

APPENDIX C2

Department of Health and Human Services Division of Mental Health and Developmental Services (MHDS) The Substance Abuse Prevention and Treatment Agency (SAPTA)

SUBSTANCE ABUSE TREATMENT PROGRAM OPERATING AND ACCESS STANDARDS (POAS)

To meet federal and state requirements and establish a plan of action to guide the Agency in program implementation, the Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency (SAPTA) presents the Treatment Operating and Access Standards for the fiscal years of 2007 – 2012.

The initial Program Operating and Access Standards (POAS) were developed by the Bureau of Alcohol and Drug Abuse (BADA) Operating and Access Standards Subcommittee and approved by the Advisory Committee in March of 2001. It is intended to promote effective and efficient substance abuse treatment throughout Nevada and to ensure enhanced integration of delivery systems to treat substance abuse clients. This document contains a set of standards that will encourage Nevada substance abuse treatment providers to fully implement the federal State Outcome Measures (SOMs), to adopt the National Academy of Sciences' Institute of Medicine ten rules to redesign health care; and to further strengthen providers' capacity to offer client-centered treatment.

The document has addressed each of the five categories described in the original Program Operating and Access Standard documents and is developed to guide treatment standards for FY 2007 – FY 2012. The five main categories remaining constant are:

- Increase Access to Treatment
- Improve Service Efficiency
- Improve Quality of Care
- Improve Care Coordination
- Improve Outcome Measurement

VISION INTO ACTION (VIA)

Moving from one year to another may seem insurmountable without a specific plan to follow from the July 2007 funding cycle through 2012. All SAPTA-certified and funded programs are encouraged to develop such plans. As of July 2009, SAPTA programs must be in compliance with each item listed in the previously published POAS. The following activities are scheduled to move Nevada substance abuse providers from this funding cycle to the next:

- Center for the Application of Substance Abuse Technologies (CASAT), trainings and workshops to fully implement Evidence-Based practices and strategies.
- SAPTA providers will be in full compliance in using the Nevada Health Information Provider Performance System (NHIPPS) that will standardize screenings, assessments, and evaluations to integrate treatment for all populations.

- Improving and strengthening treatment systems through on-going certification and monitoring activities.
- 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.
- Encourage providers by 2009 to have accreditation with a nationally recognized organization e.g., JCAHO, CARF, COA, etc.
- Recognizing the benefits of Recovery Informed Treatment Practices.

SECTION III: FY 2007 – 2012

A. ACCESS TO TREATMENT – SAPTA-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:

- The substance abuse treatment delivery system should not waste resources or client’s time. Treatment on Demand should be a part of providers’ protocols.
- Client care should be made available 24 hours a day and not just in face-to-face- visits.
- Reduce time between client program screening, assessment and admission.
- Providers remove language barriers to treatment and work towards services for special populations, including, but not limited to, the hearing impaired and Spanish speaking clients.
- Expand geographic access through telecommunications.
- Client care should be equitable to all Nevada citizens and offered regardless of ability to pay.

Assessment: *Upon Admission:*

- A standard is used and met when documenting all client treatment activities including assessment, diagnosis, treatment planning, referrals and continued care.
- Programs should be working with clinicians and institutions and actively share information to ensure appropriate coordination of care.
- Providers of services to high-risk populations should use valid, age appropriate and culturally appropriate techniques to screen all entrants into their systems to detect substance abuse problems and illnesses.

B. IMPROVE SERVICE EFFICIENCY – SAPTA-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:

- Be client centered, integrated systems should anticipate client needs.
- Providers are committed to treat all stages of substance abuse recovery, including relapse.
- Utilizes evidence-based treatment strategies and practices; care should not vary illogically from clinician to clinician or from place to place.

- Provides therapeutic recreational interventions.
- Providers should design systems of care that meet the most common types of needs, but have the capability to respond to individual client choices and preferences.

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 evidence-based medical and behavioral treatment interventions.
- Clients should have unfettered access to their own medical information and to clinical knowledge.

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.
- Provides Family Based Treatment interventions to when working with adolescents and women with children.
- The client should be the source of control and be given the necessary information and opportunity to make decisions over health care choices that affect them.
- Care should be client-centered and responsive to client preferences.

C. QUALITY OF CARE – SAPTA-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.

Workforce Development:

- Encourage 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.
- Clinical supervision is required and documentation is available for review.
- A standard is used and met when documenting all client treatment activities including screening, assessment, diagnosis, treatment planning, and continued care.
- The providers have a continuous quality improvement plan and document its implementation.

D. CARE COORDINATION – SAPTA-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.

- The client should be the source of control and be given the necessary information and opportunities to make decisions over health care choices that affect them.

- 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 for clients who disengage from support groups, as this is often a sign that relapse prevention is needed.
- The provider has fulltime case management staff or makes arrangements with an existing one to assist clients with supportive resources.
- Have an efficient system that refers clients to services best suited for their needs.
- Improve service linkages between agencies serving the substance abuse client with a mental health condition.

E. IMPROVE OUTCOME MEASUREMENTS – SAPTA-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.

State Outcome Measures (SOMs):

- Participates in client follow-up studies and utilizes the NHIPPS web-based client treatment system.
- Each treatment episode is no less than 90 days in duration.
- Detoxification engage rates are 40% or greater.
- Decrease waiting list and enhance capacity through implementation of performance incentives and state outcome measures.
- Providers, state and local governments should reduce the emphasis on the grant-based systems of financing that currently dominate publicly funded treatment systems and should increase the use of funding mechanisms that link funds to measures of performance.

F. RECOVERY INFORMED TREATMENT – SAPTA-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.

Community Support Services:

- Consumers determine their own path of recovery with their autonomy, independence, and control of resources.
- There are multiple pathways to recovery based on an individual’s unique strengths as well as his or her needs, preferences, experiences, and cultural background.
- Consumers have the authority to participate in all decisions that will affect their lives, and they are educated and supported in this process.
- Recovery encompasses an individual’s whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, social networks, employment, education, mental health and health care treatment, and family supports.
- Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience.
- Recovery focuses on valuing and building on the multiple capacities, resiliencies,

- talents, coping abilities, and inherent worth of individuals.
- Eliminating discrimination and stigma are crucial in achieving recovery. Self-acceptance and regaining belief in oneself are particularly vital.
 - Consumers have a personal responsibility for their own self-care and journeys of recovery.
 - Hope is the catalyst of the recovery process and provides the essential and motivating message of a positive future.