Addictions & Mental Health Ontario

Dépendances & santé mentale d'Ontario

Ontario Provincial Standards for Adult Residential Addiction Services

2017 Standards Manual

Addictions and Mental Health Ontario

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Acknowledgments

Introduction

Adult Residential Treatment Services are designated as a Provincial Service in Ontario. Clients can travel to different parts of the province to obtain services funded by the Ministry of Health and Long Term Care.

The Ontario Adult Residential Treatment Standards set out minimum standards of professional and clinical practice to guide the operation of Residential Treatment Services in the Province of Ontario. The standards are clearly defined for each category of Service delivery. The manual is divided into the following sections:

- Model of Substance Use Services and Supports
- Residential Substance Use Services and Support in Ontario
- Provincial Standards for Adult Residential Substance Use Standards
- Principles that Inform the Standards
- How to Use the Standards
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- References

The Standards Now and in the Future

The Ontario Provincial Standards for Adult Residential Addiction Services were developed based upon evidence from clinical literature and practice-based experience to date based on BC Literature Search funded through the DTFP and the Ontario Withdrawal Management Standards. The standards and their associated elements will be reviewed regularly so as to reflect the latest research evidence and the resources available to support the delivery of effective services.

Residential Substance Use Services

Residential Treatment Agencies operate within the legislation framework as set out in Ontario. The Centres may or may not hold an agreement with the Local Health Integration Network. Every agency in the province, however, must comply with legislation within the province. The following provides a summary of the relationship between the Ontario Government and agencies involved in Addictions Treatment.

Provincial Framework

Section 7 of the Ministry of Health and Long-Term Care Act (1990) gives the Minister of Health and Long-Term Care the authority to make agreements with municipalities, persons or corporations for the provision of hospitals and health facilities, services and personnel. This is the ministry's authority for funding Mental Health and Addiction programs. When the Local Health Systems Integration Act was passed in Ontario (2006) the funding and oversight of the residential addiction treatment programs was transferred from the Ministry to the Local Health Integration Networks (LHINS).

Role of the LHINS

The Local Health Systems Integration Act gives the LHINs the legislative power and authority to plan, coordinate and fund local health systems. The Ministry-LHIN Accountability Agreements set out obligations on the part of both the ministry and the LHIN in fulfilling their mandates. Accountability between the community agencies and the LHINs is set out in the Multi-Sector Service Accountability Agreements.

Other Legislation
- Accessibility for Ontarians with Disabilities Act (2005)
- Business Corporations Act (1990)
- Not for Profit Corporations Act (2010)
- Personal Health Information Protection Act (2004)
- Employment Standards Act (2000)
- Excellent Care for All Act (2010)
- Mental Health Act (1990)
- Health Care Consent Act (1996)
- Occupational Health and Safety Act (1990)

Relevant Policy Documents
- Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy (2011)

Levels of Residential Treatment

The following is list of the definitions outlining the level of supports for treatment in Ontario.

Residential – Addictions – Treatment Services – Substance Abuse

Residential addiction treatment facilities provide intensive time-limited treatment in structured, substance-free, in-house environment. Clients accessing these services are most likely to be those with more complex and/or chronic substance use. Residential treatment programs provide daily programming that supports participants to examine and work on issues related to their substance use. Treatment includes counselling/therapy, as well as psycho-social education and life-skills training. In addition to the scheduled program activities, service recipients have 24-hour on-site access to support and the residential treatment. Some programs may also provide medical, nursing or psychiatric support.

Residential – Addictions – Supportive Treatment

Supportive residential programs provide safe, substance-free accommodation with low to moderate intensity of services and a level of support appropriate for longer-term treatment of problematic substance use. Suitable for clients who do not require intensive residential treatment, but who need a safe, supportive environment, away from their usual living situation, to deal with their substance use. Supportive residential services may also meet the needs of clients who require additional stabilization and support to integrate into the community. Support is generally provided through a combination of peer mentoring, group work, education, life-skills training and may also include client counselling that will help the participant to integrate successfully into the community.

Principles That Inform the Standards

The following principles build on the work completed and documented in the British Columbia Service Model and Provincial Standards for Adult Service Use Standards.

1. *Effective treatment begins with assessment of the client's needs, strengths and preferences in order to determine which substance use service is likely to benefit the client most.*

   Screening, assessment and treatment planning are key components of delivering effective and appropriate supports to clients. The components are closely inter-related.
   Screening is a brief process that determines whether a client has a substance use issue – and/or related mental health problem – that requires further exploration and intervention. Screening is performed in the community by a service provider trained in substance use screening and assessment practices. Evidence-based screening tools and motivational interviewing should be used by staff.

   If the screening indicates that a person would benefit from substance use services, then a more comprehensive, standardized assessment is conducted to identify the most appropriate service for the client and explore the client's bio-psycho-social-spiritual needs, strengths and preferences. The assessment will also help to identify the most appropriate service for the client. The information gathered from the assessment process is used to help develop a treatment plan.

   Careful consideration of client preferences with regard to treatment and intervention is crucial, however, identifying the level and type of treatments and supports that most closely meet a client's preferences can help to ensure that the client will follow through with the treatment.

   When a client is eligible for and wants service in a residential setting, the referring person should work with the client and the residential program to ensure that transition to the residence is adequately planned and prepared for.

2. *Effective treatment is supported by collaboration and coordination across the spectrum of substance use services*

   A coordinated system of substance use services and supports delivers the best possible outcomes for people accessing these services.
   Problematic substance use can be a chronic condition that requires long-term (and, in a significant number of cases, repeated) treatment. Clients seeking to change their substance use may well access programs and supports across the full continuum of substance use services as they progress towards improved wellbeing and resilience. It is critical therefore that all services and providers along the continuum work in partnership to ensure that every person receives the appropriate services at the appropriate time.

3. *Effective services attend to the whole person*

Effective services and supports pay attention to the whole person and all of the client's various needs – not just the substance use. Of particular importance is services' capacity to support clients who have experienced trauma and those who have concurrent mental health issues.

A strong association has been established by researchers between violence, trauma and substance use, as well as between trauma and concurrent mental health and substance use problems. There is consensus among researchers and practitioners that substance use services should be trauma-informed.

Disproportionately high rates of problematic substance use among Aboriginal Canadians, for example, are generally understood to be a consequence of the trans-generational trauma that resulted from the residential school system. Studies also suggest that problematic substance use in women is often associated with physical and sexual trauma. Trauma-informed services are, broadly speaking, characterized by the following features:

- ➢ An understanding of trauma is integrated throughout all service components;
- ➢ Policies and procedures are designed with an understanding of trauma in mind;
- ➢ Trauma survivors are involved in designing and evaluating services; and
- ➢ Priority is placed on trauma survivors' safety, choice and control.

Concurrent mental health and substance use issues are common among people seeking or entering residential treatment. Researchers and practitioners generally recommend that all clients be screened for concurrent disorders as part of the intake process, and on an ongoing basis. Clients presenting with concurrent mental health and substance use problems require integrated (rather than parallel) treatment programs capable of providing treatment for substance use and mental health simultaneously wherever possible.

Effective links between substance use services and providers of ancillary services (such as primary care, housing, education, child welfare, and income support) are essential for ensuring that the broader social and economic needs of clients accessing substance use services are met.

4. *Effective services are clientized and flexible*

A "one size fits all" approach to substance use treatment and supports is not the most effective: programs that respond to the diversity of clients who access services are demonstrably more successful. However, treatment programs have historically been designed to meet the needs of a heterosexual culturally-homogeneous, English-speaking Caucasian adult male population. Other populations, including women, youth, seniors, Francophones, Aboriginal people and LGB2STQ people, require programs and treatment approaches that are designed to meet their needs and honour their preferences. Such services are consistently associated with better client outcomes than are "one size fits all" services.

Services should have a strengths-based focus. Concentrating on strengths, rather than deficits, promotes resilience and healthy change. It recognizes the positive qualities that each client can draw and build upon during the client's recovery.

Further, treatment providers need to respond appropriately to a culturally-diverse client population, and to provide service options that are gender responsive and accommodate persons with accessibility issues, including those with physical disabilities, learning disabilities, and developmental challenges.

5. *The therapeutic relationship between the client and their counsellor is key to positive outcomes*

There is growing consensus in the research literature that treatment outcomes for people with problematic substance use are better when the relationship between client and counsellor is flexible, warm, affirming and honest. It is suggested that the therapeutic relationship is more predictive of positive outcomes than are the specific treatment interventions used.

Positive therapeutic relationships should be focused on a collaborative approach to treatment, in which the supports a client receives are continuously shaped and informed by the client's experience and perception of what is working or not working.

6. *Effective services plan for each client's return to the community*

It has been suggested that the most successful residential programs are focused from the outset on what happens following discharge or transition from the residential treatment or supportive residential facility. All participants, including those whose transition is not planned, must be provided with support to help with transitioning to the community. This support should include identifying and linking with appropriate community-based services and agencies.

Research and practice-based literature identifies a number of key elements that are important to include in transition planning: ways to receive ongoing treatment; relapse prevention tips; access to appropriate community services; and strengthening personal and social supports. Transition planning should be a collaborative process between the participant, the client's service provider as well as other people the client has identified as important. The final transition plan should reflect the participant's own priorities, wishes and preferences.

A client's transition back into the community is more successful when effective partnerships between the residential program and community-based services and supports are in place.

7. *Clients continue to be supported after leaving a residential setting*

Clients leaving a residential program should continue to receive appropriate supports in the community so that they can maintain and build on the progress they made in residential treatment. Such supports may include: community-based counselling; education; employment and/or vocational training; attendance at self-help groups; help with personal and social relationships; and assistance from other health and social services such as primary care; housing; income support; and child welfare.

Where people already have connections and relationships with community-based services, those services should continue to provide the appropriate supports. Where the clients are not already connected to community-based services, or are moving to a new community, the residential program should help them link with the services and supports they may wish to access.

Where possible, and with the client's consent, the residential program should also continue to offer support and advice after leaving the program. This may take the form of planned, regular follow-up sessions, face-to-face/non-face-to-face. It may also include invitations to the person to participate in occasional sessions and activities at the service.

With regard to ongoing community-based services and supports, the research literature suggests that the particular components of such are less predictive of outcome than are the existence and length of the care provided. There is considerable support in the research literature for low-intensity continuing care that lasts six months or longer.

Ontario Provincial Standards for Adult Residential Addiction Services

What are the Objectives of the Standards?

The Ontario Provincial Standards for Adult Residential Addiction Services were crafted utilizing the work developed in British Columbia through the DTFP Project and the Ontario Withdrawal Management Standards. The standards create a framework for safe and effective service delivery throughout the province. They were reviewed with providers in order to determine their ability to guide existing practice and provide a framework for service improvement to clients. The standards apply to Adult Residential Addiction services offered throughout the province. If an organization is unable to meet all of the standards, they are encouraged to work with their health funder and the Association to take the necessary steps to meet the standards.

What are the Goals of the Standards?

- To help ensure quality and consistency of residential addiction care across the province;
- To improve linkages and collaboration between residential services and non-residential community services;
- To support health funders and service providers by establishing recognized criteria for effective services and supports across the province, while respecting regional differences between health funders and the need for innovative services that respond to local requirements and situations;
- To improve the information available to people about what they can expect from residential addiction services and supports as well as what is expected of them while they are using a service.

How are the Standards Organized?

The standards are organized into the following three sections:
- **Section 1 – Client Experience Standards**
  The standards set out requirements for the provision of services within the definitions of Residential Treatment Services in Ontario.

- **Section 2 – Administrative Standards**
  The standards set out requirements to the leadership and management of an organization providing one or more residential treatment service programs.

How to Read and Use the Standards

1. Each standard includes an overarching statement, an expression of intent, and required elements. The required elements represent components of evidence-informed practice that services are encouraged to use as part of their service delivery model. Where appropriate, notes and examples provide further context and practice guidance on how to meet the standards.

2. The standards are accompanied by notes and examples that provide further details regarding the rationale for and practice implications of the standards elements. These notes and examples do not offer comprehensive practice guidance and do not replace the role of best practice guidelines documents, appropriate staff training and clinical supervision.

3. The appendix includes a self-assessment tool for Residential Treatment facilities to identify their standing with the Ontario Adult Residential Treatment Standards.

Client Experience Standards

The Client Experience Standards provide a framework to ensure the client experience is supported through a set of standards to ensure their entire experience in residence is ground in practices and activities as set out in the standards. The standards outline what must be in place to ensure services meet the initial and ongoing needs of clients.

Standard 1: Referral

The client will have participated in a screening and assessment process, typically in the community, to determine which, if any, service(s) will be of most benefit to the client.

Intent

To ensure that clients are referred to the program(s) or support(s) that will best meet their bio-psycho-social needs and preferences, and most effectively support them in reaching their treatment goals.

Required Elements

1.1   An informed decision on an appropriate referral to Residential Treatment will be based on the following documentation:

> ➢ Standardized provincial assessment tools.

> ➢ Standardized Residential Referral package.

1.2   All referrals with a signed consent form will be acknowledged by the residential program in a timely manner to the referral agent and documented accordingly.

1.3   The residential program works with the referral agent and/or the client to determine whether the client is eligible for the program.

1.4   The residential program communicates to the referral agent and the client the unique dynamics of living in the residential program environment.

1.5   The residential program works with the referral agent and/or client to prepare the client for admission.

1.6   With the client's written consent, relevant aspects of the assessment package are shared with any other substance use service or program to which the client is referred. This relates only to information obtained from the Standardized Provincial Assessment tool and no other clinical record.

1.7   The residential program works with the referral agent and the client to determine if the residential program is appropriate for the person at this time – it does not guarantee someone a place in a residential program or supportive residential program.

Notes & Examples

1.1   Exceptions may exist where jurisdictional requirements prevail.

1.2   There are challenges with implementing a confirmation process between the residential system and the referral agent. The challenges may refer to agency policies, privacy policies or other factors.

1.4   Community-based and residential substance use programs and services are jointly responsible for sharing up-to-date program information.

1.6   The sharing of client information is done under the provincial PHIPA guidelines. The client must also give written consent for the disclosure of personal information and such consent must specify to whom the personal information may be disclosed and how it may be used.

Standard 2: Waitlist Management

The organization actively manages wait lists and works to reduce wait times.

Intent

To ensure that there is an active review process that helps clients to access services in a timely manner.

Required Elements

2.1   There are written policies and procedures to outline how wait lists are maintained, tracked and monitored.

2.2   The residential program will inform individuals on the wait list at regular intervals regarding their wait-list status.

2.3   The residential program actively supports the client on wait list to access short-term supports and information about other programs and services in the community.

Notes and Examples

2.1   The residential program will implement measures as part of their quality improvement activity to improve access to services and reduce wait time.

2.2   Regular communication with those on the wait list can ensure that those with urgent needs are identified.

Standard 3: Settling into the Residence

The client receiving services in a residential program is given the support needed to settle into the facility and feel comfortable with the program.

Intent

To help ensure that clients engage with the residential program and make the best possible start to their residential treatment experience.

Required Elements

3.1   When arriving at the residential facility the client is made to feel welcome and is given the information and support needed to feel safe and comfortable in the environment.

3.2   Within two days of arrival, the client is given the opportunity to review the program's expectations and policies with staff, including:

> ➢ client rights and responsibilities;

> ➢ client complaint procedure;

> ➢ rules around visits and other forms of contact with family and friends; and

> ➢ cause for immediate transition, and

> ➢ a statement of the client rights and responsibilities will be reviewed and made readily available

3.3   Staff will outline with the client a comprehensive orientation plan to the residential program and facility.

3.4   Clients with physical and/or cognitive disabilities are supported in accessing all program components.

Notes and Examples

The first 72 hours in a residential facility can be the most challenging. Special care should be taken to ensure that participants receive the support they need during this period. For some this may mean more intense contact with staff and participants in the program, while for others it may mean having some more time alone.

Any community-based agencies and/or staff with whom the client is already connected will be given the opportunity to provide support during the transition to the residential facility, when appropriate.

Respectful and clear communication between staff and the client receiving treatment is important throughout the client's stay.

3.1 To be "safe" means to be reasonably free from danger or the risk of harm. Clients should be confident that discrimination, harassment; and physical, psychological, or verbal violence will not be tolerated.

Current program participants may, where appropriate, provide support during the orientation period.

If possible, and if the client wishes, supportive friends and family members may take part in the orientation. This may enhance the client's engagement with the program. It also provides an opportunity for family members and friends to learn about the program. This could take place in person, or in the form of an orientation package that can be provided to families and supportive others outlining: components of the program; an overview of policies and rules, including contact with the client while in the program; and, ways to support the person during and after the program.

3.2 Two days is provided at a maximum to accommodate for those clients who are in post-acute withdrawal or staff levels are low (i.e. weekends/holidays).

When a client is facing immediate discharge, the focus will be on respectful engagement to retain the client within the continuum of addiction treatment wherever possible.

3.3 The program creates an environment that is welcoming, inclusive and respectful, and that treats clients with dignity.

Standard 4: Medical Needs

Each residential facility ensures that clients have access to medical services while in the program.

Intent

To ensure that participants' medical needs are met while in a residential treatment program.

Required Elements

4.1   A follow up assessment of the client's health status and use of medications related to their physical, psychiatric and substance dependence needs is completed when needed.

4.2   The residential program will reasonably accommodate any treatment, procedure, supply, or service considered medically necessary, as determined by a health care provider.

4.3   The program has policies and procedures in place to ensure that all medications are stored, and for supervised access according to accepted standards and applicable policies, legislation and regulations.

Notes and Examples

4.1   For those clients that may need a further medical assessment shortly after arriving at the facility, the purpose is to check for any changes in the client's health status and for an assessment of a client's medical needs while in the facility. This may be more applicable to longer term residential programs.

4.2   Residential treatment will support clients to continue to take existing prescribed medications in accordance with Ontario Human Rights legislation that optimize health and support the client's recovery. If a client requests changes to their prescribed medication the client must seek medical approval.

4.3   At a minimum, written medication management policies and procedures should include:

➢ procedures for dealing with medication errors and adverse medication reactions;

➢ procedures for controlling access to drugs;

➢ known medication allergy information is highlighted in the participant's record;

➢ all prescribed medications are made available with the authority of a physician;

➢ policy establishing under what circumstances self-medication by the participant is permitted; and

➢ specific routines for the administration of drugs, including standardization of abbreviations and dose schedules.

Standard 5: Treatment Planning

The client receiving service participates in creating a written personal treatment plan that clearly describes the supports and services the client will receive that reflect client's needs, goals and strengths while in the treatment program.

Intent

To ensure that treatment planning is a collaborative process that accurately reflects the client's goals and outlines the work to take place, and that these decisions are clearly documented and regularly reviewed.

Required Elements

5.1　The assessment of psychological and/or social needs will inform the development of the treatment plan.

5.2　Work on the personal treatment plan, with the client's full participation, begins as soon as possible after the client's arrival at the program and it is reviewed regularly and updated throughout the client's stay to reflect their changing situation. As part of this, the client's thoughts and feelings about the service are respected and inform ongoing treatments and supports.

5.3　With the client's written consent, the community agencies and professionals with which the client is already connected and/or those identified as part of the individual's ongoing treatment are involved in developing and reviewing the treatment plan.

5.4　The client receives a copy of the treatment plan.

5.5　The program helps the client develop the tools to strengthen the individual's personal circle of support (including, as appropriate, relationships with family members, partners, and friends).

Notes and Examples

5.1　This psycho/social assessment may be generated in the community or while in residential program. The treatment plan is informed by:

- ➢ physical, mental and emotional wellbeing;
- ➢ understanding of the client's substance use and its impacts;
- ➢ willingness to actively participate in changing the client's substance use and associated behaviours and thinking patterns;
- ➢ relationships with family, friends, and others;
- ➢ life skills development;
- ➢ connection with the client's community, including transition planning;

> ➢ housing needs;

> ➢ employment, education, and training needs and wishes;

> ➢ recreational interests (including opportunities for physical exercise);

> ➢ spiritual and cultural practices;

> ➢ involvement with the criminal justice system

> ➢ involvement with the child welfare system; and

> ➢ other significant issues and/or goals.

5.2 Developing the treatment plan is a collaborative process which fully includes the participant. The plan will reflect the goals, preferences, strengths, and needs of the client receiving service. Whenever possible and appropriate, other people who are supportive of the client take part in developing the treatment plan. (These people may include, for example, family, friends, counsellors, social workers.)

Regular reviews of the treatment plan should be arranged in advance and detailed in the plan.

Clients receiving service should always know in advance who will be present at each review. Participants should be adequately supported to participate fully in, and understand the outcome of each review.

5.3 The treatment plan should focus on supporting the client to return to the community. This should include working closely with community service providers throughout the client's stay in residential treatment.

5.4 All progress made by the client receiving treatment should be carefully recorded in the client's case notes. These notes should be signed and dated. Anyone reviewing the treatment plan should be able to easily identify the goals and milestones that were met or modified during the person's stay in residential treatment.

5.5 A family systems approach is critical in treatment planning when family (as defined by the client) are an issue identified by the client.

Standard 6: Safety

The program is committed to providing a safe and supportive environment.

Intent

To ensure that all clients are safe and respected in the environment.

Required Elements

6.1   The program and its staff respect the client rights of each person receiving service and hold each client in the program responsible to treat others with respect.

6.2   The program and its staff do everything possible to ensure the personal safety of each client receiving service.

6.3   The complaints procedure is clearly communicated to each client receiving service and family where appropriate. Complaints are dealt with promptly and appropriately, and clients are informed about the outcomes as appropriate. Making a complaint will not have any negative impact on a participant.

6.4   Management ensures implementation of policies, procedure and/or protocols which address optimal care and protection of the rights of the clients.

Notes and Examples

6.1   Client rights refer to the rights enshrined in the *Canadian Charter of Rights and Freedoms.* Treating a person with respect includes, being polite, honouring the client's diversity and references, preserving the individual's dignity, and respecting different cultures and gender identities. It may be helpful to give clients concrete examples of what respectful behaviour does and does not entail. Such examples may usefully include: not using words as weapons, and not being physically aggressive or threatening.

Staff should not assume that every aspect of a person's behaviour is related to the client's substance use problem.

6.2   To be "safe" means to be reasonably free from danger or the risk of harm. Clients should be confident that discrimination, harassment; and physical, psychological, or verbal violence will not be tolerated.

To be "safe" also means that facilities will assess for the risk of suicide. If someone is deemed to be at risk, facilities will:

   ➢ address the immediate safety needs;

   ➢ identify and document any treatment and monitoring strategies; and

   ➢ help the person access appropriate services, such as emergency crisis teams or mental health professionals, when needed.

Suicide attempts must be documented and reported as per the agency policies and procedures.

With client consent and where appropriate, it is important to involve the client's family or supportive others, and any service providers the client is working with.

6.3 The complaints procedure should include but not limited to:

- ➢ how to file a complaint;
- ➢ who to make the complaint to;
- ➢ timelines;
- ➢ communication of outcomes; and
- ➢ appeals process.

6.4 Protection of the rights of the client served will be achieved by:

- ➢ hiring competent, ethical and qualified staff as may be supported by the CCSA Core Competencies;
- ➢ maintaining accessible and comprehensive clinical records;
- ➢ ensuring client's right to confidentiality;
- ➢ ensuring secure storage of client information;
- ➢ ensuring requirements for disclosure of client information is met;
- ➢ establishing a statement of client rights and responsibilities;
- ➢ establishing a Code of Ethics to guide the provision of service;
- ➢ establishing policies on reporting child protection issues;
- ➢ having an open, safe and transparent process to handle complaints for clients and families to raise issues or concerns;
- ➢ establishing a process to handle conflicts of interest and dispute resolution;
- ➢ establishing a process to address ethics/boundary related issues;
- ➢ having a process to educate the client about the elements of informed consent;
- ➢ having a process to educate the client and family or significant others re: treatment options and the expected results of treatment and/or the potential consequences of declining treatment;
- ➢ having a documented process to verify that the client and, when appropriate, the family or significant others understand information provided by the residential program;
- ➢ having a process to ensure client is involved in planning of their care;
- ➢ having a process to provide a safe environment; and
- ➢ ensuring accessibility of service to clients who meet admission criteria.

Standard 7: Monitoring and Evaluation

The residential program is committed to ongoing monitoring, evaluation and improvement in order to ensure that clients receiving service are provided with evidence informed treatment and supports.

Intent

To ensure that all residential treatment programs in Ontario follow a continuous quality improvement process.

Required Elements

7.1   There are regular opportunities for participants to provide feedback on program activities and interventions.

7.2   There are regular opportunities for other service providers who link with the residential program to provide formal feedback.

7.3   The program ensures that every client is asked to fill out a client perception care survey.

7.4   Programs participate in regular contract monitoring and reporting procedures with the funder(s).

7.5   Residential service providers participate with funder(s) in regular program and outcome-based evaluations.

Notes and Examples

7.1   Participant feedback may be done on an informal basis and may include verbal as well as written feedback. Seeking ongoing participant feedback supports inclusivity and program/participant collaboration. It allows program staff to make modifications to activities and interventions in order to best meet group and client needs. Feedback is intended to measure participants' impressions of the quality of service they receive and how well the program met the client's needs.

Using a *Client Directed Outcome Informed* (CDOI) approach to treatment, or other client satisfaction feedback, enables the client receiving treatment and the staff to assess the therapeutic relationship, and informs ongoing revisions to the treatment plan. (Please see the Glossary for an overview of a CDOI approach).

7.2   Accreditation agencies offer many resources for community feedback templates and processes

7.3   The client perception questionnaire is a formal way to seek participants' input and impressions on the quality of care, particular strengths of the service, any challenges, and any gaps in the system of services and supports. This is used to inform continuous improvement and quality assurance planning.

7.4   Each facility has established metrics through which they measure results produced by the program. (i.e. balanced scorecards, quality indicators). Where applicable, residential treatment facilities may have requirements to report to another governing body for evaluation, certification or accreditation. (i.e. CARF, Accreditation Canada, Canadian Centre for Accreditation).

Standard 8: Transition Planning

The client receiving service participates in creating a plan for the client's return to the community.

Intent

The transition plan is a continuation of the client's treatment plan. The program may provide opportunities for the client to participate post transition in support services and activities provided by the residential program.

Required Elements

8.1   Work on the transition plan begins early in the client's stay at the residential program and is a collaborative process between the client receiving service, residential staff, the appropriate community-based resource(s), and, where appropriate, the client's circle of support (e.g. family, friends, and/or supportive others).

8.2   The transition plan reflects the client's strengths, preferences, and ongoing goals, and addresses any concerns the client may have about returning to the community.

8.3   The client receives a copy of client's transition plan and with the client's written consent the plan is shared with the appropriate community-based supports and services.

8.4   The residential program actively supports & collaborates with community partners to ensure that the client makes contact with other health and social service agencies and community organizations (e.g., primary care, housing, child care, employment services and support groups) as needed.

8.5   The residential program actively supports the client receiving treatment to maintain or establish relationships with the substance use service providers the client will work with in the community.

Notes and Examples

8.1   Preparation for a client's return to the community should begin early in the treatment process. All treatment should be focused on facilitating the person's successful return into the community. Existing connections should be continued throughout a person's stay at the facility so that their transition back to the community is adequately supported.

Where the clients are not already connected to community-based services, or are moving to a new community, the residential program should help them link with the services and supports they may wish to access.

Support the client's ability to maintain identified goals once leaving the residential facility. It is important to that the client's support network be involved in transition planning, as these people will be providing ongoing help and care to the client after the client leaves the residence.

8.2   (also applies to 9.3) Depending on the person's needs, ongoing substance use treatment and support may mean stepping up to a higher tier or down to a lower one. A client may, for example, move from a supportive residential program up to more structured residential treatment, or vice versa. For people who are returning to the community, appropriate community-based supports and services should be identified. These may include, for example: community counselling, access to primary care, drop-in Centers, and 12- and 16-step programs.

The transition plan deals with any or all of the following elements, as appropriate to each client's situation:

   ➢ Ongoing substance use treatment and support;

   ➢ Mental health;

   ➢ Life skills;

   ➢ Relationship with family;

   ➢ Personal and social supports (including community groups);

   ➢ Connection to medical supports;

   ➢ Spiritual and cultural practices and preferences;

   ➢ Education and/or vocational training;

   ➢ Housing;

   ➢ Employment;

   ➢ Recreational interests (e.g., arts, sports, social activities);

   ➢ Safety from violence and abuse; and

   ➢ Parenting skills.

8.3   At a minimum, clients should be given up-to-date and accurate telephone numbers, contact names, email addresses, and websites for ancillary services in the community to which they are returning. These could be part of a leaving package that may also include harm reduction information.

In order to help ensure continuity of care, clients who access residential treatment via a referral from an outpatient substance use counsellor, should at the time of referral be given an appointment to see that counsellor upon leaving residential treatment. Clients who enter residential treatment without having a substance use counsellor should be given support by the residential program to schedule a post-treatment appointment with such a counsellor before they leave the program. Where possible, clients in residential

treatment should be able to begin attending some community-based supports while still in residence.

8.4   If we are to respect the fact that recovery is a process client crisis and return to use can occur. Evidence informed practice informs us that the client relationship is strongest with the provider of a client's care. This would mean that the client may return to the facility.

This element makes ongoing provision for relationship-building or maintaining existing connections between the client receiving treatment and the community-based substance use supports and services that the client will access after leaving the residential facility.

8.5   When an unplanned discharge occurs, follow-up is conducted as soon as possible to clarify the reasons for the unplanned discharge and to determine with the client if further services are needed.

Administrative Standards

The Administration Standards provide a framework to ensure the residential treatment services are supported and part of the organizational structure of the organization. The standards outline what must be in place to ensure services meet the initial and ongoing needs of clients.

Standard 9: Governance

The organization has a governance structure that provides leadership for residential addiction services.

Intent

The intent of this standard is to ensure the legal entity has in place what is required to provide evidence based standards of care.

Required Elements

9.1   It is understood that there will be a clearly defined governing body.

9.2   It is understood that there will be a clearly defined stakeholder engagement process.

Notes and Examples

9.1   The organization has appropriate governance policies and procedures to ensure the organization operates within the terms of the corporation by-laws. Where applicable the agency will ensure their governance policy and procedure incorporates funder(s) (i.e. LHIN) expectations as required.

9.2   The organization provides meaningful opportunities for stakeholders to participate in the planning and evaluation of the organization's objectives and performance (i.e. client/staff surveys, focus groups, participation in strategic planning).

Standard 10: Organization and Management

The organization has a management structure that provides leadership for residential treatment.

Intent

The intent of this standard is to provide the necessary framework to support the day by day operations of residential treatment.

Required Elements

10.1 The organization has formal Vision, Mission, and Value statements that are current, relevant, reviewed annually, and revised as necessary. The statements are made available to all staff, clients and general public.

10.2 The organization has a set of identified goals and objectives.

10.3 The organization has documented evidence of formal agreements with the funder(s).

10.4 Management ensures the development of appropriate partnerships and linkages with community organizations and other service providers.

10.5 Management utilizes evaluation tools that objectively report or monitor the activities of the residential treatment.

10.6 There is a written organizational structure that provides clearly defined principle functions of management to ensure appropriate delivery of services and supports through planning, development, implementation and evaluation, as well as research when opportunities arise.

10.7 There is evidence that management functions are implemented within the residential treatment.

10.8 Management establishes criteria and mechanisms for program development within the residential treatment.

10.9 Management ensures the responsible use of resources when implementing new or expanded programs.

10.10 Management will maintain effective communication and problem solving mechanisms between residential treatment and relevant partners, consumers, and other stakeholders (such as advisory committee)

10.11 Management ensures there are mechanisms to communicate the organizations Service's mission, philosophy, standards and policy/procedures to staff, clients and the community it serves.

10.12 There are mechanisms in place to evaluate the performance of management staff.

10.13 Management ensures residential treatment is in compliance with regulatory requirements for the ongoing operation of the organization.

Notes & Examples

10.2   Management is responsible for objectives that are clear, measurable and with appropriate deadlines to meet the established program goals and are reviewed on regular basis. (E.g. Logic Model)

10.3   A written Service Agreement may be established between the funder(s) and the organization. The Service Agreement is reviewed as established by the funder(s) and revisions are made as necessary. A copy is retained by the organization.

10.4   Management is expected to develop partnerships with as many services and supports as necessary, to ensure the most comprehensive and seamless treatment experience possible for clients. Linkages and relationships may be built through both informal and formal communication and information exchange. Some examples of formal approaches to relationship-building include regular meetings between representatives of services across the spectrum, client case conferences, and joint training and education sessions.

10.6   There is an organizational chart which:

> ➤ provides a clear representation of the structure and reporting relationships of residential treatment. Defined functions may include but are not limited to:
>
> - Human Resources
> - Clinical Services
> - Financial Management
> - Facilities
> - Public Relations & Communications
>
> ➤ is available to all staff; and
> ➤ is available to interested parties.

10.7   Evidence of implementation may include:

> ➤ mechanisms for developing and enhancing positive staff morale and labour relations;
> ➤ effective mechanisms for staff feedback and involvement
> ➤ client perception survey;
> ➤ efficient and effective utilization of resources; and
> ➤ management outcome reports.

10.8   Criteria for the development of services and supports include:

> ➤ consistency with the mission of the organization;
> ➤ consistency with the strategic plan of the organization;
> ➤ a clear, concise definition of what is proposed;

> ➢ justification for the proposal;

> ➢ resources required;

> ➢ effect on existing program and support services;

> ➢ effect on existing health care services and for programs within the community;

> ➢ other regional planning activities;

> ➢ financial and human resources; and

> ➢ consultation with clients, families, relevant stakeholders, addiction, mental health and other planning bodies.

10.9   Management ensures that the development of new programs includes consultation with the local addiction and mental health planning body, assessment of the impact on internal and/or community programs/services and that the resources are available.

10.10   Mechanisms to facilitate documented communication and problem solving may include:

> ➢ consumer surveys;

> ➢ regular staff meetings;

> ➢ meetings with and defined reporting relationships between management and Senior Management team of residential treatment;

> ➢ memos outlining changes in process;

> ➢ web-site development;

> ➢ meetings with local community addiction and mental health partners on a regular basis, as established in their terms of reference ;

> ➢ meetings with other community partners and stakeholders on an as needed basis;

10.11   Mechanisms for communicating the mission, vision, values and philosophy may yet not limited to the following activities.

> ➢ mission and philosophy statements are readily available for viewing;

> ➢ client guidelines/handbooks;

> ➢ staff/volunteer orientation and ongoing development processes;

> ➢ distribution of annual report;

> ➢ meeting/presentations with community groups;

> ➢ presentations to educational institutions;

> ➢ use of media;

> ➢ information brochures widely distributed;

> ➢ orientation tours as appropriate; and

> ➢ website development.

10.12 Mechanisms for the evaluation of staff may include:

> ➢ performance appraisals;
>
> ➢ operational reviews; and
>
> ➢ program review.

Standard 11: Regulations, Policies & Procedures

Management ensures residential treatment utilizes a framework of comprehensive policies to guide the day by day operation of service.

Intent

Management ensures service compliance with laws, regulations and agreements. Management develops, revises and implements policies and procedures for the effective operation of the Residential Treatment Service.

Required Elements

11.1   Management ensures all reasonable steps are taken to provide for service compliance with applicable federal, provincial and municipal laws/by-laws and regulations.

11.2   Management receives, reviews and acts upon reports on compliance with federal, provincial and municipal by-laws and regulations may include but not limited to:

> ➢ quality management;
>
> ➢ risk management utilization review;
>
> ➢ child protection;
>
> ➢ Protection of Personal Health Information;
>
> ➢ access to service as per funder(s) directives; and
>
> ➢ show evidence of due diligence in assurance that applicable staff have current membership certification and licensing as required.

11.3   Management ensures that memorandum of understanding/affiliation agreements between educational institutions and Residential Treatment Service are current.

11.4   In the development of the agreement between the Residential Treatment Service and educational institutions, management will:

> ➢ collaborate with teaching staff and student placement officers regarding appropriate terms of the agreement; and
>
> ➢ negotiate, as required, the appropriate placement of students to be accepted in the Residential Treatment Service.

11.5   Legal authority for contracts or agreements is determined by the legal structure of the organization.

11.6   Management is responsible for the development and implementation of operational policies and procedures for the Residential Treatment Service.

11.7   The organization's operational policies are in alignment with those of the Residential Treatment Service or the by-laws of the governing body and are specific to the Service.

11.8   Management reviews policies on a regular basis and makes revisions and/or additions as the need arises. Residential treatment agency should keep former polices &procedures on file for a minimum of 7 years. Staff/volunteer engagement is encouraged.

11.9   Staff/volunteer review policies and procedures on a regular basis. Evidence of this review is documented.

11.10   New and revised Residential Treatment Service policies and procedures are reviewed by all staff and incorporated into the Policy and Procedure Manual of the Service. Evidence of this review is documented.

11.11   Management ensures that the relevant policies and procedures are implemented and that the:

> ➢ relevant policies and procedures of the Residential Treatment Service are available to all staff;

> ➢ staff review the policies and procedures as legislated or not less than every 3 years; and

> ➢ evidence of this review is documented.

Notes and Examples

11.2   Example of current membership could include current First Aid and CPR training, current status with College of Nurses, Social Work etc.

11.3   Examples may include student placement agreements; internship agreements; research study agreements.

Standard 12: Financial Management

Residential treatment has a comprehensive financial management system.

Intent

Management ensures the efficient and effective use of the financial resources of residential treatment.

Required Elements

12.1 Organization prepares and approves the annual operating budget/plan in accordance with the requirements of the funder(s).

12.2 Management implements and monitors the annual operating budget.

12.3 An annual audit of the financial operations is performed in accordance with the requirements of the funder(s) and in accordance with generally accepted accounting principles (GAAP).

12.4 Management implements the recommendations made in the financial audit/report.

Notes and Examples

12.1 In preparing the budget consideration should be given to:

  ➢ resources of the Service (e.g. equipment, volunteers, physical space);

  ➢ the mission, goals and objectives;

  ➢ operating plan;

  ➢ strategic plan;

  ➢ operating budget; and

  ➢ reporting requirements as defined by the funder(s).

12.2 Mechanisms for monitoring budget may include:

  ➢ regular analysis and reporting of statements and reports in compliance with the Corporations Act. Profit & Loss statements must be approved quarterly under regulations.

  ➢ consultations with the appropriate financial officer in residential treatment to manage possible surplus or deficit situations; and

  ➢ where applicable, incorporating appropriate materials for timely submission of the T3010 (Charities Accounting Act regulation).

Standard 13: Staff/Volunteer Experience and Qualifications

Residential treatment program staff/volunteers have the appropriate training, qualifications and experience for the services and supports they deliver.

Intent

To ensure that all services and supports offered by the program are delivered by appropriately qualified staff. To ensure that new hires have the necessary skills and competencies for the roles to which they are appointed, and that existing staff needing to upgrade their training are supported in doing so.

Required Elements

13.1   Each member of staff, and volunteers, stay within the scope of the role for which the client is adequately qualified.

13.2   Volunteers working at the program receive adequate and appropriate support and supervision for the work they are doing.

13.3   Program staff meet competencies identified for their specific roles.

13.4   Each staff member receives the necessary supervision to ensure that staff are meeting the standards for their role.

13.4   Staff/volunteers who provide peer support services have access to supervision, consultation and support from colleagues and supervisors, as required.

Notes and Examples

13.2   At a minimum, volunteers are familiar with all the program's rules, policies and procedures and receive the necessary supervision to help them put these into practice. Clients receiving treatment are welcome to ask about an employee's qualifications.

Board members may be volunteers who are in full compliance of their Governance Policies.

13.3   Employees will be supported in accessing further training or developmental opportunities where possible to stay current with best possible approaches. Ongoing staff training and development may be delivered in a number of ways. Possible approaches include: workshops; online learning; mentoring programs; knowledge exchange through communities of practice.

The CCSA released *Behavioural Competencies and Technical Competencies for Canada's Substance Abuse Workforce* in 2010. Each document provides comprehensive guidance on which of these competencies apply to which roles and/or professionals within the substance use workforce. They also describe how client staff members may demonstrate each competency. Copies of the documents may be

accessed free of charge from: http://ccsa.ca/Eng/Priorities/Workforce/Competencies check this link

13.4   Supervision is an ongoing part of performance management and will occur as frequently as necessary to optimize employee performance. Methods of supervision could include:

> client supervision;
> group supervision;
> clinical meetings; and
> client file audits.

Standard 14: Quality Management

Residential treatment is supported by a comprehensive quality management structure.

Intent

Quality management is developed and implemented by the leadership of residential treatment. Residential treatment has a process for establishing quality indicators and utilizes the findings to make improvements.

Required Elements

14.1   Leadership ensures implementation of the quality management plan within residential treatment.

14.2   Leadership ensures that the required data is collected, reviewed, and readily available.

14.3   Leadership reports on quality management activities as required.

Notes and Examples

14.1   Leadership monitors, evaluates and reports on those issues identified, and acts upon opportunities to continually improve the services provided. Issues may include:

> ➢ client safety;
>
> ➢ risk management;
>
> ➢ data quality; and
>
> ➢ outcome measures.

14.2   The methods used to improve these services may include:

> ➢ developing quality indicators;
>
> ➢ assessing;
>
> ➢ planning;
>
> ➢ implementing;
>
> ➢ evaluating; and
>
> ➢ reporting quality management activities including improvements in client care/service.

14.3 Quality management includes formal and informal processes for assessing quality, planning & implementing improvements on a regular basis. Evaluation is based on assessment of service delivery and attainment of client, program and administrative goals. The evaluation is ongoing and accomplished by:

➢ internal evaluation of core components using specific indicators;

➢ external evaluation by the LHIN/MOHLTC and/or designate;

➢ an accreditation body as identified by the organization (e.g., Canadian Centre for Accreditation, Accreditation Canada, CARF, or equivalent); and

➢ incorporating the Ontario Residential Treatment Standards as a guide and/or measurement tool.

Standard 15: Data Collection and Utilization

Management develops, implements and reports on data collection and utilization specific to residential treatment in collaboration with the funder(s).

Intent

Residential treatment has a system for accurately collecting and aggregating data to permit retrieval and analysis for the purpose of planning, research, compliance monitoring and reporting.

Required Elements

15.1   Management records and reviews program & service activities as required by funder(s).

15.2   The utilization report reviews activities in a consistent format. The schedules and content of the reports are determined by the client organization.

Notes and Examples

15.1   The activity reviews specific to residential treatment may include but are not limited to:

> ➢ program statistics;
>
> ➢ service utilization statistics;
>
> ➢ bed utilization;
>
> ➢ length of stay;
>
> ➢ wait times;
>
> ➢ admissions and re-admissions; and
>
> ➢ client population by age, gender and substance of choice.

15.2   Reports are completed as required, submitted on time and:

> ➢ are compliant with the Personal Health Information Protection Act (PHIPA);
>
> ➢ recommendations offered in response to the reports are acted upon within the determined time frame; and
>
> ➢ the integrity of the data is assured.

Standard 16: Risk Management

Residential treatment is supported by a comprehensive framework of risk identification, mitigation, and management.

Intent

Management develops, implements and reports on risk management activities related to the comprehensive residential treatment framework.

Required Elements

16.1   Management reports on risk management activities as required and in a consistent reporting format.

16.2   Management monitors and evaluates the risk management program.

16.3   Management monitors and remains current on appropriate and related risk management events that may impact the delivery of services and supports.

16.4.   Clients are assessed and monitored for risk of suicide.

Notes and Examples

16.1   Risk management activities specific to residential treatment may include but are not limited to:

> ➤ the prevention, identification, assessment and action to manage risks to clients, staff/volunteers, property, and the risk of social media use;

> ➤ the evaluation of risk management activities;

> ➤ the development and implementation of 'high risk' policies & procedures; and

> ➤ disaster and emergency preparedness and response plans.

16.2   Management ensures that the risk management program is effective in reducing risks to clients, staff/volunteers and the property.

16.3   Information services may include but are not limited to:

> ➤ coroners' inquest recommendations;

> ➤ health & occupational reports; and

> ➤ third party inspections.

Standard 17: Occupational Health and Safety

Residential treatment maintains a well-defined Occupational Health and Safety framework for the organization.

Intent

Residential treatment ensures the health and safety of staff and volunteers.

Required Elements

17.1   Residential treatment has policies and procedures in place that outline what will happen in case of emergency.

17.2   Staff will be trained to identify, reduce, manage and report risk.

17.3   A written infection control plan and other policies regarding the prevention and control of infection or communicable diseases will be developed.

Notes and Examples

17.1   These may include but are not limited to:

> ➢ health and safety activities;
> ➢ disaster and emergency preparedness;
> ➢ infection control activities;
> ➢ Workplace Hazardous Materials Information System (WHMIS);
> ➢ security measures;
> ➢ Occupational Health and Safety Committee;
> ➢ Occupational Health and Safety inspections;
> ➢ management of allergens;
> ➢ safe storage of chemicals;
> ➢ the responsibility of staff members and volunteers for taking reasonable care to protect their health and safety and that of others in the workplace;
> ➢ a preventative maintenance program;
> ➢ formal reports of incidents and accidents
> ➢ wellness activities, and
> ➢ trauma debriefing

17.3   Development of infection control plans and policies may include resources gained from the following organizations or other jurisdictional departments of health outbreak manuals:

> ➢ Association for Professionals in Infection Control and Epidemiology (www.apic.org)
> ➢ Public Health Agency of Canada (www.phac-aspc.gc.ca)
> ➢ Infection Prevention and Control Canada (www.ipac-canada.org)

Standard 18: Evidence Informed Practices

Residential treatment uses recognized promising practices and provides evidence-based supports and treatment to work with clients on the goals set out in the client's treatment plan.

Intent

To ensure that all services and supports offered at programs are informed by the best available evidence about what works in the field of residential substance use treatment.

Required Elements

18.1   Residential treatment utilizes a range of evidence-informed supports and treatment appropriate to the client's needs and preferences.

18.2   Residential treatment uses a trauma-informed approach to all aspects of treatment and care.

18.3   Residential treatment utilizes a range of evidence-informed information to assess and improve the quality of its services.

18.4   Management will keep up-to-date with the current and emerging trends of substance use to better meet the needs of the community served.

18.5   Management will keep current with emerging and evolving innovations in the addictions treatment system.

Notes and Examples

18.1   Depending on the program, supports and treatment may be offered in the residence or may be accessed in the community. Some examples of how a program may demonstrate that it is following evidence-informed practice may include but are not limited to: Making research literature available to staff; holding regular training and education sessions; and taking part in knowledge exchange initiatives with other service providers.

Residential treatment will recognize the complexities of presenting issues such as mental health, ABI, dual diagnosis, as an integral part of the client's care path. This help may be provided at the program, or the program may connect the client with appropriate supports off-site

Treatment and interventions offered at facilities, and the competencies and qualifications of staff, will vary according to the type and nature of the program. Some residential programs in Ontario provide in-depth, intensive treatment that addresses the underlying causes of substance use. Some programs offer supports and safe accommodation for clients focusing on their immediate concerns around substance use and their integration back into the community. Treatment and supports may be offered on-site, or participants may access supports in the community through, for example, substance use outpatient, day treatment or groups, 12-step groups such as AA and NA, and 16-step groups.

Currently, research suggests that the following psychosocial interventions for substance use issues are particularly effective:

- ➢ Motivational Enhancement Therapy;
- ➢ Motivational Interviewing;
- ➢ Trauma-informed practice;
- ➢ Cognitive Behavioural Therapy;
- ➢ Relapse prevention and active practice of relapse prevention skills;
- ➢ Family work/family therapy;
- ➢ 12-Step and 16-Step programs;
- ➢ Peer mentoring;
- ➢ Complementary therapies (e.g., acupuncture, therapeutic massage, meditation);
- ➢ Mindfulness-based therapy; and
- ➢ Pharmacotherapy.

Providing a range of skills training through techniques such as cognitive restructuring, role play, active rehearsal, and repetitive practice are also considered to be best practice. Skills may include:

- ➢ Communal living skills;
- ➢ Problem-solving skills;
- ➢ Communication skills;
- ➢ Understanding the patterns and triggers to substance use;
- ➢ Coping skills (e.g., dealing with cravings);
- ➢ Boundary setting;
- ➢ Identification of good nutritional choices
- ➢ Stress management;
- ➢ Harm reduction; and
- ➢ Identifying and dealing with emotions and thoughts associated with substance use.

Please note that the first set of psychosocial interventions is more applicable to residential treatment facilities – which also incorporate the second set of skills training into their programming. Supportive residential facilities tend to focus on the second set.

18.2   Access to current resources on trauma informed practice (often gender specific) will be required to meet this standard.

18.3   Management utilizes available research and best practice resources, including those utilized in the development of the Ontario Residential Treatment Standards.

18.4   Management will implement appropriate innovations that meet local needs when resources are available.

18.5   There are a variety of methods management can use to stay informed and current (i.e. community of practice meetings, list serve, conferences).

Standard 19: Client Records

Residential Treatment Service maintains accurate records for the clients care while in the Residential Treatment Service.

Intent

The standards for client records are determined by the Service and the funder(s).

Required Elements

19.1   Client information is accurate, accessible, up-to-date and secure.

19.2   Admission documents are accurate, accessible, up-to-date and secure.

19.3   The client file contains all relevant information pertaining to the client while under active care of the Service.

19.4   The Residential Treatment Service will develop and utilize a discharge Document(s).

19.5   Post discharge follow-up is contained within the client record.

19.6   Multifunctional services will maintain an integrated client record.

19.7   The Service has clearly defined standards for documenting, outlining format/content and frequency.

Notes and Examples

19.1   Client information will include the following, where applicable:

> ➢ staff maintain an accurate and up-to-date record for each client;

> ➢ staff meet applicable legislation for protecting the privacy and confidentiality of client information;

> ➢ the appropriate staff have timely access to client information;

> ➢ staff share client information in accordance with PHIPA; and

> ➢ staff share client information and coordinates its flow with other care teams and/or organizations, as appropriate and required, ensuring informed consent is obtained in a manner consistent with PHIPA.

19.2   Admission documents will contain the following information, where applicable:

> ➢ personal data (e.g. name, current address and phone number, gender, age, relationship status, occupation);

> ➢ name, address and phone number of contact person in case of emergency (e.g. parent, spouse, significant other);

> ➢ name, address and phone number of the family physician;

> name, address and phone number of other professional(s) or community services involved with the client;

> name and telephone number of referral source;

> presenting issues;

> allergies;

> history of current and past substance use;

> relevant medical/medication information and/or problems;

> possibility of pregnancy, when appropriate;

> care of minor children, when appropriate;

> living situation (e.g. no fixed address, on own, with family, group home, hospital);

> home address prior to entry into service, where applicable;

> relevant legal information;

> previous and current utilization of addiction or mental health services and frequency and duration of hospital stays;

> language(s) spoken or understood;

> literacy issues if identified; and

> personal risk (e.g. environmental, health, social).

19.3   The client file will contain the following information, where applicable:

> treatment plan;

> a record of services utilized by the client, including dates (e.g. progress notes, group participation record);

> a record of activities undertaken by the client (e.g. self-help, court appearance, family visits while in the service);

> a record of case conferences as related to the client;

> attendance and/or compliance with plan of care;

> referrals made;

> referrals accepted;

> medication record;

> record of communication with client as it relates to:

  ▪ informed consent

  ▪ confidentiality and limitations

  ▪ treatment options offered and the explanation of expected results of

treatment and/or potential consequences of declining treatment offered

- client involvement in the planning of their care

➢ a record of informing clients about the process for registering a complaint and accessing of a health record when the need arises;

➢ release of information authorizations and informed consents;

➢ updating of the information contained in the intake document, as necessary; and

➢ record all medical, dental and/or psychiatric activities.

19.4   Discharge Document(s) will contain the following information, where applicable:

➢ record of return of client property and organization property;

➢ forwarding address of client, if different from admitting address; and

➢ client discharge summary:

- date and time of discharge from the service

- a general evaluation of client status at time of transition as it relates to client objectives and their related criteria

- service completed

- withdrawal from service

- change of residence

- service refusal

- referrals accepted at time of discharge

- summary of services utilized while in the service

- update on information contained in the intake document, as necessary

Standard 20: Medication

Medication guidelines are client focused, ethical and humane, meet community needs, economic realities, and legal requirements and follow prudent risk management practices.

Intent

To support clients to access the medications they need to optimize health and support recovery.

Required Elements

20.1   There will be Policies and Procedures in place related to clients' use of approved medication.

20.2   There will be Policies and Procedures in place related to the accurate recording of information in the client record, on the medication brought into the service at time of admission and information on the medication returned upon discharge.

20.3   There will be Policies and Procedures in place related to safe management of medication brought into the service.

20.4   There will be Policies and Procedures in place that will address the safe disposal of medication.

20.5   There will be Policies and Procedures in place related to client self-administration of medications and staff supervision/monitoring of this activity.

20.6   There will be Policies and Procedures in place related to an accurate and timely record of medication taken or missed under staff supervision.

20.7   Where applicable, there will be Policies and Procedures to address the needs of clients utilizing opiate substitution therapy such as methadone, Suboxone, Buprenorphine.

20.8   Where applicable, there will be Policies and Procedures to address allowing medication to be used in treatment of substance use such as Antabuse and Naltrexone and for those used for Nicotine cessation programs.

20.9   There will be Policies and Procedures addressing guidelines regarding over-the-counter medications, herbal preparations, remedies, supplements and products containing alcohol.

20.10   Where applicable, medication reviews should be included in the client's treatment plan.

Notes and Examples

20.3   The policies and procedures will address safe storage of over-the counter medications and prescribed medications.

20.4   The policies and procedures will address safe disposal of over-the counter medications and prescribed medications.

20.5   The policies and procedures will address medication safeguards and appropriate consent in relation to consultation with the prescribing physician regarding the need for continued use and the risks of abrupt cessation.

20.9   The policies and procedures will address the process for consulting a physician or pharmacist to establish safe guidelines/practices.

20.10 The policies and procedures will identify substances containing alcohol that are not permitted for use in the service.

Standard 21: Equity

Each residential facility ensures that all individuals have access to, and benefit from equal quality in the processes, procedures, and services offered.

Intent

To ensure that all services and supports offered at programs are sensitive to the cultural needs and diversity of clients.

Required Elements

21.1   The organization has a good understanding of the characteristics of its population, including health inequalities.

21.2   The organization ensures that access to services is equitable.

21.3   The organization is able to acknowledge and address inequity, discrimination and racism.

21.4   The organization has governance systems in place to ensure that decisions promote equity at all levels.

Notes and Examples

21.3   The Health Equity Impact Assessment (HEIA) tool, one of the equity-driven planning tools, analyzes the potential impact of service, program or policy changes on health disparities and/or health-disadvantaged populations.

21.4   The organization implements a cultural competency and diversity plan.

Standard 22: Trauma Informed Practice

Each residential facility will ensure that they work in a trauma-informed way with all clients.

Intent

To ensure that the six principles of trauma informed practice are incorporated in clinical, leadership and governance practices, policies and procedures.

Required Elements

22.1   Agency management acknowledges that an understanding of the impact of trauma is central to effective service delivery and makes operational decision accordingly.

22.2   Trauma-informed practices have, at their core, six guiding principles:

> ➢ Acknowledgment
> ➢ Safety
> ➢ Trustworthiness
> ➢ Choice and Control
> ➢ Relational and collaborative approaches
> ➢ Strengths-based empowerment modalities

Notes and Examples

22.1   Trauma-informed practices require that organizations:

> ➢ realize the prevalence of trauma
> ➢ recognize how trauma affects all individuals involved with the organization and its programs or services, including its own
> ➢ respond by putting that knowledge into practice

22.2   Organizational level Trauma-informed practices provide a lens through which administration, management, strategic and program planning, workforce development, resource allocation, evaluation, and service delivery, should be reviewed and assessed.

Direct service level Trauma-informed practices provide a lens that should guide clinical responses, interventions, and other interactions with clients.

For further information refer to Trauma Matters: http://jeantweed.com/wp-content/themes/JTC/pdfs/Trauma%20Matters%20online%20version%20August%202013.pdf

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Glossary of Terms

Acceptability

Each service provided meets the expectations of the client, family, providers, and paying agency; the quality, outcomes, costs, convenience of care and treatment, and provider attitudes may be considered when assessing acceptability.

Accessibility

Ability of client to obtain care and treatment at the right place and at the right time, based on their respective needs.

Accountabilities

Tasks for which a client or group is held responsible. Accountabilities are responsibilities that may be delegated.

Aftercare/Continuing Care

Both the terms "aftercare" and "continuing care" are used to describe the ongoing treatment and recovery program components offered to clients after transition from residential treatment. Recent studies propose the exclusive use of the term "continuing care" in order to more accurately describe the active and ongoing recovery process, which may or may not involve a client's transition from one tier or level of treatment to another.

Assessment

An ongoing process by which strengths, weaknesses, problems and needs are determined or addressed.

Audit

Periodic in-depth review of key aspects of the organization's operations. This audit provides timely information about specific topics and/or cost-effectiveness of operations to management, addressing both quality and resources management issues.

Best Practice

A practice that, upon rigorous evaluation, demonstrates success, has had sustainable impacts, and can be replicated in other contexts.

Bio-psycho-social-spiritual Model

The bio-psycho-social-spiritual model has been developed to explain the complex interaction between the biological, psychological, social and spiritual aspects of problematic substance use. It is the model that is most widely endorsed by researchers and clinicians. The model promotes an approach to assessment that seeks to capture the full range of underlying causes of a client's substance use, including (but not limited to) genetic predisposition; learned behaviour; social factors, such as relationships with family, peers and the larger community; and, feelings and beliefs about problematic substance use. Treatment plans developed from such assessments seek to address the impacts of substance use on a client's physical and mental health, social support circle, and spiritual or moral values.

Client

Any client, family, group and/or community (internal or external to the organization) receiving care/treatment or service from the organization.

Client-Directed Outcome-Informed Approaches

CDOI or other feedback informed approaches purposefully forms a partnership with clients and helps to tailor the treatment to fit the client's particular therapeutic goals and preferences. It measures the client's experience and outcomes, which is used to inform future work. CDOI therapy places emphasis on developing a strong therapeutic alliance and using the client's experience of the treatment to guide the treatment planning.

Client Needs

Physiological, psychological, or social requirement for the well-being of a client. Needs may or may not be perceived or expressed by the person in need. They must be distinguished from demands, which are expressed desires not necessarily needed.

Cognitive Behavioural Therapy (CBT)

A type of psychotherapy that helps clients to change the way they think and behave in certain situations. It is a widely accepted therapy that can be used to treat any distressing or harmful practice or habit and is commonly used to treat problematic substance. CBT is a goal-orientated process and treatments range from a few weeks to a few months in duration.

Complementary Therapies

Refers to a broad range of non-medical, alternative therapies that are often used to supplement or enhance conventional, medical treatments and interventions, and promote overall wellbeing. Examples of such therapies include: massage, acupuncture, T'ai Chi, aromatherapy and yoga.

Cost Effectiveness

Cost study that is designed to review various ways of providing a service in an effort to determine which method will best produce the quality of service required at least cost (management information system guidelines).

Credentialing

Process which includes competencies, knowledge and skills to be certified; assessment of each client to determine compliance with requirements; issuance of a document to attest to the client's possession of the requisites; and, periodic re-certification to ensure that the client continues to possess the requisites for credentialing or meets new requisites made necessary by advances in the field.

Crisis Management

The immediate intervention in an emergency situation.

Data

Organized facts from which information can be generated.

Transition Planning

Planning for care and treatment after transition from the organization. Participants in the transition planning process include the client, family, health care team and the community. The basis for the plan is the team's assessment of the client needs in collaboration with the client and includes how, where and by whom these needs will best be met. Transition planning is continual and flexible.

Diversity

The concept of diversity encompasses the recognition of and respect for the unique characteristics and preferences of every client. These characteristics and preferences can be along the dimensions of race, ethnicity, culture, gender, sexual orientation, gender- identity, age, physical and mental ability, faith, and socio- economic status.

Drug Replacement Therapy (DRT)

The medical procedure of replacing an illegal opiate, such as heroin, with a longer-acting but less euphoric opioid, usually methadone or buprenorphine, that is taken under medical supervision. DRT seeks to assist drug users to switch from illicit drugs to legal medications obtained from health service providers and thus reduces the risk of overdose, HIV risk behaviours and the need to commit crime to obtain drugs. DRT helps opiate drug users to regain a normal life and schedule while being treated with a substance that eliminates withdrawal symptoms and cravings, but does not provide a strong euphoric high.

Education/Professional Development

Systematic and sustained learning activities for the purpose of bringing about changes in knowledge, attitudes, values or skills.

Effectiveness

Achieving or attaining outcomes, goals or objectives. It means working on the right things.

Efficiency

Refers to how well resources (inputs) are brought together to achieve outcomes, with minimal expenditure. It means doing things right.

Ethics

Standards of conduct which are morally and culturally correct.

Evaluation/Evaluate

Assessment of the degree of success in meeting the goals of the organization, organizational unit or client.

Evidence-Informed

The integration of the best available evidence from systematic research with experience, judgment and expertise to inform the development and implementation of health and social policy and programs.

Family

While the word "family" traditionally refers to persons related by blood, marriage or adoption, it is used in this document in a broader sense to encompass partners (including common-law and same-sex), friends, mentors and significant others. Increasingly, the term "family of choice" is being used to describe the circle of supportive and trusted people that a client has assembled to replace or to augment the individual's family of origin.

Family Therapy

The involvement of spouse, family members and/or significant others in the therapeutic process in order to improve communication, problem-solving and other skills in the family, and thereby nurture positive change and development. Family therapy emphasizes personal and intimate relationships as an important factor in psychological health.

Goals

Broad statement(s) describing outcomes of care and treatment or service, as they relate to the processes complemented. The goals provide direction for the day-to-day decisions and activities and describe the desired state for the future.

Governing Body

Group or agency that has ultimate authority and accountability for the overall operation of the organization.

Harm Reduction

The International Harm Reduction Association defines harm reduction as policies, programmes and practices that aim primarily to reduce the adverse health, social or economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Initiatives include needle exchange programs, supervised injection sites, substitution therapies (such as methadone maintenance), health and drug education, and safe housing options. A harm- reduction approach to substance use accepts that abstinence may not be a realistic goal for some people.

High Risk

Refers to aspects of care and treatment or service delivery, which if incorrect, will place clients at risk or deprive clients of substantial benefit.

High Volume

Refers to aspects of care and treatment or service delivery that occur frequently or affect large numbers of clients.

Indicator

Tool used to monitor and evaluate the quality of important governance, management, clinical and support processes that affect the outcomes of care and treatment and service delivery. Indicators may be written in terms of any aspect of the structure-process-outcomes triad of healthcare, but usually they are either process or outcomes focused. The essential characteristics of an indicator are that it monitors and provides information about the quality of

care and treatment and service delivery that is being examined and that it provides for opportunities to improve. (David M. Angran, American Journal Hosp. Pharm. 1991; 48:1931, 1932)

Infection Control
Practices to reduce or manage the potential and actual sources of infection in the organization and the community.

Information System
Network of steps to collect and transform data into information that supports managerial and clinical decision-making.

Intervention
To come between as an influencing force; an action by a care provider to modify the outcomes of client care and treatment.

Intoxication and Withdrawal Management
Systematically performed activities that reduce risk and promote safe recovery.

Logic Model
A logic model is a planning tool to clarify and graphically display what your project intends to do and what it hopes to accomplish and impact. It summarizes key program elements, explains rationale behind program activities, clarifies intended outcomes and provides a communication tool.

Mandate
A set of instructions/directives regarding service delivery given to the program by the Ministry of Health.

Mechanism
Means of accomplishing a task.

Mindfulness-Based Therapy
A form of psychotherapy sometimes referred to as Mindfulness-Based Cognitive Therapy that combines elements of cognitive therapy with meditative practices and mindfulness techniques. The therapy prioritizes learning how to remain "in the now" and to accept thoughts and feelings without judgment. The aim of the therapy is to enhance clients' self-knowledge and self-acceptance and ability to deal more effectively with overwhelming thoughts and emotions, and change and uncertainty.

Mission statement
Broad statement(s) in which the organization states what it does and why it exits. The mission distinguishes one organization from another.

Monitor

The process by which the client is regularly checked for any signs and symptoms indicating changes in status. This process is ongoing for the duration of their residency.

Motivational Enhancement Therapy (MET)

A client-centred, directive counselling style that promotes positive behaviour modification by helping clients to examine and resolve their ambivalence towards the process of change. The counsellor uses empathic listening, mirroring, and guiding questions to evoke the client's intrinsic motivation and commitment to change and to help the client develop a sense of self-efficacy.

Objectives

Concrete, measurable steps taken to achieve identified goals.

Organization

A legal entity is a client, business, or organization that has the legal capability of entering into a contract with another entity. Essentially, this status makes it possible for a properly incorporated organization to function in the same manner that and client can, when it comes to entering into binding contracts for all types of goods and services. Along with the ability to legally establish contractual relationships with others, the entity has the responsibility of upholding the terms and conditions of those agreements, or risking the possibility of being sued for failing to honor those contractual obligations.

Organization Planning

Process of identifying an organization's immediate and long-term objectives, and formulating and monitoring specific strategies to achieve them. It also entails staffing and resource allocation, and is one of the most important responsibilities of a management team.

Orientation

Process by which the staff member and volunteer become familiar with all aspects of the work environment and responsibilities or, by which the client becomes familiar with the organization and immediate surroundings.

Outreach

The extending into the community of services of assistance beyond current or usual limits.

Peer Mentoring

Mentoring is a relationship between an experienced person and a less experienced person for the purpose of helping the one with less experience. Peer mentoring assigns mentees to someone with experience who is comparable to them in a number of possible realms, including age, personal experiences, substance use history, social background, treatment goals and preferences.

Pharmacotherapy

Treatment of disease through the administration of drugs.

Plan of Care

Term used to describe the plan of comprehensive care and treatment for a client as determined by the particular diagnosis and needs of that client. Also referred to as a care plan.

Policy

Written statement that clearly indicates the position and values of the organization or organizational unit on a given subject.

Prescribed Medication

A medication that has been prescribed by an authorized physician or nurse practitioner for a patient.

Problem Prone

Refers to aspects of care and treatment or service activities that have produced problems in the past for staff or clients.

Program/Service

Organized system of services or inter-related series of activities designed to address the health care needs of clients.

Promising Practice

A practice that has not necessarily undergone rigorous evaluation or replication in different contexts but that has nevertheless shown positive results and offered ideas about what works best in a given situation.

Protocols

A systematic, detailed, documented plant/agreement negotiated by involved parties or established by a service/group to outline how things get done.

Psychotropic Medications

Drugs that affect the mind/perception, behaviour and mood. Common types of psychotropics include antidepressants; anti-anxiety agents; antipsychotics; and mood stabilizers.

Relapse

In the context of substance use, relapse refers to the process of returning to the use of alcohol or drugs after a period of abstinence. Relapse is possible no matter how long a client has been abstinent and is most helpfully regarded as a normal part of the recovery journey.

Relapse Prevention

In the context of substance use, a set of skills designed   to reduce the likelihood that a person will return to using alcohol or drugs. Skills include, for example, identifying early warning signs of relapse; recognizing high risk situations for relapse; managing lapses; and employing stimulus control and urge-management techniques.

Qualified

Refers to credentials of staff who are professionally and legally prepared and authorized to perform specific acts. This includes registration, certification, licensure, or other formal approval.

Quality Improvement

Organizational philosophy that seeks to meet and exceed client expectations by utilizing a structured process that selectively identifies and improves all aspects of care and service.

Quality Monitoring

Process of establishing indicators of quality, monitoring performance against indicators and utilizing findings to make improvements.

Recording

Compilation of pertinent facts of a client's life and history including past and present concerns, needs and interventions written by team members contributing to the care and treatment of the client.

Relapse

In the context of substance use, relapse refers to the process of returning to the use of alcohol or drugs after a period of abstinence. Relapse is possible no matter how long a client has been abstinent and is most helpfully regarded as a normal part of the recovery.

Relapse Prevention

In the context of substance use, a set of skills designed to reduce the likelihood that a person will return to using alcohol or drugs. Skills include, for example, identifying early warning signs of relapse; recognizing high risk situations for relapse; managing lapses; and employing stimulus control and urge-management techniques.

Responsibilities

Actions that a person or group is accountable for and which cannot be delegated to any other person or group.

Result (Outcome)

Consequences, result or impact of an intervention(s) that may or may not be intended.

Risk

Exposure to any event that may jeopardize the health and/or safety of client, staff, students, volunteers, or the reputation, income, property, or liability of the organization.

Role Play

A technique in training or psychotherapy in which participants assume and act out roles in order to develop particular skills, resolve conflicts and practise appropriate behaviour for various situations.

Safety

Probability that the use of a particular drug, device, intervention, or service will not cause unintended or unanticipated hurt, disease, or injury (harm); the potential risks to the client must be avoided or minimized, and, if required, explained to the client and family.

Screening and Assessment

Screening is a brief process that determines whether a client has a substance use issue—and/or related mental health problem—that requires further exploration and intervention. A positive screen indicates the need for a more comprehensive assessment. The assessment is a collaborative process between client and clinician that explores the nature and extent of the problem, and gathers information to inform the development of a treatment plan.

Service Agreement

A written record of agreement for the development and delivery of specific service(s) as understood and agreed upon by all involved parties.

Staff

Clients employed by the organization. Staff may include personnel whose services are contracted by the organization.

Stakeholders

A person, group or organization that has interest or concern in an organization. Stakeholders can affect or be affected by the organization's actions, objectives and policies. Some examples of key stakeholders are creditors, directors, employees, government (and its agencies), owners (shareholders), suppliers, unions, and the community from which the business draws its resources.

Standard

Desired and achievable level of performance against which actual performance can be compared.

Standards of Care

Focus on the client and specify the care and treatment that is valued by the organization. They should be consistent with, and evolve from the professional standards of practice, the values of the organization and the needs of the client population served. They describe the minimum, competent level of care and treatment that can be expected by every client and identify the expected outcomes of care and treatment.

Strategic Plan

A strategic plan is a document used to communicate the organization's goals, the actions needed to achieve those goals and all of the other critical elements developed during the planning exercise.

Supervision

Clinical supervision is a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci administrative, evaluative, clinical and supportive.

Support

Those activities which focus on increasing the client's general well-being.

Timely

Occurring at a point to achieve a particular purpose effectively.

Trauma-Informed

Trauma-informed services take into account knowledge about the impacts of trauma and paths to recovery from trauma and incorporate this knowledge into all aspects of service delivery, policies and procedures. Trauma survivors are involved in designing and evaluating services; and priority is placed on trauma survivors' safety, choice and control. Specific trauma-informed interventions are designed to address the consequences of trauma in the client and to promote and facilitate healing. Treatment programs recognize the interrelationship between trauma and the symptoms of trauma; the survivor's need to be respected and informed; and the need to work in a collaborative and empowering way with survivors (and their significant others where appropriate). At the organizational level Trauma-informed practices provide a lens through which administration, management, strategic and program planning, workforce development, resource allocation, evaluation, and service delivery, should be reviewed and assessed.

Treatment plan

The treatment plan is a written document developed collaboratively between a clinician and a client for the purpose of informing the client's course of treatment. Typically, the treatment planning process involves the identification of short- and long-term goals for treatment; the most appropriate interventions to meet the client's needs and preferences; and any perceived barriers to treatment. The plan is a living document in which the client's progress, as well as the individual's changing needs and situation, are recorded.

Treatment Values

Moral principles and beliefs that guide behaviour.

Values

Whether writing a code or developing an ethics program, organizations need to identify and define a set of values that represent the ethical ideals of the organization. Regardless of the means by which you select your values, it is also important to draft a definition for each; employees need to know how you view these values, just as they need to know what ideals you consider to be important.

Vision

Description of what the organization would like to be.

12- Step and 16-step programs

Self-help group programs that treat substance use problems by following a number of key steps. 12-step programs are comprised of people who work together to overcome their own, and help others overcome, their dependence on substances. The 16 step empowerment model is a holistic model and encourages people to view themselves as having the power to stop being dependent on substances.

Appendix I – Sample of Charter Bill of Rights

Participants' Charter of Rights

- Right to an environment in which you feel safe, free from violence and threats

- Right to an environment that is clean and accessible

- Right to services that are welcoming, with minimal requirements

- Right to be treated fairly, with dignity and respect

- Right to make an informed choice, and give informed consent to treatment

- Right to be an active participant in goal and recovery planning

- Right to self-determination and self-management

- Right to lodge a complaint

- Right to give feedback about your service

Appendix II – How to Use the Self-Assessment Tool

The Self-Assessment consists of completing the following three steps.

1. **Standard** - Please read the standard as indicated in the Ontario Adult Residential Treatment Standards

2. **Self-Assessment on Status** - Indicate if your organization is in:

   A. Non Compliance – Indicates that the program fails to meet the provisions of the compliance criteria.

   B. Initial Compliance – Indicates that the program has taken initial steps to comply with the criteria statement and the work is still in progress.

   C. Partial Compliance – Indicates that the program meets some provisions and has made progress towards completion but has yet to finalize or evaluate the task

   D. Full Compliance – Indicates that the program consistently meets the major provisions of the criteria and the statement is completely fulfilled

3. **Action Plan** – What are the steps you propose to meet the Standard?

   A. No action required

   B. Need to make plan

   C. Not Possible

4. **Comments/ Notes** – Use this space to write out any additional notes about the standard or action plans for your reference, as outlined below.

   i. *If you circled **A, B OR C** in column 2* AND **A** in column 3, please provide a brief explanation.

   ii. *If you circled **A, B OR C** in column 2* AND **B** to column 3, please provide a brief explanation.

   iii. *If you circled **A, B OR C** in column 2* AND **C** to column 3, please provide your reason why not.

   iv. *If you circled **C or D** in column 2* AND **A** in column 3, no explanation required.

- 1 - Standards	- 2 - Self- Assessment	- 3 - Action Plan	- 4 - Comments / Notes
CLIENT EXPERIENCE STANDARDS			
Standard 1 – Referral	**Circle the appropriate letter below**	**Circle the appropriate letter below**	**Use this space to write out any additional notes about the standard or action plan for your reference**
Required Element 1.1	a b c d	a b c	
Required Element 1.2	a b c d	a b c	
Required Element 1.3	a b c d	a b c	
Required Element 1.4	a b c d	a b c	
Required Element 1.5	a b c d	a b c	
Required Element 1.6	a b c d	a b c	
Required Element 1.7	a b c d	a b c	
Standard 2 – Waitlist Management	**Circle the appropriate letter below**	**Circle the appropriate letter below**	**Use this space to write out any additional notes about the standard or action plan for your reference**
Required Element 2.1	a b c d	a b c	
Required Element 2.2	a b c d	a b c	
Required Element 2.3	a b c d	a b c	
Standard 3 – Settling Into The Residence	**Circle the appropriate letter below**	**Circle the appropriate letter below**	**Use this space to write out any additional notes about the standard or action plan for your reference**
Required Element 3.1	a b c d	a b c	
Required Element 3.2	a b c d	a b c	

- 1 - Standards	- 2 - Self- Assessment	- 3 - Action Plan	- 4 - Comments / Notes
Required Element 3.3	a b c d	a b c	
Required Element 3.4	a b c d	a b c	
Standard 4 – Medical Needs	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 4.1	a b c d	a b c	
Required Element 4.2	a b c d	a b c	
Required Element 4.3	a b c d	a b c	
Standard 5 – Treatment Planning	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 5.1	a b c d	a b c	
Required Element 5.2	a b c d	a b c	
Required Element 5.3	a b c d	a b c	
Required Element 5.4	a b c d	a b c	
Required Element 5.5	a b c d	a b c	
Standard 6 – Safety	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 6.1	a b c d	a b c	
Required Element 6.2	a b c d	a b c	

- 1 - Standards	- 2 - Self- Assessment	- 3 - Action Plan	- 4 - Comments / Notes
Required Element 6.3	a b c d	a b c	
Required Element 6.4	a b c d	a b c	
Standard 7 – Monitoring & Evaluation	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 7.1	a b c d	a b c	
Required Element 7.2	a b c d	a b c	
Required Element 7.3	a b c d	a b c	
Required Element 7.4	a b c d	a b c	
Required Element 7.5	a b c d	a b c	
Standard 8 – Transition Planning	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 8.1	a b c d	a b c	
Required Element 8.2	a b c d	a b c	
Required Element 8.3	a b c d	a b c	
Required Element 8.4	a b c d	a b c	
Required Element 8.5	a b c d	a b c	
ADMINISTRATIVE STANDARDS			
Standards 9 – Governance	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference

- 1 - Standards	- 2 - Self- Assessment	- 3 - Action Plan	- 4 - Comments / Notes
Required Element 9.1	a b c d	a b c	
Required Element 9.2	a b c d	a b c	
Standards 10 – Organization & Management	**Circle the appropriate letter below**	**Circle the appropriate letter below**	**Use this space to write out any additional notes about the standard or action plan for your reference**
Required Element 10.1	a b c d	a b c	
Required Element 10.2	a b c d	a b c	
Required Element 10.3	a b c d	a b c	
Required Element 10.4	a b c d	a b c	
Required Element 10.5	a b c d	a b c	
Required Element 10.6	a b c d	a b c	
Required Element 10.7	a b c d	a b c	
Required Element 10.8	a b c d	a b c	
Required Element 10.9	a b c d	a b c	
Required Element 10.10	a b c d	a b c	
Required Element 10.11	a b c d	a b c	
Required Element 10.12	a b c d	a b c	
Required Element 10.13	a b c d	a b c	

- 1 - Standards	- 2 - Self- Assessment	- 3 - Action Plan	- 4 - Comments / Notes
Standard 11 – Regulations, Policies & Procedures	**Circle the appropriate letter below**	**Circle the appropriate letter below**	**Use this space to write out any additional notes about the standard or action plan for your reference**
Required Element 11.1	a b c d	a b c	
Required Element 11.1	a b c d	a b c	
Required Element 11.2	a b c d	a b c	
Required Element 11.3	a b c d	a b c	
Required Element 11.4	a b c d	a b c	
Required Element 11.5	a b c d	a b c	
Required Element 11.6	a b c d	a b c	
Required Element 11.7	a b c d	a b c	
Required Element 11.8	a b c d	a b c	
Required Element 11.9	a b c d	a b c	
Required Element 11.10	a b c d	a b c	
Required Element 11.11	a b c d	a b c	

- 1 - Standards	- 2 - Self- Assessment	- 3 - Action Plan	- 4 - Comments / Notes
Standard 12 – Financial Management	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 12.1	a b c d	a b c	
Required Element 12.2	a b c d	a b c	
Required Element 12.3	a b c d	a b c	
Required Element 12.4	a b c d	a b c	
Standard 13 – Staff/Volunteer Experience & Qualifications	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 13.1	a b c d	a b c	
Required Element 13.2	a b c d	a b c	
Required Element 13.3	a b c d	a b c	
Required Element 13.4	a b c d	a b c	
Standard 14 – Quality Management	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 14.1	a b c d	a b c	
Required Element 14.2	a b c d	a b c	
Required Element 14.3	a b c d	a b c	

- 1 - Standards	- 2 - Self- Assessment	- 3 - Action Plan	- 4 - Comments / Notes
Standard 15 – Data Collection & Utilization	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 15.1	a b c d	a b c	
Required Element 15.2	a b c d	a b c	
Standard 16 – Risk Management	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 16.1	a b c d	a b c	
Required Element 16.2	a b c d	a b c	
Required Element 16.3	a b c d	a b c	
Required Element 16.4	a b c d	a b c	
Standard 17 – Occupational Health & Safety	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 17.1	a b c d	a b c	
Required Element 17.2	a b c d	a b c	
Required Element 17.3	a b c d	a b c	
Standard 18 – Evidence Informed Practices	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 18.1	a b c d	a b c	
Required Element 18.2	a b c d	a b c	

- 1 - Standards	- 2 - Self- Assessment	- 3 - Action Plan	- 4 - Comments / Notes
Required Element 18.3	a b c d	a b c	
Required Element 18.4	a b c d	a b c	
Required Element 18.5	a b c d	a b c	
Standard 19 – Client Records	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 19.1	a b c d	a b c	
Required Element 19.2	a b c d	a b c	
Required Element 19.3	a b c d	a b c	
Required Element 19.4	a b c d	a b c	
Required Element 19.5	a b c d	a b c	
Required Element 19.6	a b c d	a b c	
Required Element 19.7	a b c d	a b c	
Standard 20 – Medication	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 20.1	a b c d	a b c	
Required Element 20.2	a b c d	a b c	
Required Element 20.3	a b c d	a b c	
Required Element 20.4	a b c d	a b c	

- 1 - Standards	- 2 - Self- Assessment	- 3 - Action Plan	- 4 - Comments / Notes
Required Element 20.5	a b c d	a b c	
Required Element 20.6	a b c d	a b c	
Required Element 20.7	a b c d	a b c	
Required Element 20.8	a b c d	a b c	
Required Element 20.9	a b c d	a b c	
Required Element 20.10	a b c d	a b c	
Standard 21 – Equity	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 21.1	a b c d	a b c	
Required Element 21.2	a b c d	a b c	
Required Element 21.3	a b c d	a b c	
Required Element 21.4	a b c d	a b c	
Standard 22 – Trauma Informed Practice	Circle the appropriate letter below	Circle the appropriate letter below	Use this space to write out any additional notes about the standard or action plan for your reference
Required Element 22.1	a b c d	a b c	
Required Element 22.2	a b c d	a b c	

Appendix III – Accreditation Standards

To determine if the *Ontario Provincial Standards for Adult Residential Addiction Services* are consistent with the accreditation standards, a crosswalk analysis was conducted between these standards and standards of three accreditation bodies: CARF, Accreditation Canada and Canadian Centre for Accreditation. While this crosswalk identified that the standards of accreditation bodies are consistent with AMHO's standards, it should be noted that the standards of accreditation bodies include additional standards that are not included in the AMHO standards. The section below is not intended as a comprehensive listing of all related standards and corresponding elements.

Cross Walk with CARF Standards

Note - CARF accredited Residential Treatment programs must conform to a comprehensive set of standards, including those related to business practices, general care processes, and those specific to the Residential Treatment setting. CARF's Behavioural Health standards are recognized as international consensus standards in the field, and are designed to support quality improvement across all jurisdictions. In reviewing this crosswalk, please note that organizational/jurisdictional differences including regulations/legislation, codes, and contractual language exist between countries and provinces, and often within provinces. To address these variations, CARF standards require that organizations demonstrate a process for complying with all legal, regulatory, licensing, contractual, privacy, confidentiality, rights and reporting requirements that they are subject to. This crosswalk provides examples of relevant CARF standards, in some cases excerpts and/or summaries, for each of AMHO's standards. It is not intended as a comprehensive listing of all related standards. Please refer to the 2016 CARF Behavioural Health Standards Manual for the all of the complete, applicable standards.

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Ontario Provincial Standards for Adult Residential Addiction Services	CARF Standards Summary / Excerpts
Standard 1: Referral The client will have participated in a screening and assessment process, typically in the community, to determine which, if any, service(s) will be of most benefit to the individual. Intent: To ensure that clients are referred to the program(s) or support(s) that will best meet their bio-psycho-social needs and preferences, and most effectively support them in reaching their treatment goals.	Based on the scope of each program/service provided, the organization documents its entry, transition (if applicable) and exit criteria and implements policies and written procedures that define if/how screening is conducted, eligibility for services, process of conducting and prioritizing admissions, and ineligibility criteria. The program also implements written procedures for referrals, transfer to another level of care, transfer to other services, inactive status, transition, and follow-up.
Standard 2: Waitlist Management The organization actively manages wait lists and works to reduce wait times. Intent: To ensure that there is an active review process that helps clients to access services in a timely manner.	CARF accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders. The program demonstrates efforts to minimize the times between first contact, screening, and admission, or referral. If a waiting list is maintained the organization documents the person's date of placement on the list and identified needs and maintains the current waiting list information through ongoing review and updating. There are identified procedures for referral of persons in crisis to necessary care. All contacts with the persons on the waiting list are documented. The organization responds to long term waiting lists through strategic or community based planning; involvement

Ontario Provincial Standards for Adult Residential Addiction Services	CARF Standards Summary / Excerpts
	of support services; and referral to available services / community supports.
Standard 3: Settling into the Residence The client receiving services in a residential program is given the support needed to settle into the facility and feel comfortable with the program. Intent: To help ensure that clients engage with the residential program and make the best possible start to their residential treatment experience.	Each person served receives an orientation that is provided in a timely manner based on the person's presenting condition and type of services provided, which is documented and understandable to the person served.
Standard 4: Medical Needs Each residential facility ensures that clients have access to medical services while in the program. Intent: To ensure that participants' medical needs are met while in a residential treatment program.	Based on the needs of the persons served, the program provides or arranges for healthcare services; pharmaceutical services; social services; educational services; and other services, as appropriate.
Standard 5: Treatment Planning The client receiving service participates in creating a written personal treatment plan that clearly describes the supports and services the client will receive that reflect the client's needs, goals and strengths while in the treatment program. Intent: To ensure that treatment planning is a collaborative process that accurately reflects the client's goals and outlines the work to take place, and that these decisions are clearly documented and regularly reviewed.	Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of the client's plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as a client service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.
Standard 6: Safety The program is committed to providing a safe and supportive environment. Intent: To ensure that all clients are safe and respected in the environment.	CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders. CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.
Standard 7: Monitoring and Evaluation The residential program is committed to ongoing monitoring, evaluation and improvement in order to ensure that clients receiving service are provided with evidence informed treatment and supports.	The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity, and their ability to achieve

Ontario Provincial Standards for Adult Residential Addiction Services	CARF Standards Summary / Excerpts
Intent: To ensure that all residential treatment programs in Ontario follow a continuous quality improvement process.	optimal outcomes for the persons served, through their programs and services.
Standard 8: Transition Planning The client receiving service participates in creating a plan for the client's return to the community. Intent: The transition plan is a continuation of the client's treatment plan. The program may provide opportunities for the client to participate post transition in support services and activities provided by the residential program.	Transition (and transition) planning is planned with the active participation of the person served. It supports the gains made during program participation and identifies the support needed to prevent recurrence. It is critical for the support of the client's recovery and well-being and may be included as part of the person centered plan.
Standard 9: Governance The organization has a governance structure that provides leadership for residential addiction services. Intent: The intent of this standard is to ensure the legal entity has in place what is required to provide evidence based standards of care.	The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability.
Standard 10: Organization and Management The organization has a management structure that provides leadership for residential treatment. Intent: The intent of this standard is to provide the necessary framework to support the day by day operations of residential treatment.	CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the client organization's stated mission, and demonstrates corporate social responsibility.
Standard 11: Regulations, Policies & Procedures Management ensures residential treatment utilizes a framework of comprehensive policies to guide the day by day operation of service. Intent: Management ensures service compliance with laws, regulations and agreements. Management develops, revises and implements policies and procedures for the effective operation of the Residential Treatment Service.	Leadership guides the organization's compliance with all legal and regulatory requirements. Policies and procedures are communicated appropriately and require an annual review. Policies and procedures are outlined in many areas such as governance; health and safety; finance; human resources; technology; medication use; confidentiality; screening; and assessment and referral.
Standard 12: Financial Management Residential treatment has a comprehensive financial management system.	CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices and

Ontario Provincial Standards for Adult Residential Addiction Services	CARF Standards Summary / Excerpts
Intent: Management ensures the efficient and effective use of the financial resources of residential treatment.	cover daily operational cost management and incorporate plans for long-term solvency.
Standard 13: Staff/Volunteer Experience and Qualifications Residential treatment program staff have the appropriate training, qualifications and experience for the services and supports they deliver. Intent: To ensure that all services and supports offered by the program are delivered by appropriately qualified staff. To ensure that new hires have the necessary skills and competencies for the roles to which they are appointed, and that existing staff needing to upgrade their training are supported in doing so.	CARF-accredited organizations value human resources and have an adequate number of qualified personnel who have had background checks and credentialing verification. The organization identifies the competencies required for employment. Documented competency based personnel training is provided.
Standard 14: Quality Management Residential treatment is supported by a comprehensive quality management structure. Intent: Quality management is developed and implemented by the leadership of residential treatment. Residential treatment has a process for establishing quality indicators and utilizes the findings to make improvements.	CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.
Standard 15: Data Collection and Utilization Management develops, implements and reports on data collection and utilization specific to residential treatment in collaboration with the funder(s). Intent: Residential treatment has a system for accurately collecting and aggregating data to permit retrieval and analysis for the purpose of planning, research, compliance monitoring and reporting.	The organization communicates performance information to the persons served; personnel; and other stakeholders, according to the needs of the specific group, specifically in regards to the format, content, timeliness, and accuracy of the information communicated.
Standard 16: Risk Management Residential treatment is supported by a comprehensive framework of risk identification, mitigation, and management. Intent: Management develops, implements and reports on risk management activities related to the comprehensive residential treatment framework.	CARF-accredited organizations engage in a coordinated set of activities designed to control threats to its people, property, income, goodwill, and ability to accomplish goals. The organization implements a risk management plan that is reviewed and updated annually.
Standard 17: Occupational Health and Safety	The organization maintains a healthy and safe environment. The organization implements written procedures to promote the safety of the persons served and personnel. Personnel receive competency based

Ontario Provincial Standards for Adult Residential Addiction Services	CARF Standards Summary / Excerpts
Residential treatment maintains a well-defined Occupational Health and Safety framework for the organization. Intent: Residential treatment ensures the health and safety of staff and volunteers.	health and safety training. The organization implements procedures for infection prevention and control for persons served, personnel and other stakeholders.
Standard 18: Evidence Informed Practices Residential treatment uses recognized promising practices and provides evidence-based supports and treatment to work with clients on the goals set out in the client's treatment plan. Intent: To ensure that all services and supports offered at programs are informed by the best available evidence about what works in the field of residential substance use treatment.	Service delivery models and strategies are based on accepted practice in the field and incorporate current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus.
Standard 19: Client Records Residential Treatment Service maintains accurate records for the clients care while in the Residential Treatment Service. Intent: The standards for client records are determined by the Service and the funder(s).	A complete and accurate record is developed to ensure that all appropriate clients have access to relevant clinical and other information regarding each person served. The organization has systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided, largely accomplished through a systematic review of the records of the persons served.
Standard 20: Medication Medication guidelines are client focused, ethical and humane, meet community needs, economic realities, and legal requirements and follow prudent risk management practices. Intent: To support clients to access the medications they need to optimize health and support recovery.	CARF accredited organizations have medication polices that outline the process in which persons served obtain medications needed to promote recovery and/or desired treatment. Ongoing training is received by the persons served, personnel, and other stakeholders (e.g. family) as appropriate. Medication control procedures and client records are documented with emergency procedures in place. There is a peer review process in place and errors / reactions are documented and reviewed.
Standard 21: Equity Each residential facility ensures that all individuals have access to, and benefit from equal quality in the processes, procedures, and services offered. Intent: To ensure that all services and supports offered at programs are sensitive to the cultural needs and diversity of clients.	CARF is committed to diversity and culture competence in all activities and associations. Cultural competency and equity are woven in throughout the CARF standards. Some specific examples include: CARF accredited organizations implement a cultural competency and diversity plan; efforts are made to recognize culturally specific support groups; team members are culturally and linguistically competent; supervision of staff addresses cultural competency issues; and the program's physical facilities provide space for cultural and/or spiritual activities.

Ontario Provincial Standards for Adult Residential Addiction Services	CARF Standards Summary / Excerpts
Standard 22: Trauma Informed Practice Each residential facility will ensure that they work in a trauma-informed way with all clients. Intent: To ensure that the six principles of trauma informed practice are incorporated in clinical, leadership and governance practices, policies and procedures.	

Cross Walk with Accreditation Canada Standards

Addictions and Mental Health Ontario and Accreditation Canada share the goals of building a more comprehensive, responsive, and client-centred system for treatment of addictions and mental health in Ontario. The following two tables demonstrate the alignment between the AMHO standards and principles and the Qmentum accreditation standards. Participation in the Qmentum program supports organizations to adhere to the AMHO principles, and vice versa.

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Ontario Provincial Standards for Adult Residential Addiction Services	Accreditation Canada (Qmemtum) Standards Summary / Excerpts
Standard 1: Referral The client will have participated in a screening and assessment process, typically in the community, to determine which, if any, service(s) will be of most benefit to the individual. Intent: To ensure that clients are referred to the program(s) or support(s) that will best meet their bio-psycho-social needs and preferences, and most effectively support them in reaching their treatment goals.	▪ Information on services is available to clients, families, partner organizations, and the community. ▪ Services are based upon a holistic assessment of each client's physical, psychological, social, spiritual, and recreational needs. ▪ Standardized assessment tools are used during the assessment process. ▪ When the team is unable to meet the needs of a potential client, access to other services is facilitated. ▪ Client preferences are always respected.
Standard 2: Waitlist Management The organization actively manages wait lists and works to reduce wait times. Intent: To ensure that there is an active review process that helps clients to access services in a timely manner.	▪ Information is collected from clients and families, partners and the community to inform service design. Guidelines: Information can come from internal and external sources such as the Canadian Institute of Health Information (CIHI), census data, end-of-service panning reports, wait list data, and community needs assessments. ▪ Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families. Guidelines: Barriers to access may include proximity and distribution of services, the physical environment, the cultural acceptability of services, wait times, the types of services available, language barriers, financial barriers, availability of transportation, and access to 24-hour emergency services. ▪ There is a process to respond to request for services in a timely way.

Ontario Provincial Standards for Adult Residential Addiction Services	Accreditation Canada (Qmemtum) Standards Summary / Excerpts
	▪ Essential services can be accessed by current and potential clients and their families 24 hours a day, seven days a week. ▪ There is a process to review and respond to the needs of clients in emergency or crisis situations who are waiting for services. ▪ When the team is unable to meet the needs of a potential client, access to other services is facilitated.
Standard 3: Settling into the Residence The client receiving services in a residential program is given the support needed to settle into the facility and feel comfortable with the program. Intent: To help ensure that clients engage with the residential program and make the best possible start to their residential treatment experience.	▪ Clients are partners in service delivery. ▪ Clients are provided with information about their rights and responsibilities. ▪ Service options, limitations, and predicted results are discussed with clients, and their understanding of the information is verified. ▪ Clients are told who they can go to with questions about their services. ▪ Complete and accurate information is shared with the client in a timely way.
Standard 4: Medical Needs Each residential facility ensures that clients have access to medical services while in the program. Intent: To ensure that participants' medical needs are met while in a residential treatment program.	▪ Each client's physical and psychosocial health is assessed and documented using a holistic approach. Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment. ▪ The results of the assessment are shared with the client and other team members in a timely and easy-to-understand way. ▪ The client's health status is reassessed in partnership with the client, and updates are documented in the client record, particularly when there is a change in health status.
Standard 5: Treatment Planning The client receiving service participates in creating a written personal treatment plan that clearly describes the supports and services the client will receive that reflect the client's needs, goals and strengths while in the treatment program. Intent: To ensure that treatment planning is a collaborative process that accurately reflects the client's goals and outlines the work to take place, and that these decisions are clearly documented and regularly reviewed.	▪ A comprehensive and clientized care plan is developed and documented in partnership with the client. ▪ Goals and expected results of the client's care and services are identified. ▪ Each client's preferences and options for services are discussed as part of the assessment. ▪ The client's clientized care plan is followed when services are provided. ▪ Client progress toward achieving goals and expected results is monitored in partnership with the client, and the information is used to adjust the care plan as necessary.

Ontario Provincial Standards for Adult Residential Addiction Services	Accreditation Canada (Qmemtum) Standards Summary / Excerpts
Standard 6: Safety The program is committed to providing a safe and supportive environment. Intent: To ensure that all clients are safe and respected in the environment.	▪ Services are safe for clients and providers. ▪ A safety plan is developed and implemented for the organization. ▪ A proactive, predictive approach is used to identify risks to safety. ▪ The security of clients receiving treatment is protected. ▪ Strategies are developed and implemented to address identified safety risks, with input from clients. ▪ A strategy to prevent the abuse of clients is developed and implemented. ▪ Clients are assessed and monitored for risk of suicide ▪ Safety improvement strategies are evaluated with input from clients. ▪ The organization's leaders support a just culture and provide opportunities for team members to learn from patient safety incidents. ▪ There are regular discussions with all team members regarding potential and actual safety issues and ways to mitigate safety risks. ▪ Patient safety incidents are reported according to the organization's policy and documented in the client and the organization record as applicable. ▪ Patient safety incidents are disclosed to the affected clients and families according to the organization's policy, and support is facilitated if necessary. ▪ Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.
Standard 7: Monitoring and Evaluation The residential program is committed to ongoing monitoring, evaluation and improvement in order to ensure that clients receiving service are provided with evidence informed treatment and supports. Intent: To ensure that all residential treatment programs in Ontario follow a continuous quality improvement process.	▪ Information and feedback is collected about the quality of services to guide quality improvement initiatives. ▪ Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives. ▪ Indicator(s) that monitor progress for each quality improvement objective are identified. ▪ Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities. ▪ Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness.

Ontario Provincial Standards for Adult Residential Addiction Services	Accreditation Canada (Qmemtum) Standards Summary / Excerpts
Standard 8: Transition Planning The client receiving service participates in creating a plan for the client's return to the community. Intent: The transition plan is a continuation of the client's treatment plan. The program may provide opportunities for the client to participate post transition in support services and activities provided by the residential program.	▪ Clients are actively engaged in planning and preparing for transitions in care. ▪ The client's physical and psychosocial readiness for transition, including their capacity to self-manage their health, is assessed. ▪ Appropriate follow-up services for the client, where applicable, are coordinated in collaboration with the client, family (as appropriate), other teams, and organizations. ▪ A client's wish to end or limit services, transfer to another service, or transition home, is respected. ▪ Services to families and caregivers continue to be offered and provided even if services are discontinued to the client.
Standard 9: Governance The organization has a governance structure that provides leadership for residential addiction services. Intent: The intent of this standard is to ensure the legal entity has in place what is required to provide evidence based standards of care.	▪ The roles, responsibilities, and legal obligations of the governing body are defined and followed. ▪ There is a defined and formal process for decision making. ▪ The governing body works with the organization's leaders to develop the organization's mission statement.
Standard 10: Organization and Management The organization has a management structure that provides leadership for residential treatment. Intent: The intent of this standard is to provide the necessary framework to support the day by day operations of residential treatment.	▪ The organization has a mission, vision, and values statement that is created with input from team members and clients. ▪ The organization has goals and objectives that are consistent with the mission and values and have measurable outcomes. ▪ Partnerships are developed with other organizations in the community to efficiently and effectively deliver and coordinate services. ▪ There is a defined and integrated quality management system used to assess performance and improve quality. ▪ Reporting relationships are reflected in the organizational chart and understood by everyone in the organization. ▪ Services are planned and designed to meet the needs of the community. ▪ There is an organization communication plan that addresses disseminating information to and receiving information from internal and external stakeholders.

Ontario Provincial Standards for Adult Residential Addiction Services	Accreditation Canada (Qmemtum) Standards Summary / Excerpts
Standard 11: Regulations, Policies & Procedures Management ensures residential treatment utilizes a framework of comprehensive policies to guide the day by day operation of service. Intent: Management ensures service compliance with laws, regulations and agreements. Management develops, revises and implements policies and procedures for the effective operation of the Residential Treatment Service.	▪ The physical space meets applicable laws, regulations, and codes. ▪ Human resource records are stored in a manner that protects client privacy and meets applicable regulations. ▪ The privacy and confidentiality of client information are protected, in accordance with applicable legislation. ▪ Workplace health and safety policies that comply with relevant legislation are developed and implemented. ▪ As part of the integrated risk management approach, established policies and procedures are followed for selecting and negotiating contracted services and contracted service providers. ▪ As part of the integrated risk management approach, the quality of contracted services and contracted service providers is regularly evaluated. ▪ Policies and procedures for all of the organization's primary functions, operations, and systems are documented, authorized, implemented, and up to date.
Standard 12: Financial Management Residential treatment has a comprehensive financial management system. Intent: Management ensures the efficient and effective use of the financial resources of residential treatment.	▪ The organization's financial resources are allocated and managed to maximize efficiency and meet the service needs of the community. ▪ Annual operating and capital budgets are prepared according to the organization's financial policies and procedures. ▪ Budgets are monitored and regular reports are generated on the organization's financial performance. ▪ Reports on financial performance include an analysis of the utilization of resources and outline opportunities to improve the effective and efficient use of resources. ▪ The organization's leaders verify that the organization meets legal requirements for managing financial resources and financial reporting, e.g., audit, running a deficit.
Standard 13: Staff/Volunteer Experience and Qualifications Residential treatment program staff have the appropriate training, qualifications and experience for the services and supports they deliver.	▪ Position profiles with defined roles, responsibilities, and scope of employment or practice exist for all positions. ▪ Team members are qualified and have relevant competencies.

Ontario Provincial Standards for Adult Residential Addiction Services	Accreditation Canada (Qmemtum) Standards Summary / Excerpts
Intent: To ensure that all services and supports offered by the program are delivered by appropriately qualified staff. To ensure that new hires have the necessary skills and competencies for the roles to which they are appointed, and that existing staff needing to upgrade their training are supported in doing so.	▪ Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way. ▪ Ongoing professional development, education, and training opportunities are available to each team member
Standard 14: Quality Management Residential treatment is supported by a comprehensive quality management structure. Intent: Quality management is developed and implemented by the leadership of residential treatment. Residential treatment has a process for establishing quality indicators and utilizes the findings to make improvements.	▪ A quality improvement culture is promoted throughout the organization. ▪ There are regular dialogues between the organization's leaders and clients to solicit and use client perspectives and knowledge on opportunities for improvement. ▪ A quality management system is used to assess performance and improve quality. ▪ Resources are allocated to support quality improvement activities. ▪ Performance indicators are selected and regularly monitored. ▪ Indicators and other quality improvement information are used to identify and address opportunities for improvement. ▪ Reports about the organization's performance and quality of services are shared.
Standard 15: Data Collection and Utilization Management develops, implements and reports on data collection and utilization specific to residential treatment in collaboration with the funder(s). Intent: Residential treatment has a system for accurately collecting and aggregating data to permit retrieval and analysis for the purpose of planning, research, compliance monitoring and reporting.	▪ Information about the community's health status, capacities, and health care needs is collected or available to the organization from other sources. ▪ Information about the community is used to assist in planning the organization's scope of services. ▪ The organization's leaders make recommendations to the governing body on how resources are allocated.
Standard 16: Risk Management Residential treatment is supported by a comprehensive framework of risk identification, mitigation, and management. Intent: Management develops, implements and reports on risk management activities related to the comprehensive residential treatment framework.	▪ There is a process to manage and mitigate risk in the organization. ▪ A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families. ▪ Strategies are developed and implemented to address identified safety risks. ▪ Clients are assessed and monitored for risk of suicide ▪ Education and training are provided on how to identify, reduce, and manage risks to client and team safety.

Ontario Provincial Standards for Adult Residential Addiction Services	Accreditation Canada (Qmemtum) Standards Summary / Excerpts
Standard 17: Occupational Health and Safety Residential treatment maintains a well-defined Occupational Health and Safety framework for the organization. Intent: Residential treatment ensures the health and safety of staff and volunteers.	▪ Workplace health and safety policies that comply with relevant legislation are developed and implemented. ▪ Team members' fatigue and stress levels are monitored and work is done to reduce safety risks associated with fatigue and stress. ▪ A documented and coordinated approach to prevent workplace violence is implemented. The quality of the organization's work life culture is monitored using the Worklife Pulse Tool. ▪ There is a process to provide education for teams on the safe operation of medical devices and equipment. ▪ A preventive maintenance program for medical devices, medical equipment, and medical technology is implemented. ▪ There are occupational health and safety policies and procedures to reduce the risk of transmission of infections to team members and volunteers. ▪ A disaster and emergency preparedness plan is developed and implemented. ▪ A patient safety incident management system that supports reporting and learning is implemented. ▪ There are regular discussions with all team members regarding potential and actual safety issues and ways to mitigate safety risks.
Standard 18: Evidence Informed Practices Residential treatment uses recognized promising practices and provides evidence-based supports and treatment to work with clients on the goals set out in the client's treatment plan. Intent: To ensure that all services and supports offered at programs are informed by the best available evidence about what works in the field of residential substance use treatment.	▪ Current research, evidence-informed guidelines, and best practice information is used to improve the quality of services. ▪ The organization's leaders promote and support the consistent use of standardized processes, procedures, or evidence-informed guidelines to reduce variation in and between services. ▪ Guidelines and protocols are regularly reviewed to ensure they reflect current research and best practice information.
Standard 19: Client Records Residential Treatment Service maintains accurate records for the clients care while in the Residential Treatment Service.	▪ An accurate, up-to-date, and complete record is maintained for each client. ▪ Information is documented in the client's record in partnership with the client.

Ontario Provincial Standards for Adult Residential Addiction Services	Accreditation Canada (Qmemtum) Standards Summary / Excerpts
Intent: The standards for client records are determined by the Service and the funder(s).	▪ The client record is updated whenever there is a change in health status, the care plan, the client's medications, or when the client is transitioned to another level of care or service. ▪ Policies and procedures to securely collect, document, access, and use client information are followed.
Standard 20: Medication Medication guidelines are client focused, ethical and humane, meet community needs, economic realities, and legal requirements and follow prudent risk management practices. Intent: To support clients to access the medications they need to optimize health and support recovery.	▪ Policies and procedures for all activities related to medication management are developed and implemented. ▪ Changes to applicable laws, regulations, standards of practice, and best practice literature are monitored and used to update medication management policies and procedures. ▪ A policy for handling medications brought into the organization by clients is developed and implemented. ▪ A policy to manage the security of controlled substances that are stored or used within the organization is developed and implemented. ▪ Team members receive initial and ongoing training based on their roles and responsibilities for medication management activities within their scope of practice. ▪ Information about medications is discussed and documented, in partnership with the client. ▪ Each client who self-administers medications is supported with appropriate education. ▪ Clients are monitored following medication administration. ▪ The effects of medications on each client's treatment goals are monitored and documented in the client/resident record.
Standard 21: Equity Each residential facility ensures that all individuals have access to, and benefit from equal quality in the processes, procedures, and services offered. Intent: To ensure that all services and supports offered at programs are sensitive to the cultural needs and diversity of clients.	

Ontario Provincial Standards for Adult Residential Addiction Services	Accreditation Canada (Qmemtum) Standards Summary / Excerpts
Standard 22: Trauma Informed Practice Each residential facility will ensure that they work in a trauma-informed way with all clients. Intent: To ensure that the six principles of trauma informed practice are incorporated in clinical, leadership and governance practices, policies and procedures.	

Alignment of AMHO Principles with Qmentum (Accreditation Canada)

Principles of Standards	Accreditation Canada (Qmemtum) Standards Summary / Excerpts
Principle 1 Effective treatment beings with assessment of the client's needs, strengths and preferences in order to determine which substance use service is likely to benefit the client most.	▪ Clients are equal partners in their care. ▪ The privacy, dignity, and lifestyle of clients are respected. ▪ Services are based upon a holistic assessment of each client's physical, psychological, social, spiritual, and recreational needs. ▪ Care plans are developed in partnership with clients and reflect their care goals. ▪ Client preferences are always respected. ▪ Clients are supported to remain self-sufficient, manage their needs, participate in self-care, and be as independent as possible.
Principle 2 Effective treatment is supported by collaboration and coordination across the spectrum of substance use services.	▪ Service options, limitations, and predicted results are discussed with clients, and their understanding of the information is verified. ▪ Access to services is regularly reviewed and barriers removed. ▪ Clients are supported to access other services in their community. ▪ Communication between services facilitates smooth transitions. ▪ Each client's unique goals for service are discussed and addressed. ▪ Teams have access to the necessary information and resources to deliver care.
Principle 3	▪ Services are based upon a holistic assessment of each client's physical, psychological, social, spiritual, and recreational needs.

Principles of Standards	Accreditation Canada (Qmemtum) Standards Summary / Excerpts
Effective services attend to the whole person.	▪ Care plans are developed in partnership with clients and reflect their care goals. ▪ Client preferences are always respected. ▪ Clients are supported to remain self-sufficient, manage their needs, participate in self-care, and be as independent as possible.
Principle 4 Effective services are clientized and flexible.	▪ Client preferences are always respected. ▪ Clients are encouraged to be actively engaged in their care. ▪ Each client's preferences and options for services are discussed as part of the assessment. ▪ Care plans are developed in partnership with the client. ▪ The client's clientized care plan is followed when services are provided.
Principle 5 The therapeutic relationship between the client and the client's counsellor is key to positive outcomes.	▪ Client-centered care is identified as a guiding principle for the organization. ▪ There is an open, transparent, and respectful relationship with each client. ▪ Services are safe for clients and providers. ▪ The client's informed consent is obtained and documented before providing services. ▪ Clients' privacy and confidentiality are protected.
Principle 6 Effective services plan for each client's return to the community.	▪ Clients and families (as appropriate) are actively engaged in planning and preparing for transitions in care. ▪ Health promotion and quality of life are critical components of care. ▪ The client's physical and psychosocial readiness for transition, including their capacity to self-manage their health, is assessed. ▪ A client's wish to end or limit services, transfer to another service, or transition home, and is respected.
Principle 7 Clients continue to be supported after leaving a residential setting.	▪ Appropriate follow-up services for the client, where applicable, are coordinated in collaboration with the client, family (as appropriate), other teams, and organizations. ▪ A client's wish to end or limit services, transfer to another service, or transition home, and is respected.

Principles of Standards	Accreditation Canada (Qmemtum) Standards Summary / Excerpts
	▪ Services to families and caregivers continue to be offered and provided even if services are discontinued to the client.

Addictions & Mental Health Ontario

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