

# 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



# Focus of the Session

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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# Purpose

## 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:

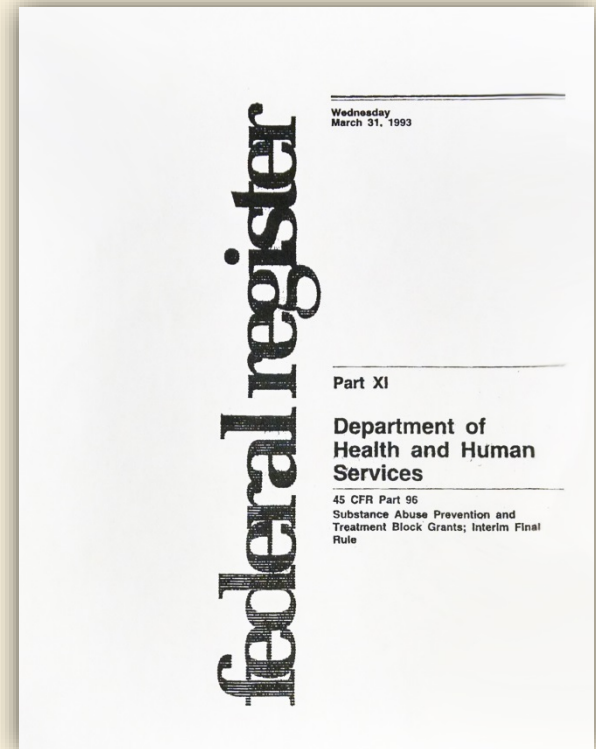
- Pregnant women and people who inject drugs
- Partners of these individuals
- The communities in which they live



# Purpose

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



# Purpose

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



# Purpose

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

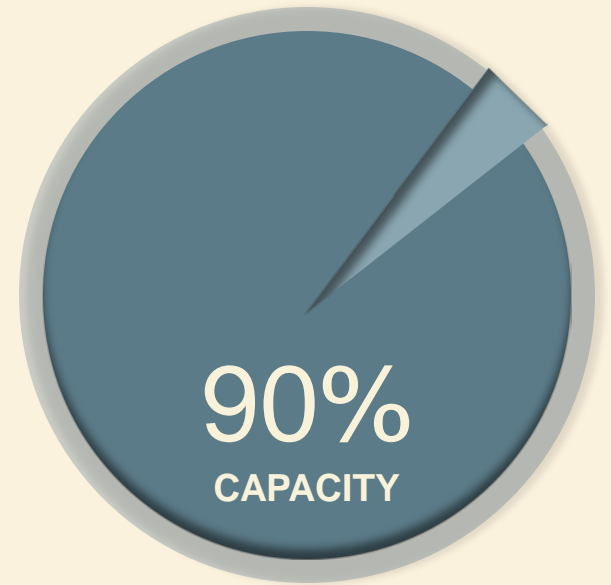
States must require programs that serve individuals who inject drugs to give admissions preference as follows:

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.



# Components

## 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



# Priority Populations

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

# Waiting List

## 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 DATA SHEET	
FIRST NAME:	LAST NAME:
ADDRESS:	
PHONE NUMBER:	EMAIL:
APPLICATION NUMBER:	CONTACT DATES:
SCREENING METHOD:	
DISPOSITION INFORMATION:	
STAFF NAME:	
WAITING LIST STATUS:	
ADMISSION STATUS:	

# 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.



# Interim 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

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

# Challenges

## What Are the Challenges in Developing and Managing Capacity Management Systems?

- Defining capacity
- Measuring access: When does the clock start ticking?



# Key Points

## 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

