

# STANDARDS MANUAL for DRUG ABUSE Treatment & Education PROGRAMS

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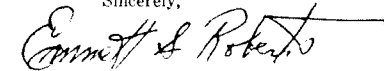
Licensing became a standard procedure for all Drug Abuse Treatment and Education programs as required by Florida Law 397.081, and since January 1, 1972, almost 100 programs throughout the State have been licensed by the Department of Health and Rehabilitative Services Drug Abuse Program.

The Second Edition of the Standards Manual is offered to you with some refinements in the hope of facilitating your efforts to bring quality care to the many drug users and abusers of our State. This edition of the Manual reflects legislation passed by the 1972 Florida Legislature and essentially is composed of two parts: (1) the Rules and Regulations and (2) Minimum Standards and Guidelines.

As many programs enter their second or third year of providing service to clients, we have become more aware of their strengths and weaknesses, and this Manual is an attempt to place the demands of excellence equally on all programs while maintaining a certain flexibility which does not jeopardize the creative or innovative aspects of programming.

I extend my sincere congratulations to all those Drug Abuse Treatment and Education programs in Florida who have been granted a license from the State Drug Abuse Program. The people of Florida are indebted to the many fine people who work in drug rehabilitation and prevention, and for the dedicated efforts they are making to solve one of our most pressing social problems.

Sincerely,



Emmett S. Roberts  
Secretary  
Department of Health and  
Rehabilitative Services

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## INTRODUCTION

## Drug Abuse Treatment and Education in Florida: Background

State licensure of all Drug Abuse Treatment and Education Centers is the keystone to unification of state and local efforts against drug abuse in Florida. The licensing process provides a foundation for program establishment, helping in the definition of particular problems faced and goals to be achieved.

Through licensure, individual drug programs become recognized community services, better able to secure funding and to enlist the cooperation and aid of other community services without whose help they cannot be truly effective.

In addition, the licensing requirements include two elements without which the entire drug education and treatment system would not function effectively. One is the requirement for record keeping and the other is that for confidentiality of all client information. Those who have worked with drug-using clients already know of the reluctance of these individuals to trust official agencies of any sort. Confidentiality is our primary tool for overcoming this reluctance. The record keeping requirement satisfies a long-range need of the entire effort to halt drug abuse: it enables us to plan future actions from the analysis of actual accomplishments. It makes possible the expansion of good aspects of various programs, the upgrading or elimination of unsuccessful or ineffective elements and the overall development of state priorities.

By means of such analyses we can grow from offering the minimal services required by state law to the innovation of flexible and effective methods for treatment of drug abusers and the prevention of such abuse.

The Manual is composed of two major sections: The Rules and Regulations, and the Minimum Standards and Guidelines.

Basically, the Rules and Regulations reflect the intent of Florida Statute 397 and provide an amplification of that Statute. The definitions contained in them apply equally to all programs.

The Minimum Standards and Guidelines resulted from the legislative mandate to establish guidelines and to provide standards for licensing programs. As such, they are a direct elaboration of Chapter 71-222 and specify in more detail those requirements for licensing. In preparing this elaboration, we have sub-divided the second section of the Manual. The Minimum Standards, which appear in bold face type, must be adhered to by all programs as applicable. The Guidelines, which appear in regular type, refer to areas the Drug Abuse Program considers necessary but which are subject to modification upon the judgment of the program director.

## Drug Abuse Treatment and Rehabilitation in Florida: The System

The Florida Drug Abuse Program, established in compliance with Public Law 92-255, The Drug Abuse Office and Treatment Act of 1972, and with Florida Statutes Chapter 397, Rehabilitation of Drug Dependents, consists of seven basic areas.

The Administrative portion of the program is conducted by a central office staff of twenty and a regional staff consisting of eleven Regional Coordinators, eleven Youth Coordinators, and eleven secretaries.

Grants and Funding consists of the administration of state funds and federal funds, especially Title XVI monies.

Licensing and Evaluation consists of analysis of State rules and regulations applying to Drug Abuse Treatment and Education Centers and the evaluation of programs as to their compliance with such rules and regulations.

The Youth Program is designed to bring young people into the establishment of local priorities and the development of local drug abuse centers through their participation in a regional youth council.

The Corrections Counseling Program brings counseling and drugless alternatives to those incarcerated on drug related charges and diverts released inmates into community follow-up programs to break the cycle of drug-related crime and incarceration.

The Media Center compiles and evaluates all available information on drug issues and makes it available to the general public. It also develops and provides training for professional, paraprofessional and voluntary drug abuse personnel.

The Research and Analysis component of the Florida Drug Abuse Program provides a compilation of information regarding current laws and their interpretation as well as analysis of program developments and program effectiveness.

The Florida Drug Abuse Program, in compliance with Public Law 92-255, works with a State Advisory Council in formulating State policy and in establishing priorities for the entire State. In addition, in each of the eleven regions in the regional system utilized by the Florida Drug Abuse Program, regional staff works with a Regional Advisory Council in the same relationship. The Florida Drug Abuse Program also works with certain federal agencies such as the Food and Drug Administration and the National Institute of Mental Health to insure understanding of federal legislation, to provide access to the most current information regarding drug issues available, and to aid in the evaluation of present efforts to deal with drug abuse.

## Drug Abuse Treatment and Rehabilitation in Florida: Licensing

To apply for a license, first contact the Regional Coordinator for your area. The Regional Coordinator can help you in the development of your program as well as in the licensing process itself.

The Licensing mechanism provides for several steps in review and evaluation of program licensure and, additionally, an appeal process as delineated for in the Rules and Regulations. The steps are as follows:

- (1) Application made by program to Regional Coordinator.
- (2) Regional Coordinator in conjunction with the Youth Coordinator reviews application and performs an on-site evaluation of the program.
- (3) Presentation of program to Regional Advisory Council by the Regional Coordinator and Youth Coordinator.
- (4) Recommendations of the Regional Coordinator, Regional Advisory Council, and Youth Coordinator are sent to the central office in Tallahassee.
- (5) The recommendations are reviewed by the Licensing and Evaluation Coordinator and application for licensure is then presented to the Licensing Review Committee.
- (6) The Licensing Review Committee is composed of the Grants and Aids Director, the Regional Coordinator Supervisor, the Grants and Aids Accountant, Grants and Aids Program Consultant, the Licensing and Evaluation Coordinator, as well as legal counsel and research staff as needed. A decision will be reached by this committee and presented to the Drug Abuse Program Director for his approval and, subsequently, the appropriate action will be taken.
- (7) Appeal process for denial, suspension or revocation of a license shall be according to the process indicated in the Rules and Regulations.

CHAPTER 397, FLORIDA STATUTES



## REHABILITATION OF DRUG DEPENDENTS

- 397.011 Purpose and intent of chapter; disposition of convicted offenders.
- 397.021 Definitions.
- 397.031 Duties of department.
- 397.041 Hospital and outpatient facilities for drug dependents.
- 397.051 Applications for treatment of drug dependency.
- 397.061 Department's cooperation with courts.
- 397.071 Program classification.
- 397.081 License required.
- 397.091 Expiration of license and renewal; conditional permit.
- 397.092 Refusal of license; renewal; revocation; notice; hearing.
- 397.093 Procedure for reinstatement of revoked or suspended license.
- 397.094 Violations.
- 397.095 Right of entry and inspection.
- 397.096 Information confidential.
- 397.097 Automatic licensing.
- 397.098 Methadone dispensing stations prohibited.
- 397.099 Removal of disabilities of minors in order to obtain rehabilitative or medical treatment.

## 397.011 Purpose and intent of chapter; disposition of convicted offenders—

(1) It is the purpose of this chapter to encourage the fullest possible exploration of ways by which the true facts concerning drug abuse and dependence may be made known generally and to provide a comprehensive program of human renewal for drug dependents in rehabilitation centers and after-care programs. This program is designed to assist in the rehabilitation of persons dependent on the drugs controlled by chapters 398 and 404. It is further designed to protect society against the social contagion of drug abuse and to meet the need of drug dependents for medical, psychological, and vocational rehabilitation, while at the same time safeguarding their individual liberties.

\* (2) It is the intent of the legislature to provide an alternative to criminal imprisonment for individuals capable of rehabilitation as useful citizens through techniques not generally available in state or local prison systems. For a violation of any provision of chapter 398, Uniform Narcotic Drug Law, or chapter 404, Florida Drug Abuse Law, relating to possession of any substance regulated thereby, the trial judge may, in his discretion, require the defendant to participate in a drug rehabilitation program approved or regulated by the department of health and rehabilitative services pursuant to the provisions of this chapter, provided the director of such program approves the placement of the defendant in such program. Such required participation may be imposed in addition to or in lieu of any penalty or probation otherwise prescribed by law, provided the total time of such penalty, probation, and program participation shall not exceed the maximum length of sentence possible for the offense.

History. — 1, ch. 70-183; 3A, ch. 71-222.

\*Note. — Effective January 1, 1972.

## 397.021 Definitions. — When used in this chapter, unless context otherwise requires:

(1) "Department" means the department of health and rehabilitative services.

(2) "Drug dependent" means a person who is dependent upon, or by reason of repeated use is in imminent danger of becoming dependent upon, any drug of either of the following groups:

(a) Opium, heroin, morphine, or any other drug subject to regulation under chapter 398 or any derivative of such drugs; or

- (b) Any barbiturate, central nervous system stimulant, or hallucinogenic drug or derivative thereof.
- (3) "Hot line" means a telephone installed to respond to requests for information about drugs, drug treatment facilities, and emergency treatment centers.
- (4) "DATE center" means a drug abuse treatment and education center, and shall include the following:
- A residential rehabilitation center, which is a live-in facility operating twenty-four hours a day, seven days a week, staffed by professional and para-professional persons offering therapeutic programs for drug dependent persons.
  - A non-residential day care center, which is a facility offering therapeutic programs operated by trained professional and para-professional persons for treatment of drug dependent persons who are able to live in their own homes in the community.
  - An educational information center, which is an information center facility offering education and information to drug dependent persons, their families, and the general community, but which engages in no direct treatment. Such a center may make referrals to approved treatment facilities.
  - A communication center or rap house, which is a program oriented toward youth with the goal of prevention of drug dependency. Such a center may make referrals to appropriate treatment facilities.
  - "DATE center" shall not include "nursing homes" or "homes" as that term is defined in 400.021 (7).
- (f) "Methadone maintenance program" means the scheduled administration of methadone under the Investigative New Drug permit issued by the Federal Drug Administration and the U. S. Justice Department in a program providing supporting rehabilitative services such as counseling, therapy and vocational rehabilitation.
- (5) "Methadone dispensing station" means the scheduled administration of methadone under the Investigative New Drug permit issued by the Federal Drug Administration and the U. S. Justice Department for a fee unconnected with any program providing supporting rehabilitative services.
- 397.031 Duties of department.**—The department of health and rehabilitative services, hereinafter referred to as "department," shall:
- Formulate a comprehensive plan for diagnosis, treatment, and education in the areas of drug abuse and dependence and revise such plan from time to time.
  - Promote, develop, establish, coordinate, and conduct unified programs for education, prevention, diagnosis, treatment, and rehabilitation in the field of drug abuse and dependence and for cooperation with other federal, state, local, and private agencies.
  - Provide public education and training and disseminate and gather information relating to drug abuse and dependency.
  - Promote, develop, establish, coordinate, and conduct through the department or any approved agency, public or private, unified programs for education, prevention, diagnosis, research, treatment, aftercare, community referral, and rehabilitation in the field of drug abuse and dependency and, within the amount made available by appropriation, to implement and administer such programs.
  - Permit, encourage, coordinate, and direct single and multiple programs for drug abuse treatment and education across division lines of authority to utilize the maximum resources of the department in the most efficient manner possible.
  - Establish a funding program for the dissemination of available federal, state, and private funds to units of state or local government or private organizations which establish and implement approved local drug abuse education or treatment programs.
  - Promulgate rules and regulations for the implementation of the authority and responsibilities within this chapter, and employ persons responsible for implementing the purposes of this chapter.
  - Establish guidelines and provide for the systematic and comprehensive evaluation of the effectiveness of various programs licensed by the department.

History. — 2, ch. 70-183; 1, ch. 70-439; 2, ch. 71-222.

\*Note. — Subsection (8) takes effect January 1, 1972.

**397.041 Hospital and outpatient facilities for drug dependents.** —

(1) The department shall have the authority to designate facilities within the department to be used exclusively or partially for the treatment of drug dependents. These facilities may be operated as inpatient or outpatient programs.

(2) The department shall establish procedures whereby persons who are drug dependents may seek admission to these programs on a voluntary basis.

(3) The department shall have the authority to contract with other governmental or private agencies for additional treatment facilities or programs. The department is encouraged to establish these programs on a regional basis with emphasis on prevention and preventive education.

(4) Any person within the care or custody of any division of the department may be transferred for treatment to any program for hallucinogenic, barbiturate, or narcotic drug abuse problems approved by the department.

(5) No person who voluntarily enters any hospital or outpatient facility or program for treatment of drug dependency shall be retained in such facility or program against his will, nor shall such volunteer be confined in or assigned to any penal institution.

History. — 3, ch. 70-183; 1, ch. 70-439.

**397.051 Applications for treatment of drug dependency.** —

(1) Any drug dependent who wishes to submit himself for treatment and cure may apply to the department for admission to drug treatment programs operated or approved by the department.

(2) Drug dependents who submit themselves for voluntary treatment shall be admitted to programs within the financial and space capabilities of the department.

(3) The department shall establish a fee system for treatment and the fees shall be assessed in accordance with the person's ability to pay.

History. — 4, ch. 70-183; 1, ch. 70-439.

**397.061 Department's cooperation with courts.** — The department may, within its resources, cooperate with any court of proper jurisdiction in treating, counseling, examining, or otherwise aiding a person before the court with a narcotic, barbiturate, or hallucinogenic drug problem, or may aid the court with whatever resources are available in meeting whatever stipulations the court may make for probation of such individual.

History. — 5, ch. 70-183.

\*397.081 License required. —

(1) It is unlawful to operate or maintain a DATE center without first being licensed by the department.

(2) With each application for license for a DATE center submitted to the department there shall be included a comprehensive outline of the proposed rehabilitative program.

History. — 3, ch. 71-222.

\*Note. — Effective January 1, 1972.

\*397.091 Expiration of license and renewal; conditional permit. —

(1) A license issued for operation of a DATE center, unless sooner suspended or revoked, shall expire on December 31 of each year, unless the same shall have been renewed prior thereto for the next succeeding year. A license shall be renewed upon the filing of application for such renewal on forms prescribed by the department.

(2) Licensed operators against whom a revocation proceeding is pending at the time of license renewal shall be issued a conditional permit effective until final disposition by the department of such revocation proceedings. If the final order of the department is appealed from, the court before whom the appeal is taken may order the extension of the conditional permit for a period of time to be specified in said order.

History. — 3, ch. 71-222.

\*Note. — Effective January 1, 1972.

**\*397.092 Refusal of license; renewal; revocation; notice; hearing. —**

(1) No license shall be denied, revoked, or suspended except after notice in writing to the applicant or licensee setting forth the particular reasons for the proposed action and provision for a fair hearing, if demanded by the licensee or applicant. Such notice shall be affected by registered or certified mail with return receipt requested or by personal service. The licensee or applicant, within ten days after receipt of said notice, may request in writing a hearing, by delivering the request to the department in person or by due course of mail. If no such request is made within the time fixed, the department shall proceed to deny, revoke, or suspend said license as set out in the notice of the proposed action.

(2) All hearings under this section shall be held by the department or any agent designated by it within the county in which the licensee or applicant operates or applies for license to operate a DATE center as defined in 397.021 (4). A transcript of the proceedings shall be reviewed by the department, which shall enter its decision thereon.

(3) The procedure governing hearings authorized by this section shall be in accordance with rules promulgated by the department. The department or any agent designated by it may take testimony concerning any matter within its jurisdiction and may administer oaths for that purpose. The department or its agent shall have the power to issue summons and subpoenas for any witness and subpoenas duces tecum, which shall be served and returned as provided by law. At the hearing, the applicant or licensee shall have the right to cross-examine witnesses against him, to produce witnesses in his defense, and to appear personally or by counsel.

(4) On the basis of any such hearing, or upon the failure of the applicant or licensee to request a hearing, the department shall make a determination specifying its findings of fact and conclusions of law. A copy of such determination shall be sent by registered or certified mail or be personally served upon the applicant or licensee. The determination shall become final unless the applicant or licensee applies for a writ of certiorari in the circuit court of the county where the headquarters of the department is located, within the time and in the manner provided in the Florida appellate rules.

(5) A full and complete record shall be kept of all proceedings, and all testimony shall be reported but need not be transcribed unless the decision is appealed. Copies of the transcription may be obtained by any interested party on payment of the cost of preparing such copies.

History. — 3, ch. 71-222.

\*Note. — Effective January 1, 1972

**\*397.093 Procedure for reinstatement of revoked or suspended license. —**

(1) When a license has been revoked or suspended, the licensee, if he has not previously had a license revoked or suspended under this chapter, may at any time after the determination has become final request a hearing for the purpose of showing that the reasons for the revocation or suspension of license have been corrected and that the license should be reinstated. No licensee who has previously had a license suspended or revoked under this chapter may request a hearing to reinstate the license prior to one year after the determination becomes final.

(2) The request for hearing shall be in writing and shall be delivered to the department in person or by due course of mail.

(3) Any hearing conducted under this section shall not operate to stay or supersede any decision revoking or suspending a license.

(4) Hearings conducted under this section shall be conducted in the same manner as provided in 397.092.

History. — 3, ch. 71-222.

\*Note. — Effective January 1, 1972.

**397.094 Violations. —** Any person establishing, conducting, managing or operating any DATE center without proper license under this chapter shall be subject to injunctive proceedings to restrain and enjoin the operation of any DATE center in violation of the provisions hereof.

**\*397.095 Right of entry and inspection. —** The department or any duly designated officer or employee thereof shall have the right to enter upon and into the premises of any DATE center licensed pursuant to this chapter at any reasonable time in order to determine the state of compliance with the provisions of this chapter and any rules and regulations in force pursuant thereto. Such right of entry and inspection shall also extend to any premises which the department has reason to believe is being operated or maintained as a DATE center without a license, but no such entry or inspection of any premises shall be made without the permission of the owner or person in charge thereof, unless a warrant is first obtained from the circuit court authorizing same. Any application for a DATE center license made pursuant to this chapter shall constitute permission for and complete acquiescence in any entry or inspection of the premises for which the license is sought in order to facilitate verification of the information submitted on or in connection with such application.

History. — 3, ch. 71-222.

\*Note. — Effective January 1, 1972.

**397.096 Information confidential. —** Information received by authorized persons employed by or volunteering services to a DATE center or received by the licensing agency through files, reports, inspection, or as otherwise authorized under this chapter shall be deemed privileged and confidential information and shall not be disclosed publicly in such a manner as to identify individuals or facilities except in a proceeding involving the question of licensure.

**\*397.097 Automatic licensing. —** Any center, institution or other facility providing the same or similar services as those defined in 397.021 (4) and operated by federal or state agencies shall be issued a license automatically upon receipt of application by the department.

History. — 3, ch. 71-222.

\*Note. — Effective January 1, 1972.

**397.098 Methadone dispensing stations prohibited. —** Methadone dispensing stations that provide methadone to a person for a fee but do not provide supporting rehabilitative services such as counseling, therapy, or vocational rehabilitation are prohibited and shall not be licensed as provided herein. Any violation of this provision shall be punished in accordance with the penalties set forth in Section 397.094, Florida Statutes. Each incident of furnishing methadone at such a facility shall be considered a separate offense.

**397.099 Removal of disabilities of minors in order to obtain rehabilitative or medical treatment. —** The disabilities of nonage or minors are removed for the purpose of obtaining rehabilitative or medical treatment for drug abuse or dependency from a private physician licensed to practice medicine under Chapter 458 or 459, Florida Statutes, or a hospital, public clinic, or a facility administered, authorized or licensed by the department of health and rehabilitative services. Such consent to treatment by a minor shall have the same force and effect as though it was executed by a person who shall have the same force and effect as though it was executed by a person who has reached the legal age of majority. Any such consent shall not be subject to later disaffirmance by reason of minority.

RULES AND REGULATIONS FOR ALL  
DRUG ABUSE TREATMENT AND EDUCATION CENTERS

RULES  
STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
DRUG ABUSE PROGRAM  
CHAPTER 10A-1  
Drug Abuse Program Regulations

10A-1.01 Scope of Rules and Regulations: The purpose of these rules and regulations is to provide within the framework of a licensing procedure the means to establish guidelines and to provide for systematic and comprehensive evaluation of various programs designed for the rehabilitation, education and/or treatment of drug abusers or potential drug abusers, to expand those programs proved effective, and to provide responsible rehabilitation or treatment programs for the drug violator in accordance with the legislative intent expressed in Chapter 71-222, Laws of Florida. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.031, Florida Statutes.

CHAPTER 10A-2

10A-2.01 Definitions

Section 10A-2.01 is amended to read as follows:

10A-2.01 Definitions

- A. "Department" means State of Florida Department of Health and Rehabilitative Services.
- B. "Drug Abuse Treatment and Education Center (DATE Center)" means any facility or program for the rehabilitation, treatment and/or education of drug abusers and may include, but is not limited to, the following:
  - 1. Residential rehabilitation center, which is a live-in facility operating 24 hours a day, 7 days a week, staffed by professional and paraprofessional persons offering therapeutic programs for drug dependent persons.
  - 2. Non-residential day care center, which is a facility offering therapeutic programs, operated by trained professional and paraprofessional persons, for treatment of drug dependent persons who are able to live in the community.
  - 3. An educational information center, which is an information center facility which offers education and information to drug dependent persons, their families and the general community, but which engages in no direct treatment. Such a center may make referrals to approved treatment facilities.
  - 4. Communications center or "rap house", which is a program oriented towards youth with a goal of prevention of drug dependency. Such a center may make referrals to appropriate treatment facilities.
  - 5. "Hot line" means a telephone installed to respond to requests for information about drugs, drug treatment facilities, and emergency treatment centers.
  - 6. "Methadone maintenance program" means the scheduled administration of methadone under the Investigative New Drug permit issued by the Federal Drug Administration and the U. S. Justice Department in a program providing supporting rehabilitative services such as counseling, therapy and vocational rehabilitation.
  - 7. "Methadone dispensing station" means the scheduled administration of methadone under the Investigative New Drug permit issued by the Federal Drug Administration and the U. S. Justice Department for a fee, unconnected with any program providing supporting rehabilitative services.
- C. "Drug Program" means any other facility or program not set forth above for which the rehabilitation, treatment, education or welfare of drug abusers or drug dependent persons is the intended goal:

General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.021, Florida Statutes.

## CHAPTER 10A-3

- 10A-3.01 License Required
- 10A-3.02 Applications
- 10A-3.03 Rules Governing All Drug Abuse Treatment and Rehabilitation
- 10A-3.04 Compliance Local and State Regulations
- 10A-3.05 Records and Reports
- 10A-3.06 Inspection
- 10A-3.07 Interim License
- 10A-3.08 Automatic License
- 10A-3.09 Regular License
- 10A-3.10 License Non-transferable
- 10A-3.11 Notification of Closure
- 10A-3.12 Expiration and Renewal
- 10A-3.13 Denial, Revocation or Suspension
- 10A-3.14 Notice
- 10A-3.15 Request for Hearing
- 10A-3.16 Reinstatement
- 10A-3.17 Renewal Pending Proceeding

10A-3.01 License Required: The establishment, maintenance or operation of a DATE center or other drug program as defined herein in the State of Florida is forbidden unless such center or program is licensed as provided herein. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.081, Florida Statutes.

10A-3.02 Application: Application for a license to operate a DATE center or drug abuse program, as defined herein, shall be submitted on a form in the manner prescribed by the Department and shall contain a comprehensive outline of the program to be followed by the applicant for the rehabilitation, education and/or treatment of drug abusers and also an outline of the applicant's self-evaluating procedures to evaluate results of the proposed procedures to evaluate results of the proposed program. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.081, Florida Statutes.

10A-3.03 Rules Governing All Drug Abuse Treatment and Rehabilitation:

1. A simple and clearly stated body of rules will be available governing the conduct of staff and participants in a program. In all cases this will include the prohibition of physical violence, overt sexual behavior and the prohibition of the possession, use or sale of illegal drugs.
2. Residential programs will require non-scheduled urine monitoring. (Including both staff and clients.)
3. Each program shall maintain a program plan and/or records identifying all personnel, including authorized volunteers, rendering services to clients in order to assure implementation of Section 397.096, Florida Statutes, entitled "Information Confidential".
4. Records of the identity, diagnosis, prognosis or treatment of any client or patient maintained in connection with any drug abuse function shall not be disclosed except as follows:
  - a. Written consent of the patient for the purpose of diagnosis or treatment by medical personnel.
  - b. Written consent to governmental personnel for the purpose of obtaining benefits for which the patient is entitled.
  - c. Without written consent to medical personnel in a medical emergency.
  - d. Without written consent to personnel for the purpose of research, auditing, program evaluation, but the patient may not be identified directly or indirectly.
5. Any licensed program rendering rehabilitation or medical treatment for drug abuse or dependency to any person who has not reached his legal majority shall secure a written consent from said person for treatment to be rendered by the program. Such consent to treatment by a minor shall have the same force and effect as though it was executed by a person who has reached the legal age of majority and shall not be subject to later disaffirmance by reason of minority.

General Authority Section 297.031, Florida Statutes. Law Implemented Section 397.096, 397.099, 397.031, Florida Statutes.

10A-3.04 Compliance Local and State Regulations: Proof of compliance with all local and state health, safety, sanitation, building and zoning codes shall be attached to the application submitted to the Department. General Authority Section 397.031, Florida Statutes. Law Implemented, Section 397.031, Florida Statutes.

10A-3.05 Records and Reports: Each licensee agrees, by accepting the license, to maintain complete records on each client and shall agree to furnish such statistical information and reports to the Department as shall be requested. Each licensee agrees to permit properly designated representatives of the Department to audit and compile statistical data from all records maintained by the licensee. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.031, Florida Statutes.

10A-3.06 Inspection: Each applicant or licensee agrees as a condition of said license to permit properly designated representatives of the Department to enter upon and inspect any and all premises for which a license has been either applied for or issued to verify information contained in the application or to assure compliance with all laws, rules and regulations relating thereto, during all hours of operation of said facility and at any other reasonable hour. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.095, Florida Statutes.

10A-3.07 Interim License: Interim or provisional licenses, not to exceed 90 days, may be issued by the Department to those applicants who have substantially complied with all the requirements for regular licensing and for which corrective action has been initiated to satisfy all requirements. Interim licenses shall be renewed only in cases of extreme hardship and in which the failure to fully comply with the requirements was not caused by the applicant. The obligations of the interim license are the same as those of a regular license. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.091, Florida Statutes.

10A-3.08 Automatic License: Any facility or program licensed or operated by the federal or state government shall, upon submittal of an application with proof of such regulation attached, be issued a license by the Department. Any denial, revocation or suspension of license by the federal or state agency shall result in an automatic revocation or suspension of the license issued by the State of Florida. General Authority Section 397.031 Florida Statutes. Law Implemented Section 397.097, Florida Statutes.

10A-3.09 Regular License: The Department shall issue a license to all DATE centers or drug abuse programs making application for license after the Department is satisfied that the program outlined will contribute to the rehabilitation, education and/or treatment of drug abusers or will not adversely effect its clients and that the applicant meets all health, safety, sanitation, building and zoning requirements, either local or state, and complies with all provisions of the Rules and Regulations set forth herein. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.081, Florida Statutes.

10A-3.10 License Non-transferable: A license issued by the Department for the operation of a DATE center or drug abuse program applies both to the applicant and the premises upon which the DATE center or program is to be operated. Any person or other legal entity acquiring a licensed facility shall make an application as provided herein for a new license. Similarly, any person or legal entity having acquired a license and desiring to expand or transfer to a separate premises must make application for a new license. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.031, Florida Statutes.

10A-3.11 Notification of Closure: A licensee shall, if possible, notify the Department of impending closure of the licensed facility at least 30 days prior to such closure. The licensee shall be responsible for removal and placement of patients or clients engaged in rehabilitation or treatment programs and for the preservation of all records. Upon closure, the license shall be immediately returned to the Department. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.031, Florida Statutes.

10A-3.12 Expiration and Renewal: All licenses shall expire on December 31, of each year, and a new license shall be issued only on application as required herein. The issuance of a new license shall be contingent upon a showing of substantial compliance with the program outlines for the previously

licensed, year and upon evaluation of the desirable results of that program, and any changes necessary to make the program more effective. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.092, Florida Statutes.

10A-3.13 Denial, Revocation or Suspension: The Department may deny, revoke or suspend a license if in the opinion of the Department the applicant or licensee: (1) has not presented a program designed to rehabilitate drug abusers; (2) has engaged in activities deemed detrimental to the clients; (3) has deviated from the program for which a license was issued; (4) is engaged in activity deemed detrimental to the public health and safety; (5) has been in violation of any local or state health, safety, sanitation, building or zoning code and failed to correct the same; (6) or any other reason deemed in the public interest. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.092, Florida Statutes.

10A-3.14 Notice: Notice of the denial, revocation or suspension of a license, and reasons therefor, shall be given by the Department to the applicant or licensee in writing by registered or certified mail, return receipt requested, or by personal service. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.092, Florida Statutes.

10A-3.15 Request for Hearing: The applicant or licensee shall have 10 days from the receipt of notice of denial, revocation or suspension in which to request a hearing. The request for hearing shall be in writing and shall be delivered to the Department either in person or by registered or certified mail, return receipt requested. If no request for hearing is made within the time specified, the denial, revocation or suspension shall become final. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.093, Florida Statutes.

10A-3.16 Reinstatement: Any licensee, upon whom the decision to revoke or suspend his license has become final, may request a hearing in writing delivered to the Department either in person or by registered or certified mail, return receipt requested, for purposes of showing that the reasons for revocation or suspension have been corrected and that the licensee should be reinstated. The Department may reinstate said license upon a satisfactory showing of corrective action, provided further, however, a licensee whose license has previously been revoked or suspended shall not be permitted to apply for a hearing for reinstatement for a period of one year from the date the second or subsequent revocation or suspension became final. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.039, Florida Statutes.

10A-3.17 Renewal Pending Proceeding: Any licensed DATE Center or Drug Program against whom a suspension or revocation proceeding is pending at the time the license expires on December 31, shall upon re-application, be issued an interim license pending final disposition of the suspension or revocation proceedings. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.091, Florida Statutes.

#### CHAPTER 10A-4

##### 10A-4.01 Hearing Procedure:

- A. The Department adopts as its hearing procedure for licensing of DATE centers and drug programs Part II, Chapter 120, Florida Statutes, and such specific requirements of other statutory law not in conflict therewith, together with the specific procedures hereinafter set forth.
- B. In the event procedures are not provided by law, then the Florida Rules or Civil Procedure shall apply.
- C. The hearing officer may waive technical rules of evidence.
- D. Any individual may appear for himself and any member of a partnership party to a proceeding may appear for such partnership upon adequate identification. A bona fide officer of a corporation or association or a fulltime employee of an individual, corporation or association may appear for such individual, corporation or association by permission of the hearing officer. A person may be represented by counsel, provided such counsel is admitted to practice before the Supreme Court of Florida.

- E. All hearings provided herein shall be held in the county in which the licensee operates or in which the applicant proposes to operate a facility.
- F. All hearings shall be held before a hearing officer appointed by the Secretary of the Department of Health and Rehabilitative Services, which officer shall be empowered to administer oaths, issue summons and subpoenas for any witness and subpoenas duces tecum.
- G. A full and complete record, including reporting of all testimony, shall be kept of all proceedings and shall be forwarded together with the recommendations of the hearing officer to the Director of the Drug Abuse Program, Department of Health and Rehabilitative Services, for final determination.
- H. The Director of the Drug Abuse Program shall make a determination, specifying the findings of fact and conclusions of law, and shall deliver a copy of such determination either by personal service or by registered or certified mail, return receipt requested, to the licensee or applicant.
- I. The determination shall become final unless an appeal is taken as provided by law. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.092, Florida Statutes.
- J. Any operating program whose application for license or whose license has been denied, revoked or suspended and the determination thereof has become final, as provided herein, shall cease to operate. In the event of continued operation, the department shall institute action to restrain and enjoin such operation. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.092 and 397.094, Florida Statutes.

#### CHAPTER 10A-5

##### 10A-5.01 Court Directed Rehabilitation and Treatment of Violators Approved by the Department:

- A. The Department shall consider a request by the trial judge or the Probation and Parole Commission to accept and approve drug violators or participate in rehabilitation and treatment programs in lieu of other sentencing provided by law.
- B. The trial judge shall submit his request in writing after completion of a presentence investigation as is deemed necessary, the Department shall advise the trial judge whether there is an appropriate and licensed rehabilitation or treatment program available.
- C. Simultaneous probation under the supervision of the drug violators. The Department in accepting a drug violator for rehabilitation and treatment can only warrant that the program is approved and that from all information available it appears that the drug violator will profit from participation in the program. The Department will forward to the trial court or Parole and Probation Commission all progress reports received on the participant.
- D. Emergency detoxification treatment shall be verbally approved by the Department upon the verbal request of the trial judge or the Probation and Parole Commission provided such treatment facilities are available and the trial judge shall confirm the request and approval by the entry of a commitment order. It will be the responsibility of the trial court or local law enforcement officials to transport the drug violator to the emergency detoxification facility.
- E. When the Legislature provides the funds, the Department shall pay the subsistence cost necessary if the drug violator so required to participate in a rehabilitation or treatment program is unable to meet these expenses. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.011, Florida Statutes, and Section 398.22, Florida Statutes.

#### CHAPTER 10A-6

##### 10A-6.01 Methadone Dispensing Station Prohibited

Section 10A-6.01 is created to read as follows:

10A-6.01 Methadone Dispensing Station Prohibited: Methadone dispensing stations as defined herein, are prohibited by law and shall not be subject to licensing as a DATE Center. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.098, Florida Statutes.

## CHAPTER 10A-7

### 10A-7 Grants

Chapter 10A-7 entitled Grants is created to read as follows:

**10A-7.01 Resume Required:** All potential applicants for a state grant for full program funding, matching funds for a federal grant or for a federal grant without state participation shall submit to the Department of Health and Rehabilitative Services Drug Abuse Program a resume of the proposed project to be funded to assure that the proposed project is in accordance with the Florida State Plan. A copy of the resume shall be forwarded to the Regional Coordinator, Drug Abuse Program. The Department of Health and Rehabilitative Services Drug Abuse Program shall advise the potential applicant within 10 days whether the proposed project complies with the State Plan and if not what changes will be required in order for the proposed project to comply with the State Plan. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.031, Florida Statutes.

**10A-7.02 Resume Submission Date:** The above required resume shall be submitted to the Department of Health and Rehabilitative Services Drug Abuse Program staff in advance of the due dates set forth herein to allow adequate time for preparation of the official grant application, either state or federal. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.031, Florida Statutes.

**10A-7.03 Grant Period:** The grant period for all state funds will be for the fiscal year or portion thereof beginning July 1 and ending June 30. No grant will extend beyond the end of the fiscal year. Any funding extending beyond the end of the fiscal year will require re-application and review as set forth in these regulations. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.031, Florida Statutes.

**10A-7.04 Application Form:** All grant applications shall be submitted on a form and in the manner prescribed by the Department of Health and Rehabilitative Services Drug Abuse Program. Instructions shall be furnished on request and shall include format, supporting data required, and number of copies. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.031, Florida Statutes.

**10A-7.05 Application Due-Date:** All applications for state grants for the ensuing fiscal year shall be submitted to the Department of Health and Rehabilitative Services Drug Abuse Program no later than March 1 of each year. Applications submitted after this date for either state funding or for state funds as matched for federal funding shall be considered only if funds are available for grant or commitment. If funds are not available the application will be considered at the next regular review period beginning March 1. Pending applications shall not be given priority over other applications. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.031, Florida Statutes.

**10A-7.06 Grant Review Board:** The Director of the Department of Health and Rehabilitative Services Drug Abuse Program shall appoint a board of not less than three (3) or more than five (5) members to review all applications pending on March 1, to assure compliance with the State Plan and to make recommendations to the Director for the award of grants that most nearly conform to the Drug Abuse Program priorities. Provided funds are available the review board shall make recommendations to the Director regarding pending applications at other intervals throughout the year. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.031, Florida Statutes.

**10A-7.07 Grant Awards:** The Director shall announce the award of grants for the ensuing fiscal year, based on the recommendation of the review board on or before July 1 of each year. All applications pending at that time either will be awarded a grant or rejected. Applications that are rejected due to unavailability of funds may be re-submitted for consideration for later funding should funds become available. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.031, Florida Statutes.

**10A-7.08 Contingency Funding for Matching Funds:** All applications for state funds to be used as matching funds for a federal grant that are approved by the Department of Health and Rehabilitative Services Drug Abuse Program shall be contingent on the award and funding of the federal grant. State

funds shall not be disbursed until this contingency is satisfied. In the event the application for federal grant is disapproved, the commitment by the Department of Health and Rehabilitative Services Drug Abuse Program shall lapse automatically. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.031, Florida Statutes.

**10A-7.09 Reports and Audits:** Grantees of State Grants or Grantees of State Funds as match for federal grants shall submit to the Department of Health and Rehabilitative Services Drug Abuse Program such reports as shall be required by the Drug Abuse Program. The grantee agrees by acceptance of the grant to allow inspection of all records, fiscal or program, by properly designated representatives of the Department of Health and Rehabilitative Services Drug Abuse Program and shall make all records available and fully cooperate with these personnel for the purpose of conducting audits, either fiscal or program. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.031, Florida Statutes.

## CHAPTER 10A-8

### 10A-8 Voluntary Treatment

Chapter 10A-8 entitled Voluntary Treatment is created to read as follows:

**10A-8.01 Application:** Any drug dependent person unable to obtain admission to a local approved program who wishes to submit himself for treatment and cure, may apply to the Department of Health and Rehabilitative Services Drug Abuse Program for admission to any program either operated or approved by the Drug Abuse Program. The application shall be submitted on a form and in the manner prescribed by the Department of Health and Rehabilitative Services Drug Abuse Program. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.051, Florida Statutes.

**10A-8.02 Selection and Admission to Treatment Program:** Upon receipt of an application for voluntary treatment the Drug Abuse Program shall review and evaluate the application and the applicant, utilizing the Drug Abuse Program and approved program facilities. After evaluation the Drug Abuse Program shall select a program willing to accept the applicant which has space for the applicant and shall notify applicant to report to the program. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.051, Florida Statutes.

**10A-8.03 Placement Contingent on Availability of Funds:** The placement of any applicant for voluntary treatment by the Department of Health and Rehabilitative Services Drug Abuse Program shall be contingent on the availability of space in a facility licensed or operated by the Department of Health and Rehabilitative Services Drug Abuse Program and upon the availability of funds to compensate for treatment in a program approved by the Department of Health and Rehabilitative Services Drug Abuse Program. The availability of funds may be determined by the ability of the applicant to meet necessary program charges, the availability of funds budgeted by the Department of Health and Rehabilitative Services Drug Abuse Program to meet this expense or the policy of the approved program to accept applicants at no cost. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.051, Florida Statutes.

**10A-8.04 Retention in Program Against Will:** No person who voluntarily submits to treatment may be retained in an approved program against his will. This regulation applies to all persons who voluntarily submit to treatment whether placed by the Department of Health and Rehabilitative Services Drug Abuse Program or admitted to an approved program by its own outreach and intake procedures. No program approved by the Department of Health and Rehabilitative Services Drug Abuse Program may have as a requirement of acceptance or any plan of treatment that would retain the applicant or client in the program against his will. This right may not be waived by the applicant, client, parent, or the guardian of the applicant or client. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.051, Florida Statutes.

**10A-8.05 Fee Schedule Approval Required:** All programs licensed by the Department of Health and Rehabilitative Services Drug Abuse Program who charge clients for services shall submit a proposed fee schedule of charges for client treatment to the Department of Health and Rehabilitative Services Drug Abuse Program for approval. Changes to an approved fee schedule may not be implemented until the change is approved by the Department of Health and Rehabilitative Services Drug Abuse Program. The



schedules shall be prepared in such a manner as to reflect the ability of the client to pay for such treatment. General Authority Section 397.031, Florida Statutes. Law Implemented Section 397.051, Florida Statutes.

MINIMUM STANDARD AND GUIDELINES  
APPLICABLE TO ALL DRUG ABUSE  
TREATMENT AND EDUCATION CENTERS

**I. Staff**

One individual must be identified as having primary responsibility for the overall operation of the program.

If professional personnel are employed (full time, part time or voluntary), they must be fully qualified according to the standards set by each profession.

Paraprofessional and non-professional personnel must be experienced and trained in the drug rehabilitation field. Professional staff must be available for support of and consultation with paraprofessional and non-professional staff. Ex-addicts should have experience and training in some program other than the one which they are employed.

In-service training must be available for all staff periodically.

Many well-qualified volunteers are available from the community and provide additional resources to programs. However, they must be well screened, trained and supervised.

Personnel policies should be available to all staff and should provide for adequate vacation time and a reasonable number of hours per week.

Personnel files must be maintained by all programs, to include consent form for urine collection and analysis for residential treatment centers, methadone maintenance programs and transitional facilities.

An annual evaluation of all members of the staff must be conducted and documented in the personnel files.

All staff must be assisted in any areas of weakness discovered via the evaluations. If the inadequate performance does not improve, they must be dismissed from the program.

Any person who has been a client in any drug abuse rehabilitation center should be engaged in gainful employment or other productive activity (housewife, student) for a period of six months before accepting a staff or volunteer position with any Drug Abuse Treatment and Education center.

**II. Records**

Records for methadone maintenance centers, residential treatment centers, non-residential centers, outpatient services and transitional facilities must be maintained in such a manner as to permit adequate client evaluation at the time of admission, periodic client progress reports, and follow-up on termination for any reason.

Records for hotlines, rap houses, education services, detoxification centers and free clinics must indicate number of contacts with clients, nature of problem dealt with, and what action was taken.

All client records are confidential and must be kept in a locked file.

Records must be kept long enough to permit follow-up of clients and adequate evaluation of the program.

**III. Advisory Board**

Every program must have an advisory group for the purpose of making recommendations, advising and guiding the program.

Key community members and individuals from concerned disciplines should be represented on the advisory board.

**IV. Referrals**

All programs must develop an adequate system of referral. All staff (including volunteers) must be aware of all available resources for referral purposes. Follow-up on referrals must be conducted. All clients must be made aware of alternate programs. In every case in which the agency is unable to accept a client for services an attempt must be made to meet his needs by referral.

- Where a central intake mechanism exists in a region, all programs should participate in the development and maintenance of this mechanism.

#### V. Community Relations

Programs should make every effort to involve all levels of community resources including parents, civic groups, law enforcement, youth groups, judiciary, school officials and other professional groups.

When initiating a program in a community, appropriate groundwork and consideration for established residents should be observed. This may include a presentation to the local governing body or appropriate agency, newspaper announcements and home or business visits in the immediate area. The goals, the structure and the responsibilities of the program to the community should be presented to insure understanding and cooperativeness.

#### VI. Program Evaluation

Programs must be evaluated for effectiveness. For purposes of evaluation, program objectives must be stated specifically and in measurable terms.

A full description of the population to be served must include demographic characteristics and the nature of the problems presented. Services rendered to the client must be stated in detailed, concrete terms in order to understand the process by which changes were effected. Finally, mechanisms for following the client immediately after leaving the program for any reason and at intervals thereafter must be instituted as part of the intake procedure. Programs will be expected to supply the Department of Health and Rehabilitative Services Drug Abuse Program with statistical data as requested and in the manner prescribed by the Drug Abuse Program.

#### VII. Fiscal Accountability

All programs must completely fill out, sign and have notarized a valid and current balance sheet and a source and application of funds statement as supplied by the drug abuse program. See Addenda for samples of these forms. All license application forms will include copies of these forms.

#### VIII. Urinalysis for Residential Centers, Transitional Facilities and Methadone Maintenance Programs

Urine must be collected and analyzed for all clients and for all staff directly involved with clients on a regular basis.

All urine collection must be observed and collected on a non-scheduled basis for all clients and appropriate staff.

All clients and appropriate staff must sign the consent form for urine collection and analysis. Clients must submit three urine samples per week on a non-scheduled basis, one of which will be analyzed for opiates. One sample per month must be analyzed for all other drugs (amphetamines, barbiturates, opiates and methadone).

Staff must submit two urine samples per month, one of which must be analyzed for all drugs (amphetamines, barbiturates, opiates and methadone).

#### IX. General Considerations

In regard to programs that do not fit into the traditional categories or the specific program types, the following guidelines and standards are applicable.

Programs, communities and other groups should develop innovative projects to meet the varied needs of the people and to provide a multi-faceted approach to the serious problems of drug use and abuse.

Whenever appropriate, programs will be licensed according to the categories listed on the Department of Health and Rehabilitative Services Drug Abuse Program application form.

Programs of an innovative or specialized nature may include, but are not limited to, such program types as coordinating councils, central intake, training programs, information and referral services, religious programs, research projects, alternative centers, etc.

All such programs must be handled on an individual basis according to the particular structure, goals and needs of the program in relationship to the priorities and standards of the drug abuse program. The drug abuse program will make final determination of the specific services rendered by a program and of its applicability for licensure.

This section of the manual contains the greatest flexibility as the Drug Abuse Program encourages innovative and creative methods of dealing with the drug problem and the human beings involved with drug. Simultaneously, a need for caution is implicit in our encouragement since the lack of established guidelines could lead to inferior or ineffective services. Accountability must be demanded of all and the drug abuse program must be accountable in its requirements and evaluations of all programs.

MINIMUM STANDARDS AND GUIDELINES  
FOR SPECIFIC  
TREATMENT MODALITIES

## RESIDENTIAL DRUG ABUSE TREATMENT CENTER

### I. Description

A residential treatment center is a live-in facility which provides a 24 hour therapeutic regime for the treatment of drug dependent persons. This involves a therapeutic environment staffed by professionals and trained ex-addicts and paraprofessionals supervised by professionals.

### II. Purposes

- A. Improvement of the clients' internal adjustment
- B. Improvement of the clients' adjustment to others
- C. Development of a pattern of abstinence from drug abuse
- D. Improvement in the clients' social performance

### III. Methods and Procedures

#### A. Initial Phase

1. Initial contact: Sufficient information must be taken to clearly identify the client, the source of referral, and what disposition was made, i.e., appointment for initial review, referral to another program, dismissal from program or other disposition.

2. Initial Interview

- (a) Favorable criteria for participation in orientation include:

- (1) Previous periods of sustained abstinence
    - (2) Motivation, internal and external
    - (3) Some understanding of nature, extent of problems
    - (4) Willingness to accept long-term commitment to treatment

- (b) Unfavorable criteria include:

- (1) Aggressive-assaultive behavior or significant history of same
    - (2) Overt psychosis

3. Orientation

- (a) Orientation must include the provision of sufficient information to the client to prepare him to make an appropriate decision regarding admission to the program.

- (b) Orientation must be of sufficient duration and scope to provide the agency with the optimum body of information regarding the client. Instruments for gathering of this information must include:

- (1) Social history
    - (2) Medical examination
    - (3) Psychological evaluation
    - (4) Check on current drug usage by urinalysis

- (c) In consultation with client, decision as to admission must be made and recorded

- (1) Client accepted into program
    - (2) Client rejected service of agency
    - (3) Client referred to another agency
    - (4) Client rejected by program
    - (5) Client lost after initial contact

- (d) Any detoxification needed by client must be arranged for in an appropriate setting.

#### B. Residential Treatment

##### 1. Direct Services

- (a) The therapeutic community ideally should consist of not less than 20 nor more than 60 clients living in an environment designed to insure, particularly during the early phases of treatment, maximum control of client activity.

- (b) Both individual and group interaction should be provided regularly to stimulate motivation and aid the client in establishing an acceptable pattern of daily living.
  - (c) The program must include regular evaluation, with the client, of his productivity as a member of the group and his participation in the program.
  - (d) The program must include regularly scheduled free time and regularly scheduled recreational and leisure time activities.
  - (e) An educational program should be provided. This should include:
    - (1) Informational components such as lectures, films, classes, tutoring, etc.
    - (2) Experiential components such as sensitivity training, marathons, encounter groups and other therapeutic techniques.
    - (3) As appropriate, arrangements for clients to undertake vocational and/or educational counseling.
    - (4) As appropriate, arrangements for clients to advance their educational and vocational training.
  - (f) Clothing and personal needs should be provided as required for the client's health, comfort, and well-being.
2. Supportive Services
- In addition to direct services, the following supportive services should be provided according to the needs of the individual client:
- (a) Medical
  - (b) Dental
  - (c) Psychiatric
  - (d) Laboratory
  - (e) Legal
  - (f) Social
  - (g) Individual and group counseling for spouses, parents and other relatives or individuals with whom the client retains significant relationships.
- C. Program Completion Criteria
1. The program must provide within its structure the means for ongoing review of the degree to which each client is meeting his individual treatment goals. When it becomes evident to key staff that the client has received optimum benefit from resident treatment and that further progress requires a return to functioning in the community, joint planning for the client's discharge must be undertaken in consultation with the client.
  2. Criteria for successful completion of the program must include:
    - (a) The client must no longer be dependent for social activity upon those who abuse drugs or upon the residential facility, and his avocational interests and behavior must have become established in socially acceptable recreational and social pursuits.
    - (b) The client must have assumed responsibility for himself and must have completed his treatment goals.
  3. Criteria for successful completion of the program should also include:
    - (a) The client should have developed the capacity to be as economically self-sufficient as possible.
    - (b) The client should have demonstrated either job stability or responsibility in seeking employment.
  4. The client's meeting of criteria for discharge must be documented in the final case review.
- D. Aftercare
1. The agency should provide appropriate assistance to the client in such matters as job placement, living arrangements, and resumption of education.

2. Any needed individual and group services should be provided to parents and relatives on a continuing basis.
  3. Upon termination of these aftercare services, periodic contact must be maintained with the client for purposes of evaluation.
- E. Referral Procedures
1. The agency must document the various types and levels of services available in the community, and this list, complete with telephone numbers and names of the persons to contact, must be in the files of all staff. It is particularly important that those engaged in take be aware of alternate resources for help and that in every case in which the agency is unable to accept a client for services an attempt be made to meet his needs by referral.
  2. From the point of initial contact on, referral to another agency for total services, or referral to another agency for supporting services must be documented in the client's case record.
- F. Urinalysis
1. Urinalysis must be conducted for both residents and staff.
  2. Urine specimens will be collected three times a week for clients. Specimens must be analyzed once a week for opiates and once a month for all other drugs. Urine collection must be observed.
  3. All staff directly involved with clients on a regular basis must provide urine samples for analysis. Urine specimens will be collected two times a month for staff. One of the specimens must be analyzed each month for all drugs.
  4. All employees and clients must sign the consent form for urine collection and analysis.

## NON-RESIDENTIAL DRUG ABUSE TREATMENT CENTER

### I. Description

A non-residential treatment center emphasizes therapeutic groups and counseling directed at drug users and abusers. The center should provide individualized, readily available intervention services for a variety of people.

### II. Purpose

The purpose of a non-residential treatment center is to provide services designed to counteract and prevent drug dependency. This may be accomplished by the use of group sessions and counseling; the suggestion and teaching of alternatives to drug use; involvement in community programs; inter-agency referral and follow-up; the use of educational materials and any creative, socially acceptable methods of human development.

### III. Methods and Procedures

- A. Initial contact: sufficient information must be taken to clearly identify the client, the source of referral, and what disposition was made, i.e., appointment for initial review, referral to another program, or any other disposition.
- B. The program must include regular evaluation of the client's achievement of individual treatment goals. Records must document the steps involved in this progress.
- C. The non-residential treatment center's major vehicle for therapeutic help is groups led by a trained professional and/or supervised paraprofessional. It is important that privacy be available to such groups in order to provide confidentiality and encourage trust and interaction. Ongoing evaluation of both group progress and group leader skills is important.
- D. Individual counseling must be available to all clients as needed. Recreational and other activities must be included to maintain client interest in the program and to provide to the client creative alternatives to drug abuse in a drug-free social setting.

## METHADONE MAINTENANCE PROGRAMS

### I. Description

A methadone program is one that utilizes methadone as a tool in the rehabilitation process of the opiate addict. It provides the ancillary services of individual counseling, group counseling, vocational training and placement, alternative pursuits, and other appropriate approaches that are aimed at affecting positive life styles changes in the opiate addict.

### II. Purpose

To offer the addict an opportunity to effect constructive changes which will redirect his efforts into a positive life style that both the addict and society can accept.

### III. Methods and Procedures

#### A. Administrative Policies

All programs which plan to use methadone in the maintenance treatment of narcotic addicts must be duly licensed by the drug abuse program of the Department of Health and Rehabilitative Services, and given advance approval by the Food and Drug Administration and The Bureau of Narcotics and Dangerous Drugs. This will be done after a review of the program's protocol has been made by these organizations. Such approval will be declared by the issuance of a program license, a notice of claimed investigational exemption for a new drug and a controlled substances license.

Programs seeking an advance approval for the administration of methadone as an experimental drug should apply to the Food and Drug Administration, Division of Neuropharmacological Drugs, 5600 Fishers Lane, Parklawn Building, Room 14B-07, Rockville, Maryland 20852.

Requests for exceptions must be justified and documented and given approval by the Food and Drug Administration and the Department of Health and Rehabilitative Services Drug Abuse Program.

#### B. Clinic Hours

Since many clients will be working while on maintenance, every effort should be made to make the hours of operation compatible with clients' schedules. This will normally mean a methadone clinic cannot adequately operate on an 8 a.m. to 5 p.m. basis. All clinics must be open at least 6 days per week, and if one off-day per week is observed, it must occur during the week, i.e., it cannot occur on Saturday or Sunday. It is strongly recommended that all clinics remain open 7 days a week. When holidays are observed, all clients must be given adequate notice. When applying for license, programs must inform the drug abuse program of their intended holidays. Take-out privileges can be available to all clients on these holidays and off-days, if appropriate.

#### C. Selection of Patients

- (1) Admission evaluations must be performed on patients prior to formal acceptance into the methadone program. The evaluation must include:
  - (a) Medical history
  - (b) Social history, to include drug use history
  - (c) Physical examination
  - (d) Laboratory report
  - (e) Psychiatric evaluation when indicated
- (2) Patient admitted to the methadone maintenance program must:
  - (a) Have a documented history of continually abusing one or more of the opiate drugs for a minimum duration of one year.
  - (b) Show evidence of a current abuse of opiate drugs by two positive urines over a 3-day period.

- (c) Have a confirmed history of at least one failure to withdraw from drugs in an abstinence oriented program.
  - (d) Food and Drug Administration guidelines must be observed regarding age limitations.
- (3) Patients with histories of chronic alcoholism, addiction to barbiturates, any major mental disturbances, and some long standing physical disorders present difficult therapeutic requirements. Such persons may be accepted into the program only after particularly careful screening.
- (4) Pregnant women being maintained on methadone must be give special consultation in that the safety of methadone administration during pregnancy has not been fully established. The woman should understand that her newborn may have to be withdrawn from methadone. If it is clinically possible, a pregnant patient should be withdrawn from methadone or the dosage reduced to the lowest possible level which will hold the patient.
- D. Methadone Administration
- (1) The drug abuse program of the Department of Health and Rehabilitative Services, National Institute of Mental Health and The Food and Drug Administration guidelines must be provided to all staff responsible for the dispensing of methadone.
  - (2) Methadone must be administered at all times in liquid form so as to minimize parenteral injection. Methadone must be given at the treatment facility under the direct observation of a physician, pharmacist, registered nurse, or licensed practical nurse.
  - (3) Guidelines for dosage levels as suggested by the Food and Drug Administration and The Bureau of Narcotics and Dangerous Drugs must be followed.
- E. Take-Out Privileges
- (1) There will be no take-out privileges during the first three months. During this time, methadone is administered upon supervision in the clinic on a daily basis.
  - (2) After the first three months, take-out can be considered on an individual basis. Guidelines as established by the Food and Drug Administration must be observed.
  - (3) Utmost care must be observed in authorizing take-out privileges and reasons for such must be documented in the progress records. Take-out privileges may be revoked or suspended if the client does not maintain or enhance those behavior changes which substantiated take-out privileges.
- F. Urinalysis for Clients
- (1) Each week, three (3) non-scheduled urine specimens must be collected. However, only one must be analyzed per week for opiates and at least one specimen per month must be analyzed for other drugs.
  - (2) Urine collection must be observed.
  - (3) All clients must sign the consent form for urine collection and analysis.
- G. Treatment and Rehabilitation
- (1) It is to be understood that methadone maintenance in and of itself is not a total treatment modality but must be an adjunct to treatment. The following services must be made available for all clients as needed:
    - (a) Individual and/or group counseling or other therapeutic alternatives of not less than one session per week for the duration of the client's treatment in the program.
    - (b) Vocational and/or educational counseling
  - (2) Additional rehabilitative measures must be made available as needed.

- (3) Basic needs of the client may be provided in coordination with appropriate agency and the methadone clinic and may include the following:
  - (a) Financial assistance
  - (b) Housing
  - (c) Food
  - (d) Medical and dental care
  - (e) Clothing
  - (f) Legal aid

#### H. Staff

- (1) No staff member, either full-time, part-time or volunteer, can be currently abusing drugs or on methadone. Requests to maintain or hire staff currently on methadone must be submitted to the Drug Abuse Program for approval. The request must include appropriate justification.
- (2) Those staff directly involved with clients on a regular basis or with direct access to methadone must submit urines for analysis. Two random samples per month must be collected, one of which must be analyzed for all drugs (methadone, barbiturates, amphetamines and opiates).
- (3) All appropriate staff must sign the consent form for urine collection and analysis.

#### I. Security Procedures

Adequate security must be maintained over stocks of methadone and over the manner in which it is received, stored and distributed according to the guidelines established by The Bureau of Narcotics and Dangerous Drugs.

#### IV. Involuntary Termination From Program

There will be numerous occasions when clients should be terminated from the methadone maintenance program. Subjects who may fall into this group are those who frequently and persistently abuse narcotics or other drugs, who become chronic abusers of alcohol, who become or continue to be actively involved in criminal behavior, or who persistently fail to adhere to the requirements of the specific treatment program. Any patient who attempts to sell, deliver or otherwise dispose of his prescribed methadone by any illicit means should be discharged from the program immediately. Such patients should be withdrawn from the methadone as quickly as is medically safe.

#### V. Detoxification

##### A. Administrative Policies

All persons placed on methadone maintenance must be considered on a temporary maintenance regime. Some individuals with a long history of heavy drug dependency will need special consideration in this regard, however, detoxification from methadone must be discussed with all clients at a reasonable time.

##### B. Methadone Detoxification

Any patient being taken off methadone maintenance must be clinically supervised during detoxification. A precise schedule of dosage reduction must be established by the physician in charge of the patient's treatment program.

##### C. Opiate and Barbiturate Detoxification

All programs providing detoxification for opiate and/or barbiturate addiction must submit detailed procedures to the Drug Abuse Program concerning their protocol for opiate and/or barbiturate detoxication.



## TRANSITIONAL FACILITY

### I. Description

A transitional facility is a short-term residential program for those persons involved in drug dependence or addiction. This program is directed toward the drug abuser and its clientele is composed primarily of persons whose main disability stems from the abuse of drugs other than alcohol.

### II. Purpose

To provide a transitional and rehabilitative situation for the re-adjustment of the drug abuser by means of short-term residence, referral services and support services. Since this facility is intended to aid the individual in terms of his re-entry into society, it should not be a temporary residence for transients, who are not attempting such re-adjustment.

### III. Methods and Procedures

#### A. Intake

1. Sufficient information must be generated to include the identity of the potential resident, the source of referral if not self-referred and what disposition was made.
2. Sufficient information must be given to the potential resident to enable him to make an appropriate decision regarding acceptance of the facility and its objectives.
3. Attention must be given at the onset to the potential resident's physical needs, with particular attention to medical conditions and withdrawal symptoms.
4. Care must be taken to provide the potential resident with reassurance and a sense of personal acceptance within the goals and structure of the facility.
5. Personnel should themselves be ex-addicts or ex-drug users, with professionals available for consultation.
6. Although in the beginning food and clothing may be provided to all residents, it is expected that for the most part transitional facilities would be self-supporting by means of the earnings of the residents.

#### B. Orientation

1. During the first few weeks there should be set rules regarding curfew, outside activities and visitors.
2. Each resident should be assigned an adequate sleeping place and all individuals should be assigned household tasks according to their abilities and individual situation.
3. Length of stay and treatment plan should be flexible. However, these things must be discussed with the resident and specific goals determined.

#### C. Residency

1. Rap sessions and/or group therapy sessions supervised by a professional must be conducted regularly.
2. The facility should provide leisure time and recreational activities and supplies.
3. Every transitional facility must have available to it the services of a physician. This physician must be experienced in the detoxification of drug users and associated illnesses.
4. All residents must have a complete physical exam at admission.

#### D. Urinalysis

1. Urinalysis must be conducted for both residents and staff.
2. Urine specimens will be collected three times a week for clients. Specimens must be analyzed once a week for opiates and once a month for all other drugs. Urine collection must be observed.

3. All staff directly involved with clients on a regular basis must provide urine samples for analysis. Urine specimens will be collected two times a month for staff. One of the specimens must be analyzed each month for all drugs.

4. All employees and clients must sign the consent form for urine collection and analysis.

#### E. Support and Referral Services

1. Residents must be referred to appropriate support services to include vocational and/or educational counseling, welfare services, and other resources as needed.
2. As needed, support services should be available to families of residents and any other persons with whom the residents maintain significant relationships.
3. The facility must maintain an up-to-date referral resource book and utilize these resources as indicated for each individual resident.

#### F. Aftercare

1. The facility should provide assistance to the resident in establishing living arrangements, money management, social-recreational activities and other appropriate services as needed.
2. As needed, continuing individual and group services should be provided to clients, parents and relatives and other persons with whom the resident maintains significant relationships.
3. Upon termination of these aftercare services, periodic contact must be maintained with the client for the purpose of evaluation.

## RAP HOUSES

### I. Description

A rap house is a youth-oriented program acting primarily as a reception center for drug involved young people. It relies on the supportive service of peer involvement through "rap" sessions. It provides referral to other social service and medical agencies. The facility may be a storefront, house or building located within the social setting of the population served.

### II. Purpose

The overall goal of a rap house is the prevention of drug dependency among young people. In addition, the rap house exists to aid in the rehabilitation and treatment of young drug abusers by offering alternatives to drug abuse and referral to other agencies for specialized problems.

### III. Methods and Procedures

#### A. Programs

- (1) It is important that a rap house exist as a non-structured, peer-directed program. It is, therefore, essential that it provide adequate space and time for young people to interact in rap groups. The purpose of these "rap" sessions will be to provide peer support and guidance in coping with daily personal problems, teaching and facilitating self-awareness and decision-making, thereby providing positive alternatives to drugs and stimulating individual human development.
- (2) **Education function:** The rap house must have an updated drug resource library, supplemented by reading material on other interest areas: i.e., youth culture, social commentary, religion, philosophy, sociology, etc. In addition, paid staff and volunteers must be thoroughly knowledgeable about drugs and their physical, mental and social implications. Also, the rap house should utilize volunteers with specialized training in interest areas; i.e., judo, meditation, leather crafts, legal aid, organic cooking, etc.
- (3) **Prevention Function:** Prevention is the counteracting of potentials for drug-reliance and the development of potentials for self-reliance (decision-making ability, sense of personal and social responsibility, self-knowledge, levels of involvement and commitment to human growth, inter-personal interaction and social awareness). This may be achieved through the methods mentioned above as well as by other avenues such as community action planning, use of rap house facilities for specialized educational courses, outreach groups, etc.

#### B. Community Relations and Referral Procedures

- (1) The rap house must develop and maintain effective relationships with community agencies, including law enforcement, judiciary, youth services, health, mental health, vocational rehabilitation and any other agency that would be beneficial to the clientele for the purposes of reciprocal referral agreements.
  - (a) Must maintain a resource book of all agencies used for referral purposes.
  - (b) Must collect statistics on referrals for the purpose of evaluation.
- (2) It is important that the rap house develop procedures in promoting effective community relations and solicit support for the program with community agencies, civic groups, units of local government, etc. It should be the shared responsibility of all rap house personnel to represent the program to all community groups by providing information about the rap house programs and participate in public relations efforts through the media.

## HOT LINE

### I. Description

A hot line is a telephone service that provides information and referral to individuals for a variety of personal problems, including information about drugs, drug treatment facilities and emergency treatment centers.

### II. Purpose

The hot line exists as a supportive service to the people in helping them solve their problems, referring them to appropriate agencies, and as an information service in the community.

### III. Methods and Procedures

#### A. Screening, Training and Evaluation

##### (1) Screening of telephone workers

- (a) The director must have an application on file for each telephone worker. This will include basic background information and reasons for working with the hot line. These applications will be kept confidential.
- (b) On applying for volunteer work, each prospective telephone worker must complete an application and be interviewed by the directors and at least one other experienced telephone worker. The prospective telephone worker should be evaluated for: dependability, motivation, maturity, stability, sensitivity, ability to listen, receptiveness to different attitudes, ability to get along well with others, willingness to accept supervision and constructive criticism, ability to function in an emergency situation, and knowledge of the community and its resources.

##### (2) Training of telephone workers

Training of new telephone workers must be conducted by persons experienced in operating a hot line and must include the following: technical drug facts, legal and psychological aspects of drug use, talking down bad trips, referral procedures, and detailed knowledge of community resources. Adequate practice time using such techniques as role playing must be allowed. Telephone workers must be closely supervised during initial experiences.

##### (3) Evaluation of telephone workers

- (a) Evaluation must be made by the director and at least one other experienced telephone worker at the end of the initial training period.
- (b) Each telephone worker must be evaluated periodically after training.
- (c) Evaluation should include the following factors:
  - (1) Ability to establish rapport and trust with clients.
  - (2) Knowledge of resources and referrals, ability to make the most appropriate referral.
  - (3) Knowledge of specific drug effects and drug-related problems.
  - (4) Ability to keep cool and handle emergencies.
  - (5) Dependability (attendance, promptness, etc.)
  - (6) Personal stability and maturity in handling calls.
  - (7) Ability to listen rather than monopolize the conversation with clients.
  - (8) Ability to accept others' attitudes.
  - (9) Ability to work with others as a team; ability to get along with other telephone workers.
  - (10) Ability to accept training and constructive supervision and criticism.
  - (11) Dependability regarding rules, regardless of personal feelings about them.
  - (12) Ability to keep accurate and complete records.
  - (13) Consistency.
  - (14) Ability to remain objective with clients.
  - (15) Ability to remain personally uninvolved with clients.
  - (16) Ability to keep personal, momentary moods and feelings from interfering with calls.

- (4) Each telephone worker must be assisted in those areas of weakness discovered through the periodic evaluation. If his performance is consistently low, he must be dismissed from the program.

#### B. Records

- (1) Call sheets must be completed for each call received by the hot line. This must include the presenting problem, basic demographic information about the caller, (age, race and sex) and such other information provided voluntarily by the client (name, address, telephone number, etc.). Each of these must be dated and signed by the telephone worker who received the call.

#### C. Materials and Literature. Information available for telephone workers should include:

- (1) Telephone numbers and information about all referral services used and a telephone book.
- (2) Material about every type of drug commonly available.
- (3) A Physician's Desk Reference for identification and description of pharmaceutical drugs.

#### D. Referral system for services provided by program

- (1) All referral services should be researched before being used by the hot line to determine their desire and capabilities to treat drug cases. If any of those listed are not located in the community of the hot line, all efforts should be made to find the nearest ones available.
- (2) Staff must know or have immediate access to information about specific services if they are available in the immediate or surrounding area, including name, telephone number, location and exact services provided. The services to be so identified include:
  - (a) Emergency medical services (hospitals)
  - (b) Emergency rescue care (rescue squads)
  - (c) Nearest detoxification center and methadone program
  - (d) Private psychiatrists
  - (e) Legal services
  - (f) Public health services, physical and psychiatric, (such as public hospitals, child guidance centers, family consultation services, mental health clinics)
  - (g) Crisis intervention center
  - (h) Emergency short-term housing and food services
  - (i) Poison control centers
  - (j) Police and fire departments
  - (k) Miscellaneous services — any other services available in the area, such as AA, Al-teens, Abortion Counseling Services, clergy, welfare offices, halfway houses, day care centers
- (3) These services should be evaluated at regular intervals by the directing agency to determine their effectiveness. Those providing little or poor service to clients should be eliminated from the hot line's list. Follow-ups on clients are recommended, although in this type of service they are very difficult to achieve, due to the anonymous nature of the majority of drug calls.

## EDUCATIONAL PROGRAMS

### I. Description

Drug education should develop attitudes toward life and toward one's self that makes drug dependency unnecessary. The subordinate goal is to indicate consequences and alternatives to drug use, as well as provide drug-specific information to youth, to the general public and to the families of drug dependent persons so they may gain better understanding of the drug culture and of the specific problems involved.

### II. Purpose

The goal of any drug education effort should be to provide experiences and information upon which intelligent decisions can be made. The following areas are representative of concerns that should be included in education efforts:

- A. Information about the decision-making process itself, e.g., values, risk-taking, ethics, intuitive and affective factors.
- B. Drug specific information, e.g., pharmacology, general physical and behavioral effects of various drugs and legal consequences.
- C. Experiences can be in the form of role-playing, rap sessions with ex-addicts, audio-visual materials and discussion. The approach should also initiate experiences geared toward positive, non-drug related behavior (meditation, communication skills, community organization, etc.).

### III. Methods and Procedures

- A. Materials review: To insure accuracy, drug education programs must include an advisory panel for review of materials, curricula and education techniques. In evaluation of the validity, relevance and appeal of teaching techniques and written and audio-visual materials must be conducted.
- B. Personnel: Educators specifically trained in drug education, attitude change, human interaction skills development, etc. must be utilized in an advisory and/or direct participation level.
- C. Quantitative Evaluation: Elementary quantitative measures of program effectiveness should include cost, type and number of materials offered and population served.
- D. Qualitative Evaluation: This measure is the most important determinant of program impact and effectiveness. No single evaluative method of assessing effectiveness is required. Rather, multiple innovative schemes for measuring performance are encouraged. Impact and effectiveness, in a qualitative sense, requires responsiveness to receivers. Does the program answer the needs of the clients? Beyond this, does the program actually shift receiver attitudes and behavior toward the preestablished objective or goal?

## OUTPATIENT SERVICES

### I. Description

Outpatient care is service provided to clients who are seen periodically at specified times in a therapeutic setting.

### II. Purpose

To provide treatment and support for persons whose drug usage does not require hospitalization, partial hospitalization, residential or non-residential treatment.

### III. Methods and Procedures

A. **Intake:** Every person who is treated as an outpatient must have a thorough intake completed. The following areas are relevant:

1. **Presenting problem**—The crisis that occasioned the client to seek help.
2. **Health**—Basic physical status including incidence of overdoses, bad trips, or possible physical addiction.
3. **Substance use and history**—including type and amount of substance use.
4. **Residence**—A history of geographical movements.
5. **Family**—Description of family and/or household composition.
6. **Friends**—Style of informal associations.
7. **Educational and occupational activities.**
8. **Leisure and recreational activities.**
9. **Criminality**—To include current and past arrests and/or convictions.
10. **Psychological evaluation when indicated.**

B. **Progress records**—As a person is seen in outpatient therapy, progress notes must be kept on significant matters that occur at each session.

C. **Staffing**—Discussion with another therapist regarding diagnosis, progress and prognosis should take place at regular intervals.

IV. **Techniques**—This can include individual, group and/or family therapy using transactional analysis, reality therapy, psycho-drama, or other techniques in which the therapist is trained.

## FREE CLINICS

### I. Description

The provision of outpatient services and medication including additional services such as counseling to persons with drug problems.

### II. Purpose

To provide medical and related services to these people, including drug users and abusers, who for some reason, do not have another adequate source of treatment.

### III. Methods and Procedures

A. The pharmacy is characteristically the most sensitive area of a free clinic. If more than one doctor writes orders or prescriptions to the Pharmacy, it must be licensed by the State Board of Pharmacy. To handle controlled substances, a Bureau of Narcotics and Dangerous Drugs license must be obtained. Licensure requires that only a registered pharmacist have access to the pharmacy.

B. A patient log including the patient's name, chief complaint, race, and sex must be available for statistical purposes. Drug patient records must be segregated and locked, with access limited to authorized personnel. Medical records may be seized by authorities; drug abuse records may not be.

C. One of the most common problems of free clinics seems to be a lack of sanitation. It is very important that every free clinic pay close attention to sanitation.

D. If emergency medical services are offered, a physician must be on call and available. Properly trained and licensed personnel must be available to handle problems until a physician is contacted.

Equipment should include an E Tank of Oxygen, a resuscitator in good working condition, suction apparatus, and other standard emergency equipment and drugs.

ADDENDA

CONSENT FORM FOR URINE COLLECTION AND ANALYSIS

I, THE UNDERSIGNED, IN CONSIDERATION OF BEING ACCEPTED IN THE DRUG ABUSE TREATMENT AND EDUCATION PROGRAM AS AN (EMPLOYEE) (CLIENT), HEREBY AGREE TO PROVIDE URINE SAMPLES FOR ANALYSIS UPON REQUEST SO LONG AS I AM A (EMPLOYEE) (CLIENT) AT THE TIME THE REQUEST IS MADE. IT IS FURTHER AGREED THAT IN RECOGNITION OF THE NEED OF THE DRUG ABUSE TREATMENT AND EDUCATION PROGRAM FOR THE INFORMATION PROVIDED BY URINALYSIS, IF I SHOULD BREACH THIS AGREEMENT THE DRUG ABUSE TREATMENT AND EDUCATION PROGRAM SHALL BE ENTITLED TO TERMINATE MY RELATIONSHIP WITH THE PROGRAM. IT IS FURTHER AGREED THAT IF EVIDENCE OF DRUG ABUSE IS FOUND THROUGH THIS ANALYSIS AND I BE AN EMPLOYEE RATHER THAN A CLIENT OF THE PROGRAM, THAT MY EMPLOYEE RELATIONSHIP MAY BE TERMINATED.

DATE

SIGNATURE

NAME OF PROGRAM

PROGRAM DIRECTOR

SOURCE AND APPLICATION OF FUNDS STATEMENT FOR THE YEAR ENDING \_\_\_\_\_, 19\_\_\_\_

PROGRAM NAME \_\_\_\_\_

**SOURCE:**

Operation Revenue \$ \_\_\_\_\_  
 Income From Trust Funds \_\_\_\_\_  
 Income From Investments \_\_\_\_\_  
 Local Government Aid \_\_\_\_\_  
 State Government Aid \_\_\_\_\_  
 Federal Government Aid \_\_\_\_\_  
 Donations by Source  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 TOTAL FUNDS RECEIVED \$ \_\_\_\_\_

**APPLICATION:**

Expenditures  
 1. Salaries \$ \_\_\_\_\_  
 2. Equipment Purchases \_\_\_\_\_  
 3. Operating Expenses \_\_\_\_\_  
 4. Debt Retirement \_\_\_\_\_  
 5. Purchase of Investments \_\_\_\_\_  
 6. Unexpended Funds  
 (Balancing Figure) \_\_\_\_\_  
 TOTAL FUNDS APPLIED \$ \_\_\_\_\_

I hereby certify the above to be a true  
and accurate statement in all respects.

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

BALANCE SHEET FOR THE YEAR ENDING \_\_\_\_\_, 19\_\_\_\_

PROGRAM NAME \_\_\_\_\_

**ASSETS**

Cash \$ \_\_\_\_\_  
 Receivables \_\_\_\_\_  
 (Less Uncollectable Receivables) \_\_\_\_\_  
 Trust Funds and Investments \_\_\_\_\_  
 Equipment \_\_\_\_\_  
 (Less Accumulated Depreciation) \_\_\_\_\_  
 Facility \_\_\_\_\_  
 (Less Accumulated Depreciation) \_\_\_\_\_  
 Land \_\_\_\_\_  
 TOTAL ASSETS \$ \_\_\_\_\_

**LIABILITY AND FUND EQUITY (Current)**

Accounts Payable \$ \_\_\_\_\_  
 Notes Payable \_\_\_\_\_  
 Long Term Debt \_\_\_\_\_  
 Mortgage Notes \_\_\_\_\_  
 Facility Bonds \_\_\_\_\_  
 Equity (Fund Balance) \_\_\_\_\_

TOTAL LIABILITY AND FUND EQUITY \$ \_\_\_\_\_

I hereby certify the above to be a true  
and accurate statement in all respects.

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES

