

Standards of Care in the Treatment of Substance Use Disorders Implementation Work Plan

This Work Plan must be in compliance with the San Mateo County BHRS Standards of Care (SOC) for AOD/COD Providers and BHRS Policy 10-04. Both of these documents can be found on the Provider Handbook.

Provider: _____

Date: _____

<p>Standard of Care (SOC) 1: Welcoming Environment <i>Programs will provide for a client's physical and emotional safety and create an engaging and predictable environment.</i></p>		
<u>Strategy(ies) or Practice(s) to be Implemented:</u>	<u>Begin Implementation:</u> (Date)	<u>Fully Implemented By:</u> (Date)
1.		
2.		
3.		
<p>SOC 2: Engagement & Retention <i>Programs will utilize strategies for engagement and retention of clients and their families.</i></p>		
<u>Strategy(ies) or Practice(s) to be Implemented:</u>	<u>Begin Implementation:</u> (Date)	<u>Fully Implemented By:</u> (Date)
1.		
2.		
3.		

<p>SOC 3: Client-Centered Care <i>Programs will provide individually tailored and client-driven treatment, while balancing the health, safety, and integrity of the program.</i></p>		
<p><u>Strategy(ies) or Practice(s) to be Implemented:</u></p> <p>1.</p> <p>2.</p> <p>3.</p>	<p><u>Begin Implementation:</u> (Date)</p>	<p><u>Fully Implemented By:</u> (Date)</p>
<p>SOC 4: Culturally Competent Care <i>Providers are responsible to be culturally fluent and responsive to the historical and cultural experiences and needs of each client.</i></p>		
<p><u>Strategy(ies) or Practice(s) to be Implemented:</u></p> <p>1.</p> <p>2.</p> <p>3.</p>	<p><u>Begin Implementation:</u> (Date)</p>	<p><u>Fully Implemented By:</u> (Date)</p>
<p>SOC 5: Co-occurring Capable Care <i>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.</i></p>		
<p><u>Quality Improvement Process:</u></p>	<p><u>Frequency of Review/ Cycle:</u></p>	

1.									
<p>SOC 6: Stage-matched Treatment Planning <i>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.</i></p>									
<p><u>Strategy(ies) or Practice(s) to be Implemented:</u></p> <p>1.</p> <p>2.</p> <p>3.</p>	<table border="1"> <thead> <tr> <th data-bbox="1413 451 1669 544"><u>Begin Implementation:</u> (Date)</th> <th data-bbox="1669 451 1911 544"><u>Fully Implemented By:</u> (Date)</th> </tr> </thead> <tbody> <tr> <td data-bbox="1413 544 1669 649"></td> <td data-bbox="1669 544 1911 649"></td> </tr> <tr> <td data-bbox="1413 649 1669 755"></td> <td data-bbox="1669 649 1911 755"></td> </tr> <tr> <td data-bbox="1413 755 1669 812"></td> <td data-bbox="1669 755 1911 812"></td> </tr> </tbody> </table>	<u>Begin Implementation:</u> (Date)	<u>Fully Implemented By:</u> (Date)						
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<p>SOC 7: Effective Treatment based on Evidenced-based Practices <i>AOD and COD providers will provide effective treatment for clients with COD and AOD problems. Evidenced-based practices (EBP's) and promising practices will be utilized during all phases of treatment.</i></p>									
<p><u>Core Treatment Components to be Implemented and EBP or promising practice utilized:</u></p> <p>1. <u>Cognitive-Behavioral Therapy</u></p> <p>A.</p> <p>B.</p> <p>2. <u>Relapse Prevention</u></p> <p>A.</p> <p>B.</p>	<table border="1"> <thead> <tr> <th data-bbox="1413 922 1669 1015"><u>Begin Implementation:</u> (Date)</th> <th data-bbox="1669 922 1911 1015"><u>Fully Implemented By:</u> (Date)</th> </tr> </thead> <tbody> <tr> <td data-bbox="1413 1015 1669 1136"></td> <td data-bbox="1669 1015 1911 1136"></td> </tr> <tr> <td data-bbox="1413 1136 1669 1339"></td> <td data-bbox="1669 1136 1911 1339"></td> </tr> </tbody> </table>	<u>Begin Implementation:</u> (Date)	<u>Fully Implemented By:</u> (Date)						
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<p>3. <u>Trauma-Informed Treatment</u></p> <p>A.</p> <p>B.</p> <p>4. <u>Continuing Care/Recovery Management</u></p> <p>A.</p> <p>B.</p> <p>5. <u>Psycho-education</u></p> <p>A.</p> <p>B.</p> <p>6. <u>Contingency Management</u></p> <p>A.</p> <p>B.</p> <p>7. <u>Smoking Cessation</u></p> <p>A.</p> <p>B.</p> <p>8. <u>Family Relations/Parenting</u></p> <p>A.</p>		
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B.		
<p>SOC 8: Medication Related Services <i>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 medication.</i></p>		
<p><u>Strategy(ies) or Practice(s) to be Implemented:</u></p> <p>1.</p> <p>2.</p> <p>3.</p>	<p><u>Begin Implementation:</u> (Date)</p>	<p><u>Fully Implemented By:</u> (Date)</p>
<p>SOC 9: Recovery-Oriented Care <i>Recovery management is introduced and integrated as part of the primary treatment phase, and as part of continuing care planning for each client.</i></p>		
<p><u>Strategy(ies) or Practice(s) to be Implemented:</u></p> <p>1.</p> <p>2.</p> <p>3.</p>	<p><u>Begin Implementation:</u> (Date)</p>	<p><u>Fully Implemented By:</u> (Date)</p>