



Project Title	<i>D3: Expansion in intensive SUD Treatment Options, including partial-hospital and residential care</i>
Project ID	D3
Project Pathway	Community-driven: Capacity Building
Project Objective	This project is aimed at expanding capacity within an IDN for delivery of partial intensive outpatient, partial hospital, or residential treatment options for SUD, in conjunction with expansion of lower acuity outpatient counseling. These services are intended to result in increased stable remission of substance misuse, reduction in hospitalization, reduction in arrests, and decrease in psychiatric symptoms for individuals with co-occurring mental health conditions.
Target Population	<ul style="list-style-type: none"> • Individuals with substance use disorders (with or without co-occurring mental health disorders) • Within the target population, priority populations include: <ul style="list-style-type: none"> ○ Pregnant women ○ Individuals that have experienced an overdose in past 30 days ○ IV drug users ○ Custodial parents of minor children
Target Participating Organizations	Behavioral health organizations seeking to expand service options
Related Projects	<ul style="list-style-type: none"> • IDNs implementing this project should coordinate with and build on the Core Competencies being required as part of Project B1 (integration of behavioral health and primary care), including the use of screening, brief intervention, and referral to treatment (SBIRT) • Project E6 (Integrated Treatment for Co-Occurring Disorders), which focuses specifically on individuals with co-occurring SUD and mental health conditions • Workforce requirements for this project should be incorporated into the IDN's Workforce Capacity Development Implementation Plan in conjunction with Project A1 (Behavioral Health Workforce Capacity Development) • Project D1 (Medication Assisted Treatment of SUD)
Project Core Components	<p>IDNs implementing this project will expand capacity to deliver the following three types of SUD treatment/recovery services.</p> <ol style="list-style-type: none"> 1. At least 1 higher intensity service: <ul style="list-style-type: none"> ○ Intensive Outpatient (IOP) ○ Partial Hospitalization (PH) ○ Non-hospital based residential treatment services 2. Ambulatory and non-hospital inpatient medically monitored residential, as well as hospital inpatient medically managed withdrawal management services, should be offered concurrent or in tandem, as indicated, with treatment services for



	<p>mental health (MH), substance use (SUD) and co-occurring (COD) disorders. Medication assisted treatment services (MAT) are also a critical component for effectively addressing substance used disorders (see project D1, specifically focused on medication assisted treatment). Providers will provide concurrent treatment of co-occurring tobacco use disorder.</p> <p>3. Regular outpatient counseling for substance use disorders (and/or co-occurring disorders), provided by qualified practitioners, for individuals with lower levels of acuity broadly across the spectrum of health and social service programs within the IDN.</p>
<p>Process Milestones</p>	<p>As part of the 2017-2018 semi-annual IDN reporting process, IDNs are required to demonstrate that organizations participating in this project (as identified in the approved IDN Project Plan) have achieved the following process milestones during, or in advance of, the timeframes noted.</p> <p><u>Jan-Jun 2017 Reporting Period</u></p> <p>1. Development of implementation plan, which includes:</p> <ul style="list-style-type: none"> a. Implementation timeline b. Project budget c. Work force plan: staffing plan; recruitment and retention strategies d. Projected annual client engagement volumes e. Key organizational/ provider participants <p>2. Design and development of clinical services infrastructure, which includes identification or development of:</p> <ul style="list-style-type: none"> a. Standardized assessment tool(s) b. Patient assessment, treatment, management, and referral protocols c. Roles and responsibilities for team members d. Training plan e. Training curricula f. Agreements with collaborating organizations g. Evaluation plan, including metrics that will be used to measure program impact h. Mechanisms (e.g., registries) to track and monitor individuals served by the program, adherence, impact measures, and fidelity to evidence-supported project elements <p><u>July-Dec 2017 Reporting Period</u></p>



	<p>3. Operationalization of program</p> <ol style="list-style-type: none"> a. Implementation of workforce plan b. Deployment of training plan c. Implementation of any required updates to clinical protocols, or other operating policies and procedures d. Use of assessment, treatment, management, and referral protocols <p>4. Initiation of data reporting</p> <ol style="list-style-type: none"> a. Number of individuals served (during reporting period and cumulative), vs. projected b. Number of staff recruited and trained (during reporting period and cumulative), vs. projected c. Impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements <p><u>Jan-Jun 2018 Reporting Period</u></p> <p>5. Ongoing data reporting</p> <ol style="list-style-type: none"> a. Number of individuals served (during reporting period and cumulative), vs. projected b. Number of staff recruited and trained (during reporting period and cumulative), vs. projected c. Staff vacancy and turnover rate for period and cumulative vs projected d. Impact measures as defined in evaluation plan <p><u>Jul-Dec 2018 Reporting Period</u></p> <p>6. Ongoing data reporting</p> <ol style="list-style-type: none"> a. Number of individuals served (during reporting period and cumulative), vs. projected b. Number of staff recruited and trained (during reporting period and cumulative), vs. projected c. Staff vacancy and turnover rate for period and cumulative vs projected d. Impact measures as defined in evaluation plan, including annual evaluation of fidelity to evidence-supported program elements
<p>Additional Information</p>	<p>Additional information on the treatment of substance use and co-occurring disorders can be found at:</p> <ul style="list-style-type: none"> • The Substance Abuse Mental Health Services Administration (SAMHSA) Treatment Improvement Protocols (TIPs) are available at: http://store.samhsa.gov/list/series?name=TIP-Series-Treatment-Improvement-Protocols-TIPS • The SAMHSA Technical Assistance Publications (TAPs) are available at: https://store.samhsa.gov/series/technical-assistance-publications-taps