

California's Best System Practices for Substance Use Conditions

Screening and Brief Intervention for Substance Use Conditions

Screening

Clients in general healthcare settings and students in secondary schools and colleges should be screened annually for at-risk drinking, alcohol use problems and dependency, illicit drug use, and any tobacco use.

Brief Intervention

All persons identified by screening to have problems related to alcohol or substance use should receive a brief motivational counseling intervention by a health educator trained in this technique.

Initiation and Engagement in Treatment

Assessment

Clients seeking services for a substance use problem or dependency should receive a validated multidimensional, biopsychosocial assessment to guide client-centered treatment planning for substance use treatment and any co-occurring conditions.

Engagement in Treatment

Counties and providers should systematically promote initiation of care and engagement in ongoing treatment for substance use problems. Persons with substance use problems or dependency should receive supportive services to facilitate their participation in ongoing treatment.

Withdrawal Management

Based on a systematic assessment of the symptoms and risk of serious adverse consequences related to the withdrawal process, support (including pharmacotherapy where indicated) should be provided to manage the symptoms and adverse consequences of withdrawal. Withdrawal management alone does not constitute treatment for dependence and should be linked with ongoing treatment for substance use.

Services and Supports Planning

Service providers should collaborate with clients and their identified support system to develop a multidimensional treatment and support plan that is client-centered, and is periodically re-evaluated to support engagement, progress and retention in treatment.

Care Management / Services Coordination

Clients should receive coordinated management of their care for substance use problems and any co-occurring conditions, and this care management should be adapted based on ongoing monitoring of their progress.

Therapeutic Interventions to Treat Substance Use Conditions

Psychosocial Interventions

Empirically validated psychosocial treatment interventions should be initiated for all persons with substance use problems or dependency.

Adjunct Pharmacotherapy for Opioid Dependence

All clients diagnosed with opioid dependence should be provided with information on the efficacy of pharmacotherapeutic interventions (e.g. methadone and suboxone) and supported in making an informed choice best suited to their needs. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment and support.

Adjunct Pharmacotherapy for Alcohol Dependence

All clients diagnosed with alcohol dependence should be provided with information on the efficacy of pharmacotherapeutic interventions (e.g. naltrexone and acamprosate) and supported in making an informed choice best suited to their needs. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment and support.

In Support of Recovery

Health Care

Family Strengthening

Transitional and Supportive Living

Crisis Intervention

Literacy, Education and Work-Related Supports

Business Practices For Improved Client Services

Coordination of Changes in Levels of Care

Clinical Supervision

Clinical supervisors promote quality care by mentoring AOD counselor development and by facilitating the building of knowledge and skills among the counseling team.

Quality Improvement

Coordination of Changes in Levels of Care

Staff Development

Child Care

Tele-health

Considerations for Individualized Care

Women / Perinatal

Co-Occurring Problems

Adolescents

Elderly

Trauma

Sexual and Gender Minorities

Programs should assure that counselors and other personnel have an adequate understanding of LGBT issues that may influence treatment engagement and retention.

Recipients of Public Assistance Programs

Criminal Justice Referrals

Screening and Brief Intervention for Substance Use Conditions - DRAFT

Screening

Clients in general healthcare settings and students in secondary schools and colleges should be screened annually for at-risk drinking, alcohol use problems or dependency, illicit drug use, and any tobacco use.

Target Outcome:

Identification of persons with alcohol use in excess of NIAAA guidelines for the relevant population, and/or with any illicit drug use, and/or with any tobacco use.

What It Entails:

- Use of a validated screening instrument or interview method for substance use, including quantity, frequency, and pattern (preferably validated in the population).
- Following a positive screen with a brief intervention and a referral for further assessment.

For Whom It Is Indicated: Persons 10 years of age and older, upon new system encounters and at least annually thereafter.

Who Should Perform It: Any type of healthcare worker with the appropriate training.

Where It Should Be Implemented:

- All appropriate settings (for example, primary, inpatient, urgent, and emergency healthcare; criminal justice healthcare; occupational healthcare; and school-based healthcare settings).
- Substance use illness treatment settings should screen for tobacco use.

Possible Quality Improvement Measures:

- % of patients admitted to emergency departments and trauma units that are screened and/or receive a brief intervention and/or are referred to appropriate care.
- % of college students that are screened each year and/or receive a brief intervention and/or are referred to appropriate care.
- % of clients in general healthcare that are screened by healthcare professionals and/or receive a brief intervention and/or are referred to appropriate care.

Brief Intervention

All persons identified by screening to have problems related to alcohol or substance use should receive a brief motivational counseling intervention by a health educator trained in this technique.

Target Outcome: Cessation or reduction of alcohol and/or other drug use, and acceptance of treatment when indicated.

What It Entails:

- 5 to 15 minute advice/motivational counseling session.
- Provided in one to multiple contacts.
- Includes feedback on substance use effects on health (and for alcohol, feedback on use relative to norms), increasing motivation to change, and goal setting.
- Multi-contact interventions are more effective and also include further assistance (for example, recommendations for treatment when indicated) and follow-up monitoring and support.

For Whom It Is Indicated: Persons assessed with alcohol use in excess of NIAAA guidelines and/or any drug use.

Who Should Perform It: Health educator or clinician trained in brief motivational counseling intervention.

Where It Should Be Performed:

- Any appropriate healthcare setting (for example, primary, inpatient, urgent, and emergency care; criminal justice healthcare; occupational healthcare; and school-based healthcare settings).
- Substance use illness treatment settings should address tobacco use.

Possible Quality Improvement Measures:

- % of patients admitted to emergency departments and trauma units that are screened and/or receive a brief intervention and/or are referred to appropriate care.
- % of college students that are screened each year and/or receive a brief intervention and/or are referred to appropriate care.
- % of clients in general healthcare that are screened by healthcare professionals and/or receive a brief intervention and/or are referred to appropriate care.

Initiation and Engagement in Treatment -- DRAFT

First Service

Clients in need of, but not yet seeking services for a substance use problem or dependency, should receive counseling to guide

Target Outcome: Identification of initial and ongoing individualized treatment needs, including co-occurring conditions.

What It Entails:

- Assessment of all substance use.
- Use of a validated instrument or interview method (preferably validated in the relevant population).
- A multidimensional bio-psycho-social assessment (one that includes, for example, substance use; presence of co-existing general medical and mental health conditions; psychosocial functioning; social factors such as living environment, employment, and support system; and client motivation, preferences, and cultural values as they relate to treatment for substance use illness).
- Referral for a medical and/or psychological exam for individuals with immediate needs, as determined by qualified personnel.

For Whom It Is Indicated: All clients referred to or seeking admission to programs.

Who Should Perform It: AOD counselors trained in the use of the specific instrument being utilized for assessment .

Where It Should Be Performed:

- Substance abuse treatment facilities.
- Specialty assessment centers.

Possible Quality Improvement Measures:

- Time to first assessment.
- % of
- % of care.

Initiation and Engagement in Treatment -- DRAFT

Assessment

Clients seeking services for a substance use problem or dependency should receive a validated multidimensional, biopsychosocial assessment to guide client-centered treatment planning for substance use treatment and any co-occurring conditions.

Target Outcome: Identification of initial and ongoing individualized treatment needs, including co-occurring conditions.

What It Entails:

- Assessment of all substance use.
- Use of a validated instrument or interview method (preferably validated in the relevant population).
- A multidimensional bio-psycho-social assessment (one that includes, for example, substance use; presence of co-existing general medical and mental health conditions; psychosocial functioning; social factors such as living environment, employment, and support system; and client motivation, preferences, and cultural values as they relate to treatment for substance use illness).
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- Substance abuse treatment facilities.
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Possible Quality Improvement Measures:

- Time to first assessment.
- % of
- % of care.

Initiation and Engagement in Treatment -- DRAFT

Engagement in Treatment

Counties and providers should systematically promote initiation of care and engagement in ongoing treatment for substance use problems. Persons with substance use problems or dependency should receive supportive services to facilitate their initiation, engagement and participation in ongoing treatment.

Target Outcome:

- Initiation of treatment after first contact/injury/criminal justice diversion.
- Continuation of treatment beyond the admission/intake assessment and upon transfer from one level of care to another.
- Retention in treatment for sufficient length of time and with adequate number of sessions per week.

What It Entails:

Organizational level:

- Identification of organizational system barriers to the initiation of treatment after first contact/injury/criminal justice diversion and continuation of treatment beyond the admission/intake assessment and upon transfer from one level of care to another.
- Implementation of processes or systems that promote flexibility, immediacy/timeliness, continuity, openness, and efficiency.

Client level:

- Multidimensional assessment that identifies potential barriers to participating in treatment (for example, living environment, employment, support system, readiness for treatment, coexisting general medical and mental health conditions).
- Provision of, or referral to, supportive services (for example, housing, legal, employment, child care, medical, or mental health services).
- Plan developed with client input that is responsive to the individual's culture, language and health literacy.
- Empathic supportive approach.
- Active promotion of involvement with community support (some examples include family, 12-step support groups, spiritual support).

For Whom It Is Indicated: All persons with substance use problems or dependency.

Who Should Perform It: AOD treatment providers and/or certified and licensed counselors authorized to initiate and guide the treatment of persons with substance use problems.

Where It Should Be Performed: All substance use treatment settings.

Possible Quality Improvement Measures:

- Time between first contact and first appointment
- Time to 2nd visit
- Time to 4th visit

Initiation and Engagement in Treatment -- DRAFT

Withdrawal Management

Based on a systematic assessment of the symptoms and risk of serious adverse consequences related to the withdrawal process, support (including pharmacotherapy where indicated) should be provided to manage the symptoms and adverse consequences of withdrawal. Withdrawal management alone does not constitute treatment for dependence and should be linked with ongoing treatment for substance use.

Target Outcome:

- Control of withdrawal symptoms.
- Prevention of serious adverse consequences of withdrawal.
- Engagement in ongoing treatment for substance use dependence.

What It Entails:

- Generalized support and reassurance.
- Systematic assessment and reassessment of acute withdrawal symptoms and risk of severe symptoms to determine need for medication (for example, use of a validated instrument).
- Medications and/or tapering protocols proven to be effective for managing substance use withdrawal, provided in adequate doses to control symptoms and timely adjustments of doses when indicated, with monitoring of response and side effects.
- Ongoing support and monitoring of medical status including coexisting conditions and medications.
- Provision of, or referral to, ongoing treatment for dependence.

Opioid Withdrawal: Examples of medications proven to be effective for managing opioid withdrawal – methadone or buprenorphine tapering.

Alcohol withdrawal: Examples of medications proven to be effective for managing alcohol withdrawal – benzodiazapenes.

For Whom It Should Be Performed: Substance-dependent individuals who desire to withdraw and/or who are in acute phase withdrawal regardless of intent to withdraw (for example, when incarcerated or hospitalized).

Who Should Perform It:

- Healthcare workers licensed to prescribe medication.
- Certified counselors who are trained to guide the withdrawal process for substance-dependent individuals.
- Licensed healthcare personnel who provide medical monitoring and support.

Where It Should Be Performed:

- AOD detoxification programs.
- Inpatient or outpatient treatment settings with adequate ongoing medical monitoring capabilities.
- If dispensing medications, must meet regulatory requirements at the State and federal levels.

Initiation and Engagement in Treatment -- DRAFT

Services and Supports Planning

Service providers should collaborate with clients and their identified support system to develop a multidimensional services and supports plan that is client-centered, and is periodically re-evaluated to support engagement, progress and retention in treatment.

Target Outcome:

- A strengths-based plan, informed by assessment and evaluation, that addresses the client's needs and builds upon her/his unique abilities and assets.
- A working alliance between the client, supporting significant others, and providers of services.
- Engagement, progress, and retention in treatment.

What It Entails:

- Document assessed needs.
- Develop reasonably achievable goals that address problems identified during assessments.
- Develop objectives with the client. What action steps will he/she take toward achieving those goals?
- Identify interventions. What will staff do to assist the client in achieving the desired goal?
- Identify follow-up times to review the plan.
- Adjust the plan when ongoing assessments indicate that a more effective intervention is needed, or if there is a change in the need for supportive services.
- Adjust the plan when goals important to the client have been met or have changed significantly.

For Whom It Should be Performed: Every client admitted to an AOD treatment facility.

Who Should Perform It: Certified AOD treatment counselors.

Where It Should Be Performed: AOD treatment settings.

Suggested Reference:

Treatment Planning M.A.T.R.S. 2007

<http://www.atcnetwork.org/explore/priorityareas/science/blendinginitiative/txplanningmatrs>

Initiation and Engagement in Treatment -- DRAFT

Care Management / Services Coordination

Clients should receive coordinated management of their care for substance use problems and any co-occurring conditions, and this care management should be adapted based on ongoing monitoring of their progress.

Target Outcomes:

- Client receives care for all conditions that affect recovery.
- Stabilization of co-occurring conditions.
- Services that are responsive to client needs that may change during treatment.
- Retention in treatment.
- Engagement in long term monitoring.
- Prevention of relapse or delayed time to relapse.

What It Entails:

- Coordinating administrative, clinical and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the assessment(s) and subsequent treatment plan, in consideration of the client's preferences.
- Sharing of diagnostic and treatment information with other service providers, with client's consent.
- Monitoring the response to substance use treatment and ensuring that the treatment plan is modified as indicated with client input.
- Ensuring that case notes are entered into the client's record – the 'story' of what has occurred during the beginning, middle, and ending phases of participation in the treatment program. A counselor not familiar with the client's care should be able to read the case notes section of the record and understand exactly what has occurred.
- Assisting throughout the continuum of care, and in accordance with the aftercare plan, conducting periodic follow-up with the client to re-evaluate progress and needs.

For Whom It Should be Performed: All clients in AOD treatment programs.

Who Should Perform It: Persons authorized to guide substance use treatment and/or medical and mental health services and/or other support services.

Where It Should Be Performed: Wherever the person is in the care system:

- Substance use treatment settings.
- Care management may shift from the specialty setting to a community healthcare setting as the client moves into stabilized recovery.

Therapeutic Interventions to Treat Substance Use Conditions -- DRAFT

Psychosocial Interventions

Empirically validated psychosocial treatment interventions should be initiated for all persons with substance use problems or dependency.

Target Outcome:

- Cessation (or reduction with the goal of cessation) of substance use.
- Improved psychological and social functioning.
- Prevention of relapse or delayed time to relapse.
- Retention in treatment.

What It Entails:

- Varied approaches include motivational enhancement therapy, cognitive behavioral therapies, community reinforcement therapy, 12-step facilitation therapy, structured family and relationship therapies, and contingency management. An empathic, supportive approach may be as important as the specific psychosocial technique.
- Delivered in various ways, such as individually or in groups, or as brief treatment, as stand-alone treatment or in combination. The manner of delivery is guided by a treatment plan that is responsive to the client's individual needs.
- Session topics should include problem-solving skills, impulse control, strategies for coping with cravings, development of a supportive environment, and re-assessment and re-evaluation of needs.
- Involvement with community support is actively promoted. Examples include family (recognized as support by the client), 12-step or other mutual support groups, and spiritual support.

For Whom It Should Be Performed: All clients in AOD treatment settings.

Who Should Perform It: Certified counselors who have been trained in the specific psychosocial intervention and who have appropriate, ongoing supervision to maintain fidelity to the specific psychosocial intervention.

Where It Should Be Performed: AOD treatment settings.

Therapeutic Interventions to Treat Substance Use Conditions - DRAFT

Adjunct Pharmacotherapy for Opioid Dependence

All clients diagnosed with opioid dependence should be provided with information on the efficacy of pharmacotherapeutic interventions (e.g. methadone and suboxone) and supported in making an informed choice best suited to their needs. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment and support.

Target Outcome:

- Cessation of non-medical use of opioids.
- Retention in treatment.

What It Entails:

- Medications that have been proven to be effective for ongoing treatment of opioid dependence (for example, methadone, buprenorphine).
- Provided in adequate doses to control craving.
- Controlled dispensing of doses.
- Regular biologic monitoring of illicit drug use.
- Monitoring of response and side effects.
- Timely adjustment of doses when indicated.
- Monitoring of medical status, including co-existing conditions and medications.
- Provision of empirically validated psychosocial treatment or psychosocial support (including medical management).

For Whom It Should be Performed:

- All adult (and adolescents 16 and older) patients diagnosed with opioid dependence who meet clinical and regulatory indications; may consider for adolescents as clinically indicated.
- Special consideration should be given before using pharmacotherapy with selected populations: those with medical contraindications, pregnant or breastfeeding women, adolescents, and the elderly.

Who Should Perform It:

- Healthcare workers licensed and qualified to prescribe medication to treat opioid dependence.
- Healthcare workers authorized to initiate and guide the treatment of opioid dependent patients should recommend pharmacotherapy.
- Providers who do not prescribe pharmacotherapy should have formal arrangements to refer patients for pharmacotherapy treatment.

Where It Should Be Performed:

- Substance use illness treatment specialty settings.
- Healthcare settings where patients are treated for substance use illness.
- If dispensing medications, must meet regulatory requirements at the State and Federal levels.

Therapeutic Interventions to Treat Substance Use Conditions - DRAFT

Adjunct Pharmacotherapy for Alcohol Dependence

All clients diagnosed with alcohol dependence should be provided with information on the efficacy of pharmacotherapeutic interventions (e.g. naltrexone and acamprosate) and supported in making an informed choice best suited to their needs. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment and support.

Target Outcome:

- Reduction of alcohol consumption with the goal of cessation.
- Retention in treatment.

What It Entails:

- Medications proven to be effective for treating alcohol dependence (for example, naltrexone, acamprosate).
- Provided in adequate doses to control craving.
- Regular monitoring for alcohol use.
- Monitoring of response and side effects.
- Timely adjustment of doses when indicated.
- Monitoring of medical status, including co-existing conditions and medications.
- Provision of empirically validated psychosocial treatment or psychosocial support (including medical management).

For Whom It Should be Performed:

- All nonpregnant adults (18 and older), current alcohol dependent patients.
- Special consideration should be given before using pharmacotherapy with selected populations: those with medical contraindications, pregnant or breastfeeding women, adolescents, and the elderly.

Who Should Perform It:

- Healthcare workers licensed to prescribe medication.
- Healthcare workers authorized to initiate and guide the treatment of alcohol dependent patients should offer pharmacotherapy.
- Providers who do not prescribe pharmacotherapy should have formal arrangements to refer patients for pharmacotherapy treatment.

Where It Should Be Performed:

- Substance use illness treatment specialty settings.
- Healthcare settings where patients are treated for substance use illness.
- If dispensing medications, must meet regulatory requirements at the State and Federal levels.