



DISTRICT OF COLUMBIA
OFFICIAL CODE

TITLE 7. HUMAN HEALTH CARE AND SAFETY

SUBTITLE L. SUBSTANCE ABUSE

CHAPTER 30. CHOICE IN DRUG TREATMENT

Current as of November 19, 2008

§ 7-3001. Legislative findings

(a) The current system of treating substance abusers in the District does not serve the needs of the community. There are between 65,000 and 100,000 persons in the District who need treatment for substance abuse. In the first 11 months of FY1999, the Addiction Prevention and Recovery Administration ("APRA") served only 5,700 clients. No statistics are available regarding whether these individuals were successfully treated. Among other things, too few detoxification services slots create a bottleneck in its treatment programs.

(b) The financial costs associated with substance abuse are enormous. According to some estimates, these costs probably exceed \$ 1 billion in the District for health care expenditures, premature death, impaired productivity, motor vehicle crashes, crime, and social welfare cases due to alcohol and drug abuse. For every \$ 1 spent on substance abuse treatment an average of \$ 7 is saved in costs associated with criminal justice, health care and social services.

(c) Even more critical are the tragic human costs associated with substance abuse. Substance abuse is a major factor in crime, domestic violence, child abuse, joblessness, emergency room visits, AIDS cases, and public health in the District.

(d) In the District, the human costs are pervasive and devastating. Sixty-seven percent of recent offenders in the District tested positive in at least half of all drug tests. Similarly, 69% of APRA's clients have an arrest record. Eighty-five percent of child protection cases, 75% of foster care cases, and 35% of AIDS cases are related to drug abuse. Moreover, one in 7 mothers delivering babies test positive for drug use as well; 38% of emergency room visit patients are under the influence of alcohol. Finally, up to 50% of perpetrators of domestic violence have substance abuse problems.

(e) Access to meaningful treatment is clearly a major hurdle to recovery. Seventy-nine percent of APRA's clients were unemployed and had no insurance. Importantly, while 19.2% of APRA's clients are eligible for Medicaid, APRA does not access Medicaid dollars for outpatient and residential treatment services. This oversight results in the loss of millions of dollars for such services.

(f) The existing programs offered by APRA are insufficient. Sixty percent of substance abusers have psychiatric disorders, but only a fraction of those receive treatment. The Latino community is underserved because of the lack of bilingual residential treatment programs. Additionally, existing services fail to meet the treatment needs of youth, the elderly, pregnant and parenting women, and persons with disabilities.

§ 7-3002. Definitions

For the purposes of this chapter, the term:

(1) "Addiction Prevention and Recovery Administration" ("APRA") means the agency or the successor agency within the Department of Health responsible for administering substance abuse prevention and treatment services.

(2) "Aftercare plan" means the services or other planned activities designed to sustain therapeutic gains and promote further recovery of the client with regard to the issues relating to substance abuse.

(3) "Certification" means the process of ensuring that standards of care are met for the operation of a substance abuse treatment facility or program in the District of Columbia as described by regulation.

(4) "Client" means a person who is afflicted with and seeking to recover from substance abuse and has been selected for participation in the Drug Treatment Choice Program.

(5) "District" means the District of Columbia.

(6) "Drug" means any of the controlled substances enumerated in §§ 48-902.04, 48-902.06, 48-902.08, 48-902.10, or 48-902.12.

(7) "Dual diagnosis" means persons with the concurrent diagnoses of substance abuse and mental disease or disorder.

(8) "Intake screening and assessment" means the process performed by a qualified substance abuse counselor for the collection of relevant information about an applicant in order to determine eligibility for rehabilitation program services and the development of an initial treatment plan and any necessary referral.

(9) "Qualified substance abuse counselor" means a person who:

(A) Has received certification or credentials in substance abuse from the American Medical Association, the American Society for Addiction Medicine, the Nurses Professional Association, a state's affiliate of the National Alcohol and Drug Counselors' Association, or a state's affiliate of the International Certification Reciprocity Consortium for Alcohol and Other Drugs of Abuse ("ICRC/AODA");

(B) Has registered with the District of Columbia Board of Professional Counseling as a Registered Addiction Professional; and

(C) Completes 40 hours of continuing education every two years.

(10) "Rehabilitation plan" means the course of action to be taken to address the issues relating to substance abuse that were identified in the intake screening and assessment, including frequency of services, type of personnel providing services, monitoring of client progress, and plan revision.

(11) "Resident" means any person who lives in the District voluntarily, not for a temporary purpose, and has no present intention of removing himself or herself from the District. Temporary absence from the District, with subsequent returns to the District, or intent to return when the purposes of the absence have been accomplished shall not interrupt continuity of residence. For the purpose of this chapter, whether a person is a "resident" shall not depend upon the reason that the individual entered the District except that it may bear on whether the person is in the District for a temporary purpose.

(12) "Substance abuse" means a pattern of pathological use of a drug or alcohol that causes impairment in social or occupational functioning or produces physiological dependency evidenced by physical tolerance or physical symptoms when the drug or alcohol is not used.

(13) "Treatment provider" means an entity, a facility, or a program that has been certified by APRA to be responsible for the delivery of substance abuse detoxification, rehabilitation, and after-care services to an identified target population.

§ 7-3003. Establishment of the Drug Treatment Choice Program; purpose

There is established the Drug Treatment Choice Program ("Program"). The purpose of the Program is to provide District residents with access to substance abuse rehabilitation and aftercare plans at the treatment provider of their choice in consultation with a qualified substance abuse counselor, and subject to the availability of funds in the Addiction Recovery Fund.

§ 7-3003.01. Establishment of the Access to Recovery Voucher program

(a) There is established the Access to Recovery Voucher Program ("ATR"), which shall be administered by APRA. The purpose of ATR shall be to provide District residents with access to culturally sensitive substance-abuse treatment and recovery-support services for the duration of the 3-year federal Access to Recovery grant awarded to APRA and to serve as an addition and complement to the Choice in Drug Treatment Program, established by § 7-3003.

(b) The duty of APRA to administer ATR shall include:

- (1) Community outreach and education;
- (2) Collaborating with federal and local agencies in regard to individuals returning to the community after being incarcerated who require substance-abuse treatment or recovery-support services; and
- (3) Ensuring that ATR achieves the projected target of serving over 11,000 individuals.

§ 7-3004. Establishment of the Addiction Recovery Fund

(a) (1) There is established, as a nonlapsing, revolving fund, the Addiction Recovery Fund ("Fund"). Except as provided in subsection (a-1) of this section, the Fund shall be comprised of general revenue funds appropriated by a line item in the budget submitted pursuant to § 1-204.46, and authorized by Congress in an appropriations act for the purpose of the Drug Treatment Choice Program. The Mayor shall, subject to authorization by Congress in an appropriations act, deposit in the Fund any and all other funds received on behalf of the Fund for the purpose of the Drug Treatment Choice Program.

(2) All funds shall be deposited into the Fund without regard to fiscal year limitation pursuant to an act of Congress. All funds deposited into the Fund shall not revert to the General Fund of the District of Columbia at the end of any fiscal year or at any other time, but shall be continually available for the purpose of the Drug Treatment Choice Program, subject to authorization by Congress in an appropriations act.

(a-1) There is established within the Fund a segregated account to be known as the ATR Account, into which shall be deposited the federal grant funds awarded to APRA for ATR, to be expended solely for the purposes of ATR, in accordance with federal requirements and regulations promulgated to implement this chapter.

(b) Except as provided in subsection (a-1) of this section, the Fund shall be used only for payments directly to treatment providers. The Fund shall be the sole source for payments to treatment providers under the Drug Treatment Choice Program. APRA shall administer the Drug Treatment Choice Program and the Fund from APRA's appropriated operating budget.

(c) Within 18 months of July 18, 2000, APRA shall develop a plan to incorporate all APRA funding for substance abuse treatment services into the Fund. APRA may propose to continue then existing contracts and grants upon a finding that the Program would not serve the specific needs of a particular clientele or group.

(d) The plan developed by APRA pursuant to subsection (c) of this section shall be submitted by the Mayor to the Council for a 45-day period of review, excluding Saturdays, Sundays, legal holidays, and days of Council recess. If the Council does not approve or disapprove the proposed plan, in whole or in part, by resolution within this 45-day review period, the proposed plan shall be deemed approved.

§ 7-3005. Administration of the Drug Treatment Choice Program and Addiction Recovery Fund

APRA shall administer the Program and Fund by:

- (1) Performing certification of treatment providers;
- (2) Creating standardized intake forms and procedures to be utilized by APRA and treatment providers;
- (3) Monitoring intake screening and assessments performed by qualified substance abuse counselors located within the APRA or the treatment providers;
- (4) Determining whether the applicant is eligible to participate in the Program following the intake screening and assessment;
- (5) Requiring the persons performing the intake screening and assessment, after determining eligibility, to share with the client the entire spectrum of treatment providers and to inform the client of his or her right to select the treatment provider of his or her choice in consultation with a qualified substance abuse counselor;
- (6) Reviewing rehabilitation and aftercare plans, including estimated costs, submitted by treatment providers;
- (7) Providing payment directly to treatment providers for services rendered at such times as established between APRA and the treatment provider; and
- (8) Monitoring the rehabilitation and aftercare plans and the quality of the services rendered by the treatment providers.

§ 7-3005.01. Certification and participation by treatment providers.

To improve access to substance abuse rehabilitation and aftercare for persons needing addiction treatment services, the Director of the Department of Health ("Director") is authorized to exercise procurement authority to carry out the purposes of this chapter independent of the Office of Contracting and Procurement. The Director may enter into provider agreements or other agreements only with providers certified under Chapter 23 of Title 29 of the District of Columbia Municipal Regulations. It shall no longer be necessary for providers to be certified under Chapter 24 of Title 29 of the District of Columbia Municipal Regulations in order to be eligible to provide services under the Choice in Drug Treatment Program. The Director shall exercise this authority consistent

with Unit A of Chapter 3 of Title 2, except with regard to the powers and duties outlined in § 2-301.05(a), (b), (c), and (e).

§ 7-3006. Confidential records

All information furnished to APRA pursuant to this chapter shall remain confidential and may be disclosed only to medical personnel for purposes of diagnosis and treatment.

§ 7-3007. Residency and insurance requirements

In addition to other eligibility requirements established pursuant to this chapter, a prospective client shall be a District resident and not have insurance benefits available for substance abuse treatment. A client shall continue to be a resident while participating in the Program.

§ 7-3008. Benefits

(a) APRA shall formulate guidelines that give priority for enrollment in the Program to any eligible minor, pregnant woman, or the parent, guardian, or other person who has legal custody of a minor.

(b) (1) A client with no dependent children shall receive a maximum of up to \$ 20,000 per year, subject to the availability of funds in the Fund. A client with a dependent child shall receive a maximum of up to \$ 40,000 per year, subject to the availability of funds in the Fund and the discretion of the Director of the Department of Health.

(2) The Director of the Department of Health is authorized to increase the maximum amounts set forth in this subsection to adjust for inflation.

(c) By waiver, approved by the Administrator of APRA, expenditures in excess of the maximum amounts stated in subsection (b) of this section may be authorized where good cause is shown.

(d) Nothing in this chapter shall be construed to create an entitlement to substance abuse treatment during any fiscal year if no funds remain available to the District government under a District or federal appropriation that has been enacted for the specific purpose of providing substance abuse treatment services.

§ 7-3009. Certification of treatment providers

(a) In order to participate as a treatment provider in the Program, application shall be made to APRA for certification, the cost of which shall be paid by the treatment provider. Only Program-approved treatment providers shall be eligible to receive payments from the Fund.

(b) (1) Within 60 days after July 18, 2000, APRA shall submit to the Council for a 60-day period of review, excluding Saturdays, Sundays, legal holidays and days of Council recess, the specific criteria to be used in certifying treatment providers. If the Council does not approve or disapprove, in whole or in part, by resolution within the 60-day period of review, the criteria shall be deemed approved.

(2) At a minimum, the criteria shall require a demonstrated success in the rehabilitation services for which the treatment provider seeks certification and the financial viability of the treatment provider to perform the services for which it seeks certification. In addition, APRA may require the treatment provider to post a surety bond of up to \$ 50,000 in order to participate in the Program.

(c) APRA shall make every effort to seek out for certification a diversity of treatment providers who offer rehabilitation services to such targeted populations as African Americans, Latinos, Asians, offenders and ex-offenders, the elderly, persons with custody of minor children, gays, lesbians, bisexuals, transgenders, persons with HIV/AIDS, individuals with dual diagnoses, and persons with disabilities.

(d) APRA shall have the authority to revoke or suspend certification in cases of fraud, financial abuse, client abuse, improper clinical practices, improper practices by staff, or for other good cause.

(e) Except as provided in subsection (f) of this section, each treatment provider shall apply for recertification annually.

(f) If, after 2 successive recertifications, a treatment provider is found by APRA to be in substantial compliance with certification standards, annual recertification shall not be required for as long as a treatment provider remains in substantial compliance.

(g) Additional certification of a treatment provider shall be required if the scope of its services changes.

§ 7-3010. Quality assurance for treatment providers

Prior to implementing the Program, APRA shall:

(1) Establish a Quality Assurance Division staffed with personnel to monitor the performance and quality of services of treatment providers;

(2) Train quality assurance staff on the tools and protocols used to effectively monitor treatment providers; and

(3) Develop policies, procedures, and instruments to measure qualitative and quantitative outcomes of treatment services.

§ 7-3011. Aftercare plan

(a) Prior to discharge from the rehabilitation plan, an aftercare plan shall be developed by the treatment provider in consultation with the client. The aftercare plan shall include periodic interviews by the treatment provider with the client within one month, three months, and six months after discharge and include procedures for collecting information about outcomes of care from the client.

(b) APRA shall, at the end of each fiscal year, compile success rates for treatment providers and submit them to the Council by November 1 of each year.

§ 7-3012. Infrastructure development plan

Within 180 days after July 18, 2000, APRA shall establish a comprehensive plan to develop the District's substance abuse treatment and prevention infrastructure. This plan shall be based on a rigorous needs assessment and current service inventory to identify gaps in treatment modalities by geographic location.

§ 7-3013. Program evaluation

APRA shall review the success of the Program and perform a comprehensive evaluation of all APRA substance abuse treatment programs and submit its report to the Council by January 15, 2003.

§ 7-3014. Choice in Drug Treatment Advisory Commission.

(a) (1) There is established a Choice in Drug Treatment Advisory Commission ("Commission") with the purpose of advising on the implementation of the Program and recommending improvements to its infrastructure to the Council and the Mayor.

(2) The Commission shall consider approaches to reduce barriers to meaningful choice in drug treatment by working closely with APRA:

- (A) To establish clear access to services;
 - (B) To provide for linkages among providers and other support services;
 - (C) To assure that services are culturally competent and sensitive;
 - (D) To assure that the delivery of services adjusts to changing needs and emerging issues;
- and
- (E) To provide any other assistance that may be required.

(3) The Commission shall submit its recommendations to the Council and the Mayor in the form of a report, with specific steps for implementing its recommendations, within one year of May 18, 2004, and every 6 months thereafter.

(b) (1) The Commission shall be composed of 13 members as follows:

- (A) One representative from APRA, to be appointed by the Mayor for an initial term of 4 years;
- (B) One representative from APRA who specializes in youth treatment and one representative from the Department of Mental Health, to be appointed by the Mayor for initial terms of 3 years;
- (C) One representative from APRA and one representative from the Department of Human Services, Family Services Administration, to be appointed by the Mayor for initial terms of 2 years;
- (D) One treatment provider who treats youths, one representative from the housing sector who assists homeless persons who have substance abuse problems to obtain housing, and one representative from the medical profession, to be appointed by the Council for initial terms of 4 years;

(E) Two treatment providers, one of whom must specialize in the treatment of Latinos with substance abuse issues, and one representative from the employment sector, to be appointed by the Council for initial terms of 3 years; and

(F) One treatment provider and one client representative, to be appointed by the Council for initial terms of 2 years.

(2) All appointments, following the initial appointments made pursuant to paragraph (1) of this subsection, shall be for terms of 3 years.

(3) All initial appointments made pursuant to paragraph (1) of this subsection shall be made within 180 days of May 18, 2004.

(4) A vacancy shall be filled in the same way the initial appointment was made.

(5) The initial Chairperson shall be appointed by the Council from among the members of the Commission. Subsequent chairpersons shall be appointed by the members of the Commission from among the members of the Commission.

(6) Each member shall serve without compensation.

(c) The Chairperson, or the Chairperson's designee, shall convene all meetings of the Commission. Seven members of the Commission shall constitute a quorum.

(d) The Commission shall have the authority to create and operate under its own rules of procedure, consistent with this chapter and subchapter I of Chapter 5 of Title 2.

(e) All recommendations and reports prepared and submitted by the Commission shall be a matter of public record.

(f) The Commission shall have the authority to request directly from each department, agency, or instrumentality of the District government, and each department, agency, or instrumentality is hereby authorized to furnish directly to the Commission upon its request, any information deemed necessary by the Commission to carry out its functions under this chapter.

(g) The Commission is authorized to use space and supplies owned or rented by the District government.

(h) Funding for the Commission's operations shall be subject to annual appropriations, private sector assistance, or both.

§ 7-3015. Rulemaking

(a) (1) Within 180 days of July 18, 2000, the Mayor, pursuant to subchapter I of Chapter 5 of Title 2, shall issue rules to implement the provisions of this chapter. The proposed rules shall be submitted to the Council for a 45-day period of review, excluding Saturdays, Sundays, legal holidays, and days of Council recess. If the Council does not approve or disapprove the proposed rules, in whole or in part, by resolution within this 45-day review period, the proposed rules shall be deemed approved.

(2) (A) Except as provided in subparagraph (B) of this paragraph, all rules promulgated pursuant to paragraph (1) of this subsection shall apply to the provisions of §§ 7-3003.01, 7-3004(a-1), and this paragraph.

(B) The Mayor, pursuant to subchapter I of Chapter 5 of Title 2, may issue rules to apply specifically to the provisions of §§ 7-3003.01, 7-3004(a-1), and this paragraph. Any such rules shall be submitted to the Council for a 45-day period of review, excluding Saturdays, Sundays, legal holidays, and days of Council recess. If the Council does not approve or disapprove the proposed rules, in whole or in part, by resolution, within this 45-day review period, the proposed rules shall be deemed approved.

(b) Nothing in this section shall affect any requirements imposed upon the Mayor by subchapter I of Chapter 5 of Title 2.