STANDARDS OF PROFESSIONAL COMPETENCY

of facilities and programmes providing professional addiction treatment services
(Standards of services for drug users, dependent users, and pathological gamblers)

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Working Group for Amending the Standards:
Head of the group: Jiří Libra
Group members: David Adameček, Aleš Herzog, Dagmar Krutilová, Jiří Libra, Dušan Randák, Vladimír Sklenář, and Dana Šedivá

Group for the Development of Special Standard 10: Olga Šustrová, Jana Ženíšková, and Irena Sedláčková

Working Group for Drafting Amended Standards (Version 2.5):
Head of the group: Jiří Libra (final edition and incorporation of comments)
Authors of Version 2.5: David Adameček, Jiří Libra, and Dana Šedivá

Explanatory notes on scoring:

The score is assigned separately to the general standards as a whole and to individual special standards as a whole (and Parts B and C in the special standard entitled "Aftercare Programmes" and Part A, "Follow-up Post-release Care", in Special Standard 10, "Addiction Treatment Services in Prisons", are also scored separately).

Hence, individual sections are not evaluated separately. The total scores for the general and special standards, respectively, are conclusive for the final result.

The minimum score necessary for the certificate to be granted is indicated at the end of the general standards and of each special standard (or of the relevant sections of Special Standards 8 and 10).

The points are assigned by the decision of the certification team using the following scale:

3 points – accomplished at the level of best practice
2 points – largely accomplished
1 point – partly accomplished
0 points – not accomplished

Introduction

Thanks to the project entitled "Exchange of experience and promotion of good practice in quality management of drug services", funded from the European Social Fund and implemented by the Centre for Quality and Standards in Social Services ("CEKAS") of the National Training Fund, a working group was established in 2010 in order to amend the "Standards of professional competency for facilities and programmes providing professional services to problem drug users and drug addicts" (Kalina et al., 2001). The amendment was prompted by relevant ideas and comments from the professional community which the CEKAS collected in 2007 as part of the evaluation of the first stage of certifications, which were initiated in 2005.

The group comprised David Adameček, Aleš Herzog, Dagmar Krutilová, Jiří Libra – the head of the group, Dušan Randák, Vladimír Sklenář, and Dana Šedivá. Tomáš Klíma, a representative of the Secretariat of the Government Council for Drug Policy Coordination (GCDPC), was also in the team. The working group considered the evidence collected by the CEKAS, other related ideas supplied by the professional community, and the progress of professional debates about requirements for addiction treatment services. The development which addiction treatment (addictological) services experienced in recent years was reciprocally influenced by the process of certification. This process and the expectations it raised have also developed. In addition, it was necessary to incorporate recent legal changes and relevant technical and terminological innovations, as well as taking into account the practical implementation of the quality standards for social work. The year 2012 saw the development of "The System of Specialised Addiction Treatment Services in the Czech Republic", a policy document which was endorsed by both the relevant professional societies in November 2013. The key concepts and requirements articulated in this document with respect to the professional competency of services, the identification and the roles of different types of services within the treatment continuum, and the staff's qualifications also needed to be taken into consideration. It should be pointed out that the updated standards reflect a broad consensus in defining addictological services as multidisciplinary. They build on the concept of the inseparability of health and social care and, like the policy document proposing the system of specialised addiction treatment services in the Czech Republic, make addictological services accessible to the target population of patients/clients who seek help because of their abuse of or dependence on all types of addictive substances, including pathological gamblers.

The working group completed the first stage of their work on the amendment of the standards in 2011. Using feedback generated by the evaluation of the first stage of certifications, it produced its own draft of the first series of the version of the standards. The final draft of the first series was then submitted to the wider professional community for discussion. In this first round of the review process the group considered and incorporated several hundred comments provided in the conventional form of peer reviews. As the first version of the second series, the result was passed on for review to the Ministries of Health and Social Affairs through the GCDPC Certification Committee and to the relevant professional and field organisations (the Society for Addictive Diseases of the Czech Medical Association, the Czech Association of Addictologists, and A.N.O., the Association of Non-governmental Organisations providing addictological and social services for people at risk of addictive behaviour). Their comments were incorporated by the working group in 2012. Thanks to the initiative of the staff of the Secretariat of the GCDPC and a dedicated working group they established, at the end of the same year the special standards were extended to include a tenth special standard for another type of service: "Addiction Treatment Services in Prisons and Follow-up Post-release Care". In 2013 pilot audits were conducted in all ten types of services. In December 2013 the last 91 comments generated by these pilot audits were incorporated.

The final wording of the amended standards, Version 2.5, was prepared by a team of only three members, David Adameček, Jiří Libra, and Dana Šedivá, commissioned to do so by the GCDPC

Secretariat. This final version has been approved by the Government Council for Drug Policy Coordination as the "Standards of professional competency of facilities and programmes providing professional addiction treatment services", subtitled "Standards of services for drug users, dependent users, and pathological gamblers".

In practical terms, the requirements for the amended standards concerned especially a reduction in the total number of items, an increase in their discriminating power and relevance, the more accurate formulations of certain requirements, and the elimination of redundancies and duplications. In general terms, it was demanded that the standards should be structured in such a way as to streamline the audits and ensure that the requirements of the general standards are effectively complemented with their specifications for the type of service in the special standards. It was often demanded that the scoring system should be simplified. Another subject of frequent controversies was the "fundamental" or "essential" requirements (so-called "asterisk" standards), which in practice posed problems for both evaluators and evaluatees. A possibility of the certification being denied because of the failure to meet the criteria of any one item on the "Yes" or "No" logical scale heightened the tension, eventually led to self-censorship and forced tolerance, and triggered demands for remedial instruments.

Willingness to change in response to well-founded requirements was a part of the contract of the working group responsible for the amendment of the standards. The "Standards of professional competency of facilities and programmes providing professional addiction treatment services" are subdivided into a number of sections which correspond to a common structure followed in the operating manuals of the services. The first section describes the mission of the service, its accessibility and affordability, and the rights of patients/clients. The second covers requirements concerning staffing and ensuring the competence of the service. The following sections apply to the patient/client's passage through the service, from entry to its termination, and referral to aftercare, as applicable. The final sections deal with organisational aspects, external relations, the environment, safety measures, and service quality evaluation.

Analysis of the discriminating power of the items (e.g. in terms of what a certain item involves, if a particular requirement is not covered elsewhere, or whether an item refers to a relevant feature of the service) was a part of all the rounds of the review process. In fact, the numbers of items were reduced with each round. Under the initial contract, the working group reached agreement that the standards should be live material so as to reflect the latest developments in the field and be managed and updated in the future by professional organisations. It was also agreed that requirements for services should become more rigorous in the course of time. The standards should always be aligned with the effective legislation. Furthermore, the auditing of procedures and processes being implemented in real-life service operation should be scaled up rather than relying on the procedures being established and only described in the service dossier. The scoring system has been simplified and the perspective it uses has been adjusted to prevent the qualitative and quantitative assessments from being in strict opposition to one another.

The content of the standards has been modified to underline the equality of rights on the part of the service staff and the patients/clients as regards privacy, safety, and conflicts of interest. On the other hand, certain aspects of economic auditing have been eliminated, as there are other effective methods of checking the finances of the services and the certifiers do not have the resources to carry out a thorough economic audit anyway. The acceptance of patients/clients to certain types of services cannot be conditioned on their "motivation to abstain" but rather on their motivation to take up the given service. In general, work with patients'/clients' motivation has been highlighted. In addition, the period of work experience required from senior service staff members has been increased. In some types of services (such as outpatient treatment, residential treatment in therapeutic communities, and aftercare programmes) it is effectively required that new staff members (including fresh school graduates) should not work with clients alone during the first year of their practice.

The standards of professional competency of facilities and programmes providing addiction treatment services lay down the minimum requirements for expertise of services and programmes. Certifications or accreditations which make use of standards of this type express the commitment on the part of the government, in association with professional organisations, to guarantee that the services are geographically accessible and affordable, their practice complies with the internationally recognised standards of professional competency which embodies a broader notion of quality, they are staffed with qualified professionals and adhere to the applicable legal norms, their procedures are in line with established organisational parameters, their documentation is managed with respect to legal, ethical, and practical requirements, and both patients' and staff members' safety and rights are secured. They are not standards providing for particular methods or procedures pertaining to specific cases or diagnoses.

Notes on practical use

The standards of professional competency of facilities and programmes providing addictological services are divided into general and special ones. The general standards contain requirements to be fulfilled by all types of services. They are subdivided into the following seven sections:

1. characteristics of the service (mission, target group, objectives of services, and accessibility and affordability) and rights of the patients/clients;
2. staffing and ensuring the competence of the service;
3. entry of the patient/client into the service (discussions held with a person interested in the service, admission of the patient/client, giving consent – an agreement/contract on the provision of a specialist service);
4. service provision principles, individual plans, record keeping, and service termination;
5. organisation of the service, financing, external relations, and networking;
6. the environment, extraordinary events, and emergencies;
7. evaluation of the quality, safety, and effectiveness of the service.

In its introductory section, each special standard defines the type of service/programme in relation to the target group it is designed for and the role of the service within the therapeutic continuum or in relation to a specific environment in which it is provided. The special standards are drawn up for 10 types of services:

1. detoxification
2. outreach programmes
3. drop-in and counselling services
4. outpatient treatment
5. outpatient day care
6. short-term and medium-term inpatient care
7. residential care in therapeutic communities
8. aftercare programmes
9. substitution treatment
10. addiction treatment services in prisons and follow-up post-release care

Like the general standards, the special standards are subdivided into seven sections:

1. characteristics of the service and target population;
2. staffing and infrastructure of the service and modus operandi of the team;
3. entry into the service, consent/agreement/contract on service provision;
4. professional care, record keeping;
5. termination of the service, or its interruption, and a follow-up care plan;
6. the environment, material and technical infrastructure, and minimum safety;

7. evaluation of the quality, safety, and effectiveness of the service.

When on-site audits/inspections are being prepared and conducted, the similar structure of the general and special standards makes it possible to assess whether the requirements specified under the individual sections have been fulfilled, proceeding from the general to special ones and judging them in their mutual relationships and representations. The total number of items to be assessed during the certification audit is approximately 90-100 (it was double that in the original standards). The lower numbers of both sections and items and their structuring into corresponding units makes it possible to carry out a more thorough assessment and look for further contextual aspects. Rather than checking written documentation for completeness and pertinence ("has established written procedures"), the certifier can pay more attention to examining whether the practice reflects the written procedures ("and adheres to them"). The requirements included in the standards were extended in many places to include formulations that show the practical implementation of procedures that were formally established.

The items in the standards are numbered in ascending order. Accordingly, in the general standards the items are identified by two digits (Item 1 in Section one is denoted as 1.1). The items in the special standards are identified by three digits (1.1.1 stands for Item I, Section 1 of the first special standard, Detoxification).

The number of items has been reduced: the general standards now comprise 63 items, of which 27 are referred to as "fundamental". Notes which interpret the item or recommend how to proceed in assessing the item or specify its content are incorporated into the pertinent items for convenience. Some include cross-references to related items. There are about 30 items in each of the ten special standards.

The points are assigned to the individual items by the decision of the certification team using the following scale:

3 points – accomplished at the level of best practice
2 points – largely accomplished
1 point – partly accomplished
0 points – not accomplished

In methodological guidelines for assessors, "best practice" should be illustrated by examples and the parameters of best practice should be open to discussion. As assessors, we should not relate to our subjective assumptions when evaluating; we need to stay in control of our assumptions and take up the role of an observer who assesses whether an item has been fulfilled against the assignment inherent in the item (standard). We need a clear representation of such an assignment. Best practices need to be understood; it is not enough to expect them to be replicated. Not until then can we infer whether a standard has been accomplished to a large extent or only in part. It is equally important to have a picture of a situation where a requirement must be considered not fulfilled.

If any item is found as objectively not applicable to a programme under assessment, i.e. it is not assessed, it receives the maximum number of points (the previous compensation method has been preserved).

One of the longest and most controversial debates within the working group and the professional community was dedicated to the topic of keeping the "fundamental" items (previously also referred to as "essential" or "asterisk" items). Finally, the opinion that some items should still be identified as fundamental prevailed. While there are statutory obligations to treat certain items as such, the professional community is also convinced about their crucial technical significance. Legal obligations must be observed to the full and efforts must be made to meet the fundamental professional

requirements: they must be the pivotal elements in achieving the professional competency of the service. Thus, at least two points – the largely accomplished level – must be scored for the fundamental items. A score lower than two points for any of the fundamental items is incompatible with the granting of the certificate. This procedure was introduced to eliminate the cases where a service achieved over 90% of the maximum total score, but it was not recommended for being granted a certificate because of one fundamental item, the fulfilment of which was assessed on the Yes/No "logical rating scale". While in training, certifiers should be provided with robust guidelines featuring examples and explanatory notes to help them in assessing and rating the fundamental items.

The points scored for the individual items are added up to provide the total score for the general standards and the total score for the relevant special standard. For a certificate to be granted, at least 80% of the maximum score for both the general and special standards must be obtained. As regards the general standards, this is an equivalent of 151 points. As for the special standards, the number varies with the number of items. The specific figures are indicated at the end of each special standard under "Summary of scoring".

We have kept the identification of sources which are relevant to the assessment of the items. As in the previous version of the standards, we have used the following codes:

WSD – written supporting documents of the organisation (statute, articles of association, rules and regulations, guidelines, manuals, annual reports, Code of Ethics, etc.)
PRP/C – personal records of the patient/client (e.g. medical history or personal file, admission and discharge reports, therapy management, etc.)
PD – programme documents (e.g. minutes from group sessions, community sessions, documents related to extraordinary events, etc.)
HR – human resources (staffing), training, education plan, etc.
ISS – interviews with senior staff (team leaders, heads of services, etc.)
IE – interviews with employees (service staff)
IP/C – interviews with patients/clients
IPS – interview with prison staff (generally with an individual appointed by the prison as the contact person and specified in the contract of collaboration
OO – own observation

These sources should be regarded as recommended rather than the only possible ones.

The rationale for the amended standards was to offer an instrument for mutual assessment and identification, as well as providing a resource for professional communication within the services and among the professional community. The authors did not intend to promote the development of the field in terms of the mere advancement of a discussion as a strategy for dividing and reuniting within different entities. The standards may become a part of the memory of the field by providing a true picture of the state of the services at a certain point in time. Using them may be informal, inspiring, open, and mature.

Jiří Libra, Head of the Working Group, editor of final Version 2.5

GENERAL STANDARDS OF PROFESSIONAL COMPETENCY

1. Characteristics of the Service and Rights of the Patients/Clients (mission, target group, objectives of services, and accessibility and affordability)

The service provider declares the mission and objectives of the professional prevention or care that is provided in compliance with professional and humanistic principles and defines the target group. The position of the services in the system of services is clearly defined. The facility/organisation provides comprehensible and adequate information on itself and its services to the general public and particularly to the potential clients. The service providers are rendered in line with these declarations and information. In the provision of professional care the patients'/clients' rights are respected. The provider examines and defines specific situations in which the patients'/clients' rights could be violated, and sets out the rules in order to guarantee the patients'/clients' rights. The services provided are available at the given place and time.

Number	Description of the standard, sources, and cross-references	Rating scale	Sources
1.1	Specialist services are publicly accessible (Note 1) regardless of the sex, age, and race of the patient/client, his/her political beliefs, religion, legal or social status, mental or physical condition (including being HIV-positive), and socio-economic situation (Note 2), and regardless of the type of substance used and the route of its administration. **Note 1 – interpretation:** *"public accessibility of the service" – a) It establishes the right of every person interested in the service and of the user of the service to equal and free access to the service, regardless of potential discriminatory characteristics – which does not mean that no account is taken of professional criteria and indications for the use of the service, e.g. whether a person who is interested will become a user; b) affordability – which does not necessarily mean zero co-payment or no overhead charges; c) geographical accessibility.* *Certification concerns the particular provider and their services; the standards therefore do not address geographical accessibility (c.), which is the responsibility of public policy, not the individual organisation providing specialist services. The term "accessibility" in this criterion includes "equal access" and "affordability".* **Note 2 – interpretation:** *"accessibility of the service regardless of the socio-economic situation of the client" means that when dealing with a person interested in the service, the service provides the interested person with clear and comprehensible information on any potential payments for the service and necessary information on the more feasible use of the service.*	**FUNDAMENTAL**	**WSD ISS IE**

	Cross-reference: it is related to special standards, in the section "Entry into the service, consent/agreement/contract on service provision".		
1.2	The services are accessible without undue delay (Note 3) which could cause deterioration of the current condition of the patient/client. In the event that the given service cannot provide the necessary services, the person interested in the service or the patient/client is recommended to use another facility (Note 4). The services monitor the use of service capacity (Note 5) and keep waiting lists of persons interested in the service if the demand exceeds the current capacity of the service and the type of service facilitates such a procedure. **Note 3 – interpretation:** *"undue delay" means a delay caused by the service and unjustifiable by adherence to the quality of the service, such as: a) the capacity of an inpatient facility that reflects the composition of the clients/patients and ensures the quality of the course of the therapeutic process; b) the capacity of the professional staff for the provision of the given service, limited especially by economic factors. The service defines the maximum capacity of the service according to the technical and organisational, financial, and staffing conditions. The service is not responsible for shortcomings in the network of services in the region, but it is responsible for the provision of a quality service to the maximum possible extent.* **Note 4 – interpretation:** *it is applied not only in the case of full capacity, but also in the event that the condition of the patient/client during the provision of the service changes to such a degree that another sort of service is needed.* **Note 5 – recommendation:** *the certification team monitors the use of the capacity of the service.*		**WSD PD ISS PRP/ C**
1.3	The services define their role in the system of addiction treatment services at the local, regional, or supra-regional level in line with the current service development strategies.		**WSD ISS**
1.4	The service has a written definition of its mission, objectives, principles governing the provision of services, and the target group of the service. They correspond to professional and humanistic principles. The services provided match the declared objectives and mission.	**FUNDAMENTAL**	**WSD IE IP/C**
1.5	The services provided are rendered to the defined target group.		**WSD PD PRP/ C**
1.6	The service provider implements measures to increase the availability of the service in a manner corresponding to the nature of the target group and the type of the service (Note 6). **Note 6 – interpretation: "***measures" mean the dissemination of*		**WSD PD ISS**

	information on the service, the monitoring of the capacity used and waiting time, the provision of information on other alternatives of professional care to interested persons and their families etc. **Cross-reference:** it is related to General Standard 5.4.		
1.7	The publicly accessible information on the service contains at least the following information: legal form of service provider, identification number, statutory representative and responsible person, registered seat of the service provider and venue of the provision of the service, mission, objectives of the service and the manner of their accomplishment, including the declared attitudes to the protection of users' rights, target group, criteria for service provision, capacity of the service, and price of the service for its users. Moreover, the service provider has a written set of clear and true-to-life information on its services, made available in a form tailored to the needs of the general public and persons potentially interested in the service. The service provider is responsible for the topicality and veracity of information that is made public. **Cross-reference**: it is related to General Standard 5.4.	**FUNDAMENTAL**	**WSD** **ISS** **PD**
1.8	The venue at which the service is provided and the time of the day during which the service is provided correspond to the declared objectives and characteristics of the service, specifics of the environment in which the service is provided, and the needs of the target group in the catchment area. **Note 7 – interpretation:** *this standard concerns the geographical and temporal availability of the service and the assurance of the declared availability of the service (e.g. whether the opening hours of the service take into account the needs of the target group with respect to the nature of the service and its geographical availability, whether the service is provided as stated in the information for the general public, how often the service provision is limited or not rendered at all).* The term "specific environment" means for example the provision of services in the form of outreach or within an institution, e.g. prisons. **Cross-reference:** it is related to General Standards 7.2, 7.3, 1.3, and 1.7.		**WSD** **OO** **IP/C**
1.9	The service provider sets out and observes the relevant Code of Patients'/Clients' Rights and makes it available to the public in a comprehensible form tailored to the needs of the patients/clients. The valid Code complies with the effective laws and regulations (Note 8). **Note 8 – recommendation:** *e.g. Act No 2/1993 Coll., the Charter of Fundamental Rights and Freedoms, the Code of Patients' Rights: the Code issued by the Central Ethics Committee of the Ministry of Health in 1992, the Code of Patients'/Clients' Rights, Act No*		**WSD** **IP/C** **PD**

	372/2011, on Health Services, Section 28, The Code of Ethics and The Code of Patients'/Clients' Rights conforming to the codes of the World Federation of Therapeutic Communities (WFTC), etc. **Cross-reference:** it is related to General Standard 1.7.		
1.10	The service provider sets out in writing the content of the personal records of the patient/client. The service allows the patient/client to adequately familiarise themselves with the content of the personal records (Note 9) kept on him/her in the scope permitted by the law (Note 10), with the ways in which these records containing his/her personal and sensitive data are protected, or with the potential limits of this protection stipulated by the law. **Note 9 – interpretation:** *this requirement involves especially a client's right to information. The service provider determines the scope of the personal and sensitive data on the patient/client collected in his/her personal records, made accessible to the patient/client. It is necessary to distinguish between the personal records of the patient/client and the documentation (records) of activities performed by the service that serves the staff (e.g. notes of the therapist concerning group sessions, notes of the contact person concerning the course of meetings in the contact room, etc.).* **Note 10 – interpretation:** *the records kept on the patient/client are owned by the organisation. The term "adequately" means inspecting the personal records upon request of the patient/client in the presence of an employee of the service (for more information see Act No 101/2000 Coll., Section 21), Act on Health Services No 372/2011 Coll., Section 65, Act No 108/2006 Coll., on Social Services.*	**FUNDAMENTAL**	**WSD** **PRP/C** **IP/C**
1.11	The patient/client is informed about the form, content, duration, and rules of the service provided, its expected benefits and the potential risks or limitations of the care/service, including his/her obligations and behaviour by which he/she can contribute to the accomplishment of objectives of care/service. **Cross-reference:** it is related to General Standard 1.13.		**IP/C**
1.12	The terms and conditions for the provision and termination of the service and potential restrictions on the patient's/client's rights are linked to the type of service and registration of the service, and are applied with the full awareness and informed consent of the patient/client (Note 11), pursuant to the relevant legal norms in force (Note 12). **Note 11 – interpretation:** *this requirement contains the obligation of the service provider to demonstrably ensure the provision of clear information to the patient/client on the terms*	**FUNDAMENTAL**	**WSD** **IE** **IP/C**

	and conditions of the provision of specialist services, as well as their potential limitations, including the criteria for the termination of the programme in the event that the patient/client grossly violates these rules, moreover, about the potential legal restrictions on the rights that are referred to and the consequences for them and for the facility arising from these restrictions. Other potential restrictions on patients'/clients' rights concern e.g. children and adolescents or persons in court-ordered compulsory treatment or treatment stipulated as the court's condition for protective supervision (the so-called "alternative punishment"). In case of children and adolescents, the Act on Health Services, the Act on the Family, the Act on the Social and Legal Protection of Children, the Penal Code, etc. are applied especially. It is always necessary to clearly inform the patient/client, to communicate openly with him/her about a problem that may emerge, and to proceed in such a way as to prevent damage or putting at risk his/her health or life and the weakening of his/her trust in professional assistance. **Note 12 – reference:** *Act on Health Services No 372/2011 Coll., Section 28, Sections 31-36, and Sections 38-41.* **Cross-reference:** it is related to General Standards 1.10 and 1.11. The matters associated with the restrictions on the patient's/client's rights are specified in the special standards.		
1.13	The service provider sets out in writing the procedure for receiving, settling, and keeping records on complaints and adheres to this. The procedure guarantees the patients/clients the right to file a complaint without putting himself/herself at risk, or through a proxy, and to receive information on its settlement, including information on how to lodge an appeal. Any cases of discrimination or abuse of power that may be identified in relation to the provision of the service need to be investigated, with action to be taken and the parties involved, including the service and its staff, being held accountable and facing the consequences. The patients/clients, as well as the service staff, are clearly and demonstrably informed about the receipt and settlement of the complaint (Note 13). **Note 13 – interpretation:** *in low-threshold services, "demonstrability" means the capability to prove the continuous provision of information on complaints, e.g. also by written materials. It does not mean that there is a requirement for the client to sign the records on his/her being informed about the conditions for the filing and settling of complaints. This standard may be limited by the specific environment in which the service is provided - for example, if it is provided in the prison.*	**FUNDAMENTAL**	**WSD PD IP/C IE OO PRP/ C**
1.14	The service provider explores and defines the situations in which the patients'/clients' rights could be violated in relation to the provision of services/professional care. It sets out such	**FUNDAMENTAL**	**WSD PD**

	preventive rules for the provision of services/professional care that effectively prevent the abuse of power and the position of the organisation of the service provider and its staff in relation to patients/clients, as well as the rules for procedures to be applied in cases of such abuse.		
1.15	The service provider investigates the possible conflicts between the professional and personal interests of the staff and the interests of the organisation and the interests of patients/clients. The organisation/facility possesses a description of situations in which a conflict of interest could occur and sets out rules preventing such potential conflicts and the procedures to be followed in situations in which a conflict occurs. The procedures for such situations are elaborated in writing and adhered to by the service.	**FUNDAMENTAL**	**WSD PD**
	15 CRITERIA, OF WHICH 8 CRITERIA ARE FUNDAMENTAL. THE FUNDAMENTAL ITEMS SHALL BE FULFILLED TO SUCH AN EXTENT AS TO RECEIVE A SCORE OF AT LEAST 2 POINTS.		

2. Staffing and Ensuring the Competence of the Service

The service provider shall lay down and apply a method of selection and continuing education and training of employees which complies with the valid legal norms and the needs of the service users and which takes into account the necessity to ensure the operation and competence of the service. The service provider shall guarantee the professional supervision of the service and conditions for the professional growth of its employees.
The service provider shall provide the employees and working teams with conditions for the performance of quality work and define and make available the rules for their work. It shall avail itself of mechanisms that safeguard the professional growth of individual employees, working teams, and their abilities that are necessary for the accomplishment of the objectives and mission of the organisation, and shall also ensure the consistency of employees' objectives with the objectives and tasks of the organisation. The service provider shall see to it that the work procedures that have been laid down are respected and observed and that the employees are engaged in improving the quality of the services provided.

Number	Description of the standard	Rating scale	Sources
2.1	The organisation of the service provider has rules of human resources management established in a written form which complies with the valid legal norms. The induction of newly recruited employees reflects the scope necessary for the qualified work performance of the given work position, while observing the occupational health and safety rules. The organisation has clearly defined rules for the recruitment, selection, remuneration, and employment of employees, including persons with previous or current drug- or alcohol-related problems. The described rules are followed.	**FUNDAMENTAL**	**WSD HR**
2.2	There is a description of the structure and management of the organisation of the service provider. This description clearly	**FUNDAMENTAL**	**WSD**

	specifies powers and obligations of the managerial staff in individual work positions. The professional management of employees at all levels, including trainees and volunteers, is defined and guaranteed.		**HR**
2.3	The service sets out the structure of a multidisciplinary team in writing, giving the number of work positions, job descriptions, and a description of the qualification requirements and basic personal and moral prerequisites. With respect to working teams, the functioning, obligations, powers, and responsibilities of individual employees are clearly defined, including their legal responsibility (Note 14) and the mechanisms for communication between the employees. Both the composition and the number of employees of the service reflect the needs and the current number of patients/clients of the services, as well as the requirements and possibilities of the operation of the service. The service follows these provisions. **Note 14 – interpretation:** *"legal responsibility" means e.g. material liability, professional liability, including the liability for damage caused to the property or health of patients/clients by the employee during the performance of their work, and also e.g. during the performance of a work role or position (e.g. towards the employer).* **Cross-reference:** the special standards in the section entitled "Staffing and infrastructure of the service" specify the composition of working teams.		**WS** **D** **HR** **PD**
2.4	The service provider has clearly established rules for the recruitment, selection, remuneration, and provision of working conditions for external staff, volunteers, and natural persons with whom the employer does not enter into industrial relations, e.g. trainees, volunteers, or external service providers. The organisation employees follow the rules that have been laid down.	**FUNDAMENTAL**	**WS** **D** **HR** **ISS**
2.5	The organisation of the service provider ensures that the employees are familiarised with the general legal norms and internal rules and regulations applicable to their work position. **Note 15 – interpretation:** *e.g. as regards adherence to personal data protection, occupational health and safety rules and regulations, etc.* **Cross-reference:** it is related to General Standards 4.1, 4.3, 4.7, 5.2, 5.7, 6.2, 6.3, 6.4, 6.7, etc.		**WS** **D** **HR**
2.6	The service provider applies a written Code of Ethics for Employees which complies with the Code of Ethics for Patients'/Clients' Rights and other related professional codes of ethics (Note 16). It is proven that the employees are familiarised	**FUNDAMENTAL**	**WS** **D** **HR**

	with the Code and they adhere to it. **Note 16 – recommendation:** *the service can apply the existing professional code of ethics and similar documents such as: Ethics in Social Work – Statement of Principles (International Federation of Social Workers, 2004), the Code of Ethics for Nurses, etc.* **Cross-reference:** it is related to General Standard 1.9.		
2.7	Personal records document cases of violations of the patient's/client's rights committed by the employee and the measures taken. **Cross-reference:** it is related to General Standard 1.13.		**HR**
2.8	The service provider has an established procedure for the regular assessment of employees and teams, including the setting out, development, and fulfilment of the objectives of the service, the tasks of the employees, and the needs for their further professional qualification. This procedure is adhered to (Note 17). **Note 17 – interpretation:** This standard applies in particular to the rights of employees to transparent criteria and rules for evaluation of their work, including the right to the skills upgrading if it is reasonably required.		**WS** **D** **HR** **IE** **ISS**
2.9	The service provider has an established procedure for receiving and settling the complaints of employees and external collaborators (service providers, volunteers, trainees, and the like). Furthermore, there is established procedure for disciplinary procedures.		**WS** **D**
2.10	The service provider has a system in place for the remuneration of employees, consisting not only of monetary rewards, but also other rewards (Note 18). **Note 18 – interpretation:** *the other rewards are e.g. the possibility of improving one's qualifications, presentation of activities at conferences, an announcement of the best employees of the year, a study stay, a promotion to the position of intervisor, etc.*		**WS** **D** **HR**
2.11	The type, place, and time of regular meetings and the way in which minutes are taken are clearly defined. The employees follow this provision. There is a system of two-way communication between the senior management of the organisation and the employees and teams that is considered functional by the employees.		**WS** **D** **PD** **IE**
2.12	The employees have equal access (Note 19) to continuing education and training. The employees are obliged to educate		**WS** **D**

	themselves in areas necessary for effective work performance and good professional practice. They are encouraged to participate in education and training activities related to the bio-psycho-socio-spiritual model of addiction-related disorders and their professional treatment. The same applies to volunteers. The sectoral and professional laws and regulations (Note 20) for the continuing education of professional staff are observed. **Note 19 – interpretation:** *here, just as in the case of external supervision (see Standard 2.16), "equal access" means equal opportunities for all the employees, without discrimination, or, on the contrary, with preference being given to some categories or professions.* **Note 20 – interpretation:** *e.g. regulations of the Medical Chamber or regulations of the Ministry of Health (MoH) governing the continuing education of health professionals and regulations of the Ministry of Labour and Social Affairs (MoLSA) governing the continuing education of social workers and workers in social services.* **Cross-reference:** it is related to General Standard 5.2.		**HR** **ISS** **IE**
2.13	It is proven that the employees are regularly and in accordance with valid regulations trained (Note 21) in first aid methods and procedures, including cardiopulmonary resuscitation, up to the highest standards and in line with the latest trends in this area. **Note 21 – interpretation: Supervisor should have a valid license.**	**FUNDAMENTAL**	**WS** **D** **HR**
2.14	Following discussion on professional competence and growth, including the continuing education of the employee, with the employer or the superior, or the authorised professional supervisor, a plan for the continuing education of individual employees is adopted and implemented. Each employee is informed about his/her education plan. The continuing education and training of employees reflects the identified needs of patients/clients of the service and the trends in services for the respective target group. The education and training of employees is implemented on the basis of a regular analysis of their knowledge, skills, and abilities, in line with individual education plans and the education programme of the organisation.		**WS** **D** **HR** **IE**
2.15	The employees are regularly supervised by a professional supervisor or intervised (Note 22) by an authorised employee with the required qualification with the view to ensuring the quality of the services provided. The same applies to volunteers. **Note 22 – interpretation:** *intervision is the provision of feedback by peers who possess experience and erudition. If an employee is*		**WS** **D** **ISS** **IE** **HR**

	officially authorised to conduct intervision, it becomes a formalised intervision.		
2.16	The employees have equal access to external supervision which is conducted on the basis of a contract with the supervisor. The supervisor is a qualified and reputable expert, working outside the organisation of the service provider. External supervision aims to achieve good professional practice which is in line with the standards and focuses on the following areas: a) knowledge, methods of intervention, and practical skills, b) attitudes of the employee and his/her understanding of his/her professional role, c) the functioning of the team.	**FUNDAMENTAL**	**WSD IE ISS PD**
	16 CRITERIA, OF WHICH 6 ARE FUNDAMENTAL. THE FUNDAMENTAL ITEMS SHALL BE FULFILLED TO SUCH AN EXTENT AS TO RECEIVE A SCORE OF AT LEAST 2 POINTS.		

3. Entry of the Client/Patient into the Service

(Discussions held with a person interested in the service, admission of the patient/client, giving consent – an agreement/contract on the provision of a specialist service).

The service provider has an established procedure, manner, and criteria for the admission procedure and course and termination of professional care. During the admission procedure the provider informs the person interested in the service on the admission criteria and conditions and manner in which the service is provided, identifies his/her needs, and carries out a comprehensive assessment of the patient's/client's condition, resulting in the conclusion of an agreement/contract on service provision.

Number	Description of the standard	Rating scale	Sources
3.1	The service has an established standard form and procedure for the admission and initial assessment (examination) of the patient/client in writing. The established procedure is adhered to. **Cross-reference:** the special standards specify this requirement for the given services in the section entitled: "Entry into the service..."	**FUNDAMENTAL**	**WSD PRP, C IP/C**
3.2	The service has an established written procedure for refusing a person who is interested in the service (Note 23). This procedure is adhered to. **Note 23 – interpretation:** *Act No 108/2006 Coll., Section 91, para (3), which lays down four legal grounds for refusing to conclude a contract on the provision of social services, is applicable to social service facilities. The Act on Health Services No 372/2011 Coll. addresses these matters in Section 48.*		**WSD PD IE**
3.3	The service has defined rules and procedures for the provision of	**FUNDAMENTAL**	**WSD**

	information to a person who is interested (or to his/her legal representative or a person chosen by the person who is interested) on the use of professional care, conditions, objectives, and manners of its provision and on the target group (Note 24). Information is provided to the person who is interested in an articulate manner with respect to his/her situation and possibilities and to such an extent that he/she can recognise whether the given type and form of care meets his/her requirements and he/she is enabled to make an informed choice as to whether to use it or not. **Note 24 – specification:** *In comparison with 1.13., this criterion concerns the provision of information to a person who is interested in the service, on the service provided in general, and on the procedures opted for and adhered to by the service to ensure the provision of information.* **Cross-reference**: it is related to General Standard 1.12. concerning the informed consent of the patient/client with potential restrictions on his/her rights resulting from the conditions of the therapeutic programme, e.g. in prisons or with limitations on services as a result of failure to meet the agreed conditions of the service.		**ISS** **RK/P** **RP**
3.4	The admission and initial examination/assessment of the patient/client is to help identify the optimal intervention and plan for the provision of professional care/specialist services. This is done with the active participation of the patient/client with regard to his/her needs and interests. In addition, potential psychological, psychiatric, and somatic complications are identified to the extent that is possible with respect to the competences (Note 25) of the facility that can have an effect on the course of treatment or provision of other professional care. The service acts in line with this plan. The admission and initial examination/assessment of the patient/client are entered into his/her records. **Note 25 – interpretation:** *specific professional care is provided to or ensured for e.g. patients/clients with psychological and psychiatric complications or potential somatic problems (e.g. HIV, hepatitis A, B, C, etc.).*		**WSD** **PRP/C** **PD**
3.5	The initial examination/assessment of the patient's/client's condition is rounded off by concluding an oral or written agreement/contract on the provision of the service (Note 26). This agreement/contract clearly defines the objective, content, scope, and conditions of the provision of the service, the procedures to be followed in the event of non-compliance with the agreed conditions, the manner and conditions of the termination, and the manner in which the agreement can be modified. The agreement/contract makes it possible for both the user and the provider to cease using the care/service. **Note 26 – references:** *the requirement for the form of the*		**WSD** **PRP/C** **IP/C**

	agreement on the provision of services falling under the Act on Social Services No 108/2006 Coll. is laid down in Division 3, Contract on the provision of social services (Section 91). In the Act on Health Services No 372/2011 Coll., this is covered particularly by Sections 31 and 34-36. **Cross-reference:** it is related to the special standards, the section entitled "Entry into the service..."		
	5 CRITERIA, OF WHICH 2 ARE FUNDAMENTAL. THE FUNDAMENTAL ITEMS SHALL BE FULFILLED TO SUCH AN EXTENT AS TO RECEIVE A SCORE OF AT LEAST 2 POINTS.		

4. Service Provision Principles, Individual Plans, Record Keeping, and Service Termination

The service provider has a written policy and written defined procedures for its main professional activities and record keeping and it adheres to these. An individual plan for the provision of care/the service is elaborated in collaboration with the client and it is evaluated and updated on a continuous basis. The service provider has defined the ways in which the provision of the service can be terminated.

Number	Description of the standard	Rating scale	Sources
4.1	The organisation of the service provider has its organisational rules in a written form. The service has a written service policy (Note 27), rules of operation, and written defined procedures for its main professional activities and these documents are followed in its activities. If fieldwork or work outside the actual workplace is performed, there are clearly defined rules governing such work and these rules are adhered to. **Note 27 – interpretation:** *"organisational rules" is a description of the organisational structure and management processes. The service policy defines the framework of the service and approach to it e.g. within the system of addiction treatment services, or within the local system of social/health services, in prisons, etc.; it comprises the professional and philosophical premises, principles, or rules of the service and its missions and objectives or other characteristics that specify and explain the professional and practical design of the service, also in relation to patients/clients. "Rules of operation" is rules describing the operation of the service itself.* **Cross-reference:** it is related to the General Standards 1.3 and 1.4.	**FUNDAMENTAL**	**WSD IE**
4.2	The suitable type and form of the specialist service ("programme") is identified on the basis of the assessment of the type and extent of substance use, the degree of addiction, and the physical, mental, and social condition of the	**FUNDAMENTAL**	**WSD IE PRP/C IP/C**

	patient/client with regard to the bio-psycho-socio-spiritual nature of the patient's/client's problem. The other somatic or psychiatric problems of the patient/client are also taken into account. The programme matches the needs of the patient/client and supports him/her in achieving optimal physical, mental, and social health and an optimal quality of life.		
4.3	The service has written internal rules for record keeping and the protection of personal and sensitive data on patients/clients. The records comprising personal and sensitive data on the patient/client are protected against misuse (Note 28) and the rights of access to these records are explicitly defined. The patients'/clients' personal data are confidential and are not shared with any other entity without the consent of the patient/client, or unless he/she is notified thereof. There is an exception to this rule, namely when the service provider is obliged by law to provide the data even without the knowledge and consent of the patient/client (Note 29). **Note 28 – interpretation:** *"protection against misuse" also means the encoding of anonymous clients in drop-in centres and outreach programmes. It also covers the technical aspects.* **Note 29 – interpretation:** *this primarily covers the situations to which the so-called reporting obligation applies pursuant to Act No 40/2009 Coll., the Penal Code (see Section 367 – Failure to prevent a criminal offence, larceny as defined in Section 205 (5); Section 368 – Failure to report a criminal offence); Act on Social and Legal Protection of Children No 359/1999 Coll.; Act on the Protection of Public Health No 258/2000 Coll.*	**FUNDAMENTAL**	**WSD** **PRP/C**
4.4	Following the conclusion of the agreement/contract, the individual plan of professional care (Note 30) is drafted in cooperation with the patient/client; this reflects his/her needs and the objectives he/she wishes to attain through the professional care/specialist service and which are achievable with the use of the services, bearing in mind his/her situation. The service encourages the patient/client to articulate and claim his/her needs and objectives. The individual plan is continuously implemented, evaluated (Note 31), and, if necessary, modified with the patient's/client's involvement. **Note 30 – interpretation:** *the individual plan is agreed upon orally or in a written form, but shall always be referred to in the records in line with the procedure established by the service.* **Note 31 – interpretation:** *continuous evaluation of the individual plan means the evaluation of its implementation at given intervals and in a way laid down in the relevant procedures of the service.*	**FUNDAMENTAL**	**WSD** **IE** **PRP/C** **IP/C**

	Cross-reference: it is related to the special standards in the section entitled "Professional care, record keeping".		
4.5	The patient/client can designate other persons from among those close to him/her who shall take part in the development of his/her individual plan. Moreover, the service creates conditions for the involvement of family members or other significant persons close to the patient/client according to the individual conditions and needs.		**WSD** **IP/C** **PRP/C**
4.6	Information and health education aimed at minimising the risks of drug use are always provided, regardless of whether the ultimate goal of the programme is abstinence or not.		**WSD** **IE** **IP/CP** **RP/C** **OO**
4.7	The service provider lays down the scope of the data that are necessary for the safe and quality provision of the service and the records kept by the facility meet the required scope (Note 32). The service keeps thorough and clear records on the course of the service. **Note 32 – interpretation:** *keeping records in line with the Act on Health Services No 372/2011 Coll. Chapter II, Sections 53-69 and also in line with the relevant effective ministerial regulations. Non-healthcare facilities shall have the oral consent of the client to keeping his/her personal records (for more information see Act No 101/2000 Coll. on Personal Data Protection, Section 5 (2) and (4)). In the event of not only personal but also sensitive data being kept, the consent has to be given in writing. If the records are kept anonymously (e.g. under a code), no written consent is required, even in the case of sensitive data. This, however, changes once personal data are communicated that would enable the client to be identified pursuant to Act No 101/2000 Coll.*	**FUNDAMENTAL**	**WSD** **PRP/C** **PD**
4.8	The medicinal products currently used by the patient/client shall be duly stated in the records of the patient/client and the pharmacotherapy shall match the specific needs of the patient/client, the type of addiction-related disorder, addictive substance used, the recognised practice, the latest scientific findings, and the relevant legal norms and methodology of the MoH. **Note 33 – interpretation:** *in services that are not registered pursuant to the Act on Health Services, this criterion is considered to have been met as long as the service proves its endeavours to obtain the data from clients with respect to the manner of the work with the client and potential associated health complications.*		**WSD** **PRP/C**

4.9	The service defines the ways and procedures when terminating the service, including the keeping of records on this process. In indicated cases, when the provision of the service is terminated, the service provider ensures the necessary continuity of professional care, including the issuance of a report on the course and termination of the care. This also applies to cases in which the programme is terminated on the grounds of violation of the rules. **Cross-reference:** the minimum requirements for individual services, including the requirements for record keeping in the event of the termination of the service, are stated in the special standards, in Section 5.		**WSD** **PRP/C** **IE**
	9 CRITERIA, OF WHICH 5 ARE FUNDAMENTAL. THE FUNDAMENTAL ITEMS SHALL BE FULFILLED TO SUCH AN EXTENT AS TO RECEIVE A SCORE OF AT LEAST 2 POINTS.		

5. Organisation of the Service, Financing, External Relations, and Networking

The service is professionally managed in a qualified manner and possesses the relevant mechanisms, tools, and internal rules necessary for the quality and effective operation, management, and further development of the service, including the development of external relations. The organisation of the service provider creates conditions conducive to management that is compliant with the valid norms. The organisation has made an estimate of the financial requirements to cover the foreseen expenditure associated with the provision of services and can support it by evidence.

Number	Description of the standard	Rating scale	Sources
5.1	The service provider has mapped the possibilities of available health (Note 34) and other professional care and other available public services. In order to ensure comprehensive and continuous care the service provider is active in establishing and maintaining relations with other service providers. The service encourages the patient/client to use these services if they are indicated, or establishes contacts with these services on behalf of this patient/client. **Note 34 – interpretation:** *the following portfolio of available professional care should be mapped: information and health education, consultancy, detoxification (inpatient or outpatient), outpatient treatment including outpatient group therapy, intensive outpatient treatment (e.g. treatment in day care centres), short-term and medium-term inpatient treatment, residential care in a therapeutic community, maintenance substitution treatment, a sterile needle and syringe exchange programme, outpatient aftercare, and social rehabilitation, addiction treatment services in prisons and follow-up care.*		**WSD** **PRP/C** **IP/C**
5.2	The service provider has explicitly defined written procedures for cooperation with the police, social workers, case workers of units for the social and legal protection of children (child welfare), probation officers, courts, prison services and other		**WSD** **PD** **PRP/C**

	institutions. The service adheres to these procedures. **Note 35 – interpretation:** *the list of institutions given in this criterion is considered to be a basic list only.* **Cross-reference:** it is related to General Standards 1.12 and 4.3.		
5.3	The procedure for collecting, evaluating, and handing over the statistical data is defined in writing and is adhered to.		**WSD IE**
5.4	The organisation has developed and implemented procedures for work with the media, on the basis of which it manages to approach the target groups of persons. **Cross-reference**: it is related to the patients'/clients' rights; for more information see General Standard 1.7.		**WSD ISS**
5.5	The organisation sets out and observes the rules for the acceptance of gifts (Note 36) and keeps appropriate records thereof. **Note 36 – recommendation:** *it is not recommended to accept gifts from current patients/clients and persons close to them. It is recommended to define small gifts and also to specify gifts which shall not be accepted e.g. on ethical grounds.* **Cross-reference:** it is related to General Standard 1.15.		**WSD RV RZ**
5.6	The budget of the service (programme) for the respective calendar year is drawn up and the responsibility for its control is assigned. **Cross-reference:** it is related to standard 4.1.	**FUNDAMENTAL**	**WSD ISS**
5.7	The service provider sets out and observes the rules for handling deposits (Note 37) and keeps records on these. **Note 35 – interpretation:** *"deposits" mean the tangible assets, money, valuables, and letter post of a patient/client taken into custody by the service provider. If the service does not provide the custody or does so only to a limited extent, these facts shall be stated in the service documents and employees of the service shall proceed in line with them.*		**WSD RK/P**
	7 CRITERIA, OF WHICH 1 IS FUNDAMENTAL. THE FUNDAMENTAL ITEMS SHALL BE FULFILLED TO SUCH AN EXTENT AS TO RECEIVE A SCORE OF AT LEAST 2 POINTS.		

6. The Environment, Extraordinary Events, and Emergencies

The environment and material and technical infrastructure match the capacity and nature of the service provided and patients'/clients' needs. The service provider also sees to it that all the valid generally binding norms are adhered to. The service has established and applied written

procedures, including the powers to address extraordinary events and emergencies, to which the employees, as well as patients/clients, are introduced.

Number	Description of the standard	Rating scale	Sources
6.1	The environment, material and technical infrastructure and facility of the service match the capacity (Note 38), nature of the service, and needs of the patients/clients and employees, and it also takes into account the needs of families or persons close to patients/clients. **Note 38** – **interpretation:** *in this criterion, the capacity refers to the size of the particular premises and nature of the programme/activities performed, i.e. the maximum number of patients/clients on the given premises at any point in time. The nature of the service depends on the nature of the premises and infrastructure in relation to the necessary function of the premises (e.g. a room for group therapy, individual counselling, a space for the exchange of injecting paraphernalia, a room for dispensing substitution, the provision of meals, storage of foodstuffs, medical supplies, measures to ensure that premises are free from addictive substances, etc.). The clients' needs in this criterion are related to the given place and the nature of the activities performed therein (e.g. the need for privacy during counselling, securing intimacy and dignity during toxicological testing, minimum safety in crisis intervention, etc.).* **Cross-reference:** it is related to the Code of Patients'/Clients' Rights in General Standard 1.9, to the restrictions on rights and the informed consent in General Standard 1.12, and to special standards in Part 6 (e.g. a drug-free environment).	**FUNDAMENTAL**	**OO** **WSD** **ISS IE** **IP/C**
6.2	The service provider has a written list of generally binding legislation and norms governing the provision and use of material and technical infrastructure which it shall adhere to. Accordingly, the service has established procedures for cleaning, disinfection, and the prevention and monitoring of infectious and sexually transmitted diseases in patients/clients, i.e. at least of HIV and hepatitis (Note 39). The service follows these procedures (Note 40). **Note 39 – references:** *the relevant legislation means the Decrees of the MoH No 195/2005 Coll., on hygienic requirements for the operation of healthcare facilities, and No 221/2010 Coll., on requirements for the technical and material equipment of healthcare facilities. Act on the Protection of Public Health No 258/2000 Coll.* *The requirements concerning the material and technical equipment of healthcare facilities are laid down in Decree No 221/2010 Coll. In practice, this decree applies only to healthcare facilities established after August 31, 2010. The operators of healthcare facilities established prior to September 1, 2010 still have some time to make their material and technical equipment*	**FUNDAMENTAL**	**WSD** **ISS VP**

	compliant with Decree No 221/2010 Coll. **Note 40 – specification:** *premises for service provision are equipped in accordance with standards and kept clean and tidy.* **Cross-reference**: it is related to the part entitled "Professional care, record keeping" in the special standards.		
6.3	The service has other written rules governing the provision and use of material and technical infrastructure where the generally binding legislation is insufficient. It ensures that the employees, users of services, and the general public are informed about these rules so that they can act in line with them. The service adheres to these rules (Note 41). **Note 41 – specification:** the rules for the use of technical equipment are drawn up and followed, aiming in particular to the safety of patients/clients and the staff and protection of property.		**WSD IE RK/P OO**
6.4	There are written provisions for the prevention of health and occupational risks that are implemented in practice, including the relevant vaccination of staff, as well as for the prevention of health risks among patients/clients in the course of activities performed as a component part of the programmes, such as sports activities and occupational therapy. Service has described these practices, even if it is provided in another institution, such as in prison.		**WSD RK/P ISS IE**
6.5	The service defines the conditions for the provision of minimum privacy (Note 42) to patients/clients, as well as staff, and adheres to them. **Cross-reference:** it is related to the exercise of fundamental human rights and freedoms and to General Standards 1.9 and 1.12. **Note 41 – specification:** privacy can be divided into three zones: an intimate zone, a zone of private life (particularly relations with other persons), and public area. In the case of minimum privacy, we mean the minimum requirements for ensuring personal and intimate integrity of the individual in accordance with the Charter of Fundamental Rights and Freedoms, Art. 7 and 10. The minimum privacy is defined by the organisation and service in order to ensure requirements of patients/clients and staff in the following areas: a) material and technical conditions for the provision of services e.g. the provision of residential services (own bed, bedside table, wardrobe, etc.); b) in the area of performance of healthcare and hygiene procedures; c) in procedures related to the provision of security in particular for residential services (e.g. inspection of personal belongings, testing for the presence of psychotropic and addictive substances; in supervising patients/clients in the premises of the facility, during phone calls or when recording work with clients (e.g. audio-video recordings), dealing with e-mail or letter post, etc.		**OO WSD**

6.6	The service acts in an environmentally friendly manner.		**WSDRK /P RZ OO**
6.7	Extraordinary events and emergencies (Note 43) are assessed and measures are taken to minimise their impacts. Written procedures are established to address them with a view to ensuring safety and security. It is proven that the staff and patients/clients have been informed about them in a clear and adequate manner. The procedures that have been established are adhered to. Adequate records are kept of the course of extraordinary events and emergencies and their solutions. **Note 43 – interpretation:** *an "extraordinary event" means harmful effects of forces and phenomena caused by human activities (a patient's/client's breakdown, an attack on an employee etc.), natural influences (a flood, a gale, slippery ice, etc.), and also accidents (technical defects – a car accident, a water supply system failure or a power outage, etc.), threatening the life, health, property, or safety of the service or environment and necessitating the conduct of rescue, recovery, and other activities to eliminate or prevent further damage. An "emergency" is caused by an extraordinary event or other factors that temporarily threaten or limit the operation or quality of the service (e.g. in consequence of a temporary shortage of financial resources, outbreak of a viral disease, heating system breakdown in winter, etc.).*	**FUNDAMENTAL**	**WSD ISS IE RK/P PD**
	7 CRITERIA, OF WHICH 3 ARE FUNDAMENTAL. THE FUNDAMENTAL ITEMS SHALL BE FULFILLED TO SUCH AN EXTENT AS TO RECEIVE A SCORE OF AT LEAST 2 POINTS.		

7. Evaluation of the Quality, Safety, and Effectiveness of the Service

The service provider sees to it that the services are provided in an effective and quality manner and that there are procedures in place for their further improvement. It encourages the users of services, as well as its own employees, to take part in quality evaluation and improvement.

Number	Description of the standard	Rating scale	Sources
7.1	The service provider defines the written evaluation criteria of the quality, safety, and effectiveness of the service and the method of evaluation. This comprehensive evaluation is carried out periodically, at least once a year (Note 44), with the participation of employees at all the levels. **Note 44 – interpretation, recommendation:** *the standards of quality of social services and professional competency of addiction treatment services shall be considered to be the minimum defined quality criteria. In health services, these matters are stipulated by Act on Health Services No 372/2011*	**FUNDAMENTAL**	**WSD ISS IE**

	Coll., Part 9. The criteria describing the efforts to provide a safe service are the following: a) effort to minimise the risk of damage to the health of patients/clients in consequence of wrongly established procedures, unsuitable conditions for service provision, mistakes made by employees, b) effort to reduce the frequency of extraordinary events, c) measures to prevent burnout syndrome in employees. **Cross-reference:** the minimum criteria of the evaluation of the quality, safety, and effectiveness of the service are defined by the special standards in the section called "Evaluation of the quality, safety, and effectiveness of the service".		
7.2	The service monitors and evaluates whether its mission and objectives are accomplished and whether the ways in which they are accomplished comply with the published declarations. The evaluation that is conducted serves as a basis for the adoption of adequate measures. **Note 45 – interpretation, recommendation:** part of the assessment of the service is not only the quality, safety, and efficiency but as well published statements in which the service makes the commitment to the defined catchment area, target group, general objectives, and the character and nature of the service on what patients/clients and eventually the public can expect from the services. These statements should correspond to reality. Therefore, we recommend that these issues should be kept in mind. **Cross-reference:** it is related to General Standards 1.4 and 1.8.	**FUNDAMENTAL**	**WSD** **ISS IE**
7.3	The service has written rules for the identification of the relevant needs of patients/clients and the level of their satisfaction (Note 46) with the services provided and their course. The service assesses their findings and draws up relevant measures conducive to the improvement of services. **Note 46 – interpretation:** *when ascertaining satisfaction, the service focuses primarily on the satisfaction of patients/clients with the course of the service, the results achieved, the behaviour of employees, the environment, etc.*		**WSD** **ISS** **RK/P**
7.4	An annual or final report (Note 47) summing up the management and results of the services provided is drawn up. **Note 47 – specification:** *the annual or final report comprises at least the annual accounts, the auditor's opinion (if it is audited), the profit and loss account, the balance sheet, the revenues broken down by source, the volume of expenditure (costs), a breakdown of the budget with respect to service provision and the activity of the organisation (administration of the organisation), and the status and changes in the assets and liabilities of the organisation. Moreover, it should include the*		**WSD**

	basic data on the services provided (statistical data). The annual report should be published no later than on June 30 of the following year. **Cross-reference:** it is related to General Standard 1.7.		
4 CRITERIA, OF WHICH 2 ARE FUNDAMENTAL. THE FUNDAMENTAL ITEMS SHALL BE FULFILLED TO SUCH AN EXTENT AS TO RECEIVE A SCORE OF AT LEAST 2 POINTS.			

Summary of scoring of general standards:

A total of 63 standards, of which 27 standards are designated as fundamental, i.e. the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.

The maximum achievable total score is 189 points; the minimum required for the granting of the certificate is 80% of the maximum score, i.e. 151 points.

SPECIAL STANDARDS OF PREFESSIONAL COMPETENCY

1. Detoxification

Inpatient acute standard care provided in order to prevent and treat the withdrawal syndrome associated with the interruption or discontinuation of the use of an addictive substance.

Number	Description of the standard	Rating scale	Sources
1. 1 Characteristics of the service and target population			
1.1.1	The intervention is provided in order to prevent and treat the conditions associated with the interruption or discontinuation of the use of an addictive substance. It is provided in cases in which the vital functions of the organism are not threatened. It involves a short-term inpatient treatment lasting up to three weeks. It differs from services provided by sobering-up stations.		**WSD** **OO**
1.1.2	The service is a component part of the comprehensive system of care provided by a single organisation, or is run as a part of an inpatient healthcare facility or as an independent organisation networked with other specialist facilities and organisations. The service is registered as a healthcare facility.		**WSD** **ISS**
1.1.3	Target group: primarily users of addictive substances who are motivated to undergo detoxification with different manifestations of withdrawal symptoms. **Note 1 – recommendation:** *other reasons for hospital admission can be, for instance, the following: to guarantee abstinence through monitoring prior to entry to abstinence-oriented medium-term or long-term treatment, supervised dosing of a substitution substance at the onset of substitution treatment, or handling acute intoxication in cases in which the vital functions of the organism are threatened.*		**WSD** **PRP/C** **IE** **OO**
1.1.4	Involuntary hospital admission to the detoxification unit is possible in indicated cases and also with respect to the character of the ward and in line with the applicable legislation. **Note 2 – recommendation**: *for example, detoxification in the case of court-ordered compulsory inpatient treatment, involuntary hospital admission when the criterion of being a danger to oneself and others because of mental illness is met, for instance the so-called "police detoxification".* **Cross-reference:** it is related to General Standards 1.11 and 1.12.		**WSD** **PRP/C**
1. 2 Staffing and infrastructure of the service and modus operandi of the team			

Number	Description of the standard	Rating scale	Sources
1.2.1	The programme is managed by a head physician with the relevant qualification. **Note 3 – interpretation**: *the qualification requirements are met by the head physician of the DETOXIFICATION UNIT, not the senior consultant of the superior operational unit of the healthcare facility.* *The head physician has the 1st-grade attestation in psychiatry with the expertise recognised by the Czech Medical Chamber (CMC), or is a physician with the 1st-grade or 2nd-grade attestation in psychiatry, a physician with the 1st-grade or 2nd-grade attestation in addictive diseases, or a physician with the attestation in a basic discipline and a certified course in addictive diseases* **Cross-reference:** it is related to General Standard 2.3.	**FUNDAMENTAL**	**HR ISS IE**
1.2.2	The team is largely composed of health professionals. Employees: physicians, general nurses, addictologists, social workers, therapists, and medical orderlies. **Note 4 – interpretation:** *therapist: for the purposes of these standards a "therapist" means an addictologist or another health professional or non-health professional performing the psychosocial part of the programme for the patients in the detoxification unit under professional supervision. The assignment to the "therapist" position is decided by the head of the programme. The term "psychotherapist" should be reserved for those who specialise in systematic psychotherapy.* **Cross-reference:** it is related to General Standard 2.3.		**HR IE ISS**
1.2.3	Operational arrangements: a non-stop 24-hour hospital service.	**FUNDAMENTAL**	**WSD ISS OO**
1.2.4.	Modus operandi of the multidisciplinary team: team meetings are held at least once a week. The minutes of the meetings are made available to all the team members. **Cross-reference:** the criterion is related to General Standards 2.11 and 5.2.		**WSD PD ISS IE**
1.2.5	Health professionals – a qualified physician and a qualified nurse are available 24 hours a day and are on call in the event of complications. **Note 5 – interpretation**: *the service shall prove the availability of staff (e.g. a physician can be reached round the clock via their mobile phone).*		**ISS IE IP/C OO**

Number	Description of the standard	Rating scale	Sources
1.2.6.	Emergency care: there is a written procedure for referral care and urgent conditions with prearranged specialised health care. **Note 6 – interpretation**: *mere training in first aid methods and procedures, including cardiopulmonary resuscitation, does not suffice.*	**FUNDAMENTAL**	**WSD** **PD ISS**
1.3 Entry into the service, consent/agreement/contract on service provision			
1.3.1	Indication for admission to a detoxification bed and an indicative assessment of the patient's condition is performed by the physician prior to the admission of the patient. The recommendation to admit the patient is desirable, but not necessary.		**PRP/C** **IE IP/C**
1.3.2	Pre-medical assessment of the patient's condition is performed by a qualified nurse immediately after the patient's admission.		**PRP/C** **IE IP/C**
1.3.3	In the event of an involuntary hospital admission, there is a standard procedure in place for reporting and record keeping with regard to the involuntary hospital admission and a procedure governing the care of the patient. Detailed records on the procedure are kept. The procedure for reporting and record keeping with regard to involuntary hospital admission is established in writing. The service adheres to this procedure. **Note 7 – reference**: *accurate rules for an involuntary hospital admission and patients being restricted to their beds are laid down by Act No 372/2011 Coll., on Health Services and the conditions for their provision – Sections 38 and 39, or amendments thereto.* **Cross-reference:** it is related to General Standards 1.11 and 1.12.		**WSD** **PRP/C** **PD**
1.3.4	Medical examination is conducted by a physician on the day of admission. It is performed as soon as possible, depending on the somatic and mental condition of the patient.	**FUNDAMENTAL**	**PRP/CIE** **IP/C**

Number	Description of the standard	Rating scale	Sources
1.3.5.	In the event of the patient being restricted to his/her bed, there is a procedure in place for indication and record keeping on the process of the patient being restricted to his/her bed. Detailed records of this process are kept. A written procedure for the indication and powers to order the patient to be restricted to his/her bed is in place. The procedure is adhered to by the service. **Note 8 – reference**: *accurate rules for an involuntary hospital admission and the patient being restricted to his/her bed are laid down by Act No 372/2011 Coll., on Health Services and the conditions for their provision – Sections 38 and 39, or amendments thereto.* **Cross-reference:** it is related to General Standards 1.11 and 1.12.		**WSD** **PRP/C** **PD**
1.3.6	Information on the detoxification programme is provided to the patient, with regard to his/her current condition, in a comprehensible oral or written form upon the admission of the patient and it is confirmed by the patient by his/her signing the informed consent. **Cross-reference:** it is related to General Standards 1.11, 1.12, and 3.3.		**PRP/C** **IE**
1.3.7	Medical history data are obtained within 24 hours following the admission of the patient by a physician. Where they are obtained by a qualified nurse, or an addictologist, they are later demonstrably verified by a physician and, where necessary, complemented. **Cross-reference:** it is related to General Standards 3.5 and 4.2.		**PRP/C** **IE**
1.3.8	Laboratory and urine tests for metabolites of addictive substances are indicated by a physician upon the patient's admission.		**PRP/C** **IE**
1.3.9	In indicated cases, pregnancy tests are performed on women.		**PRP/C** **IE**
1.4 Professional care, record keeping			
1.4.1	A pharmacotherapeutic plan is created by a qualified physician upon admission with regard to the severity and urgency of the patient's condition, and it is continuously reviewed by a physician.		**PRP/C** **IE**
1.4.2	Medication is governed by the legislation in force and good medical practice and its prescription and administration are clearly recorded in the patient's daily record.	**FUNDAMENTAL**	**PRP/C** **IE**
1.4.3	Care is provided with regard to the current condition of the patient and the form of the care is adapted to this condition: 24-hour (permanent) observation beds, medicated detoxification, non-medicated detoxification.		**WSD** **PRP/C** **IE** **OO**

Number	Description of the standard	Rating scale	Sources
1.4.4	In the event of an urgent condition and the physician's indication, round-the-clock observation by a nurse and checks on the patient's condition by a physician (at intervals of at 8 hours at the most) are ensured with a view to identifying optimal therapeutic instruments.		**WSD PRP/C IE OO**
1.4.5	The daily programme is elaborated in detail and each patient participates in it according to his/her capacity and condition.		**IP/C PD**
1.4.6	Structured activities are included in the daily programme with a view to influencing the patient's attitudes to a change in his/her lifestyle and to increasing (or arousing) his/her motivation to further treatment. They involve an educational programme, motivational training, or other indicated forms of intervention. The detoxification unit also offers patients a portfolio of meaningful activities corresponding to their health condition. **Note 9 – recommendation:** *e.g. exercise therapy and other physical activities, availability of literature, work activities, etc.*		**WSD PD IP/C**
1.4.7	The care provided by the nurse is defined by a detailed protocol, comprising the manner and frequency of the observation of the patient; it is recorded in the daily record of the patient or in separate nursing records.		**PRP/C IE**
1.4.8	Keeping records: the current condition of the patient, the therapeutic procedure, the pharmacotherapy prescribed and administered, and the interventions performed are recorded clearly and in detail in medical records on a daily basis. The epicrisis is included in the records once a week. **Note 10 – interpretation**: *the epicrisis sums up the course of the illness and the health condition of the patient. It is usually written into the case history once a week and includes an estimate of the progress of the patient's condition and the planned procedure.*	**FUNDAMENTAL**	**OO IP/C PRP/C**
1.5 Termination of the service, or its interruption, and a follow-up care plan			
1.5.1	Discharge, transfer, and referral: when the detoxification programme is terminated, continuity of care is to be ensured. The patient is directly transferred to the ward to continue the treatment, or referred to the facility that will provide the necessary additional care. The referral to the additional care is also provided in the event of the early termination of detoxification. **Cross-reference:** it is related to General Standard 4.9.		**PRP/C IE RK**

Number	Description of the standard	Rating scale	Sources
1.5.2	A discharge report is made out upon the discharge of the patient. The discharge report is made out even if the patient is transferred to another ward of the given facility. In the case of subsequent treatment, a detailed discharge report is drawn up and forwarded to the facility providing the subsequent care. **Note 11 – recommendation**: *a preliminary discharge report handed over to the patient upon his/her discharge, in the event that subsequent treatment is not provided immediately or at all, is perceived as a minimum.* **Cross-reference:** it is related to General Standard 4.9.		**PRP/C IE**
1.6 The environment, material and technical infrastructure, and minimum safety			
1.6.1	Meals and specific diets comply with the hospital standards and hygiene norms.		**IP/C PD**
1.6.2	The detoxification unit has strategies for creating and protecting a drug-free environment and the drug-free environment is guaranteed. **Note 12 – interpretation:** *"a drug-free environment" means a space with no alcohol or other addictive substances available. The exception is medicinal drugs administered on the basis of a physician's indication and under the supervision of professional staff. The handling of medicinal drugs is specified in standard 1.6.3.*	**FUNDAMENTAL**	**WSD ISS OO PD**
1.6.3	Special safety requirements: medicinal drugs that are subject to the registration of addictive substances, preparations, and precursors are secured against misuse and their handling and documentation comply with special legislation. **Note 13 – reference**: *see Act No 167/1998 Coll. on Addictive Substances, and implementing legislation (Decree No 304/1998 Coll.).*	**FUNDAMENTAL**	**WSD ISS OO**

Number	Description of the standard	Rating scale	Sources
1.7 Evaluation of the quality, safety, and effectiveness of the service			
1.7.1	The quality, safety, and effectiveness of the specialist programme are evaluated regularly. The quality, safety, and effectiveness of the service are evaluated at least against the following criteria: a) utilisation of bed capacity, b) structure of patients by preferred addictive substance and trends, c) percentage of patients who completed the programme and percentage of patients who continue the treatment, d) reasons for the patients' early termination of treatment, e) repeated hospital admission, a) frequency and type of extraordinary events and regime complications, f) patients' complaints, g) feedback from therapeutic facilities to which the patients are referred. It is necessary to continuously perform analyses of the effective factors and complications of the programme, as well as case work, at meetings and during supervision. **Cross-reference:** it is related to General Standards 7.1 and 7.2.		**WSD** **ISS PD**
Total score: the total number of standards is 33; the maximum achievable score is 99 points. The number of fundamental items is 8.			

Summary of scoring

A total of 33 standards, of which 8 standards are designated as fundamental; the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.
The maximum achievable total score is 99 points; the minimum required for the granting of the certificate is 80% of the maximum score, i.e. 79 points.

2. Outreach Programmes

The service involves involve the service of actively seeking, establishing contact, frontline "contact work", counselling, and healthcare and social work in the natural and social environment of drug users. The service is driven by a harm reduction approach (including the possibility of an exchange programme for injecting paraphernalia) with a view to strengthening the motivation of the client to change his/her lifestyle and risk behaviour and to seek other relevant services. The target groups of the service are problem drug users, recreational drug users, experimenters or those engaging in the harmful use of addictive substances, including alcohol, and persons at risk of pathological gambling.

Number	Description of the standard	Rating scale	Sources
2.1 Characteristics of the service and target population			
2.1.1	The service performs outreach "contact" work in the natural environment of the client. It actively seeks the target group, reduces the health and social risks associated with problem drug use, and strengthens the motivation of persons to change their lifestyle and risk behaviour and to seek further professional assistance. The service is registered as a healthcare facility.		**WSD ISS**
2.1.2	The target groups of the service are the following: - primarily problem users of addictive substances, - recreational drug users who are at risk of health damage caused by the use of addictive substances, and also: - persons experimenting with or engaging in the harmful use of addictive substances, including alcohol, - persons at risk of pathological gambling. **Note 1 – recommendation:** *the certification team assesses whether the facility defines and contacts the target group to which the service is actually rendered on the basis of the need and situation in the location of its operation.*	**FUNDAMENTAL**	**WSD, PRP/C IE OO**
2.1.3	The facility seeks and actively approaches persons belonging to the target group who are not in contact with the addiction treatment services.		**WSD PRP/C IE OO**
2.2 Staffing and infrastructure of the service and modus operandi of the team			

Number	Description of the standard	Rating scale	Sources
2.2.1	The service is managed by an employee who has completed at least tertiary/higher vocational education or gained a bachelor's degree. The employee also has one of the following qualifications: - social worker (pursuant to Act No 108/96 Coll.) - addictologist - general nurse - another qualification in a field relevant to work with people (Note 2). The employee has had at least three years of practical experience in addictological services. The employee has expertise in the prevention and treatment of drug addictions *(Note 3)*. **Note 2 – interpretation:** in the event of "another qualifications in a field relevant to work with people", the provider shall give reasons to prove the suitability of the qualification. **Note 3 – interpretation:** *expertise in the field of drug prevention and treatment refers to completed training in crisis intervention, motivation building (motivational enhancement), and counselling, and traineeships in drop-in centres, outpatient treatment facilities, and therapeutic communities.* **Cross-reference:** it is related to General Standard 2.4.	**FUNDAMENTAL**	**HR ISS IE**
2.2.2	Outreach workers are at least 21 years old and have completed secondary education. The employees also have at least one of the following qualifications: - social workers - healthcare assistant - medical orderly - another qualification in a field relevant to work with people. The employee has expertise in the prevention and treatment of drug addictions. **Note 4 – interpretation:** *"expertise in the prevention and treatment of drug addictions" means training in crisis intervention, work with motivation, and completed traineeships in the drop-in centres and counselling services during the first year of practical experience in addictological services. In the event of "another qualification in a field relevant to work with people", the provider shall give reasons to prove the suitability of the qualification.*		**HR IE ISS**

Number	Description of the standard	Rating scale	Sources
2.2.3.	If the service uses the work of current drug users, it shall define the relevant work procedures in writing and adhere thereto in practice, with regard to: - the protection of these workers against relapse and the deterioration of their condition - the protection of the target group against unprofessional steps taken by these workers - a clear understanding of the work role of these persons by the target group. **Note 5 – interpretation:** *outreach programmes can cooperate with current drug users who have access to the closed drug scene. These persons have to be at least 21 years old and with a long-term history of drug use (at least 4 years, the persons play a key role in their reference group, and they are stable in terms of housing, use, and ability to maintain contacts). It is unfitting to engage clients aiming at abstinence for this activity. The organisation shall provide the active users with adequate rewards for their work, methodological guidance, training, and professional guidance. For the target group, the role of an active user implementing an exchange programme should be clearly distinguished from the role of outreach workers.*		**WSD RP IP/C**
2.2.4	If the service uses the work of volunteers, it shall define the relevant work procedures in writing and adhere to these in practice, with regard to the protection of the target group against unprofessional steps taken by these workers, and a clear understanding of the work role of these persons by the target group.		**WSD RP IP/C**
2.2.5	The service defines the procedure for sharing information on patients/clients and on operation-related matters in the team. The procedure comprises at least the following: the manner in which shifts are handed over between employees and the rules governing the course of meetings and team conferences and participation in these. Team meetings are held at least once a week, team conferences at least twice a year. The minutes are available to all the team members. The service adheres to these procedures. **Note 6 – interpretation:** *the team conference is usually a whole-day meeting of all the members of the team, which consists of a specialised agenda focused on a specific topic related to the current situation in the service or the work in the service in general, a longer meeting concerning the clients, a detailed analysis of a complex case, a discussion about the development plan of the facility, about meeting the standards of professional care, and updating the rules or the operational manual, etc.* **Cross-reference:** it is related to the General Standard 2.11.		**WSD ISS RP**

Number	Description of the standard	Rating scale	Sources
2.2.6	Operational arrangements: depending on the nature of the programme, with fixed operating hours which are derived, inter alia, from the needs of the target group. The service defines in writing in what manner the staffing and the operating times are guaranteed and adheres to the procedures that have been laid down. **Cross-reference:** it is related to General Standard 1.8.	**FUNDAMENTAL**	**WSD** **OO ISS** **IP/C**
2.3 Entry into the service, consent/agreement/contract on service provision			
2.3.1	The service defines in writing the form and course of the first contact, with account being taken of the specific features of the target group. During the first contact, the service provides information in a comprehensible manner on the nature of the service and the rules governing the use of the services. The procedures that are laid down are adhered to in practice. **Cross-reference:** it is related to General Standards 1.7 and 3.1.		**WSD** **PRP/C** **ISS**
2.3.2	During the first contact, the service explores in an appropriate manner whether the person belongs to the target group of the programme and ascertains the expectations of persons concerning the service that is provided and needed medical history data. **Note 7 – interpretation:** *basic medical history data are the following:* - *age and length of drug career* - *manner and scope of the use of addictive substances* - *risk behaviour in terms of the risk of transmission of infectious diseases.* **Cross-reference:** it is related to General Standard 3.3.		**PRP/C** **IE**
2.3.3	The service concludes an agreement on the providing of services with the person interested in the service. The agreement (in its scope and form) matches the scope and nature of the services that the person interested in the service wishes to use. **Cross-reference:** it is related to General Standard 3.5.		**PRP/C**
2.4 Professional care, record keeping			
2.4.1	The service sets out when and in what form it shall assess the condition of the client and keep records thereof with the aim of assessing the suitability of counselling, treatment, or other professional assistance. On the basis of the assessment of the client's condition, the service, together with the client, plans the provision of services according to his/her current needs and capacities, directed at harm reduction, a change of lifestyle, treatment, or acceptance of another type of professional assistance. **Cross-reference:** it is related to General Standard 4.4.		**WSD** **PRP/C** **ISS IE** **IP/C PD**

Number	Description of the standard	Rating scale	Sources
2.4.2	The service implements an injecting paraphernalia exchange programme (Note 8) within the framework of a harm reduction strategy. The facility possesses adequate conditions for this activity, as well as defined written procedures which are adhered to by the employees (note 9) **Note 8 – interpretation:** *within the exchange programme, the used needles and syringes are collected and injecting paraphernalia are distributed. The way of the collection and distribution is set by the service with regard to ensuring the protection of public health and health and safety of the employees of the service.* **Note 9 – interpretation, reference:** the assessment of this standard depends on the target group of the service (see standard 2.1.2.). If the service is intended for non-injecting drug users, the standard is considered to be fully achieved.		**WSD** **PRP/C** **ISS IE** **IP/C PD**
2.4.3	The service distributes paraphernalia in order to reduce the risk of health damage and the transmission of infectious diseases. The facility possesses adequate conditions for this activity, as well as defined written procedures which are adhered to by the employees. **Note 10 – recommendation:** *the basic paraphernalia for reducing the risk and transmission of infectious diseases means the following: sterile water for injections, disinfectant alcohol swabs, ascorbic acid, aluminium foil, capsules, cotton filters and basic medical supplies (sticking plaster/patches, bandages). The range of supplies should comply with the objectives of the service and the nature of the target group.*		**WSD** **PRP/C** **ISS IE** **PD**
2.4.4	The service has established procedures for the provision of counselling concerning the treatment options and social inclusion, including arranging for these options. The employees are familiar with these procedures and apply them in practice. **Note 11 – interpretation:** *the "treatment options" mean detoxification, outpatient treatment, inpatient treatment, and therapeutic communities. The social inclusion options mean especially the acquisition of IDs, social benefits, unemployment-related matters, and housing for homeless people.* *The procedures may also comprise assistance and the delivery of clients to treatment and other institutions, such as escorting the user to medical treatment or to the authorities, assistance when entering the addiction treatment, and support for maintaining of patients/clients in the treatment continuum.*	**FUNDAMENTAL**	**WSD** **PRP/C** **ISS IE**
2.4.5	The service provides and/or arranges for testing for blood-borne diseases, including pre-testing and post-testing counselling. **Note 12 – interpretation:** *the term "blood-borne diseases" refers to at least testing for HIV and viral hepatitis C.*		**WSD** **PRP/C**

Number	Description of the standard	Rating scale	Sources
2.4.6	The service provides the clients with comprehensible information on reducing the risks associated with drug use, including printed guidelines.		**WSD ISS PD**
2.4.7	The service provides basic medical attendance. For this activity, the employees possess adequate education, equipment, and written defined procedures which they adhere to. **Note 13 – interpretation:** *the written defined procedure sets out:* - *treatment that can be provided by the employee* - *the treatment procedure, with an emphasis on the protection of the health of both the employee and the client* - *the manner in which the records of the treatment should be kept* - *the manner in which education and training are to be provided to the employee.*		**WSD PRP/C ISS IE**
2.4.8	The service has established work procedures for supporting the motivation of clients to change their risk behaviour. Outreach workers are familiar with these procedures and apply them in practice.		**PRP/C ISS IE IP/C**
2.4.9	The service has a written defined procedure for work with clients in crisis. Outreach workers are trained in crisis intervention; they are familiar with the procedures for work with a person in crisis and adhere to them.		**PRP/C ISS IE IP/C**
2.4.10	The service sets out in writing a procedure for contacting the police and adheres to it in practice. **Note 14 – interpretation:** *the procedure primarily outlines the way the employees shall act:* *- in case the police ask them to produce their IDs during the implementation of an exchange programme* *- in case the police ask for information on the programme's clients.* **Cross-reference:** it is related to General Standard 5.3.		**WSD PD**
2.4.11	There is an established procedure for producing the ID of outreach workers and its verification while at work.		**WSD PRP/C IP/C**
2.4.12	The service has established written principles for keeping anonymous records and adheres to them in practice. **Note 15 – interpretation:** *anonymous records can be assigned an agreed code, or no code or other designation. Where it is efficient, the service processes the personal data of patients/clients on the basis of their informed consent.* **Cross-reference:** it is related to General Standards 1.10 and 4.3.	**FUNDAMENTAL**	**WSD PRP/C OO**

Number	Description of the standard	Rating scale	Sources
2.5 Termination of the service, or its interruption, and a follow-up care plan			
2.5.1	The service has a written defined procedure for the termination and interruption of the provision of the service to the patient/client. The procedure is followed, bearing in mind the safety of all the persons involved. When interrupting or terminating the service provision, the service proceeds in such a way as to prevent the increase of risks to the health of persons and to public health. **Note 16 – interpretation:** *when interrupting or terminating the provision of the care/service to the client on the grounds of violation of the rules, the service informs the client where he/she can easily get the paraphernalia for safe drug use.* **Cross-reference:** it is related to General Standard 4.9.	**FUNDAMENTAL**	**WSD** **PRP/C** **IP/C**
2.6 The environment, material and technical infrastructure, and minimum safety			
2.6.1	Each employee is trained in handling potentially infectious material, with maximum attention being paid to the protection of his/her health and in compliance with legislation governing the handling of hazardous waste. The same applies to voluntary and external fellow-workers. **Cross-reference:** it is related to General Standard 6.4.	**FUNDAMENTAL**	**WSD** **ISS RP** **OO**
2.6.2	The service has a written defined procedure for the collection, storage, and disposal of infectious material with regard to the safety of patients/clients and employees. The facility proceeds in compliance with the defined procedure.		**WSD** **ISS/P**
2.6.3	The service defines in writing its work procedures for outreach work in public spaces, restaurants and on the occasion of public events and adheres to them in practice. **Note 17 – interpretation**: *if the facility does not perform its work in restaurants and on the occasion of public events, the information that this form of work is not performed is sufficient.*		**WSD** **ISS RP** **OO**

Number	Description of the standard	Rating scale	Sources
2.6.4	The service defines written procedures for work in the dwellings of drug users and for visiting users in healthcare centres and other facilities and adheres to these procedures in practice. The service defines in writing whether and in what manner its users can use the premises and equipment of the service and adheres to it in practice. **Note 18 – interpretation:** *if the service does not perform work in people's homes and in privacy (a squat or other premises perceived by service users as their own place), it is enough to provide the information that this sort of work is not performed.* *The work procedures concerning "visiting" define whether and in what manner the employees of the service would visit the client e.g. in a hospital, an asylum house, in prison, and the like.* *The "premises and equipment of the service" mean e.g. the office of outreach workers, as long as the users have access to it under certain conditions, or a car used in the outreach programme, as long as the users have access to it.*		**WSD** **ISS RP** **OO**
2.6.5	The service establishes a written procedure for cases in which an employee meets with violence during his/her outreach work and adheres to it. **Note 19 – interpretation:** *the procedure sets out whether and in what manner the employee would intervene in a conflict between clients or other persons, whether or how he/she would notify the police of the violence, and in what way the situation would be entered into the records.*		**WSD** **ISS RP**
2.6.6	The service sets out a written procedure for outreach work in potentially dangerous places and in unknown settings and adheres to it in practice. This work is not performed by a single worker. **Note 20 – interpretation:** *the procedure defines the potentially dangerous places and the ways in which the employees shall proceed in these places. It does not apply to engaging ex-user workers.*		**WSD** **ISS RP**
2.6.7	The service sets out a written procedure for cases in which the employees of the service come across information on the criminal activity of persons and adheres to it in practice.		**WSD** **PD**

Number	Description of the standard	Rating scale	Sources
2.7 Evaluation of the quality, safety, and effectiveness of the service			
2.7.1	The quality, safety, and effectiveness of the specialist programme are evaluated regularly. The quality, safety, and effectiveness of the service are evaluated at least against the following criteria: a. number and structure of contacts, b. number of newly approached and contacted drug users, c. estimate of the number of problem drug users in the location, percentage of users in active contact, calculations of the drug scene in the given location being covered by medical supplies intended to reduce injecting drug use-related harm, d. structure of counselling, with emphasis being put on the share of counselling focused on motivation to change lifestyle and on harm reduction, e. use of individual services, f. share of clients involved in counselling and its outcomes, g. number of referrals to other facilities. It is necessary to continuously perform analyses of the effective factors and complications of the programme, as well as case work, at meetings and during supervision. **Cross-reference:** it is related to General Standards 7.1 and 7.2.		**WSD** **PD**
Total score: the total number of standards is 33; the maximum achievable score is 99 points. The number of fundamental items is 8.			

Summary of scoring

A total of 33 standards, of which 8 standards are designated as fundamental, i.e. the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.

The maximum achievable total score is 99 points; the minimum required for the granting of the certificate is 80% of the maximum score, i.e. 79 points.

3. Drop-in and Counselling Services

Low-threshold services focus on establishing contacts with the target group, frontline "contact work", counselling in the field of addiction prevention and treatment, building the motivation of patients/clients, social work, and selected healthcare interventions. They aim especially to reduce the risks associated with problem drug use (including the possibility of an injecting paraphernalia exchange programme) and to enhance the motivation of patients/clients to change their lifestyle and risk behaviour and to seek further professional assistance. Apart from counselling, the service provides assessment of the patient's/client's condition and referral for further treatment. It also ensures conditions for maintaining personal hygiene. The target groups of the service are persons using addictive substances, problem and recreational drug users, persons experimenting with or engaging in the harmful use of addictive substances, including alcohol, and persons at risk of pathological gambling.

Number	Description of the standard	Rating scale	Source
3.1 Characteristics of the service and target population			
3.1.1	The service reduces the risks associated with problem drug use and enhances the motivation of persons to change their lifestyle and risk behaviour and to seek further professional assistance. The service provides counselling on addiction prevention and treatment, assessment of the client's condition, social work, and referral for further treatment. The service also provides conditions for practising personal hygiene. It is registered as a health and/or social service.		**WSD ISsue**
3.1.2	The target groups of the service are the following: - primarily problem substance users, - persons experimenting with or engaging in the harmful use of addictive substances, including alcohol, and also: - persons with substance dependence, - persons at risk of pathological gambling, - family members and persons close to these target groups. **Note 1 – recommendation:** *the certification team assesses whether the facility defines and reaches the target group to which the service is actually provided in line with the evaluation of the situation and needs in the location of its operation.*	**FUNDAMENTAL**	**WSD PRP/C IE OO**
3.2 Staffing and infrastructure of the service and modus operandi of the team			

Number	Description of the standard	Rating scale	Source
3.2.1	The service is managed by an employee who has completed at least tertiary/higher vocational education or obtained a bachelor's degree. The employee also has one of the following qualifications: - social worker (pursuant to Act No 108/2006 Coll.) - addictologist - physician - general nurse - another qualification in a field relevant to work with people (Note 2). The employee has had at least 3 years of practical experience in addictological services. The employee has expertise in the prevention and treatment of drug addictions (Note 3). **Note 2 – interpretation, recommendation:** *one of the defined qualifications has to be met. In the event of "another qualification in a field relevant to work with people", the provider shall give reasons to prove suitability of the qualification.* **Note 3 – interpretation:** *"Expertise in the prevention and treatment of drug addictions" means:* - *completed training in crisis intervention, motivation building, and counselling (it is not necessary to attain the training in certified courses, internal education suffices)* - *completed traineeships in drop-in centres, outreach programmes, outpatient treatment facilities, and therapeutic communities.* **Cross-reference:** it is related to General Standard 2.3.	**FUNDAMENTAL**	**HR** **ISsue IE**

Number	Description of the standard	Rating scale	Source
3.2.2	The contact workers are at least 21 years old and have completed secondary education and gained at least the following qualification: - addictologist - social worker - healthcare assistant, medical orderly - another qualification in a field relevant to work with people. ***The worker has knowledge in the field of the prevention and treatment of drug addictions.*** **Note 4 – interpretation:** *one of the defined qualifications has to be satisfied. In the case of "another qualification in a field relevant to work with people", the provider shall give reasons to prove the suitability of the qualification. The certification team assesses the qualification during a discussion.*		**HR IE ISS**
3.2.3	The service defines the procedure for sharing the information on patients/clients and on operation-related matters in the team. The procedure comprises at least the following: the manner in which shifts are handed over between employees and the rules governing the course of meetings and team conferences and participation therein. Team meetings are held at least once a week, team conferences at least twice a year. The minutes are available to all the team members. The service adheres to these procedures. **Note 5 – interpretation:** *the team conference is usually a whole-day meeting of all the members of the team, which consists of a specialised agenda focused on a specific topic related to the current situation in the service or the work in the service in general, a longer meeting concerning the clients, a detailed analysis of a complex case, a discussion about the development plan of the service, about meeting the professional competency standards, and about updating the rules or the operational manual, etc.* **Cross-reference:** it is related to General Standard 2.11.		**WSD ISS RP**
3.2.4	Operational arrangements: depending on the nature of the programme, with fixed operating hours which are derived, inter alia, from the needs of the target group. The service defines in writing how it guarantees the staffing and the operating times and adheres to the established procedures. **Cross-reference:** it is related to General Standard 1.8.	**FUNDAMENTAL**	**WSD OO ISS IP/C**
3.3 Entry into the service, consent/agreement/contract on service provision			

Number	Description of the standard	Rating scale	Source
3.3.1	The service defines the manner and course of the first contact with regard to the specific features of the target group. During the first contact the service provides information on its nature and the conditions of its use.		**WSD PRP/C ISS**
3.3.2	The service ascertains the medical history data and expectations of persons interested in the service which determine whether the person who is interested belongs to the target group. **Note 6 – interpretation:** *the service (with account being taken of the current condition of the person who is interested) ascertains at least the following data:* - *age and length of drug career* - *manner and scope of the use of addictive substances* - *the most risky behaviour in terms of the risk of the transmission of infectious diseases* - *health condition* - *social situation and current lifestyle* *The service defines the length of the "first contact" period on the basis of the possibilities and needs of the target group.*		**PRP/C IE**
3.3.3	The service concludes an agreement/contract on the provision of services with the person interested in the service. The agreement is (in its scope and form) appropriate to the scope and nature of the services that the person who is interested wishes to use. **Note 7 – recommendation:** *if the person who is interested wants to participate in the injecting paraphernalia exchange programme or to obtain information to a limited extent, the service opts for a form of oral agreement for which the requirements do not discourage the person from using the service.* *If the person who is interested wants to use the service on a long-term basis or take part in the process of counselling, it is fitting to conclude an agreement that thoroughly describes the objective of cooperation in the provision of the service, as well as the rights and obligations of the parties thereto.* **Note 8 – interpretation:** *the social service abides by the Act on Social Services; an informed consent is usually obtained by healthcare facilities.* **Cross-reference:** it is related to General Standard 3.5.		**PRP/C**

Number	Description of the standard	Rating scale	Source
3.3.4	The service defines when and how it assesses the patient's/client's condition and keeps records thereof with the view to assessing the suitability of counselling, treatment, or other professional assistance. The service abides by the defined procedures. **Note 9 – interpretation:** *when assessing the patient's/client's condition, the service takes into account his/her potential serious somatic and psychiatric complications and lays down the procedures to be followed if such complications occur.*		**PRP/C** **ISS**
3.3.5	The service seeks to provide a low threshold for the entry of the defined target group. **Note 10 – interpretation:** *the service designs rules (conditions for providing the service) that facilitate the entry of the determined target group into the service.*		**ISS IE** **IP/C OO**
3.4 Professional care, record keeping			
3.4.1	On the basis of the assessment of the patient's/client's condition, the service, with the active involvement of the patient/client, plans the objectives and the manner of provision of the service according to his/her current needs and capacity. The general goal is directed at a change of lifestyle, treatment, or acceptance of other professional assistance.	**FUNDAMENTAL**	**WSD** **PRP/C** **ISS IE** **IP/C** **PD**
3.4.2	Within the framework of the counselling process, each patient/client has a designated qualified employee responsible for the management of its course and record keeping. **Note 11 – interpretation:** *the service defines the scope and requisites of the counselling interview and counselling process. The "counselling process" means having at least two consecutive one-to-one counselling interviews with the client.*		**WSD** **PRP/C** **ISS IE** **IP/C** **PD**

Number	Description of the standard	Rating scale	Source
3.4.3	The service implements the injecting paraphernalia exchange programme as part of a harm reduction strategy. The service possesses adequate conditions for this activity and defines written procedures that are adhered to by the employees. **Note 12 – interpretation:** *within the exchange programme, the used needles and syringes are collected and injecting kits are distributed. The ratio between the collection and distribution is determined by the service with regard to the ensuring the protection of public health.* *The procedure for the exchange of injecting paraphernalia contains a description and definition of:* *- the manner in which the privacy of clients in the exchange programme is ensured* *- the manner in which the exchange process is conducted* *- the manner in which the employees obtain information on the risk behaviour of clients and subsequently use this information.* .		**WSD PRP/C ISS IE PD**
3.4.4	The service distributes the paraphernalia in order to reduce the risk of damage to health and the transmission of infectious diseases. The facility possesses adequate conditions for this activity, as well as defined written procedures which are adhered to by the employees. **Note 13 – recommendation:** *the basic paraphernalia for reducing the risk and transmission of infectious diseases means the following: sterile water for injections, disinfection alcohol swabs, ascorbic acid, aluminium foil, capsules, cotton filters, and basic medical supplies (sticking plaster/patches, bandages). The offer of supplies should comply with the objectives of the service and the needs of the target group.*		**PRP/C ISS IE**
3.4.5	The service provides the opportunity to practise basic personal hygiene. For this activity the service has adequate conditions and written defined procedures which are adhered to by the employees. **Note 14 – interpretation***: a basic hygiene service refers to the possibility of using a toilet, washing oneself, and having a shower. Doing laundry and having a shave is a part of supplementary programmes.*		**WSD PRP/C**

Number	Description of the standard	Rating scale	Source
3.4.6	The service has defined procedures for establishing contacts with the patient/client, building confidence, and maintaining the contact. The employees are familiar with these procedures and apply them in practice. The service has defined work procedures encouraging changes in risk behaviour and the minimisation of the health and social harm associated with the use of addictive substances and risk behaviour posed to the person or society. The employees are familiar with these procedures and apply them in practice. **Note 15 – interpretation:** procedures collectively referred to as "relapse prevention" are being used.		**WSD** **ISS PD**
3.4.7	The service has defined procedures for the provision of counselling concerning the treatment options and the referrals to suitable therapeutic or other specialist services. The employees are familiar with these procedures and adhere to them. **Note 16 – interpretation:** *treatment options mean detoxification, outpatient treatment, inpatient treatment, and therapeutic communities.*	**FUNDAMENTAL**	**PRP/C** **ISS IE**
3.4.8	The service has defined procedures in the field of social work with a view to stabilising and improving the social conditions of the patient/client, avoiding social exclusion or minimising its consequences. Workers follow these procedures. **Note 17 – interpretation:** *this involves social work focused on support in the area of housing, education, employment, arranging for IDs, social benefits, interpersonal relationships, contacts with law enforcement bodies, etc.*		**WSD** **RP** **PRP/C**
3.4.9	The service provides basic medical attendance. The service possesses adequate conditions and has written defined procedures for this activity which are adhered to by the employees. **Note 18 – interpretation:** *the written defined procedure sets out:* - *the treatment that can be performed by the employee* - *the treatment procedure, with emphasis on the protection of the health of both the employee and the client* - *the manner in which the records of the treatment are kept* - *the manner in which education and training are provided to the employee.* *"Adequate conditions" mean premises suitable for the provision of medical attendance (in terms of privacy, hygiene, and technical conditions).*		**PRP/C** **ISS IE** **IP/C**

Number	Description of the standard	Rating scale	Source
3.4.10	The service provides testing for blood-borne diseases, including pre-test and post-test counselling. For this activity, the service has adequate conditions and written defined procedures that are adhered to by the employees. **Note 19 – interpretation:** *the term "provides" means that the service:* *- either carries out the testing itself, or* *- arranges for it to be carried out by an external contractor in the facility* *- arranges for it to be carried out by an external contractor, with both geographical and temporal accessibility guaranteed.* The term "blood-borne diseases" refers minimally to testing for HIV and hepatitis C.		**PRP/C** **ISS IE** **IP/C**
3.4.11	Records are kept: - of frontline work and harm reduction interventions in the form of continuous documenting of the services provided in daily records, - of the counselling process in a written form in the personal file. The service defines in writing the form for record keeping in the case of anonymous clients with an assigned code and applies it in practice. The service also allows for record keeping in cases with no code assigned. **Note 20 – interpretation:** *the personal files relevant for counselling services contain:* - *basic medical history data on the client* - *assessment of the client's condition* - *individual plan(s).* **Cross-reference:** it is related to General Standards 1.10 and 4.3.		**PD**
3.4.12	The service defines in writing the principles for keeping anonymous records and applies them in practice. **Note 21 – interpretation:** *anonymous personal records may be recorded under both agreed codename and no code, or other means.* Where appropriate, service processes the personal data of patients/clients on the basis of their informed consent. **Cross-reference:** it is related to General Standard 4.3.	**FUNDAMENTAL**	**WSD** **PRP/C** **IP/C**

Number	Description of the standard	Rating scale	Source
3.4.13	The service monitors and evaluates the needs of the target population, on the basis of which it sets up complementary programmes as appropriate. If a complementary programme is put in place, the service has a written procedure for its implementation. The procedure is adhered to by the employees. ***Note 22 – interpretation:*** *"complementary programmes" mean e.g.:* *- food, vitamin, and drink service* *- washing and drying the persons' laundry* *- urine testing for metabolites of addictive substances* *- pharmacotherapy: pharmacotherapy is possible in health services, or is provided by a physician on the basis of a trilateral contract with the client and the facility according to the applicable legislation:* *- custody of clients' personal property* *- work activities of clients* *- supporting group activities intended for a part of the target group* *- work with persons close to substance users and with their families* *When the needs of the target group are being assessed, account is also taken of the available network of services in the given location.*		**PRP/C OO**
3.5 Termination of the service, or its interruption, and a follow-up care plan			
3.5.1	The service has a written defined procedure for the termination and interruption of the provision of the service to the patient/client on the grounds of his/her violation of the rules. The procedure takes account of the protection of the rights and safety of all the stakeholders. In the event of the interruption or termination of the service, the service proceeds in such a way so as not to increase the risk of jeopardising the health of patients/clients and public health. ***Note 23 – interpretation:*** *the minimum care is also guaranteed in cases of the contact being interrupted for disciplinary reasons, it means e.g. an intervention in the case of acute crisis, or an exchange programme (if, in the event of interruption, the patient cannot be referred to another similar service). A person who interrupts the use of the service upon his/her own decision can use the service in the future without any limitations.* **Cross-reference:** it is related to General Standard 4.9.	**FUNDAMENTAL**	**PRP/C IP/C**
3.6 The environment, material and technical infrastructure, and minimum safety			

Number	Description of the standard	Rating scale	Source
3.6.1	The service possesses a consultation room for one-to-one interviews. If group consultations or therapy are implemented, it possesses a suitable room for performing such activities. The room should be large enough to accommodate the group members in such a way that they can see and hear one another. The service possesses suitable premises for the implementation of an exchange programme that offers privacy and safety. **Cross-reference:** it is related to General Standard 6.1.		**OO**
3.6.2	Each employee is vaccinated or given an instruction that he/she subsequently signs on the necessity of vaccination against viral hepatitis A and B. Each employee is trained to handle potentially infectious material (used needles and syringes) with maximum stress on the protection of his/her own health and in compliance with legislation governing the handling of dangerous waste. The same applies to voluntary and external workers. **Cross-reference:** it is related to General Standards 6.4 and 6.7.	**FUNDAMENTAL**	**ISS IE WSD**
3.6.3.	The service has a written defined procedure for the collection, storage, and disposal of infectious material with regard to the safety of persons and employees and this procedure is adhered to by the service in practice.		**ISS IE WSD**
3.6.4.	The service defines in writing the procedure for work in potentially dangerous situations and adheres to it in practice. This work is not performed by a single worker only. ***Note 24 – interpretation:*** *the procedure primarily defines the potentially dangerous situations and the manner in which the employees shall proceed in such situations.*		**WSD ISS RP**

Number	Description of the standard	Rating scale	Source
3.7 Evaluation of the quality, safety, and effectiveness of the service			
3.7.1	The quality, safety, and effectiveness of the service are regularly evaluated at least once a year. The quality, safety, and effectiveness of the service are evaluated at least against the following criteria: h. number and structure of contacts, i. estimate of the number of problem drug users in the location, percentage of users in active contact, calculations of the drug scene in the given location being covered by medical supplies intended to reduce injecting drug use-related harm, j. structure of counselling, with emphasis being put on the share of counselling focused on motivation to change the lifestyle and harm reduction, k. use of individual services, l. frequency and causes of extraordinary events and regime complications, m. share of clients involved in the counselling process and its outcomes, n. number of referrals to therapeutic facilities, verified cases of entry into treatment. It is essential to conduct a continuous analysis of the effective factors and complications of the service and the case work at meetings and during supervision. **Cross-reference:** it is related to General Standards 7.1 and 7.2.		**WSD** **PD**
Total score: the total number of standards is 30; the maximum number of points that can be achieved is 90. The number of fundamental items is 8.			

Summary of scoring

A total of 30 standards, of which 8 standards are designated as fundamental; the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.

The maximum achievable total score is 90 points; the minimum required for the certificate to be granted is 80% of the maximum score, i.e. 72 points.

4. Outpatient Treatment

Outpatient treatment and preventive care provided as health and/or social service.
Specialised outpatient care provided in a differentiated manner to users of all types of addictive substances, pathological gamblers, and persons suffering from similar disorders. It consists especially of comprehensive assessment and diagnosis, individual and group psychotherapy, counselling, social work, pharmacotherapy, social therapy, family therapy, and the education of patients'/clients' relatives. The target group comprises persons suffering from addictive disorders or at risk thereof. Other therapeutic methods that are used in line with the specific needs of patients/clients may include detoxification in a home setting.

Number	Description of the standard	Rating scale	Source
4.1 Characteristics of the service and target population			
4.1.1	The service is a component part of the comprehensive system of care provided by a single organisation or is run as an independent organisation networked with other specialised facilities and organisations. The service is provided as a health and/or social service. In the comprehensive system of care the service can be connected to all the other types of services and can also be the patient's/client's first addiction treatment service; it precedes aftercare programmes, medium-term or long-term inpatient treatment, and frequently also other sorts of services. The outpatient services are diverse and their profiles reflect the local needs and conditions. Unlike the services of drop-in centres, the outpatient treatment usually requires the patient/client not to be under the influence of addictive substances. It does not generally involve the exchange of injecting paraphernalia. **Cross-reference:** it is related to General Standard 1.3.		**WSD** **ISS**
4.1.2	Target groups: persons experimenting with addictive substances, problem substance users, addicts who are motivated or not motivated to abstinence, persons who underwent inpatient treatment, pathological gamblers, persons with non-substance addictions, and family members and partners of persons belonging to these target groups.	**FUNDAMENTAL**	**WSD** **PRP/C** **IE OO**

Number	Description of the standard	Rating scale	Source
4.2 Staffing and infrastructure of the service and modus operandi of the team			
4.2.1	Management: the professional management of the service is guaranteed by a qualified employee with at least 3 years of practical experience in addictological services including treatment, group and individual psychotherapy, family therapy, or similar types of services. The head of the team is required to have completed formal higher (college/university) education in a medical, psychological, social, or educational field. **Note 1 – recommendations:** *it is recommended that the head has gained a master's degree at a higher education institution and completed self-experiential psychotherapeutic training.*	**FUNDAMENTAL**	**HR ISS IE**
4.2.2	The therapeutic team is multidisciplinary with respect to the nature of the problem and specific characteristics of patients/clients and its members are also educated and trained in a multidisciplinary manner (Note 2). The employees are selected on the basis of criteria related especially to education, specialised training, and practical experience. Education: the minimum education required is tertiary/higher vocational education. Fields of study – healthcare, psychology, social work, education, or related disciplines (Note 3). Specialised training courses: psychotherapeutic training with a self-experiential component in the majority of team members. Practical experience: independent employee is supposed to have at least one year of practical experience in the field of the treatment of addictive disorders or similar types of services – counselling or therapy. **Note 2 – interpretation:** *a therapeutic team is multidisciplinary when experts representing different types of professions (e.g. health, social, and education professionals) are represented in it. Multidisciplinary education means education in those areas that are common to the disciplines of team members and are relevant for the professional care provided by the service.* **Note 3 – recommendation:** *in outpatient facilities with a low number of exclusively healthcare professionals, it is recommended to complement the healthcare professions by at least a social worker.*		**HR IE ISS**

Number	Description of the standard	Rating scale	Source
4.2.3.	The service defines the procedure for sharing the information on patients/clients and on operation-related matters in the team. The procedure comprises at least the following: the manner in which shifts are handed over between employees and the rules governing the course of meetings and team conferences and participation therein. Team meetings are held at least once a week, team conferences at least four times a year. The minutes are available to all the team members. The service adheres to these procedures. **Note 4 – interpretation:** *the team conference is usually a whole-day meeting of all the members of the therapeutic team, which consists of a specialised agenda focused on a specific topic related to the current situation in the service or the work in the service in general, a longer meeting concerning the clients, a detailed analysis of a complex case, a discussion about the development plan of the facility, about meeting the professional competence standards, and about updating the rules or the operational manual, etc.* **Cross-reference:** it is related to General Standard 2.11.		**WSD ISS RP PD**
4.2.4	The operation is guaranteed according to the nature of the programme, with fixed operating hours which are derived, inter alia, from the needs of the target group. The service defines in writing how it guarantees the staffing and the operating time and adheres to the established procedures. **Cross-reference:** it is related to General Standard 1.8.	**FUNDAMENTAL**	**WSD OO ISS IP/C**
4.3 Entry into the service, consent/agreement/contract on service provision			
4.3.1	When a patient enters the service, in indicated cases a medical examination, including psychiatric examination, is available. A referral from another institution is not necessary. **Note 5 – interpretation:** *availability in non-healthcare facilities does not mean that the medical examination is ensured e.g. by employing a physician. The service possesses a list of medical care providers in the given location. This list is continuously updated. It can provide the clients with contacts to general practitioners and specialists and make out the respective referrals.*		**WSD PRP/C ISS**

Number	Description of the standard	Rating scale	Source
4.3.2	Medical history data are collected by a qualified employee during the first contact with the patient/client and are continuously supplemented in line with the needs of the therapeutic process. **Note 6 – recommendation:** *it is not recommended to collect medical history data only via a questionnaire completed by the patient/client.*		**PRP/C** **IE**
4.3.3	Assessment of the patient's/client's condition, part of which is the assessment of the psychosocial functioning of the patient/client (including their family background, work history, legal status, etc.) and the drawing up of the initial plan of professional care is done without undue delay and as soon as possible. The specific procedure, deadlines for the conduct of comprehensive assessment, and the manner in which records on it are kept are set out by the service in writing with regard to the type and course of care. The service adheres to the established procedure. **Note 7 – interpretation:** *the comprehensive assessment procedure can be determined by the service, e.g. differently for short-term and long-term interventions.*		**PRP/C**
4.3.4	Another examination is performed in indicated cases in order to determine the severity of somatic and psychiatric complications for the purpose of assessing the suitability and indication of a specific mode of treatment or another form of professional care. The following examinations are available: a) examination by a specialist (psychiatrist, internal medicine doctor, neurologist, hepatologist, etc.), b) toxicology testing, c) laboratory testing and instrumental examinations, d) testing for HIV, infectious, and sexually transmitted diseases, e) where necessary, pregnancy tests and other tests and examinations.		**PRP/C** **ISS**
4.3.5	The service concludes a written agreement/contract with the person interested in the service on the provision of the service which can take the form of an informed consent. The service complies with the requirements laid down in the binding legislation and adheres to these. **Note 8 – interpretation:** *the social service facility abides by the Act on Social Services; an informed consent is commonly required in health services.* **Cross-reference:** it is related to General Standards 1.13 and 3.5.	**FUNDAMENTAL**	**PRP/C** **IP/C**

Number	Description of the standard	Rating scale	Source
4.4 Professional care, record keeping			
4.4.1	Frontline work: the first contacts aim at establishing trust between the patient/client and the employees of the service and at motivating him/her to change his/her risky behaviour and to accept the treatment plan.		**WSD PRP/C ISS IE IP/C PD**
4.4.2	Basic counselling is an integral part of outpatient therapeutic and preventive care. It concerns the health and mental condition of the patient/client, the health and social risks associated with the use of drugs, and the minimisation of these risks, treatment options, rehabilitation and social reintegration, information on therapeutic and other specialist services, motivational enhancement and referral to the respective services, and counselling prior to and after HIV and hepatitis testing.		**WSD PRP/C ISS IE IP/C PD**
4.4.3	In order to provide the basic health care, the service helps the patients/clients to use the available system of health care in the given location, or the service provides this care itself insofar as it employs the required qualified healthcare professionals. The service defines the relevant procedure in writing and adheres to it.		**WSD PRP/C ISS IE PD**

Number	Description of the standard	Rating scale	Source
4.4.4	Individual treatment plan: it is drawn up following the assessment of the patient's/client's condition with respect to the individual conditions, severity of the illness, and presence of somatic and psychosocial complications. The accomplishment of the treatment plan is regularly evaluated jointly with the patients/clients and the plan is regularly reviewed, depending on the course and frequency of the contacts with the patient/client. Specific deadlines for the evaluation and review of the plan and the manner in which its record keeping takes place are determined by the service in writing with respect to the way cooperation takes place with individual types of patients/clients (e.g. differently for short-term interventions, long-term interventions, frequency of visits – weekly, monthly, etc.). The service adheres to the established procedure. **Note 9 – interpretation:** *when the accomplishment of the treatment plan is being assessed, its fulfilment and the progress made by patients/clients in the treatment are checked. Checks are also run on whether the agreements that have been concluded and the agreed objectives were appropriately defined, and whether they are realistic. This may result in the necessity of modifying the plan, e.g. to word other objectives, to change the deadlines for their accomplishment, etc.* **Cross-reference:** it is related to General Standards 4.4 and 4.5.	**FUNDAMENTAL**	**PRP/C ISS IE**

Number	Description of the standard	Rating scale	Source
4.4.5	Monitoring of the therapeutic process: each patient/client has a designated qualified employee ("guarantor", "key worker") responsible for the management of the patient/client, who regularly assesses the patient's/client's condition and accomplishment of the treatment plan and makes a written report on this in the personal records of the patient/client (epicrisis in the daily records, etc. – Note 10) at suitable intervals. The specific intervals for making the entries in personal records are determined by the service in writing with regard to the nature of the cooperation with individual patients/clients (e.g. differently for short-term interventions, long-term interventions, frequency of visits – weekly, monthly, etc. – Note 11). The service adheres to the established procedure. **Note 10 – interpretation: "***epicrisis" means the description of the progress currently achieved, or a summary of the development so far.* *The guarantor (key worker) consistently monitors his/her patient/client, keeps records of essential data, and consults with the head.* **Note 11 – recommendation:** *the course of each patient's/client's plan is evaluated at least once a fortnight at the team meeting.*		**WSD** **PRP/C**
4.4.6	Group and individual therapy and work with the family: led by a qualified worker, conducted primarily in a short-term and medium-term horizon. Objectives and methods are chosen with regard to the needs of the patient/client and the planned period of mutual cooperation. **Note 12 – interpretation:** *the given programme reckons primarily with a psychotherapeutic process lasting several weeks, or months, even though the long-term horizon cannot be ruled out.*		**WSD** **ISS PD**

Number	Description of the standard	Rating scale	Source
4.4.7	Pharmacotherapy serves to influence the underlying condition, to treat mental and somatic complications and comorbidity, and to manage the withdrawal syndrome. It is taken care of exclusively by a physician in compliance with the relevant legislation and principles of good medical practice. In social services, selected medicinal drugs such as Antabus can be dispensed. This is done upon the request of the patient/client, exclusively with the knowledge of his/her attending physician and upon his/her recommendation. Particular procedures related to pharmacotherapy are set out by the service provider in writing and the established procedures are adhered to. **Cross-reference**: if the service provides prescription and supply of drug substitution, then the following items of the special standard 9 should be satisfied: Substitution Treatment: 9.1.3, 9.1.4, 9.4.2, 9.4.11, and 9.6.1.	**FUNDAMENTAL**	**PRP/C** **ISS IE**
4.4.8	Social work: it aims at the social inclusion of the patient/client (e.g. in the field of family relations, housing, study, employment); among the partial objectives is the stabilisation of the social conditions of the patient/client for his/her treatment and future life.		**PRP/C** **ISS IE** **IP/C**
4.4.9	Relapse prevention is conducted with all the patients/clients, it is an inseparable component of the programme. The service sets out in writing how the principles of relapse prevention are applied in the programme. The established procedures are adhered to by the service.		**PRP/C** **ISS IE** **IP/C**
4.4.10	Work with family members and partners: it is performed with regard to the individual conditions of patients/clients in individual or group form, with a view to navigating them through addiction, providing them with emotional and social support, mobilising mature behaviour, and maintaining the basic functioning of the family. **Note 13 – interpretation:** *The "Parent Group" (or the group for family members; it does not necessarily have to include parents only) is essentially of a supportive and educational nature; it is not expected to address individual psychological and psychopathological problems.*		**PD**
4.4.11	Follow-up care after the treatment is provided with a view to ensuring the stability of the patient's/client's condition in an everyday life setting. It is offered particularly in those locations where no specialist service providing aftercare is available.		**WSD** **PRP/C** **IP/C**

Number	Description of the standard	Rating scale	Source
4.4.12	Record keeping: the individual records (case history/personal file) of the patient/client keep a detailed account of the therapeutic process. Apart from that the course of joint structured activities is also recorded in detail (minutes of the groups, etc.). All records with personal data are confidential and secured against misuse. **Cross-reference:** it is related to General Standards 1.10 and 4.3.	**FUNDAMENTAL**	**PRP/C** **OO**
4.5 Termination of the service, or its interruption, and a follow-up care plan			
4.5.1	The termination and interruption of the service are planned with a view to ensuring suitable follow-up care. The procedure for the termination or interruption of the service is specified in writing with regard to local conditions and the composition of the patients/clients. The procedure also includes the rules facilitating the repeated use of the service, discharge on the grounds of violation of the rules, and issuance of the preliminary discharge report. The established procedure is adhered to by the service. **Note 14 – interpretation:** *there may be an aftercare facility in the given place to which the patients/clients can be referred. In other places the service itself offers the aftercare and can first prepare the patients/clients for inpatient treatment and readmit them after this treatment is completed. Such and similar specific features shall be described explicitly for the given service.* **Cross-reference:** it is related to General Standard 4.9.		**PRP/C** **IP/C**
4.6 The environment, material and technical infrastructure, and minimum safety			
4.6.1	The service possesses a consultation room for one-to-one interviews and a room for group therapy (if it is offered) which is large enough to accommodate the group members and for them to be able to sit in such a way that they can see and hear one another. **Cross-reference:** it is related to General Standard 6.1.		**OO**
4.6.2	The service clearly defines in writing the risky situations in the course of the provision of the care/service, including acute conditions and complications, defines the procedures to be followed in such situations and describes the record-keeping procedure. These procedures are adhered to by the service. **Cross-reference:** it is related to General Standard 6.7.		**WSD** **PD ISS** **RP**

Number	Description of the standard	Rating scale	Source
4.7 Evaluation of the quality, safety, and effectiveness of the service			
4.7.1	The quality, safety, and effectiveness of the specialist programme are regularly evaluated, at least once a year. The quality, safety, and effectiveness of the service are evaluated at least against the following criteria: o. number and structure of interventions and patients/clients, p. frequency of extraordinary events and regime complications, q. share of patients/clients involved in group and family therapy, r. frequency of early drop-outs from the treatment plan and structured activities, s. frequency of successfully completed treatment plans, t. number of referrals to other facilities. It is essential to conduct a continuous analysis and evaluation of the effective factors and complications of the service and the case work at meetings and during supervision. **Cross-reference:** it is related to General Standards 7.1 and 7.2.		**WSD** **PD**
Total score: the total number of standards is 27, and the maximum number of points that can be achieved is 81. The number of fundamental items is 7.			

Summary of scoring

A total of 27 standards, of which 7 standards are designated as fundamental, i.e. the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.

The maximum achievable total score is 81 points; the minimum required for the granting of the certificate is 80% of the maximum score, i.e. 65 points.

5. Outpatient Day Care

Outpatient treatment and preventive care is provided as health and/or social service. It involves specialised outpatient care provided in a differentiated manner to users of all types of addictive substances, pathological gamblers, and persons suffering from similar disorders. It consists especially of comprehensive assessment and diagnosis, individual and group psychotherapy, counselling, social work, pharmacotherapy, social therapy, family therapy, and education of patients'/clients' relatives. The target group comprises persons suffering from addictive disorders or at risk thereof. Other therapeutic methods used in line with the specific needs of patients/clients may include detoxification in a home setting. The care is complemented with structured programmes of day care centres that also offer night and afternoon stays of a duration of 3-4 months.
This standard meets the professional competency requirements for outpatient treatment and complements them with the requirements for structured day care programmes.

Number	Description of the standard	Rating scale	Source
5.1 Characteristics of the service and target population			
5.1.1	In the comprehensive system of care, the service can be networked with all the other types of services and can also be the patient's/client's first addictological service; it precedes the aftercare programmes, medium-term or long-term inpatient treatment, and frequently also other sorts of services. It is mostly a low-threshold service. Unlike the services of drop-in centres, it is usually required that the patient/client is not under the influence of addictive substances. In general, the exchange of injecting paraphernalia is not conducted in the service. The outpatient addictological care is complemented by intensive structured programmes provided in the form of a day care centre that also offers a night stay. The service is a component part of the comprehensive system of care within the remit of a single organisation, or is run as an independent organisation networked with other specialist facilities and organisations. While the service is provided as a health and/or social service, it is desirable to be provided as a health service. **Cross-reference:** it is related to General Standard 1.3.		**WSD ISS**
5.1.2	Target groups: persons experimenting with addictive substances, problem substance users, addicts who are motivated or not motivated to abstinence, persons who have undergone outpatient or inpatient treatment, pathological gamblers, and persons with non-substance addictions, and family members and partners of persons belonging to these target groups. Referral to the structured programmes issued by other services is appreciated, but not necessary.	**FUNDAMENTAL**	**WSD PRP C IE OO**
5.2 Staffing and infrastructure of the service and modus operandi of the team			

Number	Description of the standard	Rating scale	Source
5.2.1	Management: the service is managed by a qualified employee with at least 3 years of practical experience in in addictological services including treatment, group and individual psychotherapy, family therapy, or similar types of services. The head of the team is required to have completed formal higher (college/university) education in a medical, psychological, social, or educational field. **Note 1 – recommendation:** *it is recommended that the head has gained a master's degree and completed psychotherapeutic training with a self-experiential component.* **Cross-reference:** it is related to General Standard 2.3.	**FUNDAMENTAL**	**ISS HR**
5.2.2	The therapeutic team is multidisciplinary with respect to the nature of the problem and specific characteristics of patients/clients and it is also educated and trained in a multidisciplinary manner. The employees are selected on the basis of the following criteria related especially to education, specialised training, and practical experience. Education: the minimum education required is tertiary/higher vocational education. Fields of study – healthcare, psychology, social work, education, or related disciplines. Specialised training courses: psychotherapeutic training with a self-experiential component in the majority of team members. Practical experience: independent employee is supposed to have at least one year of practical experience in the field of treatment of addictive disorders or similar types of services – counselling or therapy. **Note 2 – interpretation:** *a therapeutic team is multidisciplinary when experts of different types of professions (e.g. health, social, and education professionals) are represented in it. Multidisciplinary education means education in those areas that are common to the disciplines of the team members and are relevant for the professional care provided by the service.*		**HR IE ISS**

Number	Description of the standard	Rating scale	Source
5.2.3	The service defines the procedure for sharing the information on patients/clients and on operation-related matters in the team. The procedure comprises at least the following: the manner in which shifts are handed over between employees and the rules governing the course of meetings and team conferences and participation therein. Team meetings are held at least once a week, team conferences at least four times a year. The minutes are available to all the team members. The service adheres to these procedures. **Note 3 – interpretation:** *the team conference is usually a whole-day meeting of all the members of the therapeutic team, which consists of a specialised agenda focused on a specific topic related to the current situation in the service or the work in the service in general, a longer meeting concerning the clients, a detailed analysis of a complex case, a discussion about the development plan of the facility, about meeting the professional competence standards, about updating the rules or the operational manual, etc.* **Cross-reference:** it is related to General Standard 2.11.		**WSD ISS IE**
5.2.4	Operational arrangements: according to the nature of the programme, with fixed operating hours which are also derived, inter alia, from the needs of the target group. The service defines in writing the fixed operating regime for structured programmes which is adhered to by the service. **Cross-reference:** it is related to General Standard 1.8.	**FUNDAMENTAL**	**WSD PD ISS IE**
5.2.5.	At least one member of the therapeutic team always takes part in the structured programme. The service defines in writing the way in which the staffing for the operation is guaranteed. The defined procedures are adhered to.		**WSD PD ISS IE IP/C**
5.3 Entry into the service, consent/agreement/contract on service provision			

Number	Description of the standard	Rating scale	Source
5.3.1	Medical examination: in health services, the psychiatric examination and indicative somatic examination are conducted for each patient/client, whereas in social services such examinations are conducted or provided for in indicated cases only. The service defines indications in which the initial examination is required or conducted prior to admission and upon entry into the structured programme. The initial examination is performed with a view to determining the severity of mental and somatic complications and the suitability of the indication for day care. Necessary examinations are available. **Note 4 – interpretation:** *Being "available" means that e.g. the medical examination is arranged for. The service possesses a list of medical care providers in the given location which is continuously updated. It can provide the clients with contacts to general practitioners and specialists and to make out the respective referrals. The procedure of comprehensive assessment can be established by the service e.g. differently for short-term and long-term interventions.*	**FUNDAMENTAL**	**PRP/C** **IE IP/C**
5.3.2.	Additional examinations are performed in indicated cases in order to determine the severity of somatic and psychiatric complications for the purpose of assessing the suitability and indication of a specific manner of treatment or another professional care. **Note 5 – interpretation – recommendation:** *the service stipulates the necessary medical examinations of patients/clients of the structured programme. They are usually the following: a) psychiatric and somatic examination, b) toxicology urine testing, c) basic laboratory tests, d) testing for HIV, hepatitis, and sexually transmitted diseases, and e) where necessary, pregnancy tests and other examinations.*		**WSD** **ISS IE** **PRP/C**
5.3.3	Medical history data are collected by a qualified employee during the first contact with the patient/client and are continuously supplemented in line with the needs of the therapeutic process. **Note 6 – recommendation:** *it is not recommended to collect medical history data only via a questionnaire completed by the patient/client.*		**PRP/C** **IE IP/C**

Number	Description of the standard	Rating scale	Source
5.3.4	The assessment of the patient's/client's condition, part of which is the assessment of the psychosocial functioning of the patient/client (including his/her family background, work history, legal status, etc.) and drawing up of the initial plan of professional care are done without undue delay and as soon as possible. The specific procedure, deadlines for the conduct of comprehensive assessment, and the manner in which its records are kept are set out by the service in writing with regard to the type and course of care. The service adheres to the established procedure. **Note 7 – interpretation:** *the service stipulates the procedure for the comprehensive assessment of the patient/client of the outpatient care and patient/client of the structured programme of day care centres.*		**WSD** **ISS IP** **PRP/C**
5.3.5	The basic rules governing the treatment are defined in writing and made available to patients/clients in a comprehensible form. They define the key situations in which the violation of the rules usually gives rise to the interruption of treatment, and set out the procedure to be followed in the event of a violation of other rules. The patient/client is demonstrably familiarised with the rules governing the treatment upon his/her entry into the treatment. The rules are available to the patient/client for reference throughout the treatment. **Cross-reference:** it is related to General Standards 1.11, 1.12, and 3.3.		**WSD** **PD ISS** **IP/C**
5.3.6	The service concludes with the person interested in the service an agreement/contract on service provision which can have the form of an informed consent. The service complies with the requirements laid down in the binding legislation and adheres to these. **Note 8 – interpretation:** *social services abide by the Act on Social Services; an informed consent is commonly required in health services.* **Cross-reference:** it is related to General Standards 1.12 and 3.5.	**FUNDAMENTAL**	**PRP/C** **ISS** **IP/C** **PD**
5.4 Professional care, record keeping			
5.4.1	Frontline work: the first contacts aim at establishing trust between the patient/client and the employees of the service and at motivating him/her to change his/her risky behaviour and to accept the treatment plan.		**ISS IP** **IP/C**

Number	Description of the standard	Rating scale	Source
5.4.2	Basic counselling is an integral part of outpatient therapeutic and preventive care. It concerns the health and mental condition of the patient/client, the health and social risks associated with the use of drugs and the minimisation of these risks, treatment options, rehabilitation and social reintegration, information on therapeutic and other specialist services, motivational enhancement and referral to the respective services, and counselling prior to and after HIV and hepatitis testing.		**WSD PD PRP/C IP**
5.4.3	Basic medical care: in health services, it is provided by a physician or a qualified nurse in the event of common somatic complications. The provider of social service helps patients/clients use the system of health care available in the given location. The service defines in writing the way in which the basic medical care is performed and the established procedure is adhered to. **Note 9 – interpretation:** *availability in non-health care facilities does not mean that the medical examination is ensured e.g. by employing a physician. The service possesses a list of medical care providers in the given location. This list is continuously updated. It can provide the clients with contacts to general practitioners and specialists and make out the respective referrals.*		**WSD PD PRP/C IP**
5.4.4	Pharmacotherapy serves to influence the underlying condition, to treat mental and somatic complications and comorbidity, and to manage the withdrawal syndrome. It is taken care of exclusively by a physician in compliance with the relevant legislation and principles of good medical practice. In social services, selected medicinal drugs such as Antabus can be dispensed. This is done upon the request of the patient/client, exclusively with the knowledge of his/her attending physician and upon his/her recommendation. Particular procedures related to pharmacotherapy are laid down by the service provider in writing and the established procedures are adhered to. **Cross-references**: it is related to General Standard 4.8: if the service provides prescription and supply of drug substitution, then the following items of the special standard 9 shall be satisfied: Substitution Treatment: 9.1.3, 9.1.4, 9.4.2, 9.4.11, and 9.6.1.		**PRP/C ISS IE**
5.4.5	Social work: it aims at social inclusion of the patient/client (e.g. in the fields of family relations, housing, studies, and employment); the partial objectives include the stabilisation of the social conditions of the patient/client for his/her treatment and future life.		**PRP/C ISS IE IP/C**
5.4.6	Relapse prevention is conducted with all the patients/clients; it is an inseparable component of the programme. The service sets out in writing how the relapse prevention principles are applied in the programme. The established procedures are adhered to by the service.		**PRP/C ISS IE IP/C**

Number	Description of the standard	Rating scale	Source
5.4.7	Individual treatment plan: it is drawn up following the assessment of the patient's/client's condition with respect to the individual conditions, severity of the illness, and presence of somatic and psychosocial complications. The accomplishment of the treatment plan is regularly evaluated jointly with the patient/client and the plan is reviewed regularly, depending on the course and frequency of contacts with the patient/client. Specific deadlines for the evaluation and review of the plan and the manner in which its records are kept are determined by the service in writing with respect to the form of cooperation with individual types of patients/clients (e.g. differently for short-term interventions, long-term interventions, frequency of visits – weekly, monthly, etc.) at least once a month for patients/clients of structured programmes. The service adheres to the established procedure. **Note 10 – recommendation:** *when the accomplishment of the treatment plan is being assessed, checks are run on whether the objectives and tasks laid down in the plan are fulfilled by the clients and to what extent. Among other things, checks are also run on whether the tasks were appropriately defined and whether they are realistic. This may result in the necessity to modify the plan, e.g. to define new tasks, to change deadlines for their accomplishment, etc.* **Cross-reference:** it is related to General Standards 4.4 and 4.5.	**FUNDAMENTAL**	**PRP/C ISS IE**

Number	Description of the standard	Rating scale	Source
5.4.8	Monitoring of the therapeutic process: each patient/client has a designated qualified employee ("guarantor", "key worker") responsible for the management of the patient, who regularly assesses the patient's/client's condition and accomplishment of the treatment plan and makes a written entry thereof in the personal records of the patient/client (epicrisis in the daily records, etc.) at suitable intervals. The specific intervals for making the entries in personal records are determined by the service in writing with regard to the manner of cooperation with individual types of patients/clients (e.g. differently for short-term interventions, long-term interventions, frequency of visits – weekly, monthly, differently for structured programmes, etc.). The service adheres to the established procedure. **Note 11 – interpretation: "***epicrisis" means the description of the progress currently achieved, or a summary of the development so far.* *The guarantor (key worker) consistently monitors his/her patient/client, keeps records of essential data, and consults with the head.* *The course of each* patient's/client's *plan is evaluated at least once a fortnight at the team meeting.*		**WSD** **PRP/C**
5.4.9	Structured activities: each patient/client participates in the programme to the extent of at least 15 hours of structured activities per week (spread over at least 5 days of the week), and to the extent of at least 9 hours in day care centres offering afternoon stays (spread over at least 3 days of the week). **Note 12 – interpretation:** *structured programme activities do not mean merely outpatient checks, complementary work activities, and complementary sport and cultural programmes. One hour is 60 minutes long, it is not a case of so called lessons of 45 minutes.*		**WSD** **ISS PD**
5.4.10	The daily and weekly regime of the structured programme is drawn up in writing in a form that is clear and comprehensible to patients/clients. It includes the timetable of structured activities and it is an integral part of each individual treatment plan. **Cross-reference:** it is related to the standard 5.4.9.		**WSD** **PD** **PRP/C** **IP/C OO**

Number	Description of the standard	Rating scale	Source
5.4.11	Regular and random toxicology testing for the presence of metabolites of addictive substances in the body is performed on all the patients/clients of the structured programme. This process must be part of the therapeutic agreement/contract and its goal must be clarified to patients/clients. The service sets out the testing procedure, which is elaborated in such a way as to guarantee a safe drug-free environment for the programme and the maintenance of the dignity of the patients/clients being tested. **Note 13 – recommendation:** *it is recommended not to adopt major decisions on the basis of a positive finding of a screening test performed by a single method, such as to discharge the clients from the facility for reasons of abstinence violation. It is recommended to verify the result by yet another method (e.g. immune analysis can be supplemented by chromatography, etc.).*		**WSD IE IP/C PD**
5.4.12	The rules of the structured programme also comprise the provision of assistance in the event of crises. The service sets out how and by whom the crisis intervention to patients/clients is provided. **Note 14 – interpretation, recommendation:** *for practical reasons and in order to achieve cost-effectiveness it is also possible to use resources from outside the service.*		**WSD PD ISS IE**
5.4.13	Group therapy is a basic therapeutic tool; its procedures and objectives are appropriate to the duration of the programme and the needs of the patient/client. **Note 15 – interpretation:** *an appropriate objective of a three-month programme cannot be e.g. personality change or the cure of a serious psychopathology. The group therapy should be appropriately complemented by other structured activities (e.g. relaxation, educational programmes, social learning, art therapy, gender programmes, care of the patients'/clients' children, and also additional activities – clubs, work activities, culture, sports, etc.).*		**WSD PD ISS IE**
5.4.14	Work with family members and partners is performed with regard to the individual conditions of patients/clients in the individual or group form with a view to navigating them through the problem of addiction, providing them with emotional and social support, mobilising mature behaviour, and maintaining the basic functioning of the family. In the structured programme it is performed whenever it is appropriate and possible. **Note 16 – interpretation:** *the group for family members is essentially of a supportive and educational nature, and it is not expected to address individual psychological and psychopathological problems.*		**WSD PD ISS IE**

Number	Description of the standard	Rating scale	Source
5.4.15	Follow-up care after the treatment is provided with a view to ensuring the stability of the patient's/client's condition in an everyday life setting. It is offered particularly in those locations where no specialist aftercare services are available.		**WSD ISS IE PRP/C IP/C**
5.4.16	Record keeping: the individual records (case history/personal file) of the patient/client keep a detailed account of the therapeutic process. Apart from that, the course of joint structured activities is also recorded in detail (minutes of the groups, etc.). All records with personal data are confidential and secured against misuse. **Cross-reference:** it is related to General Standard 1.10 and 4.3.	**FUNDAMENTAL**	**PRP/C OO**
5.5 Termination of the service, or its interruption, and a follow-up care plan			
5.5.1	The termination and interruption of the service is planned with a view to ensuring suitable follow-up care. The procedure for the termination or interruption of the service is specified in writing with regard to local conditions and the composition of the group of patients/clients. This procedure includes the rules governing the repeated use of the service, discharge on the grounds of violation of the rules, and issuance of the preliminary discharge report. The established procedure is adhered to by the service. **Note 17 – interpretation:** *there may be an aftercare facility at the given place to which the patients/clients can be referred. In other places the service itself offers the aftercare and can first prepare the patients/clients for inpatient treatment and readmit them after this treatment is completed. Such and similar specific features are to be described explicitly for the given service.* **Cross-reference:** it is related to General Standard 4.9.		**PRP/C IP/C ISS IE**
5.6 The environment, material and technical infrastructure, and minimum safety			
5.6.1	The service possesses a consultation room for one-to-one interviews and a room for group therapy. This room is large enough to enable the group members to sit in such a way that they can see and hear one another. **Cross-reference:** it is related to General Standard 6.1.		**OO IP/C**
5.6.2	The service clearly defines in writing the risky situations in the course of the provision of the service, the procedures for such situations and the manner in which records on them are kept. These procedures are adhered to by the service. **Cross-reference:** it is related to General Standard 6.7.		**WSD PD ISS IP**

Number	Description of the standard	Rating scale	Source
5.7 Evaluation of the quality, safety, and effectiveness of the service			
5.7.1	The quality, safety, and effectiveness of the specialist programme are regularly evaluated. The quality, safety, and effectiveness of the service are evaluated at least against the following criteria: a) number and structure of interventions and patients/clients, b) use of capacity of the structured programme, c) frequency of extraordinary events and regime complications, d) attendance at open group forms of work such as groups for parents and partners or preparatory motivation groups, e) frequency of early drop-outs from the treatment plan and structured activities, f) frequency of successfully completed treatment plans, g) follow-up monitoring of patients aimed at identifying the number of abstaining patients or patients who use services of other programmes (1, 2, 3 years). It is essential to conduct a continuous analysis and evaluation of the effective factors and complications of the service and the case work at meetings and during supervision. **Cross-reference:** it is related to General Standards 7.1 and 7.2.		**WSD PD ISS IE**
Total score: the total number of standards is 33; the maximum achievable score is 99 points. The number of fundamental items is 7.			

Summary of scoring

A total of 33 standards, of which 7 standards are designated as fundamental, i.e. the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.
The maximum achievable total score is 99 points; the minimum required for the granting of the certificate is 80% of the maximum score, i.e. 79 points.

6. Short-Term and Medium-Term Inpatient Care

Short-term and medium-term inpatient care of persons addicted to alcohol or other addictive substances and pathological gamblers within the framework of inpatient care in independent specialised wards of health care facilities, usually with a duration of 5-24 weeks. It is necessary to provide the service as a health service.

Number	Description of the standard	Rating scale	Sources
6.1 Characteristics of the service and target population			
6.1.1	Short-term and medium-term treatment: treatment of persons addicted to alcohol or other addictive substances and pathological gamblers within the framework of specialised inpatient care, usually with a duration of 5-24 weeks. It follows acute inpatient care (such as detoxification). Direct entry into the service is possible where the health condition of the patient allows.		**WSD** **OO PD** **ISS**
6.1.2	The service is a component part of the comprehensive system of care provided by a single organisation, or is run as a part of an inpatient healthcare facility or as an independent organisation networked with other specialist facilities and organisations. It is necessary to have the service registered as a health service by the provider.	**FUNDAMENTAL**	**WSD** **ISS**
6.1.3	Target group: substance addicts and pathological gamblers, often with concomitant psychiatric or somatic complications.		**WSD** **PRP/C** **IE** **OO**
6.2 Staffing and infrastructure of the service and modus operandi of the team			
6.2.1	The programme is managed by a head physician with the relevant qualification (Note 1), with practical experience in the field of psychiatry, psychotherapy, and addiction treatment. **Note 1 – interpretation:** *the head physician has the 1st-grade attestation in psychiatry with the expertise recognised by the Czech Medical Chamber (CMC), or is a physician with the 1st-grade or 2nd-grade attestation in psychiatry, a physician with the 1st-grade or 2nd-grade attestation in addictive diseases, or a physician with the attestation in the basic discipline and a certified course in addictive diseases.* *It is the head physician of the programme, not the senior consultant of the whole facility, unless the senior consultant is also the head physician of the programme.* **Cross-reference:** it is related to General Standard 2.2.	**FUNDAMENTAL**	**ISS HR**

Number	Description of the standard	Rating scale	Sources
6.2.2	Therapeutic team: multidisciplinary with regard to the nature of the problem, with health professionals prevailing. **Note 2 – recommendation:** *the team is multidisciplinary if at least three different professions are represented in it.* **Cross-reference:** it is related to General Standards 2.3 and 2.12.		**HR IE ISS**
6.2.3	Modus operandi of the multidisciplinary team: team meetings are held at least once a week. The minutes of the meetings are made available to all the team members. **Cross-reference:** it is related to General Standard 5.2.		**WSD PD ISS IE**
6.2.4.	Operational arrangements: a nonstop 24-hour hospital service.		**WSD ISS OO**
6.2.5	Operational arrangements: a qualified physician and a qualified nurse are available 24 hours a day.		**ISS IE IP/C OO**
6.3 Entry into the service, consent/agreement/contract on service provision			
6.3.1	Indication for admission to the therapeutic programme and an indicative assessment of the patient's condition are performed prior to the admission of the patient. The referral of the patient is appreciated, but not necessary.		**PRP/C IE IP/C**
6.3.2	Medical history data are obtained by the physician upon the admission of the patient. Where the medical history data are obtained by a qualified nurse, or an addictologist, they are later demonstrably verified by a physician and, where necessary, complemented. The medical history is continuously updated. **Note 3 – recommendation:** *it is not recommended to ascertain medical history data only via a questionnaire completed by the patient.*		**PRP/C IE IP/C**

Number	Description of the standard	Rating scale	Sources
6.3.3	Medical examination is performed upon the admission of the patient, however, no later than 24 hours after the admission of the patient, and is entered into the patient's records. Medical examination encompasses: a) comprehensive psychiatric examination and somatic examination; b) toxicology urine or blood testing, if indicated; c) basic laboratory testing is performed to the extent necessary for comprehensive somatic assessment of the client's condition and is indicated by the physician; d) testing for HIV (subject to the patient's consent) and testing for hepatitis and sexually transmitted diseases are performed if indicated. Where necessary, pregnancy tests and other specialised examinations and testing are performed, if indicated. **Note 4 – recommendation:** *the laboratory testing is always performed upon admission if no results of current and adequate laboratory testing are available (these tests shall not be older than 2 weeks).*		**PRP/C** **IE IP/C**
6.3.4	Additional specialised examinations and consultations of other specialists are immediately available and arranged beforehand.		**PRP/C** **IE IP/C**
6.3.5	Emergency care: there is a written procedure for referral care and urgent conditions with prearranged specialised health care. **Note 5 – interpretation**: *mere training in first aid methods and procedures, including cardiopulmonary resuscitation, does not suffice.*	**FUNDAMENTAL**	**WSD** **PD ISS**
6.3.6	The basic rules governing the treatment are defined in writing and made available to patients in a comprehensible form. They define the main situations in which the violation of the rules usually gives rise to the interruption of treatment. They lay down the procedure to be followed in the event of a violation of other rules. The patient is demonstrably familiarised with the rules governing the treatment. **Cross-reference:** it is related to General Standards 1.11 and 1.12.		**WSD** **PD ISS** **IP/C**

Number	Description of the standard	Rating scale	Sources
6.3.7	The patient gives his/her consent to the treatment by signing the informed consent or the contract on service provision. In the event of an involuntary hospital admission, there is a standard procedure in place for reporting and record keeping of the involuntary hospital admission and case management. Detailed records of the case are kept. The procedure for reporting and record keeping of the involuntary hospital admission is established in writing. The service adheres to this procedure. **Note 6 – reference:** *accurate rules for an involuntary hospital admission (for instance the court-ordered compulsory inpatient treatment of alcohol or drug addiction) are laid down by Act No 372/2011 Coll., on health services and conditions for their provision – Sections 38 and 39, or amendments thereto.* **Cross-reference:** it is related to General Standards 1.12 and 3.3.	**FUNDAMENTAL**	**PRP/C** **ISS IP/C** **PD**
6.4 Professional care, record keeping			
6.4.1	A basic treatment plan is developed by the physician within 48 hours following the admission of the patient on the basis of a comprehensive assessment of the patient's condition and with regard to his/her individual conditions, the severity of the illness, and the presence of somatic and psychosocial complications. It also includes pharmacotherapy, if appropriate. The treatment plan is regularly evaluated and reviewed and the course of treatment is documented in the records (epicrisis once a week). **Note 7 – interpretation, recommendation:** *the epicrisis sums up the course of the illness and the health condition of the patient. It is usually written into the case history once a week and includes an estimate of the progress of the patient's condition and the planned procedure.*		**PRP/C** **IE IP/C**

Number	Description of the standard	Rating scale	Sources
6.4.2	An individual treatment plan is drawn up within 28 days following the admission of the patient with regard to his/her individual conditions, the severity of the illness, and the presence of somatic and psychosocial complications. The accomplishment of the treatment plan is regularly evaluated jointly with the patient/client (at least once a fortnight) and the plan is regularly reviewed (at least once a month). **Note 8 – recommendation:** *when assessing the accomplishment of the treatment plan a check is run on whether the objectives and tasks set out in the plan are fulfilled by the clients and to what extent. Checks are also run on whether the tasks were appropriately defined, and whether they are realistic. This may result in the necessity to modify the plan, e.g. to define new tasks, to change deadlines for their accomplishment, etc.* *Unlike the initial treatment plan, this is a detailed individual plan. The employee (guarantor) draws up this plan in collaboration with the patient within one month.*		**PRP/C** **IE IP/C**
6.4.3	Monitoring of the therapeutic process: each patient/client has a designated physician or psychologist, addictologist, or a professionally qualified psychotherapist (guarantor) responsible for the management of the case, who assesses the patient's condition and the accomplishment of the treatment plan. **Note 9 – interpretation:** *the physician consistently monitors his/her patient, keeps records of important facts, and monitors and modifies the medication. The condition of each patient and the course of the therapeutic process are discussed once a week with the head physician and/or at the team meeting.*		**PRP/C** **IE IP/C**
6.4.4	Pharmacotherapy serves to address the mental and somatic complications. It is taken care of exclusively by a physician, pursuant to the relevant legislation and principles of good medical practice. **Cross-reference:** it is related to General Standard 4.8.		**PRP/C** **IE IP/C**
6.4.5	Regular and random toxicology testing for the presence of metabolites of addictive substances in the body is an integral part of the programme. The service stipulates the testing procedure, which is elaborated with a view to safeguarding the safe and drug-free environment of the programme and the maintenance of the dignity of the patients who are tested. This process must be part of the therapeutic agreement/contract and its goal must be clarified to patients/clients.		**PRP/C** **IE IP/C**

Number	Description of the standard	Rating scale	Sources
6.4.6	The daily treatment regime is elaborated in writing, including the timetable of structured activities, and it is a component part of each individual treatment plan.		**IP/C PD**
6.4.7	Structured activities: each patient/client participates in the programme to the extent of at least 20 hours of structured activities per week, spread over at least 5 days of the week. **Note 10 – recommendation:** *for the purpose of this item, the "structured activities" do not mean the clients' work, trips, and sports. The following activities can be considered structured activities: community meetings (the so-called morning and evening community meetings, large community meetings, clubs), group meetings (group therapy, including art therapy, drama therapy, training in social skills, etc.), one-to-one interviews (interviews with the guarantor (key worker), individual planning, etc.). One session lasts 60 minutes, not 45 minutes like the so-called school 'hour'.*		**IE IP/C PD OO**
6.4.8	Group therapy is a basic therapeutic tool. Its scope, procedures, and objectives are appropriate to the duration of the programme and the needs of the patient. **Note 11 – interpretation:** *an appropriate objective of the programme cannot be e.g. a personality change or a significant improvement of severe psychopathology.*		**IE IP/C PD OO**
6.4.9	Family (or partner) therapy and counselling are practised whenever appropriate with respect to the individual conditions of the patient. **Note 12 – recommendation:** *"the group for relatives and family members" is, in principle, of a supportive and educational nature. It is not intended to address individual psychological and psychopathological problems.*		**IE IP/C PD**
6.4.10	Social work is performed with the view to stabilising to the maximum degree the social conditions of the patient for his/her future life (e.g. as regards family relations, housing, study, and employment).		**IE IP/C PRP/C**
6.4.11	Rehabilitation is a component part of therapeutic activities within the treatment programme. It aims at the stabilisation and improvement of the mental, somatic, and social capacity of the patient and it is actually performed. **Note 13 – recommendation:** *for example, the following tools are applied: training in cognitive capabilities, training in social skills, occupational therapy, sports, endurance programmes.*		**IE IP/C PD OO**
6.4.12	Relapse prevention is an inseparable part of structured activities.		**IP/C IE PD**

Number	Description of the standard	Rating scale	Sources
6.4.13	Record keeping: the individual record (case history) of the patient documents in detail the treatment process (epicrisis once a week). The course of joint structured activities is detailed (minutes of community meetings, groups, etc.). All documentation with personal data is confidential and protected against abuse. **Note 14 – interpretation:** *the epicrisis sums up the course of the illness and the health condition of the patient. It is usually written into the case history once a week and includes an estimate of the progress of the patient's condition and planned procedure.* **Cross-reference:** it is related to General Standards 1.10 and 4.3.	**FUNDAMENTAL**	**PRP/C**
6.4.14	Record keeping: all records with personal data are confidential and secured against misuse.	**FUNDAMENTAL**	**OO IP/C** **PRP/C**
6.5 Termination of the service, or its interruption, and a follow-up care plan			
6.5.1	The discharge of the patient is planned beforehand in cooperation with the patient with the view to ensuring the continuity of treatment care (including outpatient and day care, long-term residential care, and aftercare); it is accompanied by an appropriate referral.		**PRP/C** **IE IP/C**
6.5.2	Plans for aftercare and social inclusion are drawn up every time a patient is discharged, including in the event of an early termination of treatment for disciplinary reasons. The patient shall at least be clearly informed on his/her additional care needs and he/she is given a recommendation for a specialist centres offering such care. Rules for repeated treatment are developed. **Cross-reference:** it is related to General Standard 4.9.		**PRP/C** **IE IC**
6.5.3	A discharge report is made out upon the discharge of the patient. The discharge report is made out even if the patient is transferred to another ward of the given organisation of heath service provider. In the event of follow-up treatment, a detailed discharge report is drawn up and forwarded to the facility providing the follow-up care. **Note 15 – recommendation**: *what is perceived as the minimum fulfilment is a preliminary discharge report handed over to the patient upon his/her discharge if the follow-up treatment is not provided immediately or at all.* **Cross-reference:** it is related to General Standard 4.9.		**PRP/C** **IE**
6.6 The environment, material and technical infrastructure, and minimum safety			

Number	Description of the standard	Rating scale	Sources
6.6.1	The service possesses consultation rooms for one-to-one interviews and a room for group therapy. This room is large enough to accommodate the group members and for them to be able to sit in such a way that they can see and hear one another. **Cross-reference:** it is related to General Standard 6.1.		**WSD** **ISS OO** **PD**
6.6.2	Meals and specific diets comply with the standards and hygiene norms for inpatient healthcare facilities.		**IP/C PD**
6.6.3	The service has strategies for maintaining a drug-free environment and the drug-free environment is guaranteed. **Note 16 – interpretation:** *a "drug-free environment" means a space with no alcohol or other addictive substances available. The exception is medicinal drugs administered on the basis of a physician's indication and under the supervision of professional staff.*		
6.7 Evaluation of the quality, safety, and effectiveness of the service			
6.7.1	The quality, safety, and effectiveness of the specialist programme are regularly evaluated. The quality, safety, and effectiveness of the service are evaluated at least against the following criteria: (see Note 17). It is essential to conduct a continuous analysis and evaluation of the effective factors and complications of the service and the case work at meetings and during supervision. **Note 17 – recommendation:** *The following criteria are relevant for the evaluation of quality, safety, and effectiveness, e.g.:* *a) number and structure of interventions and patients/clients,* *b) use of the capacity of the programme,* *c) frequency and type of extraordinary events and regime complications,* *d) frequency of drop-outs during the first third of the programme and the reasons behind these dropouts,* *e) frequency of successfully completed treatment plans,* *f) number and structure of implemented referrals to other follow-up care facilities.* **Cross-reference:** it is related to General Standards 7.1 and 7.2.		**WSD** **PD**
Total score: the total number of standards is 35; the maximum achievable score is 105 points. The number of fundamental items is 6.			

Summary of scoring

A total of 35 standards, of which 6 standards are designated as fundamental, i.e. the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.

The maximum achievable total score is 105 points; the minimum required for the granting of the certificate is 80% of the maximum score, i.e. 84 points.

7. Residential Care in Therapeutic Communities

Medium-term and long-term inpatient professional care provided in facilities of the therapeutic community type, usually lasting 6-18 months.
A therapeutic community is a residential facility, the primary goal of which is to help clients recover from addictological disorder through procedures supporting their personal development, while simultaneously maintaining abstinence from addictive substances.
A therapeutic community offers a structured, safe, and inspiring environment for learning, growing, and maturing, which takes place predominantly by social learning in a context defined by clear and comprehensible rules. The therapeutic potential of the therapeutic community (TC) is seen in the constant tension between reality and the therapy, between everyday coexistence on the one hand and supported and monitored social learning and training on the other hand.

Number	Description of the standard	Rating scale	Sources
7.1 Characteristics of the service and target population			
7.1.1	In the comprehensive system of care this service follows detoxification or short-term and medium-term treatment and precedes the aftercare programmes. The stay of patients/clients is usually of a long-term nature, divided into several stages which differ in the degree of responsibility for and involvement in the operation of the community. The programme focuses on the recovery of the physical and mental health of patients/clients, on prevention and tackling of social exclusion, and on social inclusion, including the reestablishment of family ties and other close relationships. Apart from accommodation and meals, the service offers especially sociotherapeutic and psychotherapeutic assistance directed at a major change in the lifestyle and self-concept of patients/clients conducive to a drug-free life. The service is a component part of the comprehensive system of care provided by a single organisation, or is run independently, with functional links to other specialist facilities and organisations. It is provided as a social and/or health service. **Note 1 – recommendation:** *the therapeutic community (TC) is characterised by its internal therapeutic and social organisation, with defined and fully applied effective factors, not by external features or the type of clients.* *The length of stay can be even longer than 18 months, but it is recommended to consider the effectiveness of stays longer than 12 months.* **Cross-reference:** it is related to General Standard 1.3.		**WSD** **ISS**

Number	Description of the standard	Rating scale	Sources
7.1.2	Target group: substance addicts, those with severe addictological disorders, with severe psychosocial or somatic damage. **Note 2 – interpretation:** *the psychological, health, and social condition of the patients/clients of a therapeutic community requires a comprehensive professional approach, not only lay support and supervision. The service users typically demonstrate a mix of the following characteristics: a long-term history of substance use, injecting drug use, serious social issues (debts, unemployment, social exclusion, inability to take care of children, etc.), prior failures to recover, including potential previous treatment efforts, comorbidity, violations of the law, serving a prison sentence, etc.*	**FUNDAMENTAL**	**WSD** **PRP/C** **IE OO**
7.2 Staffing and infrastructure of the service and modus operandi of the team			
7.2.1	Management: the professional management of the service is guaranteed by a qualified employee with at least 3 years of practical experience in a therapeutic community, group psychotherapy, addiction treatment, family therapy, or similar types of services. The head is required to have completed formal higher (college/university) education in medicine, psychology, social work, education, or related fields. **Note 3 – recommendation:** *it is recommended that the head has gained a master's degree at a higher education institution and completed self-experiential psychotherapeutic training focused on group therapy.*	**FUNDAMENTAL**	**HR**

Number	Description of the standard	Rating scale	Sources
7.2.2	The therapeutic team is multidisciplinary with respect to the nature of the problem and specific characteristics of the patients/clients and its members are also educated and trained in a multidisciplinary manner (Note 4). The employees are selected on the basis of criteria related especially to education, specialised training, and practical experience. Education: the minimum education required is tertiary/higher vocational education. Fields of study – healthcare, psychology, social work, education, or related disciplines. Specialised training courses: psychotherapeutic training with a self-experiential component in the majority of team members. Practical experience: independent employee is supposed to have at least one year of practical experience in a therapeutic community or similar types of services – counselling and/or therapeutic. **Note 4 – interpretation:** *a therapeutic team is multidisciplinary when experts of different professions (e.g. health, social work, and education professionals) are represented in it. Multidisciplinary education means education in those areas that are common to the disciplines of team members and are relevant for the professional care provided by the service.*		**HR**

Number	Description of the standard	Rating scale	Sources
7.2.3	Operational arrangements: at least one member of the therapeutic team always takes part in the specialist therapeutic programme and at least one experienced member of the community takes part in selected activities. At least one member of staff is always present in the facility. The service lays down in writing the staffing arrangements required to ensure the operation. The established procedures are adhered to. **Note 5 – interpretation:** *member of the therapeutic team – an employee with the required qualifications for the provision of the given specialist programme (group leading, one-to-one interviews, guarantorship, occupational therapy, etc.).* *Experienced member of the community – a member of the therapeutic team or a client with higher responsibilities and powers (e.g. after having held all the positions in community co-administration, clients authorised to accompany other clients when going to see a doctor, during the second half of the treatment, during the last stage of the programme, etc. – it all depends on the specific conditions of the given therapeutic community).* *Member of the staff – a member of the therapeutic team or an employee with another qualification than that required for the provision of the specialist programme, who, however, completed at least a basic crisis intervention course (of an extent of 20 hours) and a first aid course, including cardiopulmonary resuscitation.* **Note 6 – interpretation and recommendation**: *a specialist therapeutic programme is defined in particular in line with item 7.4.6 a) and b); it also encompasses selected items of occupational therapy (learning to do a new work activity, organisation of a work activity, its control, work with devices and equipment, etc.) and leisure time, sports, and endurance activities.* *Activities during which an experienced member of the community is present are defined – e.g. "self-directed" groups, a routine work activity, etc.* *The period for which the presence of only one member of staff suffices: during the night, or whenever only a small number of clients are present in the community (e.g. those who for different reasons do not participate in an endurance programme) and the regular programme is not implemented, etc.* **Note 7 – recommendation**: *it is recommended not to leave the clients on their own in the facility (even if they are experienced members of the community), with no staff present.*	**FUNDAMENTAL**	**WSD** **OO IE** **IP/C**

Number	Description of the standard	Rating scale	Sources
7.2.4	The service defines the procedure for sharing the information on clients and on operation-related matters in the team. The procedure comprises at least the following: the manner in which shifts are handed over between employees and the rules governing the course of meetings and team conferences and participation therein. Team meetings are held usually once a week, team conferences at least four times a year. The minutes are available to all the team members. The service adheres to these procedures. **Note 8 – interpretation:** *the team conference is usually a whole-day meeting of all the members of the therapeutic team, which consists of a specialised agenda focused on a specific topic related to the current situation in the therapeutic community or the work in the therapeutic community in general, a longer meeting concerning the clients, a detailed analysis of a complex case, a discussion about the development plan of the facility, about meeting the professional competence standards, about updating the rules or the operational manual, etc.* **Cross-reference:** it is related to General Standard 2.11.	**FUNDAMENTAL**	**PD IE**
7.3 Entry into the service, consent/agreement/contract on service provision			
7.3.1	A medical examination is performed prior to the entry of the patient/client into the service with a view to determining the severity of his/her mental and somatic complications and the suitability of the indication of this type of service. Prior to the entry it is necessary to rule out a more severe acute mental or somatic condition, including acute infectious diseases. In the majority of cases a referral from other facilities is necessary. If the service possesses the capacity to perform the relevant medical examination, it can be performed only after entry as a part of the initial examination. Also in this case a referral from other facilities is not necessary for entry into the service. **Note 9 – interpretation:** *medical examination generally includes: a) psychiatric and somatic examination, b) toxicology urine testing, c) basic laboratory testing, d) testing for HIV, hepatitis, and sexually transmitted diseases, e) where necessary, testing for pregnancy and other specialised interventions.* *Medical examination "prior to entry" includes the examinations performed during the therapeutic interventions made just before entry (detoxication, short-term or medium-term treatment, etc.).*		**WSD PRP/C IE**
7.3.2	Medical history data are collected by a qualified employee upon the entry of the patient/client into the programme, or, where necessary, consulted with the physician. The medical history is continuously updated. **Note 10 – recommendation:** *it is not recommended to collect medical history data only via a questionnaire completed by the patient/client.*		**PRP/C IE**

Number	Description of the standard	Rating scale	Sources
7.3.3	Thorough initial assessment of the patient's/client's condition, part of which is the assessment of the psychosocial functioning of the patient/client (including his/her family background, work history, legal status etc.) and determination of the initial plan of professional care is performed no later than 7 days after entry. **Note 11 – interpretation:** *in health services to which laws and regulations apply that require a shorter period than 7 days, this deadline shall be cut as necessary.*		**PRP/C ISS IE IP/C**
7.3.4	The service concludes with the person interested in the service a written agreement/contract on service provision which can have the form of an informed consent. The service complies with the requirements laid down in the binding legislation and adheres to it. **Note 12 – interpretation:** *the social service facility abides by the Act on Social Services; informed consent is commonly required in health services.* *Apart from a formal agreement on service provision which is concluded with the persons who are interested upon their entry into the service, commonly a therapeutic contract is also concluded with the patients/clients, mostly as an integral part of the initial ritual, which is conducted only after a longer stay of the patient/client in the service (usually within 1 month).* **Cross-reference:** it is related to General Standard 3.5.		**PRP/C IP/C ISS**
7.4 Professional care, record keeping			
7.4.1	Basic medical care is ensured within the facility or in its close vicinity, e.g. by a general practitioner. In the event of somatic complications, the availability of adequate care is guaranteed. Specialised medical care is ensured whenever desirable, without any undue delay, in the fields of psychiatry, hepatology, dentistry, neurology, gynaecology, dermatovenerology, etc. The service sets out in writing in what way the basic and specialised medical care is provided. The established procedures are adhered to.		**WSD ISS IE IP/C**

Number	Description of the standard	Rating scale	Sources
7.4.2	An individual treatment plan is drawn up within 28 days following the admission of the patient/client with regard to his/her individual conditions, the severity of his/her illness, and the presence of somatic and psychosocial complications. The accomplishment of the treatment plan is regularly evaluated jointly with the patient/client and the plan is regularly reviewed (at least once a month). **Note 13 – interpretation:** *when the accomplishment of the treatment plan is being evaluated, its accomplishment and the progress of patients/clients in treatment are assessed. Among other things, checks are also run on whether the agreements concluded and agreed objectives have been appropriately defined and whether they are realistic. This may result in the necessity to modify the plan, e.g. to define new tasks, to change deadlines for their accomplishment, etc.* *Unlike the initial treatment plan from item 7.3.3, this is a detailed individual plan. It should be drawn up by the employee (guarantor/key worker – see Note 15) in collaboration with the client within one month.*		**PRP/C** **ISS IE**
7.4.3	Structured activities: each patient/client participates in the programme to the extent of at least 20 hours of structured activities per week, spread over at least 5 days of the week. **Note 14 – interpretation:** *for the purpose of this item, the structured activities do not mean the clients' work, trips, and sports, i.e. activities listed under points c) and d) in item 7.4.6.* *The following activities can be considered structured activities: community meetings (the so-called morning and evening community meetings, large community meetings, clubs), group meetings (group therapy, including art therapy, drama therapy, etc.), one-to-one interviews (interviews with the guarantor/key worker, individual planning, etc.) – activities falling under points a) and b) in item 7.4.6.* *One session lasts 60 minutes, not 45 minutes like the so-called school 'hour'.*	**FUNDAMENTAL**	**WSD** **PD**
7.4.4	Monitoring of the therapeutic process: each patient/client has a designated employee – a therapist ("guarantor", "key worker"), responsible for the management of the patient/client, who regularly, at least once a fortnight, assesses the patient's/client's condition and accomplishment of the treatment plan and makes a written report thereof in the personal records of the patient/client (epicrisis in the daily record, etc.). **Note 15 – interpretation:** *the guarantor (key worker) consistently monitors his/her client, keeps records of essential data, and consults with the head. Each patient/client shall be discussed at least once a fortnight at a team meeting.* *The epicrisis means the description of the progress currently achieved, or a summary of the development so far.*		**PRP/C** **ISS IE** **IP/C**

Number	Description of the standard	Rating scale	Sources
7.4.5	The basic rules governing the treatment: they are defined in writing in a form that is clear and comprehensible to patients/clients. A procedure is laid down that is to be followed in the event of a violation of these rules. Situations during which the treatment can be interrupted or terminated are defined in the rules. These rules are adhered to by the service. **Cross-reference:** it is related to General Standards 1.11, 1.12, and 3.3.	**FUNDAMENTAL**	**WSD OO IP/C**
7.4.6	Daily regime: it is consistent and stable, it is executed in writing in a form that is clear to patients/clients, and it is binding for all the patients/clients with regard to the status they have achieved in the structured process. The daily regime contains a timetable of structured activities, which definitely includes therapeutic, educational, rehabilitation, and occupational activities: a) therapeutic activities (group, individual support, family therapy), b) education and training, fostering and developing responsible behaviour, c) occupational therapy with a view to acquiring, restoring, and fostering work habits and skills, d) leisure time, sports, endurance programmes, and other rehabilitation activities. **Note 16 – interpretation:** *the daily regime is usually repeated regularly in one-week cycles. The week constitutes a unit containing all the above-mentioned activities. Some selected activities can be repeated at longer intervals (e.g. some community rituals at a month's interval, etc.).*	**FUNDAMENTAL**	**WSD PD OO IP/C**
7.4.7	Structured process: it commonly contains a description of the therapeutic stages and conditions for transfer. It is elaborated in writing in a form that is comprehensible and clear to patients/clients.		**WSD PD IP/C**
7.4.8	Group therapy is the basic therapeutic tool of the service; its procedures and objectives are appropriate to the duration of the programme and the needs of the patient/client. The service sets out the ways in which it is used and these provisions are adhered to. **Note 17 – interpretation:** *it is recommended to articulate the general objectives of group therapy concerning the support of personality growth and maturing. The group therapy should also respond to activities and experience in the therapeutic community and enable the client to process and make use of the effects of the therapeutic community. It should also be balanced with other structured activities (clubs, occupational therapy, culture, sports, etc.)*		**WSD ISS PD**

Number	Description of the standard	Rating scale	Sources
7.4.9	Work with family members and partners is performed whenever possible with regard to the individual conditions of the patient/client. It is performed in the individual or group form with a view to navigating them through the problem of addiction and its treatment, providing them with emotional and social support, mobilising mature behaviour, and maintaining the basic functioning of the family. **Note 18 – recommendation:** *it is recommended that the services that for practical reasons do not offer the parent groups themselves (long distance, clients from different towns) arrange for parents' involvement in another suitable form and/or offer the family members of their clients support groups in their place of residence in cooperation with other organisations.*		**WSD ISS PD IP/C**
7.4.10	Social work is practised with a view to stabilising as far as possible the social conditions of the patient/client for his/her social inclusion and future life (e.g. as regards family relations, housing, studies, employment, and debt-related matters). The service defines in writing what components of social work are made use of. The established procedures are adhered to.		**WSD ISS PRP/C IP/C**
7.4.11	Regular and random toxicology testing for the presence of metabolites of addictive substances in the body is performed on all the patients/clients. This process must be part of the therapeutic agreement/contract and its goal must be clarified to patients/clients. The service lays down the testing procedure which is developed so as to guarantee the safe drug-free environment of the community and maintain the dignity of the clients being tested. **Note 19 – recommendation:** *it is recommended not to adopt major decisions on the basis of a positive finding of the screening test performed by a single method, such as to discharge the clients from the facility for reasons of abstinence violation. It is recommended to verify the result by yet another method (e.g. immune analysis can be supplemented by chromatography, etc.).*		**PRP/C PD ISS IP/C**
7.4.12	Pharmacotherapy: it serves to address mental and somatic complications and comorbidities. The medication is prescribed exclusively by a physician pursuant to the relevant legislation and principles of good medical practice. **Cross-reference:** it is related to General Standard 4.8.		**PRP/C ISS IE**
7.4.13	Relapse prevention is conducted with all the patients/clients; it is an inseparable component of the programme. The service sets out in writing how the relapse prevention principles are applied in the programme. The established procedures are adhered to by the service.		**WSD ISS PD IP/C**

Number	Description of the standard	Rating scale	Sources
7.4.14	Record keeping: the individual records (case history/personal file) of the patient/client keep a detailed account of the therapeutic process. Apart from that, the course of joint structured activities is also recorded in detail (minutes of the communities, groups, etc.). **Cross-reference:** it is related to General Standard 1.10 and 4.3.	**FUNDAMENTAL**	**PRP/C PD ISS OO**
7.5 Termination of the service, or its interruption, and a follow-up care plan			
7.5.1	The discharge of patients/clients is planned beforehand with a view to ensuring suitable aftercare. The final evaluation of the treatment results is accompanied by the relevant referral.		**PRP/C ISS**
7.5.2	Aftercare and social inclusion plans are drawn up on the discharge of every patient/client, including in cases of early termination of treatment for disciplinary reasons; the patient/client shall at least be clearly informed on his/her needs for additional care and he/she is given a recommendation for a specialist centre offering such care. Rules for the repeated use of the service are developed. Each patient/client receives a preliminary discharge report when leaving the service. **Cross-reference:** it is related to General Standard 4.9.		**WSD PRP/C ISS**
7.6 The environment, material and technical infrastructure, and minimum safety			
7.6.1	The environment is clean and well kept. **Cross-reference:** it is related to General Standard 6.1.		**OO**
7.6.2	The facility possesses a room for community meetings which is large enough to accommodate the group members and for them to be able to sit in such a way that they can see and hear one another. **Cross-reference:** it is related to General Standard 6.1.		**OO IP/C**
7.6.3	The facility has a canteen large enough for all the community members to be served meals simultaneously. **Cross-reference:** it is related to General Standard 6.1.		**OO IE IP/C**

Number	Description of the standard	Rating scale	Sources
7.6.4	The service sets out in writing in what way the prevention of health and occupational risks is ensured at the time when a limited number of staff are present in the facility. The established procedures are adhered to. **Note 20 – interpretation:** *the procedure can e.g. stipulate that if only one member of the staff is present, another member of the staff is on call, etc.* **Cross-reference:** it is related to General Standard 6.4 and Special Standard 7.2.3.		**WSD** **PD ISS** **IP IP/C**
7.6.5	The service sets out in writing in what way the drug-free and alcohol-free environment is ensured on the premises of the facility and during activities organised by the service outside its premises. The established procedures are adhered to. **Note 19:** *in the case of activities performed outside the premises of the facility, it would be more accurate to talk about ensuring or maintaining a "drug-free community". It is clear that it is beyond the capacity of the service to ensure an alcohol-free environment everywhere. Nonetheless, the service should take into account the potential risks e.g. when eating in restaurants, etc. The procedures and rules can stipulate that extraordinary group meetings may be convened or other support may be provided to patients/clients who feel endangered by the presence of addictive substances.* **Cross-reference:** it is related to General Standards 1.12 and 6.1.		**WSD** **PD ISS** **IP IP/C**
7.6.6	Meals (diet) – full meals at least three times a day respecting the basic hygiene norms. Meals cannot be denied for disciplinary reasons.		**WSD** **OO IP/C**

Number	Description of the standard	Rating scale	Sources
7.7 Evaluation of the quality, safety, and effectiveness of the service			
7.7.1	The quality, safety, and effectiveness of the service are regularly evaluated, at least once a year. The quality, safety, and effectiveness of the service are evaluated at least against the following criteria: a) number and structure of interventions and patients/clients, b) utilisation of capacity of the programme, c) frequency and type of extraordinary events and regime complications, d) attendance rate of the open group forms of work such as groups for parents and partners or preparatory motivation groups, e) frequency of dropouts during the first third of the programme and the reasons for these dropouts, f) frequency of successfully completed treatment plans, g) number and structure of referrals to other facilities, particularly aftercare facilities. It is essential to conduct a continuous analysis of the effective factors and complications of the programme and the case work at meetings and during supervision. **Cross-reference:** it is related to General Standards 7.1 and 7.2.		**WSD** **PD**
Total score: the total number of standards is 33; the maximum achievable score is 99 points. The number of fundamental items is 80.			

Summary of scoring

A total of 33 standards, of which 80 standards are designated as fundamental; i.e. the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.

The maximum achievable total score is 88 points; the minimum required for the granting of the certificate is 80% of the maximum score, i.e. 79 points.

8. Aftercare Programmes

Structured programmes of intensive aftercare are intended for abstaining persons with a history of substance addiction or pathological gambling and have a recommended minimum period of sustained abstinence of 3 months. The aftercare programmes are partly implemented in the form of a day care centres offering afternoon stays during a period of at least 6 months. The programmes focus on supporting and sustaining the abstinence of patients/clients following treatment in a basic treatment programme and help them with their social resettlement. The programmes provide supportive individual and group psychotherapy, social work, relapse prevention, a wide range of leisure time activities, and, depending on the programme's capacity, also sheltered housing and sheltered employment and retraining. The service is provided as a health and/or social service.

Number	Description of the standard	Rating scale	Sources
8.1 Characteristics of the service and target population			
8.1.1	The service focuses on supporting and sustaining the abstinence of patients/clients following treatment in the basic treatment programme and helps them with their social resettlement. Its duration is at least 6 months. The service is a component part of the system of care provided by a single organisation, or is run as an outpatient or inpatient treatment programme, or fully independently. The service is provided as a health and/or social service. **Cross-reference:** it is related to General Standard 1.3.		**WSD** **ISS**
8.1.2	Target group: abstainers with a history of substance addiction or pathological gambling with a recommended minimum period of abstinence of 3 months. Preference is given to persons who completed detoxification and at least short-term treatment (outpatient or residential), with the prospect of, and motivation to, long-term abstinence.	**FUNDAMENTAL**	**WSD** **PRP/C** **IE OO**
8.2 Staffing and infrastructure of the service and modus operandi of the team			
8.2.1	Management: the professional management of the service is guaranteed by a qualified employee with at least 3 years of practical experience in addiction treatment, group and/or individual psychotherapy, family therapy, or similar types of services. The head of the team is required to have completed formal higher (college/university) education in medicine, psychology, social work, or education. **Note 1 – recommendation:** *it is recommended that the head has gained a master's degree at a higher education institution and completed self-experiential psychotherapeutic training focused on group therapy.* **Cross-reference:** it is related to General Standard 2.4.	**FUNDAMENTAL**	**ISS HR**

Number	Description of the standard	Rating scale	Sources
8.2.2	The therapeutic team is multidisciplinary (Note 2) with respect to the nature of the problem and specific characteristics of the patients/clients. The employees are selected on the basis of criteria that are related especially to education, specialised training, and practical experience. Education of staff: the minimum required education is tertiary/higher vocational education. Fields of study – healthcare, psychology, social work, special education, education, or related disciplines. Specialised training courses: the majority of team members have at least started to attend psychotherapeutic training with a self-experiential component. Practical experience of staff: independent employee is supposed to have at least one year of practical experience in the treatment of addictive disorders or in similar types of services – counselling and/or therapy. **Note 2 – interpretation:** *the therapeutic team is multidisciplinary when experts of at least three types of professions (e.g. healthcare, social work, education professionals, etc.) are represented in it.* **Cross-reference:** it is related to General Standard 2.3.		**HR IE ISS**
8.2.3	The service defines the procedure for sharing the information on patients/clients and on operation-related matters in the team. The procedure comprises at least the following: the manner in which shifts are handed over between employees and the rules governing the course of meetings and team conferences and participation therein. Team meetings are held at least once a week, team conferences at least four times a year. The minutes are available to all the team members. The service adheres to these procedures. **Note 3 – interpretation:** *the team conference is usually a whole-day meeting of all the members of the therapeutic team, which consists of a specialised agenda focused on a specific topic related to the current situation in the service or the work in the service in general, a longer meeting concerning the clients, a detailed analysis of a complex case, a discussion about the development plan of the facility, about meeting the professional care standards, and about updating the rules or the operational manual, etc.* **Cross-reference:** it is related to General Standards 2.11.		**WSD PD ISS IP**

Number	Description of the standard	Rating scale	Sources
8.2.4	Operational arrangements: the main structured activities take place in the afternoon and in the evening, or during the weekends with respect to the clients' studies or work. The service defines in writing in what manner the operation is guaranteed and adheres to the established procedures. **Cross-reference:** it is related to General Standard 1.8.	**FUNDAMENTAL**	**WSD PD ISS IE**
8.2.5.	Number of patients/clients in the structured programme per one qualified worker: a group of 6-12 patients/clients. **Note 4 – interpretation and recommendation:** *the number of patients/clients per 1 worker in individual activities is stipulated by the service in writing. Also stipulated is the maximum number of patients/clients in the group and the number of patients/clients per 1 worker in individual activities.*		**WSD ISS OO**
8.2.6.	At least one member of the therapeutic team always takes part in the structured programme. The service defines in writing the way in which the staffing for the operation is guaranteed. The defined procedures are adhered to.		**WSD ISS IP**
8.2.7	The team is educated in a multidisciplinary manner with regard to the bio-psycho-socio-spiritual model of addiction and the model of the service that is provided.		
8.3 Entry into the service, consent/agreement/contract on service provision			
8.3.1	Assessment of the patient's/client's condition: there are procedures and criteria in place that indicate the necessity and suitability of the programme for patients/clients and their addition to the waiting list. A referral from another service is appropriate, but not necessary.	**FUNDAMENTAL**	**PRP/C IE IP/C**
8.3.2.	Medical examination: in healthcare facilities a psychiatric examination and indicative somatic examination are conducted on each patient/client. If the programme is provided as a social service a medical examination by a physician shall be available (Note 5) in indicated cases. Other examinations are arranged for in indicated cases with a view to determining the severity of somatic and mental complications in order to assess the suitability and indication of the specific mode of treatment or other professional care. **Note 5 – interpretation, recommendation**: *availability in non-healthcare facilities does not mean that a medical examination is ensured, e.g. by employing a physician. The service possesses a list of medical care providers in the given location. This list is continuously updated. It can provide the clients with contacts to general practitioners and specialists and make out the respective referrals.*		**WSD PD PRP/C ISS**

Number	Description of the standard	Rating scale	Sources
8.3.3.	Another examination is performed in indicated cases in order to determine the severity of somatic and psychiatric complications for the purpose of assessing the suitability and indication of a specific mode of treatment or other professional care subject to the patient's/client's consent. The following examinations are recommended: a) examination by a specialist (psychiatrist, internal medicine doctor, neurologist, hepatologist, etc.), b) toxicological examination of urine c) laboratory testing and instrumental examinations, d) testing for HIV, infectious hepatitis, and sexually transmitted diseases, e) where necessary, pregnancy tests.		**WSD PD PRP/C ISS**
8.3.4	The service defines the form and the course of the first contacts in writing, with account being taken of the specific features of the target group. During the first contacts, the service informs the persons interested in the service on the nature of the service and the conditions governing its use. The service ascertains the basic medical history data and the expectations of the person who is interested in order to find out whether he/she belongs to its target group. The service determines the duration of the period available for negotiation with the person interested in the service on the basis of its capacity and the needs of the target group.		**PRP/C IE IP/C**
8.3.5	The basic rules governing the treatment are defined in writing and made available to patients/clients in a clear and comprehensible form. The rules define the key situations in which the violation of the rules usually gives rise to the interruption of treatment, and lay down the procedure to be followed in such a case. These rules are followed and adhered to by the service. The patient/client is demonstrably familiarised with the rules governing the treatment upon his/her entry into the treatment. The rules are available to the patient/client throughout the treatment. **Cross-reference:** it is related to General Standards 1.11, 1.12, and 3.3.		**WSD PD ISS IP/C**

Number	Description of the standard	Rating scale	Sources
8.3.6	The service concludes with the person interested in the service an agreement/contract on service provision which can have the form of an informed consent. The scope and objective of the agreement/contract corresponds to the capacity and nature of the service which the person interested in the service wishes to use. **Note 6 – interpretation:** *the social service facility abides by the Act on Social Services; an informed consent is commonly required in health services.* **Cross-reference:** it is related to General Standards 1.12 and 3.5.	**FUNDAMENTAL**	**PRP/C ISS IP/C PD**
8.4 Professional care, record keeping			
8.4.1	Assessment of the patient's/client's condition, part of which is the assessment of the psychosocial functioning of the patient/client (including his/her family background, work history, legal status, etc.) and the drawing up of the plan of professional care, is performed. The scope of the comprehensive assessment of the patient/client is set out and the outcome is recorded in writing. This is done within the established deadline (within 10 days) following admission to the programme.		**WSD PRP/C ISS**
8.4.2	Basic counselling is an integral part of the aftercare programme. It concerns the health and mental condition of the patient/client, health and social areas, information on other specialist facilities and services, and counselling prior to and after testing for HIV and hepatitis.		**WSD PRP/C ISS**
8.4.3	Basic medical care: in health services it is provided by a physician or a qualified nurse in the event of common somatic complications. Social services help patients/clients use the system of healthcare available in the given location (Note 7). The service defines in writing the way in which the basic medical care is performed and the established procedure is adhered to. **Note 7 – interpretation and recommendation:** *availability in non-healthcare facilities does not mean that the medical examination is ensured, e.g. by employing a physician. The service possesses a list of medical care providers in the given location. This list is continuously updated. It can provide the clients with contacts to general practitioners and specialists and make out the respective referrals.*		**WSD PRP/C ISS IP/C**

Number	Description of the standard	Rating scale	Sources
8.4.4	Individual treatment plan: it is drawn up within 28 days following the admission of the patient/client with regard to his/her condition and the presence of somatic and psychosocial complications. The accomplishment of the individual treatment plan is regularly evaluated jointly with the patient/client and the plan is reviewed/evaluated regularly, depending on the course and frequency of contacts with the respective patient/client. The specific deadlines for the evaluation and review of the plan and the way in which records are kept are laid down by the service in writing. The established procedure is adhered to by the service. **Note 8 – interpretation:** *when the accomplishment of the treatment plan is being assessed, a check is run on whether the objectives and tasks set out in the plan are fulfilled by the clients and to what extent. A check is also run on whether the tasks were appropriately defined, and whether they are realistic. This may result in the necessity to modify the plan, e.g. to define new tasks, to change the deadlines for their accomplishment, etc.* **Cross-reference:** it is related to General Standards 4.4 and 4.5.		**PRP/C ISS IE**

Number	Description of the standard	Rating scale	Sources
8.4.5	Monitoring of the therapeutic process: each patient/client has a designated qualified employee ("guarantor", "key worker", Note 9) responsible for the management of the client, who, jointly with the patient/client, regularly assesses the accomplishment of the treatment plan (at least once a month) and makes a written report thereof in the personal records of the patient/client at appropriate intervals (set out in writing). The ways and intervals for planning the service that is provided with the patient/client are determined by the service and are adhered to by the service. The service also has the way and intervals for the evaluation/review of the service that is provided together with the patient/client defined in writing and adheres to these. The way in which records are kept is stipulated by the service in writing and the established procedure is adhered to. Each patient/client participates in the programme to the extent defined in the individual plan, which is based on the severity of his/her problem and the stage of his/her participation in the programme. The service stipulates the necessary scope of the participation of the patient/client in group and individual activities. **Note 9 – interpretation:** *The guarantor (key worker) consults regularly with his/her patient/client and consistently monitors his/her progress; he/she keeps records of important facts and consults them with the head of the programme or at meetings concerning the patient/client. Each patient/client should be discussed at least once a month at the team meeting.*		**PRP/C** **ISS IE** **IP/C**
8.4.6	Group and individual therapy (or work with the family) is led by qualified workers, and is conducted primarily in a medium-term horizon (Note 10). Objectives and methods are chosen with regard to the needs of the patient/client and the planned period of mutual cooperation. The service sets out in writing the intervals for group and individual activities and their duration. **Note 10 – interpretation:** *the given programme is expected to involve primarily a psychotherapeutic process lasting several months.*		**PRP/C** **ISS IE** **IP/C**

Number	Description of the standard	Rating scale	Sources
8.4.7	Pharmacotherapy in health services: it serves to influence the underlying condition, to treat mental and somatic complications and comorbidity, and to manage the withdrawal syndrome. It is taken care of exclusively by a physician in compliance with the relevant legislation and principles of good medical practice. In social services, selected medicinal drugs such as Antabus can be dispensed. This is done upon the request of the patient/client, exclusively with the knowledge of his/her attending physician and upon his/her recommendation. Particular procedures related to pharmacotherapy in services provided as social services are laid down by the service provider in writing and employees adhere to the established procedures. **Cross-reference**: it is related to General Standard 4.8.	**FUNDAMENTAL**	**PRP/C** **ISS IE**
8.4.8	Regular and random toxicology testing for the presence of metabolites of addictive substances in the body is performed on all the patients/clients of the structured programme. This process must be part of the therapeutic agreement/contract and its goal must be clarified to patients/clients. The service lays down the testing procedure, which is elaborated in such a way as to guarantee the safe drug-free environment of the programme and maintain the dignity of the patients/clients who are being tested. **Note 11 – recommendation:** *it is recommended not to adopt major decisions on the basis of the positive finding of a screening test performed by a single method, such as to discharge the clients from the facility for reasons of abstinence violation. It is recommended to verify the result by another method.*		**WSD** **PRP/C**
8.4.9	Social work: it aims at the social inclusion of the patient/client (e.g. in terms of family relations, housing, studies, employment), with partial goals being the stabilisation of the social conditions of the patient/client for his/her social integration into mainstream society and sustaining abstinence. The social rehabilitation serves to optimise the mental, somatic, and social capacities of the patient/client and to adopt healthy ways of spending leisure time. The service defines in writing the tools and methods used in work towards the social inclusion of patients/clients.		**WSD** **ISS PD**
8.4.10	Relapse prevention is conducted with all the patients/clients. The relapse prevention programme is an inseparable component of the aftercare programme and its structured activities; the service has the relapse prevention procedures laid down in writing.		**WSD** **ISS PD**

Number	Description of the standard	Rating scale	Sources
8.4.11	Work with family members and partners is practised according to the individual conditions and capacity of the service and with regard to the needs of the patients/clients in the individual or group form. The objective is to navigate them through aftercare, abstinence, and social integration while focusing on the best possible functioning of the family. **Note 12 – recommendation:** *the work with family members and partners is, in principle, of a supportive nature; it is not intended to address individual psychological and psychopathological problems.*		**WSD** **ISS PD** **IP/C**
8.4.12	The rules of a structured programme also cover the provision of assistance in the event of a crisis. The service sets out how and by whom crisis intervention shall be provided to patients/clients. **Note 13 – interpretation:** *for practical reasons and in order to achieve cost-effectiveness it is also possible to use resources outside the service.*		**WSD** **ISS PD** **IP**
8.4.13	Basic rules of aftercare: they are defined in writing in a form that is comprehensible and clear to the patients/clients. They define the key situations in which the violation of the rules usually gives rise to the interruption of the programme and set out the procedure to be followed in the event of the violation of other rules. The rules clearly define especially the procedure to be followed in the event of a relapse. The regime of the programme is laid down in writing in a form that is comprehensible to patients/clients. It includes the timetable of structured activities. The timetable of activities is a component part of each individual treatment plan.		**WSD** **ISS PD** **IP/C**
8.4.14	Record keeping: the individual records (case history/personal file) of the patient/client keep a detailed account of the individual therapeutic process. In addition, the course of joint structured activities is also recorded in detail (minutes of the groups, etc.). All records with personal and sensitive data on the patient/client are confidential and secured against misuse; the service describes in writing the ways in which the records with the patient's/client's data are secured and their handling. **Cross-reference:** it is related to General Standard 1.10 and 4.3.	**FUNDAMENTAL**	**PRP/C** **PD**

Number	Description of the standard	Rating scale	Sources
8.5 Termination of the service, or its interruption, and a follow-up care plan			
8.5.1	Termination and interruption of treatment: it is planned with a view to ensuring the independent functioning of the patient/client in everyday life. The procedures are specified in writing by the service with regard to local conditions and the structure of the patients/clients. The procedures include the rules facilitating the repeated use of the service. The established procedures are adhered to by the service. **Cross-reference:** it is related to General Standard 4.9.		**PRP/C IP/C**
8.5.2	Final assessment by the team or the guarantor (key worker) is carried out each time a patient is discharged, and also in the event of the early termination of the programme for disciplinary reasons or because of the patient returning to his/her drug career. The patient/client is clearly informed about the need and possibilities of further care and recommendations are given to him/her concerning the centres offering such care. The service sets out in writing the alternative ways in which the service can be terminated and upon the request of the patient/client makes a written final report on the care that was provided.		**WSD ISS IP PD**
8.6 The environment, material and technical infrastructure, and minimum safety			
8.6.1	The service possesses a consultation room for one-to-one interviews and a room for group therapy which is large enough to accommodate the group members in such a way that they can sit and see and hear one another. **Cross-reference:** it is related to General Standard 6.1.		**OO**
8.6.2	The service provides the patients/clients with the possibility of preparing their own meals.		**OO IP/C**
8.6.3	The service clearly defines in writing the risky situations in the course of the provision of the service, the procedures to be followed in such situations, and the manner in which records on them are kept. The procedure to be followed in the event of acute conditions and complications (emergency care) is also defined. These procedures are adhered to by the service. **Cross-reference:** it is related to General Standard 6.7.		**WSD PD ISS IP**

Number	Description of the standard	Rating scale	Sources
8.7 Evaluation of the quality, safety, and effectiveness of the service			
8.7.1	The quality, safety, and effectiveness of the specialist programme are regularly evaluated, at least once a year. The quality, safety, and effectiveness of the service are evaluated at least against the following criteria: a) number and structure of interventions and patients/clients, b) utilisation of the programme, c) success rate of the programme, d) frequency of extraordinary events. It is essential to conduct a continuous analysis and evaluation of the effective factors and complications of the programme and the case work at meetings and during supervision. **Cross-reference:** it is related to General Standards 7.1 and 7.2.		**WSD** **PD**
Total score: the total number of standards is 35; the maximum achievable score is 105 points. The number of fundamental items is 7.			

Summary of scoring

A total of 35 standards, of which 7 standards are designated as fundamental; i.e. the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.

The maximum achievable total score is 105 points; the minimum required for the granting of the certificate is 80% of the maximum score, i.e. 84 points.

Part 8.A. Sheltered housing:

A component part of the aftercare programme can be sheltered housing. Sheltered housing is a tool for social stabilisation of the client through the provision of temporary accommodation.

Number	Description of the standard	Rating scale	Sources
8.A.1	The conditions for accommodation are included in the written contract concluded between the patient/client and the service provider.		**WSD PRP/C**
8.A.2	Duration of accommodation: the accommodation is provided for a limited period of time necessary for the social stabilisation of the patient/client (finding a job and independent accommodation). The period of accommodation is determined beforehand (upon the entry of the client into the programme); it is extended in exceptional cases only and it is clearly stated in the written contract.		**WSD PRP/C**
8.A.3	The privacy of patients/clients is guaranteed in all forms of sheltered housing. The rooms can be locked, no more than 3 patients/clients share one room, and the showers and toilets are lockable. The patients/clients have the chance to lock up their personal belongings safely (in a locker, desk, etc.). The service defines in writing the ways in which it guarantees the minimum privacy to the patients/clients, as well as the limits which are imposed by the protection of the safety of other patients/clients or are necessary for the sake of the therapeutic process.		**WSD IP/C**
8.A.4	The rooms in sheltered housing are fitted with basic furniture; there is a kitchen with basic appliances available, and the patients/clients can also use a fridge and a washing machine.		**OO IP/C**
8.A.5	The patient/client contributes to the coverage of the costs of the accommodation, namely an amount stated in the contract.		**WSD PRP/C IP/C**
8.A.6	The rules of sheltered housing are elaborated in writing in the Statute of Sheltered Housing, which is an integral part of the written contract.	**FUNDAMENTAL**	**WSD PRP/C**
8.A.7	The provision of accommodation is preconditioned by the participation of the patient/client in the aftercare programme in line with his/her individual treatment plan.		**WSD PRP/C**
Total score: the total number of standards is 7; the maximum achievable score is 21 points. The number of fundamental items is 1.			

Summary of scoring

A total of 7 standards, of which 1 standard is designated as fundamental; i.e. the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.

The maximum achievable total score is 21 points; the minimum required for the granting of the certificate is 80% of the maximum score, i.e. 17 points.

Part 8.B. Sheltered employment programmes.

A component part of the aftercare programme can be sheltered employment programmes. Sheltered employment programmes help improve the patient's/client's work skills up to the level of retraining, to foster work habits, and for them to find a job with an external employer.

Number	Description of the standard	Rating scale	Sources
8.B.1	Duration of provision of sheltered employment programmes: for a limited necessary time set out in the treatment/individual plan.		**WSD PRP/C**
8.B.2	The conditions of sheltered employment programmes are included in the special written contract concluded between the patient/client and the service provider. The patient/client works under a duly concluded employment contract which is not contradictory to the Labour Code.		**WSD PD PRP/C**
8.B.3	The duration of the provision of sheltered employment programmes is extended in indicated cases according to the patient's/client's situation. The relevant period is clearly stated in the employment contract.		**WSD PD PRP/C**
8.B.4	The rules of sheltered employment programmes are elaborated in writing in the Statute of Sheltered Employment Programmes, which is an integral part of the written employment contract.		**WSD PRP/C**
8.B.5	The provision of sheltered employment programmes is preconditioned by the patient's/client's participation in the therapeutic programme according to his/her individual treatment plan.		**WSD PD PRP/C**
8.B.6	A particular employee of the multidisciplinary team is designated to arrange for the operation of the sheltered employment programmes. This employee guarantees the operation to an extent that is clearly defined in writing and on which the patients/clients are informed in detail.	**FUNDAMENTAL**	**WSD HR PD**
Total score: the total number of standards is 6; the maximum achievable score is 18 points. The number of fundamental items is 1.			

Summary of scoring

A total of 6 standards, of which 1 standard is designated as fundamental; i.e. the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.

The maximum achievable total score is 18 points; the minimum required for the granting of the certificate is 80% of the maximum score, i.e. 14 points.

9. Substitution Treatment

This service involves outpatient maintenance treatment using a substitution substance, with no predefined time limit. It is intended for persons addicted to opiates and often exhibiting mental and somatic complications. Its objective is to effectively suppress the withdrawal symptoms and improve the quality of life of patients/clients through the combined effects of the healthcare and social services that are provided. The service is provided as a health service in the form of outpatient care.

Number	Description of the standard	Rating scale	Source
9.1 Characteristics of the service and target population			
9.1.1	Outpatient maintenance treatment with a substitution substance, with no predefined period of time. Being explicitly stated in the Substitution Treatment Standard, the substitution agent is administered in quantities which effectively suppress the patient's/client's withdrawal symptoms and make it possible to improve the overall quality of his/her life. The administration of a substitution substance is accompanied by psychosocial care.		**WSD OO PD ISS**
9.1.2	The programme is a component part of the comprehensive system of care provided by a single organisation, or is run as a part of the outpatient or inpatient healthcare facility or other specialist facility or independently, with functional links to other specialist facilities and organisations. The service is provided as a health service.		**WSD ISS**
9.1.3	The service provider is registered in the National Register of Users of Medically Indicated Substitution Substances (NRULISL). **Note 1 – reference**: *pursuant to Section 20 (2) (j) of Act No 379/2005 Coll., on measures for protection from harm caused by tobacco products, alcohol, and other addictive substances and on amendments to related laws, all healthcare facilities providing substitution treatment are obliged to report their patients to the National Register of Users of Medically Indicated Substitution Substances (hereinafter referred to as the "Register"), established by the Ministry of Health in accordance with special legislation (Section 67d and Item 13 of Annex to Act No 20/1966 Coll., as amended). The Register is administered and kept by the Institute of Health Information and Statistics of the Czech Republic.*	**FUNDAMENTAL**	**WSD ISS**
9.1.4	The facility demonstrably reports the patients to the National Register of Users of Medically Indicated Substitution Substances (NRULISL).	**FUNDAMENTAL**	**WSD ISS PRP/C PD**
9.1.5	Target group: persons addicted to opiates, often exhibiting mental and somatic complications. **Note 2 – reference:** *indications and contraindications of substitution treatment comply with the Substitution Treatment Standard in force, Bulletin of the Ministry of Health of the Czech Republic, Chapter 3, 30 May 2008, or its amendments.*		**WSD PRP/C IE OO**
9.2 Staffing and infrastructure of the service and modus operandi of the team			

Number	Description of the standard	Rating scale	Source
9.2.1	Management of the programme: the programme is managed by a qualified head physician with an attestation in psychiatry or addictive diseases, or with a certified course in addictive diseases, or by an addictologist with recognised professional qualification. **Note 3 – reference:** *an addictologist and his/her competences are defined in Section 3 (1) and Section 22 of Decree of the Czech Ministry of Health No. 55/2011 Coll., on the activities of health professionals and other practitioners, Chapter 20, or its amendments.* **Cross-reference:** it is related to General Standard 2.2.	**FUNDAMENTAL**	**ISS HR**
9.2.2	The minimum workload of a qualified physician in the substitution treatment programme is 0.5 FTE. **Note 4 – interpretation:** *the qualification of the physician means any of the following qualifications: an attestation in psychiatry, an attestation in addictive diseases, a certified course in addictive diseases.*		**ISS HR**
9.2.3	The therapeutic team is multidisciplinary with respect to the nature of the problem, with healthcare professionals prevailing.		**HR IE ISS**
9.2.4	The service defines the procedure for sharing the information on clients and on operation-related matters in the team. The procedure comprises at least the following: the manner in which shifts are handed over between employees and the rules governing the course of meetings and team conferences and participation therein. Team meetings are held at least once a week, team conferences at least once every six months. The minutes are available to all the team members. The service adheres to these procedures. **Note 5 – specification:** *the team conference is usually a whole-day meeting of all the members of the therapeutic team, which consists of a specialised agenda focused on a specific topic related to the current situation in the service or the work in the service in general, a longer meeting concerning the clients, a detailed analysis of a complex case, a discussion about the development plan of the facility, about meeting the professional care standards, and about updating the rules or the operational manual, etc.* **Cross-reference:** it is related to General Standard 2.11.		**WSD PD ISS IE**
9.2.5	Operational arrangements, depending on the type and definition of the programme: daily operation on working days; the substitution substance is also dispensed at weekends (it does not apply to the prescription of the substitution substance). The timetable seeks to enable patients who study or have a job to participate in the programme.		**WSD ISS IP/C OO**
9.3 Entry into the service, consent/agreement/contract on service provision			

Number	Description of the standard	Rating scale	Source
9.3.1	Medical examination upon entry into the service: a psychiatric examination and indicative somatic examination are conducted on each patient/client. The targeted examination for the purpose of indication and the assessment of the patient's condition are performed prior to his/her enrolment in the programme. A referral from other services is appreciated, but it is not necessary.		**PRP/C IE IP/C**
9.3.2	Medical history data are collected by a physician (or an addictologist or a nurse and consulted with a physician) upon the admission of the patient. The medical history is continuously updated. **Note 6 – recommendation:** *it is not recommended to collect medical history data only via a questionnaire completed by the patient. A model form for the collection of medical history data can be a form based on the substitution treatment standards (see The Substitution Treatment Standard, Bulletin of the Ministry of Health of the Czech Republic, Chapter 3, 2008).*		**PRP/C IE IP/C**
9.3.3	A comprehensive examination is carried out upon the entry of the patient into the service and it includes the following: a) comprehensive psychiatric and somatic examination performed by a physician, b) toxicology urine or blood tests, c) basic laboratory analyses to the extent indicated by the physician, d) testing for HIV (subject to the informed consent of the patient), hepatitis, and sexually transmitted diseases, e) where necessary, testing for pregnancy and other professional interventions. **Note 7 – interpretation:** *testing for HIV is voluntary and is subject to the informed consent of the patient. The rules and obligations of testing for HIV are laid down in Section 71 (3) of Act No 258/2000 Coll., on public health protection.*	**FUNDAMENTAL**	**PRP/C IE IP/C**
9.3.4	Additional specialised examinations and consultations with other specialists are demonstrably available.		**PRP/C IE IP/C WSD**
9.3.5	The basic rules governing the treatment are defined in writing and made available to patients/clients in a comprehensible form. They define the key situations in which the violation of the rules usually gives rise to the interruption of treatment, and lay down the procedure to be followed in case of a violation of other rules. The patient is demonstrably familiarised with the rules governing the treatment upon his/her entry into the service. The patient confirms his consent to the treatment by signing the informed consent or the contract on service provision. **Cross-reference:** the criterion is related to General Standards 1.11, 1.12, and 3.3.	**FUNDAMENTAL**	**PRP/C ISS IP/C PD**

Number	Description of the standard	Rating scale	Source
9.3.6	The service concludes with the person interested in the service an agreement/contract on the provision of the service which can have the form of an informed consent. The service complies with the requirements laid down in the binding legislation and adheres thereto.		
9.4 Professional care, record keeping			
9.4.1	An individual treatment plan is developed by a physician or an addictologist upon the enrolment of the patient in the service, with regard to his/her individual conditions, the severity of his/her illness, and the presence of somatic and psychosocial complications. The treatment plan contains pharmacological and non-pharmacological (psychosocial) components. The responsibility for the course of pharmacotherapy rests exclusively with the physician of the service. The treatment plan is evaluated on the basis of the individual needs of the client and reviewed at least once every 3 months.		**PRP/C ISS IE IP/C PD**
9.4.2	The administration or prescription of the substitution substance complies with the recommended dosing regimen. The dosage is determined and modified by the qualified attending physician and only medication that is approved for substitution treatment is used.	**FUNDAMENTAL**	**PRP/C IE IP/C OO**
9.4.3	The therapeutic process is monitored on a case-by-case basis. The pharmacological care is always evaluated and reviewed by the physician. It is clearly stated who the key worker is for the respective patient. **Note 8 – recommendation:** *it is recommended that the patient has his/her own guarantor (key worker) within the psychosocial component of the programme. The course of the treatment of each patient shall be discussed at least once a month at a team meeting.*		**PRP/C IE IP/C**
9.4.4	The treatment regime is elaborated in writing, including the timetable of structured activities; the timetable is an integral part of each individual treatment plan (procedure).		**PRP/C IE IP/C PD**
9.4.5	Toxicology testing for the presence of the metabolites of addictive substances is a necessary part of the treatment programme of the service.		**PRP/C IE IP/C**
9.4.6	Concomitant pharmacotherapy: the administration of other medicinal products serves to tackle the mental and somatic complications. It is practised exclusively by a physician in accordance with the relevant regulations and principles of good medical practice.		**PRP/C IE IP/C**

Number	Description of the standard	Rating scale	Source
9.4.7	Non-pharmacological (psychosocial) components of treatment (counselling, psychotherapeutic, and rehabilitation/social reintegration activities) are an integral part of the treatment programme and are based on the evaluation of the needs and condition of the patient and the nature of the substitution programme (basic/extended/comprehensive). They can be arranged for by a demonstrable agreement with another centre or organisation. **Note 9 – specification:** *the basic characteristics of the substitution programme comply with the Substitution Treatment Standard, Bulletin of the Ministry of Health of the Czech Republic, Chapter 3, 30 May 2008, or its amendments.*	**FUNDAMENTAL**	**PRP/C** **IE IP/C** **PD**
9.4.8	Outpatient group and individual therapy and structured counselling are the basic therapeutic tools of the psychosocial component of the programme. The procedures and objectives correspond to the nature and duration of the programme of treatment and the needs of the patient. Relapse prevention is an inseparable part of these activities. **Note 10 – recommendation:** *because of the diversity of clients of substitution programmes the objectives also differ. It is recommended to focus at least on orientation in reality, on enhancing problem-solving skills, and the prevention of relapse into illegal drug use. A relapse that is admitted and addressed should be perceived as an effective factor of therapy.*		**IE IP/C** **PD**
9.4.9	Counselling programmes for the family members and partners of patients are a component part of the programme of substitution treatment or are available externally. Family (or partner) therapy is practised whenever possible with regard to the individual conditions of the patient/client.		**IE IP/C** **PD**
9.4.10	Social work is performed with a view to stabilising as far as possible the social conditions of the patient for his/her maintenance in the treatment programme and to improve his/her conditions for social reintegration (e.g. as regards family relations, housing, studies, employment).		**IE IP/C** **PRP/C**
9.4.11	Record keeping: the individual records (case history) of the patient keep a detailed account of the therapeutic process, including the dosing regimen and administration of medication and the psychosocial component of the programme. Apart from that, the course of joint structured activities is also recorded in detail (minutes of the groups, etc.). All records with personal data are confidential and secured against misuse. **Cross-reference:** it is related to General Standards 1.10 and 4.3.	**FUNDAMENTAL**	**OO** **IP/C** **PRP/C**

Number	Description of the standard	Rating scale	Source
9.5 Termination of the service, or its interruption, and a follow-up care plan			
9.5.1	The discharge of patients is planned and prepared with a view to ensuring the continuity of therapeutic care, either through the reduction of doses of the substitution substance in line with the recommended dosing regimen and transfer to follow-up care, or through transfer to abstinence-oriented professional care. It is always accompanied by the relevant referral. The service has a written procedure in place for the transfer of the patient to various types of substitution treatment (according to the type of the programme, or the change of substitution medication), or to planned inpatient detoxification. **Cross-reference:** it is related to General Standard 4.9.		**PRP/C IE IC**
9.5.2	Additional care and social rehabilitation plans are drawn up for every patient/client who is discharged, including cases of early termination of treatment for disciplinary reasons. The patient/client shall at least be clearly informed on his/her needs for additional care and he/she is given a recommendation for a specialist centre offering such care. Rules for repeated treatment are developed. **Cross-reference:** it is related to General Standard 4.9.		**PRP/C IE IC**
9.5.3	A discharge report is always made out upon the discharge of the patient. The discharge report is made out even if the patient is transferred to another facility. In the event of follow-up treatment, a detailed discharge report is drawn up and forwarded to the service providing such care. **Note 11 – recommendation**: *what is perceived as a minimum is a preliminary discharge report handed over to the patient upon his/her discharge if the follow-up treatment is not provided immediately or at all.* **Cross-reference:** it is related to General Standard 4.9.		**PRP/C IE**
9.6 The environment, material and technical infrastructure, and minimum safety			
9.6.1	Special safety requirements: substitution substances that are subject to the registration of addictive substances, preparations, and precursors are secured against misuse and their handling complies with special legislation. **Note 12 – reference**: *See Act No 167/1998 Coll., on addictive substances, and implementing legislation (Decree No 304/1998 Coll.), or its amendments.*	**FUNDAMENTAL**	**WSD ISS OO**

Number	Description of the standard	Rating scale	Source
Evaluation of the quality, safety, and effectiveness of the service			
9.7.1	The quality, safety, and effectiveness of the specialist programme are regularly evaluated. The quality, safety, and effectiveness of the service are evaluated at least against the following criteria: a) long-term meeting of programme conditions, b) duration of patients' participation in the programme, c) level of abstinence from other illegal substances and alcohol, d) percentage of patients temporarily or permanently disqualified from the programme, e) changes in the health condition of patients, f) changes in the psychosocial condition of patients (e.g. social stabilisation, giving up a criminal career, keeping a job, participation in complementary programmes), g) frequency and type of extraordinary events, regime complications. It is essential to conduct a continuous analysis and evaluation of the effective factors and complications of the programme and the case work at meetings and during supervision. **Cross-reference:** it is related to General Standards 7.1 and 7.2.		**WSD** **ISS PD**
Total score: the total number of standards is 32; the maximum number of points that can be achieved is 96. The number of fundamental items is 9.			

Summary of scoring

A total of 32 standards, of which 9 standards are designated as fundamental; the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.

The maximum achievable total score is 96 points; the minimum required for the granting of the certificate is 80% of the maximum score, i.e. 77 points.

10. Addiction Treatment Services in Prisons

This standard concerns addiction treatment (addictological) services for users of all types of psychoactive substances (both illegal and legal) and pathological gamblers provided in remand centres and prisons, as well as after their release from prison. Including preventive interventions, these addiction treatment services are also aimed at changing offenders' lifestyles and preventing both their relapse into drug use and reoffending.

Depending on the interest on the part of the prison, clients' needs, and the capacities of the service, services may be supplied on an individual or group basis. The intensity of the contact with clients is determined according to the clients' individual needs, the capacities of the service, and the conditions set by the prison.

The services are voluntary for the clients. A client who refuses to use the service will not be subjected to any sanctions.

In view of the fact that for logistical reasons only one type of service attends the prison, the services it provides must range from harm reduction-related counselling to therapy. The specific form of the service is shaped with respect to the level of the client's motivation to abstain; if a client is not willing to abstain, he/she is provided with information and counselling, particularly with regard to harm reduction and social and legal issues. In the event that a client is willing to change, the cooperation may become long-term; in such a case, the service comprises therapy and counselling, and the length of the contact, its frequency, and the period for which the service is provided vary, being determined on a case-by-case basis (with respect to the period of imprisonment and to whether the client is remanded or imprisoned).

Prison-based addiction treatment services supplement the portfolio of care provided to substance users in the prison environment by the staff of the Prison Service. The service relies on the effect of an external provider, as drug-addicted prisoners tend to trust people outside the prison system more than people within the system.

Addiction treatment services in prison are an important link between prisons and the follow-up services in the community. They involve a number of specific features that ensue from the context of the prison system. These services are not possible without intensive partnership with the Prison Service.

Number	Description of the standard	Rating scale	Sources
10.1. Characteristics of the service and target population			
10.1.1.	Within a comprehensive system of services, this can be the first specialised service which the clients encounter or can follow up on any other types of services. This service is a part of a comprehensive system of services falling under the remit of a single organisation. The service has the status of a health and/or social service.		**WSD** **ISS**
10.1.2.	The service is delivered on the basis of a written contract of collaboration entered into between the prison and the organisation. The contract must specify: a) entry conditions b) the details of external workers moving around the prison premises c) the details of clients being brought for the intervention d) the material and technical resources needed for the delivery of the service in the prison e) the external organisation's responsibilities and related responsibilities on the part of the service staff f) the details of how an external worker's failure to comply	**FUNDAMENTAL**	**WSD** **ISS** **IPS**

	with the regulations will be dealt with g) the responsibilities of the prison h) work safety in the prison i) contact persons for both parties j) the details of the collaboration of both parties k) the details of the evaluation of their cooperation The contract must incorporate an attachment which describes: 1. the services provided by the external organisation 2. the frequency and timetabling of the provision of the service		
10.1.3.	Target group: individuals experimenting with addictive substances, problem users of illegal and legal substances and addicts, pathological gamblers, and persons with non-substance addictions in conflict with the law held on remand or imprisoned, released from remand, or released from prison after having served their sentence of imprisonment. The service applies to people who are both motivated and unmotivated to abstain. Their family members and other persons close to the members of the target group.	**FUNDAMENTAL**	**WSD** **PRP/C** **ISS** **IE**
10.1.4.	The service is publicly accessible (Note 1); any entry restrictions may pertain to statutory restrictions which apply to imprisonment or remand and do not constitute restrictions on public access to the service on the part of the service under the General Standards of Professional Competency. **Note 1 – interpretation**: *In this sense, accessibility implies that any person interested in the prison-based service can apply for it. This referral method has been defined and agreed between the service and the specific prison.* **Cross-reference:** it is related to General Standard 1.1.		**WSD** **RP** **IPS** **IP/C**
10.1.5.	The service is accessible without undue delay – the service has established a procedure for informing the persons interested in the service about the time when they can start using the service with a view to the capacity of the service; the ideal time for the first contact and the assessment of the indication of the service is up to one month after the demand has been placed (alternatively, within that time period an applicant should receive information about the capacity of the service and their inclusion on a waiting list). **Cross-reference:** it is related to General Standard 1.2.		**WSD** **RP** **IPS** **IP/C**
10.1.6.	The minimum frequency of the provision of a prison-based service is one day per month. **Cross-reference:** it is related to General Standard 1.8.		**WSD** **RP** **ISS** **IPS** **IP/C**
10.1.7.	Restrictions on the client's rights – a client is kept informed about the data shared with the Prison Service (Note 2). **Note 2 – interpretation:** *The area of information which must be shared with the Prison Service is specified in the Methodology. It mainly concerns prison security issues.* **Cross-reference:** it is related to General Standard 1.12.		**WSD** **RP** **IPS** **IP/C**
10.2. Staffing and infrastructure of the service and modus operandi of the team			
10.2.1.	The service is managed by a qualified professional with at least	**FUNDAMENTAL**	**HR**

	three years' experience of working in addictological services and performing a similar type of treatment, including group and individual psychotherapy and family therapy. As regards formal education, it is required that the head of the service has a college/university degree, majoring in healthcare, psychology, social work, or education/pedagogy (Note 3). The minimum age is 25. **Note 3 – recommendation:** *It is recommended that that the head has a master's degree and has completed self-experiential psychotherapeutic training.*		**ISS**
10.2.2.	Given the nature of the problem and the distinctive characteristics of the clients, the service team is multidisciplinary and receives multidisciplinary training too (Note 4). The team consists of a minimum of two practitioners (Note 5). Education: at least a tertiary/higher vocational level of education. Fields of study: healthcare, social work, psychology, education, and any related fields (Note 6). Specialised training courses: crisis intervention, motivational interviewing, and psychotherapeutic training (Note 7). Practical experience: at least two years' work experience in the field of the treatment of addictive disorders or similar types of services, such as counselling and therapeutic interventions. Age: at least 25. **Note 4 – interpretation:** *A therapeutic team is multidisciplinary when experts representing multiple types of professions (e.g. healthcare, social work, and education) are represented in it. Multidisciplinary training means training in those areas that are common to the team members' areas of expertise and are relevant to the professional care provided by the service.* **Note 5 – reference:** *The number of persons working for the service is specified because of their substitutability while engaged in prison-based interventions – see the Methodology.* **Note 6 – recommendation:** *It is recommended that small teams should include at least the professions of an addictologist and social worker.* *The service does not provide offenders with medical and other health services.* **Note 7 – specification:** *The Methodology requires a minimum of 200 hours on aggregate or at least one 200-hour course.*		**HR** **ISS**
10.2.3.	The service defines a procedure for sharing the information on clients and on operation-related matters in the team. The procedure comprises at least the following: the manner in which shifts are handed over between employees and the rules governing the course of meetings and team conferences and participation therein. Team meetings are held at least once a week, team conferences at least four times a year (Note 8). The minutes are available to all the team members. The service has established a formal procedure for sharing the information on clients, the programme, and cooperation with		**HR** **ISS** **IE** **IPS**

	expert employees and prison management. The service adheres to these procedures. **Note 8 – interpretation:** *A team conference is usually a whole-day meeting of all the members of the therapeutic team which consists of a specialised agenda focused on a specific topic related to the current situation in the service or the work in the service in general, a longer meeting concerning the clients, a detailed analysis of a complex case, and discussion about the development plan of the facility, about meeting the standards of professional care, updating the rules or the operational manual, etc.* **Cross-reference:** It is related to General Standards 2.11. and 5.2. and Special Standard 10.1.7.		
10.2.4.	Operational arrangements reflect the nature of the service. There are regular operating hours agreed in the contract with the prison. The total scope of the direct engagement of the service in prisons is two days a week, and in each particular prison it should be provided at least once a month. The service sets out in writing in what manner the operation is secured in terms of staff and time and adheres to the procedures that have been established.	**FUNDAMENTAL**	**WSD** **OO** **ISS** **IPS** **IP/C**
10.3. Entry into the service, consent/agreement/contract on service provision			
10.3.1.	A standard procedure for the client's entry into the service, including the conditions and rules of the service, has been established and maintained. The sharing of clients' information with the expert prison staff, if any, is specified in the Methodology. In this case, the client's written consent (included in his or her file) is required. A client enters the service on a voluntary basis. No formal referral is needed. Clients who are to be released or who may apply for parole within a short time are given priority in terms of entry to the service (usually 6 months ahead) (Note 9). **Note 9 – interpretation:** *This is based on the assumption that one of the general objectives of the service is to prepare clients for release and their further use of the services in the community.*	**FUNDAMENTAL**	**WSD** **PRP/C** **ISS** **IE** **IPS**
10.3.2.	The client's history is taken by a qualified staff member at the first contact and is updated on a continuous basis. Such history data includes the client's previous criminal convictions and any relevant information concerning their serving of their prison sentence (Note 10). ***Note 10 – interpretation:*** *E.g. date of imprisonment, date as of which a parole application can be filed, end of sentence, type of prison, placement in specialised wings.*		**PRP/C** **IE**
10.3.3.	Assessment of the client's condition, part of which is the assessment of the psychosocial functioning of the client and the drawing up of the initial plan of professional care, is performed without undue delay. Information provided by the Prison Service is also considered in relation to clients who are serving a prison sentence (Note 11). Procedures and criteria to indicate the relevance of the service are established. This involves the		**PRP/C** **IE** **ISS** **IPS**

	identification of the client's affiliation with the target group, needs, and expectations. The final report, including the determination of further steps to be taken, is produced in writing. ***Note 11 – interpretation:*** *Information from the Prison Service is obtained with the client's content only. Such information may include details about the course of the client's imprisonment, health, and other circumstances that may have a bearing on the provision of the service.*		
10.3.4.	Special examinations (such as those performed by a specialist, toxicological tests, and tests for infectious diseases) are carried out by the health services of the given prison (Note 12). ***Note 12 – interpretation:*** *The service has assessed the resources of particular prisons in terms of such special examinations.*		**PRP/C** **ISS** **IPS**
10.3.5.	The service concludes with an applicant an oral or written contract about the provision of the service (written agreements are recommended for clients in long-term structured care). **Cross-reference**: it is related to General Standard 3.5.	**FUNDAMENTAL**	**WSD** **PRP/C** **ISS** **IE** **IP/C**
10.4. Professional care, record keeping			
10.4.1.	Basic counselling is an integral part of care. It concerns the health and mental condition of the patient/client, th use of drugs, and the minimisation of these risks, treatment option information on therapeutic and other specialist facilities, motivatio respective facilities, and counselling prior to and after HIV and hep		**ISS** **IE** **IP/C** **WSD** **PD**
10.4.2.	Social work is provided in close collaboration with the prison staff (Note 13). It focuses on the improvement of the client's social situation and their ability to deal with social issues. It also incorporates indirect social work, which involves a practitioner acting in the client's interests. Social work can be performed on a short-time basis or as part of the case management approach. **Note 13 – interpretation:** *A procedure is established to ensure that particular social work interventions do not overlap with interventions provided by the prison staff.*		**ISS** **IE** **IPS** **IP/C** **WSD** **PD**
10.4.3.	Individual counselling and therapy are conducted by a qualified practitioner within short-term, medium-term, and long-term time frames. Objectives and methods are chosen with regard to the needs of the client and the planned period of mutual cooperation, as well as taking into account the length of their imprisonment.		**ISS** **IE** **IP/C** **WSD** **PD**
10.4.4.	The service provides counselling aimed at reducing drug-related harm, including infections (Note 14). The service has defined change-promoting work procedures. **Note 14 – interpretation**: *As it is not possible to offer needle and syringe exchange programmes in the prison setting, this usually involves the provision of information, either orally or by means of leaflets. Legal grounds: the stipulations of Section 28 (3) (b) of Act No. 169/1999 Coll., on the serving of prison sentences and on changes to certain related laws, as amended, forbids offenders from "producing, possessing,*		**ISS** **IPS** **IE** **IP/C** **WSD** **PD**

	and consuming alcoholic beverages and other addictive substances and manufacturing and possessing items which may be used to pose harm or damage to individuals and property or escape, or the quantity and nature of which could cause disorder or damage to health". A similar regulation is articulated by the stipulations of Section 21 (2) of Act No. 293/1993 Coll., on remand, as amended. Thus, the relevant laws do not make it possible to provide harm reduction services to the extent usual in the community, i.e. the distribution of injecting equipment and other paraphernalia.		
10.4.5.	Relapse prevention is conducted with all the clients; it is an integral component of the programme.		**ISS** **IE** **IP/C** **WSD** **PD**
10.4.6.	Pre-release counselling is provided to clients within the last month prior to their release, taking into account the length of the sentence (Note 15). It particularly focuses on familiarising the clients with the network of services they can use. ***Note 15 – interpretation:*** *Generally six months prior to release. It is necessary for clients with no social or family support.*		**ISS** **IE** **IP/C** **WSD** **PD**
10.4.7.	Correspondence-based work is used where personal contact is not possible or sporadic. The objective is to provide support and information and maintain contact. All incoming and outgoing correspondence is filed. The service has established methods of work which provide for correspondence with clients who are serving a prison sentence.		**ISS** **IE** **IP/C** **WSD** **PD**
10.4.8.	The service monitors and evaluates the needs of the target population, on the basis of which it sets up complementary programmes as appropriate (Note 16). **Note 16 – interpretation:** *Complementary programmes may include:* *group counselling and therapy (group-based motivational training, relapse prevention groups, and other therapeutic approaches, such as expressive therapy)* *educational programmes* *material social help* *and other activities, as needed.*		**WSD** **IE** **ISS** **RK/P** **RSV** **PD**
10.4.9.	Work with individuals who are close to the client (such as family members and partners) is performed according to the conditions and resources of the service and with a view to their needs. The purpose is to provide them with a general understanding of drug-related issues, changes associated with imprisonment, and topics concerning the offender's return to the family.		**WSD** **IE** **ISS** **PD**
10.4.10.	An individual plan for the provision of care is drawn up following the assessment of the client's condition, considering their situation and the presence of any complicating factors of a psychosocial and criminal nature. The fulfilment of the care plan is evaluated together with the client on a regular basis and the plan is reviewed regularly, depending on the frequency of the contact with the client. Specific time periods for the plan to be evaluated and reviewed	**FUNDAMENTAL**	**PRP/C** **IE** **ISS**

	and the manner of documenting such evaluations and reviews are set out in writing, taking account of the method of collaboration (Note 17). ***Note 17 – interpretation:*** *Time periods for the evaluation and revision of the plan may differ for short-term and medium-term counselling and according to the frequency of the contacts with the client.*		
10.4.11.	Monitoring of the process of care: each client has a designated qualified practitioner (key worker) responsible for the management of the case who regularly assesses the client's condition and the fulfilment of the care plan (Note 18). ***Note 18 – interpretation:*** *Each client in long-term care is discussed at client meetings attended by the entire team at least once per month; in the case of clients in short-term contact such meetings are held as needed.*		**WSD** **PRP/C**
10.4.12.	All service provision procedures are laid down in writing and are adhered to by the staff.		**WSD** **PRP/C** **IE** **ISS**
10.4.13.	Record keeping: the individual records of the client keep a detailed account of the process of care (Note 19). In addition, programme documents, such as minutes of group sessions, are maintained. All the records are confidential and secured against misuse. ***Note 19 – interpretation:*** *Individual records include the personal history sheet, assessment reports, consultation records, a record of an oral agreement or written contract concerning the provision of professional care, an individual plan for the provision of care, incoming and outgoing correspondence, informed consent to the sharing of data with third parties, consent to the maintenance of personal and sensitive data, and referral reports for another facility or reports to other agencies and institutions, such as a court or the Probation and Mediation Service.*	**FUNDAMENTAL**	**PRP/C** **OO**
10.5. Termination of the service, or its interruption, and a follow-up care plan			
10.5.1.	The termination or interruption of the service is planned in such a way as to ensure suitable follow-up care. Procedures for the interruption of the service for reasons on the part of the client, organisation, or prison are established, including the rules for the collaboration to be resumed (Note 20). The service has identified referral options. Rules for the interruption and termination of the service are established in order to ensure continuity of care with a view to the client's needs. In the event that continuity cannot be ensured, the organisation has established procedures to inform the clients about it. In the case of a referral to a follow-up care facility and always when requested, the client is supplied with the final report summarising the previous collaboration. ***Note 20 – interpretation:*** *For example, transfer to another prison, a long sentence, the capacity of the service, material breach of the collaboration rules,*		**WSD** **PD** **IE** **IPS** **ISS**

	etc. All these procedures are followed and reflect the protection of the rights and safety of all the individuals concerned. **Cross-reference:** it is related to General Standard 4.9.		
10.6. The environment, material and technical infrastructure, and minimum safety			
10.6.1.	The prison has designated areas for the provision of the service which correspond to the scope of such a service (Note 21). **Note 21 – interpretation:** *In prisons where the provision of the service is well established it is advisable that separate areas are reserved for the service, especially a consultation room for individual work and a large enough room for groupwork (if applicable). These details are set out in the contract on collaboration.*	**FUNDAMENTAL**	**WSD** **OO** **PD** **ISS** **RP** **IPS**
10.6.2.	The service office is located outside the prison (Note 22). Such premises should provide enough space and resources for the service to have a suitable operational base. **Note 22 – interpretation:** *Office refers to standard premises furnished and equipped in such a way as to allow indirect work with clients and preparation for work with clients in prison and to act as the base for the team and all the service-related paperwork. This is where clients' personal files and all the service documents are kept.*		**WSD** **OO** **PD** **ISS** **RP**
10.6.3.	Evidence must exist of the service staff being advised about safety precautions and regulations applicable to their movement around the prison premises, including any changes and amendments thereto which may be made from time to time. Furthermore, they must be briefed about the principles of behaviour applicable to contact with inmates. These instructions are to be provided by the Prison Service of the Czech Republic and the service staff are required to comply with them (Note 23). **Note 23 – interpretation:** *The provision of such instructions is documented by a copy of Advice which is kept in the personal file of a specific practitioner.*	**FUNDAMENTAL**	**WSD** **HR** **ISS** **RP** **IPS**
10.6.4.	The service provides explicit written definitions of risk situations which may occur during the provision of the service, establishes procedures for dealing with such situations, and specifies the ways of recording them. In addition, procedures for emergency conditions and complications (acute care) are defined in writing. The procedures thus established must be adhered to. These procedures apply to both prison-based work, where they are always implemented in liaison with the prison service, and outside prison within the organisation.		**WSD** **PD** **ISS** **IE** **IPS**
10.7. Evaluation of the quality, safety, and effectiveness of the service			
10.7.1.	The effectiveness and quality of the service are evaluated on a regular basis, at least once per year (Note 24). The quality, safety, and effectiveness of the service are evaluated at least against the following criteria: a) number of clients and contacts b) number of individual interventions c) number of clients entering follow-up services d) frequency of extraordinary events and regime complications e) frequency and quality of contacts with the client during		**WSD** **PD** **ISS** **IPS**

	their imprisonment and after release f) number of clients in structured contact ***Note 24 – interpretation:*** *It is essential to perform ongoing analysis of effective service-specific factors and complications and casework at staff meetings and during supervision.* *The quality and effectiveness of the service is always assessed in partnership with the representatives of the relevant prison.*		
Total score: the total number of standards is 35; the maximum achievable score is 105 points. The number of fundamental items is 10.			

Summary of scoring:
A total of 31 standards, of which 10 are designated as fundamental, i.e. the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.
The maximum achievable total score is 93 points; the minimum required for the granting of the certificate is 80% of the maximum score, i.e. 74 points.

Part 10. A. Follow-up Post-release Care

Addiction treatment services in prison may incorporate post-release care. It follows up on prison-based services and ensures continuity of care. The service is aimed at achieving and maintaining abstinence and working towards the client's social reintegration. It is assumed that care is provided by the same practitioner who worked with the client in prison, and this is a significant therapeutic factor.

Number	Description of the standard	Rating scale	Sources
10.A.1.	Care is provided to individuals who were already engaged with addictological services in prison during their custodial sentence (on both a personal and correspondence basis), as well as to those who were not in contact with the prison-based services – some clients may learn about the service from information leaflets produced by liaising organisations (the probation service, social workers, etc.) or other clients.		**WSD** **PRP/C** **IE** **ISS** **IP/C**
10.A.2.	The service is provided on a short-time basis (for about a month), with the purpose of referring the client to follow-up services or providing them with information concerning postpenitentiary care, or on a medium-term (for about six months) to long-term basis (for about 12 months or more, as needed) with the purpose of the overall stabilisation of the client. Methods are described, taking into account specific clients' needs (Note 1). **Note 1 – interpretation:** *Elements of the case management approach are used in long-term care.*		**WSD** **PRP/C** **IE** **ISS**
10.A.3.	The clients are accepted to the service as shortly after release – either from a remand institution or prison – as possible (Note 2). **Note 2 – specification:** "Shortly after release" generally refers to a period not longer than three months after release.		**WSD** **PRP/C** **IE** **ISS**
10.A.4.	Entry into the service is voluntary.		**WSD** **PRP/C** **IE** **IP/C**
10.A.5.	Each client is briefed about restrictions ensuing from the nature of	**FUNDAMENTAL**	**WSD**

	the service (Note 3). **Note 3 – specification:** *This particularly applies to clients released on parole (parolees) with supervision, parolees with the obligation to comply with certain conditions, remand being replaced with supervision, etc. In such cases liaison with the Probation and Medication Service of the Czech Republic is imperative. The service has established and adheres to the procedures for such liaison.* **Cross-reference:** it is related to General Standard 1.12.		**PRP/C** **IE** **IP/C**
10.A.6.	The service has established a system and method of cooperation with other entities in order to ensure effective post-release care, which also involves referral to services which the service cannot provide itself (Note 4). **Note 4 – specification**: These include both governmental and non-governmental organisations concerned with social care and addictological services. **Cross-reference:** it is related to General Standards 4.3. and 5.3.		**WSD** **PD** **IE** **ISS**
10.A.7.	In addition to the services defined above (key reference), the following are provided as part of follow-up post-release care: a) assistance service b) telephone, correspondence, and online counselling c) social work including debt and job counselling and social and legal counselling d) legal counselling **Key reference**: They are services defined under 10.4.1. to 3. and 10.4.5. to 7.	**FUNDAMENTAL**	**PD** **PRP/C** **IE** **ISS**
10.A.8.	The service identifies and assesses the needs of the target group and establishes complementary programmes on their basis, as appropriate (Note 5). **Note 5 – interpretation:** Complementary programmes may include: a) material social help, b) screening urine tests, c) tests for infectious diseases, and d) sociotherapy. The range of the complementary services is determined by the financial resources of the service.		**PD** **PRP/C** **IE** **ISS**
10.A.9.	Special examinations (such as those performed by a specialist – psychiatric assessment, toxicological tests, and tests for infectious diseases) are performed on clients after they are released from prison, within the organisation or by external facilities.		**PD** **PRP/C** **IE** **ISS**
10.A.10.	All procedures for the provision of the service are laid down in writing and are adhered to by the staff.	**FUNDAMENTAL**	**PD** **PRP/C** **IE** **ISS**
10.A.11.	It is recommended that services should be provided by the same team of practitioners as the prison-based addictological services (Note 6). **Note 6 – interpretation:** *With regard for the continuity of care as an effective drug addiction treatment principle.*		**PD** **PRP/C** **IE** **ISS**

10.A.12	Areas for the provision of the service which correspond to the scope of such a service have been designated (Note 7). **Note 7 – interpretation**: *They are generally part of the facilities of prison-based addiction treatment services located outside the prison premises.*		**WSD** **OO** **IE** **ISS**
Total score: the total number of standards is 12; the maximum achievable score is 36 points. The number of fundamental items is 3.			

Summary of scoring:

A total of 12 standards, of which 3 are designated as fundamental, i.e. the minimum score required is 2 points. A score lower than 2 points is incompatible with the granting of the certificate.

The maximum achievable total score is 36 points; the minimum required for the granting of the certificate is 80% of the maximum score, i.e. 29 points.