Commission (SADAC). This model is used as the framework for alcohol and drug programs across the province.

The SMRS adopts the World Health Organization's classification of alcohol and drug disorders in defining clinical and program parameters. The following reflects key elements of the Saskatchewan Model of Recovery Services:

- Emphasis on early identification of alcohol and drug-related problems
- Recovery is defined as establishing/re-establishing patterns of healthy living
- Recovery is family-based, and the primary client is defined as the family unit
- Recovery is viewed as a long-term developmental process
- Recovery is personal; treatment interventions are based on the severity of the client's problem
- Recovery strategies are tailored to meet the needs of each individual
- Recovery is an active process involving the voluntary participation of the client
- Recovery is a comprehensive bio-psycho-social-spiritual process
- The community is the basis of the service delivery system

The resulting program guidelines are a written set of expectations that define achievable and desirable levels of practice for alcohol and drug services. This manual is designed as a working document so that pages can be added or replaced to accommodate changes and new program guidelines as time passes.

Format

The program guidelines have been organized into the following sections, each addressing an area of program operation:

- Section 1. Client Recovery Services
- Section 2. Program Management And Planning
- Section 3. Records

Appendix

- A. Community Resources
- B. Personnel

Within each section, a number of specific guidelines are identified, including the specific program characteristics and activities thought to be necessary for effective operationalization. Each guideline is presented in the following format:

- a) **Guideline:** A statement of the basic requirements for program practise/performance
- b) **Criteria:** A list of measures or criteria which a program or activity must meet in order to demonstrate compliance with the intent of the guideline
- c) **Rationale:** A brief explanation of the reasons for the requirements contained within the guideline and criteria. In some cases, the rationale also contains information that will be useful in preparing for accreditation
- d) **Exclusions:** A list of the types of programs or instances in which the program or activities are exempted from all or a portion of the criteria for a specific guideline

Section 1: Client Recovery Services

1.1 Statement of Philosophy

GUIDELINE

There is a written description of each program's philosophical approach to recovery.

CRITERIA

1. The description includes a statement of the relationship between the needs of the client population and the program's approach to recovery.
2. The description includes a statement of the relationship between community needs and the program's approach to recovery, as highlighted in the program plan.
3. The description is reviewed and updated on a yearly basis.
4. The program's philosophical approach to recovery will reflect the Saskatchewan Model of Recovery Services (1991)¹.

RATIONALE

The program's philosophical approach offers a context for integrating the program's recovery activities, in-service training, staff recruitment and community relationships. It can serve as a starting point for evaluation by helping to define objectives.

EXCLUSIONS

None

¹ Meeting the Challenges: *The Saskatchewan Model of Recovery Services*, June 1991.

1.2 Program Descriptions

GUIDELINE

There is a written description of each program and its various components, such as intake, assessment, treatment plan, etc.

CRITERIA

1. These descriptions of recovery services are written in understandable language and are made available to the client.

RATIONALE

Clients should clearly understand the recovery services in which they will be participating. In this way, they are prepared for the various components of the recovery process and programming and can make informed decisions about their involvement.

EXCLUSIONS

None

1.3 Client Rights

GUIDELINE

Clients are informed of their rights at the earliest opportunity.

CRITERIA

1. Clients are informed of the various steps and activities involved in the recovery process at the earliest opportunity.
2. Clients are informed of their right to, and limitations of, confidentiality of all records, correspondence and conversations relating to their involvement with the program.²
3. There is documentation of written consent from clients who undergo any unusual treatment procedures.
4. A statement of basic client rights is posted in a prominent place in the program's facility(ies).
5. Even though clients in "mandatory treatment", e.g., court referrals, have the basic right to refuse treatment, the implications of such refusal, e.g., imprisonment or fines, should be pointed out to them in a therapeutic manner.
6. Clients are informed of their right to appeal, including the right to appeal when they have been refused admission to services.

RATIONALE

The right of informed consent is a key element in the implementation of a program and is based on respect for the individual client. This right should be safeguarded throughout the recovery process. Informed consent refers to the client having full information regarding the nature of the treatment intervention and its risks. This information should be sufficient to allow the client to make the decision about entering the treatment program. This includes information about the purpose and use of any data collected about the client, and the process of disclosure of personal information. Consent should be freely given.

EXCLUSIONS

None

² If a statute or regulation requires disclosure of information, staff **must** comply. Some examples include The Child & Family Services Act, a subpoena to provide information to court or a tribunal, and a request from any person who has a statutory ability to compel information, for example, a Public Inquiries Act Commissioner, or Saskatchewan Justice, Maintenance Enforcement Office.

1.4 Client's Right to Appeal

GUIDELINE

The program has a written procedure for dealing with appeals by clients.

CRITERIA

1. There is documentation describing the appeal process/procedure.
2. The documentation identifies the client's right to appeal, including the right to appeal a decision to refuse their admission to services.
3. Program staff should thoroughly understand the appeal process.
4. Clients are advised of their right to appeal and informed of the procedures required to initiate an appeal.

RATIONALE

Clients must be informed of their right to appeal and the procedures to initiate the process. A clear, written policy identifies the procedures to be followed when a client chooses to pursue his/her right to appeal any decisions with respect to their involvement with the program.

EXCLUSIONS

None

1.5 Client's Right to Access Services

GUIDELINE

There is a written policy of nondiscriminatory practice in the program's outreach, admission, and recovery activities. There are methods in place to ensure clients have access to services provided, and that requests for services are readily accepted from clients, client's family and friends, health or social service organizations, and other service providers.

CRITERIA

1. The written policy addresses nondiscrimination on the basis of:
 - Race
 - Creed
 - Religion
 - Family status
 - Sex
 - Marital status
 - Ethnicity
 - Age
 - Disability
 - Sexual orientation
 - High risk or carriers of communicable diseases
2. The program has a written list of community resources for use in reaching and serving special populations in the service area.
3. The program's services are available to those persons who have disabilities in addition to substance misuse.
4. Referral services are made available to individuals whose needs cannot be met by the program.

RATIONALE

Protection of people from all forms of discrimination and unfair treatment is an ethical and legal responsibility of those who work with disadvantaged groups. Assuring that services are accessible to all persons or groups is a fundamental human right.

EXCLUSIONS

Programs which have been established to provide services to specific populations such as gender-specific programming, may be exempted from portions of Criterion 1. See the Saskatchewan Human Rights Code.

1.6 Client's Right to Individualized Treatment

GUIDELINE

The program shall have a written policy regarding clients' rights to individualized treatment.

CRITERIA

1. The policy includes a statement that all clients shall have a documented, individualized recovery plan.
2. The policy includes a statement that all clients will have an opportunity to participate in planning their recovery.
3. The policy includes a statement that recovery planning will address ongoing recovery and care within the context of community and client resources by the use of immediate and long range goals.

RATIONALE

Recovery services should always be provided in the least restrictive environment possible based on the client's needs and as identified by the client.

EXCLUSIONS

Informational programs may be exempted from this guideline.

1.7 Client's Right to Familiar Participation

GUIDELINE

The program should have a policy that describes the role and limitations of the involvement of family and significant others. All provisions should be made to accommodate the participation of, and communication with, the family and significant others, such as providing space and privacy for conversations, correspondence, etc.

CRITERIA

1. Space should be provided for private visits between clients and visitors.
2. Clients are able to send and receive mail providing that reasonable security and general health and safety requirements are met.
3. Clients are provided with facilities to conduct personal telephone conversations, at the client's expense.

RATIONALE

The opportunity for clients to communicate privately with family members and significant others during the course of recovery forms an integral part of the therapeutic process.

EXCLUSIONS

Non-residential programs and components are exempted from this guideline.

1.8 Admission Criteria

GUIDELINE

The program has written criteria for admission to each recovery component.

CRITERIA

1. The admission criteria are available to clients, staff and community.
2. The admission criteria should include a plan of prioritization that identifies those individuals and groups (e.g., pregnant women) who will be given priority in admissions, based on highest need and greatest risk.

RATIONALE

If the program contains multiple components, admission criteria for each component should be developed. For persons who are ineligible (as defined by the admission criteria) it is essential that alternative resources for these individuals be identified. Admission criteria should be presented in such a way as to be understandable to clients.

EXCLUSIONS

None

1.9 Intake Procedure

GUIDELINE

The program utilizes a written intake procedure within each recovery component.

CRITERIA

1. The procedure includes criteria for determining that the component is appropriate to the needs of the client.
2. The procedure addresses referral of individuals not admitted to the program.
3. The procedure addresses acceptance and refusal of referrals from outside agencies.
4. The procedure meets specified time limits appropriate to the program within which initial client assessments must be completed.

RATIONALE

The purpose of the intake procedure is to ensure that the intake process for all clients is the same, is systematic, well defined, and undertaken in the most expedient manner possible.

EXCLUSIONS

None

1.10 Program Orientation

GUIDELINE

All clients receive an orientation to the program in a timely manner.

CRITERIA

The orientation includes information on:

1. the philosophy and goals of the program
2. expectations governing clients' conduct
3. the hours during which services are available
4. all costs and fees for service, and responsibility for payment of these fees
5. clients' rights while receiving services in the program

RATIONALE

A thorough orientation to the program will enhance client treatment outcomes and ensure the clients' right to informed consent.

EXCLUSIONS

None

1.11 Intake Record

GUIDELINE

There is a written policy and procedure to ensure that consistent information is collected on each client at admission.

CRITERIA

1. Minimal information to be requested from clients as part of the admission process includes:
 - Name
 - Address
 - Telephone number
 - Date of birth
 - Sex
 - Marital status
 - Employment status
 - Education
 - Next of kin (including telephone number)
 - Current criminal justice status
 - Referral source
 - Initial contact date
 - Date information
 - Name of intake worker
 - Previous involvement in recovery programs (including dates and locations)
2. Information collected should also be transferred accurately and consistently to the Alcohol and Drug Client Admission/Discharge form. The client is informed about the purpose for collecting this information. His/her provision of all or parts of the information is voluntary.

RATIONALE

This information will assist the program to maintain a current database which yields an accurate profile of clients for planning and program development.

EXCLUSIONS

None

1.12 Client Profile

GUIDELINE

The program has a written procedure for obtaining a client assessment, history, and formulation of clinical impressions.

CRITERIA

1. The procedure requires that a program staff member complete a client history.
2. A rationale for the collection of this information should be explained to the client.
3. The client history will include the following items of information about the client:
 - Identifying data
 - Intake information
 - Presenting problem from the client's perspective
 - Substance use history and profile
 - Family/Interpersonal history
 - Education/Employment/Vocational history
 - Medical/Psychiatric history
 - Legal history and current status
 - Statement of life dysfunction
 - Results of assessment
 - Diagnosis (if applicable)
 - Options for service based on results of assessment
4. The client assessment results in the clinical impression of the condition for which a recovery plan will be developed. The recovery plan should document the following:
 - Goals for client and service
 - Interventions/motivational level
 - Evidence of client's participation in developing the recovery plan
 - Evidence of educating the client
 - Evidence of involving the client, family and community as applicable in the service provided
 - Client's progress
 - Client's responses to service
 - Consultant reports
 - Transfer summary, if applicable
 - Plans for follow-up service

RATIONALE

It is necessary for a member of the program's clinical staff to collect information from the client to fully determine the client's relationship to the admission criteria and the appropriateness of his/her admission to a program. This information should be collected and recorded in a standardized fashion.

EXCEPTION

Short-term detoxification programs and components, and walk-in programs and components may be exempt from parts of Criterion 2.

EXCLUSIONS

Informational programs.

1.13 Individualized Plan

GUIDELINE

There is documentation that the recovery program develops an individualized plan for each client.

CRITERIA

1. The plan identifies client strengths and the needs to be addressed during recovery.
2. The plan includes specific short and long term goals for each identified client need.
3. The plan specifies the recovery strategies to be utilized to achieve the specific outcomes desired.
4. The plan identifies client-centered results/outcomes that are
 - Individualized
 - Specific
 - Measurable
 - Attainable
5. The client's participation in the development of his/her recovery program is documented.
6. The client's progress is documented for each counsellor/client interaction, and for each identified goal.
7. The client has signed a statement to the effect that he/she has reviewed and understands the contents of the recovery plan.
8. There is periodic review of the recovery plan by the client and the client's case manager.

RATIONALE

The development and implementation of individualized client recovery plans is generally accepted as the basis for effectively addressing substance misuse issues. This standard, in part, addresses the extent to which these plans are actually developed for and with program clients. The client record will be the primary source for documentation of compliance with this standard.

EXCLUSIONS

Detoxification programs and components are exempted from Criterion 2 when the client leaves the program before 48 hours has lapsed.

1.14 Detoxification Program

GUIDELINE

The program has a written description of the objectives, policies and procedures of its detoxification component.

CRITERIA

1. The type(s) of detoxification service(s) provided is/are described in detail (e.g., medical, non-medical, in-patient, day-patient, outpatient, etc.).
2. A licensed physician directs the medical care of all clients.
3. Client care policies and practices are developed and supervised by a currently registered nurse.
4. All detoxification clients should be examined by a physician within 24 hours of admission.
5. There is adequate and continuing assessment of client's health status with provision for any emergency care required.
6. A comprehensive assessment is provided to each detoxification client within 72 hours of admission.
7. Detoxification unit staff who provide direct client care are currently certified in first aid techniques (including CPR).
8. There is provision and clear procedures for the transfer of clients from one type of detoxification service to another, when necessary.
9. Written policy and procedures exist to deal with clients who leave against medical advice.
10. Provision is made for referral of all clients to appropriate post-detoxification services.

RATIONALE

A detailed description provides clear expectations of the detoxification program and is important for the referral of clients to the appropriate detoxification service.

EXCLUSIONS

Programs which do not offer detoxification services.

1.15 Residential Services

GUIDELINE

The program has a written description of the objectives, policies and procedures of its residential component.

CRITERIA

1. The usual length of stay for clients in the residential component is delineated.
2. The services to be provided to clients of the residential component are described, including evening and weekend services.
3. Policies and procedures for the timely conduct of client assessments, including vocational and nutritional assessments, are specified.
4. Provision is made for the utilization of community resources to provide client assessments or services when assessments cannot be provided by the residential care component.
5. Policies and procedures exist to ensure that the recovery planning process recognizes other service needs of the client, including such services as the client may be receiving at the time of admission.
6. Policies and procedures exist for informing clients of the inadvisability of transfer prior to program completion.
7. A policy and procedure exists which prohibits the use of alcohol and other drugs by clients in the residential complex.
8. The description of residential services is available to all staff, clients and community resources.

RATIONALE

The provision of residential services should be so planned as to address a comprehensive range of client needs. Careful documentation of needs assessment and services provided, both directly and through referral, should be placed in client files. Written descriptions will aid in program evaluation.

EXCLUSIONS

Programs and components that are not residential services are exempted from this guideline.

1.16 Outpatient Services

GUIDELINE

There is a written description of the objectives, policies and procedures of the outpatient component.

CRITERIA

1. Policies and procedures are specified for the timely conduct of client assessments.
2. Policies and procedures exist to ensure that the recovery planning process recognizes other service needs of the client.
3. A referral process is outlined for the utilization of community resources in the provision of client assessments when they cannot be provided by the outpatient component.
4. Provisions are described for the referral of clients to other programs and community resources upon transfer from the outpatient component.
5. The outpatient component description is available to all staff, clients and community resources.

RATIONALE

Outpatient care is the most frequently utilized method of providing substance misuse services. As with other care components, services should be planned so as to be comprehensive in nature, with appropriate use of community resources where needed. Detailed, written descriptions will aid in program evaluation.

EXCLUSIONS

Programs and components that do not provide outpatient services are exempted from this guideline.

1.17 Ongoing Recovery Services

GUIDELINE

The program has a written plan describing the objectives, policies and procedures for ongoing recovery services.

CRITERIA

1. The plan describes specific ongoing services available to clients of the program.
2. The plan includes policies and procedures for periodic review of on-going services provided.
3. Residential programs must refer clients to outpatient services in the client's area of residence for ongoing recovery services, but the client has the choice of where to attend outpatient services.

RATIONALE

Ongoing recovery is an essential element of quality care for substance misuse clients. It is also a vital source of information on the long-term effectiveness of the care provided. Detailed descriptions will aid in program evaluation.

EXCLUSIONS

None

1.18 Ongoing Recovery Planning

GUIDELINE

The program has a written policy and procedure on client follow-up.

CRITERIA

1. The policy and procedure documents the follow-up process for clients transferred or discharged from a program.
2. The policy and procedure specify the type of information to be collected from clients during follow-up contacts.
3. The policy and procedure establish protection of client confidentiality during follow-up contacts.
4. The policy and procedure specify the conditions under which clients may be re-admitted to specific recovery components.
5. The policy and procedure specify the conditions under which follow-up may be discontinued for individual clients.

RATIONALE

Follow-up should occur with all clients discharged from the program in order to accurately determine and address long-term treatment outcomes.

EXCLUSIONS

Residential components/programs are exempted from this guideline unless there is no outpatient component to administer ongoing recovery planning and follow-up.

1.19 Dealing With Intoxicated or Behaviorally Disturbed Persons and Clients

GUIDELINE

The program has a written policy describing the procedures for dealing with intoxicated or behaviorally disturbed persons participating in recovery services.

CRITERIA

1. The policy describes the program's capability to deal directly with intoxicated or behaviorally disturbed persons.
2. The policy describes other community resources and referral procedures for dealing with intoxicated or behaviorally disturbed persons.

RATIONALE

Occasionally programs will be faced with the problem of dealing with an intoxicated or behaviorally disturbed client or non-client. Procedures should be in place for dealing with these persons in a manner which will be of greatest benefit to the person while causing the least disturbance to the rest of the program.

EXCLUSIONS

None

1.20 Use of Physical Restraint

GUIDELINE

The program has a written policy that physical restraint of clients should not be employed except as an emergency measure while waiting for appropriate assistance.

CRITERIA

1. Physical restraint will only be applied for emergency measures to protect the individual and/or the immediate environment (including other persons in that environment)³.
2. Physical restraint will only be applied until appropriate assistance is available (such as police or ambulance personnel).
3. Staff are trained and have received orientation experience on the safe use and application of physical restraint.
4. A clearly described emergency plan will include procedures for implementing, documenting and communicating actions taken to appropriate bodies such as the Program Director.
5. A clearly described procedure will be developed to investigate, evaluate, and follow-up on any incident requiring physical restraint.

RATIONALE

The use of physical restraint shall be guided by consideration for the dignity, rights and independence of all clients and by the understanding that persons in need of containment are not suitable for treatment in alcohol and drug clinical services.

EXCLUSIONS

None

³ See Registered Psychiatric Nurses Association of Saskatchewan, Position Statement on the Use of Restraints in Client Care, November 1993.

1.21 Discharge/Transfer Planning

GUIDELINE

The program has a written policy on transfer planning for clients who move to ongoing recovery.

CRITERIA

1. The client record will contain a final evaluation of the client's progress toward anticipated recovery outcomes.
2. Referrals made to any other organizations at the time of transfer will be documented in the client record.
3. A plan for client aftercare/ongoing recovery will be developed and entered in the client record.
4. The transfer plan is reviewed by the client's Community Case Manager.
5. Clients will participate in the development of their recovery plans.

RATIONALE

The development of an ongoing recovery plan allows for both continued support of the client, and the collection of data and information on client status. This information is needed for the effective evaluation of outcomes. Requirements for evaluation of individual clients' treatment outcomes are delineated in the treatment planning section of this manual.

EXCLUSIONS

None

1.22 Outreach Activities

GUIDELINE

The program has a written plan describing outreach activities.

CRITERIA

1. The outreach goals and objectives are based on a needs assessment.
2. The plan delineates the outreach roles and responsibilities of personnel.
3. The plan identifies a specific staff position responsible for coordinating outreach activities.
4. The plan specifies the relationship between outreach personnel and activities, and the various components of the program.
5. There is documentation that outreach activities, as delineated in the outreach plan, are implemented.

RATIONALE

The development of a specific plan for outreach services aids in the orderly development and implementation of services. Of special interest is the coordination necessary to ensure that client needs can be met by the program, either through direct service provision or referral to other community resources.

Consistent documentation of outreach activities and results will assist the program in assessing outreach effectiveness. This process may also be useful in identifying changing trends in client needs and characteristics, and in evaluating the program.

EXCLUSIONS

None

1.23 Ancillary Services Directory

GUIDELINE

The program has a directory of appropriate providers who offer related and ancillary services which supplement the principal services of the program.

CRITERIA

1. The directory lists the location, phone number and contact for each provider who offers related and ancillary services.
2. The directory lists the specific services offered.

RATIONALE

The identification and utilization of supplemental resources ensures the provision of a comprehensive network of related services. Duplication of effort can be avoided by the maintenance of an up-to-date directory of available resources.

EXCLUSIONS

None

1.24 Self-help Information

GUIDELINE

The program offers current information on self-help groups to clients.

CRITERIA

1. The program ensures that factual information about a variety of self-help groups is provided to clients.

RATIONALE

Self-help groups are an integral part of the recovery process. Program policy and procedure reflects the value of these resources.

EXCLUSIONS

None

Section 2: Program Planning And Management

2.1 Program Planning Process

GUIDELINE

There is documentation that a formal program planning process is available for use.

CRITERIA

1. The planning process and subsequent program plan are formally approved by the “governing body”⁴.
2. The planning process involves a review and update of the program’s goals and objectives on an annual basis.
3. The plan is available to the staff and governing body of the program and to the public (upon request).

RATIONALE

A formal documented planning process involves detailed consideration of all factors, which are essential for the effective provision of the services offered by the program. The plan is used both in the organization of those services, and in evaluating their effectiveness in terms of both process and program outcomes.

EXCLUSIONS

None

⁴ “Governing body” throughout this document refers to the Regional Health Authority Board, or their delegate, unless otherwise specified. The Regional Health Authority Board, in turn, is governed by The Regional Health Services Act, and any specific service agreement made between the Regional Health Authority Board and Saskatchewan Health. Therefore, it is not the intent of this document to circumvent or replace any policy or procedure that is already in existence in the health districts, but to provide a set of guidelines to which any newly developed policy and procedures may adhere. St. Louis Alcoholism Rehabilitation Centre and the Metis Addictions Council of Saskatchewan Inc. (MACSI) agencies are contracted directly by Saskatchewan Health, and governed by independent Boards of Directors, according to The Non-Profit Corporations Act.

2.2 Population Demographics

GUIDELINE

The characteristics and distribution of the population to be served by the program are documented for purposes of program planning.

CRITERIA

1. The geographic distribution of the target population is described as well as other specific characteristics that may be helpful in planning. These include such items as age, gender, unemployment patterns, educational level, unique cultural features and patterns of substance use.
2. The methods used to estimate the prevalence of substance use and misuse in the target population are described.
3. The needs assessment includes an estimate of the prevalence of substance use and misuse within the total population of the service area.
4. The needs assessment includes an estimate of the prevalence of substance use and misuse within the specific populations targeted for service by the program.

RATIONALE

The specific characteristics of the proposed population provide a foundation for the development of needs assessment strategies and the planning of program services, as well as a rationale for the use of specialized approaches to the recovery process.

This guideline also addresses the needs assessment process which the program undertakes in order to identify and document specific service needs. Current research/data on alcohol and drug related issues should be utilized and included when available.

EXCLUSIONS

None

2.3 Documented Program Plan

GUIDELINE

There is a written plan describing the services of the program.

CRITERIA

1. The plan includes a statement of the overall goals and objectives of the program.
2. The plan identifies the activities through which program goals and objectives are intended to be achieved.
3. The plan describes the specific methods used to provide services.
4. The program plan reflects that the findings of the evaluation process have been used in the plan.

RATIONALE

The program plan provides both documentation of the planning process and detailed overall guidelines for program operation. The written plan aids in program evaluation.

EXCLUSIONS

None

2.4 Quality Assurance

GUIDELINE

There is a written quality assurance plan for the program.

CRITERIA

1. The plan encompasses all standards relevant to program administration and operations.
2. The plan outlines the processes by which the standards are to be achieved and maintained (e.g., facility upgrading, staff education, budget enhancement, etc.).
3. The plan is reviewed and updated at least annually.
4. The plan is available to the governing body and program staff.

RATIONALE

A quality assurance plan ensures that the services provided are effective and appropriate to the specific needs for the program's clients.

EXCLUSIONS

None

2.5 Program Evaluation

GUIDELINE

There is a written plan that identifies performance indicators (measures) for individual client services.

CRITERIA

1. The plan identifies any or all of the following aspects of quality:
 - Safety
 - Competence
 - Acceptability
 - Effectiveness
 - Appropriateness
 - Efficiency
 - Accessibility
 - Continuity
2. The indicators of performance should:
 - a. Relate to the process of service delivery
 - b. Relate to the outcomes of service, including client satisfaction and cost
 - c. Reflect professional standards and/or guidelines for practice and relevant legislation
 - d. Are monitored to flag opportunities for improvement
3. There is documentation that this systematic evaluation of the program is undertaken on an annual basis.
4. All of the elements in the plan should conform to accepted standards and requirements of sound evaluation design.
5. The program plan reflects that the findings of the evaluation process are used in planning the program.

RATIONALE

The evaluation plan is a written document that describes the procedures to be followed in conducting an objective evaluation of the program's processes and outcomes. It is important that the results of the evaluation be used to monitor the activities of the program on a continuous basis. Evaluation results should also be used as information upon which to base annual revisions of the overall program plan.

EXCLUSIONS

None

2.6 Research Involving Clients

GUIDELINE

The program has written policies and procedures governing the conduct of research involving clients.

CRITERIA

1. All applied research projects receive prior written approval from the governing body's research approval process.
2. Prior to approving applied research projects the governing body reviews the proposal to ensure that:
 - The design is adequate and individuals responsible for the direction and implementation of the project are adequately qualified to conduct the research
 - General benefits and risks of the project have been identified
 - Specific benefits and risks of the project to subjects have been identified
 - The design complies with accepted ethical standards
 - Possible disruptions in program activities are identified
 - Procedures for dealing with any potentially harmful effects of the research activities are established.
3. Written informed consent is obtained from every subject prior to participation in a research project.
4. Informed subject consent includes:
 - A full verbal and written description of the research project
 - Use of language which the subject understands (non-technical; also translators for non-English speaking subjects should be available)
 - A full description of all expected benefits to the subject and the general public
 - A description of alternative procedures which may be equally advantageous but which are not used in the research project
 - Provision for answering all subject inquiries regarding the research procedures and possible consequences

- Providing the subject with assurance that a decision not to participate in the research will not jeopardize continuation of treatment
 - Informing the subject that informed consent may be withdrawn at any time
 - Provision for repeat of this process if goals and/or procedures change as the research proceeds
5. Written consent does not require the subject to waive any legal rights or to release the program, staff and/or research project and staff from liability of negligence.
 6. The policies and procedures ensure that research results provide total anonymity to the subjects.
 7. All medical procedures in research projects are supervised by a physician.
 8. Written approval is obtained from the governing body's research approval process before research results are released and/or published.

RATIONALE

Any research involving clients must ensure that each client enters into the project only after receiving all the information required to make an informed decision. This protects the client and the research group from misunderstandings that could negatively impact the client.

EXCLUSIONS

None

2.7 Operations Policy and Procedure

GUIDELINE

The program has an operations policy and procedures manual which describes the regulations, principles and policies/practices established by the governing body to determine the program's operation.

CRITERIA

1. There is written documentation that the operations policy manual is reviewed and updated at least annually.
2. There is documentation that the operations policy manual is available to public and staff upon request.

RATIONALE

The operations manual serves as a guideline for the daily operation of the program. It is mainly intended for use by the clinical and administrative staff. As such, it serves as a framework for them in the performance of tasks for which they are responsible.

EXCLUSIONS

None

2.8 Program Organization

GUIDELINE

The program has an up-to-date organization chart.

CRITERIA

1. The organization chart identifies the administration and all staff positions within the program.
2. The organization chart depicts programmatic lines of authority.
3. The organization chart depicts the relationship between the program and the local governing body.
4. The organization chart is distributed to all staff and members of the governing body and is available to the public.

RATIONALE

The organization chart is a formal document, which establishes each staff position and designates the lines of authority in the organization. As such, it graphically presents the manner in which the services provided by the program are structured, and it legitimizes supervisory authority within the program's structure.

EXCLUSIONS

None

2.9 Public Relations

GUIDELINE

The program has a written public relations policy.

CRITERIA

1. The program designates a program spokesperson.
2. The policy outlines under which circumstances requests, complaints, etc. must be referred to the governing body for resolution.
3. The policy provides that the spokesperson will advise the governing body of all public relations activities, including educational activities.

RATIONALE

A clear public relations policy ensures that requests for information, media interviews, complaints, etc. are handled in a consistent and appropriate manner.

EXCLUSIONS

None

2.10 Facility Requirements

GUIDELINE

The program complies with all applicable municipal, provincial and federal facility requirements (e.g. building and fire codes).

CRITERIA

1. Residential and detoxification programs maintain current licensure in accordance with The Housing and Special-care Homes Act and Regulations.
2. Residential and detoxification programs operate in accordance with applicable building and fire code requirements.
3. Copies of applicable facility requirements are available on site and available to the governing body and program staff.

RATIONALE

Compliance with building, health and safety codes ensures the safety and well being of staff and clients. In the event that there are no municipal codes in place, provincial or national codes may be applied to the program. Zoning approval or written documentation that the municipality has no objection to the operation of the facility is usually required before a program is established.

EXCLUSIONS

None

2.11 Program and Administrative Space and Equipment/Furnishings

GUIDELINE

The program provides adequate space for the provision of all administrative and operational activities of the program, and provides the necessary equipment, furniture and supplies to carry out the program activities.

CRITERIA

1. Private individual counselling space is available.
2. Private space to accommodate group activities is available.
3. Security is provided to ensure confidentiality of information.
4. Space should be fully accessible to persons with physical impairments.
5. A separate waiting and/or client lounge is available.
6. Separate washrooms for staff and clients/visitors should be available.
7. Space for administrative and therapeutic purposes is separated.
8. Provision is made for necessary repairs and replacement of equipment, furniture and supplies.

RATIONALE

This guideline establishes effective therapeutic environments for all clients and adequate specialized space for administrative functions. Without the necessary equipment, furniture and supplies, a program cannot successfully accomplish its goals and objectives.

EXCLUSIONS

None

2.12 Program Activities Area

GUIDELINE

The program provides the necessary equipment, furniture, and supplies to carry out program activities.

CRITERIA

1. Provision is made for necessary repairs and replacement of equipment, furniture, and supplies.

RATIONALE

Without the necessary equipment, furniture, and supplies, a program cannot successfully accomplish its goals and objectives.

EXCLUSIONS

None

2.13 Insurance

GUIDELINE

The program maintains appropriate levels of liability and property insurance.

CRITERIA

1. The level of coverage is reviewed annually.
2. The level of coverage is sufficient to replace necessary items and to meet anticipated claims.
3. Coverage is provided to all program staff and volunteers.

RATIONALE

The program must have ample protection against personal and property liability claims from staff, volunteers, clients and visitors. It is also necessary to insure facilities, furniture and/or equipment. See The Housing and Special-care Homes Act and The Adult and Youth Group Homes Regulations.

EXCLUSIONS

None

2.14 Medication Management

GUIDELINE

The program has a written medication policy and procedure.

CRITERIA

1. Policies and procedures ensure that all medications are stored, dispensed and administered according to accepted standards and to applicable rules and regulations including:
 - Procedures for dealing with medication errors and adverse medication reactions
 - Policy regarding the use of standing medication orders, including nondiscriminatory practice in the case of multiple diagnoses, and the allowance of the client to remain on prescribed medications⁵
 - Procedures for controlling access to drugs
 - Maintenance of known medication allergy information in the client's record
 - Policy establishing under what circumstances self- medication by the client is permitted
 - Specific routines for the administration of drugs, including standardization of abbreviations and dose schedules.
2. A list of clinical staff members authorized by the program and by law to administer medications is maintained and updated as needed.
3. Current pharmaceutical reference material is available on-site to program staff.

RATIONALE

Ensures maximum protection of the client from medication error and adverse reaction.

EXCLUSIONS

Programs that do not dispense, administer or supervise medications.

⁵ Use of prescribed medications for psychiatric disorders (such as schizophrenia, bipolar affective disorder) and use of methadone for opioid dependence treatment is not "substance misuse". As a medical treatment under the direction of a physician, use of such medications should not prevent a client from accessing services.

2.15 Dietary Services

GUIDELINE

The program has dietary policies and procedures.

CRITERIA

1. The policies and procedures are written.
2. The policies and procedures are reviewed annually and updated as necessary.
3. The policies and procedures meet established nutritional and dietary service standards including:
 - Provisions to meet individual requirements
 - Provisions of the Canada Food Guide
 - Storage and handling of food
 - The identification and recording of known food allergies of the client
4. There is a written nutrition plan for each client in the client record.
5. Current nutrition and special diet reference material is available on-site to program staff.
6. Nutritionist consultation is available to program staff.

RATIONALE

Provides for optimum individual health and ensures the client is nutritionally prepared for the energy-consuming therapeutic process.

EXCLUSIONS

Programs that do not provide meals or snacks to clients.

2.16 Building and Fire Safety

GUIDELINE

There is a written plan to deal with emergencies involving the physical facility.

CRITERIA

1. The plan ensures program compliance with all applicable fire and building code regulations.
2. The plan is available to the governing body and all staff.
3. The plan includes fire emergency response approved by the local fire department.
4. The plan includes a building evacuation procedure approved by the local fire department.
5. The plan provides for regular practice drills supervised by local fire department authorities.
6. The plan is reviewed annually and updated as necessary.

RATIONALE

Building and fire safety saves lives and prevents unnecessary injury. Regular practice promotes an automatic and appropriate response by staff not regularly called on to deal with such emergencies.

EXCLUSIONS

None

2.17 Emergencies Involving Clients, Staff, and Public

GUIDELINE

There is a written plan to deal with emergencies involving clients, staff and the public.

CRITERIA

1. The plan includes specific procedures for managing and reporting serious threats, violence and health emergencies.
2. There are regular reviews and practice of the plan by the staff.
3. The plan is available to the governing body, program administration, and to all program staff.

RATIONALE

Preparation for possible emergencies ensures appropriate responses in crisis situations. Practice is necessary because of limited occurrences of such emergencies.

EXCLUSIONS

None

2.18 First Aid

GUIDELINE

Appropriate first aid is available in the facility.

CRITERIA

1. The program identifies and adheres to all applicable industrial health and safety regulations, including:
 - Staff first-aid requirements, especially Part III, Sections 35 (1), 36 (1), and 37 (1), and Part V of *The Occupational Health and Safety Act* and *The Occupational Health and Safety Regulations*.
 - Provision of required first aid supplies.
2. *The Occupational Health and Safety Regulations* are available on-site.

RATIONALE

First aid preparation provides for appropriate responses to client, staff and public health emergencies.

EXCLUSIONS

None

2.19 Complaint Handling

GUIDELINE

The program has and follows a written plan for dealing with client, staff and/or public complaints.

CRITERIA

1. There is documentation that all complaints are investigated through use of established procedures.
2. The results of investigations of complaints are entered in the appropriate record.
3. The plan provides that serious complaints (including those alleging negligence and/or abuse of clients) are brought to the immediate attention of the program administrator and/or governing body.
4. The plan specifies the procedures to be followed in investigating and documenting complaints. There is an established appeal process that complainants may access if not satisfied – to progressively senior levels as per the organization chart.

RATIONALE

To ensure complaints are dealt with and that a record of the complaint and its resolution are available for possible future reference.

EXCLUSIONS

None

2.20 Abuse of a Vulnerable Person

GUIDELINE

The program has and follows procedures for dealing with suspected, alleged, or known abuse of a vulnerable person (e.g., client) by a person with caretaking, therapeutic, or clinical responsibilities (e.g., counsellor).

CRITERIA

1. There is provision for a safety plan to address the abuse.
2. There is provision that the person with caretaking, therapeutic, or clinical responsibilities is prevented from persevering in the abuse in question or in any other abuse in the future.
3. There is provision for the vulnerable person to proceed with complaints or grievances regarding the abuse and there is an established appeal process that complainants may access if not satisfied – to progressively senior levels as per the organization chart.
4. There is documentation that complaints are investigated through use of established procedures, and the results of investigations of complaints are entered in the appropriate record(s).
5. There is provision for serious complaints to be brought to the immediate attention of the administration or governing body, and where applicable, to Saskatchewan Social Services.

RATIONALE

To ensure complaints are dealt with and that a record of the complaint and its resolution are available for possible future reference.

EXCLUSIONS

None

Suggested Protocol

Title: *Abuse of a Vulnerable Person*

Procedures for dealing with suspected, alleged, or known abuse of a vulnerable person (e.g., client) by a person with caretaking, therapeutic, or clinical responsibilities (e.g., counsellor).

Steps:

1. Ensure that steps are taken to address the abuse, by attending to the vulnerable person's safety, and emotional, physical, and medical care.
- 2.
3. Ensure that the vulnerable person has an informed and free choice to proceed with complaints or grievances regarding the abuse.
4. Determine if the vulnerable person is a minor and, if so, ensure that Saskatchewan Social Services is immediately notified.
5. Ensure that the person with caretaking, therapeutic, or clinical responsibility is prevented from persevering in the abuse in question or in any other abuse in the immediate future.
6. Ensure that review of the abuse and disciplinary procedures are instituted, and that further abuse by the caretaking, therapeutic, or clinical person is precluded.
7. Ensure that improvements in policy and procedure (which would reduce the risk of future similar incidents) are identified and promulgated.
8. Ensure that senior managers are fully informed concerning the incident and the implementation of this protocol.
9. Ensure that a critical incident report has been filed.
10. Ensure that a file is maintained of detailed, factual information on the incident and steps taken in addressing it.

2.21 Client Labour

GUIDELINE

The program has established guidelines and policies which govern the use of client labour within the program.

CRITERIA

1. Any work shall be relevant to and a part of the client's recovery plan.
2. The work is performed voluntarily with full, written consent from the client.
3. The work is in accordance with local, provincial and federal laws and regulations.

RATIONALE

While client work may at times be an important part of the recovery process, the program should develop policies that safeguard the client from inappropriate work and ensure the voluntary nature of work assignments.

EXCLUSIONS

Programs that do not use client labour.

Section 3: Records

3.1 Standardized Record-Keeping System

GUIDELINE

The program has a written, standardized client record-keeping system.

CRITERIA

1. The system contains documentation of all client assessments performed, including documentation of client problems, needs, and strengths.
2. The system contains documentation of all parts of the individualized client recovery plan required by these guidelines.
3. The system contains emergency information of each client.
4. The system contains the standardized statistical information to be collected and maintained on each client.
5. Program staff should be thoroughly versed in the use, completion and maintenance of the client record-keeping system adopted by the program.

RATIONALE

The client record serves as the primary case management tool for the counsellor in charge of the case. It documents the changing status, needs and activities of the client as recovery progresses. It also serves as a primary mechanism for the evaluation of overall program effectiveness in addressing the needs of its clients.

EXCLUSIONS

None

3.2 Confidentiality and Security of Client Records

GUIDELINE

The program has a written policy and procedure for ensuring the confidentiality and security of client records.

CRITERIA

1. The policy and procedure mandates and provides for compliance with provincial guidelines on confidentiality of client records.⁶
2. The policy and procedure documents the processes and requirements for all use, access and disclosure of confidential information and for obtaining the written consent of the client when such consent is required.
3. The policy and procedure addresses the use and disclosure of client information in terms of:
 - Third party reimbursement
 - Research and program evaluation efforts (see Section 2.6 - Research Involving Clients)
 - Case audits
 - Program monitoring audits
4. The policy allows for review by a client of his/her own case record when not contraindicated.
5. The policy and procedure for ensuring confidentiality and security of client records is accessible to clients.

RATIONALE

Compliance with client confidentiality requirements is mandated through provincial legislation, in addition to being recognized and supported as standard treatment practice. The program must protect the confidentiality of other sources of information about the client when such information is documented in the case record.

EXCLUSIONS

None

⁶ Please note The Young Offenders Act includes statutory regulations regarding client record keeping and information disclosure.

3.3 Review of Records

GUIDELINE

There is a written policy and procedure for periodic review of individual client records for completeness, accuracy, and appropriateness.

CRITERIA

1. The policy and procedure specify that a review of the client record is done on a regular basis by the following individuals:
 - The client's case manager
 - The case manager's supervisor
2. The policy and procedure specify time frames for the periodic review of the contents of the client's record.

RATIONALE

The regular review of client records will ensure their continued applicability to the changing needs of the client as recovery progresses.

EXCLUSIONS

None

3.4 Closing and Storing of Client Records

GUIDELINE

The program has a written policy and procedure that adheres to the governing body's policy regarding archival process, for closing and storing case records.

CRITERIA

1. The policy and procedure identifies what materials are to be maintained in closed client records.
2. The policy and procedure specifies the circumstances under which a case record is to be closed.
3. The policy and procedure includes definitions of "completion of service" and "inactive cases".
4. The policy and procedure specifies the length of time closed client records must be maintained in storage.
5. Client records are destroyed by burning or shredding, according to health district policy or the policy of another governing body.

RATIONALE

The development of clear policies and procedures for closing client records is essential to generate accurate caseload data. Of prime importance in the development of these policies and procedures is the protection of the confidentiality of all case records during storage and destruction.

EXCLUSIONS

None

Note: Client records in hospitals are governed by The Hospital Standards Act in all health districts. Regarding the retention and destruction of clients' records in non-hospital settings:

- 1) If created prior to April 1, 1995 by the Department of Health, the records can only be destroyed with permission of Saskatchewan Health.
- 2) If created by health districts after April 1, 1995, the records belong to the districts and no legislation regulates retention and destruction. District policy applies.

3.5 Utilization Records

GUIDELINE

The program has a procedure for maintaining up-to-date program utilization records.

CRITERIA

1. The records show the number of active clients and their status.
2. The records show the number and types of service rendered to clients during the reporting period (e.g., assessment, treatment, and urinalysis).
3. The record provides for the maintenance of a regularly updated list of persons waiting for admission, if applicable.

RATIONALE

Periodic monitoring of activity versus capacity will assist in effective recovery and program planning. Compliance with this guideline requires that program staff keep logs of all service activities in order to report on utilization in an accurate manner. Program utilization records provide a method for determining and tabulating the frequency with which specific services are used within the program.

EXCLUSIONS

Informational programs.

Appendix A - Community Resources – Local & Provincial

A. Volunteers and Student Practicum Services

GUIDELINE

The program has a written policy on volunteer and student practicum services.

CRITERIA

1. The policy explains the philosophy, goals and objectives of the volunteer and student practicum services.
2. The policy specifies the responsibilities and tasks of volunteers and students.
3. The policy identifies the procedures and criteria used in selecting volunteers and students.
4. The policy specifies the accountability and reporting requirements of volunteers and students.
5. The policy contains a procedure for reviewing the performance of volunteers and students and providing direct feedback to them.
6. The policy contains a procedure for discontinuing or removing a volunteer or student from participation in the program.
7. The policy delineates procedures for dealing with substance misuse and/or other personal problems of a severe nature among volunteers and students.

RATIONALE

A formalized volunteer and student program is an important component and should be guided by written policies and procedures which demonstrate the program's commitment to a volunteer component. Students and others conducting field placements within the program are addressed in the guidelines.

EXCLUSIONS

None

B. Orientation and Training

GUIDELINE

There is documentation that volunteers and students complete an orientation and training program before they begin their assignments.

CRITERIA

1. The volunteer and student training program includes information about confidentiality regulations and clients' rights.
2. The volunteer and student training program specifies how volunteers are to respond to and follow procedures for unusual incidents.
3. The volunteer and student training program explains the treatment program's channels of communication and reporting requirements.

RATIONALE

Volunteers and students must be adequately oriented to the program before they perform services representing the program. Training should also be geared toward developing or enhancing the specific skills the volunteers will need to perform their assigned tasks.

EXCLUSIONS

None

C. Liability Insurance

GUIDELINE

The program protects itself against claims resulting from actions or inaction of volunteers or students by carrying adequate liability insurance and waivers of claims against the program by volunteers and/or students.

RATIONALE

Insurance, or a rider thereto, should protect the program from claims involving volunteer and student activities. Signed waivers should also be obtained where appropriate.

EXCLUSIONS

None

D. Volunteer and Student Records

GUIDELINE

A record is maintained for each volunteer and student practicum.

CRITERIA

1. The record includes a completed application.
2. The record specifies the assignment(s) of the volunteer or student.
3. The record contains documentation that the volunteer or student has completed the program's volunteer or student's training program.
4. The record includes reviews of volunteer or student performance by the volunteer's supervisor.
5. The record contains specific documentation of the number of hours of service provided by the volunteer.
6. The work record is available to other agencies upon written request from the volunteer/student.

RATIONALE

The volunteer or student record is the primary tool in maintaining mutual accountability, as well as calculating in-kind service contributions.

EXCLUSIONS

None

Appendix B - Personnel

A. Personnel Policies and Procedure Manual

GUIDELINE

The personnel policies and procedures manual is a complete presentation of all personnel practices.

CRITERIA

1. The manual includes criteria on:
 - Employee recruitment, benefits and promotions
 - Training and staff development
 - Safety and health
 - Disciplinary systems, suspensions and termination
 - Grievance mechanisms
 - Wages, hours and salary administration
 - Rules of conduct (Code of Ethics)
 - Performance appraisals
 - Supervision
 - Leaves available to employees
2. There is documentation that the policies and procedures are reviewed with all employees at orientation time.
3. The manual should be updated on an annual basis.
4. There is a documented mechanism for notifying all employees of change in personnel policies and procedures.

RATIONALE

Clear and consistent personnel policies are necessary for the efficient operation of the program and to ensure employee understanding and acceptance.

EXCLUSIONS

None

B. Job Descriptions

GUIDELINE

The program has a written job description for each staff position.

CRITERIA

1. The written job description contains information on:
 - Credentials, minimum levels of education and training and related work experience required for the position
 - Duties and responsibilities of the position
 - Classification of the position
 - The organization chart
2. Changes in duties and responsibilities of the position are reflected by revision and update of job description.
3. A written job description is provided to each employee.
4. The written job description addresses the amount and type of training, education, and experience required for employment in a therapeutic role and should include eligibility for membership in the appropriate professional organization.

RATIONALE

Written job descriptions inform employees of the expectations of the position and provide a basis for recruitment, selection and performance appraisals.

EXCLUSIONS

None

C. Staff Development Plan

GUIDELINE

There is a written staff development plan which addresses on-the-job training and continuing education for employees.

CRITERIA

1. A designated staff position is responsible for administering the plan.
2. The plan identifies objectives for staff development activities for each employee.

RATIONALE

The staff development plan provides staff with a means to upgrade their skills and expertise, thus improving performance and enhancing career potential.

EXCLUSIONS

None

D. Personnel Record

GUIDELINE

A personnel record is maintained for each employee.

CRITERIA

1. The personnel record contains copies of:
 - Job application forms
 - Credential documents
 - Attendance records
 - Letters of commendation or disciplinary action
 - Performance appraisals
 - Training documentation
 - All other relevant personnel records
2. An employee's records are available to them for review, comment and appropriate correction.
3. Personnel records are stored, maintained and utilized in such a way as to ensure confidentiality.

RATIONALE

The personnel record is maintained for each staff member as a confidential record of the history of employment and the performance within the program. It is used to assist in planning employee development activities and in making decisions about performance and advancement.

EXCLUSIONS

None

E. Performance Appraisals

GUIDELINE

Personnel performance appraisal procedures are developed and documented for each position on the program staff.

CRITERIA

1. Performance appraisals are conducted using pre-established performance criteria. Criteria are based on the specific responsibilities of the position as stated in the job description.
2. Documented performance appraisals for each employee are conducted at least annually.
3. There is documentation that employees review and discuss their performance appraisals with their supervisors.
4. When there is a discrepancy between the actual performance of the employee and the criteria established for optimum job performance, the employee is informed of the specific deficiencies involved and the employee and supervisor develop a remedial plan.

RATIONALE

Performance appraisal is a documented, interactive process involving both supervisor and employee. Its purpose is to provide an objective assessment of employee performance of specific tasks, measured against criteria established for such assessments. Performance appraisals may be considered in employee advancement, termination, salary adjustments and other related areas.

EXCLUSIONS

None

F. Employee Assistance

GUIDELINE

The program has a written policy and procedure to assist employees who have problems which interfere with acceptable job performance.

CRITERIA

1. The policy and procedure specifies the sequence of steps to be taken when unresolved performance problems arise.
2. The policy and procedure identifies the resources to be used in assisting an employee to deal with a personal or behavioural problem which interferes with job performance.
3. Program staff are familiar with the contents of this policy and procedure.

RATIONALE

The policy and procedure involves the development of a plan for assistance to employees. In most cases, it is preferable that troubled employees receive services from a source external to the program.

EXCLUSIONS

None

G. Code of Ethics

GUIDELINE

The program has a written policy with regard to the management of clients with close personal relationships to program staff.

CRITERIA

1. The policy describes the manner in which sensitive cases will be managed, including the handling of client records.
2. Established procedures are sensitive to the needs of both clients and staff.

RATIONALE

In situations where there exists a close personal relationship between a client and program staff, it may be in the client's best interest to be referred to other services. In situations where referral is not feasible, written policy identifies procedures for handling sensitive cases in the most professional and respectful manner possible.

EXCLUSIONS

None