

Certified Recovery Services Organizations: Substance Use Disorder Recovery Standards



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Introduction

The Vermont Department of Health (VDH), Division of Substance Use Programs (DSU) in partnership with state and community-based public and private organizations aims to create an accountable, comprehensive system of services and supports that empowers Vermonters to embrace resiliency, wellness, and recovery by becoming active participants in the management of their recovery. This system includes the entire range of services from prevention, early intervention, and treatment through recovery, and is composed of a continuum of timely, interconnected and coordinated components with multiple entry points.

The Recovery Services Organization Certification Rule, adopted pursuant to 8 V.S.A § 4089b(f)(2) and 18 V.S.A §§ 102 and 4806, requires that all certified Recovery Services Organizations provide services in accordance with the *Certified Recovery Services Organizations: Substance Use Disorder Recovery Standards*.

These *Certified Recovery Services Organizations: Substance Use Disorder Recovery Standards* are subject to change. In the event of amendments to these Standards, VDH/DSU will send notice of the specific changes with the effective date thereof and a summary of the updates to all certified Recovery Support Organizations. Notice will be sent to contact and email address on file with DSU for receipt of such notifications. A notice and summary of the changes will also be posted to the VDH/DSU website.

Definitions

BUDGET: An itemized listing of expected expenses and revenues for a specified period of time.

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) STANDARDS: A set of fifteen (15) action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.

CODE OF ETHICS: The standards of practice for staff employed within a certified Recovery Services Organization.

CONTINUING CARE: Care that is on-going through different phases of recovery.

CONTINUITY OF OPERATIONS PLAN: A predetermined set of instructions or procedures that describes how a Recovery Services Organization's services will resume within 12 hours of a disruptive event.

COUNSELING: The interaction between a licensed clinician and a person that is intended to result in a positive change in a person's social, mental and/or physical status.

CRITICAL INCIDENT: Any actual or alleged event or situation that substantially or seriously harms or creates a significant risk of substantially or seriously harming the physical or mental health, safety or well-being of a person.

DIAGNOSIS: The process of identifying the specific nature and type of disease and/or problems of an individual(s) based on an assessment of the person's social, mental, and physical history and current status, and of documenting the opinion using the criteria and format of the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM).

DOCUMENTATION: A written record to demonstrate compliance with these standards and to record what recovery support providers have provided to support persons served.

EMERGENCY CARE: The provision of immediate diagnosis and care, as well as appropriate referral, to persons having acute substance use disorder related problems.

FOLLOW-UP: A contact with a person served after discharge for the purposes of determining how the person served is doing after ending services or to assess the impact of programming.

GRIEVANCE: An expression of dissatisfaction about any matter.

INFORMED CONSENT: The consent given voluntarily by an individual to participate in services after being fully informed of the rules, expectations and procedures involved in services, the nature, benefits, risks, and consequences of the proposed services, and any disadvantages to the services or alternative services available.

MEDICATION: Refers to a specific FDA-approved drug for substance use disorder treatment, such as buprenorphine, methadone, or injectable naltrexone (for opioid use disorder), and naltrexone, disulfiram and acamprosate (for alcohol use disorder).

OUTREACH: The development and implementation of a plan to interact with a community or geographic area and its organizations for the purpose of identifying persons in need of services,

alerting individuals and organizations to the availability and location of services, encouraging and assisting persons to accept and enter services, and developing organizational affiliations to facilitate the referral of persons served when necessary.

PERSON SERVED: An individual who is receiving services at a certified Recovery Support Organization that is governed by these standards.

POLICY: A written and dated statement or course of action designed to determine and govern the decisions, activities, procedures, or operations of an organization and its employees and representatives.

PREFERRED PROVIDER: A provider who has obtained VDH Treatment Certification pursuant to the Substance Use Disorder Treatment Certification Rule.

PROCEDURE: A written and dated series of activities designed to implement organizational goals or policy.

PROGRAM: An organizational entity, which provides services to persons, families, or significant others who are impacted by substance use. A program may be one or more identified administrative units within a larger organization.

PROGRAM DIRECTOR: The person responsible for the technical and programmatic aspects of the program. This person should provide direct supervision of the day-to-day aspects of program operation.

PUBLICLY AVAILABLE: This means that an item is posted on an organization's website or available in hardcopy upon request.

CERTIFIED RECOVERY SERVICES ORGANIZATION (RSO): A non-residential facility certified by the Vermont Department of Health to provide recovery services and support.

RECOVERY SUPPORT SERVICES (RSS): A set of culturally competent, non-clinical, evidence-based activities coordinated in accordance with a written individualized recovery plan of care that documents the substance use disorder and reflects the needs and preferences of the individual in achieving the specific, individualized goals that have measurable results and are specified in the plan. The type of services provided can include a range of social and other services that facilitate recovery, wellness, linkage to services providers, and other supports shown to improve quality of life for people, and their families, in and seeking recovery from substance use.

RECOVERY RESIDENCE: A shared living residence supporting persons recovering from a substance use disorder that provides members with support and assistance to access support services and community resources available to persons recovering from substance use disorders; is certified by an organization approved by the Department of Health.

REFERRAL: The process by which a person served is directed to services not provided by the RSO.

STANDARD: The expectations related to operations, staff conduct, organizational performance, structure, and workplace environment with which certified Recovery Services Organizations must comply.

SUBSTANCE USE DISORDER (SUD): A clinical term to describe a pattern of repeated substance use that leads to clinically significant impairments.

INTERN: An individual who, as part of a formal academic degree, works in a program for a specific period of time.

SUPERVISION: Supervision is defined as a formal, systematic process where a staff person meets with a supervisor or person with knowledge of the content area and focuses on job skill development and integration of knowledge.

TREATMENT: Planned and continuing clinical services extended to the person served.

VOLUNTEER: A non-paid individual providing services at the certified Recovery Services Organization.

Standards

1.0 Governance

- 1.1** The RSO has a governance structure.
 - 1.1.1** The RSO identifies those individuals responsible for governance.
- 1.2** The RSO's governance structure is responsible for the safety and quality of care and services.
 - 1.2.1** The RSO's governance structure defines in writing its responsibilities and the responsibilities of the staff in leadership roles.
 - 1.2.2** The RSO's governance structure is reflective of and responsive to the community in which the RSO serves.
- 1.3** The RSO's governance structure meets regularly and meetings are documented by written and dated meeting minutes.
- 1.4** The RSO has an organizational chart that reflects current staffing.
 - 1.4.1** The organizational chart is made available to all staff and members of the RSO's governance structure.

2.0 Planning

- 2.1** The mission, vision, and goals of the RSO support the safety and quality of care and services.
- 2.2** The RSO has a written, dated, and publicly available strategic plan.
 - 2.2.1** The strategic plan is developed with input from persons served, personnel, and other stakeholders.
 - 2.2.2** The strategic plan at minimum
 - 2.2.2.1** Articulates how the organization intends to meet the recovery needs of the population they serve.
 - 2.2.2.2** Sets goals and priorities.
 - 2.2.2.2.1** Includes measurable objectives.
 - 2.2.2.3** Is reviewed, updated, and remains current.
 - 2.2.2.4** Identifies the methods used to coordinate services with other service providers.
- 2.3** The RSO has a written and dated plan to address the national standards for Culturally and Linguistically Appropriate Services (CLAS).
- 2.4** The RSO maintains a Continuity of Operations Plan (COOP) to ensure recovery support services are continuously available for Vermonters during unforeseen circumstances and in case of unexpected closures.

3.0 Fiscal Management

- 3.1** The RSO has fiscal management practices that demonstrate the following
 - 3.1.1** Reliable monitoring, in accordance with generally accepted accounting principles (GAAP), of billing and expenditures-versus-revenues assessed by person served, by staff, by service, and by program.
 - 3.1.2** Accurate tracking of the time of staff and volunteers.
 - 3.1.3** Formal written procedures to prepare a revenue and expense budget.

4.0 Human Resources

- 4.1** The RSO has a written description of its non-discrimination practices, policies, and procedures.
 - 4.1.1** The policy addresses non-discrimination on the basis of
 - 4.1.1.1** Race.
 - 4.1.1.2** Religion.
 - 4.1.1.3** Gender.
 - 4.1.1.4** Ethnicity.
 - 4.1.1.5** Age.
 - 4.1.1.6** Disabilities.
 - 4.1.1.7** Sexual orientation.
 - 4.1.1.8** Real or perceived HIV or other medical statuses.
 - 4.1.1.9** Mental health or substance use status.
 - 4.1.1.10** Pathway to recovery.
- 4.2** The RSO has a Code of Ethics, which governs the behavior of all staff, volunteers, board members, and business practices.
 - 4.2.1** There are procedures for investigating and acting upon violations, including reporting to authorities as warranted.
- 4.3** The RSO ensures their Code of Ethics and Non-Discrimination policies are visibly posted in the areas of their building where visitors access and is posted publicly on the RSO's website.
 - 4.3.1** The RSO has a Conflict-of-Interest policy that addresses how staff, volunteers, and members serving on the RSO governance structure should proceed when they have a direct or indirect interest, or their immediate family or friends have direct or indirect interests known to the staff, volunteers, and members serving on the RSO governance structure.
- 4.4** RSO staff and volunteers are aware that their positions can influence the individuals with whom support is provided.
 - 4.4.1** RSO staff do not exploit the trust and/or dependency of people being served by the RSO.
 - 4.4.2** RSO staff strive to avoid dual relationships or commitments that could impair judgment, increase the risk of exploitation, or create conflict with the interests of persons served. If a dual relationship is unavoidable, RSO staff disclose and discuss dual relationships with their supervisor.
- 4.5** The RSO develops and maintains grievance policies and procedures for RSO volunteers, and staff, and
 - 4.5.1** Articulates the process for escalating review of the grievance through the RSO's higher levels of authority up to the RSO's governance structure.
 - 4.5.2** Provides oversight of the RSO's leadership team, including but not limited to the Executive Director, Chief Executive Officer, and/or Chief Operating Officer through the RSO's governance structure.
- 4.6** The RSO has policies that require staff responsible (per their job descriptions) for Recovery Support Services to be appropriately credentialed within 180 days after the date of hire.
- 4.7** The RSO has policies and procedures for conducting background checks on personnel in compliance with state and federal laws, including but not limited to Medicaid regulations.
- 4.8** The RSO develops and maintains personnel policies and procedures and makes them available to all staff and volunteers.
 - 4.8.1** The personnel policies and procedures manual include, at a minimum, information regarding
 - 4.8.1.1** Recruitment, hiring, benefits, and promotion;
 - 4.8.1.2** Training and development;
 - 4.8.1.3** Safety and health;

- 4.8.1.4 Assistance programs;
- 4.8.1.5 Disciplinary systems and practices;
- 4.8.1.6 Grievance mechanisms;
- 4.8.1.7 Wages, hours, and salary administration;
- 4.8.1.8 Code of conduct;
- 4.8.1.9 Code of Ethics that, at a minimum, supports an environment for all paths to recovery;
- 4.8.1.10 Performance appraisals;
- 4.8.1.11 Equal employment opportunity (EEO) and affirmative action policies;
- 4.8.1.12 Confidentiality requirements, including all applicable state and federal laws, and how to comply with such requirements;
- 4.8.1.13 Methods and procedures for supervision including supervision of direct service staff.
- 4.8.2 There is written and dated documentation in the personnel record that the staff person has reviewed the personnel policies and procedures.
- 4.8.3 There is written and dated documentation that the personnel policies and procedures are reviewed and updated, as necessary.
- 4.8.4 There is a documented procedure for notifying all employees of changes in personnel policies and procedures.
- 4.9 Each employee is oriented to all policies and procedures pertinent to his/her job description.
 - 4.9.1 There is written and dated documentation, signed by the employee, in the personnel file, that he/she has received this orientation.
 - 4.9.2 The orientation includes receipt of and discussion about applicable state and federal confidentiality laws, including HIPAA and 42 CFR Part 2.
 - 4.9.3 There is written and dated documentation, signed by the employee, that they agree to abide by state and federal confidentiality laws, including HIPAA and 42 CFR Part 2.
 - 4.9.4 The orientation includes documentation that the staff member has completed training related to person-served record-keeping policies and procedures.
- 4.10 The RSO has a job description for each staff position that contains information regarding the position's
 - 4.10.1 Required credentials, if applicable;
 - 4.10.2 Job duties and responsibilities;
 - 4.10.3 Minimum levels of education and training required;
 - 4.10.4 Related work experience required;
 - 4.10.5 Reporting and supervisory responsibilities;
 - 4.10.6 Salary range of the position; and
 - 4.10.7 Performance criteria.
- 4.11 There is documentation in the personnel file, signed by the employee, that a copy of the current job description has been provided to them.
- 4.12 A personnel record is maintained for each staff member.
 - 4.12.1 The personnel record contains documentation of the staff's credentialing and training documents.
 - 4.12.2 The personnel record contains signed and dated documentation of the staff member's performance appraisals.
 - 4.12.3 Staff can access their own personnel records for review and comment.
 - 4.12.4 Personnel records are secured, stored, maintained, and utilized in such a way as to protect employee confidentiality.
- 4.13 Documentation is maintained for each volunteer that includes
 - 4.13.1 Documentation that the staff member has completed training related to person-served policies and procedures.

- 4.13.2 A written and dated agreement, signed by the volunteer, that they agree to abide by state and federal confidentiality laws, including HIPAA and 42 CFR Part 2.
- 4.14 Performance appraisals are conducted using pre-established performance criteria based on the specific responsibilities of the position as stated in the job description.
 - 4.14.1 Performance objectives established in the previous period are evaluated.
 - 4.14.2 Dated performance appraisals are conducted for each staff person at least annually.
 - 4.14.3 There is dated documentation, in the personnel record, the staff have reviewed, signed, and discussed their performance appraisals with their supervisor.
 - 4.14.4 Performance appraisals document deficient performance and establish a plan to address the deficiencies.
- 4.15 The RSO has policies and procedures for the supervision of all individuals providing direct services.
 - 4.15.1 The policies and procedures require supervision of any persons providing direct services by a qualified professional at least twice a month.
- 4.16 Ongoing supervision of direct service personnel is documented.
- 4.17 The RSO has a written and dated policy and procedure for staff or volunteers who have problems that interfere with acceptable job performance.
- 4.18 Students, interns, or volunteers are held to the standards outlined by this section.

5.0 Accessibility

- 5.1** The RSO makes accommodations for individuals with special needs in compliance with the American Disability Act (ADA) and for individuals with language barriers.

6.0 Health and Safety

- 6.1** The RSO has procedures for addressing critical incidents that include
 - 6.1.1** Reporting;
 - 6.1.2** Remedial action.
 - 6.1.3** Timely review of incidents including but not limited to
 - 6.1.3.1** Type of incident
 - 6.1.3.2** Staff and volunteers involved
 - 6.1.3.3** Relevant policies and procedures
 - 6.1.3.4** Response to incident
 - 6.1.3.5** Required staff and volunteer training, remediation, and follow-up
 - 6.1.4** The following incidents
 - 6.1.4.1** Serious Illness;
 - 6.1.4.2** Injuries;
 - 6.1.4.3** Deaths;
 - 6.1.4.4** Alleged or confirmed abuse or neglect;
 - 6.1.4.5** Aggression or violence;
 - 6.1.4.6** Use and unauthorized possession of a weapon;
 - 6.1.4.7** Vehicular accidents;
 - 6.1.4.8** Bio-hazardous accidents;
 - 6.1.4.9** Suicide or attempted suicide;
 - 6.1.4.10** Unauthorized use and possession of legal or illegal substances;
 - 6.1.4.11** Sexual abuse or assault;
 - 6.1.4.12** Abduction; and
 - 6.1.4.13** Security breaches.
- 6.2** Each RSO defines critical incidents for its own purposes and communicates this definition throughout the organization.

6.3 The following critical incidents are reported using the VDH-designated form to DSU within 24 hours.

6.3.1 Serious illness or injuries resulting in needing medical care;

6.3.2 Death;

6.3.3 Alleged or confirmed assault, including sexual assault by staff or by others;

6.3.4 Unlawful activity perpetrated on property by staff or by others; and

6.3.5 Any incident, marked by seriousness or severity, that may result in liability for the State or the RSO.

6.4 The RSO's policies and procedures for addressing for the VDH reportable critical incidents include, at a minimum:

6.4.1 Conducting timely, thorough, and credible root cause analysis of the incident;

6.4.2 Development of an action plan designed to implement improvements to reduce risks;

6.4.3 Implementation of improvements and monitoring the effectiveness of those improvements.

6.5 The RSO has policies and procedures for the handling of both licit and illicit substances brought into the RSO.

7.0 Quality Assurance and Performance Improvement

7.1 The RSO maintains a data system that captures appropriate documentation of the persons served.

7.2 The RSO establishes procedures to ensure data quality.

7.3 The RSO has a quality improvement plan for analyzing and using data to improve the quality of recovery support services and programs.

7.4 The RSO utilizes processes at established intervals to ensure recovery support services and programs are effectively meeting the needs of the community and persons served.

8.0 Rights of the Person Served

8.1 Rights of the person served must be communicated to the person served

8.1.1 In plain language.

8.1.2 Prior to the beginning of service delivery or at the initiation of service delivery.

8.1.3 When informed consent is not possible due to the inability of the person served to understand their rights in the process, documentation of this appears in the person served record.

8.2 The RSO's policies ensure the following rights of the persons served while receiving services at the RSO:

8.2.1 Confidentiality and privacy of information in accordance with law;

8.2.2 Freedom from

8.2.2.1 Abuse;

8.2.2.2 Financial or other exploitation;

8.2.2.3 Retaliation;

8.2.2.4 Humiliation; and

8.2.2.5 Neglect.

8.2.3 Access to:

8.2.3.1 Information pertinent to person served in a timely manner in order to facilitate their decision-making.

8.2.3.2 Their record including

8.2.3.2.1 Recovery plan.

8.2.3.2.2 Recovery support service notes.

- 8.2.4 Opportunity to provide informed consent to or refusal of
 - 8.2.4.1 Service delivery.
 - 8.2.4.2 Release of information.
 - 8.2.4.3 Concurrent services.
- 8.2.5 Referral to the following services, as appropriate:
 - 8.2.5.1 Treatment services.
 - 8.2.5.2 Case management services.
 - 8.2.5.3 Harm reduction services.
 - 8.2.5.4 Other social service agencies.
- 8.3 The RSO implements procedures for persons served that conform to [Vermont Medicaid's grievance process](#) and administrative rules, which states that
 - 8.3.1 A grievance may be expressed orally or in writing;
 - 8.3.2 A person served or their designated representative may file a grievance at any time;
 - 8.3.3 Written acknowledgment of the grievance must be mailed within five (5) days of receipt of a grievance, unless a decision is made within 5 business days, then a notice of decision shall be sent instead of a notice of acknowledgement;
 - 8.3.4 All grievances shall be addressed as expeditiously as the person served's health requires but not more than 90 days after the RSO's receipt of the grievance.

9.0 Program Structure and Staffing

- 9.1 The RSO posts their hours of operation in the office and on the RSO's website.
 - 9.1.1 The RSO is open at least 30 hours per week.
- 9.2 The RSO ensures appropriate staffing levels for daily operations, recovery support services, and organization, such that
 - 9.2.1 People seeking services receive services within 10 business days; and
 - 9.2.2 People receiving services are safe and feel welcome.
- 9.3 The RSO serves people seeking and maintaining recovery from substance use disorders while acknowledging that many people seeking services have a co-occurring mental health or other condition.
- 9.4 The RSO serves family and friends of those experiencing a substance use disorder.
- 9.5 The RSO maintains manuals outlining the processes and procedures for all of the services and groups offered.
- 9.6 The RSO provides individual and group services with fidelity to evidence-based practices or generally-accepted best practices.

10.0 Documentation

- 10.1. Documentation regarding the person served is integrated into the recovery support relationship and
 - 10.1.1. Includes the recovery support service provided, how the recovery support service related to the person's goals, the progress towards their goals, and next steps;
 - 10.1.2. Documents medical necessity, if applicable, the rationale for services provided, and is justified for the services rendered;
 - 10.1.3. Is accurate, clear, and concise;
 - 10.1.4. Maintained and available for review and audit;
 - 10.1.5. Uses plain language;
 - 10.1.6. Focuses on person's goals and strengths;

- 10.1.7. Does not include language regarding diagnoses, symptoms, medications, compliance, or other elements beyond the scope of practice of RSS personnel;
 - 10.1.8. Is legible, signed, and dated; and
 - 10.1.9. Is never altered.
 - 10.2. Service notes include the following information:
 - 10.2.1. Service start and end time;
 - 10.2.2. Service date;
 - 10.2.3. Recovery support provider name, signature, and credential (if applicable);
 - 10.2.4. Setting or location where the service was provided; and
 - 10.2.5. Summary of service provided, which includes
 - 10.2.5.1. Clear description of the service provided;
 - 10.2.5.2. Response of the person; and
 - 10.2.5.3. Plan for next steps.
 - 10.3. Recovery support services are a component of the person's individualized, person-centered recovery plan and are related to a goal or issue listed in the recovery plan.

11.0 Recovery Plan

- 11.1. There is written and dated documentation that each person served receives a person-centered recovery plan that is
 - 11.1.1. Developed with the person served and with the involvement of family or other support persons, when applicable and permitted.
 - 11.1.2. Recognizes the persons' strengths, needs, abilities, preferences.
 - 11.1.3. Formed with knowledge of the persons' cultural considerations.
- 11.2. The Recovery Plan identifies of the needs and desires of the person served through goals that are expressed in the words of the person served and are reflective of the informed choice of the person served.
- 11.3. For each goal, there are recovery objectives that are
 - 11.3.1. Specific to the person served.
 - 11.3.2. Measurable.
 - 11.3.3. Achievable.
 - 11.3.4. Realistic.
 - 11.3.5. Time specific and time limited.
 - 11.3.6. Services identified to be provided, including
 - 11.3.6.1. Frequency of contact.
 - 11.3.6.2. The staff responsible for helping to accomplish the objective.
- 11.4. The person served signs and dates a statement, included in the recovery plan, indicating that they have reviewed, participated in the development of, and understands the recovery plan.
- 11.5. The RSO staff signs and dates the recovery plan upon its completion.
- 11.6. Recovery plans are reviewed and updated by the RSO staff and the person served as verified by a signed and dated plan as needed.
- 11.7. The person served is offered a copy of their Recovery Plan and it is documented in their record.

12.0 Community Involvement

- 12.1.** The RSO has relationships with local prevention, harm reduction, treatment, and social service agencies.
- 12.2.** The RSO has policies and procedures about how to communicate, interact, and maintain confidentiality between the RSO and community partners in order to coordinate services.