

CONTENTS

Executive Summary	2
Purpose Of Standards	4
Components Of The Standards Document.....	4
A. Rights and Responsibilities	4
B. Levels of Service Delivery	4
Level 1: Community Outreach, Prevention And Early	
Intervention	4
(i) Community Outreach And Prevention Programs.....	4
(ii) Early Intervention.....	4
Level 2: Non-Residential Services	5
Level 3: Residential Treatment/Inpatient	6
Standard:Inpatient/Residential Treatment.....	6
Level 4: Continuing/Aftercare	6
C. Family Support and Involvement	7
D. Treatment Centre Management	7
E. Procedures for Treatment Centres Management	13

EXECUTIVE SUMMARY

The National Standards For Treatment and Rehabilitation Of Persons With Substance Use Disorders have been developed to address one of the most pressing socio-economic and health problems in Kenya, that of treating those presenting with Substance Use Disorders (SUDs). These standards are for the regulation, supervision, guidance and monitoring of residential and non-residential treatment and rehabilitation facilities and programs for persons with SUDs in Kenya.

The standards will specifically advise on the best practices and discipline of licensed rehabilitation operators, ensure professionalism in the treatment and rehabilitation of persons with SUDs, provide guidelines and minimum requirements for service providers to ensure that the rights of persons with SUDs and their families are protected, define the basic services and procedures that every treatment and rehabilitation facility should provide to clients, provide clear guidelines on intake, screening, assessment, placement, documentation, case management, treatment planning, discharge planning, and other core areas of treatment and rehabilitation, ensure clients seeking treatment and rehabilitation services get value for their money and are protected from exploitation, provide a basis for administrative and clinical supervision, monitoring and evaluation of treatment and rehabilitation procedures, services and facilities, establish a basis for resource mobilization and medical insurance coverage.

To guide the sector, these guidelines define minimum standards to be met by those operating or intending to operate in the field of treatment of persons with SUDs. They include: rights and responsibilities of clients, treatment centre management and procedures for treatment centres management. The standards also

include levels of service delivery namely: community outreach prevention and early intervention, non-residential Services, residential/inpatient services and continuing/aftercare.

It is intended, therefore, that the knowledge gaps that exist in treatment and rehabilitation service provision in Kenya will be bridged for effective service delivery to the Kenyan people and that operations will no longer be conducted in a policy vacuum but in a realm of professionalism and evidence-based practice.

PURPOSE

To regulate, guide and monitor residential and non-residential treatment and rehabilitation facilities and programs for persons with SUDs in Kenya.

OBJECTIVES

1. To advise on the best practices and discipline of licensed rehabilitation operators.
2. To ensure professionalism in the treatment and rehabilitation of persons with SUDs.
3. To provide guidelines and minimum requirements for service providers to ensure that the rights of persons with SUDs and their families are protected.
4. To define the basic services and procedures that every treatment and rehabilitation facility should provide to clients.
5. To provide clear guidelines on intake, screening, assessment, placement, documentation, case management, treatment planning, discharge planning, aftercare and other core areas of treatment and rehabilitation.
6. To ensure clients seeking treatment and rehabilitation services get value for their money.
7. To provide a basis for administrative and clinical supervision, monitoring and evaluation of treatment and rehabilitation procedures, services and facilities.
8. To establish a basis for resource mobilization and medical insurance coverage.

COMPONENTS OF THE STANDARDS DOCUMENT

A. RIGHTS AND RESPONSIBILITIES

The rights of the clients are upheld by the treatment centre and will include rights and freedom from all types of discrimination.

B. LEVELS OF SERVICE DELIVERY

Level 1: Community Outreach Prevention and Early Intervention

This includes services described under American Society for Addiction Medicine (ASAM) Placement criteria, level 0.5 and Risk Reduction programs

(i) Community Outreach and Prevention

Individuals, families, groups, institutions/organizations and communities are sensitized about the dangers and manifestations of alcohol and drug abuse, the availability of treatment services and how to maximize existing strengths and promote resilience.

The centre will be expected to have:

- Documented procedures for identification, screening, assessment and referral of individuals at risk
- Documented and operational policies and procedures for outreach, prevention and early intervention
- Outreach staff that receive regular training, support and developmental supervision
- Sufficient resources allocated for the effective delivery of services for the next one year

Outcome: Target individuals are prevented from developing SUDs

(ii) Early Intervention

Identify high risk individuals and groups to prevent them from becoming addicted to substances.

Outcome: Early identification and brief intervention to

modify behaviour and minimize harm among substance abusers who are not yet dependent.

The centre will be expected to have :

- the appropriate screening and assessment tools
- adequately trained and skilled staff to administer the screening, brief interventions and referrals.
- a written referral protocol to refer those screened who have dependency issues to a rehabilitation centre.

Level 2: Non-Residential Services

This includes outpatient and intensive outpatient treatment/partial hospitalization. Clients participate in a structured outpatient treatment and rehabilitation programme that effectively and safely addresses treatment goals and is supported by appropriate activities and routines.

Outcome: High retention rates and decreased relapse rates amongst clients.

The centre will be expected to:

- have a structured and documented outpatient treatment and rehabilitation model and programme which is regularly reviewed and updated in accordance with national and internationally accepted standards
- have a short term treatment programme with a minimum of six sessions or a long term programme with a minimum of 12 sessions
- have the treatment programme, daily activities and expectations documented and communicated to clients, their families and significant others
- have opportunities/ forums where clients participate in decision making on the daily activities and other issues that affect the centre and clients' community
- have proof of regular inspection and certification of the kitchen

and food preparation area(s) by Public Health officers from the Ministries of Local Government or Public Health and Sanitation

- have menus and meal quality regularly reviewed by certified nutritionists
- provide an environment that enhances the positive self-image of clients and preserves their human dignity

Level 3: Residential/Inpatient Services

Includes clinically managed and medically-managed residential services.

Inpatient/residential treatment: These treatment services are provided for persons with SUDs.

Outcome: Individuals with SUDs are given appropriate care and successfully discharged to a continuing/aftercare programme.

In accordance to the standards set, the centre will be expected to provide:

- Inpatient/ residential treatment
- Thorough and adequate client assessment
- Individualized treatment planning (ITP)
- Pharmacotherapy and medical care
- Structured treatment programmes and daily activities
- Criteria for discharge, readmission and continuing care

Level 4: Continuing/Aftercare

This includes outpatient services, halfway houses, transitional homes, community/significant others support, reintegration services and self-help programmes. Clients are placed in appropriate programmes and within support structures that will enable their effective transition to their families and re-integration into their communities.

Outcome: Clients participate in continuing/aftercare and follow-up programmes in their communities and are fully reintegrated into society.

In accordance to the standards set, the centre will be expected to:

- provide appropriate programmes and support structures to enable the client’s effective transition to their families and to facilitate re-integration into their communities
- place clients appropriately in continuing/aftercare programmes
- have policies and procedures on a continuing/aftercare services
- provide adequate and appropriate facilities as described under the section on “management of treatment centres
- ensure close supervision, monitoring and evaluation of continuing/aftercare services provided

C. FAMILY SUPPORT AND INVOLVEMENT

The centre encourages the support and participation of the clients’ families and significant others as an essential and integral component of treatment and rehabilitation.

The centre will be expected to:

- have a policies and procedures guide that regulates and encourages the involvement of clients’ families and significant others in the treatment process
- encourage the support and participation of the clients’ families and significant others as an essential and integral component of treatment and rehabilitation
- offer practical support to assist families and significant others to participate in the treatment process.
- offer family therapy to address longstanding maladaptive interactions within the family or new issues related to the reintegration of the client into the family and community

D. TREATMENT CENTRE MANAGEMENT

- (i) *Registration:* Each treatment facility must be legally registered in accordance with the requirements of the Laws of Kenya and accredited by relevant professional bodies.

- (ii) *Management structure and composition:* Treatment facilities shall have a Board of Directors/Trustees and a director/manager in charge of facility administration, and another director/manager in charge of the treatment and care programme.
- (iii) *Conflict of interest:* A Conflict-of-Interest Policy must be developed and strictly applied.
- (iv) *Quality Assurance Programme:* A Quality Assurance Policy will enable the facility and its programmes to be monitored and evaluated for performance and outcome.
- *Qualifications of staff:* The minimum qualification for the clinical team is a Diploma in their areas of specialization or as otherwise specified by the certification boards.
 - *Administrative and clinical supervision:* Treatment centers should ensure regular administrative and clinical supervision by accredited supervisors for professional competence and development, institutional integrity, evidence based practices and positive outcomes.
 - *Role of professional bodies:* All professional staff must be registered with relevant professional bodies.
 - *Treatment outcome indicators:* The management of the treatment facility will ensure that treatment programs meet defined minimum treatment outcome indicators set by the Quality Assurance Board.
 - *Financial management and planning*
 - *Budget:* The centre has an annual budget that is available for review by the board of directors and other regulatory parties.
 - *Financial regulations:* All financial activities at the centre are in line with current statutory financial regulations (e.g. audited annual reports on finances, assets and liabilities for tax, VAT for insurance purposes).

- *Planning*: The centre has a strategic and annual business plan that encompasses key aspects of their services and performance indicators of the centre.
- *Annual reports*: The centre submits annual reports to its board and that these reports are also readily available to other interested parties.
- *Meetings*: The management of the centre will regularly hold quarterly meetings with a clear agenda and purpose.
- *Physical Services*: Facilities will have a Health and Safety Policy and Programme in line with the guidelines and regulations of the existing statutes as provided by the Building Code and other relevant statutory regulations.
- *Nutrition*: Organizations providing 24 hour care shall have therapeutic goals relating to the nutritional needs of their clients and shall have services for individuals who require special nutrition considerations. They should develop written policies and procedures to address all aspects of nutrition and food services.
- *Food operations*: All nutrition and food services on site will observe applicable statutory regulations concerning hygiene and sanitation and will have a written statement of policy for their food services.
- *Laboratory services*: Facilities must have access to laboratory services necessary for drug screening, HIV/ AIDS testing and other medical evaluations.
- *Spiritual services*: Facilities will provide the necessary for spiritual services in accordance with the needs of the clients.

(v) *Human Resources Management*

- *Staffing plan*: Treatment facilities will have a staffing plan to identify the number, categories and qualifications of staff.

- *Staff qualifications and registration:* Facilities employ only professional, accredited and administrative staff. The minimum qualification for the clinical team is a diploma in their areas of specialization.
- *Staff composition:* Treatment facilities will be staffed by a team that will include the following: a medical doctor/psychiatrist, a nurse, social worker, clinical/counselling psychologist and an accredited addiction counselor. Where detoxification is carried out, a multidisciplinary team will consist of a medical doctor, a psychiatrist and a trained nurse.
- *Staff numbers and coverage:* The treatment centre will have a minimum of three(3) professional staff available during programme hours. This will include a counsellor, a nurse and a social worker.
- *Job descriptions and contracts:* Staff will have written job descriptions and signed contracts that are regularly reviewed by management.
- *Human resources policies:* Treatment centres must have documented up-to-date human resource policies and procedures in line with employment/labour laws.
- *Substance abuse status:* All staff and volunteers at the centre will be subject to clear policies, procedures and ethical guidelines regarding their use of substances.
- *Induction, orientation and in-service training:* Every treatment centre will have an on-going orientation and in-service training programme for all administrative, therapeutic and support staff.
- *Staff conduct:* All staff will adhere to an up-to-date, documented code of ethical conduct that identifies professional boundaries, responsibilities and the consequences of their violation.

- *Employment assistance:* The emotional, mental health and crisis-related needs of staff will be addressed through a staff support group.
- *Research:* The centre should have clear ethical guidelines in regard to academic or product-orientated research undertaken at the centre. The centre should encourage and support such research.
- *Volunteer services:* The scope of volunteer services shall be clearly stated in writing. Volunteers who are in recovery from alcohol/drug dependency must have maintained sobriety for a minimum of two years prior to working directly with clients.
- *Therapeutic Environment:* The environment and physical structures of the centre must be safe, alcohol and drug free, and support adequate residential care and treatment.
- *Legislation:* The treatment centre will ensure that its amenities and physical environment comply with public and environmental health, statutory health and safety requirements as well as fire regulations.
- *Designation:* The building/location used by the treatment centre will be designated and authorized for this purpose by the licensing authority.
- *Policies and procedures:* Treatment centres must have documented up-to-date policies and procedures that ensure a safe environment for all people using and accessing the facility, i.e. clients, staff and the public.
- *Emergency plans:* The treatment centre must have documented, up-to-date and regularly tested and reviewed emergency plans.
- *Safety inspections:* The treatment centre must ensure that regular, documented health and fire safety inspections are performed by the relevant authorities.

- *Space:* The treatment centre must provide adequate and appropriate spaces in the centre and its grounds for treatment activities, relaxation, solitude, recreation and exercise.
- *Provision of recreational services:* Every treatment facility shall provide a program of recreational activities that allow clients to participate on an individual or group basis in physical, social, intellectual, religious and cultural activities.
- *Special care and examination facilities:* Private rooms or wards will be provided as special care and examination rooms for medical procedures/examinations, emergencies and detoxification.
- *Drug and weapon-free environment:* The centre, its grounds and facilities must be free of alcohol, tobacco, illicit/illegal psychoactive substances and any weapons.
- *Searching and confiscation:* The centre should have mechanisms and procedures to regulate and monitor any searching for weapons or substances on the premises in a rights-sensitive manner.
- *Locked areas:* Locked areas in the centre may be used only for the safe keeping of hazardous, valuable and confidential material belonging to clients and staff to safeguard against crime and theft.
- *Residential and therapeutic amenities:* The centre will provide an acceptable residential environment that enhances the positive self-image of clients and preserves their human dignity.

E. PROCEDURE FOR TREATMENT CENTRES MANAGEMENT

- *Appropriate placement:* The treatment centre will admit and retain clients according to its current scope of practice and its treatment and resident capacities. Appropriate referrals should be made for clients considered unsuitable for treatment at the centre.
- *Incident reporting and monitoring:* Every incidence of death and grievous injury should be accurately documented in an incident register and reported to the relevant authorities.
- *Faith-based practices:* A written description should be provided of particular religious practices and restrictions that may be observed at the centre.
- *Visits and contact:* Clients have the right to maintain contact with and receive visits from their families, friends and other persons as may be stipulated in the centers' policies. A documented, enforceable code of conduct for all visitors to the centre should be clearly displayed.
- *Abuse:* Clients, their families and significant others should not be subject to any activity or procedure that is negligent, demeaning exploitative or abusive and/or threatens their physical, sexual, and emotional safety or their recovery process.
- *Behavior management:* Clients should not undergo any "punishment" or "initiation" procedure.
- *Complaints and investigations:* The centre will ensure that clear, confidential, support mechanisms exist and clients can make formal complaints and seek redress for rights abuses.
- *Restraint and seclusion:* The centre will have clear policy and procedures for temporary seclusion and physical restraint in a safe and non-threatening environment in strict accordance with current Mental Health Act.

- *Informed Consent*: The clients (or their legal guardians) will be supported in their right to exercise choice and guide all treatment and in participating in any research through informed consent.
- *Ethics*: The centers will have a documented and displayed policy of ethical behavior to which all staff must adhere to and are bound.
- *Transparency and access*: The centre must be transparent and open to scrutiny with regard to human rights abuses, governance and standards of care.
- *Privacy and confidentiality*: The clients' (and their families/ significant others) privacy and right to confidentiality are to be respected and upheld by the centre. All correspondence and personal effects of persons undergoing treatment are to be regarded as private. Policies and procedures exist to protect client privacy and the legitimate rights of others in this regard.
- *Diagnostic procedures and interventions*: Clients' (or their legal guardians') informed consent is to be sought for all diagnostic procedures, and clients' right to request voluntary and timely access to such testing is to be supported.
- *Law enforcement and treatment status*: Clients are not to be asked or coerced to provide general drug-related information to assist the police or other law enforcement agencies.
- *Leisure and lifestyle*: All clients are entitled to rest and are given opportunities for appropriate physical exercise and leisure activities whilst being treated at the centre
- *Data collection and performance monitoring*: The centre will collect quantitative and qualitative data on client profiles and service rendering as required for regulatory bodies and for service improvement.