Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Substance Abuse Prevention And Treatment Block Grant Requirements: Capacity Management

State Technical Assistance Project
Contract No. HHSS283201200002I
Task Order No. HHSS28342002T
Reference No. 283-12-0202
Today’s session will focus on:

- SABG priority populations
- Capacity management systems and activities for providing priority populations access to treatment
SABG CAPACITY MANAGEMENT REQUIREMENTS

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What Are the Purpose and the Intent of Capacity Management?

Early 1990s—Both houses of Congress were concerned about the spread of infectious diseases among:

- Pregnant women and people who inject drugs
- Partners of these individuals
- The communities in which they live
1993—Substance Abuse Prevention and Treatment Block Grant (SABG) requirements were published and:

• Identified pregnant women and people who inject drugs as priority populations

• Indicated that priority populations should be granted admissions priority

• Introduced requirements to limit the wait time for and increase retention of priority populations
Purpose

*Capacity management* systems focus on engaging clients quickly before the clients:

- Grow tired of waiting for admission
- Lose their motivation
- Fall between the cracks
Collectively, the capacity management requirements call for SABG-funded states and programs to:

• Admit priority populations within prescribed time frames
• Offer priority populations *interim services* when they cannot be admitted within those time frames
• Have systems to effectively track, maintain contact with, and report on priority populations awaiting admission
The aims of capacity management systems are to:

• Facilitate quick access to care
• Slow the spread of infectious disease
• Document service need
Requirements

What Are the SABG Capacity Management Requirements?

States must require all SABG-funded programs to:

• Give pregnant women preference in admissions
• Refer pregnant women to the state when such women cannot be admitted
• Publicize the availability of services for pregnant women, including that pregnant women get admissions preference
Requirements

States must require programs that serve individuals who inject drugs to give admissions preference as follows:

1. Pregnant women who inject drugs (first preference)
2. Pregnant women who abuse substances in other ways (second preference)
3. Other individuals who inject drugs (third preference)
Requirements

Each state must establish a capacity management system that requires programs that serve people who inject drugs to:

• Readily report to the state when those programs reach **90 percent capacity**
• Make such reports within 7 days
• Admit individuals who inject drugs within 14 days
Requirements

When SABG-funded programs cannot admit individuals who inject drugs within 14 days, the programs must meet these conditions:

• Admit them within 120 days
• Have a mechanism for maintaining contact with them while they await admission
• Make interim services available within 48 hours
Requirements

Capacity management systems should ensure that states:

• Maintain a continuously updated record of reports of programs reaching 90 percent of their capacities
• Make excess capacity information available to SABG-funded programs that serve individuals who inject drugs
Requirements

States must have effective means for monitoring programs’ compliance with these requirements.

- Admission within 14 days, or
- Within 120 days with interim services
- Established waiting list
- Unique client identifier
- Maintain contact with waiting list clients
What Are the Components of Capacity Management Systems?

- Priority population identification
- Waiting list management
- Interim services
Priority Populations

Who Are the Priority Populations?

Early 1990s—Congress was concerned about:

- Fetal exposure to alcohol and drugs
- The spread of infectious disease through injection drug use
SABG requires states and programs to take extra efforts to keep the following populations engaged when appropriate treatment capacity is not available:

- Pregnant women who are seeking treatment
- Individuals who inject drugs and are seeking treatment
Priority Populations

Capacity management systems must have effective means to:

• Identify members of these populations
• Prioritize them
• Track them
What Is a Waiting List?

1992—The Center for Substance Abuse Treatment’s predecessor agency, the Office for Treatment Improvement, convened a consensus panel to define *Uniform Waiting List*. 
Waiting List

Uniform Waiting List is defined as a document that:

• Identifies individuals who are seeking treatment when appropriate treatment slots are not available
• Is a log/roster that a treatment program maintains when service capacity has been reached
• Identifies individuals who are actively seeking treatment and who meet eligibility criteria
Waiting List

Required Uniform Waiting List definition information:

• Application and sequence number
• Dates and types of contact
• Date and reason for removal from the waiting list
• Name of staff member compiling the information
Waiting List

- Screening mechanism used and location of the program
- Client name and contact information (mailing address, telephone number, and other contact information)
- Disposition, including—
  - How and when the person was informed of the disposition
  - The recommended resource and how the recommendation was made
  - Followup contact with the referral agency
- Priority categories for admission and the individual’s status
Waiting List

For pregnant women who cannot be admitted, states must:

• Maintain a continuously updated system for identifying treatment capacity for pregnant women and
• Have a mechanism for matching these women to treatment with sufficient capacity
Waiting List

SABG-funded programs that treat individuals who inject drugs must:

• Establish waiting lists with a unique client identifier for each client on the list
• Consult the state’s capacity management system to ensure clients on the waiting list are transferred to programs within a reasonable geographic area and at the earliest possible time
Waiting List

- Allow clients on the waiting list to be removed only if—
  1. They cannot be located or
  2. They refuse treatment
Interim Services

What Are Interim Services?

SABG-funded programs must offer interim services within 48 hours when the following priority populations cannot be admitted or referred to other programs with sufficient capacity:

- Pregnant women
- Individuals who inject drugs
Interim Services

Interim services are provided to:

• Maintain the motivation of clients who are awaiting admission
• Keep them engaged while waiting
• Retain them until they are admitted
Interim Services

Interim services must include:

• Counseling and education about HIV and tuberculosis (TB)
• Counseling and education about the risks of needle sharing and risks of disease transmission to sex partners and infants
• Counseling and education about steps to prevent HIV transmission
• Referrals for HIV and TB services, if necessary
Interim Services

- Referrals for prenatal care
- Referrals for counseling on the effects of alcohol and drug use on the fetus

Interim services may include federally authorized methadone services that supplement, rather than supplant, comprehensive methadone services.
Challenges with interim services include:

- Defining interim services
- Capturing and reporting interim service data
- Paying for/reimbursing interim services
Automated Systems

What Is the Role of Automated Capacity Management Systems?

Automated capacity management systems are often web based.
Automated systems offer several advantages:

- Nearly real-time data
- Comprehensive capacity and waiting list data
- Statewide information
- Mechanisms to adjust/prioritize waiting lists
Automated Systems

Automated systems enable states and providers to:

• Route priority populations to appropriate levels of care within reasonable geographic proximity as soon as space becomes available
• Accurately measure client access to services
• Forecast caseloads within and across programs
• Determine the gap between service demand and capacity
• Establish objective performance measures
Automated Systems

A system is no better than how it is used and managed:

- Providers need to enter accurate, complete, and timely data
- Those managing the systems need to use the data to direct and report on waiting list clients and capacity management systems
What Are the Challenges in Developing and Managing Capacity Management Systems?

- Defining capacity
- Measuring access: When does the clock start ticking?
What Are the Key Points Regarding Capacity Management Systems?

Both web-based and paper-and-pencil capacity management systems work best when they include:

- Clear expectations
- Real-time capacity information
- Dedicated management
THANK YOU