

PROVIDING CHEMICAL DEPENDENCY ASSESSMENT/TREATMENT IN AN OFFSITE SETTING

Washington Administrative Code (WAC) 388-805-640 does not require a Division of Behavioral Health and Recovery (DBHR) certified provider of chemical dependency treatment to request department approval before providing off-site treatment services.

In order to provide off-site services the administrator must:

- (a) Ensure offsite treatment services will be provided:
 - (i) In a private, confidential setting that is discrete from other services provided within the offsite location; and
 - (ii) By a chemical dependency professional (CDP) or CDP trainee under supervision of a CDP;
- (b) Revise agency policy and procedures manuals to include:
 - (i) A description of how confidentiality will be maintained at each offsite location, including how confidential information and patient records will be transported between the certified facility and the offsite location;
 - (ii) A description of how services will be offered in a manner that promotes patient and staff member safety; and
 - (iii) Relevant administrative, personnel, and clinical practices.
- (c) Maintain a current list of all locations where offsite services are provided including the name, address (except patient in-home services), primary purpose of the offsite location, level of services provided, and date offsite services began at the offsite location.

The following information suggests considerations for certified providers that are providing off-site chemical dependency treatment at a site where patients are located primarily for purposes other than chemical dependency treatment,

Introduction:

What should I consider when planning to provide chemical dependency assessments or treatment in an off-site location?

- Understand the needs of the host agency where the services are to be provided;
- Understand the needs of the clients being served at the host agency;

- Understand the variety of host agency staff roles, how they interface with one another; and their unique challenges within the host agency; and,
- Understand the needs of the agency and determine what chemical dependency assessments and treatment has to offer.

Integration Strategies:

- Begin working with staff members before working with clients.
- Start with administrative, then clinical/ medical, and then support staff members.
- Advise host agency staff members on how chemical dependency assessments and treatment will benefit their clinical setting as a whole system.
- Work with and train host agency staff members regarding chemical dependency treatment and focus on how such services will benefit their clients.
- Train host agency staff about professional boundaries especially in terms of confidentiality. Confidential information should be shared only when authorized by law and when there is a need to know.
- Be clear as to how services are being provided at the host agency and then determine how chemical dependency services best fit and assist those services.
- View this work as an opportunity to learn about another type of service and how services can be combined to best serve the needs of the client. Take a non-adversarial approach.
- Establish the person in the supervisory position you go to for problem resolution and support at both the host agency and your home agency.

Other Considerations:

- Host agency staff persons can be an important client referral source.
- Host agency staff members need to be trained and oriented to chemical dependency assessment and treatment issues... Address host agency staff reluctance and skepticism if it exists.
- Be aware there may be host agency staff who are having their own issues with chemical dependency while keeping in mind your role is not to assess or treat staff at the host agency. Be available for referral information if appropriate or asked.
- Consider attending host agency clinical staff meetings when invited and appropriate.