Clinical Standards for OASAS Certified Providers
July 2020

www.oasas.ny.gov
Person Centered

- Welcoming
- Engaging
- Effective
- Integrated
- Connected to Continuum of Care
- Continuous evaluation and improvement
# Table of Contents

I. Introduction: .................................................................................................................................................................. 1

II. Welcoming: ................................................................................................................................................................... 2

   People should be welcomed to care and provided expectation of hope and acceptance.............................. 2

III. Engaging: ...................................................................................................................................................................... 3

   A. Connection/Collaboration: The Program actively works to connect with individual’s at their level of need........ 3
   B. Safety: The Program provides an environment that promotes safety............................................................... 6

IV. Effective......................................................................................................................................................................... 7

   A. Medical Direction .........................................................................................................................................................7
   B. Research based .......................................................................................................................................................... 9
   C. Clinical Supervision ................................................................................................................................................... 10
   D. Caseload ................................................................................................................................................................... 11
   E. Addiction Medication ................................................................................................................................................. 12

V. Person Centered: ........................................................................................................................................................ 13

   A. Assessment ............................................................................................................................................................... 13
   B. Treatment Plan .......................................................................................................................................................... 14
   C. Discharge Planning ................................................................................................................................................... 15
   D. Toxicology Terminology ............................................................................................................................................. 16

VI. Quality Improvement .................................................................................................................................................. 17

VII. Resources ................................................................................................................................................................... 18

VIII. References .................................................................................................................................................................. 19
I. Introduction:

OASAS has been working collaboratively with the provider network to establish Standards of Care that cut across all levels of treatment. This document elaborates on the key elements needed for effective care and the clinical manifestation of those elements in practice. Providers are encouraged to read through these Standards and take stock of where your current treatment practices meet these Standards as well as areas for improvement.

If in reading this document you have any questions or comments please send them to the PICM Mailbox at PICM@oasas.ny.gov.
II. Welcoming:

People should be welcomed to care and provided expectation of hope and acceptance.

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<tr>
<th>STANDARDS OF CARE</th>
<th>CLINICAL EXPECTATION</th>
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<td>Premises support a welcoming message</td>
<td>• Décor, posters, art, waiting room literature, toys, etc., are reflective of community and the Community</td>
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<td>• Physical space is clean, at a comfortable temperature</td>
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<td>• Wait time is reasonable</td>
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<td>• Written material is positive, informative and uses neutral language about substance use disorder (SUD)</td>
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<td>Efforts are made to keep the treatment environment calm</td>
<td>• Minimize stimulation such as clutter, lighting, overcrowding that can have a disruptive effect on the individual</td>
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<td>• Peers and/or clinical staff meet with the individual expeditiously to provide information on expectations for the intake process and program</td>
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<td>• Security Staff, when present are welcoming and interact professional with clients and staff</td>
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<td>Individuals and families are included in developing and maintaining the environment</td>
<td>• Programs collect feedback and recommendations from individuals and their family members regarding their experience of the program</td>
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<td>• Feedback is considered within the Program’s Quality Assurance Plan</td>
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**Additional Standards for Inpatient and Residential Programs**

| The Program’s entranceway provides for safety and support of individuals and their family/visitors | • Upon entrance all residents and visitors are warmly greeted and welcomed to the facility |
|---------------------------------------------------------------------------------------------------|• Information is provided regarding |
|                                                                                                   | o Confidentiality |
|                                                                                                   | o Allowable items that can be brought into the program |
III. Engaging:

A. Connection/Collaboration: The Program actively works to connect with individual's at their level of need.

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<tr>
<th>STANDARDS OF CARE</th>
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| The Program identifies a person’s preferences, strengths, resources, and needs in determining further course of action | • Appropriate Assessment Tools and/or individual interviews to identify:  
  o The Individual’s expressed area(s) of concern  
  o Contextual areas such as culture, beliefs, individual as well as family and community values, that are important to the individual |

| Living space is responsive to the individual and communal needs | • Individual’s medical/mental health, physical status, gender identification, etc., can be reasonably accommodated within the facility space  
  • Staff respectfully and reasonably discuss with individuals any specific needs or concerns they may have regarding room assignments or common areas  
  • The facility is well maintained and provides an environment conducive to recovery |

| Additional Standards for Crisis Programs | Physical environment considers special needs of those withdrawing from substances | • Comfortable spaces with low stimulations are provided for individuals experiencing physical discomfort to rest  
  • Medical staff urgently provide triage to identify and respond to life threatening emergencies, assess and treat significant discomfort |
- Self within their culture, identity, gender, family, social group, spiritual, religion and community
- Assessment and action are “right sized” and based on the level, frequency, and intensity that the individual feels most comfortable
- Individuals are recommended to the appropriate level of care based on the LOCADTR 3.0 and individual report
- For individuals with Limited English Proficiency (LEP) the program:
  - Uses language translation services as needed and as required by law
  - Wherever possible, provides correspondence, information, other written documents to the individual in their preferred language

| The Program utilizes information specific to the individual in developing a plan of action | Individuals and staff work together in developing a plan of action which includes:
| | o Identification of the concern(s) to be addressed
| | o Indicators that the concerns are improving
| | o Modalities used during the process to bring about improvement, e.g. medication assisted treatment (MAT), individual counseling, group counseling, etc.
| | o On-going support options outside of the treatment setting
| | Goals are stated in the individual’s own voice and are clearly understood by both the person and staff
| | Individual services are strength-based, trauma-informed, holistic, and wellness and recovery oriented

| The Program respects and allows for the Individuals right to choose what plan of action is right for them | Individuals are able to access services such as counseling, peer, or Medication Assisted Treatment without being admitted
| | Individuals admitted to treatment in collaboration with staff choose the services they wish to receive, e.g. counseling only, medication assisted treatment only, or both
<p>| | Individuals, when able and in collaboration with staff decide when the current episode or care or treatment is completed |</p>
<table>
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<tr>
<th>Additional Standards for Inpatient and Residential Programs</th>
<th>Additional Standards for Crisis Programs</th>
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<tbody>
<tr>
<td>Treatment is individualized and allows for flexibility based on the person identified needs</td>
<td>The post crisis plan of action begins development at the time of admission</td>
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<td>• When appropriate, staff may utilize motivational interviewing to raise the individuals awareness of need for further and or more intense action, however the final decision remains with the individual</td>
<td>• Beginning at admission Crisis Programs provide immediate services, as well as discharge planning which considers the individual’s:</td>
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<td>o Values</td>
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<td>o Preferences</td>
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<td>o Family responsibilities</td>
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<td>o Employment/Education responsibilities</td>
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<td>o Living situation</td>
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<td>o Recovery resources</td>
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B. Safety: The Program provides an environment that promotes safety.

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| The Program provides services with an awareness of the Individual’s unique life experience(s) | • Programs support the individual’s increased emotional safety through:  
  o Validation of the individual’s experience  
  o Education regarding trauma, triggers, and trauma responses  
  o Providing choices within the environment to facilitate empowerment  
  o Skill building for trauma recovery which assists with:  
    ▪ Modulating affect  
    ▪ Dealing with intrusive thoughts  
    ▪ Self-soothing, self-care as they approach difficult memories or emotions  
  • Programs provide services such as group and individual counseling that specifically speak to Trauma and/or trauma related issues  
  • Clinicians are aware of the affect that individual's trauma experience may have on group dynamics, and are able to effectively intervene  
  • Gender and age differences are considered when formulating group membership  
  • Staff are trained in:  
    o De-escalation and therapeutic communication  
    o Effective interventions in trauma informed care  
| The Program has policies in place in support of individual safety                | • Policies which outline confidentiality requirements and expectations such as:  
  o Treatment information can be shared only with the signed consent of the individual  
  o Information shared individual or family sessions to members of a group or other supports without agreement of the individual  
  • Process for the reduce the potential for abuse and/or neglect by staff which includes but is not limited to: |
IV. Effective

A. Medical Direction

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<th>STANDARDS OF CARE</th>
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| Medical Direction is provided by a physician who is an addiction expert | • The Medical Director:  
  o Provides leadership, along with other professionals in establishing a philosophy of treatment and standards of care  
  o Provides direction, consultation and direct medical services to clients  
  o Oversees the prescribing and/or approval of medications for self-administration of individuals within the facility  
  o Ensures that standards and philosophy for prescribing are consistent with the up to date best practices  
  o Evaluates need for prescriber coverage and provides coverage for access to prescription services as needed |
### Additional Standards for Inpatient and Residential Programs

Medical Direction is provided within the residential program

- The Medical Director:
  - Participates in relevant committees (i.e. safety, incident review, CQI)
  - Assist in utilization review when communication with Managed Care Organizations are needed
  - Implements medical orders regarding treatment of medical conditions and reporting of communicable diseases in accordance with law
  - Ensures the provision of routine medical procedures and referrals to other health professionals as needed

### Additional Standards for Crisis Programs

Medical Direction is provided within the Crisis program

- The Medical Director
  - Establishes a medication plan with the patient and treatment team which promotes:
    - Long term recovery
    - Addiction Medication Induction as appropriate
    - Linkage to long term medication management as needed
  - Identifies medical issues requiring follow-up and is an active participant in discharge planning
## B. Research based

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<th>STANDARDS OF CARE</th>
<th>CLINICAL EXPECTATION</th>
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<td>Care provided is consistent with the scientific literature and is responsive to</td>
<td>• In all elements of care the program uses the best and promising practices as identified by the latest scientific literature and based on the specific needs of their population or subpopulation, i.e.:</td>
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| the unique needs of every individual                                              |   o Thinking for a Change for Criminal Justice  
   o Seeking Safety for high trauma populations,  
   o Behavioral and cognitive skill building for those having urges or cravings, etc.                                                                                                                                 |
| • Staff is trained in evidence-based models which include but are not limited to: |   o Cognitive Behavioral Therapy  
   o Motivational Interviewing  
   o Community Reinforcement  
   o Functional Family Therapy  
   o Twelve Step Facilitation  
   o Matrix Model  
   o Seeking Safety  
   o HepC and HIV support  
   o Dialectical and Behavioral Therapy  
   o Trauma-informed models                                                                                                                                                                                      |
| • Program documents that all staff are trained and/or certified in the particular |                                                                                                                                                                                                                       |
| EBP being used                                                                     | • Clinicians utilize measures to track progress and outcomes and adjust treatment as necessary for increased effectiveness  
• Clinical Interventions are individualized to address the individual's behaviors, strengths, and desired therapeutic effect                                                                                                                                 |

Title Clinical Standards for OASAS Certified Programs  
Date: July 2020
C. Clinical Supervision

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<th>STANDARDS OF CARE</th>
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| Clinical Supervision is the cornerstone for effective treatment, improved retention and successful outcomes | • Programs must have policies that prioritize and ensure the provision of clinical supervision  
• Clinical supervision should:  
  o Be individualized to clinical staff need  
  o Focus on clinical skills, personal reactions  
  o Offer opportunity for change to treatment approach  
  o Identify stuck points  
  o Provide opportunities for skill building and introduction to new models of treatment  
  o Address staff performance  
  o Documented  
• Clinical Supervisors:  
  o Have appropriate levels of training and experience  
  o Are strength based, and  
  o Trauma Informed  
• Clinical Supervision is provided regularly via:  
  o Individual |
## D. Caseload

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| There is a clear policy and procedures for assignment of cases and monitoring of caseload size to ensure that all clients can expect quality treatment. | • Programs have a systematic process, and the concomitant policies and procedures to monitor, review, and track clinician caseloads by size, complexity of individuals and other factors can be demonstrated.  
• Program determinates for caseload include but are not limited to:  
  o Intensity of treatment for individuals on clinicians roster  
  o Units of services per clinical staff (81-226 per month is the current range for 85% of all outpatient clinics. 300-833 inclusive of medication administration for OTP)  
  o Staff sufficiency indicators including:  
    ▪ On time documentation  
    ▪ Individuals on caseload are seen regularly  
    ▪ Rating from Perception of Care Survey  
    ▪ Staff reports  
• Program has a clear policy on group size that includes the minimum and maximum members based on the type and goals of group and a mechanism for making sure that the size limits are adhered to |

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<th>Additional Standards for Inpatient and Residential Programs</th>
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| Clinical Supervision is the cornerstone for effective treatment, improved retention and successful outcomes | • Clinical Supervision includes focus on staff and resident interaction within the community  
• In Part 820 Stabilization and Rehabilitation Elements, a Nurse Supervisor’s duties may include but are not limited to:  
  o Oversight of day to day nursing operations  
  o Providing direct LPN supervision |
• Program has a mechanism for assessing group effectiveness based on client report and some outcome measure informed by at least one measurement-based tool appropriate to the group goals

Additional Standards for Crisis Programs

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<tr>
<th><strong>STANDARDS OF CARE</strong></th>
<th><strong>CLINICAL EXPECTATION</strong></th>
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</table>
| All SUD programs assess addiction medication needs and provide Medication management | • Programs have policies and procedures regarding medication assisted treatment which includes but is not limited to:  
  o Assessment of need for MAT which includes indicators that trigger referral to an appropriate medical professional for further evaluation  
  o Provision of medication/medication prescribing where indicated  
  o Informing/educating individuals on addiction medication, options, risk, rewards  
  o Addiction Medication Assessment for those who take or test positive for psychoactive medications including benzodiazepines; which includes a Risk/Benefit analysis regarding MAT for these individuals |

E. Addiction Medication

• Staffing is sufficient to ensure that all individuals in care meet with an individual counselor within 12 hours of admission and prior to discharge
Additional Standards for Inpatient and Residential Programs

| All SUD programs assess addiction medication needs and provide Medication management | • Additional Policies and procedures regarding:  
  o Ancillary Withdrawal Protocols  
  o Process for MAT Maintenance for those in Rehabilitation and/or Reintegration Elements of Care |

Additional Standards for Crisis Programs

| All SUD programs assess addiction medication needs and provide Medication management | • Treatment is focused on the addressing withdrawal through medication  
  • Does no taper off medication if the treatment goal is maintenance  
  • The Treatment Team is aware of the medication plan and actively work to support the plan through to the next treatment setting. |

V. Person Centered:

A. Assessment

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| Assessment includes the individual’s preferences, values, beliefs, goals and voice is captured with quotes from the individual | • Assessment includes the individual’s view of the problem, strengths, previous success with presenting issues as well as:  
  o Emergency or urgent issues which require immediate intervention, e.g. mental health crisis, housing, domestic violence, etc.  
  o Assessment of family, friends, natural and/or community supports  
  o Risks and Resources  
  o Obtaining and reviewing Collateral information  
  o History of withdrawal management, periods of remission and relapse |
### Additional Standards for Inpatient and Residential Programs

| Assessment includes the individual's preferences, values, beliefs, goals and voice is captured with quotes from the individual | • Assessment is specific to the element of care and the clinical reasons for admission to stabilization, rehabilitation or reintegration and the assessment is consistent with the need for the level of care. |

### B. Treatment Plan

#### STANDARDS OF CARE

- Treatment plan includes goals, methods, modalities and techniques that reflect individual preferences, values, beliefs and recovery capital

#### CLINICAL EXPECTATION

- The Treatment plan is written in the voice of the individual and reflects assessment and clinical formulation
- Provision of addiction medications if indicated, is included in the treatment plan and clinical and milieu staff support the use of medication assisted treatment through group and individual sessions
- Physical and mental health needs of the individual are adequately addressed and includes care coordination as needed
- Measurable and attainable steps that are realistic and specific toward the achievement of the individual’s goals are identified with target dates
- Continuous measurement-based care assessments done as needed to develop and maintain an active, appropriate treatment/discharge/recovery plan to develop strategies for appropriate interventions.

#### Additional Standards for Inpatient and Residential Programs

- Treatment plan includes goals, methods, modalities and techniques that reflect individual preferences, values, beliefs and recovery capital

- In each Element of care (Stabilization, Rehabilitation, and Reintegration) Treatment/discharge/recovery plan goals, objectives, and services are clearly linked to the comprehensive assessment,
measurement-based care tools and discharge criteria that are individualized and person-centered.

- The treatment plan includes individualized residential experiences matched to the assessment.

### C. Discharge Planning

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| Discharge plans bridge the time between a specific time of active treatment and a longer term plan for continued recovery. | - Discharge plans are developed in collaboration between the clinician and the individual in care. Depending on the individual’s expressed needs the plan may include:
  - Establishing/continuing care at a different level or for a different type of concern
  - Engagement in community based recovery support
  - Other Recovery/Wellness supports
  - Referral to:
    - Primary care
    - Housing
    - Employment services, etc.
  - Ongoing support for MAT when appropriate
- In as much as possible the above supports will be initiated and/or established prior to the discharge date
- Programs support the bridging process by providing referrals, linkages, and access to Peer Support for engagement purposes
- Outpatient Programs offer Continuing Care Services for those who wish for a less intense/frequent support after discharge |
### Additional Standards for Inpatient and Residential Programs

| Discharge begins at admission and includes a chronic condition management approach to long-term recovery | • In all Elements of Care, arrangements for appropriate services (appointment dates, contact names and numbers, etc.) are discussed and made with the individual and their significant others prior to planned discharge date.  
• Services within the Elements of Care are “front-loaded” to enhance retention and provide hope for individuals (i.e. linkage to family counselling, housing and employment opportunities are offered in early recovery).  
• Recovery Oriented Supports and linkages to community services are key to this approach of long-term recovery. Alumni groups, recovery check-ups, recovery centers, continuing care strategies should be utilized to enhance outcomes. |

### D. Toxicology Terminology

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| Treatment is provided in a way that is accepting; language neutral terminology is used in talking about substance use disorder. Treatment includes lab work including toxicology which is used to inform treatment. | • The Program has a policy and procedure on toxicology that includes but is not limited to:  
  o Clinical criteria for the use of toxicology  
  o The Program’s understanding that:  
    ▪ Toxicology is used as any other lab test would be used in health care treatment  
    ▪ Toxicology is used to inform treatment and is not used punitively  
    ▪ Toxicology screening provide valuable information on the likelihood that the patient either used or didn’t use the substances screened. |
### VI. Quality Improvement

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<th>CLINICAL EXPECTATION</th>
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<td>Continuous Evaluation and Improvement lead to better outcomes</td>
<td>• Quality Improvement is linked to individual outcomes, program success, and risk mitigation (both fiscal and clinical)</td>
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<td>• Program understands and distinguishes process based and outcome based measures and incorporates necessary metrics in ongoing program development.</td>
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<td>• Program identifies and chooses metrics consistent with mission and goals.</td>
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<td>• Self-reported measures of treatment progress are utilized by the program. The tools are used clinically and may be aggregated to show clinician, program and system wide progress.</td>
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<td>• Program includes appropriate measures to ensure data collection and ensures appropriate baselines are determined and benchmarks set, and has a process to track, identify when targets are not being met and incorporates data into decision making process.</td>
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<td>• Program utilizes Plan-Do-Study ACT cycles, NIATx model or other recognized quality improvement methods as appropriate.</td>
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VII. Resources

Clinical Supervision:

Clinical Supervision Overview Module One

Clinical Supervision Module Two: The Clinical Alliance

NYS OASAS Clinical Supervision Foundations I – Online 14 hour course approved for OASAS SUD Clinical Supervisory Requirements

NYS OASAS Clinical Supervision Foundations II – Listing of training providers for the 16 hour classroom training required for OASAS SUD Clinical Supervisors

NYS OASAS Scope of Practice

OASAS Administrative and Clinical Supervision Guidance

NYS Office of Professions

Person-Centered Care

Person-centered Medication Treatment

Standards for Certified Programs

Certified Recovery Peer Advocate Certification
VIII. References


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The National Quality Forum, A Path Forward to Measuring Continuing Care Management for Substance Use Illness: Patient-focused Episodes of Care, (November 4, 2009), Washington, D.C.


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Clark, L., Haram, E., Johnson, K., & Molfenter, T. (2010) NIATx and the University of Wisconsin- Madison. Getting Started with Medication-assisted Treatment,


Treatment Improvement Protocols (TIP) No. 42, 43, 44, and 51, “Substance Abuse Treatment: Addressing the Specific Needs of Women”. CSAT, Rockville, Md.: SAMHSA, see chapter sections on health areas assessment


White, W., Scott, C, Dennis, M., Boyle, M; (2005), It’s time to stop Kicking People out of Addiction Treatment, Counselor Magazine 2-12