

NATIONAL CAMPAIGN AGAINST DRUG ABUSE AUTHORITY STANDARDS CHECKLIST

STANDARD STATEMENT	CRITERIA	COMPLIANCE	
		(YES/ NO)	
LEVEL 1- COMMUNITY OUTREACH , PREVENTION AND EARLY INTERVENTION This includes services described under ASAM Placement criteria, level 0.5 and Risk Reduction programs.			
Community outreach and prevention	Do you have documented procedures for identification, screening, assessment and referral of individuals at risk?		
	Do you have documented and operational policies and procedures for outreach, prevention and early intervention?		
	Does your outreach staff receive training, support and developmental supervision?		
	Do you have a sufficient resources allocated for the effective delivery of your services for the next one year?		
Early intervention: risk reduction	Do you have documented criteria for admission (inclusion and exclusion) into the programme and is admission available to all suitable clients irrespective of their race, ethnicity, gender, culture, ideology, political or religious beliefs, sexual orientation, language and HIV status?		
	Do you have the appropriate screening and assessment tools?		
	Do you have inclusion and exclusion criteria?		
	Do you have operational, up-to-date, documented, orientation information on the centre that includes <ul style="list-style-type: none"> • the general nature and goals of treatment • rules governing clients' conduct and infractions • clients' rights and responsibilities • confidentiality rules and regulations • safety and emergency procedures 		
	Do you have a structured and documented education programmes for dealing with the target populations that you work with?		
	Do you have adequately skilled professionals, or accredited staff, to undertake the admission process, including a pre-admission screening if appropriate?		
	Is your centre accessible and available in terms of entry dates and times? Does it prioritize admissions according to clinical indicators for treatment?		

Score (%)		
Comments		
LEVEL 2: OUTPATIENT SERVICES		
This includes outpatient and Intensive outpatient treatment/partial hospitalization and day treatment services as described by ASAM level 1.0 and II. 3, 5, 7.		
	Have copies of all applicable legislation (as listed in the standards document) been provided to the relevant staff?	
	Have staff been given appropriate training and support that maximizes their ability to implement the relevant legislation effectively?	
	Does the centre have clear, documented admission criteria that guide the admission of clients?	
Screening	Do you have professional staff with the relevant knowledge, skills and competencies to carry out screenings?	
Intake and Orientation	Do you have professional staff with the relevant knowledge, skills and competencies to carry out intake/ admission procedures?	
Assessments	Do you have professional staff with the relevant knowledge, skills and competencies to carry out assessments?	
	Do your clients receive a comprehensive, accurate, timely assessment of their physical, psychiatric and psychosocial spiritual functioning within 96 hours of admission by a qualified and experienced professional a specified regular review of such functioning?	
	Are clients that appear to have co-occurring mental health disorders referred to an appropriate psychiatric and/or psychological referral source within the first two weeks of admission.	
	Are the results of each client's comprehensive assessment reviewed by a primary counselor and the centre's multi-disciplinary team within 1 week of the client's admission?	
	Are the clients assessments recorded in the clients' case records within 24 hours of the completion of the assessment?	
	Are the results of the comprehensive assessment and the treatment plan presented and discussed at case conferences within the first two weeks of admission?	
	Does your multidisciplinary team formally review each clients' treatment progress (including psychiatric status) on a weekly basis?	

	Do you have documented, up-to-date policies and procedures to support, monitor and regulate the assessment and review process?		
Individualized Treatment Planning (ITP)	Do all clients have a documented, individualized treatment plan that encourages their recovery?		
	Do you seek informed consent from all clients prior to the onset of any treatment?		
	Does your treatment centre provide structured ongoing programme that provides the following: <ul style="list-style-type: none"> • Information and practical support to maintain a healthy, alcohol and drug-free lifestyle (e.g. exercise, better nutrition, stress management)? • Information and practical support to prevent the onset and spread of HIV/AIDS and other sexually transmitted and infectious diseases (e.g. voluntary counseling and testing, risk reduction education regarding needle use)? • Access to reproductive health care and support of pregnant clients? • Access to nutritional support and supplements for chronic alcohol-dependent clients? 		
	Does each client have an individualized treatment plan based on the nature of their substance addiction/dependency and/or other psychiatric or psychological conditions (symptoms, severity and history), their personal preferences, strengths and characteristics, and their social needs and circumstances?		
	Do your clients participate in the development and regular review of the treatment plan?		
Counseling	Does your addiction counseling staff have the knowledge, skills and competencies to undertake the following: <ul style="list-style-type: none"> • Screening to establish whether the client is appropriate for the programme • Intake – Administrative and initial assessment procedures • Orientation of the client • Intake and comprehensive assessment • Treatment planning, including special needs planning (children and adolescents, the elderly, disabled) • Counseling (individual, group and family) • Case management • Crisis intervention • Client education • Referral • Reports and record keeping • Consultation with other professionals on client treatment services 		

	Does your programme provide treatment that is safe, evidence-based and meets internationally accepted standards?		
	Are all clients assigned a primary counselor who is a professional addiction counselor or psychologist?		
	Does your centre stipulate the optimum and maximum case load for each primary counselor (e.g. 20 clients) where the ratio is 1:15 for those using for OP; 1:12 for IOP; and 1:8 for day treatment or partial hospitalization?		
	Is routine medical and mental health care available from employed or contracted medical and mental health professionals?		
	Is emergency medical and mental health care is available to clients when outpatient clients are present?		
SCORE (%)			
Comments			
LEVEL 3: RESIDENTIAL/INPATIENT SERVICES			
Includes a range of services including residential, clinically managed residential and medically managed residential services. These are described in ASAM level III services. Medically managed intensive inpatient services described in ASAM Level IV services is also described in this level.			
	Have copies of all applicable legislation (as listed in the standards document) been provided to the relevant staff?		
	Have staff been given appropriate training and support that maximizes their ability to implement the relevant legislation effectively?		
	Does the centre have clear, documented admission criteria that guide the admission of clients?		
Client assessment:	Do you have professional staff with the relevant knowledge, skills and competencies to carry out intake assessments or screening within 24 hours, or, in the case of clients admitted with alcohol, benzodiazepine or opiate dependency, within 8 hours of admission?		
	Do your clients receive a comprehensive, accurate, timely assessment of their physical, psychiatric and psychosocial spiritual functioning within 72 hours of admission by a qualified and experienced professional a specified regular review of such functioning?		
	Do you have qualified medical clinicians to deliver medical or psychiatric diagnoses?		
	Are the results of each client's comprehensive assessment reviewed by a primary counsellor and the centre's multi-disciplinary team within 1 week of the client's admission?		
	Are the clients assessments recorded in the clients' case records within 24 hours?		

	Are the results of the comprehensive assessment and the treatment plan presented and discussed at case conferences within the first ten days of admission?		
	Does your multidisciplinary team formally review each clients' treatment progress (including psychiatric status) on a weekly basis?		
	Do you have documented, up-to-date policies and procedures to support, monitor and regulate the assessment and review process?		
Individualized treatment planning (ITP)	Do all clients have a documented, individualized treatment plan that encourages their recovery?		
	Do you seek informed consent from all clients prior to the onset of any treatment?		
	Does your treatment centre provide structured ongoing programme that provides the following: <ul style="list-style-type: none"> • Information and practical support to maintain a healthy, alcohol and drug-free lifestyle (e.g. exercise, better nutrition, stress management)? • Information and practical support to prevent the onset and spread of HIV/AIDS and other sexually transmitted and infectious diseases (e.g. voluntary counselling and testing, risk reduction education regarding needle use)? • Access to reproductive health care and support of pregnant clients? • Access to nutritional support and supplements for chronic alcohol-dependent clients? 		
	Does each client have an individualized treatment plan based on the nature of their substance addiction/dependency and/or other psychiatric or psychological conditions (symptoms, severity and history), their personal preferences, strengths and characteristics, and their social needs and circumstances?		
	Do your clients participate in the development and regular review of the treatment plan?		
Counselling	Do your addiction counselling staff have the knowledge, skills and competencies to undertake the following: <ul style="list-style-type: none"> • Screening to establish whether the client is appropriate for the programme. • Intake – Administrative and initial assessment procedures. • Orientation of the client. • Intake and comprehensive assessment. • Treatment planning, including special needs planning (children and adolescents, the elderly, disabled). • Counselling (individual, group and family). • Case management. • Crisis intervention. • Client education. • Referral • Reports and record keeping. • Consultation with other professionals on client treatment services 		
	Does your programme provide treatment that is safe, evidence-based and meets internationally accepted standards?		

	Are all clients assigned a primary counsellor who is a professional addiction counsellor or psychologist?		
	Does your centre stipulate the optimum and maximum case load for each primary counsellor (e.g. 20 clients) where the ratio is 1:15 for those using TC model; 1:10 for Matrix model; and 1:7 for Minnesota model?		
	Is medication and other medical care provided in a timely, accessible and professional manner in accordance with statutory requirements and client safety?		
	Is routine medical and mental health care available from employed or contracted medical and mental health professionals?		
	Is emergency medical and mental health care is available to clients 24 hours a day, 7 days a week?		
	Is a medication record kept in the clients' case records in accordance with statutory requirements?		
	Is medication administered by a registered professional nurse or medical practitioner according to the documented instructions of the attending doctor/psychiatrist?.		
	Are clients carefully monitored by professional staff to promptly respond to adverse effects of prescribed and non-prescribed medication?		
Pharmacotherapy and medical care	Does storage and disposal of medicines comply with current legislation?		
	Are all your medicines kept in locked storage and all controlled substances in a locked box in a locked cabinet?		
	Is medicine and equipment for emergency use and first-aid administration available and functioning?		
	Is your staff skilled and equipped to use the emergency and first aid equipment?		
	Are records for medicines accurately maintained according to statutory requirements?		
	Do clients undergo an initial intake assessment (i.e. face-to-face examination) by a medical clinician before any medicines are prescribed?		
	Does the centre store and dispose medical waste (e.g. syringes and unused medicines) according to current statutory requirements?		
	Do you have adequately skilled medical clinicians available to evaluate the need for and to prescribe medication in accordance with statutory and centre regulations and policy/procedures?		

	<p>Does your centre have documented up-to-date policies and procedures to regulate pharmacotherapy and medical care?</p> <p>Do your policies and procedure include the following:</p> <ul style="list-style-type: none"> • Handling of prescription medicines and the use of over-the-counter medications • Intoxication and overdose • Detoxification and voluntary withdrawal • An up-to-date list of staff qualified and authorized to prescribe and administer drugs • Medicine administration, including timing, venues and supervision • Storage, control, accountability, inspection and documentation of medicines (according to statutory and professional requirements) • Monitoring of adverse reactions and medication errors (pharmacovigilance) 		
	<p>Does your centre have documented, up-to-date and scientifically based treatment protocols of established safety and efficacy that are used to regulate, monitor and support clinical regimes that include the following:</p> <ul style="list-style-type: none"> • Polydrug usage and related complications • Intoxication and overdose • Detoxification regimes based on type of substance/s abused (including medicine dosage, administration and frequency of administration, client care and monitoring, and required equipment) • Assessment and management of HIV/AIDS, tuberculosis and hepatitis • Emergency procedures 		

For centre's that offer detoxification	Does your centre have written policies and procedures on Detoxification (including voluntary withdrawal)?		
	<p>Does your policy and procedure include a minimum of the following components of care:</p> <ul style="list-style-type: none"> • Type and qualification of staff • Assessment and placement procedures • 24-hour professional nursing and easily accessible medical backup • Standardized, official, best-practice detoxification protocols • Client background information • Client participation and informed consent in detoxification decision-making process • A documented, individualized detoxification treatment plan (including referral if required) based on detoxification protocols, the clients' individual needs and preferences and the centre's capacities • A safe, quiet and comfortable space for the detoxification process • Adequate monitoring and supportive care • Pharmacotherapy (as per protocol for medicated detoxification) including adequate, individual-specific, prescribed medicines • Emergency care and equipment, including referral to hospital, if required • Feedback and support to family and significant others if appropriate 		
Structured treatment programmes and daily activities	Do clients participate in a structured treatment and rehabilitation programme that effectively and safely addresses treatment goals and is supported by appropriate activities and routines?		
	Does the treatment and rehabilitation programme describe structured daily and weekly activities, individual and group sessions, stages or phases of treatment and related goals in a time-defined programme?		
	Has the management formulated a specific programme model and philosophy for their formal treatment and rehabilitation programme?		
	Are these programme models and philosophies regularly reviewed and updated in accordance with internationally accepted standards?		

	Does the structured programme consist of a minimum of group counselling/therapies, opportunities for individual and family therapies/counselling and organized group activities such as sport, health education (e.g. HIV/AIDS), recreation and creative activities?		
	Are the treatment programme, daily activities and expectations documented and communicated to clients, families and significant others?		
	Are there opportunities or forums existing for clients to participate in decision making on the daily activities and other issues that affect the centre and client community?		
	Does the centre have documented policies and procedures that it implements to regulate and guide daily activities at the centre which cover the following: <ul style="list-style-type: none"> • Client waking and sleeping times • Telephone use for private conversations • Visits from families and significant others, friends, religious leaders and legal counsel • Visits and outings beyond the centre • Conduct of clients and Group norms 		
	Are clients involved in non-exploitative work including vocational skills training activities (e.g. meal preparation, cleaning of residential facilities) as may be prescribed in the treatment programme?		
	Are clients given a minimum of three nutritious meals a day?		
	If clients are allowed to participate in preparing meals, is it done according to documented client labour policies, health regulations and food hygiene?		
	Does the centre have proof of regular inspection and certification of the kitchen and food preparation area(s) from the local authority or public health officer?		
Discharge , Re-admission and continuing care	Are clients provided with appropriate programmes and support to enable their effective transition from a treatment centre to their families and re-integration into their communities?		
	Are all clients assessed and reviewed by the multi-disciplinary towards the end of treatment to determine their readiness for discharge and to facilitate discharge planning?		
	Are relevant referral agencies supplied on time with a confidential, signed and dated discharge summary to facilitate continuity of care for all clients leaving the centre?		

	<p>Is a copy of this report kept in the client's case record that includes a minimum of the following:</p> <ul style="list-style-type: none"> • Clients' personal details • Personal history and family/social background • Treatment plan and progress/participation at the centre • Reason for discharge (e.g. completed programme or non-compliance) • Continuing care needs and preferences (discharge plan) 		
	<p>Prior to discharge, does your centre link your clients to their original referral agency and any other community resource e.g. social workers and self-help groups?</p>		
	<p>Is discharge information provided on discharge, expulsion or leaving against staff advice for all clients families and significant others, as appropriate?</p>		
	<p>Do clients have access to a fair investigation and hearing to determine their culpability when suspended or expelled for the violation of centre rules and regulations?</p>		
	<p>Are cases of absconding recorded into the occurrence book immediately upon detection?</p>		
	<p>Do you have an abscondee form that describes the client's physical features, mode of dressing, perceived mental status, date and time of absconding, staff on duty at the time and their designation?</p>		
	<p>Is the abscondee form taken to the nearest police station where the report is filed and a stamped copy retained in the client's file?</p>		
	<p>Are the family or significant others informed?</p>		
	<p>Do you have defined and documented criteria and procedures for referring clients in need of alternative services, for example, outpatient treatment, detoxification, adverse drug reactions, attempted suicide, emergency medical care and psychosis?</p>		
	<p>Is readmission to the centre for clients who have been transferred to specialized or mental healthcare facility only considered if directed as such by the written report of a doctor or psychiatrist?</p>		
	<p>Do mechanisms exist for clients to discharge themselves voluntarily at any stage in their treatment unless judged to be a danger to themselves or are legally committed?</p>		
	<p>Are the consequences of voluntary discharge clear?</p>		

	Are discharge plans developed and reviewed in collaboration with clients and with the clients' informed consent?		
	Is input from the family, employers and significant others in discharge planning sought?		
	Is a copy of the discharge plan is kept in the clients' records?		
	Does the centre have policies and procedures to support the readmission of clients? Is the treatment goals and programme for readmitted clients is clearly stipulated in accordance with their treatment needs.		
SCORE (%)			
Comments			
LEVEL 4: CONTINUING AFTER CARE			
Follow up outpatient services, halfway houses, transitional houses, community/significant others support, re-integration services and self help programmes			
	Are there appropriate programmes and support structures to enable the clients effective transition to their families and to facilitate re-integration into their communities?		
	Are substance-dependent persons discharged from treatment centres appropriately placed in continuing/aftercare programmes?		
	Are needs based aftercare plans developed by aftercare providers in consultation with the discharging centre?		
	Do clients participate in one or more of the following continuing/aftercare services: <ul style="list-style-type: none"> • follow up outpatient services • halfway houses • transitional houses • community/significant others support • re-integration services • self help programmes 		
	Do you have policies and procedures on a continuing/aftercare services?		
	Does the management provide adequate and appropriate facilities as described under the section on "management of treatment centre's"?		
	Does the management ensure close supervision, monitoring and evaluation of continuing/aftercare services provided?		

SCORE (%)			
Comments			
FAMILY SUPPORT AND INVOLVEMENT			
Policies and procedures	Does the centre encourage the support and participation of the clients' families and significant others as an essential and integral component of treatment and rehabilitation?		
	Does the centre have a policies and procedures guide that regulates and encourages the involvement of clients' families and significant others in the treatment process?		
	Do these policies, at as minimum, cover the following issues: <ul style="list-style-type: none"> • Appropriate involvement of families and significant others. • Confidentiality and disclosure. • Involvement of parents of children and adolescents. 		
Practical Support	Is practical support provided to assist families and significant others to participate in the treatment process?		
	Does support given to families and significant others include follow-up telephone calls?		
	Do centres located in isolated locations make provision for visits by families and significant others?		
Family and significant others interview	Unless specifically contra-indicated, is at least one family or significant other interview held as part of the clients' assessment and/or treatment plans?		
	Is the interview documented in the case records?		
	Is information sought from and support offered to families and significant others to address their problems and needs?		
	At a minimum, are the following issues sensitively and routinely explored with families and significant others: <ul style="list-style-type: none"> • Specific needs and conditions of clients' children and dependants? • Active sexual and domestic abuse within the family, especially of women, children and the elderly? • Identification of other family members abusing substances within the family and the impact of this on client recovery? • Support for families and significant others to cope with co-dependency and living with clients' substance abuse (e.g. referral to Al-Anon)? 		

	<ul style="list-style-type: none"> • Support groups at the centre (e.g. Saturday morning family support groups)? • Support for families and significant others to address other mental health and developmental problems within the family (e.g. depression and scholastic difficulties). • Support and referrals for legal advice or counsel (e.g. Legal Aid). 		
Family therapy and counselling	Whenever feasible and indicated, does the centre provide family therapy to address: <ul style="list-style-type: none"> • Longstanding maladaptive interactions within the family • New issues related to the reintegration of the client into the family and community. 		
	Is family therapy conducted solely by a trained family therapist or a psychologist with family therapy training?		
SCORE (%)			
Comments			
DOCUMENTATION, MONITORING AND EVALUATION			
Individual Case Records	Are treatment and other service delivery activities recorded and documented to ensure regular monitoring, evaluation of quality of care?		
	Do all clients have their own permanent, separate client files for their case records?		
	Does the centre have policies and procedures to ensure that confidentiality is protected in all documentation processes in accordance with relevant legislation and regulations?		
	Are case records and other client information securely stored and transported?		
	Do only authorized persons have access to information about clients?		
	Does the centre put into place measures that ensure that confidential case material is unavailable for public display?		
	Whenever possible, is permission sought from clients when confidential information and material is to be shared with bona fide health/social services professionals operating outside the centre (e.g. referral agents) or parents/guardians or school/educational authorities in the case of children and adolescents?		
	Are case records or reports stored in secure cupboards and transported in sealed envelopes?		
	Are attendance registers treated with the same degree of confidentiality?		
	Are case records or information managed through computer information systems kept secure and confidential?		

	Are all case documentation must be based on the nationally accepted formats.		
	Are clients aware, from admission, that all evaluations and therapy/counselling contents and documentation are handled in a respectful and confidential manner?		
	Are clients aware that such material is shared with the centre's multidisciplinary team case management process?		
	Are clients aware that they can sign a waiver on admission on permitting the sharing of confidential material?		
	Are comprehensive, factual and sequential records of clients' conditions and the treatment and support offered kept?		
	Are entries signed legibly (clear name, signature and professional designation) and dated?		
	Are the following details of a clients' individualized (sequential) treatment plans provided: <ul style="list-style-type: none"> • assessment, • diagnosis or clinical impression given to clients • results of other tests or procedures, • range of treatments and interventions undertaken, • other agencies or organizations involved, • relevant correspondence (including relevant telephone calls), • ongoing progress and discharge planning. • notes taken of multidisciplinary case conferences, • consultations and feedback on participation in group treatment programmes. • daily nursing care records 		
	Are case records and information available to facilitate continuity of care?		
	Are referral letters and discharge reports produced in an accurate and timely manner?		
	Does the centre have documented protocols and procedures to guide staff in the collection and recording of case records?		
	Does the treatment centre monitor its performance through a regular internal audit (at least annually) of its case records in order to improve performance?		
	Does the treatment centre collect accurate qualitative and quantitative data that is openly reported and communicated to the governing body, referral sources and relevant role players (such as NACADA Authority)?		
	Is this data collected in a manner that can support the supervision, monitoring and evaluation of key service and demographic indicators?		

	<p>Does this data cover a minimum of the following:</p> <ul style="list-style-type: none"> • Demographic and patient profiles • Number of clients to determine patient/staff ratios and occupancy rates • Critical incidents (e.g. abscondment, physical violence and sexual acting out) • Number of detoxifications • Length of stay • Number of therapeutic/counselling encounters (to estimate level of participation of client) • Length of time spent on waiting list • Client treatment evaluations 		
SCORE (%)			
Comments			
SPECIAL POPULATIONS			
	Does the centre seek to ensure that the special needs and rights of special populations, i.e. vulnerable clients, are addressed in its services?		
	Have all staff members (administrative, professional and accredited) been sensitized and received basic education on the specific needs and rights of vulnerable target groups?		
	Are your professional and accredited staff competent enough to provide specific assessment and counselling for vulnerable groups (e.g. HIV/AIDS counselling)?		
	Is your staff aware of the rights and special protections given to children as defined by the United Nations Convention on the Rights of the Child (ratified by Kenya through the Children's Act)?		
	<p>Are children and adolescents under your care protected from</p> <ul style="list-style-type: none"> • Maltreatment • Neglect • Exploitation • Abuse • Exposure to violence or other harmful behaviour • Economic exploitation, • Illegal labour or any work that places them at risk 		

	<p>Does your centre ensure that children are:</p> <ul style="list-style-type: none"> • Not detained except as a last resort (and according to the provisions made in legislation)? • Are kept separately from adults over the age of 18 years? • Treated in a manner that takes account of their age and developmental needs? • Have access to legal counsel? • Have regular access and contact with their families and significant others (unless a legal order indicates otherwise, or it is not in their best interest or they choose otherwise)? 		
	<p>Do children under your care:</p> <ul style="list-style-type: none"> • Receive an assessment of their developmental needs, which are addressed in individualized care? • Receive family-centered interventions that seek to strengthen family development? • Have access to education and vocational information and guidance, appropriate to their age, aptitude and ability? • Have access to basic health care, including confidential access to health promotion and prevention (e.g. HIV/AIDS, sexuality and reproduction)? • Have access to rest and leisure and engage in play and recreational activities appropriate to their age? 		
	<p>Does your centre respect the rights of parents to be informed about any action or decision taken in a matter concerning the child, which significantly affects the child?</p>		
	<p>Does your treatment centre ensure that all children and adolescents admitted to the centre are correctly placed in terms of the centre's admission criteria?</p>		
	<p>Is appropriate consent sought from parents/guardians of your clients in accordance with current legislation and clients' right to privacy, for all medical procedures?</p>		
	<p>In cases of an emergency, does your centre provide medical aid when parents and guardians cannot be reached in good time?</p>		
	<p>Does the centre ensure that parents, families and significant others are</p> <ul style="list-style-type: none"> • Encouraged and assisted to participate in their children's treatment process? • Immediately informed if children fall ill, are injured or are moved or discharged from a residential facility for any reason? 		
	<p>Do families participate in the comprehensive assessment and discharge planning?</p>		
	<p>Do families attend family therapy/counselling and family support groups?</p>		

Does the treatment centre provide ethical guidelines on the types of confidential information and circumstances for the sharing of such information with parents or other authorities (e.g. educational and legal)?		
Is the need for parental involvement part of the admission criteria?		
In the event that parents are unable to support their children, either through parental incapacity or neglect, is this referred to the relevant statutory social services for assistance and monitoring		
Does your centre provide children and adolescents with developmentally appropriate care?		
Does your treatment regimen include: <ul style="list-style-type: none"> • Appropriate length-of-stay treatment that does not remove children for longer periods than necessary from their families and school-based education? • Developmental assessment as part of their comprehensive assessment to identify age-appropriate developmental needs? • Separate therapy groups, individual sessions and activities that address age-appropriate developmental needs (e.g. education, vocational guidance, peer relations and sexuality)? • Separate sleeping facilities for all children under 12 years of age? 		
Do adolescents continue to receive educational inputs if they are in a residential facility for more than one month?		
Is all educational input accredited by the Ministry of Education?		
Does discharge planning include assisting adolescent clients to reintegrate into school or other educational facilities?		
Do you have measures in place that ensure that children and adolescents receive appropriate care and treatment that enables them to develop positive relationships and give effective expression to their emotions?		
Are children encouraged to identify, express and manage their emotions appropriately?		
Are opportunities for positive interactions and relations with peers and staff made available?		
Have you put measures in place that help staff demonstrated healthy and effective ways to communicate and express emotions?		
Are children and adolescents encouraged and assisted to restore, maintain and enhance relations with families and significant others?		
Are children and adolescents assisted to behave in a constructive and socially acceptable manner?		
Are children and adolescents subjected to punitive “discipline”?		

	<p>Does positive support given to children and adolescents include:</p> <ul style="list-style-type: none"> • Ensuring that there is adequate information and communication on centre routines (e.g. meal times, wake-up times and bed time), rules, expectations and responsibilities, which facilitates understanding and cooperation. • Providing assistance to meet behavioural expectations through skill development and therapeutic support. • Staff modelling of expected behaviour and attitudes in their interactions with clients. • Ensuring awareness of the consequences of their behaviour in the centre and in their homes and communities. • Providing opportunities to demonstrate and practice positive behaviour. 		
HIV/AIDS and people living with HIV/AIDS:	<p>Does the centre follow guidelines and practices for the prevention of HIV transmission?</p>		
	<p>Does the centre have guidelines on the following:</p> <ol style="list-style-type: none"> 1. HIV/AIDS education 2. Accidental transmission: 3. Safe sexual practices: <ul style="list-style-type: none"> • Does the centre have documented and communicated policy and code of conduct on clients' sexual behaviour in the centre (e.g. between clients and other clients and between clients and staff members)? • Does the centre carry out health promotion regarding prevention of HIV through safe sex and/or sexual abstinence? • Do your clients have access to condoms and education on the effect of substances on safe sex decision making? 4. Education of ART and substance use: Does your centre undertake health education on the dangers of concurrent alcohol/substance use and ART , the risk of unprotected sex in the transmission of the HIV and development of ARV drug resistance? 5. Safe Injection practices: Regardless of HIV status, are injection drug users informed about harm reduction techniques and safe injecting practices to reduce the risk of contracting or transmitting the virus? 		
	<p>Are all assessments of and treatment/counselling for HIV/AIDS undertaken in a sensitive, non-judgmental and supportive manner that respects the clients' rights, sexual preferences and emotional/physical needs?</p>		
	<p>Is your clients' HIV status confidential?</p>		
	<p>Are an assessment of HIV-risk behaviour part of all clients' intake and comprehensive assessment?</p>		
<p>Based on the findings of this assessment are recommendations for further voluntary counselling and testing (VCT) made?</p>			

	<p>Does the assessment include questions on</p> <ul style="list-style-type: none"> • The client's recent sexual history? • Recent sexually transmitted infections (STIs)? • Commercial sexual activities (including the exchange of sex for money) and the use of condoms with these partners? • Intravenous drug use, including the sharing of needles, syringes, injection equipment (works), and drug paraphernalia? • History of rape or sexual abuse with risk of exposure to HIV? 		
	<p>Does the centre ensure that voluntary HIV/AIDS diagnostic testing and counselling is readily available to all clients either at the centre itself or through access to support services?</p>		
	<p>Do voluntary counselling and testing (VCT) services meet the following criteria:</p> <ul style="list-style-type: none"> • All HIV and AIDS diagnostic testing occurs in a voluntary manner without coercion. • VCT occurs in a private room? • VCT is conducted only by trained, qualified staff? • Testing and counselling is voluntary and free of coercion? • The HIV test and testing procedure is explained to the clients? • Informed consent is given before HIV testing takes place? • Refusal of VCT services does not prejudice further access to health, social, or substance abuse treatment services? • VCT documentation remains strictly private and confidential (e.g. laboratory test results sheets)? • VCT results are confidential and as such cannot be disclosed to the rest of the staff, other clients, or the clients' family members without the clients' informed consent? • The centre has adequate facilities for ensuring quality control of any specimen tests (e.g. fridge for storing blood samples)? 		
	<p>Does your centre conduct post-test counselling, irrespective of the results?</p>		
	<p>Should people test positive for HIV, does your counselling programme:</p> <ul style="list-style-type: none"> • Support clients during the personal and emotional impact of the news of their HIV status? • Provide linkages and appropriate referrals to other support services (e.g. support groups, further counselling, medical treatment)? 		

	<ul style="list-style-type: none"> • Deal with partner notification? • Deal with ways of remaining healthy? • Deal with ways of preventing MTC transmission (e.g. use of anti-retroviral drugs and formula feeding) in the case of pregnant women who are HIV positive? • Deal with safe injection practices? 		
	<p>Does the centre refer HIV-positive clients to quality, evidence-based care that provides the following services?</p> <ul style="list-style-type: none"> • Provision of anti-retroviral medication where possible. • Delivery of high quality HIV/AIDS information and services. • Referral to agencies that can provide pregnant women with anti-retroviral medication to prevent MTC transmission. • Appropriate diagnosis and treatment of sexually transmitted infections (STIs) or referral of people with STIs to STI clinics. • Treatment of opportunistic infections associated with HIV or referrals to other treatment services. • Health promotion information and assistance, e.g. regarding nutrition and stress management. • Continuation of all appropriate prescribed medicines or medical regimes with the approval of the centre's medical doctor. 		
	Is your clients' HIV-positive status incorporated into the treatment plan as an integral and integrated part of their treatment?		
	Do counsellors provide individual and ongoing support and assistance to holistically address all aspects of a clients' HIV/AIDS and substance-related recovery needs (e.g. personal and family and significant others support, spiritual and physical needs)?		
Women's Treatment:	Does your treatment centre offer gender-sensitive treatment for women that recognizes the social, gender and economic barriers to treatment for women (e.g. stigma facing women who abuse substances and the lack of an independent income to pay for treatment)?		
	Do your treatment programmes support the empowerment of women and not reinforce gender stereotypes?		
	Do your treatment programmes encourage a woman-centered approach (e.g. awareness of women's social conditions, experience of inequality and the victimization embedded in women's experiences)?		
	Do your treatment programmes address all aspects of a woman's life, including the practical needs of women (housing and sanitation, transportation, job training and child care)?		

	Are your services more accessible to women who abuse substances, in that you do not discriminate against female substance abusers?		
	Does your treatment centre have established links with other organizations serving women (such as Rape Crisis and domestic violence organizations)?		
	Does your treatment centre recognize the needs of mothers with dependent children and provides support where possible (e.g. more flexible visiting provisions)?		
	Does your centre offer women a safe environment free from sexual or emotional abuse and negative gender stereotypes?		
	Does your centre have policies and procedures to prevent and deal promptly with all incidents of abuse in a sensitive, non-victimizing manner?		
	Does your centre provide secure and private women-only sleeping and ablution facilities?		
	Does your centre report any incident of sexual abuse to the police?		
	Does your centre remove staff and clients who are at risk of committing or have committed acts of physical or sexual violence against women?		
	Does your centre sensitize its male and female clients on sexual violence, abuse issues and gender-related rights (e.g. a woman's right to refuse sexual advances and the impact of substance abuse upon impulse control) as part of the treatment programme?		
	Does the treatment centre conduct screening and post-admission evaluations to ensure that the specific needs/problems of women are addressed?		
	Does the centre ensure that women with co-morbid mental health and social conditions/problems receive adequate care and referral, if required, in accordance with the centre's scope of practice?		
	Are the needs of pregnant clients/women are assessed and addressed?		
	Is access granted to necessary health care, including reproductive health care?		
	Are the specific needs of women and girls addressed regarding HIV/AIDS transmission (e.g. power in relationships)?		
Score (%)			

Comments			
TREATMENT CENTRE MANAGEMENT			
Registration	Is your treatment facility legally registered in accordance within the requirements of the Laws of Kenya?		
	Is your facility accredited by relevant professional bodies like NAADAC, KCA, KPA (K) and KPA?		
Management structure and composition	<p>Does your treatment facility have a:</p> <ul style="list-style-type: none"> • Board of Directors/Trustees? • Director/manager in charge of facility administration? • Director/manager in charge of the treatment and care programme? 		
	Are responsibilities clearly identified and explained even where responsibility is shared or overlaps?		
	Do board members abuse alcohol, tobacco or other drugs?		
	<p>Do all members of the management team have:</p> <ul style="list-style-type: none"> • a minimum of a diploma or its equivalent • two years of experience in their areas of specialization. 		
	Does the facility have a written description of itself and of its services, which details ownership and the structure of its administration, lines and boundaries of authority and accountability (organogram) and job descriptions?		
	Quality Assurance Programme	Has your treatment centre developed and documented a Conflict-of-Interest Policy?	
Has your treatment centre developed and documented a Quality Assurance Policy?			
Do you regularly monitor and evaluate the quality and effectiveness of the service provided by the treatment programme in accordance with the standards laid down by the relevant government authority?			
Does the evaluation process provide evidence that the quality assurance programme has influenced organization and programme planning, and explain any failure to meet goals and objectives?			
<p>Have you prepared a written description of services offered which incorporates the organisations</p> <ol style="list-style-type: none"> i. vision ii. mission statement iii. treatment philosophy iv. core values 			

	<p>v. Services provided</p> <p>vi. Evidence based approaches to SUD treatment.</p> <p>vii. Clientele served</p> <p>viii. programmes</p> <ul style="list-style-type: none"> • Intake/admission process • Assessment, placement and orientation • Treatment plan and process • Relapse prevention and discharge planning • Discharge • Continuing Care and self help <p>ix. Methods of evaluation, follow-up and outcome</p>		
	Does the written description show how services relate to each other and to the facility's overall goals?		
	Does the management conduct an annual quality assurance review of the facility's services and programs presenting the report to the Board for its review, recommendations and decision making?		
	Are the recommendations and decisions then presented to staff for implementation?		
Qualifications of staff	Do your clinical staff hold a minimum of a Diploma in their area of specialization or as otherwise specified by the certification boards?		
	Does your treatment center ensure regular administrative and clinical supervision by accredited supervisors?		
	Is your administrative supervision held quarterly?		
	Is clinical, individual and group supervision held at least once a month?		
	Formative and summative evaluations should be carried out and incorporated in practice?		
Administrative and clinical supervision	Are all professional staff registered with the relevant professional bodies?		
	Do treatment programs meet defined minimum treatment outcome indicators set by the Quality Assurance Board?		
Financial Management and planning	Does your treatment centre have an annual budget that is available for review by the board of directors and other regulatory parties?		
	Are all financial activities at the centre in line with current statutory financial regulations (e.g. audited annual reports on finances, assets and liabilities for tax, VAT for insurance purposes)?		

	Does the centre have a strategic and annual business plan that encompasses key aspects of the service and performance indicators of the centre?		
	Does the centre submit annual reports to its board and are these reports readily available to other interested parties?		
Meetings	Does your management body meet at least quarterly or more often if specified by the rules laid down in their constitutional articles?		
	Where these do not exist, does your centre have rules written that ensure regular meetings of any such body?		
	Are the responsibilities of such bodies and the purposes of any meeting clearly defined?		
Physical services	Does your facility 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?		
	Does your Health and Safety programme specify and detail policies and procedures in connection with: <ul style="list-style-type: none"> • Fire safety and equipment (including arrangements for the fire drills and notices)? • Emergencies? • In-house infections? • Risk management/Liabilities? • Hazardous wastes? • On the job injuries? 		
	Is the safety of the facility monitored by means of written staff reports?		
	Are your safety policies and procedures developed and reviewed bi-annually, with a record kept of policy changes and incidences?		
	Have all employees received the necessary training to ensure that they are able to do their job safely?		
Nutrition	Does your residential facility serve at least three nutritious meals per day?		
	If your organization provides 24 hour care that has therapeutic goals relating to nutritional needs and who have services for individuals who require special nutrition considerations have you developed written policies and procedures to address all aspects of nutrition and food services?		
	Do your on site nutrition and food services observe applicable statutory regulations concerning hygiene and sanitation?		
	Does your facility have a written statement of policy for their food services if they maintain a kitchen?		

Food Operations	Does your policy include clear guidance on: <ul style="list-style-type: none"> • food purchasing, storage and handling • adequate space, equipment and supplies • Maintenance of food services in a hygienic and sanitary manner, particularly as it applies to the preparation and serving of food, the care and cleaning of equipment and work areas and the washing of dishes. 		
	If your policy allows you to assign work to clients in food services for therapeutic or vocational purposes, is the method of their assignment fully outlined in written policies and procedures?		
	Has your facility produced a special handbook on food operations, which is reviewed annually as necessary?		
	Do all nutritional staff have basic training and understanding of the behavioural and therapeutic needs of the clients?		
	Are clients encouraged to participate in menu planning?		
Lab Services	Do your facilities have access to laboratory services necessary for drugs screening, HIV/AIDS and other medical evaluations?		
Spiritual Services	Does your centre provide spiritual services in accordance with the needs of the clients?		
	Are there written policies and procedures governing internal and external contact with local spiritual leaders should clients require their input?		
Human resources management	Does your treatment facility have a staffing plan to identify the number, categories and qualifications of staff?		
	Does your facility employ only professional, accredited and administrative staff with the appropriate accredited and recognized professional qualifications?		
	Are all professional staff appropriately registered with an official professional or accrediting body?		
	Does your treatment facility have a medical doctor/ psychiatrist and a nurse on call for 24-hour backup and consultation?		
	Does your multidisciplinary team consist of the following: <ul style="list-style-type: none"> • a social worker • clinical/counselling psychologist • accredited addiction counsellor • access to a trained nurse 		
	Where detoxification is carried out, does your multidisciplinary team consist of a medical doctor, a psychiatrist and a trained nurse?		

	Does your treatment centre have adequate staff to render 24-hour substance dependency services as stipulated under “Individualized treatment planning (ITP)” section?		
	Do you have a minimum of 3 professional staff (i.e. a counsellor, a nurse and access to a social worker) available during programme hours?		
	Do your staff have written job descriptions and signed contracts that are regularly reviewed by management?		
	<p>Does your treatment centre’s have documented up-to-date human resource policies and procedures in line with employment/ labour laws that cover the following:</p> <ul style="list-style-type: none"> • Recruitment, selection and registration of staff and volunteers • Staff orientation • Wage and salary administration • Skills and qualifications • Training and development • HIV/AIDS and alcohol and drug policies • Promotions • Employment benefits • Pay conditions of service • Lines of authority • Case supervision • Rules, conduct and ethics • Disciplinary actions and dismissal of staff • Methods of handling cases of inappropriate care or conduct violation • Work performance appraisal • Staff accident and safety • Staff grievances • Staff suspected of using or abusing substances 		
	Are staff at your centre, including volunteers, subject to clear policy, procedures and ethical guidelines regarding their use of substances and subsequent employment at the centre?		
	<p>Does your policy outline that:</p> <ul style="list-style-type: none"> • No staff member should be actively abusing substances. • Recovering addiction counsellors should have been alcohol and drug free for a minimum period of three years before being employed in a treatment capacity. • Staff members who have relapsed must have two years of abstinence and recovery before counselling clients. • No staff member should receive treatment at the centre for his/her own addiction problems or relapse. 		

	Are all staff encouraged to demonstrate appropriate stress management, emotional maturity, healthy lifestyles (e.g. no smoking and use of alcohol) and positive interpersonal communication?		
	Does your treatment centre have an on-going orientation and in-service training programme for all administrative, therapeutic and support staff?		
	Does the centre hold regular staff development trainings that address clients current treatment needs?		
	Does the centre have a documented plan and evidence of attendance to regular staff development trainings?		
	Does the centre have a documented, up-to-date staff development policy and strategy to train and develop staff to offer adequate treatment?		
	Are development activities planned and scheduled taking advantage of available resources and opportunities as available internally and externally?		
	Are staff inducted on the codes of ethics, confidentiality, equal opportunities, policies and procedures at both their appointment and on an annual basis?		
	Do all staff adhere to an up-to-date, documented code of ethical conduct that identifies professional boundaries, responsibilities and the consequences of their violation?		
	Do staff have regular staff support group meetings to discuss problems and issues related to staff members' work and associated interpersonal and personal issues?		
	Does the centre have clear ethical guidelines for any academic or product-orientated research undertaken at the centre?		
	Are staff encouraged to initiate, support and take part in relevant and ethical research?		
	If such research involves the clients, is their informed consent given?		
	In cases where volunteer services are used, are the objectives and scope of the volunteer service clearly stated in writing?		
Therapeutic Environment	Are the environment and physical structures of the centre safe, alcohol and drug free, and do they support adequate residential care and treatment?		
	Does the treatment centre's amenities and physical environment comply with public and environmental health, statutory health and safety requirements as well as fire regulations?		
	Is the building/location used by the treatment centre dedicated solely to treatment services, and has it been designated and authorized for this sole function by the licensing authority?		
	Does your treatment centre 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?		

	<p>Do these procedures, at a minimum, cover the following:</p> <ul style="list-style-type: none"> • Alcohol and drug-free environment. • Smoke-free environment. • Fire safety, including fire drills and functional fire extinguishers. • Storage of hazardous waste. • Weapon control and removal. • Managing aggressive/disturbed behaviour. • Hazardous areas such as swimming pools/open water, roofs and cliffs. • Hygiene and pest control. • Prevention of violence and sexual abuse. • Access for the physically disabled. • Security. 		
	<p>Does the treatment centre have documented, up-to-date and regularly tested and reviewed emergency plans specifying the following:</p> <ul style="list-style-type: none"> • Floor plan and layout of the centre. • Instructions in the event of fire, bomb threat or power failure. • Evacuation procedures. • Response to medical and psychiatric emergencies. • Abscondment. • Emergency contacts 		
	<p>Does the treatment centre ensure that regular, documented health and fire safety inspections are performed by the relevant authorities?</p>		
	<p>Does the treatment centre provide adequate and appropriate spaces in the centre and its grounds for treatment activities, relaxation, solitude, recreation and exercise?</p>		
	<p>Does the treatment facility provide a planned, diversified program of recreational activities that allows clients to participate on an individual or group basis in physical, social, intellectual, religious and cultural activities both indoor and outdoor?</p>		
	<p>Does the centre's administrator or designee provide for the direction, provision and quality of the recreation service and in so doing be responsible for the following:</p> <ol style="list-style-type: none"> 1. Development and implementation of written objectives, policies and procedures, an organisational plan, and a quality assurance program for the recreation service. 		

	<ol style="list-style-type: none"> 2. Ensuring that recreational services are provided for provided for each client as specified in the client's treatment plan and coordinated with other client care services to provide a continuum of the care of the client, with documentation of services provided in the client's treatment record. 3. Assisting in the development of written job descriptions for recreational service personnel. 4. Posting a current weekly recreational activities schedule where it can be read by both clients and staff. 		
	<p>If your centre serves women and children, does it provide age-appropriate recreational activities for the children and recreational activities for mothers and their children?</p>		
	<p>Do your treatment facilities provide private rooms, wards and examination rooms that can be used for medical procedures/ examinations, emergencies and detoxification?</p>		
	<p>Are your private rooms, wards, or examination centre's :</p> <ul style="list-style-type: none"> • Easily accessible to medical and nursing staff for supervision and observation? • Equipped with functioning medical and emergency equipment, according to health ministry specifications? • Safe so as to prevent self-harm or injury or harm to others (e.g. medicines and equipment safely locked away)? • Comfortable and calm so as to allow clients to relax in comfort during detoxification? • Furnished with a hospital bed in detoxification facilities? 		
	<p>Is the treatment centre, its grounds and facilities free of alcohol, tobacco, illicit/illegal psychoactive substances and any weapons?</p>		
	<p>Are there mechanisms that exist to monitor and regulate:</p> <ul style="list-style-type: none"> • Centre access, including admission procedures; • The distribution and potential concealment of substances and weapons; • The investigation of and searching for substances and weapons; • The control of legitimate medication within the centre. 		
	<p>Does the centre have mechanisms and procedures to regulate and monitor the searching for weapons or substances on the premises in a rights-sensitive manner?</p>		
	<p>Are clients and visitors informed through instructions displayed prominently at the point of entry of all searching practices, and consent to them as part of their orientation at the centre?</p>		
	<p>Are all locked areas in the centre only for the safe keeping of hazardous, valuable and confidential material belonging to clients and staff against crime and theft?</p>		

	Does the centre provide an acceptable residential environment (As stated in the standards) that enhances the positive self image of clients and preserves their human dignity?		
Score (%)			
Comments			
PROCEDURE FOR TREATMENT CENTRES MANAGEMENT			
	Does the treatment centre admit and retain clients according to its current Scope of Practice and its treatment and resident capacities?		
	Are the centre's capacities defined as part of the centre's operational policy/guidelines?.		
	Is every incidence of death and grievous injury accurately documented in an incident register and reported to the relevant authorities?		
	Is a written description provided of particular religious practices that are observed and any religious restrictions?		
	If the centre has a religious orientation, does it have a written description of the particular religious practices that are observed and any religious restrictions that apply?		
	Are clients given the right to maintain contact with and receive visits from their families, friends and other persons (e.g. teachers, employers, legal counsel and religious leaders) as may be stipulated in the centres' policies?		
	Does your centre possess a documented, enforceable code of conduct for all visitors to the centre and is it clearly displayed?		
	Are clients, their families and significant others supported in complying with the behavioural expectations of the centre?		
	Do clients undergo any "disciplinary" or "initiation" procedures that involve any form of the following: <ul style="list-style-type: none"> • Physical abuse. This includes any form of corporal punishment, i.e. any punishment applied to the body such as beating and "caning" • Sexual abuse • Verbal and emotional abuse, including humiliation and ridicule • Incarceration and inappropriate isolation • Withholding of any form of medical care, including medicines to ease and facilitate detoxification • Punitive exercise 		

Are clients, their families and significant others supported in complying with the behavioural expectations of the centre?		
<ul style="list-style-type: none"> • Inappropriate or excessive work • Undue influence by staff regarding clients' religious or personal beliefs (including sexual orientation) • Group punishment for individual misbehaviour • Withholding of basic necessities such as food, shelter, bedding, sleep and clothing • Deprivation of access to and contact visits with family and significant others • Measures that discriminate on the basis of cultural, linguistic, heritage, gender, race or sexual orientation • Punishment by another client or staff member • Any treatment or medical procedure • Unwarranted bodily searches 		
Does the centre ensure that clear, confidential, support mechanisms exist whereby clients can make formal complaints and request investigations into the centre's disciplinary decisions or seek redress for rights abuses?		
Is an accessible, monitored Complaints Register kept with data on the investigations conducted and the results as well as the actions taken?		
Does the centre acts on all valid complaints within two weeks?		
Are complaints regularly reviewed, monitored and investigated by management and a national, independent?		
Are clients legally committed to the centre in strict accordance with current statutory requirements?		
Does the centre 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?		
Are your clients aware that they or their legal guardians are supported in their right to exercise choice and guide all treatment and participation in any research through informed consent?		
Are clients fully informed of the nature and content of treatment, confidentiality issues, as well as the expected risks and benefits?		
Does the centre have a documented and displayed policy of ethical behaviour to which all staff adhere to?		
Does the centre have mechanisms that exist to ensure that such ethical standards are practiced– this can include staff education, behaviour monitoring and sanction?		
Are staff aware of the consequences of violating such ethical behaviour (e.g. being reported to their professional accrediting board or dismissal from the centre)?		

	Are criminal violations reported to the police?		
	Is the centre transparent and open to community, media and public scrutiny with regard to human rights abuses, governance and standards of care?		
	Do you have documented policy and procedures that regulate and support client confidentiality and privacy?		
	Is informed consent always sought for all diagnostic procedures, and clients' right to request voluntary and timely access to such testing supported?		
	Do policies and procedures exist that allow access to diagnostic tests and protect client confidentiality and the legitimate rights of others in this regard (e.g. sexual partners and parents)?		
	Is all correspondence and all personal effects of persons undergoing treatment regarded as private?		
	Are there Policies and procedures that exist to protect client privacy and the legitimate rights of others in this regard?		
	Are Clients are asked or coerced to provide general drug-related information to assist the police or other law enforcement agencies (e.g. information on drug sources such as local drug dealers)?		
	Is the confidentiality of the clients personal case information upheld as specified by the relevant legislation in this regard?		
	Are all clients given the opportunity for appropriate physical exercise and leisure activities whilst being treated at the centre?		
	Does the centre collect quantitative and qualitative data on client profiles and service rendering as required for regulatory bodies and for service improvement?		
Score (%)			
Comments			