San Mateo County Health System
Behavioral Health and Recovery Services Division

Standards of Care in the Treatment of Substance Use Disorders

BHRS Policy 11-01, Attachment A

Authority: *National Institute of Drug Abuse's (NIDA) Principles of Effective Drug Addiction Treatment; Substance Abuse and Mental Health Administration's (SMHSA) Twelve Step Screening and Assessment Process*

The goals of Alcohol and Other Drug (AOD) treatment include the reduction of, and ultimately abstinence from, alcohol and other drug use, as well as improvement and stability in significant life domains such as housing, employment/self sufficiency, family relationships, and resolution of legal matters. The adoption of evidence-based practices (EBPs) to achieve these goals has become the accepted standard in the AOD treatment community, as well as in health care, social services and the criminal justice system.

This attachment to BHRS Policy 11-01 has the following purposes:

- To provide BHRS AOD treatment providers with guidelines for providing comprehensive, client-centered, culturally competent screening, assessment and treatment for clients with substance abuse and/or substance dependence/addiction.

- To promote the adoption of evidence-based practices, best practices, and promising practices by treatment providers. These are standards that have been researched, replicated, and proven effective in the provision of services to clients seeking AOD treatment.

- To ensure that care is based on standards designed to enhance publicly funded AOD services, and therefore to make treatment as beneficial and cost effective as possible.

- To assist programs in quality improvement efforts by insuring that providers are utilizing the most effective treatment services currently available.

- To facilitate the development of an integrated, seamless system of care for AOD treatment supported by BHRS technical assistance and ongoing training activities.

BHRS AOD contract providers will adopt and utilize the standards and evidence-based practices described in this document. These will be phased in over a multi-year period, as part of ongoing quality improvement efforts. Compliance with this policy process will be verified by BHRS contract monitors for each provider.

BHRS recognizes that while fidelity to specific EBPs is ideal, strict adherence to practices may be difficult to implement. BHRS recommends that programs utilize available manualized treatments, and when strict adherence to the model is not possible, incorporate flexible and/or modified EBPs when available. Technical assistance may be necessary to help insure fidelity to the model.

- Providers will utilize a quality improvement process that builds competencies over time and is capable of evaluating outcomes for the EBPs utilized.

- Providers and BHRS representatives shall coordinate efforts in order to reach the goals of the Standards of Care.

- It is understood that adoption and implementation of the standards and EBP's identified by BHRS may necessitate a reallocation of resources, staff training, and consideration of program design.

SOC 1: Welcoming Environment

Programs will provide for a client's physical and emotional safety and create an engaging and predictable environment.

The environment should be designed to reverse the effects of exposure to situations that promote substance abuse and other self-defeating behaviors. Attention to creating an environment that minimizes re-traumatization from past experiences will be a priority. The environment will be protective, respectful, and sensitive to a client's needs.

The physical environment will be clean, secure, welcoming, and accessible. Attention will be given to furniture, lighting, and décor. Welcoming materials appropriate to gender, language, culture and an individual's complex needs will be visible and available.

Programs will develop a smoking policy that reflects the understanding that smoking and other forms of tobacco use can lead to lethal consequences. Resources and support for staff and clients to abstain from tobacco use should be provided.

The therapeutic environment will promote a recovery-based lifestyle through supportive relationships and productive activities.

SOC 2: Engagement & Retention

Programs will utilize strategies specific for engagement and retention of clients and their families.

A review of the literature emphasizes the importance of the client/counselor relationship in engaging and retaining clients in treatment. Engagement, empathy, client empowerment,

motivational enhancement, inspiring hope, and client centered treatment planning are key elements. It is now recognized that clients may not have to "hit bottom" in order to become responsive to treatment.

In accordance with the *BHRS Welcoming Framework Policy*, essential aspects of client engagement and retention are a welcoming attitude and associated behaviors. Welcoming is a fundamental agency-wide commitment to encourage and support each client's right, as well as the importance of affirming their decision, to seek treatment. This commitment includes the implementation of policies, practices, and procedures that will support each client's recovery and wellness (see BHRS Welcoming Framework).

In order to ensure optimal placement, a pre-admission screening of substance use and mental health symptoms will occur at the first visit. Parents/Guardians may be part of the initial assessment. Clients will be welcomed into treatment if their needs can best be met at that provider's site; in some cases, linkage to providers with other areas of expertise may be necessary. Individuals who may require or benefit from other services will be assisted in connecting and engaging with such services.

SOC 3: Client-Centered Care

Programs will provide individually tailored and client-driven treatment, while balancing the health, safety, and integrity of the program.

Providers will utilize a multi-disciplinary treatment team, including the client and his/her family, to determine/create treatment plans for each program participant, based on the client's stated recovery goals. Effective, comprehensive, and multiple treatment techniques may be utilized to match appropriate interventions to each individual's stage of change and to meet identified needs. Individualized treatment will include clinical flexibility and a strong therapeutic alliance between staff and client.

Individualized treatment recognizes that each individual's needs are different and referrals or transfers to ancillary agencies will likely be required. Programs will work in partnership with other agencies to provide support and resources for vocational, mental health, medical, educational, AIDS/HIV, legal, financial, housing/transportation, family, and child care services, among others. Comprehensive, strength-based case management and collaboration between agencies is necessary to provide a seamless, concurrent, integrated continuum of care.

SOC 4: Culturally Competent Care

Providers are responsible to be culturally fluent and responsive to the historical and cultural experiences and needs of each client.

Culturally competent treatment includes treating clients in the context of their language, culture, ethnicity, geographic area, socioeconomic status, level of education, gender, age, sexual orientation, religion, spirituality, and any physical or cognitive disabilities.

Programs are responsible to explore and learn about a client's culture, ethnic background and culturally appropriate pathways to healing, and to obtain knowledge regarding how these might affect the client's issues, treatment goals, interventions and etiology of any conditions. Developing a sound knowledge of diversity is crucial to fully understanding clients. Knowledge should be gained from professional and scientific literature, resource persons from other cultures, and findings from research studies concerning communication between cultures.

Programs must insure that their policies, procedures, and practices are consistent with the principles outlined above and are embedded in the organizational structure, as well as being upheld in day to day operations. Program staff and board membership should, to the extent feasible, reflect the composition of target populations, including linguistic ability.

Programs, including educational and process groups, will incorporate the unique pathways to addiction, consequences of use, and barriers to treatment within the context of the cultural experiences of their clients.

SOC 5: Co-occurring Capable Care

Programs will be engaged in continuously improving their co-occurring capability. Policies, procedures and programming and staff competencies are designed to meet the anticipated needs of individuals with co-occurring disorders.

BHRS recognizes that individuals and families seeking treatment present with complex problems that must be addressed concurrently with the primary treatment phase. Programs will work toward implementing co-occurring services and utilize evidence-based practices specific to individuals with co-occurring disorders.

Programs will engage in a continuous quality improvement process to improve co-occurring capability. Suggested resources include the **BHRS Charter Document**, **NIDA's Principles of Effective Drug Addiction Treatment**, and **SAMHSA's TIP 42** and **Twelve Step Assessment Process** to ensure comprehensive care for the complex needs of clients and their families.

SOC 6*:* Stage-matched Treatment Planning

Treatment Plans must consider the stage of change of each client for each problem, and be informed by the integrated assessment of substance use and mental health symptoms.

The initial treatment plan should follow the integrated assessment of each client. The treatment plan is the joint responsibility of the clinician or clinical team and the client. The treatment plan should be client-centered and use treatment strategies that are acceptable to the client. The

treatment plan should include a set of comprehensive treatment interventions that are matched to individual needs, readiness, preferences and client goals for each problem. The treatment plan must be adjusted as ongoing assessment occurs and relevant new information is integrated.

Further assessment may include motivation for treatment, stage of change, trauma, mental health diagnosis, and substance abuse. Preferably, assessment and treatment services will be available on site by a single provider; however, in some cases linkage to providers with other areas of expertise will be necessary.

A transition or continuing care component must be considered during initial treatment planning and included in the Individualized Treatment Plan. The continuing care plan should be re-evaluated and informed by continuing assessment. Adjustments or refinements to the continuing care plan may be necessary as clients approach the completion of primary treatment. Sufficient time must be allowed to develop a final continuing care plan prior to discharge from the primary treatment phase.

SOC 7: Effective Treatment based on Evidence-based Practices

AOD providers will offer effective treatment for clients with AOD problems. Evidence-based practices (EBPs) and promising practices will be utilized during all phases of treatment.

There is a growing body of research demonstrating that specific treatment approaches and components may improve treatment outcomes. Linking biological, psychological, and social (biopsychosocial) interventions has generally been found to be most efficacious.
Programs will implement eight Core Treatment Components (CTCs) that are considered important for superior programming in comprehensive AOD treatment. Many treatment providers are currently utilizing these treatment components, although most are not utilizing all eight CTCs. Therefore, a step-wise approach to implementation will be used.

Treatment programs should adopt the CTCs phased in over a multi-year period as part of ongoing quality improvement efforts. Each treatment provider will work with BHRS staff to determine the specific needs of their programs and how adoption of the CTCs will be implemented.

The Core Treatment Components are:

1. Cognitive-Behavioral Therapy
2. Relapse Prevention
3. Trauma-Informed Treatment
4. Continuing Care/Recovery Management
5. Psycho-education
6. Contingency Management
7. Smoking Cessation
8. Family Relations/Parenting

For each CTC, identified evidence-based (EBP) and promising practices that can be implemented to meet the standards for Core Treatment Components are outlined. These EBPs are part of a menu of treatment options for each CTC. Individual treatment providers may select the option(s) best suited for their specific milieu, treatment approach and philosophy, among other considerations, so as to best meet the needs of the client. The approaches may be used to supplement, enhance, and/or replace existing treatment components. As new evidence-based practices are developed and researched, they may be added to the menu of options. Information on identified evidence-based practices as well as interventions that are under review can be found at the National Registry of Evidence-based Programs and Practices at http://www.nrepp.samhsa.gov.

SOC 8: Medication Related Services

Programs will ensure that clients' needs for medication, both psychotropic and otherwise (including narcotic replacement therapy), are assessed and attended to and that clients are not discriminated against due to their use of prescribed medication.

In accordance with BHRS AOD policies regarding medications, including the general Medication Policy and the Narcotic Replacement Therapy (NRT) Policy, clients' medication needs are an integral part of comprehensive treatment of co-occurring disorders where medically assessed and indicated for persons in recovery. Programs will have procedures for assessment and linkage/integration to adjunctive services for program participants requiring medication treatment. It is expected that program staff will regularly communicate with physicians of clients who are prescribed medications.

SOC 9: Recovery-Oriented Care

Recovery management is introduced and integrated as part of the primary treatment phase, and as part of continuing care planning for each client.

All services are provided in the spirit of working in an empowered partnership with clients and families. Due to the nature of addiction as a chronic, progressive, relapsing condition the service continuum should shift away from single episodes of care to a long term recovery-management approach. Successful outcomes are connected to length of engagement in services.

Along with continuous recovery management, identifying and activating critical community supports for clients are essential components of successful recovery. Service coordination or case management should assist the client in linkage to continuing care and community support services. These may include, but are not limited to:

- emotional and social supports, including self-help groups such as AA/NA
- dual recovery peer supports: DRA, DTR, Voices of Recovery
- recovery maintenance or exit planning
- relapse prevention
- continued program involvement

- continued assessment and evaluation
- mental health and trauma-informed services
- community services linkages
- motivational counseling for continued engagement in recovery
- education and life skills training
- employment and job readiness training
- family preservation / reunification services when applicable
- linkages to clean and sober housing, sober living environments, safe or permanent housing
- peer support and mentoring
- emergency drop in services
- transportation
- substance free leisure and social activities