NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

LOCADTR 3.0 Concurrent Review Module – June 2019

A Client Placement Criteria System for Use in New York State
A New York State Office Of Alcoholism and Substance Abuse Services Approved Tool

www.oasas.ny.gov

Background

New York State Substance Use Disorder treatment providers and managed care plans have utilized the LOCADTR admission tool for determining recommended level of care since October of 2015 when all SUD services were integrated into Medicaid managed care. The LOCADTR admission tool relies on a clinical assessment addressing the factors related to a level of care determination. The tool has proven to have good interrater reliability and has allowed for utilization management conversations between providers and plans that are collaborative and transparent.

This manual provides information and guidance on how to use the Concurrent Review module in the LOCADTR tool. Use of the LOCADTR Concurrent Review module is required by providers and Medicaid managed care plans when determining continued stay for level of care. Providers are required to use the concurrent review module when making or considering level of care changes from one level of care to another. For example, if an individual in outpatient care is exhibiting symptoms of exacerbation of SUD and a level of care change is considered, the clinician would use the concurrent review module to determine the LOCADTR LOC recommendation. Only one concurrent review is necessary and practitioners should follow the guidance below:

- **The program where the individual is currently enrolled should complete the concurrent review prior to making a referral**. If the individual is in an inpatient program, the inpatient program should complete the concurrent review module and send the report to the accepting program prior to or immediately upon discharge. When this is not possible, if for example, the individual is enrolled in an outpatient program, but is assessed by a crisis stabilization program after hours or on a weekend, the program that completed the concurrent review should share the LOCADTR report with the accepting program. Note that consent to release should be obtained for all releases of clinical information including the LOCADTR report.

- **Only one LOCADTR should be completed for each level of care change.** Once the individual is referred to the receiving program with the LOCADTR report, it is not necessary for the receiving program to complete a new LOCADTR.

- **There are no set time frames for concurrent review.** Reviews should be completed:
  - When a Plan requests a concurrent review. The clinician should complete the review and send the report to the Plan.
  - When the clinician considers a level of care change from the current level of care.
  - As per the program policy. Programs should incorporate the use of concurrent review into existing utilization review and treatment plan review.

The clinician should choose the Concurrent Review module for any patient currently in treatment. The admission LOCADTR should be used only when the person is new to treatment. When entering the LOCADTR application, users are prompted to complete

either an initial LOC or a Concurrent Review. When completing the concurrent review module, a person can be recommended to remain at the current level of care. In this case, additional questions pertaining to good care and treatment planning must be completed. If the person no longer meets the criteria for the current level of care, the user will be directed to the LOCADTR 3.0 tool to determine an appropriate new level of care. Once the Concurrent Review is completed, the user can print or download a PDF report to share with the payor.

The LOCADTR tool recommends a level of care based on the answers entered. The tool does not replace the clinical judgement of clinical staff utilizing the tool. LOCADTR allows the user to override a LOC recommendation in certain circumstances with written justification. An override can be completed for any of the following reasons: to provide for individual choice; to address other clinical considerations; if access to the recommended level of care is an issue; or if there is a specific level of care required by mandate. The Concurrent Review module also includes the option to override the recommended level of care. Providers are required to provide a clinical justification for any override. This justification should include the reason for the override and the clinical or other factors that support the override.

QXQ: PRELIMINARY CLIENT INFORMATION

Getting Started

Overview:

The Concurrent Review module requires the same patient identifying information required in the LOCADTR 3.0. This includes: client first and last name; gender; social security number; and, date of birth. Optional fields are available to capture the client's Medicaid ID and Unique Client ID number as well. For a detailed description of each of these variables, see page 12 of the LOCADTR 3.0 manual.

Question ID: pr0

Select which tool you want to complete:

Answer Choices:
- LOCADTR 3.0 for Admission
- Concurrent Review Module

QXQ: PRELIMINARY ASSESSMENT

Preliminary Assessment

Overview:

The purpose of the preliminary assessment is to determine if a higher level of care is needed, if the current level of care continues to be necessary, and to identify any immediate needs.

Question ID: cr_p0

 Select in which level of care the person currently receives services.

Answer Choices:

- Medically Managed or Medically Supervised Detox
- Inpatient Rehabilitation
- Stabilization in Residential Setting
- Rehabilitation in Residential Setting
- Reintegration in Residential (Congregate setting)
- Reintegration in Residential (Scattered site)
- Outpatient Day Rehabilitation
- Intensive Outpatient
- Outpatient

Question ID: cr_p1

Have there been changes in the person's status that would require movement to a **higher level of care**?

Intent/Key Points:

- The purpose of this question is to determine if it is likely that the client needs a higher level of care than the person is currently in. Factors that may impact this need would include, but may not be limited to: an increase in the severity of substance use pattern thus causing increased serious risk; a new medical or psychiatric condition; a medical or psychiatric condition that has changed from stable to acute with an increased risk potential that requires a higher level of care; a change in living situation such that the person does not currently have a stable or a safe place to live in the community. If there is a significant change as described above, the user will choose "yes" and will be directed to complete a LOCADTR

assessment. If there have been no significant changes that require a higher level of care consideration, the response is "no" and the user will move to the next set of questions.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, Start a new LOCADTR.
If no, go to Question cr_m1 or cr_d1.

QXQ: WITHDRAWAL MANAGEMENT

Overview:
If the client is currently in detox and this is indicated in cr_p0, the module will move to the Detox level of care questions. All other levels of care will proceed to Section M: Withdrawal, Urges, and/or Cravings.
MOVEMENT TO THE NEXT APPROPRIATE QUESTION IS MANAGED WITHIN THE PROGRAM. YOU DO NOT NEED TO MANUALLY ENTER A RESPONSE HERE.

Skip Pattern:
      If yes to a Withdrawal Management level of care, go to question cr_d1.
      If no, go to question cr_m1.

Addressing Withdrawal, Urges, and/or Cravings

Question ID: cr_m1

Does this person have a diagnosis of an Opioid Use Disorder?

Intent/Key Points:
- A yes response to this question will lead to questions about medication assisted treatment.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to Question cr_m2.
If no, go to Question cr_m6.

Question ID: cr_m2
Is the person on Medication Assisted Treatment (MAT)?

Intent/Key Points:
- Medication assisted treatment for opioids includes: buprenorphine, methadone or injectable naltrexone.
- Answer **"yes"** if the person is currently being treated or is expected to be inducted while in the current level of care.
- Answer "**no**" if there is no immediate plan for induction or management of the opioid use disorder with medication.

- Yes
- No

Skip pattern:

If yes, go to Question cr_m3.
If no, go to Question cr_m6.

Question ID: cr_m3

Select all that apply.
  i. The person is experiencing mild to moderate symptoms of withdrawal that are creating physical discomfort, cognitive impairment, and/or emotional distress.
  ii. The person is experiencing urges and/or cravings to use substances.

Intent/Key Points:
- The user should check all that apply.
- A list of symptoms associated with opioid withdrawal is included in the initial LOCADTR and additional information about withdrawal symptoms can be found in the DSM 5 manual (American Psychiatric Association, 2013).
- In order to assess urges and cravings to use, the clinical staff person should inquire about how the person is managing discontinuation of substances. Individuals may not always recognize restlessness, impulses to leave the program, irritability, and intrusive thoughts of the substance as urges and cravings.
- There are tools that can be helpful in assessing for urges and cravings including the Brief Substance Craving Scale (Mazza, 2014)
- The purpose of this question is to identify if there are current symptoms of withdrawal or urges and cravings and to consider medication initiation/adjustment or other strategies to manage urges and cravings including cognitive strategies. **Evidence strongly supports the use of medications to treat opioid use disorder** (Connery, 2015)**.**

Answer Choices:

> i. The person is experiencing mild to moderate symptoms of withdrawal that are creating physical discomfort, cognitive impairment, and/or emotional distress.
> ii. The person is experiencing urges and/or cravings to use substances.

Skip Pattern:
> If yes to either, go to Question cr_m3a.
> If no to all, go to Question cr_m5.

Question ID: cr_m3a

Are strategies to cope or manage urges and cravings being taught?

Intent/Key Points:
- It is important to identify urges and cravings to use substances throughout treatment (Tiffany, 2012). There are many cognitive and behavioral strategies that can help individuals recognize urges and cravings and to reduce their intensity.

Answer Choices:
- Yes
- No

Skip Pattern:
> If yes or no, go to Question cr_m4.

Question ID: cr_m4

Is the person being referred for medication review?

Intent/Key Points:
- This question is asked if either withdrawal symptoms or urges and cravings is selected in question cr_m3. The individual should be assessed by a medical professional for appropriate medication or other clinical interventions. If the person has declined or if there is a clinical reason not to refer, document this information in the text box provided.

Answer Choices:
- Yes
- No

Skip Pattern:
> If yes, go to Question cr_m5.
> If no, provide justification and go to Current Level of Care Questions.

Question ID: cr_m5

Is there a plan to continue medication assisted treatment at next level of care?

<u>Intent/Key Points:</u>
- This questions follows a "yes" answer to question cr_m4. The purpose of this question is to ensure that a continuation plan has been identified for individuals who are initiating medication assisted treatment at this level of care (McKay J. , 2009)
- If the answer is yes, questions regarding level of care will follow. If no, you will need to provide an explanation in the text box and then move to the current level of care questions.

<u>Answer Choices:</u>
- Yes
- No

<u>Skip Pattern:</u>
If yes, go to Current Level of Care Questions.
If no, provide an explanation and go to Current Level of Care Questions.

Question ID: cr_m6

Is the person experiencing mild to moderate symptoms of withdrawal that are creating physical discomfort, cognitive impairment, and/or emotional distress?

<u>Intent/Key Points:</u>
- This question is a follow-up to question cr_m3. The user indicated that the person is dependent on opioids, not currently on MAT, and there is no plan to initiate MAT in this level of care.
- Answer yes if the person is experiences mild to moderate symptoms of withdrawal that are causing discomfort, interference with concentration or any cognitive functions, or any distress.
- The question in the LOCADTR 3.0 tool includes a list of opioid withdrawal symptoms and there is additional information on withdrawal symptoms in the (American Psychiatric Association, 2013). Research strongly supports the use of medication assisted treatment for individuals diagnosed with an opioid use disorder.

<u>Answer choices:</u>
- Yes

- No

Question ID: cr_m7

Is the person experiencing urges and/or cravings to use?

Intent/Key Points:

- To assess urges and cravings to use, the clinical staff person should inquire about how the person is managing discontinuation of substances. Individuals may not always recognize restlessness, impulses to leave the program, irritability, and intrusive thoughts of the substance as urges and cravings. There are tools that can be helpful in assessing for urges and cravings, some general and some drug specific, such as for opioids (Ingmar H. F., 2002).

Answer Choices:
- Yes
- No

Question ID: cr_m8

Does the treatment plan include strategies for managing withdrawal and cravings? (Examples include medications and cognitive behavioral strategies.)

Intent/Key Points:

- The question follows a yes to Question cr_m7, the person is experiencing urges or cravings to use.
- A plan to address the urges or cravings to use should be included in the treatment plan with a medication assessment, cognitive behavioral strategies, coping skills, peer intervention or other interventions (National Institute on Drug Abuse, 2018).

Answer Choices:
- Yes
- No

Skip Pattern:

If yes, go to Current level of Care Questions.

If no, enter an explanation in the text box provided and go to Current Level of Care Questions.

QxQ: CURRENT LEVEL OF CARE

<u>Overview:</u>
The next questions are specific to the individual's current level of care and the need for continued stay in that level of care. If the individual does not meet the criteria for continued stay, the application will direct the user to start a new LOCADTR.

The questions in this section are based on the same criteria used in the LOCADTR to establish level of care at admission and are worded to reflect <u>the anticipated patient condition if the current level of care was discontinued</u>. Individuals typically respond well to treatment with symptom management strategies (Saitz, 2008), medication management (Substance Abuse and Mental Health Services Administration, 2005)the removal of substances from their environment, and with the support of staff and peers (Bassuk, 2016). These treatment elements should be sustained at least to the degree needed to offset the original risks and resources increased so that the person is likely to succeed in the next level of care.

As an example, consider a person with severe anxiety and an alcohol use disorder who is currently in inpatient rehabilitation. When the LOCADTR was completed upon admission, the clinical staff person identified anxiety, inability to leave the home (Allan, 2010), and high levels of daily alcohol use to establish the need for inpatient treatment. The patient would not have been able to leave the house to attend outpatient treatment or engage community support. In the inpatient setting, the individual is likely to experience reduced subjective feeling of anxiety and may be able to attend some groups. If you answered the questions in the concurrent review module based on how the person is doing in the current inpatient setting you would state that they no longer have the same risk. However, the patient has not stabilized on medication, has not attained skills to manage the anxiety, does not feel they will be able to leave the house once back at home, and the person has not yet agreed to link to community supports. In this case, the individual is still at high risk for psychiatric symptoms that require inpatient care in order for treatment to be successful.

Individuals are best served in the lowest level of care possible (Mee-Lee, 2009). Higher levels of care should be recommended only when clinically indicated. As healthcare moves toward value based models of reimbursement, providers will be required by their partners and contracts with payors to make efficient use of care. Individuals who step down from this level of care should be stable and have the tools needed to transition to the community and manage the substance use disorder and co-occurring behavioral health or psychiatric health conditions.

The following section provides each set of questions that correspond to each level of care. The application will move to the appropriate questions based on the level of care selected in Question cr_p0.

Question ID: cr_d1

Does withdrawal continue to require 24-hour medical oversight in hospital setting due to **serious and life threatening** complications?

Complications are present that need continued monitoring in a hospital setting that cannot be handled at a lower level of care including: (Please check all that apply.)

    i.   Complication of pregnancy and withdrawal;

    ii.   Severe withdrawal requiring intravenous medication and/or fluids that cannot be handled at a lower level of care;

    iii.   Mental or physical symptoms that cannot be handled at a lower level of care.

Intent/Key Points:

- It is important to consider the likelihood serious and life threatening complications of withdrawal will return if the current level of care were withdrawn.

- If an individual was admitted with a CIWA of 10 and a current BAC of .08, a history of benzodiazepine, alcohol and gabapentin abuse, and had stable vital signs, but continued complaints of nausea, headache, and body aches after 24 hours, consider if the person still requires vital sign monitoring at least every six hours in order to manage the medication taper. In this case, the likely answer is yes, as the individual may have ongoing risk of seizure and could have return of more acute and potentially life threatening withdrawal for which they will still require monitoring. Although the current vital signs are stable and it is likely that the trajectory of the taper will be positive, there remains a risk of life threatening symptoms that could return and the taper will need to be monitored closely.

Answer Choices:

i. Complication of pregnancy and withdrawal (Kaltenbach, 2005); (Substance Abuse and Mental Health Services Administration, 2005);

ii. Severe withdrawal requiring intravenous medication and/or fluids that cannot be handled at a lower level of care (World Health Organization, 2009).

iii. Mental or physical symptoms that cannot be handled at a lower level of care.

Skip Pattern:

If yes, LOC is **Medically Managed,** go to Question cr_gd1.
If no, go to Question cr_d2.

Question ID: cr_d2

Does withdrawal continue to require 24-hour medical supervision, **stabilization,** and regular vital sign monitoring that should be managed in a supervised setting due to: (Please check all that apply.)

Answer Choices:

i. Need for continued monitoring to adjust and/or taper medications to manage expected withdrawal at this level of care due to assessment of the expected course of withdrawal, based on: (a) an objective assessment of withdrawal with a validated scale, vital signs, etc., OR (b) recent substance use factors indicative of ongoing need for medication monitoring: including the type of substance, and quantity, frequency, or duration of use.

ii. Past history of withdrawal with serious symptoms on discontinuing the substance, requiring continued monitoring to manage and/or prevent the symptoms.

iii. Medical conditions including but not limited to pregnancy, which would be exacerbated by at least moderate withdrawal symptoms, and therefore require a continued need for 24-hour monitoring.

iv. Psychiatric conditions that complicate or are complicated by withdrawal and require stabilization with 24-hour monitoring, in addition to withdrawal management.

- If yes to any of these, remaining at this level of care will be recommended.
- If no, you will be prompted to complete a new LOCADTR.

Intent/Key Points:
- It is important to consider if the individual needs 24-hour medical oversight (American Society of Addiction Medicine, 2017) when responding to this question.
- A continued stay in this level of care is required when there is a need to safely discontinue substances. Continuation in care beyond considers the current risk of

discontinuing monitoring and medication protocol (World Health Organization, 2009).

- Programs should consider stepping patients who are able to continue a safe taper into the next level of care when the receiving level of care is able to continue medications without interruption and there is no longer a risk of serious medical or psychiatric complications as medication is tapered or titrated to a maintenance level.
- There is evidence to support medication for anticipated withdrawal to avoid more serious symptoms of withdrawal (Kattimani, 2013) (Connery, 2015)
- History of previous withdrawal episodes including the length and severity is an important factor in determining the length of monitoring and taper protocol. For example, a person in a withdrawal management program with a history of a seizure after four days, should expect to need monitoring for at least that amount of time with careful monitoring of withdrawal symptoms.
- When withdrawal history is not available, the prediction of withdrawal trajectory is made by considering how long a person has used a substance, the amount and degree of tolerance, BAC or other quantitative evidence of intoxication, symptoms present during periods of non-use (ex. upon awakening).
- Medical and Psychiatric symptoms that are likely to worsen and become serious through the withdrawal process may require medical monitoring at this level of care when they may cause serious harm to a person.
- Consider if the treatment at this level of care were withdrawn. Would serious withdrawal symptoms likely return? Is the person able to manage that withdrawal without the 24-hour medical supervision?

Question ID: cr_d3

The person does not meet criteria for continuing in this level of care. Do you want to go to LOCADTR to determine best level of care?

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, **start new LOCADTR**.
If no, provide an explanation and go to Question cr_gd1.

Inpatient Rehabilitation

Overview:
Inpatient rehabilitation is an acute level of care. Individuals in need of this level of care have serious medical or psychiatric symptoms that interfere with their ability to stabilize in lower levels of care or use substances in ways that put them at high risk of imminent harm to self **or** others, **and** have few resources to manage urges, cravings, and triggers to use in their environment. The purpose of this level of care is to:
- treat the co-occurring physical and/or mental health symptoms;

- treat urges and cravings to use with medication assisted treatment and psychosocial skills;
- increase the individual's ability to manage triggers in the environment; and,
- link to residential and/or community and peer services to support long term recovery in the community.

For each question consider the impact of current treatment. What would happen to the person's clinical presentation if current treatment were withdrawn? Can the treatment successfully follow the person to the next level of care? Are supports in place to help the individual transition to residential or community care? If yes, then the person will no longer meet the standards for ongoing inpatient care and the questions should be answered "yes". If the person does not have the tools or stability to make the transition and additional supports cannot be put into place to increase that likelihood, the answer to the questions will be "no" (Kampman, 2015).

Question ID: cr_ir1

Does the person have serious medical symptoms that are not stable and continue to need to be managed in an inpatient rehabilitation setting for SUD treatment to be effective?

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, LOC is **Inpatient Rehabilitation**, go to Question cr_ig1.
If no, go to Question cr_ir2.

Question ID: cr_ir2

Does this person have serious psychiatric symptoms that need to be managed in an inpatient rehabilitation setting for SUD treatment to be effective?

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, LOC is **Inpatient Rehabilitation**. Go to Question cr_ig1.
If no, go to Question cr_ir3.

Question ID: cr_ir3

Is there risk of substance use in hazardous situations in amounts or frequency that is likely to cause severe physical or emotional harm to self or others if inpatient setting discontinued?

Answer Choices:
- Yes
- No

Question ID: cr_ir4

The person does not meet criteria for continuing in this level of care. Do you want to go to LOCADTR to determine best level of care?

Answer Choices:
- Yes
- No

Stabilization in Residential Setting

Overview:

Residential programs are certified by OASAS as stabilization, rehabilitation, or reintegration (congregate, or scattered site) that create a trauma informed, safe and therapeutic environment for individuals who have a substance use disorder. Individuals who are appropriate for residential treatment do not have a community living environment that is safe enough to support recovery. Each residential setting must provide the clinical services to meet the needs of individuals within that element of treatment. Programs are certified to provide residential care and designated on their operating certificate to provide any combination of elements of care based on meeting staffing and service requirements for each. Stabilization in a residential setting is one element of the residential continuum of care available in New York State.

The staffing structure for the stabilization element of care includes: a medical director, nursing staff who are on-site daily, clinical, peer/milieu, and care management personnel. The services offered in stabilization are: addiction medication assessment and management; psychiatric assessment and medication management; individual, group and family treatment, all of which are individualized to meet the resident's needs.

The questions in the concurrent review module for this level of care address the same factors as in the original LOCADTR. When completing the concurrent review module, consider how the person would present if the current services were no longer in place. A person who is managing significant cravings and urges to use within the residence may be able to manage them within a community setting. Questions to consider: Has the individual attained skills to identify and reduce the urges to use? Are they aware of cravings and prepared to employ new skills to manage? Is the medication level such that it has reduced cravings and urges to use to more manageable levels for the individual? Have behavioral and emotional symptoms been stabilized? Would you expect the person to remain stable in the transition?

Question ID: cr_s1

Is there risk of substance use in hazardous situations in amounts or frequency that is likely to cause serve physical or emotional harm to self or others if discharged?

Answer choices:
- Yes
- No

Skip Pattern:
If yes or no, go to cr_s2.

Question ID: cr_s2

Does the person continue to have behavioral or emotional instability that requires stabilization with medical oversight?

Answer Choices:
- Yes
- No

Question ID: cr_s3

Is the person experiencing urges or cravings that are overwhelming their ability to function?

Answer Choices:
- Yes
- No

Skip Pattern:

If yes to S1, S2 or S3, LOC is **Stabilization in Residential Setting**, go to Question cr_gc1.
If no to all, go to Question cr_s4.

Question ID: cr_s4

The person does not meet criteria for continuing in this level of care. Do you want to go to LOCADTR to determine best level of care?

Answer choices:
- Yes
- No

Skip pattern:

If yes, **start New LOCADTR.**
If no, provide an explanation in text box provided and go to Question cr_gc1.

Rehabilitation in Residential Setting

Overview:

Residential programs are certified by OASAS as congregate, supportive living, or scattered site programs that create a trauma-informed, safe, and therapeutic environment for individuals who have a substance use disorder. Individuals who are appropriate for residential treatment do not have a community living environment that is safe enough to support recovery. Each residential setting must provide the clinical services to meet the needs of individuals within that element of treatment. Programs are certified to provide residential care and designated on their operating certificate to provide any combination of elements of care based on meeting staffing and service requirements for each. Rehabilitation in a residential setting is another element that is offered as part of the continuum of care available in New York State.

Rehabilitation services are appropriate for individuals who have significant problems in relationships, meeting role performance expectations, or following rules and/or social norms. The purpose of this element of care is to use the therapeutic environment to create opportunities for individuals to learn skills to manage self and interact with others that will also support recovery.

Example: An individual is referred to treatment by the criminal justice system to avoid a jail sentence. This person has a history of alienating friends and family, has not been employed for more than a few months at a time, and has a history of misdemeanors. The treatment plan includes opportunities to work in groups to solve problems, develop positive bonds, and achieve goals. Upon concurrent review, the individual has been in treatment for one month and has connected positively with a peer, is on a team responsible for some aspect of maintaining a safe community, and has made a commitment to the community. He also has had several conflicts over the month leading to verbal altercations, has failed to follow several program rules, and has lost a weekend pass for threatening a member of the community. In this case, the clinician completing the concurrent review module would indicate that there is evidence of difficulties with peers in the community. Using this example, let's walk through the Rehabilitation in Residential question set.

Question ID: cr_rh1

Does the person have interpersonal or personal skills deficits that are apparent in the residential setting indicated by:
   i.   Difficulty in relationships with peers or staff
   ii.   Difficulty performing roles as identified by self or community
   iii. Persistent disregard for social norms, rules and/or obligations

Intent/Key Points:
- Check all that apply. If any one item is checked the individual meets the criteria.
- In the example above, the person continues to exhibit difficulty in relationships with peers so you would check that item in the list.

Answer Choices: Check all that apply.
>   i. Difficulty in relationships with peers or staff
>   ii. Difficulty performing roles as identified by self or community
>   iii. Persistent disregard for social norms, rules and/or obligations

Skip Pattern:
>   If yes to any, go to Question cr_rh2.
>   If no to all, go to Question cr_rh5.

Question ID: cr_rh2

Can the person manage triggers for substance use when they return to their environment?

Intent/Key Points:
- The individual for whom you are answering has learned some coping skills, but asked to not go on a pass because he feared he would relapse. In this example, the answer to cr_rh2 is "no."

Answer Choices:
- Yes
- No

Skip Pattern:
>   If yes, go to Question cr_rh3.
>   If no, LOC is **Rehabilitation in Residential Setting**. Go to Question cr_gc1.

Question ID: cr_rh3

Is the person connected to a social or family network supportive of recovery goals?

Intent/Key Points:
- The individual has phoned his parents and they are scheduled for a family visit in the coming week. While this is progress, the answer in this example would be "no" since there is not a connection to the family at this point just a plan to seek reconciliation.

Question ID: cr_rh4

Has the person gained skills that have improved their ability to manage relationships and connect with recovery supports?

Intent/Key Points:
- The individual has gained skills through the treatment process to manage relationships. They are successfully managing responsibility to the team and working out differences with individuals on that team. The answer is "yes", even though the level of skill will need to be increased through treatment.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes to cr_rh3 and cr_rh4, go to Question cr_rh5.
If no to either cr_rh3 or cr_rh4, LOC is **Rehabilitation in Residential Setting,** go to Question cr_gc1.

Question ID: cr_rh5

The person does not meet criteria for continuing at this level of care. Do you want to go to LOCADTR to determine best level of care?

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, **start New LOCADTR.**
If no, provide an explanation in the text box provided and go to Question cr_gc1.

Reintegration in Residential (Congregate Setting)

Overview:

Residential programs are certified by OASAS as congregate, supportive living, or scattered site programs that create a trauma informed, safe and therapeutic environment for individuals who have a substance use disorder. Individuals who are appropriate for residential treatment do not have a community living environment that is safe enough to support recovery. Each residential setting must provide the clinical services to meet the needs of individuals within that element of treatment. Programs are certified to provide residential care and designated on their operating certificate to provide any combination of elements of care based on meeting staffing and service requirements for each. Reintegration is another element that is offered as part of the continuum of care available in New York State.

Reintegration is appropriate for individuals who are stable, can manage urges and cravings and triggers in the environment with outpatient, peer, self-help and community/family support, but the person does not have a safe place to live that is supportive of recovery.

Example: An individual was referred following completion of inpatient rehabilitation. The individual is connected to intensive outpatient and has a history of stable employment, is in a long-term relationship, and has completed all requirements of probation. The individual was previously living with roommates who continue to use substances heavily. He has not worked in several months and has no current option for independent living or relatives who are nearby. He is trained as a landscaper and is ready to begin looking for employment.

Question ID: cr_r1

Does the person continue to need 24 hour/7 days a week support in residential setting to maintain or attain abstinence from substances?

Intent/Key Points:
- Based on the example above, you would answer "yes" to this question. The individual does not have the skills or resources to live independently, but can manage symptoms within a community based residential setting.

Answer Choices:
- Yes
- No

Skip Pattern:

If yes, **LOC is Reintegration in Residential (Congregate Setting)**, then go to Question cr_gc1.
If no, go to Question cr_r2.

Question ID: cr_r2

The person does not meet criteria for continuing at this level of care. Do you want to go to LOCADTR to determine best level of care?

Answer Choices:
- Yes
- No

Skip Pattern:

If yes, **Start New LOCADTR.**

If no, provide an explanation and go to Question cr_gc1.

Reintegration in Residential (Scattered Site)

Overview:

Reintegration in residential in a scattered setting is appropriate for individuals able to live independently in the community, but need housing with support for recovery. This may be a step-down from an inpatient, crisis or residential setting or an individual may be admitted directly from the community. Individuals will access treatment within the community and programs will refer to outpatient substance use disorder treatment, mental health care, primary care, educational and employment supports, home and community based services, peer, and recovery supports.

Question ID: cr_rs1

Does the person continue to need support from a care manager in a residential setting?

Intent/Key Points:
- Answer yes if the individual does not have an alternative safe place to live that is supportive of recovery and needs care management to encourage, support, monitor progress, and provide linkage to the community.

Answer Choices:
- Yes
- No

Skip Pattern:

If yes, **LOC is Reintegration in Residential (Scattered Site).** Go to Question cr_gc1.
If no, go to Question cr_rs2.

Question ID: cr_rs2

The person does not meet criteria for continuing at this level of care. Do you want to go to LOCADTR to determine best level of care?

Answer Choices:
- Yes
- No

Skip Pattern:

If yes, **Start New LOCADTR.**
If no, provide an explanation in the text box provided and go to Question cr_gc1.

Overview:

Rehabilitation services are appropriate for individuals who have significant problems in relationships, performing roles, or following rules or social norms. The purpose of this element of care is to use the therapeutic environment to create opportunities for individuals to learn ways of managing self and interacting with others to achieve skills that will support recovery. These services are provided in an outpatient setting when the individual has resources to support recovery in the community and a safe and supportive living environment.

Question ID: cr_od1

Does the person continue to demonstrate interpersonal and/or personal skills deficits through interactions with others?

Intent/Key Points:
- Check all that apply. If any one item is checked the individual meets the criteria.
- In answering this question consider how the person is interacting within the program and how they report interacting outside of the program.
- Do skills deficits impact the ability of the individual to attain the support needed to meet recovery goals.
- **An example** would be an individual referred by probation who has recently been written up at work by a supervisor for failing to comply with the attendance policy, and reports conflict with parents that puts his housing at risk. The clinical staff person will answer "yes" to this question.

Answer Choices:
- Yes
- No

Skip Pattern:

If yes, go to Question cr_od2.
If no, go to Question cr_od5.

Question ID: cr_od2

Is the person at significant risk of relapse because of difficulty managing triggers or urges?

Intent/Key Points:
- This question relates to how the individual is managing triggers (in the environment) or urges to use (internal thoughts, behaviors, feelings that cause a desire to use substances). It is expected that in early recovery there will be triggers in the environment that are connected to the use of the substance. For example, in the past when the individual left work he or she would stop at the store to purchase

alcohol. Leaving work and passing the store may be a trigger as it causes the person to think about purchasing and drinking alcohol. There are many strategies the person may implement to manage this trigger; the question to answer here is, "how well that strategy is working?"

- **An example** would be an individual who is 3 months abstinent from alcohol with the trigger described above. They had been leaving work and driving home a different direction so they no longer pass the store. The individual reports being under a lot of stress and driving past the store again thinking about stopping. The answer to cr_od2 in this case is "yes". The individual has changed behavior in a way that indicates a significant risk of relapse. If they were to report that they are now able to take the old way home, pass the store and no longer feel an urge to pull in the parking lot, the answer would be no. The behavior has changed with no increased risk of relapse.

Answer Choices:
- Yes
- No

Question ID: cr_od3

Is the person connected to a social or family network supportive of recovery goals?

Intent/Key Points:
- Is the person in contact with friends, peers, sponsor, family (do they see them regularly?) and are those individuals supportive of recovery goals. For many people this will be mixed, some friends and family will be supportive and others may not be. The question for the clinician is whether the person has at least some people that he is in regular contact with that are supportive. The individual's need for support will be a part of the decision.

- **For example,** consider an individual who has recently reunited with his/her family. They have visited twice and have gotten some positive feedback, but there remains a lot of hurt, anger and resentment over some of the things that happened while the person was using substances. They also are continuing to hang out with friends who are involved in using substances and have a work environment where they feel isolated. They have been to some self-help meetings, but have not connected with any individuals there. The answer to this question for this individual would be

"No", although they are beginning to make the connections that promise to offer the kind of support the individual will need.

Answer Choices:
- Yes
- No

Question ID: cr_od4

Has the person demonstrated an ability to establish a therapeutic alliance with at least one professional helper?

Intent/Key Points:
- The clinician will consider how the person responds in sessions and how they speak of other people who have worked with them toward goals in the past.
- **For example**, an individual for whom the clinician is answering the question comes to sessions, and does follow through with requests, but reports suspicion about the clinical staff goals and states, "they can't wait to leave treatment." The answer to cr_od4 would be "no" for this individual. Although they are attending and following through with what is discussed, they do not express trust or positive bond.
- Alliance refers to the therapist-client relationship where client/patient incorporates mutually arrived at understanding of actions needed that are consistent with the person's expressed needs and goals, and where the client expresses and acts upon that understanding. (Ardito, 2011).

Answer Choices:
- Yes
- No

Skip Pattern:
If yes to either cr_od3 or cr_od4, **LOC is Outpatient Day Rehabilitation** and go to Question cr_gc1.
If no to both, go to Question cr_od5.

Question ID: cr_od5

The person does not meet criteria for continuing at this level of care.

Do you want to go to LOCADTR to determine best level of care?

Answer Choices:
- Yes
- No

Overview:

Intensive outpatient is appropriate for individuals who have some risks related to pattern of substance use but have substantial resources and can manage triggers (in the environment) and urges/cravings to use. The intensive outpatient program is usually short-term (6 weeks) and focused on building skills and enhancing supports to enable a person to attain and sustain recovery goals.

Question ID: cr_io1

Is there imminent risk for severe physical or emotional harm to self or others due to substance use?

Intent/Key Points:
- The clinician should consider the pattern of use prior to admission into the intensive outpatient setting and the skills attained since entering treatment. If the intensive treatment was no longer in place, does the individual have the skills that would result in answering "no" to this question?
- **An example** would be an individual who was using heroin, benzodiazepines and alcohol. The individual has stabilized on buprenorphine, is in the process of a taper for benzodiazepine, and has not had any alcohol for the three weeks since entering intensive outpatient. He/she reports no urges to use opioids, but continues to think "quite a bit" about drinking and has reported drinking two beers at a party last weekend. He/she is an active member of group, has connected to a peer and is learning cognitive skills to manage urges and cravings. The clinician should answer "yes" to cr_io1 because the risk remains high without the current level of intensive treatment support.

Answer Choices:
- Yes
- No

Skip Pattern:
> If yes, go to Question cr_io2.
> If no, go to Question cr_io3.

Question ID: cr_io2

Is the risk being managed at this level of care?

Intent/Key Points:
- Consider the example above. The individual is managing the risk even though he/she is not entirely abstinent. The LOCADTR questions will consider level of urges and cravings and may recommend good care or treatment plan changes to

increase support in subsequent sections, but the individual's risk of imminent harm has been significantly reduced and is being managed.

Question ID: cr_io3

Does the person have serious psychiatric and/or medical symptoms that need to be managed in an intensive outpatient setting for substance use disorder treatment to be effective?

Intent/Key Points:
- The intent of this question is to determine if psychiatric and/or medical symptoms continue to be a significant factor in treating the substance use disorder. If yes, do the symptoms require intensive outpatient treatment in order for the person to meet recovery goals? For example, an individual presents with significant anxiety and an alcohol use disorder. Anxiety symptoms are connected to the use of alcohol. Both the anxiety and avoidance pattern are connected to increased drinking or relapse. The person is able to connect with others in the intensive program and is learning ways of managing anxiety that would not be available in a lower outpatient level of care.

Question ID: cr_io4

Does the person demonstrate difficulty managing triggers or urges to use?

Intent/Key Points:
    In the example above, the person has a history of relapses that are connected to depressed mood and anxiety and are likely connected to triggers and urges to use. In

an interview you ask the individual to describe how the relapses have occurred and it becomes apparent that symptoms of depression are present prior to an increase in urges to use that the individual cannot consistently distinguish from anxiety. The answer in this case will be "yes".

Answer choices:
- Yes
- No

Question ID: cr_io5

The person does not meet criteria for continuing in this level care. Do you want to go to LOCADTR to determine best level of care?

Answer choices:
- Yes
- No

Outpatient

Overview:

Outpatient treatment and outpatient treatment with medication assisted treatment (MAT) are the most utilized settings for substance use disorder treatment. They are the most appropriate levels of care for most individuals. Individuals will have no imminent risk of serious harm to self or others related to substance use, or the risks can be eliminated or reduced through resources, medication and community recovery support. Individuals in outpatient levels of care are not generally tightly managed for continuing stay and many individuals may complete treatment prior to the clinician completing a concurrent review.

Question ID: cr_o1

Has the person had at least 3 months free of symptoms for Substance Use Disorder according to the DSM 5?

Intent/Key Points:

* Clinicians should be familiar with DSM5 criteria for substance use disorder (American Psychiatric Association, 2013)and have access to a DSM 5 manual for initial diagnosis and to monitor for remission. The DSM 5 criteria for early remission of SUD is that no criteria for the disorder (except cravings criterion # 4) is met for at least 3 months, and less than 12 months. At 12 months, if no criteria (except cravings) are met the individual is in sustained remission. The purpose of this question is to determine if the individual has attained remission. This does not indicate that the individual should be discharged from treatment, but follow-up questions will determine the focus and rationale for continued treatment.

Answer Choices:

* Yes
* No

Skip Pattern:

If yes, go to Question cr_o2.
If no, LOC is **Outpatient**. Go to Question cr_gc1.

Question ID: cr_o2

Does the person need ongoing treatment in outpatient to continue

progress towards treatment goals?

   Reason for ongoing treatment (Check all that apply)

      i. Does not need ongoing treatment in outpatient

      ii. Not symptom free

      iii. Psychosocial issues need to be addressed

      iv. Co-occurring physical or mental health

      v. Lack of social support

      vi. Environment not supportive of recovery

Intent/Key Points:

- The areas that may be the focus of ongoing treatment when a remission is present are identified in the broad categories above. For example, an individual has attained an early remission in which they have not met criteria for a substance use disorder for 5 months (more than 3, but less than 12 is an early remission). The individual has a history of significant stimulant, opioid, cannabis and alcohol use disorder over the past 20 years. They have connected with a self-help group, connected with a group in outpatient, learned skills to manage triggers and urges and cravings and they have been successful. The individual works in an industry where substance use is common. Past relapses have occurred when the individual has become isolated after a period of time when they were engaged in recovery supports. The individual is unsure about what precipitates social withdrawal and relapse and needs ongoing treatment support to learn additional skills and continue with current supports. In this example, the clinician would check ii and iii for questions cr_o2.

Skip Pattern:

     If yes, to any (ii. – vi) LOC is **Outpatient**. Go to Question cr_gc1.

     If no, (i. Does not need ongoing treatment in outpatient.) go to Question cr_o3.

Question ID: cr_o3

Would the person benefit from continued connection to outpatient program after discharge?

Intent/Key Points:

- The clinician completing the module has indicated that the individual is in remission from SUD and is not in need of additional active treatment. The clinician should consider if the person should be followed through continuing care which will allow the individual to maintain contact with the clinic for limited visits in order to sustain progress and support long-term recovery. Continuing care is described as "*the immediate period after a … period of substance abuse treatment designed to support an individual's recovery through provision of formal supports such as relapse prevention services. These supports are combined with informal community-based recovery*

supports, such as participation in 12-Step programs, church, or other activities that support the recovery process."
(*https://ncsacw.samhsa.gov/files/SAFERR_AppendixH.pdf*).

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, provide an explanation and **Discharge with Continuing Care.**
If no, **Discharge with Recovery Supports.**

QXQ: GOOD CARE

Overview:
The next section will focus on the care that is being provided in the treatment program. There are three pathways through this section based on the current level of care: withdrawal management and stabilization, inpatient rehabilitation and all other LOC. The questions are not intended to supplant clinical expertise or judgement. They are based on the evidence about models of treatment that have shown to be effective and have universal application to the population. Clinicians should be familiar with these treatment approaches and are encouraged to seek training in those with which they are not familiar. Resources for learning more are included throughout this text and at the OASAS and CASA websites.

Good Care – Detox

Question ID: cr_gd1

Has the individual's commitment to recovery been addressed with motivational interviewing?

Intent/Key Points:
- Eliminating withdrawal either through a medication taper or induction to longer term management is intended to stabilize an individual so that they can participate fully and safely in the next most appropriate treatment setting. Studies show that ongoing engagement and continuity in care (McAuliffe, 1990) significantly increase successful outcomes and that a lack of engagement is connected to more likely repeated use of detox, the emergency room, or hospitalization for physical health issues (Proctor, 2014).

- There are multiple reasons for low rates of connection from withdrawal management services to treatment services. One of the most significant is that the individual is ambivalent about the need for, or uncertain about, the helpfulness of continued treatment. The motivational interview is defined as "a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence" (Lussier, 2007).

- Motivational Interviewing (MI) is universally applicable to individuals in withdrawal management as even people with high degrees of commitment will have some level of ambivalence. All individuals in this level of care will benefit from the use of MI to strengthen commitment to recovery.

Answer Choices:
- Yes
- No

If yes, go to Question cr_gd2.
If no, provide a justification and continue to Question cr_gd2.

Question ID: cr_gd2

Has a treatment plan been developed?

Intent/Key Points:
- Answer "yes" if there is a written plan of treatment. Answer "no" if it has not yet been developed.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to Question cr_gd3.
If no, provide a justification and continue to Question cr_gd3.

Question ID: cr_gd3

Have goals and treatment methods been developed in partnership with the person?

Intent/Key Points:

- The clinician should consider how the plan was developed and how the individual's voice, expressed needs, values and goals have been included. Ideally, the individual was involved in writing goals for treatment and determining what the goals will be. Of course, there are areas where clinicians will identify methods to meet these goals. An example would be that a clinical staff person met with the individual who was feeling sick and stated that he/she "just wanted to sleep." Since the counselor had time, he/she developed the plan as most people in treatment have similar goals. The counselor then reviewed the plan and goals with the individual the next day. The answer here is "no." The plan was not developed in partnership with the individual.

- It may require the clinician to listen carefully as the individual does not appear to want treatment or to express interest in developing the treatment plan. Listening to what the individual is saying can help in including the individual's voice in the plan. For example, "I am so sick of all of you asking questions and I don't know why I keep coming back – nothing ever changes and you are no help." This statement sounds like a rejection of treatment or of making a treatment plan, but could

become the framework for a patient-centered plan. The goal for the patient is to stop coming back to the program, identifying something that will work and that allows them to stop answering the same questions. A good plan will include goals and ways of achieving the goals in the patient's voice using terms that the patient might use. Methods are the approach the clinical and medical staff will use to help the individual achieve the goals.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to Question cr_gd4.
If no, provide a justification and continue to Question cr_gd4.

Question ID: cr_gd4
Is discharging planning occurring?

Intent/Key Points:

- From the initial meeting with the individual, the clinical and case management staff should be thinking about safe discharge in a setting that increases the likelihood of success in recovery. Discharge planning includes taking a history of what has worked and not worked in the past, contacting family, case managers, health home care managers, outpatient providers, addiction medicine specialists and primary care staff. The plan should be developed immediately as the length of stay will be short, and in the event that the individual chooses to leave against advice, the plan can be shared with him or her to support linkage to care.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to Question cr_gd5.
If no, provide a justification and continue to Question cr_gd5.

Question ID: cr_gd5
Which strategies are you using or do you plan to use to increase the

likelihood the person will make the first appointment at the next level of care?
(Check all that apply.)

Intent/Key Points:

- The primary goal of withdrawal management services is to successfully transition the individual to the next treatment setting and/or recovery support. There are several studies that show that making introductions to staff or peers in the next program, a warm hand-off (Richter, 2012) increases the number of individuals who are successfully linked to the next level of care. Making bed-to-bed or timely (day of discharge) connections to care are helpful strategies. Programs may also make follow-up calls to individuals and to referral program to ensure that actual linkage was made. Treatment plan and LOCADTR report may be helpful to include with a timely discharge report to ensure continuity to the next level of care.

Answer choices:
- Personal contact in person or by phone with a staff person at next level of care (Intake worker, counselor, peer)
- Transport using resources from discharging or admitting program, Medicaid cab, or another resource.
- Door to door escort with peer or other program staff from discharging or admitting program.
- Refer to Health Home for care management
- Include Managed Care in transition plan
- Use of technology-based reminders (e.g., text messages)
- Personalized review of barriers and facilitators to encourage client attendance at appointment
- Other (if selected get text box to describe other strategy)
- Not using any strategies (if selected go to text box for reason why not)

Skip Pattern:
If Other selected, describe strategy in text box, then go to Other Treatment Planning Needs Questions, cr_t1a.
If not using any strategies, explain why in text box and go to Other Treatment Planning Needs, Question cr_t1a.
All other answer choices, go to Question cr_t1a.

Good Care - Inpatient

Question ID: cr_ig1

Has the individual's commitment to recovery been addressed with motivational interviewing?

Intent/Key Points:
- One of the most significant factors for treatment engagement is that the individual is ambivalent about the need for, or uncertain about the helpfulness of continued treatment. The motivational interview (MI) is defined as "a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence." (Lussier, 2007).

- MI is universally applicable to individuals in inpatient as even people with high degrees of commitment will have some level of ambivalence. All individuals in this level of care will benefit from the use of MI to strengthen commitment to recovery.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to Question cr_ig2.
If no, provide a justification and continue to Question cr_ig2.

Question ID: cr_ig2

Has a treatment plan been developed?

Intent/Key Points:
- Answer yes only if a written plan has been completed.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to Question cr_ig3.
If no, provide a justification and continue to Question cr_ig3.

Question ID: cr_ig3

Have goals and treatment methods been developed in partnership with the person?

<u>Intent/Key Points:</u>

- The clinician should consider how the plan was developed and how the individual's voice, expressed needs, values and goals have been included. Ideally, the individual was involved in writing goals for treatment and determining what the goals will be. Of course, there are areas where clinicians will identify methods to meet these goals. An example would be that a clinical staff person met with the individual who was feeling sick and stated that he/she "just wanted to sleep." Since the counselor had time, he/she developed the plan as most people in treatment have similar goals. The counselor then reviewed the plan and goals with the individual the next day. The answer here is "no." The plan was not developed in partnership with the individual.

- It may require the clinician to listen carefully as the individual does not appear to want treatment or to express interest in developing the treatment plan. Listening to what the individual is saying can help in including the individual's voice in the plan. For example, "I am so sick of all of you asking questions and I don't know why I keep coming back – nothing ever changes and you are no help." This statement sounds like a rejection of treatment or of making a treatment plan, but could become the framework for a patient-centered plan. The goal for the patient is to stop coming back to the program, identifying something that will work and that allows them to stop answering the same questions. A good plan will include goals and ways of achieving the goals in the patient's voice using terms that the patient might use. Methods are the approach clinical and medical staff use to help the individual achieve the goals.

Answer Choices:

- Yes
- No

Skip Pattern:

If yes, go to Question cr_ig4.
If no, provide a justification and continue to Question cr_ig4.

Question ID: cr_ig4

Is discharge planning occurring?

<u>Intent/Key Points:</u>

- From the initial meeting with the individual, the clinical and case management staff should be thinking about safe discharge to a setting that increases the likelihood of success in recovery. Discharge planning includes taking a history of what has worked and not worked in the past, contacting family, case managers, health home care managers, outpatient providers, addiction medicine specialists, and primary care staff. The plan should be developed immediately as the length of stay will be short and in the event the individual chooses to leave against advice, the plan can be shared with them to support linkage to care.

Answer choices:
- Yes
- No

Skip Pattern:
If yes, go to Question cr_ig5.
If no, provide a justification and continue to Question cr_ig5.

Question ID: cr_ig5

Which strategies are you using or do you plan to use to increase the likelihood the person will make the first appointment at the next level of care?
(Check all that apply.)

<u>Intent/Key Points:</u>

- The primary goal of withdrawal management services is to successfully transition the individual to the next treatment setting and/or recovery support. There are several studies that show that making introductions to staff or peers in the next program, a warm hand-off (Richter, 2012) increases the number of individuals who successfully link to the next level of care. Making bed-to-bed or timely (day of discharge) connections to care are helpful strategies. Programs may also make follow-up calls to individuals and to the referral program to ensure linkage was successful. Treatment plan and LOCADTR report may be helpful to include with a timely discharge report to ensure continuity to the next level of care.

Answer choices:

- Personal contact in person or by phone with a staff person at next level of care (Intake worker, counselor, peer)
- Transport using resources from discharging or admitting program, Medicaid cab, or another resource.
- Door to door escort with peer or other program staff from discharging or admitting program.
- Refer to Health Home for care management
- Include Managed Care in transition plan
- Use of technology-based reminders (e.g., text messages)
- Personalized review of barriers and facilitators to encourage client attendance at appointment
- Other (if selected get text box to describe other strategy)
- Not using any strategies (if selected go to text box for reason why not)

Skip Pattern:
If yes, go to Question cr_ig6.
If no, provide a justification and continue to Question cr_ig6.

Question ID: cr_ig6

Is there an indication that the person experienced physical, emotional, or psychological trauma?

Intent/Key Points:
- The program may utilize a formal screening to identify if an individual is likely to have experienced a traumatic event that may result in significant distress and symptoms.

- Some programs will screen for trauma through the initial interview. Clinical staff should be aware that patients may not acknowledge trauma immediately and many may not identify events as traumatic despite the significant threat of harm to self or others the events may have presented. Clinical staff should use a presumption of the likelihood of past traumatic event given the prevalence in the population and should therefore design the program and interventions with the assumption that the person has experienced trauma (Ford JD, 2009). Staff should be trained in how to pose questions to individuals about trauma.

Answer Choices:
Yes
No

Skip Pattern:

If yes, go to Question cr_ig7.
If no, go to Other Treatment Planning Questions Needs, Question cr_t1a.

Question ID: cr_ig7

Has trauma been assessed to inform treatment planning?

Intent/Key Points:
- If the individual screens positive on a validated tool or through the initial assessment process for experience of trauma, the clinical staff should assess the nature of how the individual has responded to the trauma, current symptoms, severity, duration, and relation of symptoms to the traumatic event. Answer yes if these elements have been included in the assessment.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to Question cr_ig8.
If no, provide an explanation and go to Other Treatment Planning Needs Question cr_t1a.

Question ID: cr_ig8

Have trauma specific interventions been included in treatment plan?

Intent/Key Points:

- Answer yes if the treatment plan includes goals and methods that address the symptoms of trauma.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to Other Treatment Planning Needs Questions, cr_t1a.
If no, provide a justification and go to Other Treatment Planning Needs, Question cr_t1a.

Good Care

Question ID: cr_gc1

Has the individual's commitment to recovery been addressed with motivational interviewing?

Answer Choices:
- Yes
- No

Question ID: cr_gc2

Has a treatment plan been developed?

Answer Choices:
- Yes
- No

Question ID: cr_gc3

Have goals and treatment methods been developed in partnership with the person?

Answer Choices:
- Yes
- No

Question ID: cr_gc5

Which strategies are you using or do you plan to use to increase the likelihood the person will make the first appointment at the next level of care?

Answer choices:
- o Personal contact in person or by phone with a staff person at next level of care (Intake worker, counselor, peer)
- o Transport using resources from discharging or admitting program, Medicaid cab, or another resource.
- o Door to door escort with peer or other program staff from discharging or admitting program.
- o Refer to Health Home for care management
- o Include Managed Care in transition plan
- o Use of technology-based reminders (e.g., text messages)
- o Personalized review of barriers and facilitators to encourage client attendance at appointment
- o Other (if selected get text box to describe other strategy)
- o Not using any strategies (if selected go to text box for reason why not)

Skip Pattern:
If yes, go to Question cr_gc6.
If no, provide a justification and continue to Question cr_gc6.

Question ID: cr_gc6

Is there an indication that the person experienced physical, emotional or psychological trauma?

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to Question cr_gc7.
If no, go to Other Treatment Planning Needs, Question cr_t1a.

Question ID: cr_gc7

Has trauma been assessed to inform treatment planning?

Answer Choices:
- Yes
- No

Question ID: cr_gc8

Have trauma specific interventions been included in treatment plan?

Answer Choices:
- Yes
- No

QXQ TREATMENT PLANNING NEEDS

Question ID: cr_t1a
Has the person been screened for psychiatric symptoms using a validated tool?

Intent/Key Points:

Individuals should be screened for psychiatric symptoms using a validated tool. (For more information on screening tools go to: https://www.oasas.ny.gov/treatment/COD/Resources.cfm.)
Answer yes if the person has been screened.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to Question cr_t1b.
If no, revise treatment plan to include screening and go to Question cr_t2a.

Question ID: cr_t1b
Did the screening indicate a need for further assessment and/or treatment of psychiatric symptoms?

Intent/Key Points:

Answer yes if the tool has indicated that there is a high likelihood that a psychiatric condition or significant symptoms are present. Answer no if the screening indicated that the likelihood was low.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to Question cr_t1c.
If no, go to Question cr_t2a.

Question ID: cr_t1c

Has the person been referred for further assessment <u>and/or</u> treatment of psychiatric symptoms while in the current program?
(Check all that apply.)

Intent/Key Points:
If yes, select whether the person has an appointment with a mental health professional within the program or at another program. Answer "no" if there is no appointment scheduled. A referral, in this case, means that the clinical staff has arranged for the service.

Answer Choices:
- Referral to receive service on site within the program.
- Referral to receive the service outside the program from another provider (if selected, open text box for detail of where referred).
- No.

Skip pattern:
Referral to receive service on site within the program, then go to T2a.
Referral to receive the service outside the program from another provider (if selected, open text box for detail of where referred), then go to T2a.
If no, revise treatment plan to include referral and go to question T2a.

Question ID: cr_t2a

Has there been an assessment of physical health needs?

Intent/Key Points:
Answer yes if medical or clinical staff has assessed physical health needs through a formal screening or through a health history and current symptoms assessment.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to cr_t2b.
If no, revise treatment plan to include assessment and go to Question cr_t3a.

Question ID: cr_t2b

Does the person have a significant physical condition that requires follow up with a physician?

Intent/Key Points:

Answer yes if any condition or significant symptoms where identified in the physical health assessment.

Answer Choices:
- Yes
- No

Skip Pattern:

If yes, go to Question cr_t2c.
If no, go to Question cr_t3a.

Question ID: cr_t2c

Has the person been referred for further assessment of and/or treatment for the physical health symptoms?

Intent/Key Points:

Answer yes only if the person has an appointment to meet with a medical staff person who is able to assess and treat (or arrange for treatment) of any conditions, disorders or significant complaints.
Answer no if there is no specific provider, date and time.

Answer Choices:
- Yes
- No

Skip Pattern:

If yes, go to Question cr_t3a.
If no, revise treatment plan to include referral and go to Question cr_t3a.

Question ID: cr_t3a

Has the person been screened for housing needs?

Intent/Key Points:

Select all appropriate answers that correspond to the person's housing situation.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to Question cr_t3b.
If no, revise treatment plan to include screening, go to Question cr_t4a.

Question ID: cr_t3b
Is the person in need of housing?

Intent/Key Points:
This question follows cr_t3a and asks if housing needs are present. Answer yes if there is any concern that the person is not adequately housed to support recovery.

Answer Choices:
- Yes
- No

Skip Pattern:
If yes, go to Question cr_t3c.
If no, go to Question cr_4a.

Question ID: cr_t3c
How is the housing need being addressed? (Check all that apply.)

Intent/Key Points:
If the person does not have adequate housing, has a referral been made? Answer yes if the staff has contacted an appropriate housing support program and is in the process of establishing eligibility or acceptance.

Answer Choices:
- Person secured <u>permanent</u> housing in an environment supportive of recovery
- Person secured <u>temporary</u> housing in an environment supportive of recovery
- Person referred to treatment setting with a housing component
- Person secured permanent or temporary housing, but the housing is not in an environment that supports his/her recovery.
- Person referred to a shelter
- Person is on a waiting list for housing assistance (public housing, Section 8)
- No housing options available in the area

- Person refuses housing assistance
- Other (with text box)

Question ID: cr_t4a

Does the person have supportive people who care about his or her recovery? (This includes family, friends, self-help, faith-based community)

Answer Choices:
Yes
No

Question ID: cr_t4b

Is there a plan to connect the person to recovery supports?

Answer Choices:
Yes
No

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