

CHAPTER 63**CERTIFICATION AS A NARCOTIC AND DRUG
ABUSE TREATMENT CENTER****Authority**

Unless otherwise expressly noted, all provisions of this Chapter 63 were adopted by the Division of Narcotics and Drug Abuse Control pursuant to authority delegated at N.J.S.A. 26:2G-25 and were filed and became effective November 15, 1971, as R.1971 d.205. See: 3 N.J.R. 202(a), 3 N.J.R. 256(c).

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DEFINITIONS****8:63-1.1 Philosophy**

(a) Narcotic addiction and drug abuse is a controversial field, wrought with conflicting views as to the extent of the problem, its etiology, treatment requirements, and almost any other aspect one might wish to isolate and discuss. There is, however, almost universal agreement that increased addiction to and abuse of narcotics and drugs requires the development and expansion of a full complement of treatment programs and services.

(b) How such programs and services are to be individually realized and effectively administered to assure quality referral, treatment and re-entry processes, while safe-guarding the health and emotional well-being of the patient, is the subject of this Chapter.

(c) The newness of New Jersey's drug abuse treatment centers, and the continuing quest for effectiveness in treatment appear sufficient in themselves, however, to warrant standards which reject rigidity, and utopian concepts of patient care. Rather, such standards should, as are herein presented, serve as a reliable guide to and yardstick of those current accomplishments which warrant sanction as models or rules of thumb in the future development of, or current administration of, treatment programs.

8:63-1.2 Definitions

The following words and terms, when used in this Chapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Applicant" means any individual, partnership, corporation, or other entity, whether for profit or nonprofit, who applies to the Division of Narcotic and Drug Abuse Control on prescribed application forms for the purpose of requesting certification to operate a narcotic and drug abuse center.

"Client" means a patient or recipient of services of the center who is addicted to or otherwise suffering physically or mentally from the use, or abuse of narcotic and dangerous drugs and who requires continuing care of a drug abuse treatment center.

"Division" means the Division of Narcotic and Drug Abuse Control.

"Narcotic and drug abuse treatment center" means any establishment, facility or institution, public or private, whether operated for profit or not, which primarily offers, or purports to offer, maintain or operate facilities for the residential or outpatient diagnosis, care, treatment, or rehabilitation of two or more nonrelated individuals, who are clients as defined herein, excluding, however, any hospital or mental hospital otherwise licensed by Title 30 of the Revised Statutes.

"Residential facility" means any drug abuse treatment center which includes as part of its treatment requirement, and/or process, that a patient physically reside on the premises.

"Shall" means compliance is mandatory.

"Should" means compliance is suggested or recommended.

SUBCHAPTER 2. BUILDING STRUCTURE AND INSPECTION REQUIREMENTS

8:63-2.1 General requirements

(a) A suitable structure is essential to safe and efficient operation of a drug treatment center.

(b) Care should be exercised in selecting a structure which is adaptable to the standards as outlined in this Chapter, including such considerations as follows:

1. The adequacy of space for program, administrative, medical, educational and/or other center activities.
2. Suitability of electrical, plumbing, heating and hot water accommodations; in consideration of the number of residents, and the intended provision of washing, cooking, laundering and sanitary equipment.
3. Cleanliness and suitability of facilities for food preparation and storage, when applicable.
4. The extent of renovations necessary to provide adequate facilities which meet local ordinances, and standards as set forth in this Chapter.

8:63-2.2 Local approvals

(a) The center shall meet all local ordinances including building, zoning, health and fire, and other regulations as outlined in this Chapter. Evidence of such compliance shall be kept on file, and may be established by letter (see sample letter under Appendix E), certificate, or other written document.

(b) In the absence of a health officer, Local Health Department inspections and approvals shall be secured through the District State Health Officer or the State Department of Health.

8:63-2.3 Fire procedures, protection measures and storage of flammables

(a) In addition to compliance with local fire ordinance, the center shall meet the following minimum standards as set by the Department:

1. A fire procedure shall be established indicating the center's fire detection system, fire alarm procedures, and evacuation routes. The fire procedure shall, furthermore, be implemented through the conduct of fire drills, at least one per month. A record of all fire drills shall be maintained for inspection by the Division.
2. The center shall, in addition to the establishment of a fire procedure, maintain operable fire extinguishers, evacuation route signs, fire escapes and other such detection, evacuation and fire fighting equipment as required under local ordinances.
3. Paints, varnishes, lacquers, thinners, cleaning fluids and other flammable materials and liquids should preferably be stored outside of the building, or otherwise within closed metal cabinets or other fire resistant facilities. The storage of combustible materials shall not be permitted within heater rooms or within twenty feet of any heater or open flame.

8:63-2.4 Space, facilities and accommodations

(a) The applicant shall provide space for administrative activities, including provisions for the storage and safeguarding of personnel, administrative and client records and materials.

(b) Centers providing for examination and/or other medical procedures shall designate a specific area for this purpose, and shall follow standard medical procedure, as followed by approved hospital facilities.

(c) Bath and toilet facilities shall be:

1. Kept clean, ventilated and in operating condition;
2. Available in accordance with whichever is more stringent of the following:
 - i. Local ordinances;
 - ii. Minimum ratios of one each per 15 persons for toilets, wash basins and bathtubs or showers.

(d) Food preparation and handling (see also Sections 3.7 (Food preparation) and 3.8 (Food handling) of this Chapter):

1. Cooking, and/or preparation of hot meals, shall be restricted to kitchen areas, which shall, furthermore, be adequately cleaned and maintained in strictest sanitary condition.

2. Precautions shall be taken to assure safe operating condition of all kitchen equipment. Installation of exhaust ducts, exhaust fans, electrical, gas or other accommodations or equipment shall be in accordance with local ordinances.

3. It is recommended that dining areas be appropriately furnished and maintained separate from kitchen facilities.

(e) All space provided for recreation, visiting, educational and group therapeutic or other activities, shall be well lighted and ventilated, and suitable for intended usage. Considering the diverse age and interests of clients of both residential and outpatient or day centers, it is recommended that two or more rooms be available for simultaneous use in group activities. All facilities used for vocational, educational, or other training or therapeutic purposes, shall meet the requirements of the appropriate State or local regulating agency.

(f) The following standards apply to residential centers and others providing overnight accommodations. Such facilities shall provide:

1. Adequate and clean sleeping accommodations;
2. Adequate storage for personal belongings and clothing;
3. Centers shall assure that consideration of usable bed space includes provisions for adequate and safe passage between beds, and appropriate ventilation. A minimum of 50 square feet of floor space per bed is recommended.

(g) Residential centers shall make provisions for the laundering and regular maintenance and repair of resident's clothing. Any center which installs laundering, dry-cleaning or clothes drying equipment, shall assure appropriate inspection and compliance with local ordinances. Furthermore, appropriate measures shall be taken to insure proper ventilation and protection against misuse.

(h) Basement space shall not be utilized as living space, except by approval of the Division. Basements shall be kept dry and free of clutter, and shall further be periodically inspected for fire hazards and freedom from insects and rodents.

(i) All centers providing education and/or work study programs shall provide well-lighted ventilated space for study purposes, including table space and chairs.

(j) Yard space and/or grounds surrounding the property shall be maintained free of debris and other hazards.

(k) Easy access must be maintained throughout the building. Stairways, hallways and exits shall be kept free and clear of obstructions at all times. A fire escape, when required by ordinances, shall be constructed in conformity with local fire standards.

(l) Laboratory facilities shall be operated only under professional supervision, as required by law.

(m) The applicant shall keep the Division informed of the utilization of all sections and space identified as being owned, operated or under the direction, control or supervision of the center. No section or space so identified may be used for the purpose of an illegal act, or for the sale, or manufacture of any item, without the written approval of the Division.

SUBCHAPTER 3. PHYSICAL AND MENTAL WELL-BEING

8:63-3.1 General requirements

(a) For purposes of this Act, this Subchapter shall include but not be limited to all aspects of accident prevention, housekeeping, sanitation and the general physical and mental well-being of the client as defined under law.

(b) It is expected that a common sense attitude will be taken by the applicant in matters pertaining to the clients general well-being and appropriate precautionary measures instituted.

8:63-3.2 General housekeeping and sanitation

(a) The applicant shall assure that all sections and passageways within the facility are kept in a clean and orderly condition, and free from obstructions.

(b) An adequate and continuous supply of hot water shall be available for bathing, dishwashing, laundering, general cleaning and so forth.

(c) Provision shall be taken to guard against infestation by insects and vermin including periodic inspection and extermination. Screening should also be utilized during summer months, to assure maximum heat reduction and ventilation.

(d) The center shall provide for trash and garbage disposal, including provisions for storage in enclosed containers until removal.

8:63-3.3 Personal care services

(a) Residential centers shall provide each resident, or make available to him, such articles of personal hygiene as soap, toothbrush and toothpaste, comb and/or hairbrush, shaving equipment, towels and washcloths. Female patients

shall be provided sanitary napkins and/or items of personal hygiene as required.

(b) Residential centers shall arrange for or provide all necessary articles of clothing and bedding, including provisions for their cleaning, repair and/or replacement.

8:63-3.4 Health supervision

(a) Centers shall place responsibility for the provision of health services under the supervision of a licensed physician, who, in addition to the establishment and supervision of the center's medical policies shall:

1. Institute procedures for the control and treatment of communicable diseases, including, but not limited to hepatitis, tuberculosis and venereal disease;
2. Encourage personal hygiene;
3. Assure maintenance of personal health records, and inventories of all medical equipment, supplies, medicines and medical paraphernalia.

8:63-3.5 Special requirements

(a) The center shall establish and implement policies for the evaluation of clients or staff suspected of regression to drug usage which may include periodic urinalysis. These policies shall also include follow-up procedures for dealing with persons found to be using narcotics or other dangerous substances.

(b) The center shall abide by all State and Federal laws and regulations pertaining to the storage, maintenance or inventories of drugs or other medical paraphernalia. Furthermore, individual prescriptions must be kept locked in appropriate storage facilities and dispensed only under the supervision of a licensed physician. The center shall, furthermore, provide for the control and supervision of Controlled Dangerous Substances (CDS) entering the center through either illicit or legitimate means.

Amended by R.1997 d.272, effective July 7, 1997.

See: 29 N.J.R. 860(a), 29 N.J.R. 2830(a).

Deleted (b), relating to methadone programs; and recodified former (c) as (b).

8:63-3.6 Medical or psychiatric procedural changes

The Division may require any changes, alterations, additions or deletions of medical or psychiatric procedures which do not conform to generally accepted medical practice.

8:63-3.7 Food preparation

(a) Since good food served in pleasant surroundings contributes substantially to both health and welfare of patients, when provided by the center, a sound plan of food service should be established and followed in accordance with the following standards:

1. Menus should be planned and written at least one week in advance to assure well-balanced, appetizing and varied diet sufficient to meet nutritional needs.
2. Special diets shall be provided on physician's order; otherwise in accordance with approved standard of food and nutrition as herein outlined.
3. Only pasteurized milk and United States government inspected meats shall be served.
4. There shall be adequate provision for proper refrigeration of food items. Furthermore, all spoiled, molded or contaminated foods will be immediately removed.
5. Residential centers shall assure residents of three well-balanced meals per day served on a regular schedule. One of the three meals shall consist of at least one hot dish item.
6. A record of specific meals, as served, will be kept for a period of not less than 30 days.
7. Adequate dishes, utensils and condiments shall be provided.
8. Food preparation equipment, such as can-openers, slicers, grinders, mixing machines and similar equipment, shall be maintained in a sanitary condition.

8:63-3.8 Food handling

A person shall be clearly designated to supervise and be responsible for all food handling. Contact shall further be made with the local and/or State Health Department to determine the availability of food handling courses and to determine proper food handling practices.

8:63-3.9 Control of deviant and/or criminal behavior

(a) The center shall make every endeavor to assure that no client is exposed to, or instigates such behavior as might be physically, emotionally or morally injurious to himself or to another person directly or indirectly related to the program.

(b) Any incident resulting in serious injury or death shall be investigated by the director of the center, appropriately reported to local authorities, and immediately reported to the division. A written report of the incident shall be made and kept on file at the center and made available for review by authorized personnel.

SUBCHAPTER 4. PERSONNEL PRACTICES

8:63-4.1 Staff development and personnel policies

(a) All staff positions shall be identified as to title, function, authority and responsibility, minimal educational and/or experience requirements, and salary ranges. Such identification shall be in writing, and made available to the staff person employed within the position.

(b) All full-time and part-time staff shall be apprised of all personnel policies, standards and procedures, including hours of work, fringe benefits such as holidays, accrual of sick leave, promotional opportunities and so forth, and center's grievance procedures.

(c) Rules should be established covering staff-to-clients, staff-to-staff and staff-to-community relationships.

(d) There shall be no barrier to the hiring or up-grading of ex-addict, or other para-professional staff, provided such persons remain drug free, and are, by nature of their rehabilitation process and/or training, suitable for the position assigned.

(e) The center shall provide structured in-service training programs on a regularly scheduled basis. A record of all such training sessions shall be kept, including notation of date held, topic presented or discussed, number and position of persons in attendance and the position or credentials of the persons leading the session.

(f) When feasible, the center shall also encourage staff members' attendance at seminars, institutes and other outside educational programs.

8:63-4.2 Use of vendor services

(a) To insure quality services, and that fees are commensurate with responsibilities, centers contracting for outside lay, para-professional or professional consulting or vendor services, including services of part-time physicians, social workers, educators, therapists and so forth, must have on file a written agreement.

(b) It should include the number of hours per week of consultation, the agreed rate for services rendered including transportation expenses and all other miscellaneous expenditures and a description of consultation or vendor services to be rendered.

(c) The center should verify credentials, and/or other qualifications to assure that they are as stated.

(d) This is not intended to restrict the employment or use of ex-addicts or other community personnel.

8:63-4.3 Volunteers

(a) The donation of services by lay or professionally trained persons, while encouraged, should be undertaken with care.

(b) The following minimal requirements have been established:

1. An application form must be on file including evidence of verifications of credentials, educational background and/or work experience.

2. Volunteers, including ex-addicts and other lay and professional persons, should be included in regularly scheduled in-service training programs and career development programs, as feasible.

SUBCHAPTER 5. PROGRAMS AND SERVICES

8:63-5.1 General requirements

(a) All individual programs and services of the center shall be individually identified in writing, including a description of the program, admission requirements, statement of objectives, methodology of delivery, personnel requirements and procedure for evaluation of program effectiveness.

(b) On-going programs are expected to demonstrate the treatment philosophy of the center.

(c) It should be anticipated by the applicant that assumptions may be drawn about the center's effectiveness in relationship to one or more of the following areas:

1. The provision of a positive experience leading to the development of positive client attitudes;

2. The curbing of drug abuse on criminality as reflected by client participation in productive activities;

3. Provision by the center of ancillary services including family counseling, prevention programs and so forth;

4. The utilization by the center of all existing professional and community services;

5. The center's maintenance of a positive community relationship;

6. The center's ongoing relationship with recipients of services including graduates and splitees.

8:63-5.2 Client participation in program planning

(a) The center shall provide clients the opportunity to express opinions regarding programs, staff and the methodology by which individual programs are offered.

(b) In addition, the schedule of ongoing programs shall reflect the center's concern for client's needs for educational, work, recreational activities, rest periods, meal-time and socialization periods, and therapeutic experiences.

(c) Clients shall be free to register grievances, make general comments or offer suggestions about existing programs, with representatives of the Department of Health and other officials, without fear of reprisal, punishment and/or dismissal from the center.

(d) A center desiring to utilize any client for purposes of experimentation, demonstration or example or for the use of any drug, device or procedure outside of those described in these standards, shall submit a written proposal for review by the Division prior to implementation. Such written proposal shall include the voluntary written consent of the client or clients to be utilized.

8:63-5.3 Client evaluation

(a) The center shall make specific provisions for the evaluation of the individual client's ability to relate to and utilize the regimen, programs and services.

(b) In addition, the following shall be made common knowledge:

1. How decisions are made by the center with respect to the individual client's progress, assignment to work and/or other activities, or his involvement within any specific program and/or service;
2. The center's rules or guidelines in determination of the client's relationship with the outside community, and/or family, including telephone, letter and visiting privileges.

SUBCHAPTER 6. RECORD-KEEPING AND ACCOUNTABILITY

8:63-6.1 General requirements

(a) The maintenance of appropriate patient, fiscal, statistical, medical and other records as required by this Chapter is viewed as a vital function of the center.

(b) To meet this general requirement the center shall designate responsibility for all recordkeeping and reporting activities, to a responsible person.

8:63-6.2 Registry reports

All persons that the center determines to be drug abusers shall be reported to the Controlled Dangerous Substance Registry on the confidential form entitled "Treatment Facility Report of Controlled Dangerous Substance (CDS) Abusers" (see Appendix "D") and on such other forms as may be required by the Division.

8:63-6.3 Client records

(a) Client records and such other forms as required by the Division shall be kept on all clients enrolled in one or more of the center's programs, since the inception of these standards and maintained for five years, regardless of current status of the client.

(b) Such records shall contain the following:

1. Admission records
 - i. Application materials;
 - ii. Completed face sheet, including name, address, date of birth, name and address of nearest relative;
 - iii. Medical examination forms and laboratory and TB reports;
 - iv. Social and family history, including history of drug abuse and/or drugs used;
 - v. Any reports of prior medical, psychological or psychiatric treatment;
 - vi. Other information the center requires to make appropriate determination of suitability for admission.
2. Ongoing client activity reports which include results of urine monitoring; reports of medical treatment and services; report of client's level of activity, and progress with appropriate recommendations for future treatment; training; medical; dental and other follow-ups.
3. Discharge and/or follow-up which include terms of discharge; to whom discharged (self or other agency, service and so forth); reference to educational and/or work status; and recommendations for follow-up and/or future contacts should client have left program against advice shall be recorded. It should be possible to determine from a review of the client's records what the person got from the program and over what period of time, and how well he did.
4. Reports should be maintained of all unusual incidents such as accidents, injuries, attempted suicides and so forth, including the date(s), witnesses to the incident, and as full a statement as possible relating specific information as to how the incident occurred and what specifically happened; and follow-up.
5. The center shall have an established policy regarding the transference of treatment records or the sharing of treatment information should any client transfer or become a future client of another center, institution and/or treatment facility. Such policy shall include necessary provisions to assure the confidential nature of client records.

6. All records, reports or other documents relating to any client shall be handled in strictest confidence. This standard shall not, however, exclude the sharing of vital treatment information, or other materials, records, and the like, which may through withholding, jeopardize the client's health or well-being.

8:63-6.4 Center activity reports and schedule of events

(a) The center shall maintain an ongoing record of activities and events including speaking engagements, meetings and daily activities.

(b) A daily schedule of events shall be posted in a conspicuous place.

8:63-6.5 Evaluation procedures

In conjunction with the Division, the center shall implement a system of evaluating its programs and services, and to make such facts, statistics and results of such evaluation available to the Division.

8:63-6.6 Financial accountability

(a) The center shall develop, and shall assign a person to administer the following fiscal policies and procedures:

1. The recording, handling and disposition of all incoming moneys, donations and so forth, including the granting of receipts.

2. The budgeting and allocation of funds, including maintenance of appropriate ledgers and securement of receipted bills for cash payments or expenditures.

3. The annual reporting of all assets liabilities, accounts receivable, payable and so forth.

(b) The Division shall have the right to review and examine the fiscal records of any center, and may require, as a matter of routine, that annual reporting be submitted on State forms.

8:63-6.7 Fund raising procedures

(a) The center shall maintain current records of all gifts, grants and donations of money, supplies, equipment, negotiable instruments and so forth.

(b) Receipts should be issued as a matter of policy.

(c) Furthermore, the center shall review and conform to all tax rules and regulations pertaining to fund raising activities, including applications for tax exempt status.

8:63-6.8 Application for grants or financial assistance

A copy of each application for Federal, State, county, municipal and private funding shall be concurrently submitted to the Division for review.

APPENDIX A THROUGH C (RESERVED)

Repealed by R.1997 d.272, effective July 7, 1997.
See: 29 N.J.R. 860(a), 29 N.J.R. 2830(a).

APPENDIX D

Ambulatory induction should be attempted only with patients without major psychological, psychiatric or physical complications. If such complications exist, induction must be anticipated to be difficult and patients should be referred for inpatient induction to the New Jersey Neuro-Psychiatric Institute.

The same applies to patients who develop unexpected difficulties while on ambulatory induction.

New Jersey State Department of Health Division of Narcotic and Drug Abuse Control

Name of Facility _____ Date _____

AGREEMENT *

* In the case of a minor, written consent (parent, guardian, or next of kin) must be obtained on form MM-2.

My full name is _____ (please print).
I was born on _____ (Month) _____ (Day)
_____ (Year) and my present age is _____.

I request to be placed on methadone maintenance for the treatment of my addiction to heroin.

This type of treatment has been explained to me in detail. I understand that methadone maintenance does not effect a cure, that methadone itself is a narcotic, and in order to help me, must be taken under strict medical supervision. The clinic, under medical supervision, will take full responsibility for providing me with the necessary daily maintenance dose and help me in any possible way with my efforts to rehabilitate myself and to resume my role in society.

I furthermore understand that this treatment program operates under certain rules and regulations, that strict compliance with these rules will be expected of me and that failure to adhere to these rules and regulations may lead to my removal from the program.

Specifically, I promise:

A. To submit to and cooperate with a careful screening procedure, to include physical examination, X-ray studies, laboratory studies and such other diagnostic procedures as deemed necessary by the clinic staff. Acceptance into the program will depend on results of this screening.

B. If accepted for maintenance, I must first undergo a build-up or "loading" phase as long as deemed necessary, but generally expected to last from 15 to 18 days.

During this time, I promise to adhere to the following conditions:

1. During the induction phase, I must enter the clinic from 8:00 A.M. to 4:00 P.M. daily, to include Saturdays, Sundays and Holidays. There can be no exceptions from this rule. During my daily stay at the facility I promise to be polite, cooperative and to obey directions given to me by members of the clinic staff.

2. I firmly promise to abstain from driving any type of motor vehicle during my induction and I will deposit my driver's license at the facility for safe-keeping until completion of "loading". After conclusion of my induction, my driver's license will be returned to me and I may resume driving.

3. During inductions, I pledge to abstain from working with power tools or any other type of dangerous machines, and to avoid any type of activities where full alertness and wakefulness is necessary to prevent physical danger.

4. During induction, I promise to observe a voluntary curfew, returning home immediately after clinic hours and staying home until the next morning. I understand that the clinic may check up on my observing this rule.

5. I agree to give a daily urine specimen to the clinic under strictly controlled conditions to be determined by the facility.

6. During induction and thereafter, I will carry an identification card, given to me by the clinic, at all times. The card will identify me as a methadone maintenance patient in the State program, thereby affording me protection pertaining to my use of this drug. It will also be important in medical emergencies and enable a hospital or physician to get important information pertaining to my maintenance schedule.

7. If, during the induction phase, major complications arise which, in the opinion of the clinic staff, require that the balance of my induction phase be conducted on an inpatient basis, I agree to enter the New Jersey Neuro-Psychiatric Institute or some inpatient facility as determined by the clinic, to complete induction.

After conclusion of my induction phase, I will be expected to lead a socially and legally acceptable life and to assume responsibilities in society. I understand that I will have to continue daily visits to the clinic at a certain time to receive my medication and give a daily urine specimen. I will be expected to inform the clinic about any medical problems and about any medication I might be taking, such as aspirin, headache pills, sleeping pills and so forth.

I will make myself available to talk with the social worker or other clinic personnel whenever this is deemed necessary and to cooperate with them.

I have read this agreement carefully, understand its content, and promise to adhere to it.

(signature)

(address)

(telephone number)

(witness *)

(date)

* Witness must be a professional member of the clinic staff.

New Jersey State Department of Health

Division of Narcotic and Drug Abuse Control

Name of Facility _____ Date _____

CONSENT OF PARENT OR GUARDIAN

I, _____ (please print full name), _____ years of age, hereby declare under oath that I am the (parent, guardian, next of kin) of _____ who is _____ years of age and a minor, that I have carefully read and understand the agreement that _____ (full name) has signed in order to be placed on methadone maintenance for the treatment of his drug addiction and I am in agreement with his request. This consent can only be revoked in writing.

(signature)

(address)

(telephone number)

(witness *)

(date)

* Witness must be a professional member of the clinic staff.

APPENDIX D

Methadone Maintenance Monthly Report for the Month of _____(month)____(year)

Clinic _____

Name of Patient _____ Sex F M

Address _____

Methadone Dosage _____

Additional Medication _____

1. Has the patient been working, going to school, or engaged in any other type of socially acceptable activity this month?

Yes No If no, please explain:

4. Remarks or comments:

2. Has the patient had any medical problems this month?

Yes No If yes, please explain:

Report completed by: _____
(signature)

3. Has the patient had any legal problems this month?

Yes No If yes, please explain:

Please send completed report to Hans W. Freymuth, M.D., Coordinator, State Methadone Maintenance Program, State of New Jersey Department of Health, P.O. Box, 1540, Trenton, New Jersey, 08625, not later than the fifth of each following month.

NEW JERSEY ADMINISTRATIVE CODE

NEW JERSEY STATE DEPARTMENT OF HEALTH DIVISION OF NARCOTIC AND DRUG ABUSE CONTROL				For Registry Use	
TREATMENT FACILITY REPORT OF CONTROLLED DANGEROUS SUBSTANCE (CDS) ABUSER SEE REVERSE SIDE FOR INSTRUCTIONS					
PLEASE PRINT OR TYPE					
1. LAST NAME		2. FIRST		3. MIDDLE	
4. PRESENT ADDRESS STREET CITY COUNTY STATE					
5. DATE OF BIRTH MO DAY YR.		6. PLACE OF BIRTH		7. SOCIAL SECURITY NO. NONE	
8. SEX 1. MALE 2. FEMALE		9. RACE 1. WHITE 2. BLACK 3. PUERTO RICAN 4. OTHER		10. MAIDEN NAME	
11. DRUG OR CDS OF PRINCIPAL ABUSE NO PRINCIPAL DRUG OR CDS UNKNOWN DATE STARTED USING MO YR					
12. EMPLOYMENT TIME FULL PART		13. CDS OF 1ST ABUSE		14. RELIGION	
1. PERMANENT 2. TEMPORARY 3. UNEMPLOYED 4. ENROLLED STUDENT 5. UNKNOWN		13A. DATE OF 1ST ABUSE MO YR		1. CATHOLIC 2. PROTESTANT 3. JEWISH 4. OTHER 5. NONE 6. UNKNOWN	
12A. EDUCATION - HIGHEST GRADE COMPLETED		15. TREATMENT PRIOR NO. OF TIMES IN OUT PATIENT		15A. PLANNED AT THIS FACILITY IN OUT PATIENT	
1. PSYCHIATRIC 2. CHEMO THERAPY 3. THERAPEUTIC COMMUNITY 4. DETOXICATION ONLY 5. OTHER (SPECIFY) 6. NONE 7. UNKNOWN		1. PSYCHIATRIC 2. CHEMO THERAPY 3. THERAPEUTIC COMMUNITY 4. DETOXICATION ONLY 5. OTHER (SPECIFY) 6. NONE 7. UNKNOWN		1. PSYCHIATRIC 2. CHEMO THERAPY 3. THERAPEUTIC COMMUNITY 4. DETOXICATION ONLY 5. OTHER (SPECIFY) 6. NONE 7. UNKNOWN	
17. LIVING WITH 1. PARENTS OR OTHER RELATIVES 2. SPOUSE 3. PARENTS OR OTHER RELATIVES AND SPOUSE 4. FRIENDS 5. ALONE 6. UNKNOWN		18. CURRENT LEGAL INVOLVEMENT 1. NON-PUNITIVE CUSTODY (CIVIL COMMITMENT, MENTAL HEALTH, ETC.) 2. PUNITIVE CUSTODY (JAIL, REFORMATORY, ETC.) 3. NONE 4. UNKNOWN 5. CHARGES PENDING 6. PAROLE 7. PROBATION		19. PRIOR LEGAL INVOLVEMENT 1. ARRESTED FOR CDS OFFENSE 2. YES 3. NO 4. UNKNOWN 19A. ARRESTED FOR OTHER OFFENSE 1. YES 2. NO 3. UNKNOWN	
20. FOR HOSPITAL EMERGENCY ROOM ONLY REASON RESULTS 1. OVERDOSE 2. BAD TRIP 3. ACCIDENT 4. OTHER MEDICAL 5. WITHDRAWAL 6. UNKNOWN 1. DIED 2. RELEASED 3. DISCHARGED AGAINST ADVICE 4. ADMITTED TO HOSPITAL 5. REFERRED TO DRUG TREATMENT FACILITY 6. REFERRED TO PRIVATE PHYSICIAN		21. SOCIO-ECONOMIC STATUS OF FAMILY A. AREA RAISED 1. RURAL 2. SUBURBAN 3. URBAN 4. UNKNOWN B. ECONOMIC LEVEL OF FAMILY 1. POOR 2. BELOW AVERAGE 3. AVERAGE 4. ABOVE AVERAGE 5. UNKNOWN C. HIGHEST EDUCATIONAL LEVEL OF FAMILY (PARENT FIGURE) 1. GRAMMAR 2. HIGH SCHOOL 3. COLLEGE 4. GRADUATE 5. UNKNOWN			
22. REPORTED BY NAME AND TITLE IN HOSPITALS AND INSTITUTIONS ONLY PHYSICIANS REPORT:					22. DATE OF REPORT
ADDRESS OF PRACTITIONER OR NAME OF INSTITUTION					SIGNATURE
FOR REGISTRY USE ONLY Y N					

New Jersey State Department of Health
Division of Narcotic and Drug Abuse Control
P.O. Box 1540
Trenton, New Jersey 08625

Application For Certificate Of Approval
For Narcotic and Drug Abuse Control Treatment Center



R&E-
Aug-71

INSTRUCTIONS

1. Please type or print
2. Complete in triplicate. Submit original and one copy.
3. Answer all applicable questions.
4. Submit a separate application for each Center to be approved.

SECTION A GENERAL

1. Name and address of applicant	2. Mailing address of applicant
3. Name and title of person in charge of center Telephone No. _____	4. Certificate requested for (check one or more). See item 4 of instructions. See page 2 of procedures for definition of each. <input type="checkbox"/> Residential, Drug Free <input type="checkbox"/> Residential, Chemo-Therapy <input type="checkbox"/> Non-Residential, Drug Free <input type="checkbox"/> Non-Residential, Chemo-Therapy <input type="checkbox"/> Counselling and Referral <input type="checkbox"/> Other, including Pilot and Research Programs. Specify _____

SECTION B SPONSORSHIP

1. Name and principal address of the organization or entity responsible for the operation of the center.	2. Character of applicant organization <input type="checkbox"/> Government Agency <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other (specify) _____						
3. List names and addresses of all officers and members of the board of directors of the agency. (Attach all sheets and mark "B-3" in upper right hand corner). IF NONE, CHECK NONE <input type="checkbox"/>	4. Is organization controlled by other than your own governing board? <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes", attach the name and principal address of the controlling organization and the names and addresses of all officers and members of the board of directors. (Attach all sheets and mark "B-4" in upper right hand corner).						
5. If the applicant is other than individually owned, complete the following appropriate section:							
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> A-GOVERNMENT AGENCY Identify department, division and bureau administratively responsible for the center: _____ _____ </td> <td style="width: 50%; vertical-align: top;"> D-CORPORATION Date Incorporated _____ State where incorporated _____ CHECK TYPE: <input type="checkbox"/> Business <input type="checkbox"/> Non-Profit </td> </tr> <tr> <td style="vertical-align: top;"> B-UNINCORPORATED ASSOCIATION Date Established _____ </td> <td style="vertical-align: top;"> If other than a New Jersey Corporation, list date of qualification to operate in New Jersey _____ List registered agent and address _____ _____ _____ </td> </tr> <tr> <td style="vertical-align: top;"> C-PARTNERSHIP Date of Formation _____ List names and address of partners if not listed above. (Attach all sheets and mark "B-5c" in upper right hand corner). </td> <td></td> </tr> </table>		A-GOVERNMENT AGENCY Identify department, division and bureau administratively responsible for the center: _____ _____	D-CORPORATION Date Incorporated _____ State where incorporated _____ CHECK TYPE: <input type="checkbox"/> Business <input type="checkbox"/> Non-Profit	B-UNINCORPORATED ASSOCIATION Date Established _____	If other than a New Jersey Corporation, list date of qualification to operate in New Jersey _____ List registered agent and address _____ _____ _____	C-PARTNERSHIP Date of Formation _____ List names and address of partners if not listed above. (Attach all sheets and mark "B-5c" in upper right hand corner).	
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B-UNINCORPORATED ASSOCIATION Date Established _____	If other than a New Jersey Corporation, list date of qualification to operate in New Jersey _____ List registered agent and address _____ _____ _____						
C-PARTNERSHIP Date of Formation _____ List names and address of partners if not listed above. (Attach all sheets and mark "B-5c" in upper right hand corner).							

Approved		Name		Title		Date	
Yes							
No							

FOR STATE USE ONLY

I, _____ (Name), hereby certify that I am the _____ (Title) of _____ (Contact), that I am authorized to make this application on behalf of the applicant; that I have read the foregoing application for certificate of approval and that the facts stated therein are true.

Signature _____ Date _____

1. Complete enclosed "Personnel Report."
2. Submit copy of current annual budget and most recent financial statement.
3. Complete enclosed "Funding Report."
4. Specify any current or pending legal action involving applicant. (Attach and mark all sheets "B-4" in upper right hand corner)
5. Designate approximate date when center will be ready for certification inspection.

SECTION D - OTHER

1. Submit a summary of your organization's goals and treatment philosophy. (Attach and mark all sheets "C-1" in upper right hand corner).

2. Describe the geographic, social and economic community that the program serves. (Attach and mark all sheets "C-2" in upper right hand corner).

3. Is this program regulated or operated in conjunction with other public or private agencies? ☐ Yes ☐ No

If "yes" identify and briefly describe the relationship with each. (Attach and mark all sheets "C-3" in upper right hand corner).

4.a. Give a brief narrative description of each program including the following items that apply. (Attach and mark all sheets "C-4a" in upper right hand corner).

1. types of therapy
2. criteria for patient selection (in each program)
3. number of clients served, by age and sex
4. use of other community services in the administration of the program
5. are fees charged? amount?
6. include a sample schedule of daily activities for each program. (Attach and mark all sheets "C-4b" in upper right hand corner).
7. Are clients used for program or activities outside of the center? ☐ Yes ☐ No

If "yes" briefly describe the type of activities. (Attach and mark all sheets "C-4c" in upper right hand corner).

SECTION C - TREATMENT PROGRAM



PERSONNEL REPORT FOR YEAR _____

TYPE OR PRINT

[illegible]

AGE
AUG-71



NEW JERSEY STATE DEPARTMENT OF HEALTH
DIVISION OF NARCOTIC AND DRUG ABUSE CONTROL
P.O. BOX 1340
TRENTON, NEW JERSEY 08625

FUNDING REPORT FOR YEAR

Name of Center,

Address_

Street

Municipality

Zip Code

PLEASE SHOW SOURCE OF ALL FUNDS

TYPE OR PRINT

[illegible]

APPENDIX E

Sample Letter Showing that the Center Meets
Local Building Code Requirements
CITY OF OSHKOSH

September 17, 1971

Mr. Ralph Jones, Director

Second Chance Center

26 South Orange Street

Oshkosh, New Jersey

Dear Mr. Jones:

This is to certify that the Second Chance Center located at 26 South Orange Street has met the requirements, as set forth in the Building Code of the City of Oshkosh.

Yours truly,

J. Scott Smith

Building Inspector

SAMPLE

APPENDIX F

Procedures for Certification as a Narcotic
and Drug Abuse Treatment Center

A. General

These procedures have been promulgated in accordance with Chapter 334, laws of New Jersey, 1970, approved December 29, 1970. This public law provides that:

No narcotic and drug abuse treatment center shall operate within this State except pursuant to a certificate of approval obtained from the Commissioner, upon application made therefor. Such application shall be made upon forms furnished by the Commissioner, shall set forth the location of the narcotic and drug abuse treatment center, the person in charge thereof, and the facilities for caring for patients who may seek treatment therein. The applicant shall be required to furnish evidence of its ability to comply with minimum standards established hereunder and of the good moral character of the applicant and the person in charge of the narcotic and drug abuse treatment center. Any change in the facts set forth in the application shall be reported to the Commissioner within ten days after the occurrence thereof.

Chapter 334 defines a narcotic and drug abuse treatment center as follows:

Narcotic and drug abuse treatment center means any establishment, facility or institution, public or private, whether operated for profit or not, which primarily

offers, or purports to offer, maintain or operate facilities for the residential or outpatient diagnosis, care, treatment or rehabilitation of two or more nonrelated individuals, who are patients as defined herein, excluding, however, any hospital or mental hospital otherwise licensed by Title 30 of the Revised Statutes.

B. Application Forms

All narcotics and drug abuse treatment centers, as defined under Chapter 334, shall through an authorized representative notify the Division of Narcotic and Drug Abuse Control, P.O. Box 1540, Trenton, New Jersey 08625, in writing, of their intent regarding the application for certification.

The Division, upon receipt of the letter of intent will forward application forms and material as defined above.

C. Certification Process

1. The applicant shall file application forms within 45 days of the effective date of this Chapter.
2. A Division representative will visit the center, at the discretion of the Division, to review the application materials and to make a preliminary survey of the facilities and programs.
 - a. Based on the preliminary findings, a letter of application approval and temporary certification of qualified center(s) will be issued; or
 - b. The applicant will be notified of deficiencies and the corrections to be made for the issuance of temporary certification.
3. An inspection team, consisting of representatives from the Division of Health Facilities and the Division of Narcotic and Drug Abuse, will survey such facilities. A written report of findings will be correlated by the Division of Health Facilities and forwarded to the Division of Narcotic and Drug Abuse. A final recommendation will then be sent to the Commissioner.
4. The Commissioner will:
 - a. Issue a certificate of approval; or
 - b. Notify the applicant of deficiencies to be corrected before final certification. To facilitate deficiency correction, the Commissioner may extend temporary certification; or
 - c. Notify the applicant of his intention to deny certification, stating the reason(s) for denial.

Each applicant in categories "b" or "c" of this subsection will be advised that he may within 30 days of receipt of said notification, request a hearing.

D. Categories of Certificate

Narcotic and drug abuse treatment centers shall apply for and may be issued a certificate authorizing the granting of drug abuse treatment in one or more of the following categories:

1. Residential, Drug Free—Any drug abuse treatment center which provides 24 hour-a-day care of clients, as defined, and requires detoxification and abstinence from drugs, except by medical prescription, as a condition of continued service.
2. Residential, Chemo-Therapy—Any drug abuse treatment center which provides 24 hour-a-day care of clients, as defined, and provides for the detoxification, medically supervised withdrawal, maintenance and/or induction progress.
3. Nonresidential, Drug Free—Any outpatient, or day care treatment program which provides diagnostic care, treatment or rehabilitation services to clients, as defined, exclusive of medically supervised detoxification or induction process.
4. Nonresidential, Chemo-Therapy—Any outpatient or day care narcotic and drug abuse treatment center which provides as part of its diagnosis, care, treatment or rehabilitation program a medically supervised process of detoxification or treatment of clients, as defined.
5. Counseling and referral—Any narcotic and drug abuse treatment center which provides information, counselling and/or referral services to clients, as defined.
6. Other, including Pilot and Research Programs—Any center which provides services not listed under categories "1" through "5" of this subsection: to include research pilot and demonstration projects.

E. Special Certification Provisions

1. Unless waived by the Commissioner, a separate application shall be completed, and a separate certificate issued for each location when covered activities are offered. For purposes of this Section, two or more contiguous buildings operated by an agency under common supervision shall be considered a single location, but each building must meet the standards established by the Commissioner.
2. Every certificate of approval for a residential center shall state the maximum number of patients who may be admitted as residents at one time. Every certificate of approval may state the maximum number of nonresident patients who may be treated at one time.
3. Every center that receives certificate of approval, or that is required to obtain a certificate of approval, shall be subject to inspection by the Commissioner or his representative at such times and with such frequency as the Commissioner deems necessary to assure continued compliance with the rules, regulations and standards promulgated.
4. Any change in the facts as set forth in the application shall be reported by the applicant to the Division within ten days.