

LOCAL DWI GRANT PROGRAM STATEWIDE EVALUATION
DRAFT Treatment Standards

Prepared for:
The State of New Mexico
Department of Finance and Administration
Local Government Division

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Based on an investigation of treatment standards and a consideration of the needs of the Department of Finance and Administration (DFA) Local Government Division DWI Program I recommend the following:

Recommendations

- Require that the American Society of Addictions Medicine (ASAM) criteria score that is computed in the ADE Screening be used to determine the suggested level of care in the offender's referral for treatment
- Require that all contracted treatment providers funded with money from the DFA Local Government Division follow the Department of Health, Behavioral Health Sciences Division Clinical Management Standards (Attachment A)
- Require that all contracted treatment providers fill out a standard application (Attachment B)

For each of the recommendations, a short rationale is outlined below.

Require that the ASAM criteria score that is computed in the ADE Screening be used to determine the suggested level of care in the offender's referral for treatment

The ASAM score is a nationally recognized assessment and placement criteria. Using ASAM scores as a guideline in treatment referral is a first step to standardizing treatment across the state. By referring offenders to treatment based on their ASAM score, comparisons can then be made regarding offender outcomes between the counties based on the level of care that they received. Additionally, you can make comparisons regarding what types of services treatment providers offer for each ASAM level of treatment. This information could eventually be used to develop requirements (i.e. minimum length of treatment, required types of services and frequencies) that each treatment provider would have to meet to be eligible to provide that level of care.

Require that all contracted treatment providers funded with money from the DFA Local Government Division follow the Department of Health, Behavioral Health Sciences Division Clinical Management Standards

Any treatment provider that receives Department of Health funding already has to follow the Behavioral Health Science Clinical Management Standards. Rather than have the DFA Local Government Division develop their own standards, it make sense to adopt these standards since many of the treatment providers contracted with the DWI Program may already be following them. A mechanism needs to be implemented to ensure that the standards are followed.

Require that all contracted treatment providers fill out a standard application

Requiring that all contracted treatment providers fill out a standard application will allow the DFA Local Government Division to gather baseline information about the qualifications, experience, and type of treatment being funded throughout the state. With this information, comparisons can be made about the types of treatment provided in the counties.

The application would be required to be filled out by all treatment providers contracted in each county. The county would be responsible for getting the treatment provider to fill out the application. The DFA Local Government Division should develop a database to store the application information. Things like the number of years experience of treatment providers and days of the week that services are provided could then be queried in the database.

Attachment A: BHSD CLINICAL MANAGEMENT STANDARDS

A. CLIENT CASE RECORDS

101. The agency shall maintain a record on each client which will contain documentation of the client's treatment progress and family members' involvement in the client treatment program.
102. The record shall contain client identifying data.
103. The record shall contain information on any unusual occurrences related to treatment such as the following:
 - a. treatment complications
 - b. accidents or injuries to the client;
 - c. morbidity;
 - d. death of a client; and
 - e. activities that place the client at risk or cause unusual pain.
104. The record shall contain documentation of the consent or attempt to obtain the consent of the client or guardians for admission, treatment, evaluation, aftercare, or research.
105. The record shall contain physical assessment and emotional assessment (e.g., characteristic response pattern and coping techniques used in daily living) that utilize a standardized diagnostic system.
106. The agency shall provide assurances for the suitable storage, access and disposal of client records.
107. Client data stored in electronic or other types of automated information systems, shall have adequate security measures to prevent inadvertent or unauthorized access.
108. The agency shall demonstrate measures undertaken to comply with all federal, state and local laws governing confidentiality of client records and the disclosure of information in the records.

B. INTAKE/ASSESSMENTS

101. Client specific admission criteria shall be clearly stated in writing.
102. The agency shall provide documentation which governs the intake process.

103. A client admitted into the program shall meet the agency's established admission criteria and shall be admitted only upon consideration of the following factors:
 - a. services required by the client is appropriate to the intensity and restrictions of care provided by the agency;
 - b. service required can be appropriately provided by the agency or program component; and
 - c. alternatives for less intensive or less restrictive environment are not available.
104. Information shall be collected during the intake process to develop a preliminary treatment plan.
105. The agency shall document that each client receives a complete intake assessment.
 - a. The assessment shall include, but not necessarily be limited to physical, emotional, behavioral, social, recreational, and when appropriate, legal, vocational, and nutritional needs.
 - b. Clinical considerations of each client's needs shall include a determination of the type and extent of special clinical examinations, tests, and evaluations necessary for a complete assessment.

C. TREATMENT PLANS/PROGRESS NOTES

101. Each admitted client shall have a written, individualized treatment plan that is timely and based on assessments of his or her clinical needs and strengths.
102. The client treatment plan and progress notes shall be reviewed by a clinical supervisor as frequently as clinically required, but at a minimum of once every ninety (90) days. The review shall indicate changes in the plan and must be signed and dated by the clinician.
103. Progress notes, utilizing the Data Assessment Plan (DAP) or Subjective, objective Assessment Plan (SOAP) format and reflecting progress toward treatment goals, shall be entered in the client's record.
104. Progress notes shall also include date, time, duration of contact, type of service and signature of clinician
105. Each client shall participate in the formulation and review of their treatment plan. The initial treatment plan and changes in the plan must be signed and

dated by the client/parent/guardian as appropriate as well as by the clinician as noted in Paragraph 102 of this Section.

D. CASE MANAGEMENT REFERRALS

101. The agency shall facilitate the referral of clients and the provision of consultation between the agency's program components and other service providers in the community.

E. DISCHARGE/AFTERCARE PLANNING

101. A discharge summary shall be entered in the client's records within thirty (30) days following discharge.

102. The agency shall develop an aftercare plan that provides reasonable assurance of continued care with the participation of the client, and when indicated, the family or guardian and entered in the client's record.

F. MEDICATION

101. The agency shall develop policies governing the prescription, administration and/or self-administration of all medication, including those not specifically prescribed by an attending practitioner licensed to prescribe medication.

102. The agency shall adopt written policies for safeguarding medications.

G. RESIDENTIAL SERVICES

101. The agency shall ensure that each client admitted into an alcohol/drug abuse residential program receives the following services as a condition of admission: medical and nonmedical assessment; background psycho/social history; individual/family intervention, education support group intervention; case management; medication as appropriate; relapse prevention and follow-up.

a. Medical assessments must be conducted within forty-eight (48) hours of admission.

b. Medical assessments performed within ninety (90) days prior to admission are acceptable, except for medical screening which shall be provided at the time of admission.

102. The agency shall ensure that each client admitted to residential care be provided basic medical care as appropriate through prearranged medical agreements.

103. Agencies providing residential services must ensure a twenty-four therapeutic milieu. Each admitted client shall be provided forty (40) hours of structured activities per week, including weekends.
 - a. Agencies providing short-term rehabilitation shall provide each admitted client at least twenty-five (25) hours of documented treatment and counseling services per week.
 - b. Agencies providing long-term rehabilitation services shall provide each admitted client at least nine (9) hours of documented, structured rehabilitation and at least three (3) hours of counseling, treatment and evaluation services per week.

H. METHADONE TREATMENT

101. Agencies providing methadone treatment services shall ensure that these services are provided in accordance with federal regulations governing the use of methadone for the detoxification and/or maintenance treatment of narcotic addicts 921 CFR Part 291).
102. The agency shall ensure that the provision of methadone incorporates counseling as an integral part of treatment.

I. ADULT SUBSTANCE ABUSE PREVENTION

101. The agency shall identify in writing the demographic characteristics of the target population it is serving. Populations to be served must be consistent with priority populations identified by the Behavioral Health Services Division/Substance Abuse.
102. The agency shall provide a written service plan for each target group it serves which includes goals, methods/approaches, activities and timetables. The service plan must be directly related to documented theory. Specific data and theory supporting the approach must be maintained. Written curricula should be specified, as appropriate.
103. Each agency shall develop and maintain program files, services delivery records and information appropriate to its program.
104. Each agency shall provide a written evaluation plan regarding the contractor's effort, effectiveness and efficiency. Evaluation findings must be documented and incorporated into the program design. The evaluation plan must be updated annually prior to program implementation.

105. Each agency shall incorporate as part of its overall evaluation an annual review process utilizing a team made up of a majority of non-agency personnel.
106. Each agency shall maintain a record of networking activities with other service providers and/or community organizations.

J. QUALITY ASSURANCE

101. There shall be documented proof of an ongoing quality assurance program designed to objectively and systematically monitor and evaluate the quality and appropriateness of client care, pursue opportunities to improve client care and resolve identified problems.
102. The agency shall provide documentation to ensure:
 - a. that qualifications (education, training and experience) of the staff are commensurate with the clinical functions they are performing;
 - b. that there is clinical leadership and appropriate supervision of staff by persons with experiences and/or education in behavioral health;
 - c. that staff working with children, youth, elderly and special populations have sufficient training and/or experience education in behavioral health;
 - d. the provision of an adequate number of competent, qualified and experienced professional clinical staff to supervise and implement the treatment plan.

an attached sheet, for each level of treatment you provide services for please outline the number of hours/week that services are available and the content of the program.

Number of years you have provided this level of alcohol dependency treatment

_____	Detoxification	_____
_____	0.5 Early Intervention	_____
_____	I Outpatient Services	_____
_____	II Intensive Outpatient	_____
_____	III Clinically Managed Residential	_____
_____	IV Medically Managed Inpatient	_____

Please describe Mental Health and Supportive Services that are provided on-site at your program on a regular basis.

Mental Health

Do you provide mental health assessment/diagnosis? _____ Yes _____ No

If yes, please describe how you provide mental health assessment/diagnosis

Do you provide psychotherapy/co-occurring services? _____ Yes _____ No

If yes, please describe how you provide psychotherapy/co-occurring services

Do you provide assessment for psychotropic medications? _____ Yes _____ No

If yes, please describe how you provide assessment for psychotropic medications

Do you provide assessment for psychological testing services? _____ Yes _____ No

If yes, please describe how you provide assessment for psychological testing services

Do you provide other mental health services? _____ Yes _____ No
If yes, please describe how you provide other mental health services

Supportive Services

Do you provide vocational assessment services? _____ Yes _____ No
If yes, please describe how you provide vocational assessment services

Do you provide vocational counseling services? _____ Yes _____ No
If yes, please describe how you provide vocational counseling services

Do you provide job placement services? _____ Yes _____ No
If yes, please describe how you provide job placement services

Do you provide educational assessment services? _____ Yes _____ No
If yes, please describe how you provide educational assessment services

Do you provide GED/ESL services? _____ Yes _____ No
If yes, please describe how you provide GED/ESL services

Do you provide educational tutoring services?

Yes No

If yes, please describe how you provide educational tutoring services

Do you provide childcare services?

Yes No

If yes, please describe how you provide childcare services

Do you provide transportation services?

Yes No

If yes, please describe how you provide transportation services

Do you provide occupational therapy services?

Yes No

If yes, please describe how you provide occupational therapy services

Do you provide other therapeutic services?

Yes No

If yes, please describe how you provide other therapeutic services

Do you provide culturally specific treatment?

_____ Yes

_____ No

If yes, please describe how you provide culturally specific treatment

Do you provide gender specific treatment?

_____ Yes

_____ No

If yes, please describe how you provide gender specific treatment
