Documentation Standards for Non-Clinical Recovery Support Services

Requirement: Standard Contract Attachment I, SB 1620, Florida Statutes Chapter 397.417(2)(d), 397.311 (36), and Department of Children and Families (DCF) Guidance 35 Recovery Management Practices

Frequency: Ongoing

Due Date: Ongoing

I.   Purpose

This guidance establishes standards for documentation within non-clinical recovery support services, including Recovery Community Organizations (RCOs), peer-run programs, recovery clubhouses, and similar service models. Although these programs are non-clinical, they support recovery, promote safety, and ensure continuity of care. Providers must maintain accurate, timely, and participant-centered documentation that reflects best practices, evidence-based approaches, and Recovery-Oriented System of Care (ROSC) principles.

The requirements outlined in this document are intended to provide clarity and consistency across providers, reduce variability in practice, and ensure accountability in how recovery support services are delivered and recorded. Documentation standards are not intended to impose clinical responsibilities but to support high-quality, recovery-focused services that protect participants, demonstrate effectiveness, and meet contractual and regulatory requirements.

II.   General Documentation Principles

Scope of Practice: Non-clinical staff document recovery support and Safety Plans. They do not provide clinical treatment, diagnosis, or clinical risk assessment.

Timeliness: Complete documentation the same day whenever possible. Sign within 3 days, **no later than 10 days** from completion.

Accuracy and Objectivity: Records must be factual, concise, participant-centered, and strength-based.

Signatures and Credentials: Staff signatures must be legible if handwritten and include credentials (e.g., CRPS). Non-certified staff must have Recovery Plans, Safety Plans, and discharge documentation co-signed by a Certified Peer Specialist (CRPS) or Qualified Professional within 10 business days.

Confidentiality: Comply with HIPAA and 42 CFR Part 2. Obtain Release of Information (ROI) prior to sharing information externally.

Filing: All documentation must be filed in the participant's record.

Recovery Orientation: Documentation should reflect participant strengths, goals, and choices.

III.   Intake and Registration

Required Elements:
- Participant demographics and contact information (Name, Date of Birth, Gender, Race)
- Emergency contact and/or guardian information
- Referral source and legal/guardian status, if applicable
- Signed consent for non-clinical services
- Orientation checklist covering program expectations, participant rights, confidentiality, and available supports
- Signed Release(s) of Information (ROI) for supports, referral sources, and emergency contacts
- Initial wellness and safety screening (which may include brief validated tools such as PHQ-9, ASQ, or C-SSRS short form)
- Brief needs assessment

Checklist Example:
☐ Demographics collected
☐ Emergency contact/guardian information recorded
☐ Referral source/legal status documented
☐ Signed consent obtained
☐ Orientation checklist reviewed
☐ ROI signed
☐ Initial wellness and safety screening completed
☐ Brief needs assessment completed

IV.   Recovery Capital Assessment and Recovery Plan

The Recovery Capital Assessment and Recovery Plan must be completed within **30** days of intake for all participants. The plan provides a comprehensive overview of participant strengths, resources, barriers, and recovery needs.

Recovery Plan Development
- The recovery plan is created based on the Recovery Capital Assessment and should include:
  - **Goal**: What the participant wants to achieve
  - **Target Date**: When the participant would like to achieve it
  - **Steps to get there**: Specific actions or milestones
  - **Strengths**: Participant strengths that support goal attainment
  - **Skills and Resources**: Skills or resources the participant can use
  - **Challenges and Stressors**: Barriers or risks to progress
  - **Allies and support**: People, groups, or community resources supporting the participant.
- Signed by the participant and peer staff (co-sign required if staff is not certified).

Plan Review (Ongoing)

- Focus on progress toward goals, updates to strengths and needs, and any new support or barriers.

- Update the recovery plan with changes in goals, steps, target dates, and resources as participant progresses.
- Completed at least every 90 days or sooner if there are significant changes (new goals, crisis, relapse etc.)
- Signed by participant and peer staff (co-sign required if staff is not certified).

V. Suicide Prevention and Safety Planning

Screening
- Non-clinical staff should administer brief, validated tools such as ASQ/PHQ-9 (screening purposes only), or C-SSRS short form.
- These screenings are non-clinical and do not replace professional risk assessment.

General Safety Plans
- Develop participants who screen positive or express safety concerns. Plans must include:
    o Warning signs, triggers, and coping strategies
    o Supportive contacts and safe spaces
    o Steps to limit access to lethal means (medications, firearms, sharp objects)
    o Environmental safety strategies
    o Crisis resources (e.g., 988, Mobile Crisis Unit, 911)
- Provide a copy to the participant and file one in the record.
- Refer to licensed providers or crisis services as appropriate.

Clarification: Non-clinical staff are not responsible for diagnostic assessment or clinical intervention; their role is to screen, create Safety Plans, document, and refer participants as needed.

VI. Progress Notes and Service Documentation

- Required for every contact: individual, group, outreach, phone, or referral. Each note must include:
    o Date, time, duration, and type of contact
    o Purpose of contact
    o Participant response
    o Progress toward goals (or barriers) relative to the recovery plan
    o Referrals or linkages made
    o Observed safety concerns and actions taken
- Group notes: document attendance, topic, engagement, and create individualized notes for each participant.
- Complete same day if possible; sign within 3 days, no later than 10 days.
- Notes should be objective, brief, and avoid clinical terminology.
- Document all missed/no-show appointments.

Referrals and Linkages
- Document agency, date, and purpose of referral.
- Document follow-up and participant outcomes when available.

Contact Attempts
- Document all outreach attempts (method and date).
- If successful contact and service delivery have not occurred, and the participant remains unreachable after multiple documented outreach attempts, discharge should be initiated.
- Any participant who has not had a service or successful, documented contact within 90 days must be administratively discharged.

Discharge/Transition (within 90 days of last service)
- Reason for discharge
- Summary of services provided
- Participant progress toward goals
- Referrals and recommendations for ongoing support
- Documentation of outreach attempts for disengaged participants
- Participant acknowledgment whenever possible
- Signed by staff (co-sign required if staff is not certified)

VII.   Training and Staff Expectations

Peer Certification
- Staff providing peer recovery services must hold or actively pursue Florida Certified Recovery Peer Specialist (CRPS) certification.
- If hired without certification:
    - Enroll in certification process within 90 days of hire (enrollment date, not class start date)
    - Complete certification within the first year of hire
- Until certified, required documents must be co-signed by a CRPS or a Certified Addictions Professional (CAP).

Required Training for Subcontracted Network Service Providers
- Per DCF Guidance 35 Recovery Management Practices (July 2025), Section III.C.1, subcontracted providers employing peers in direct recovery-support roles must use the Reaching for Their Dreams Using Recovery Capital curriculum as a foundation for individualized recovery planning.
- Includes completion of the curriculum, application of Recovery Capital principles in assessments, goal setting, and recovery plans, and documentation for DCF compliance

Suicide Prevention Training
- All staff are encouraged to complete recognized suicide prevention trainings supported by the Zero Suicide Framework(e.g., Question, Persuade, Refer (QPR): Gatekeeper Training for Suicide Prevention, Counseling on Access to Lethal Means (CALM)Assessing and Managing Suicide Risk

(AMSR,) within six months of hire and complete refresher trainings as required (at least every 3 years)

- A full comprehensive list of trainings offered by Zero Suicide can be found here: https://zerosuicide.edc.org/sites/default/files/2020-11/2020.11.18%20Suicide%20Care%20Training%20Options_0.pdf
- Please refer to LSFHS Incorporated Document 32 - Suicide Prevention Best Practices for additional guidance.

Continuing Education

- Ongoing training in ROSC principles, trauma-informed care, cultural humility, peer support, and documentation best practices.

VIII.   Records and Systems

Records must be stored in secure electronic or locked physical systems, accessible only to authorized staff. Electronic systems should include audit trails for compliance review.

IX.   Compliance and Corrective Action

LSFHS will review provider documentation during annual monitoring and on a periodic basis to ensure adherence to the standards outlined in this guidance. Providers who fail to meet documentation requirements or do not maintain required certifications may face corrective action or contract penalties. Repeated or serious violations can result in suspension of services, loss of funding, or termination of provider status.

Resources:

DCF Guidance 42 State Opioid Response (SOR) Project
https://www.myflfamilies.com/sites/default/files/2025-07/2025-2026%20Guidance%2042%20-%20State%20Opioid%20Response%20%28SOR%29%20Project_0.pdf

F.S CH 397.417 Peer Specialists
https://m.flsenate.gov/Statutes/397.417

Florida Statute Chapter 397.417 (Substance Abuse Services – Peer Specialists)
https://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0394/0394PARTIVContentsIndex.html

LSF Provider Contract Documents Attachment I
https://www.lsfhealthsystems.org/wp-content/uploads/2023/08/Network-Service-Provider-Attachment-I-FY-23-24.pdf

DCF ROSC Information
https://www.myflfamilies.com/services/samh/providers/recovery-oriented-system-care

SAMHSA Evidence Based Practices Resource Center
https://www.samhsa.gov/libraries/evidence-based-practices-resource-center?keys=recovery+suuport&items_per_page=25&sort_bef_combine=field_rc_publication_date_DESC

Peer Support Workers for Those in Recovery
https://www.samhsa.gov/technical-assistance/brss-tacs/peer-support-workers

Measuring Outcomes of Peer Recovery Services
https://static1.squarespace.com/static/5cd33914797f74080d793b95/t/5f63e72251e25c3393eabd1c/1600382761032/VASOR+Literature+Review+FINAL.pdf

Zero Suicide Trainings
https://zerosuicide.edc.org/resources/trainings-courses

Ask Suicide-Screening Questions (ASQ) Toolkit
https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials

PHQ-9 Patient Health Questionnaire 9 (PHQ-9) Depression Scale
https://zerosuicide.edc.org/resources/resource-database/patient-health-questionnaire-9-phq-9-depression-scale

Columbia Suicide Severity Rating Scale (About the Protocol)
https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/

Safety Plan Template
https://www.samhsa.gov/resource/988/safety-plan

LSF Health Systems Training
https://www.lsfhealthsystems.org/training-menu/

Florida Administrative Code Chapter 65E-14
https://regulations.justia.com/states/florida/65/65e/chapter-65e-14/section-65e-14-021/

Evidence Based Resource Library
https://icuddr.org/resources/

DCF RCO Basics for increasing Communities Recovery Capital within ROSC
https://www.myflfamilies.com/sites/default/files/2025-06/Basics%20for%20Increasing%20a%20Communities%20Recovery%20Capital%20within%20a%20Recovery%20Oriented%20System%20of%20Care%20Framework.pdf

Recovery Management Practices DCF Guidance 35
https://www.myflfamilies.com/sites/default/files/2025-07/2025-2026%20Guidance%2035-%20%20Recovery%20Management_0.pdf

Florida Peer Services Handbook 2016
https://www.myflfamilies.com/sites/default/files/2025-06/Florida%20Peer%20Services%20Handbook%20%282016%29.pdf