1.0 POLICY

It is the policy of the Bureau of Behavioral Health Wellness and Prevention (BBHWP) to require its funded treatment providers to report back to BBHWP within 1 day when any level of service reaches 90% capacity or greater during a month. Although per 45 CFR [§ 96.126 (a)] the requirement is 7 days, BBHWP is requiring this reporting within 1 day to better serve the public and expedite access to services for those in need.

2.0 PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA) requires SAPT Block Grant-funded States and programs to expedite access to appropriate treatment as follows:

1. Admit priority populations and within prescribed timeframes:
    a. Pregnant injecting drug users;
    b. Pregnant substance abusers;
    c. Injecting drug users;
    d. Substance using females with dependent children and their families, including females who are attempting to regain custody of their children; and
    e. All others.
2. Offer "interim services" to these populations if admission is not possible within the prescribed timeframes [§ 96.131 (d)(2)];
3. Maintain mechanisms to effectively track, maintain contact with, and report on any of these individuals awaiting admission to treatment [§ 96.126 (f)].

Following are the primary purposes of having and maintaining a capacity management system:

1. Facilitate access to care as quickly as possible.
2. Maintain access to care within prescribed timeframes.
3. Reduce risk and reduce the harm that continued substance use poses to substance-using populations, their loved ones, and their communities.

4. Document need by capturing reliable data about treatment demand versus capacity; and to capture data about the unmet demand for services for specific levels of service.
5. Provide early intervention services for HIV and tuberculosis disease, and slow the spread of infectious diseases among high risk substance users, their partners, their communities, and their children and loved ones.

The target populations and required activities outlined are intended to improve health and access to care for substance using populations in Nevada. Collection of capacity related data is also necessary for anticipating budgetary and treatment shortfalls.

3.0 SCOPE

This policy applies to all BBHWP certified and funded treatment providers and BBHWP staff.

4.0 PROCEDURE

Reporting of 90% capacity is critical to compliance with federal law and to getting clients into needed treatment. To report capacity accurately daily, real-time updates to the HAvBED reporting system are required.

It is important that this data be collected so BBHWP can intervene with referrals when access is a problem. Furthermore, treatment providers should ensure procedures are in place and appropriate staff assignments are made so capacity reporting is routinely reported and reviewed. If you need technical assistance related to performing any of the reporting or review requirements, your BBHWP Treatment Analyst can assist you.

In accordance with 45 CFR subsection L, and as further required by BBHWP, programs must expedite access to appropriate treatment for priority populations and must follow certain stipulations as follows:

1) Admit pregnant women and people who inject drugs within prescribed timeframes;
    a. Pregnant injecting drug users
        i. Provide immediate services and if unable to do so, the provider must refer the client to an alternate provider or seek assistance from BBHWP for client placement.

ii. Facilities must publicize to women in priority populations the availability of services, the location of the facilities, and the fact that pregnant women receive such preference. This may be done by means of street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community based organizations, health care providers, and social service agencies [§ 96.131].

iii. For programs that treat pregnant women and women with children, the program must at minimum arrange for the provision of the following services [§ 96.124 (e) (1-5)]:

1. Primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;
2. Primary pediatric care, including immunization, for their children;
3. Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services;
4. Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and
5. Sufficient case management and transportation to ensure that women and their children have access to services provided by section [1 (a)(iii)(1-4)] listed above.
6. In the event that a treatment facility has insufficient capacity to provide treatment services to any such pregnant woman who seeks services from the facility, the facility is required to refer the woman to an alternate provider or seek placement assistance from BBHWP [§ 96.131 (d)(1)].

iv. Offer “interim services” to these populations if admission is not possible within the prescribed timeframes [§ 96.131 (d)(2)];

v. Interim services shall include referral for prenatal care, if applicable, and must be made available not later than 48 hours after request for treatment.

vi. Use of an outreach model that is scientifically sound, or if not applicable locally, use of an approach that can reasonably be expected to an effective outreach method, and must include [§ 96.126 (e)(1-5)]:

1. Selecting, training and supervising outreach workers;
2. Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
3. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
4. Recommend steps that can be taken to ensure that HIV transmission does not occur; and
5. Encouraging entry into treatment.

vii. Maintain mechanisms to effectively track, maintain contact with, and report on any of these individuals awaiting admission to treatment [§ 96.126 (f)].

b. Pregnant substance abusers

i. Provide immediate services and if unable to do so, provider must refer client to an alternate provider or seek assistance from BBHWP for client placement.

ii. Facilities must publicize to women in priority populations the availability of services, the location of the facilities, and the fact that pregnant women receive such preference. This may be done by means of street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of

community based organizations, health care providers, and social service agencies [§ 96.131].

iii. For programs that treat pregnant women and women with children, the program must at minimum arrange for the provision of the following services [§ 96.124 (e) (1-5)]:

1. Primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;
2. Primary pediatric care, including immunization, for their children;
3. Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services;
4. Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and
5. Sufficient case management and transportation to ensure that women and their children have access to services provided by section [1 (b)(iii)(1-4)] listed above.

iv. In the event that a treatment facility has insufficient capacity to provide treatment services to any such pregnant woman who seeks services from the facility, the facility is required to refer the woman to an alternate provider or seek placement assistance from BBHWP [§ 96.131 (d)(1)].

v. Offer "interim services" to these populations if admission is not possible within the prescribed timeframes [§ 96.131 (d)(2)];

vi. Interim services shall include referral for prenatal care, if applicable, and must be made available not later than 48 hours after request for treatment.

vii. Use of an outreach model that is scientifically sound, or if not applicable locally, use of an approach that can reasonably be expected to an effective outreach method, and must include [§ 96.126 (e)(1-5)]:

1. Selecting, training and supervising outreach workers;
2. Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
3. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
4. Recommend steps that can be taken to ensure that HIV transmission does not occur; and
5. Encouraging entry into treatment.

viii. Maintain mechanisms to effectively track, maintain contact with, and report on any of these individuals awaiting admission to treatment [§ 96.126 (f)].

c. Injecting drug users

i. Provide services within 14 days after initial request, or if unable to provide services within the 14 day period the provider must refer client to an alternate provider;

ii. Offer "interim services" to these populations if admission is not possible within the prescribed timeframes [§ 96.131 (d)(2)];

iii. Interim services shall include referral for prenatal care, if applicable, and must be made available not later than 48 hours after request for treatment;

iv. Use of an outreach model that is scientifically sound, or if not applicable locally, use of an approach that can reasonably be expected to an effective outreach method, and must include [§ 96.126 (e)(1-5)]:

1. Selecting, training and supervising outreach workers;
2. Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the

constraints of Federal and State confidentiality requirements, including 42 CFR part 2;

3. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
4. Recommend steps that can be taken to ensure that HIV transmission does not occur; and
5. Encouraging entry into treatment.

v. Maintain mechanisms to effectively track, maintain contact with, and report on any of these individuals awaiting admission to treatment [§ 96.126 (f)].

d. Substance using females with dependent children and their families, including females who are attempting to regain custody of their children

i. Provide services within 14 days after initial request, or if unable to provide services within the 14 day period the provider must refer client to an alternate provider.

ii. For programs that treat pregnant women and women with children, the program must at minimum arrange for the provision of the following services [§ 96.124 (e) (1-5)]:

1. Primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;
2. Primary pediatric care, including immunization, for their children;
3. Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services;
4. Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and

5. Sufficient case management and transportation to ensure that women and their children have access to services provided by section [1 (d)(ii)(1-4)] listed above.

iii. Maintain mechanisms to effectively track, maintain contact with, and report on any of these individuals awaiting admission to treatment [§ 96.126 (f)].

e. All others

i. Provide services within 21 days after initial request, or if unable to provide services the provider must refer client to an alternate provider;

ii. Maintain mechanisms to effectively track, maintain contact with, and report on any of these individuals awaiting admission to treatment [§ 96.126 (f)].

5.0 RELATED DOCUMENTS

Robertson, L., & Serra, C. (2009). *Capacity Management for Substance Abuse Treatment Systems.* Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

CFR, Title 45, Subtitle A, Subchapter A, Part 96, Subpart L, *Substance Abuse Prevention and Treatment Block Grant*.

6.0 REFERENCES

HAvBED Training Guide Nov 2015.pdf