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SUBSTANCE ABUSE TREATMENT PROGRAM OPERATING AND ACCESS
STANDARDS

INTRODUCTION

The Nevada State Health Division, Bureau of Alcohol and Drug Abuse (BADA) decided to undertake the development of a strategic plan in order to meet federal and state requirements and establish a plan of action to guide the bureau in program implementation. Under the combined leadership of the BADA Advisory Committee and its Strategic Planning Subcommittee, seven strategic plans were developed. Although each plan addresses priority topics separately, the plans do contain overlapping statewide recommendations.

The Program Operating and Access Standards (POAS) was developed by the BADA Operating and Access Standards Subcommittee and approved by the Advisory Committee. It is intended to respond to the overlapping recommendations contained within each of the seven strategic plans. The various recommendations covered three topics: substance abuse treatment access, program operating standards and centers of excellence, and care coordination. Please refer to the strategic plan summary for specifics on the recommendations.

This document contains a progressive set of standards that will encourage Nevada substance abuse treatment providers to fully implement the American Society of Addiction Medicine Patient Placement Criteria second revision (ASAM PPC-2R), adopt the National Institute of Drug Abuse's (NIDA) 13 principles of effective treatment, and to establish substance abuse treatment centers of excellence throughout Nevada.

The document is divided into three sections representing BADA funding cycles: present certification and funding standards, the FY 2003 – 2006 funding cycle and future funding standards, and FY 2006 – 2009 funding cycle and proposed treatment standards. Each section references standards as it applies to one of the five main categories and its subcategories. The five main categories are:

- Access to Treatment
- Service Elements

EXHIBIT <u>02</u> JuvJustice	Document consists of <u>10</u> pages
<input checked="" type="checkbox"/> Entire document provided.	
<input type="checkbox"/> Due to size limitations, pages ____ through ____ provided.	
A copy of the complete document is available through the Research Library (775-684-6827 or e-mail library@lcb.state.nv.us)	
Meeting Date <u>1-15-04</u>	

- Care Coordination
- Improve Service Efficiency
- Improve Outcome Measurement

Each standard category is carried into the next section as new standards are added.

VISION INTO ACTION (VIA)

Moving from one section to another may seem insurmountable without a specific plan to give moving from today to 2009. All BADA-certified and funded programs are encouraged to develop such plans. As of November 2002, programs must be in compliance with each item listed in Section I.

The following activities are scheduled to move Nevada substance abuse providers from this funding cycle to the next:

- ATTC Technical Transfer Initiative, trainings and workshops to fully implement ASAM PPC 2-R.
- ATTC Technical Transfer Initiative to implement NIDA's 13 Principles of Effective Treatment.
- BADA Advisory Committee Clinical Subcommittee will establish standardized screening, assessment, and evaluations to integrate treatment for co-occurring disorders.
- Improving and strengthening treatment systems through on-going certification and monitoring activities.
- Implementing science-based treatment and moving research to practice.
- Implementation of the Workforce Development Strategic Plan.
- Formalizing community relationships with social, law enforcements, and welfare agencies with shared continuity of purpose and design and consistent treatment plans.
- Utilize outreach intervention strategies to reduce stigma, change attitudes, and increase public awareness and acceptance of addiction as a disease.
- Compliance with all applicable Health Insurance Portability And Accountability (HIPAA) regulations as applicable.
- Implementation of new treatment data system to replace to current Client Data System (CDS).
- Encourage providers by 2006 to have accreditation with a nationally recognized organization e.g., JCAHO, CARF, COA, etc.

SECTION I: BADA Certified and Funded Treatment Providers

A. ACCESS TO TREATMENT – BADA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Availability: BADA-Certified and Funded Treatment Programs

- No one is denied services based on ability to pay.
- The organization uses American Society of Addiction Medicine Patient Placement Criteria-Revised (ASAM PPC-2R) to facilitate an appropriate match between the needs of the people or family served and the level of care.
- Formal efforts are made to provide immediate access to treatment, or when not available, interim services are provided within 24-72 hours.
- Detoxification is made available or individuals are referred.
- Detoxification program has the capacity to provide a physical examination.
- Programs receiving pregnant set aside funding will arrange to have physical exams for pregnant female clients.

Assessment: BADA Certified and Funded Treatment Programs

Providers are able to assess:

- Drug and alcohol use history.
- Presence of co-occurring substance abuse and mental health disorders.
- Psychosocial history.
- Socioeconomic factors.
- Eligibility for public health assistance.
- Economic assistance.
- Employment readiness.
- Education assistance.
- Housing and/or living needs.
- Detoxification status.
- Cultural and language needs.

B. SERVICE ELEMENTS – BADA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Treatment: BADA-Certified and Funded Treatment Programs

- Providers recognize client's treatment needs are shaped by such elements as age, race, culture, sexual orientation, gender, pregnancy, parenting, housing, and employment, as well as physical and sexual abuse and directly or indirectly factors these needs into the treatment matching activity.

- Formally encourages and, if needed assists the client for whom treatment is not immediately available to link with community-based support services (e.g., AA, NA) while they wait for treatment.
- Providers employ DSM IV for diagnostic purposes and the ASAM PPC-2R for placement into levels of treatment; continuous care considerations, including discharges and transfers.
- Providers offer to individuals unable to be placed in comprehensive treatment within 14 days, counseling and education regarding HIV and TB, risks of sharing needles, and risks of sexual behavior while under the influence of mood-altering chemicals.
- Providers give admission priority to pregnant women and directly/indirectly make available federally mandated interim services.
- Clients have access to substance abuse counseling on a regular basis and concurrent substance abuse and mental health disorders are directly or indirectly addressed in treatment plans.
- The providers has access (directly or indirectly) to a comprehensive array of treatment settings, interventions and services to which to refer clients to maximize treatment options at the time they are needed.
- TB/HIV Outreach Policies and Procedures include each of the five required elements and uses one of the three appropriate outreach models.

Pharmacology

- Providers offer or arrange for clients to receive appropriate pharmaco-therapeutic interventions by qualified professionals, for mental health disorders, and/or dependence on heroin or other morphine-like drugs, and/or HIV-seropositive individuals.
- Medications are viewed as an important element of treatment for many clients, especially when combined with counseling and other behavioral therapies.
- Stigma issues are addressed.

C. CARE COORDINATION – BADA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Clinical Case Management: BADA-Certified and Funded Treatment Programs

- Clinical and case management services are provided to all clients to integrate counseling and other needed social services into the client's treatment plan/service delivery.
- The provider offers or makes referrals for follow-up services including relapse prevention services.
- Childcare is made available for priority populations.
- Prenatal care is made available to pregnant patients.
- Continued care incorporates an understanding of self-help groups and attendance is encouraged.

D. IMPROVE SERVICE EFFICIENCY – BADA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

- Providers utilize ASAM PPC-2R, a standardized placement criterion, for initial and on-going treatment decisions and utilize the DSM IV for diagnostic and treatment decisions.
- Providers have policies and procedures that reflect appropriate waiting list management.
- Providers report to BADA when levels of care reach 90% capacity.
- Providers notify BADA when pregnant women are unable to be admitted to treatment.
- Providers are a part of and participate in a comprehensive service network reflective of the clients needs.
- Providers' policies and procedures manual are reviewed and revised in a timely manner and are compliant with state and federal guidelines.

E. IMPROVE OUTCOME MEASUREMENTS – BADA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

- Providers use standardized forms for collection and evaluation of treatment data.

SECTION II: FY 2003 - 2006

A. ACCESS TO TREATMENT - BADA-funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Availability:

Prior to Admitting

- Utilizes a screening method to facilitate placements and referrals.
- Screening and assessment processes consider barriers for all clients, including age, race, culture, gender, disabilities and economic factors.
- Utilizes a standardized assessment tool appropriate for the age and condition of the applicant to treatment that has normative and cultural relevance.
- Has developed formal referral and follow-up policies and procedures.
- Has routine access to a physician able to conduct medical assessments and refer/or treat medical problems.

Assessment - Upon Admitting:

- Has the capacity to conduct or arrange to have conducted a complete physical examination.
- Has the capacity to conduct or arrange to have conducted a psychiatric evaluation when warranted by standardized assessment instrument.
- All funded programs have the capacity to provide or arrange to have provided medical treatment that is appropriate for all pregnant women.
- Detoxification incorporates formal processes of assessment and referral to subsequent drug addiction treatment.
- Providers utilize motivational and engagement strategies with clients being treated with medical detoxification interventions to increase the likelihood of follow through with the recommended treatment.

B. SERVICE ELEMENTS – BADA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Treatment:

- Treatment can be made available within 48 hours of request regardless of the level of care required.
- All levels of care are made available within a two-hour time frame from the point of entry, e.g., gender specific programs (no wrong door philosophy).
- Behavioral therapy (treatment) provided attends to multiple needs of the individual, not just drug use, and addresses the individual's drug use and any associated medical, psychological, social, vocational, educational, and legal problems.
- Provider employs varied evidence-based therapeutic practices along with NIDA's 13 Principles of Effective Treatment.
- Interventions demonstrate respect for socio-cultural values, personal goals, life style choices, and complex family interactions.
- Treatment plans are assessed continually and modified as conditions change.
- A minimum of a 90-day treatment continuum is identified and included in the treatment planning.
- Interventions address issues of motivation, skill building, relapse prevention, and problem solving techniques.
- When persons served are diagnosed as having co-occurring substance abuse and mental health disorders the organization provides integrated treatment that addresses both issues either directly or through active involvement with a cooperating service provider.
- Provides client access to a full range of counseling services including psychological, psychiatric, family or collateral counseling provided by professionals using a best practice.
- Provides general health information.
- Have liaison services with immigration, legal aid, and criminal justice system authorities.

Pharmacology:

- Trained medical professionals monitor the use of psychotropic medications.
- Tobacco cessation interventions are integrated into the treatment services and nicotine replacement products e.g., gum or patches, oral medications (such as bupropion) or other medications are used as appropriate.

Treatment Planning:

- The service plan is developed promptly and in response to the needs identified in assessments/evaluations and throughout treatment.

C. CARE COORDINATION – BADA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Clinical Case Management:

All clients are offered services either directly (enhanced) or through active involvement with a cooperating service provider (capable).

- Provides or assists in arranging for childcare when the persons served has primary responsibility for minor children.
- The provider has policies and procedures that consider appropriate outreach, assessment, early interventions, treatment and continuing intervention strategies to address the needs of special populations e.g., co-occurring disorders.
- The provider conducts or participates in public awareness campaigns related to alcohol, tobacco, and other drug use, including prescription and over-the-counter drugs.
- Clients have access to a single point of contact for multiple health and social service system through the treatment network.
- Employment and vocational needs are met.
- The client in treatment has access to self-help peer support groups throughout their treatment process.
- Provides (directly or indirectly) support groups for HIV positive clients, clients involved with rape incest, sexual abuse, domestic violence, co-occurring disorders, and related critical issues.
- Provides assistance, either directly or by referral, with entry into the labor force for unemployed persons wishing to work.
- Provides assistance, either directly or by referral, with coordination with the child welfare system.
- Provides assistance, either directly or by referral, with the coordination of services with the school system, as needed, when persons served are children or adolescents.

D. IMPROVE SERVICE EFFICIENCY – BADA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

- Coordinates with primary health providers to assist in early screening of individuals with substance abuse and/or co-occurring disorders.
- Providers provide or are a part of a service network that offers a seamless continuum of care.
- Providers are compliant with HIPAA regulations as applicable.
- All diagnosis, assessments and referral organization assessors are trained in assessment and treatment issues related to special needs populations.
- Providers have integrated the Costs and Business Practices Workgroup plan.

E. IMPROVE OUTCOME MEASUREMENTS - BADA-funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

- Providers coordinate and comply with federal outcome performance standards.
- Participates in all required follow-up studies and utilizes a web-based follow-up evaluation system.

SECTION III: FY 2006 – 2009

A. ACCESS TO TREATMENT – BADA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Availability:

- A clinical team makes decisions about level of care, treatment, and termination of service and includes the participation of a physician with training in addiction practices.
- Has access to a battery of psychological tests to assist in screening for mental health problems and to develop effective treatment plans.

Assessment: *Upon Admitting:*

- The provider is able to place the client in a Level III.7 D detoxification program when signs and symptoms of serious withdrawal or medical history that substantiates any placement decision.

B. SERVICE ELEMENTS – BADA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Treatment:

- Utilizes evidence based treatment strategies only.
- Provides practical life-skills counseling including vocational/educational counseling and training, frequently available through linkages with specialized programs.
- Provides therapeutic recreational interventions.
- Provides directly or indirectly alternative housing for homeless clients or those living in situations conducive to relapse.

Pharmacology:

- The provider has ready access to a physician with training in addictions.
- The provider has knowledge of medication therapy appropriate to the population served and uses evidenced-based medical and behavioral treatment interventions.

Treatment Planning:

- Ensures regular multidisciplinary team reviews of the treatment service plans developed between counselors and clients and provides supervisory guidance as determine by accreditation guidelines.

C. CARE COORDINATION – BADA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Clinical Case Management:

The organization addresses environmental and other factors that may affect the outcome of service.

- Provides assistance, either directly or by referral with work-related problems of employed persons who are in the process of recovery.
- Provides on site education services for children or adolescents served.
- Integrated self-help and peer groups into treatment setting.
- Have support groups available for a variety of different support needs.
- Has a mechanism to provide follow-up and encourages re-engagement to clients who disengage from support groups, as this is often a sign for relapse prevention.
- The provider has full time case management staff who are skilled in case management and practice core group of functions:
 - Assessment
 - Planning

- Linkage
- Monitoring
- Advocacy

D. IMPROVE SERVICE EFFICIENCY – BADA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

- Acquire national accreditation from an accreditation organization, e.g., CARF, JCAHO, or COA.
- Clinical personnel are qualified in their respective disciplines by education, training, supervised experience, and current competencies for licensed independent practice or the equivalent.
- All diagnosis, assessments and referral organization assessors are trained in assessment and treatment issues related to special populations.
- The providers have a continuous quality improvement plan and document the implementation.

E. IMPROVE OUTCOME MEASUREMENTS - BADA-funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

- Participates in long-term client follow-up studies and utilizes a web-based follow-up evaluation system.