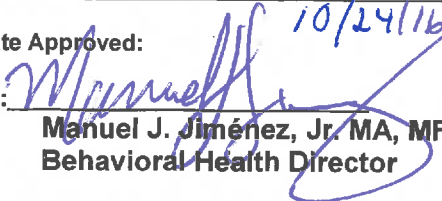
	Date Approved: 10/24/16 By:  Manuel J. Jiménez, Jr., MA, MFT Behavioral Health Director
POLICY TITLE <i>Interim Services Management for SUD Treatment Programs</i>	Policy No: 150-1-1 Date of Original Approval: 06/30/14 Date of Revision(s): 02/08/16; 5/16/16; 9/19/16

PURPOSE

The purpose of this policy is to ensure that Alameda County Behavioral Health Care Services (BHCS) substance use disorder (SUD) treatment service providers offer and provide interim services for clients as is appropriate and that BHCS service providers participate by entering client data into the electronically managed interim list episode opening, closing, and client contact tracking system.

AUTHORITY

Code of Federal Regulations Part 45, Section 96.121; SAPT Block Grant; NNA/DMC State-County Contract

SCOPE

This policy applies to all BHCS services providers, entities, individuals, and programs providing substance abuse and treatment services.

POLICY

It is the policy of BHCS that all providers of SUD treatment and or recovery services under contract with BHCS are meeting the requirements of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) for the provision of interim service for admission to a treatment program. At a minimum, interim services include:

- a. counseling and education about HIV and tuberculosis (TB);
- b. information about the risks of needle-sharing;
- c. information about the risks of transmission to sexual partners and infants;
- d. information about steps that can be taken to ensure that HIV & TB transmission does not occur; and
- e. referral for HIV or TB treatment services as necessary.

In addition, for pregnant women, interim service also includes:

- a. counseling on the effects of alcohol and drug use of the fetus; and
- b. referral for prenatal care.

It is also the policy of BHCS that all SUD providers meet requirements for expedited admission of priority populations: intravenous drug users (IVDUs) and pregnant or parenting women,

including women who may also be IVDUs. BHCS is required by California's Department of Health Care Services (DHCS) through its Net Negotiated Amount (NNA) contracting process to ensure that federally mandated interim services are provided to IVDUs, pregnant women, and pregnant IVDUs awaiting admission to treatment programs.

SUD service providers must document compliance with requirements to provide interim services and priority placement for IVDUs, pregnant and parenting women in the following manner:

- a. For perinatal programs women must be administered in the following order: (a) pregnant injection drug users; (b) pregnant women with SUD; (c) parenting injection drug users; and (d) parenting women with SUD.
- b. For all programs priority placement must be given to IVDUs and pregnant women, who must be either; (a) admitted to a program within 14 days of applying for admission; and (b) interim services must be made available within 48 hours, including a referral for prenatal care.

PROCEDURE

- I. This procedure describes BHCS and SUD program responsibilities directly related to the provision of SUD interim treatment services.
 - a. All SUD treatment programs under contract with BHCS must maintain an interim services list for admission to the treatment program, documented electronically on the Drug and Alcohol Treatment Access Report (DATAR). Instructions for completing and submitting the DATAR are posted on the following BHCS link:
<http://www.BHCS.org/providers/CalOMS/CalOMS.htm>. Additional resources posted to this link include a packet with a sample provider script when providers speak with a client and informational documents on HIV/AIDs, TB, and The Physical Effects of Fetal Alcohol Spectrum Disorder for pregnant and IVDUs.
 - b. Each SUD provider may set their own parameters for maintenance of their interim services list, which could include:
 - i. Maximum number of people to be on the list at any given time;
 - ii. The frequency, method and timeframes which each applicant is required to maintain contact with the program, such as - telephone, face to face, email, or text message, to verify their continued desire for admission to the program and to maintain their active status on the interim services list;
 - iii. The frequency, duration and intensity of interim services (12-Step, other treatment or self-help) in which applicants must participate while awaiting admission as a condition of staying current on the interim services list; and
 - iv. What action(s) the provider will take should an individual on the interim services list stop making contact with the provider or not complete other

conditions of maintaining their status on the list. However, all providers will develop procedures that meet these minimum contact requirements.

1. After one week of no contact by the individual, the provider will begin attempts to contact them;
2. After one week of the provider unsuccessfully attempting contact, the individual will be dropped from the list (two weeks total elapsed time from beginning of "no contact" until client dropped)
3. If a provider is successful in making contact with the individual within the one-week time frame, then they may decide how best to proceed with each client on a case-by case basis.

Whether or not an SUD provider imposes these and other requirements, the specifics of what those requirements are, is up to each agency providing the specified interim service.

- c. Each individual on the interim services list will be assigned a Unique Client Identifier (UCI), the parameters of which will be developed with the assistance of BHCS Information Systems (IS).
- d. If a client is already "in the system", a UCI will appear on-screen, indicating that the registration for that client has already been done. If the UCI does not appear, that indicates that the registration has not been done and must first be done by the SUD provider before creating the Waiting List Episode.
- e. The UCI will stay with the client indefinitely for the duration of their involvement with BHCS programs, and will be issued to create a "interim services list episode" in the INSYST system.
- f. A new Interim Episode Opening will be initiated for each new applicant who is placed on the interim services list. The episode must indicate if the applicant is an IVDU, is pregnant, or both, so that their time on the interim list can be tracked to assure that they receive services within the time frames described above in "Priority Services".
- g. All SUD programs may refer applicants on an interim services list to other SUD program(s), and/or to 12-Step or other self-help activities, to start their recovery process and to help prepare them for participation in the authorized and/or selected SUD program. Also, SUD programs may encourage applicants to take the first treatment opening that is offered to them. These actions are recorded on the Interim Services List Episode Screen.
- h. SUD providers may consult with other SUD providers to determine the extent to which interim services list clients are achieving and maintaining stability in recovery and can continue to participate in the SUD program. The American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions,

shall be used to assess client's level of care needs and determine the appropriate treatment setting for the client.

- i. SUD providers may deliver interim services over the phone to applicants, or they may choose to refer applicants to another agency to deliver interim services. In either case, it is the responsibility of the SUD program to which the applicant is seeking admission to make sure that interim services are delivered to each applicant, and recorded on the Interim List Episode Screen. Whether delivering interim services themselves or by referral to another entity, SUD programs shall assure that the information they are giving the client is up to date with current knowledge in the health care field about HIV, TB, risk of needle sharing and potential harm to fetus from ingestion of alcohol and drugs during pregnancy.
- j. All contact with the applicant is codified with procedure codes and recorded and entered in the Individual Staff Log, to assure that the applicant is still interested in, and in need of, SUD services. As openings in the SUD program become available, the provider fills the vacancy from the interim list, per the Priority Services above, assuring that IVDUs, pregnant women or pregnant IVDUs are admitted within the time frames in Priority Services.
- k. When the client enters the SUD program, or is dropped from the list due to non-contact or by determination the alternative SUD services are sufficient, the SUD provider then closes the interim services list episode using Interim Services List Episode Closing.
- l. SUD providers may establish their own monthly time-line to monitor the interim list. For example:
 1. Within 5 days of applicants first contact, the SUD provider establishes an open episode to add the applicant to the interim list;
 2. Within 5 days of the applicant entering SUD treatment or when the applicant is determined as inactive, the SUD provider closes the applicant's episode for the interim list.
 3. The 25th day of each month the Interim List is reviewed and the SUD provider assures the Insyst data entry accurately reflects the SUD provider interim list.
- ii. BHCS Information Systems (IS) oversees the production and distribution of two monthly reports to the Network Office designee. The *SUD Interim List Caseload with Referrals Report (DAS947)* details each client currently on the program's interim list, the client number, the date they were opened and closed to the list, # of referrals and who or where the referral originated from. The *SUD DATAR Interim List Report (DAS946)* details the # of active unique clients on the list, total days, total pregnant days and total IV days. The reports are available to SUD providers and to select BHCS staff on the 5th of each month.

- a. The Network Office designee receives the SUD Interim Reports (DAS947 and DAS946) and distributes them to the assigned Program Contract Officers for their review. When the previous month Interim Reports indicate a non-compliance, the Officer contacts each of their programs to notify them of the issue(s). Furthermore, if the provider develops a trend of non-compliance for several months, despite admonitions from the Network Office, then the designated Program Contract Officer will contact the BHCS Alcohol and Drug Administrator (ADP) for assistance in working with the provider.
- b. The Network Office provides technical assistance for the SUD contract providers with recommendations to address the deficiency in management of the Interim List.
- III. Contract Language includes required procedures for SUD programs contracted with BHCS who receive SAPTBG funds and are codified in the contract Exhibit A template for all SUD programs. Requirements include that contracted service providers conduct annual policy reviews and updates for necessary changes to insure regulation compliance and to incorporate appropriate feedback into the policy.

CONTACT

BHCS Office	Current as of	Email
Providers Relations: Help Desk	02/08/2016	HIS@BHCS.org
Quality Assurance	02/08/2016	QAOffice@BHCS.org

DISTRIBUTION

This policy will be distributed to the following:

- BHCS Staff
- BHCS County and Contract Providers
- Public (posted to SUD BHCS webpage)

ISSUANCE AND REVISION HISTORY

Original Author: Dave Abramson, SUD Program Consultant, BHCS

Original Date of Approval: 06/30/2014; Manuel J. Jiménez, Jr., MA, MFT; BHCS Director

Revise Author	Approval by
Sharon Loveseth, LAADC; QA	Manuel J. Jiménez, Jr., MA, MFT; BHCS Director

DEFINITIONS

Term	Definition
SAPTBG	Substance Abuse Prevention and Treatment Block Grant
IVDUs	Intravenous Drug Users
DATAR	Drug and Alcohol Treatment Access Report

ATTACHMENT and SAMPLE SCRIPT:

- The Physical Effects of Fetal Alcohol Spectrum Disorder: <http://www.nofas.org/wp-content/uploads/2014/05/Facts-prevention.pdf>
- Tuberculosis (TB) Facts; National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention: <http://www.cdc.gov/nchhstp/Default.htm>
 - STDs and HIV – CDC Fact Sheet: <http://www.cdc.gov/std/hiv/hiv-std-factsheet-dec-2014.pdf>
 - Tuberculosis (TB) General Information: <http://www.cdc.gov/tb/publications/factsheets/general/tb.pdf>
- Sample Script: Provider Communication to Prospective Clients of Interim Services

Sample Script
Provider Communication to Prospective Clients of Interim Services

The following is health risk information associated to alcohol and drug use/abuse and referrals to community services. All clients eligible for SUD treatment services and who are waiting for placement will be called back within 48 hours. Once we have an opening and you are the next priority on the interim list, you will be contacted by the residential provider to schedule an intake/assessment for entry into the treatment program.

Please ask questions and let us know if there is other health information you are seeking.

Prevention and behaviors increasing risk of contracting HIV, Hepatitis C, TB and other sexually transmitted diseases:

- IV drug use & unsafe sex increases risk of STD infection. HIV is transmitted through bodily fluids such as blood, semen, and vaginal fluids. Hep. C is transmitted through blood and can be transmitted through sexual contact. IV drug abuse is a primary source of transmitting HIV and Hep. C infection. Other high-risk behaviors—such as having unprotected sex, sex for money or drugs, and sex with multiple partners—increase the chances of becoming infected for alcohol and other drug users
- Tuberculosis (TB) is an infectious airborne disease that can attack any part of the body but usually attacks the lungs. The bacteria are spread when an infected person coughs or sneezes. Signs of TB disease include cough, fatigue, and fever, coughing up blood, night sweats, and weight loss. TB can be treated and cured if people seek medical help. To reduce transmission of T.B, see a doctor as soon as possible, take prescribed medications, and wear a surgical mask during the first 3 weeks of treatment to reduce transmission.
- IV drug use and needle sharing can increase chance of addiction, risk of abscessed infections, scarring, arterial damage, overdose, bacterial infection and death.

Provide referrals for HIV, Hepatitis C, and tuberculosis screening and services;

Perinatal / Effects of substance use on fetal development:

- Drinking alcohol or consuming illicit drugs can cause complications during pregnancy, miscarriage, stillbirth, and a range of lifelong physical, behavioral, and intellectual disabilities for the child.
- HIV - To reduce HIV in infants, pregnant women should receive HIV medicines to reduce risk of mother to child transmission of HIV. Babies born to women with HIV should receive HIV medicine for 6 weeks after birth. Because HIV can be transmitted in breast milk, women with HIV should not breastfeed their babies.

Provide referrals for primary and prenatal medical care.

