Comments Regarding California's Best System Practices for Substance Use Conditions and Draft Core Treatment Standards

California's Best System Practices for Substance Use Conditions

This document was developed based on the framework adopted by the National Quality Forum. CAADPE supports development of system-wide practices based on national standards and is encouraged to see ADP proceeding in this manner.

While the document stands on its own to an informed reader, someone outside the field or less familiar with current developments in the field may not understand the purpose of the document. We suggest that an introduction be developed explaining the intended purpose of the document.

The following comments address specific sections of the Best System Practices document.

Screening and Brief Intervention

- While Brief Intervention should be performed by a professional trained in the technique, persons other than Health Educators may be capable of performing this task; we suggest broadening who should perform it.
- Renewal of screening at least annually sets a very high standard that may be impractical to meet unless all persons 10 and older see their doctor annually.

Initiation and Engagement in Treatment

- Under Assessment, we suggest restating as follows; that referral for a medical or mental heatlh assessment be made for individuals with apparent medical or psychiatric conditions.
- Under Engagement in Treatment, we suggest that the Target Outcome concerning retention in treatment be reconsidered and attempt to clarify what would constitute a sufficent length of time in treatment. This may be something more determined by the client than the program. We also suggest restating the first bullet related to Organizational level to read, "Identification of barriers to the initiation of treatment after first contact with the treatment provider or referring paryt and continuation…from one level of care to another. Under the second bullet, change immediacy/timeliness to "responsiveness."
- Under Services and Supports Planning, only certified AOD treatment counselors are identified to perform these functions; we suggest that other licensed or license eligible human services professionals be included.
- Under Care Management/Services Coordination, Target Outcomes bullet one should specify that the client receives care for all conditions that the client identifies as affecting his or her reoovery.

<u>Therapeutic Interventions to Treat Substance Use Conditions</u>

- Under Psychosocial Interventions, the Target Outcome of cessation, or reduction of use with the goal of cessation, may not always apply from a client perspective as some clients do not share the goal of abstinence. In a chronic disease management model, there may need to be more allowances for harm reduction approaches structured around goals accepted by the consumer.
- Under Pharmacotherapy for Alcohol Dependence, For Whom It Should be Provided bullet one should be clarified to read, all non-pregnant adults, 18 and older, diagnosed as having a severe alcohol use disorder.

<u>In Support of Recovery</u>

CAADPE noted that no specific elements were developed in this area, yet in a chronic disease management model the components of a system of care falling in this area are extremely important. The community resources necessary to support recovery and to manage a chronic disease are likely to be quite varied, spanning a wide range of self-help and formal social services. We believe that ADP should devote more attention to this aspect of the continuum of care, focusing on those service elements ADP can support through its funding. For example, these may include currently unfunded post-treatment services such as wellness groups, periodic check-ups and web-based services. We do not believe that ADP should put its limited resources into funding services already provided through other public and private agencies, such as employment, educational, and housing services. These services in support of recovery should be made available to clients in recovery through collaborative arrangements with ADP.