

# AOD Standards of Care Self Assessment

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## Behavioral Health and Recovery Services Standards of Care (SOC) in the Treatment of Substance Abuse Disorders

On October 13, 2010, Behavioral Health and Recovery adopted a new policy establishing Standards of Care (SOC) in the Treatment of Substance Abuse Disorders. These treatment standards are based on evidence-based practices and best practices informed by experts from the field.

The goals of Alcohol and Other Drug (AOD) treatment include the reduction of, and ultimately abstinence from, alcohol and other drug use, and improvement and stability in significant life domains such as housing, employment/self sufficiency, family relationships, and resolution of legal matters. The adoption of AOD Standards of Care will be used to achieve these goals.

BHRS AOD and COD contract providers will adopt and utilize the standards and evidence-based practices described in the Standards of Care document. These will be phased in over a multi-year period, as part of ongoing quality improvement efforts.

In order to identify your Agency's current practices in relation to the adopted Standards of Care, all contracted treatment providers must complete the following self assessment of current practice. This assessment has four sections:

- **Standards of Care (SOC) Self Assessment (required)**
- **Core Treatment Components (CTC) Self Assessment (required)**
- **Attachment A: Evidence-based Practice Implementation Summary (required)**
- **Attachment B: Internally Developed or Innovative Practice Summary (if applicable)**

Please complete all applicable components by **DATE**. If you have questions, you may contact your AOD Program Analyst (**insert NAME, EMAIL, PHONE**).

Thank you.

Agency Name:

Treatment Program:

Person Completing Form:

Role/Job Title

Date Completed:

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*Briefly describe your agency's current activities in relation to each standard.*

### **SOC 1: Welcoming Environment**

*Programs will provide for a client's physical and emotional safety and create an engaging and predictable environment.*

### **SOC 2: Engagement and Retention**

*Programs will use strategies specific for engagement and retention of clients and their families*

### **SOC 3: Client-Centered Care**

*Programs will provide individually tailored and client-driven treatment, while balancing the health, safety, and integrity of the program.*

### **SOC 4: Culturally Competent Care**

*Providers are responsible to be culturally fluent and responsive to the historical and cultural experiences and needs of each client.*

### **SOC 5: Co-occurring Capable Care**

*Programs will be engaged in continuously improving their co-occurring capability. Policies, procedures and programming and staff competencies are designed to meet the anticipated needs of individuals with co-occurring disorders.*

### **SOC 6: Stage-matched Treatment Planning**

*Treatment plans must consider the stage of change of each client for each problem, and be informed by the integrated assessment of substance use and mental health symptoms.*

### **SOC 7: Effective Treatment based on Evidence-based Practices**

*AOD and COD providers will provide effective treatments for clients with COD and AOD problems. Evidence-based practices (EBP's) and promising practices will be utilized during all phases of treatment.*

Programs will complete the attached "Core Treatment Components Self Assessment" in lieu of a narrative for this standard.

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### **SOC 8: Medication Related Services**

*Programs will ensure that clients' needs for medication, both psychotropic and otherwise (including narcotic replacement therapy), are assessed and attended to and that clients are not discriminated against due to their use of prescribed medications.*

### **SOC 9: Recovery-oriented Care**

*Recovery management is introduced and integrated as part of the primary treatment phase, and as part of the continuing care planning for each client.*