



**OVERVIEW**

Annually, the State of New York receives over \$100 million from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration under the Substance Abuse Prevention and Treatment (SAPT) Block Grant. The Office of Addiction Services and Supports (OASAS) uses these Federal dollars in support of local prevention, treatment and recovery programming efforts, in accordance with the applicable rules and regulations that govern the use of such funds.

This SAPT Block Grant Self-Assessment Tool is a voluntary risk management tool and is designed to assist provider staff (e.g., program directors; supervisors; admission/intake staff; etc.) in the periodic assessment of their adherence to the Federal SAPT Block Grant requirements, as well as OASAS compliance standards. Consistent and appropriate use of the SAPT Self-Assessment tool promotes continuous improvement of documentation procedures and practices. The self-assessment results do not have to be submitted to OASAS, but should be kept and made available to OASAS staff, if requested during site visits.

**IMPORTANT SELF-ASSESSMENT REMINDERS**

- A SAPT Block Grant Self-Assessment should include a full review of applicable policies, procedures, and methods.
- OASAS recommends implementing a “secret shopper” system, as described in the Secret Shopper Protocol document.
- SAPT Block Grant Self-Assessments are to be completed based on finding at the time of the self-assessment, and not based on what should have occurred or what is known to have occurred when not supported by written evidence.
- SAPT Block Grant Self-Assessments are not to be used to correct past errors but to identify key procedures and practices that need to be improved to avoid continuing non-compliance with SAPT Block Grant requirements and OASAS regulatory requirements.
- SAPT Block Grant Self-Assessments are intended to simulate Federal SAPT Block Grant audits and are only useful if uncovered deficiencies in documentation and procedures are timely and effectively addressed.
- Please note that completion of the SAPT Block Grant Self-Assessment Tool does not supersede Federal SAPT Block Grant requirements or State OASAS Regulatory requirements.
- SAPT Block Grant Self-Assessments should be completed routinely, with the frequency dependent on the particular circumstances of the program. OASAS strongly recommends at least an annual review of policies, procedures, and methods. Additionally, Secret Shopper Protocol activities should be conducted on a routine basis, especially if there is significant staff turnover or new staff.

## **APPLICABILITY**

It should be noted that **ALL** OASAS-funded prevention and treatment providers, regardless of whether or not they receive Federal SAPT Block Grant funds, are subject to the provisions of 45 CFR Part 96 Subpart L, as follows:

- Priority of Admission
- NYS OASAS Treatment Availability Dashboard
- Pregnant Intravenous Substance Abusers and Pregnant Women
- Interim Services
- Outreach Services
- Intravenous Substance Abusers
- Tuberculosis (TB) Services
- Human Immunodeficiency Virus (HIV) Services

## **PRIORITY OF ADMISSION**

	<b>APPLICANT GROUP</b>	<b>ADMISSION PRIORITY</b>
Providers of treatment services must establish a policy to offer admission preference to substance abusers who inject drugs intravenously or are pregnant. In this regard, providers must apply a priority admission policy.	Pregnant Intravenous Substance Abusers	First
	Pregnant Substance Abusers	Second
	Intravenous Substance Abusers	Third
	All Others	Fourth

New York State law also requires that priority for admission to alcoholism and substance abuse treatment facilities be given to persons whose children have been placed in foster care or are in jeopardy of being so placed pursuant to Article Ten of the Family Court Act or Article Six of the Social Services Law. **[LSB 2014-11]**

To assist individuals in need of services, as well as providers, OASAS has developed the **NYS OASAS Treatment Availability Dashboard**. This is a searchable listing of available treatment beds at NYS OASAS-certified substance use disorder treatment facilities, including facility location and contact information; it can be found at the following link: <https://findaddictiontreatment.ny.gov/>

<b>QUESTION #1</b>	
Does the program have written policies and procedures, approved by the governing authority, which address priority admissions as follows:	
<ul style="list-style-type: none"> <li>• pregnant injecting drug users;</li> <li>• other pregnant substance abusers;</li> <li>• other injecting drug users; and</li> <li>• all other individuals?</li> </ul>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
<b>QUESTION #2</b>	
Does the program have written policies and procedures which address the additional NYS requirement regarding priority admissions to persons whose children have been placed in foster care or are in jeopardy of being so placed?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
<b>QUESTION #3</b>	
Have the practices and methods based on the above-noted policies been communicated to the appropriate staff (e.g., intake/admissions personnel, supervisors)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
<b>QUESTION #4</b>	
Are the procedures based on the above-noted <b>priority admission</b> policies appropriately followed to assure day-to-day compliance with these requirements? <b>[NOTE: Verification may be accomplished via direct observation; secret shopper calls; supervision; etc.]</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
<b>QUESTION #5</b>	
Are all applicable staff trained in the appropriate use of the <b>NYS OASAS Treatment Availability Dashboard</b> ?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES

## PREGNANT INTRAVENOUS SUBSTANCE ABUSERS AND PREGNANT WOMEN

Treatment providers must ensure timely access to treatment services for pregnant women, especially those who are intravenous substance abusers. If a treatment provider is contacted by an applicant regarding admission (via telephone or in person), program staff must inquire if the prospective client is pregnant, and, if so, the provider must conduct an evaluation of the individual as soon as possible and determine the appropriate level of care for the individual. The provider must admit the pregnant woman as soon as possible, unless she requires a service not offered by that provider. In that case, the program staff should determine the availability of local treatment slots (e.g., OASAS Treatment Availability Dashboard; LGU; local provider network; etc.) in order to refer the applicant to a provider that could best meet her needs. If a placement cannot be made, program staff should contact their appropriate OASAS Regional Office, who will ensure that the most appropriate referral is made on a timely basis. Through the use of on-line reporting mechanisms, monthly utilization reports, direct contacts with local providers, and other mechanisms, OASAS will identify treatment providers that have the capacity to admit those who are pregnant or intravenous substance abusers.

### **QUESTION #6**

Does the program have written policies and procedures, approved by the governing authority, which address timely access to treatment services for **pregnant women**, especially those who are **intravenous substance abusers**?

- YES
- NO

NOTES

### **QUESTION #7**

Are applicable staff (e.g., intake/admissions personnel) provided with the necessary information, direction, and supervision to assure compliance with this requirement?

- YES
- NO

NOTES

<b>QUESTION #8</b>	
For an OASAS-funded provider that treats pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to:	
<ul style="list-style-type: none"> <li>• admit both women and their children (as appropriate);</li> <li>• refer pregnant women to another provider when there is insufficient capacity to admit; and</li> <li>• within 48 hours, make available interim services (counseling and education about HIV, TB, risks of needle sharing, referral for HIV and TB services if necessary, counseling on the effects of alcohol and other drug use on the fetus and referrals for prenatal care) if a pregnant woman cannot be admitted due to lack of capacity?</li> </ul>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
<b>QUESTION #9</b>	
For an OASAS-funded provider that treats pregnant women and women with dependent children (including women attempting to regain custody of their children), does the program have a written policy to provide or arrange for:	
<ul style="list-style-type: none"> <li>• primary medical care, prenatal care, pediatric care (including immunizations);</li> <li>• gender-specific treatment (e.g., relationships; parenting; child care; sexual abuse; physical abuse);</li> <li>• other therapeutic interventions (e.g., developmental needs; sexual abuse; physical abuse; neglect);</li> <li>• therapeutic interventions for children in custody of women in treatment; and</li> <li>• child care, case management, and transportation services to ensure women and their children can access the above-noted services?</li> </ul>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
<b>QUESTION #10</b>	
Are the procedures based on the above-noted <b>pregnant/IV</b> policies appropriately followed to assure day-to-day compliance with these requirements? <b>[NOTE: Verification may be accomplished via direct observation; secret shopper calls; supervision; etc.]</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES

## INTERIM SERVICES

When a person who is an intravenous substance abuser or pregnant seeks treatment and appropriate treatment services are not available, interim services must be made available within 48 hours to the individual. Interim services must be provided until an individual is admitted to a treatment program. The purpose of these services is to reduce the adverse health risks of such abuse, promote the health of the individual and, if she is pregnant, that of her unborn child, and reduce the risk of transmission of disease.

At a minimum, interim services must include counseling and education about:

- HIV and tuberculosis (TB);
- the risks of needle-sharing;
- the risks of transmission to sexual partners and infants; and
- steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary.

For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

OASAS sees the role of the Health Coordinator intrinsic in compliance with these services as noted in OASAS regulations: Health Coordinator. Each "program/service" must have a qualified individual designated as the Health Coordinator to assure the provision of education, risk reduction, counseling and referral services to all patients regarding HIV/AIDS, tuberculosis, hepatitis, sexually transmitted diseases, and other communicable diseases.

### **QUESTION #11**

Does the program have written policies and procedures, approved by the governing authority, which address **interim services**?

<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
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### **QUESTION #12**

Does the above-noted policy include identification of specific materials and methods to be utilized in providing interim services?

<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
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<b>QUESTION #13</b>	
Does the above-noted policy identify the staff with the proper education, training, and credentials to perform these services?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
<b>QUESTION #14</b>	
Do the applicable staff receive periodic training in the appropriate delivery of these critical services?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
<b>QUESTION #15</b>	
Does the interim services procedure address provision of these important services to both admitted patients and non-admitted individuals?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
<b>QUESTION #16</b>	
Are the procedures based on the above-noted <b>interim services</b> policies appropriately followed to assure day-to-day compliance with these requirements? <b>[NOTE: Verification may be accomplished via direct observation; secret shopper calls; supervision; etc.]</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES

## OUTREACH SERVICES

Providers of treatment services for intravenous substance abusers and pregnant and parenting women must conduct outreach activities to encourage individuals to participate in such treatment. Providers must use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:

- Selecting, training and supervising outreach workers;
- Contacting, communicating and following-up with high risk substance ab users, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 C.F.R. Part 2;
- Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
- Recommending steps that can be taken to ensure that HIV transmission does not occur; and
- Encouraging entry into treatment.

### **QUESTION #17**

Does the program have written policies and procedures, approved by the governing authority, which address **outreach services**, including each of the above-listed items?

<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
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### **QUESTION #18**

Does the program have adequate staff to provide the above-noted outreach services?

<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
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### **QUESTION #19**

Are the procedures based on the above-noted **outreach services** policies appropriately followed to assure day-to-day compliance with these requirements? ***[NOTE: Verification may be accomplished via direct observation; secret shopper calls; supervision; etc.]***

<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
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## INTRAVENOUS SUBSTANCE ABUSERS

Treatment providers must ensure timely access to treatment services for intravenous substance abusers and establish and maintain an Applicant Waiting List. Each individual who requests, and is in need of treatment for intravenous substance abuse, is to be admitted into the program within 14 days of making the request. In instances where the intravenous substance abuser cannot be admitted into the program within 14 days, the applicant must be provided with interim services within 48 hours and must be placed on a waiting list. The provider must make efforts to place the applicant in treatment; under no circumstance should an applicant remain on a waiting list for more than 120 days.

### **QUESTION #20**

Does the program have written policies and procedures, approved by the governing authority, which address timely access to treatment services (within 14 days of request) for intravenous substance abusers?

<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
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### **QUESTION #21**

If the intravenous substance abuser cannot be admitted into the program within 14 days, are they provided with interim services within 48 hours and placed on a waiting list?

<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
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### **QUESTION #22**

Is the waiting list checked periodically to ensure that in no circumstance does an applicant remain on a waiting list for more than 120 days?

<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
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### **QUESTION #23**

Are the procedures based on the above-noted **intravenous services** policies appropriately followed to assure day-to-day compliance with these requirements? ***[NOTE: Verification may be accomplished via direct observation; secret shopper calls; supervision; etc.]***

<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
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## TUBERCULOSIS (TB) & HUMAN IMMUNODEFICIENCY VIRUS (HIV) SERVICES

**Tuberculosis (TB) Services:** TB services means counseling the individual with respect to TB; testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual; and providing for or referring the individuals infected by mycobacteria TB for appropriate medical evaluation and treatment.

Providers must follow OASAS and NYS Department of Health procedures regarding how the program will:

- directly or through arrangements with other public or nonprofit private entities, routinely make available TB services to each individual receiving treatment for such abuse;
- refer the individual to another provider of TB services (in the case of an individual in need of such treatment who is denied admission to the program on the basis of the lack of the capacity of the program to admit the individual); and
- implement infection control procedures, which are designed to prevent the transmission of TB.

**Human Immunodeficiency Virus (HIV) Services:** Providers should make available to the individuals' early intervention services for HIV disease at the sites at which the individuals are undergoing such treatment. Early intervention services for HIV disease means:

- appropriate pretest counseling for HIV and AIDS;
- testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures;
- appropriate post-test counseling; and
- providing appropriate therapeutic measures.

### **QUESTION #24**

Does the program have written policies and procedures, approved by the governing authority, which address **tuberculosis** and **human immunodeficiency virus** services?

<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
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### **QUESTION #25**

Are the procedures based on the above-noted **tuberculosis** and **human immunodeficiency virus** policies appropriately followed to assure day-to-day compliance with these requirements? ***[NOTE: Verification may be accomplished via direct observation; secret shopper calls; supervision; etc.]***

<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES
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## PATIENT CASE RECORD QUESTIONS

- ❖ To ensure that these policies are being appropriately carried out, OASAS recommends a periodic review of patient case records of pregnant women and women with dependent children (including women attempting to regain custody of their children).

<b>#1</b> Does the case record demonstrate that the following services are provided either directly or through arrangement with other entities:	PATIENT CASE RECORD NUMBER				
	#1	#2	#3	#4	#5
<ul style="list-style-type: none"> <li>• primary medical care, including pre-natal care, for women who are receiving substance abuse services?</li> </ul>	YES NO	YES NO	YES NO	YES NO	YES NO
<ul style="list-style-type: none"> <li>• child care while women are receiving substance abuse services?</li> </ul>	YES NO	YES NO	YES NO	YES NO	YES NO
<ul style="list-style-type: none"> <li>• primary pediatric care for the women's children, including immunizations?</li> </ul>	YES NO	YES NO	YES NO	YES NO	YES NO
<ul style="list-style-type: none"> <li>• gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of:                             <ul style="list-style-type: none"> <li>○ sexual abuse;</li> <li>○ physical abuse;</li> <li>○ parenting; and</li> <li>○ relationships?</li> </ul> </li> </ul>	YES NO	YES NO	YES NO	YES NO	YES NO
<ul style="list-style-type: none"> <li>• therapeutic interventions for children in custody of women who are receiving substance abuse services which address the childrens':                             <ul style="list-style-type: none"> <li>○ issues of sexual abuse;</li> <li>○ issues of physical abuse;</li> <li>○ neglect; and</li> <li>○ developmental needs?</li> </ul> </li> </ul>	YES NO	YES NO	YES NO	YES NO	YES NO
<b>#2</b> Are there sufficient case management and transportation services to ensure that the	YES NO	YES NO	YES NO	YES NO	YES NO

women and their children have access to the services described in <b>Question #1</b> above?					
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