§711.41. Project management.

(a) The intake project shall have a written procedure for the performance of the following functions:

1. Orientation of the client to the drug or alcohol service delivery system, or both.

2. Thorough exploration of service needs and discussion with the client concerning service options to which he may be referred.

The person(s) responsible, the method and time frames for exploring and evaluating client service needs and options for treatment should be addressed.

3. Development of a confidential personal history, including significant medical, social, drug or alcohol, occupational, and family information.

4. Prompt arrangement for delivery of the requested services.

(b) The intake project or treatment project shall have a written procedure for the performance of the following functions:

1. Arrangements for the provision of needed medical, functional, psychological, psychiatric, social or vocational diagnostic assessments.

2. Preparation of a preliminary treatment plan utilizing all appropriate available service resources and listing the services to be provided. The plan shall be developed in cooperation with and agreed to by the intake project or treatment service provider and the client. The plan shall also include a referral to services not specifically for drug and alcohol clients; for example, legal services and dental services for which the client may be eligible.

(c) The intake project shall develop a written plan providing for outreach services which shall include, but not be limited to:
(1) Identifying persons in need of project services.

(2) Alerting persons and their families to the availability of project services.

(3) Encouraging persons to utilize the service delivery system.

(d) The intake project shall operate at least 5 days of the week and for a minimum of 40 hours per week. Additional hours should be appropriate to the population served by the intake project.

(e) The hours of operation shall be displayed conspicuously to the general public.

(f) A telephone number shall be displayed conspicuously to the general public.

The number should be the one used to contact the person(s) responsible for building/office security during non-office hours.

(g) Procedures to be followed in psychiatric and medical emergencies shall be clearly specified in writing and made readily available to the staff.

(h) The intake process shall proceed expeditiously to avoid discouragement and should not exceed a period of 48 hours.

(i) The project shall obtain letters of agreement or understanding with primary referral sources.

Letters should be renewed every two years or more often if a project’s key staff, services or admission criteria change.

§711.42. Client management.

(a) The intake project shall have written policies and procedures for communication with law enforcement authorities, local or State health or welfare authorities, as appropriate, regarding clients whose condition or its cause is reportable; for example, persons having contagious diseases or victims of suspected criminal acts such as rape or gunshot wounds, 18 Pa. C.S. §5106 (relating to failure to report injuries by firearm or criminal act) and child abuse under the Child Protective Services Law (11 P.S. §§2201-2224).

(b) The intake project shall have written policies and procedures to address special issues regarding treatment of clients. These policies and procedures shall include, but are not limited to:

(1) Individuals who lose consciousness.

(2) Minors.
(3) Individuals with communicable diseases.

(4) Individuals requiring transfer to a hospital or other treatment facility.

(5) Individuals requiring detoxification.

(c) A client shall be observed upon intake for withdrawal symptoms from substances abused. If serious symptoms of drug/alcohol abuse or dependence, or other physical problems are observed, prompt medical attention shall be obtained. All data obtained during the observation period shall be recorded.

(d) The client should be transported to the selected referral agency/resource, if possible.

(e) A consent to treatment form should be completed and signed by the client and intake worker at intake.

A consent to treatment form should be developed and signed by both the client and the staff person at intake. This consent could be integrated with other forms/procedures, e.g., liability determination, preliminary treatment plan, intake and orientation verification.

§711.43. Client records.

(a) Record requirements. The project shall maintain a client record on an individual. In addition to the requirements contained in §115.32 (relating to contents), the client record shall include the following:

(1) Histories, which include the following:

Histories should be constructed to collect as much personal information about a client as possible since they form the basis from which the psychosocial evaluation and subsequent treatment plans are formulated.

(i) Medical history.

A history documenting the client’s personal medical history, family medical history, and history of illness and symptoms.

(ii) Drug or alcohol history.

A history documenting the substances most frequently abused, the length and patterns of use, prior treatment episodes and the client’s perception of their effect on his/her social, physical and mental state. It is recommended that any substance abuse history within the family, or that of significant others be noted.
(iii) Personal history.

_Historical and current personal data including: family, legal, employment/vocational, educational, military, recreational, sexual, and others where appropriate._

(2) Drug and alcohol consent forms.

_A copy of any and all consent forms signed by the client while undergoing intake should be maintained in the client record._

(3) Psychosocial evaluation.

_The evaluation should provide a composite picture of the individual in relationship to the collected historical information in order to identify possible relationships, conditions and causes leading to the client's current situation._

_It is recommended that a psychosocial evaluation should also include:_

- a clear description of the client's presenting and underlying problems.
- client needs or problems that can or cannot be resolved through treatment or that might inhibit treatment.
- client assets, strengths or other factors that can contribute to the resolution of identified problems.
- the potential or available client support systems.
- negative factors that might affect treatment.
- the client’s preferred coping mechanisms.
- conclusions regarding the client’s appearance, behavior and reactions during the intake process.
- conclusions regarding the client’s attitude toward and ability to participate in the treatment process.

(4) Referral contact.

_Include the nature and disposition of referrals made to outside resources._

(5) Record of services provided.
This should be a chronological listing (separate from progress notes) of the various specific services provided to the individual client. This listing should also include the date, the provider(s), and the duration of the service.

(b) Additional information. If applicable, the project shall include the following items in the client record:

The following items in 711.43(b) must be completed by either the intake, evaluation and referral project or by the project to whom the referral has been made. The assignment of responsibility for each of the following should be defined in a letter of agreement between the referring projects. A copy of this agreement should be available during the licensing visit.

(1) Drug and alcohol treatment and rehabilitation plans.

A Preliminary Treatment Plan should be developed based upon information derived from the initial interview, psychosocial and other evaluations. This plan should identify critical client problems and strategies for their resolution.

(2) Follow-up information.

Where a client has been referred to an outside resource, the project shall, with the written consent of the client and within one week from the day the referral is to be completed, attempt to determine from the resource/client the disposition of the referral. Once the attempt has been made and documented, a project may consider its obligation to the individual fulfilled.

(c) Client access to records. A client has the right to inspect his own records. The project director may temporarily remove portions of the record prior to the inspection by the client if that director determines that the information may be detrimental if presented to the client. Reasons for removing sections shall be documented and kept on file.

(d) Confidentiality.

(1) A written procedure shall be developed by the project director which shall comply with 4 Pa. Code §255.5 (relating to projects and coordinating bodies: disclosure of client-oriented information). The procedure shall include, but not be limited to:

(i) Confidentiality of client identity and records.

Projects should include a description of how they plan to address security and release of records. They should also identify the person(s) responsible for maintenance.

(ii) Staff access to client records.
Project staff having access to records should be identified either by name or position. The methods by which staff gain access to records also should be outlined.

(2) The project shall obtain an informed and voluntary consent from the client for the disclosure of information contained in the client record. The consent shall be in writing and shall include, but not be limited to:

(i) The name of the person, agency or organization to whom disclosure is made.

(ii) The specific information disclosed.

(iii) The purpose of disclosure.

(iv) The dated signature of client or guardian.

(v) The dated signature of witness.

(vi) The expiration date of the consent.

Expiration date should reflect time, date, event or condition depending upon the nature of the information disclosed.

(3) A copy of any client consent shall be offered to the client and a copy maintained in the client records.

Compliance with this standard may be demonstrated by indicating on the consent whether the copy was accepted or refused, posting a policy statement or including it in the client’s orientation packet, etc.

(4) Where consent is not required, the project personnel shall:

(i) Fully document the disclosure in the client records.

(ii) Inform the client, as readily as possible, that the information was disclosed, for what purposes, and to whom.

Chapter 25.5 State Plan for the Prevention, Treatment and Control of Drug and Alcohol Abuse.

Projects and Coordinating Bodies: Disclosure of Client-Oriented Information. With or without the client's consent, information may be released to those judges who have imposed sentence on a particular client where such sentence is conditioned upon the client entering a project. Information released shall be limited to that provided for in subsection (b) of this section.
With or without the client’s consent, information may be released to those duly authorized probation or parole officers who have assigned responsibility to clients in treatment if the client’s probation or parole is conditioned upon his being in treatment. Information released shall be limited to that provided for in subsection (b) of this section. With or without the client’s consent information may be released to judges who have assigned a client to a project under a pre-sentence, conditional release program. Pre-sentence conditional release programs include pre-indictment or pre-conviction conditional release (such as ARD) probation without verdict or disposition in lieu of trial pursuant to section 17 and 18 of Act 64 (35 P.S. 780-117 and 780-118).

In emergency medical situations where the client’s life is in immediate jeopardy, projects may release client records without the client’s consent to proper medical authorities solely for the purpose of providing medical treatment to the client.

Information released to judges, probation or parole officers, insurance company, health or hospital plan or governmental officials, pursuant to paragraphs (1), (2), (4), (7), (8) or subsection (a) of this section, is for the purpose of determining the advisability of continuing the client with the assigned project and shall be restricted to the following:

1. Whether the client is or is not in treatment.
2. Client’s prognosis.
3. The nature of the project.
4. A brief description of the client’s progress.
5. A short statement as to whether the client has relapsed into drug or alcohol abuse and the frequency of such relapse.

§711.44 Uniform Data Collection System.

(a) If a project utilizes Department funds, it shall comply with the Department’s UDCS.

(b) A drug and alcohol data collection system shall be developed that allows for the efficient retrieval of data needed to measure the project’s performance.

The project needs to demonstrate the utilization of data in relationship to program planning and evaluation.

§711.45 Physical plant. *RESERVED*
See Chapter 705. Physical Plant Standards