

Addiction Services



System Level Standards for Community-Based Addiction Services 2013



Contents

1. Preamble	2
2. Foundation of Quality Services	4
2.1 Documentation	5
2.2 Program Evaluation	7
2.3 Outcome Monitoring System	8
2.4 Quality Improvement	9
3. Intake	11
4. Assessment	13
5. Community-Based Services	14
5.1 Adolescent Services	16
5.2 Nicotine Treatment Services	19
5.3 Problem Gambling Services	20
5.4 Women’s Treatment Services	22
5.5 Driving While Impaired Program	24
5.6 Alcohol Ignition Interlock Program	26
6. Appendix A: Community-Based Standards: Monitoring Report	28

1. Preamble

The provincial Department of Health and Wellness (DHW) is responsible for setting provincial directions in addiction prevention and treatment, establishing and monitoring provincial system standards for addiction services, monitoring the quality of prevention and treatment services across the system, and maintaining provincial monitoring/surveillance of alcohol use, other drug use, and gambling. The Department works to ensure that there is provincial coordination regarding addiction prevention and treatment issues and to support knowledge development and exchange opportunities throughout the province. Addiction Services in the District Health Authorities and the IWK provide service delivery expertise, program content experience, and community-level needs and perspectives.

The term “standards” denotes a broad range or continuum of expectations established to accomplish desired results.* These expectations are conveyed through numerous vehicles such as policies, directives, guidelines, and regulations. They provide a framework for accountability through compliance measurement of a range of service indicators. As well, they provide a vehicle for quality improvement and ensure the safety and welfare of clients and staff working in the field.

DHW Addiction Services facilitates the process for developing system standards in partnership with the Addiction Services in the District Health Authorities and the IWK Health Centre. It is mandatory for the District Health Authorities and the IWK Health Centre to implement the System Level Standards for Community Based-Addiction Services. Monitoring implementation is an important component of quality assurance. This process can help the DHAs/IWK and DHW identify where additional supports and services may be required. In order to measure progress toward implementation, indicator(s) were developed for each standard. A monitoring report template will be distributed to the DHAs and the IWK so that each area can report on an annual basis the extent to which progress is being made towards meeting the System Level Standards. ASsist will serve the primary data source for completing the monitoring report. The monitoring report template will reflect the current reporting capacity and will expand as the technology changes and allows for increased monitoring.

* This document does not include or articulate best practices, guidelines, or protocols.



Provincial standards are intended:

1. to promote high-quality service delivery
2. to promote consistency in programming
3. to allow for monitoring of program performance and results
4. to support accountability

The format of each Provincial standard includes:

- an operational description
- objectives
- standard measures (specific to accessibility, retention and connection to the continuum of care, and positive impact)
- targets for the indicators



2. Foundation of Quality Services

Service standards, best practices, accreditation processes, and ongoing quality improvement activities may be understood as elements of a broader Quality Framework. Conceptually, such a framework provides a context and a foundation to enhance understanding of the elements and activities in themselves and in their interdependence. On a practical level, a framework offers guidance in helping to shape and focus standards, best practices, and related activities.

Addiction Services endorses the Accreditation Canada Quality Framework, which consists of eight quality dimensions. These quality dimensions—Population Focus, Accessibility, Safety, Work Life, Client-centred Services, Continuity of Services, Efficiency, and Effectiveness—are intended to represent essential or primary quality dimensions.

Addiction Services seeks to design and implement service standards, best practices, and ongoing quality improvement activities as means or vehicles by which to achieve the intention of each of the quality dimensions. These intentions are as follows:

- Population Focus—working with communities to anticipate and meet needs
- Accessibility—providing timely and equitable services
- Safety—keeping people safe
- Work Life—Supporting wellness in the work environment
- Client-centred Services—putting clients and families first
- Continuity of Services—providing coordinated and seamless services
- Effectiveness—doing the right thing to achieve the best possible results
- Efficiency—making the best use of resources

2.1 Documentation

Description

Documentation is an important and essential component of quality client care. All clinically relevant notations will be recorded in the client file (either on paper or electronically) in a timely manner to ensure that it is accessible for treatment providers in the client's circle of care. Any documentation related to the client (e.g. authorization for release of information or third-party referrals) will be put in the client file.


Objectives

1. To demonstrate accountability
2. To have an accurate client record
3. To promote continuity of care
4. To identify clinical effectiveness (attainment of goals)

Standard Measures

1. Intakes are documented in ASsist within one business day of completion of Intake.
2. Client Profile information is documented in ASsist before or at the time of registration.
3. Client Profiles for active clients are reviewed and updated in ASsist every 90 calendar days.
4. Program Registrations are documented in ASsist within one business day of program start date.
5. Referral Recommendations are documented in ASsist within one business day of referral.
6. Clients will have Consent to Treatment explained to them and documented prior to or at the time of program registration.
7. Initial, progress, and closure notes are documented in the paper file within five business days following each session with or about the client.
8. Inactive program registrations identified as requiring closure have discharge/ closure completed within ten business days.
9. Assessments are completed within the first three clinical sessions (or prior to discharge for in-patient clients) and, following completion, are added to the file within five business days.
10. Clients who have an Assessment completed sign the document to indicate that staff has reviewed it with them by the fourth clinical session (or prior to discharge for in-patient clients).
11. Discharges are documented in ASsist within one day of discharge from all inpatient, residential, and day programs.
12. Discharges/Case Closures are documented in ASsist within five business days of closure from a community-based program.



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13. Daily Service Records and Group Sessions are documented in ASsist within five business days of the activity date.
 14. All documented releases of client information have a matching signed release of information on file.

Indicator Targets

100% of Intakes will be documented in ASsist within one business day of completion of Intake.

100% of Client Profile information will be documented in ASsist before or at the time of registration.

100% of Client Profiles for active clients will be reviewed and updated in ASsist every 90 calendar days.

100% of Program Registrations will be documented in ASsist within one business day of program start date.

100% of Referral Recommendations will be documented in ASsist within one business day of referral.

100% of clients will have Consent to Treatment explained to them and documented prior to or at the time of program registration.

100% of initial, progress, and closure notes will be documented in the paper file within five business days following each session with or about the client.

100% of inactive program registrations identified as requiring closure will have discharge/closure completed within ten business days.

100% of Assessments will be completed within the first three clinical sessions (or prior to discharge for in-patient clients), and following completion will be added to the file within five business days.

90% of clients who have an Assessment completed will have signed the document to indicate that staff has reviewed it with them by the fourth clinical session (or prior to discharge for in-patient clients).

100% of Discharges will be documented in ASsist within one day of discharge from all in-patient, residential, and day programs.

100% of Discharges/Case Closures will be documented in ASsist within five business days of closure from a community-based program.

100% of Daily Service Records and Group Sessions will be documented in ASsist within five business days of the activity date.

100% of all documented releases of client information will have a matching signed release of information on file.

2.2 Program Evaluation

Description

Evaluation is an integral part of all services offered by Addiction Services. It can involve a variety of methodologies and can vary in scope. The purpose is to maintain and enhance the quality of services, provide data for future improvements, and provide evidence to support resource allocation.

Objectives

1. To provide a reporting mechanism to measure the appropriateness and effectiveness of services
2. To provide the necessary information required for quality improvement initiatives
3. To provide feedback to staff, clients, and the general public
4. To provide evidence and accountability to support resource allocation
5. To communicate key findings to stakeholders

Standard Measures

15. Provincial services (services that are common throughout the province) are evaluated on a three-year cycle; DHAs collaborate provincially to facilitate consistent approaches to program evaluation of these services.
16. New services are evaluated within twelve months of implementation.
17. Services identified as requiring improvement and having had improvements made are re-evaluated within six months of service revision.
18. Evaluation results are communicated to staff and managers within 90 days of completion.
19. Key findings are accessible to stakeholders within six months of completion.



Indicator Targets

100% of provincial services (services that are common throughout the province) will be evaluated on a three-year cycle; DHAs will collaborate provincially to facilitate consistent approaches to program evaluation of these services.

100% of new services will be evaluated within twelve months of implementation.

100% of services identified as requiring improvement and having had improvements made will be re-evaluated within six months of service revision.

100% of evaluation results will be communicated to staff and managers within 90 days of completion.

100% of key findings will be accessible to stakeholders within six months of completion.

2.3 Outcome Monitoring System

Description

Outcome Monitoring System (OMS) is a process to provide evaluation and accountability to specific groups, including clients, staff, programs, services, district(s), provincial and federal governments, and the general public. The purpose is to maintain and enhance the quality of programs, provide data for future improvement, and provide evidence to support resource allocation.

Objectives

1. To provide an accountability process and content for service delivery as a key element in evaluation
2. To provide reports that include a discussion of the findings

Standard Measures

20. Eligible* clients are asked to participate in OMS.
21. Clients who have been asked to participate give consent for OMS.
22. Clients who give consent and are successfully contacted for follow-up complete the process.
23. DHAs that perform OMS publish their reports.
24. OMS results are communicated to staff and managers within 90 days of completion.
25. Key findings of OMS results are accessible to stakeholders within six months of completion.

* Eligibility will be determined by each DHA.

Indicator Targets

100% of eligible* clients will be asked to participate in OMS.

85% of clients who have been asked to participate will give consent for OMS.

100% of DHAs that perform OMS will publish their reports.

100% of OMS results will be communicated to staff and managers within 90 days of completion.

100% of key findings of OMS results will be accessible to stakeholders within six months of completion.

2.4 Quality Improvement

Description

Addiction Services views quality improvement as an organizational philosophy. Quality improvement is supported by research and evaluation, continuous monitoring based on system standards and best practices, and the collection of quality client data to support clinical and administrative decision-making. Addiction Services throughout Nova Scotia is also guided through the processes outlined by Accreditation Canada to support ongoing quality improvement initiatives. The overall goal is to meet the needs of clients and exceed their expectations through the use of structured processes that identify areas to improve within all aspects of Addiction Services, including client services and outcomes.

Objectives

1. To promote a culture of quality and excellence in all aspects of service delivery
2. To increase the organizational understanding of quality improvement
3. To enhance the professional expertise and training of Addiction Services staff to carry out quality improvement initiatives
4. To regularly collect, analyze, and review quality-related information, findings, and trends to inform service delivery and resource allocation decisions
5. To monitor quality improvement initiatives to ensure that they reflect provincial standards, Accreditation Canada standards, and the broader strategic directions of DHA Addiction Services

* Eligibility will be determined by each DHA.





Standard Measures

- 26. Addiction Services within the DHAs have a quality improvement work plan consisting of ongoing initiatives.
- 27. Addiction Services within the DHAs participate in Accreditation Canada processes.
- 28. Addiction Services within the DHAs collaborate provincially to facilitate consistent approaches to quality-related initiatives.

Indicator Targets

100% of Addiction Services within the DHAs will have a quality improvement work plan consisting of ongoing initiatives.

100% of Addiction Services within the DHAs will participate in Accreditation Canada processes.

100% of Addiction Services within the DHAs will collaborate provincially to facilitate consistent approaches to quality-related initiatives.

3. Intake

Description

Intake is the process of information exchange, triage, and engagement initiated upon formal contact with the client.

Objectives

1. To determine whether Addiction Services is an appropriate agency to address the identified needs of the client
2. To promote client engagement
3. To provide relevant information and education to the client
4. To identify and refer the client to appropriate internal and external programs
5. To determine and assign a priority level
6. To determine the need for further assessment
7. To establish a baseline of identified issues that can be used to direct and evaluate a client's treatment

Standard Measures


Accessibility

29. Clients requesting services are called back within one business day, and those contacted have an Intake completed within one day of that contact.
30. New clients have an Intake completed.
31. Clients returning for service after 90 days of inactivity have an Intake completed.
32. Clients requesting withdrawal management services have an Intake completed.
33. Clients who are identified as pregnant are offered services that will occur within three business days, and/or are appropriately referred.
34. Clients prioritized as emergency are immediately offered services or appropriately referred.

Retention and Connection to the Continuum of Care

35. Individuals seeking to access services or complete an Intake who do not meet the mandate of Addiction Services and who are in need of other services, will be appropriately referred to other services and are supported in efforts to access those services.
36. Clients determined appropriate for Addiction Services have a program registration completed within 90 calendar days.
37. Clients who are registered for a program are registered for the program recommended at Intake.





Indicator Targets

Accessibility

100% of clients requesting services will be called back within one business day and 90% of those contacted will have an Intake completed within one day of the initial contact.

100% of new clients will have an Intake completed.

100% of clients returning for service after 90 days of inactivity will have an Intake completed.

100% of clients requesting withdrawal management services will have an Intake completed.

100% of clients who are identified as pregnant will be offered services that will occur within three business days, and/or be appropriately referred.

100% of clients prioritized as emergency will be immediately offered services or appropriately referred.

Retention and Connection to the Continuum of Care

100% of individuals who seek to access services or complete an Intake and do not meet the mandate of Addiction Services, and who are in need of other services, will be appropriately referred to other services and are supported in efforts to access those services.

90% of those clients determined appropriate for Addiction Services will have a program registration completed within 90 calendar days.

90% of clients who are registered for a program are registered for the program recommended at Intake.

4. Assessment

Description

Assessment is the process of engagement, information exchange, and decision-making to determine the appropriate course of action for the client. It is a collaborative dialogue between client and addiction professional, and is an integral component throughout the client's involvement with Addiction Services.

The assessment process should allow for treatment recommendations to be made at the earliest point. There are varying degrees of assessment complexity, depending on which program the client participates in. Successful outcomes are maximized by developing recommendations that best match client needs with the services offered them.

Objectives

1. To identify and refer to appropriate internal and external services
2. To determine the client's strengths, needs, and readiness for change
3. To provide relevant information on available services
4. To enhance client motivation to continue with the treatment process
5. To obtain supplemental information on issues that warrant further inquiry in order to proceed with appropriate treatment recommendations

Standard Measure

38. Clients have an assessment or choice activity completed that is client- and program-appropriate as per the process defined within each program.

Indicator Targets

100% of all clients will have an assessment or choice activity completed that is client and program-appropriate as per the process defined within each program.



5. Community-Based Services

Note: The following applies to all subsections of Section 5.

Description

Community-Based Services are accessible outreach, early intervention, and treatment services delivered to individuals, families, concerned significant others, and groups in their own communities. Services are based on client need and an Assessment specific to the community-based program. *

Objectives

1. To provide accessible Community-Based Services that are responsive to the diverse needs of all client populations and are delivered in, or as close as possible to, a client's home community
2. To improve the health of clients by promoting healthier lifestyles, including reduction in the harms associated with substance use and/or gambling, and, where relevant, assist clients to address barriers to continuing education and/or employability (the continuum of harm reduction includes abstinence)
3. To encourage the client to continue in the recovery process, which may include increasing the client's knowledge of addiction recovery and treatment as well as development of a treatment plan
4. To provide common group experiences for clients facing similar recovery and treatment issues
5. To maintain the continuum of care between Community-Based Services and all other relevant internal and external services
6. To provide addiction-specific outreach contact and engagement (e.g. referrals, community education, early identification, advocacy, and portable programming) that addresses the barriers to treatment in the community
7. To conduct a program-specific Assessment for all new and returning (after 90 days of inactivity) clients

Standard Measures

Note: Foundation of Quality Services, Intake, and Assessment standards also apply to Community-Based Services.

Accessibility

39. Clients identified as an urgent level of priority upon completion of Intake are offered services that will occur within 10 business days.
40. Clients identified as a general level of priority upon completion of Intake are offered services that will occur within 15 business days.

* An Assessment specific to the community-based program refers to the particular assessment that is conducted within the range of community-based addiction services that help determine the client's needs within a given program (e.g. Nicotine). Ongoing counselling for problematic substance use and/or gambling within community-based services will require, at minimum, a biopsychosocial assessment, which is a narrative report that provides a detailed account of the client's pattern of substance use and/or gambling behaviour, subsequent harms, client strengths, and recommendations for treatment.

Retention and Connection to the Continuum of Care

41. Clients participate in an assessment that is appropriate for the client and the program involved.
42. Clients attending Community-Based Services have three clinical sessions recorded within one continuous treatment episode (one program registration).
43. A process is in place to minimize no-shows/cancellations of appointments (cancelled by staff or client).
44. Where consent has been given to involve significant others, the significant others are involved in the client's treatment, as recorded within one continuous treatment episode (one program registration).
45. Clients referred from other components of Addiction Services are offered a clinical session/activity that takes place within 10 business days.
46. Clients receiving treatment who require additional services are referred to the appropriate service(s) as documented on their client file.

Positive Impact

47. Clients report satisfaction with the services.
48. Clients with a treatment plan indicate positive progress related to their personal goals.
49. Client cases will be closed after the successful completion of treatment goals met with clinical progress.

Indicator Targets

Accessibility

90% of clients identified as an urgent level of priority upon completion of Intake will be offered services that will occur within 10 business days.

90% of clients identified as a general level of priority upon completion of Intake will be offered services that will occur within 15 business days.

Retention and Connection to the Continuum of Care

100% of clients will participate in an assessment that is appropriate for the client and the program involved.

60% of clients attending Community-Based Services will have three clinical sessions recorded within one continuous treatment episode (one program registration).

There will be less than 25% no-shows/cancellations (cancelled by staff or client) for clinical sessions.

Where consent has been given to involve significant others, there will be greater than 25% involvement of significant others, as recorded within one continuous treatment episode (one program registration).



90% of clients referred from other components of Addiction Services will be offered a clinical session/activity that will take place within 10 business days.

100% of clients receiving treatment who require additional services will be referred to the appropriate service(s) as documented on their client file.

Positive Impact

90% of clients will report satisfaction with the services.

90% of clients with a treatment plan will indicate positive progress related to their personal goals.

60% of client cases will be closed after the successful completion of treatment goals met with clinical progress.

5.1 Adolescent Services

Description

A comprehensive array of developmentally appropriate programs and services are designed to target and meet the unique substance-use and gambling-related needs of adolescents (generally considered to be age 18 and under) across the health-risk continuum. Services and supports are intended to recognize the distinct nature of adolescence in terms of psychological, physical, and social development. These services and supports include specialized community and school-based health promotion, prevention, early intervention, and treatment, as well as a specialized provincial program (IWK CHOICES Adolescent Treatment Program). This may include appropriate practices applied within traditionally adult-oriented program components. The following standards refer specifically to treatment services.

Objectives

1. To identify and address the unique needs of adolescents through the provision of individual, family, and community health promotion, prevention, early intervention, and treatment programs that are appropriate as to gender, age, culture, sexual identity/orientation, ability, and race
2. To foster collaborative relationships and coordinate appropriate services and supports (e.g. outreach, screening, brief/early intervention, and referral) with law enforcement, education, community services, primary health care, youth-serving organizations, and therapeutic recreation, as close as possible to each adolescent's community of residence
3. To provide the least-intrusive interventions necessary to meet the needs of adolescent clients, offering more extensive interventions as required

4. To make appropriate services accessible for adolescents (by addressing barriers such as scheduling, location, and transportation)
5. To enhance community capacity to address the needs of adolescents

Standard Measures

Accessibility

50. Intake/referral processes ensure clients are engaged through Addiction Services' Community-Based Services and/or appropriate treatment intervention.
51. Adolescent services are offered in both non-addiction services sites and addiction services sites.


Retention and Connection to the Continuum of Care

52. If clinically relevant, adolescent clients give consent to involve adult family members, caregivers, or similar alternate support people.
53. Where consent has been given and if clinically relevant, family members, caregivers, or support people are involved, as recorded within one continuous treatment episode (one program registration).
54. Adolescent treatment episodes (one program registration) will involve at least one documented external partnership or consultation.
55. A process is in place to minimize no-shows/cancellations (cancelled by staff or client) for clinical sessions.

Positive Impact

56. Clients report a reduction in the harms associated with substance use and/or problem gambling, and an improvement in mental health.
57. Clients with co-occurring mental health and substance-use and/or gambling problems report that treatment interventions were successful in reducing harms.
58. All adolescent services have methods to evaluate and follow up on client satisfaction, with the goal of improving service delivery and overall rates of satisfaction.
59. Treatment interventions will assist clients, families, and/or caregivers in reducing harmful involvement with substance use and/or gambling.





Indicator Targets

Accessibility

90% of clients will be engaged through Addiction Services Community-Based Services.

50% of adolescent services will be offered in non-addiction services sites.

Retention and Connection to the Continuum of Care

70% of adolescent clients, if clinically relevant, will give consent to involve adult family members, caregivers, or similar alternate support people.

Where consent has been given and if clinically relevant, there will be 90% involvement of family members, caregivers, or support people, as recorded within one continuous treatment episode (one program registration).

15% of adolescent treatment episodes (one program registration) will involve at least one documented external partnership or consultation.

There will be 30% or less no-shows/cancellations (cancelled by staff or client) for clinical sessions.

Positive Impact

75% of clients will report a reduction in the harms associated with substance use and/or gambling.

75% of clients with co-occurring mental health and substance-use and/or gambling problems will report that treatment interventions were successful in reducing harms.

75% of clients will report satisfaction with the service.

75% of clients' parents or caregivers will report a reduction in the harms associated with the client's substance use and/or problem gambling.

75% of clients' parents or caregivers will report satisfaction with the service.

5.2 Nicotine Treatment Services

Description

Nicotine Treatment Services provide efficient evidence-based educational programs and supportive treatment interventions to aid people in eliminating tobacco use. Nicotine treatment is offered to individuals and groups and is based on client needs, strengths, and readiness to change.

Objectives

1. To assist clients in eliminating tobacco use
2. To enhance health and reduce the harms associated with the use of tobacco products
3. To provide a range of cost-effective stop-smoking interventions, using a continuum of care

Standard Measures

Accessibility

60. Clients who seek nicotine treatment are offered nicotine services that occur within 15 business days.
61. Clients report that help was readily available when they decided to seek help.

Retention and Connection to the Continuum of Care

62. Clients receive information on the range of available nicotine and other treatment services, as documented on their client file.
63. Clients who consent to participate have a nicotine assessment and/or Fagerstrom Test for Nicotine Dependence completed within three treatment contacts, as documented on their client file.

Positive Impact

64. Clients who are exclusively involved in and complete nicotine treatment report a reduction in nicotine use at one year.
65. Clients who complete nicotine treatment during the course of their treatment for other substance use and/or gambling are not using tobacco products at one year.
66. Clients who are exclusively involved in and complete nicotine treatment are not using tobacco products at one year.
67. Clients report satisfaction with nicotine treatment at program completion.



Indicator Targets

Accessibility

100% of clients who seek nicotine treatment will be offered nicotine services that will occur within 15 business days.

90% of clients will report that help was readily available when they decided to seek help.

Retention and Connection to the Continuum of Care

90% of clients will receive information on the range of available nicotine and other treatment services, as documented on their client file.

100% of clients who consent to participate will have a nicotine assessment and/or Fagerstrom Test for Nicotine Dependence completed within three treatment contacts, as documented on their client file.

Positive Impact

60% of clients who are exclusively involved in and complete nicotine treatment will report a reduction in nicotine use at one year.

10% of clients who complete nicotine treatment during the course of their treatment for other substance use and/or gambling will not be using tobacco products at one year.

30% of clients who are exclusively involved in and complete nicotine treatment will not be using tobacco products at one year.

90% of clients will report satisfaction with nicotine treatment at program completion.

5.3 Problem Gambling Services

Description

Problem Gambling Services provide public awareness, health promotion, prevention, early intervention, and treatment for individuals, concerned significant others, groups, and communities harmfully involved with gambling. Problem Gambling Services also support and participate in applied research pertaining to problem gambling.

Objectives

1. To increase public awareness and knowledge of problem gambling, through evidence-based programs, strategies, and social marketing campaigns
2. To develop and implement health promotion, prevention, and education programs
3. To develop and implement early intervention programs for individuals and families harmfully involved with gambling
4. To provide community-based treatment services for individuals and families harmfully involved with gambling
5. To conduct research and knowledge-exchange activities related to problem gambling

Standard Measures

Accessibility

68. Clients who report a gambling treatment issue during Intake are offered gambling treatment services.
69. Clients who report a gambling treatment issue during Intake are made aware of the Problem Gambling Help Line service.
70. Requests for gambling-related prevention and community education services result in delivery of an appropriate program.

Retention and Connection to the Continuum of Care

71. Where consent has been given to involve significant others, the significant others are involved in the client's treatment, as recorded within one continuous treatment episode (one program registration).

Positive Impact

72. Clients report satisfaction with services at program completion.
73. Clients report a reduction in the harms associated with substance use and/or gambling at program completion.

Indicator Targets

Accessibility

100% of clients who report a gambling treatment issue during Intake will be offered gambling treatment services.

100% of clients who report a gambling treatment issue during Intake will be made aware of the Problem Gambling Help Line service.

75% of requests for gambling-related prevention and community education services will result in delivery of an appropriate program.





Retention and Connection to the Continuum of Care

Where consent has been given to involve significant others, there will be greater than 15% involvement of significant others, as recorded within one continuous treatment episode (one program registration).

Positive Impact

90% of clients will report satisfaction with services at program completion.

75% of clients will report a reduction in the harms associated with substance use and/or gambling at program completion.

5.4 Women's Treatment Services

Description

Addiction Services for women are services to address women's specific experiences, issues, and realities. The focus of services for women is to encourage women to choose and direct their own lifestyle changes and to participate in the development of services based on their actual needs, rather than their needs as perceived by others.

Addressing interrelated health issues and the impact of the determinants of health is key to the delivery of services for women. Addiction Services for women involves:

- a gender-sensitive and culturally appropriate approach
- client education and information
- a relational model of treatment
- practical skill-building
- family issues
- a harm-reduction approach
- a realistic view of return-to-use prevention and management

Women's Treatment Services also serve as a resource for adolescent programs with young women.

Objectives

1. To increase opportunities for women to engage and continue in the recovery process
2. To increase accessibility by addressing barriers such as transportation and elder/ child-care needs
3. To provide women-specific programming along the continuum of care
4. To coordinate care for women needing Addiction Services, using a case management approach through the continuum of treatment options
5. To advocate broadly for services and public policy on the behalf of women in diverse communities

Standard Measures

Accessibility

74. Women's Treatment Services are offered in non-addiction services sites as well as addiction services sites.

Retention and Connection to the Continuum of Care

75. Programs have women-specific services available upon request.

Positive Impact

76. Clients who identify safety issues report an improvement at program completion.
77. Clients who identify trauma issues report an improvement at program completion.

Indicator Targets

Accessibility

25% of Women's Treatment Services will be offered in non-addiction services sites.

Retention and Connection to the Continuum of Care

100% of programs will have women-specific services available upon request.

Positive Impact

90% of clients who identify safety issues will report an improvement at program completion.

90% of clients who identify trauma issues will report an improvement at program completion.



5.5 Driving While Impaired Program

Description

The Driving While Impaired (DWI) program is provided for all persons suspended for, and/or convicted of, impaired driving offences. Drivers requesting reinstatement must complete this program, provided in partnership with the Registry of Motor Vehicles (RMV) and Service Nova Scotia and Municipal Relations. The three components of the program are:

- Education, usually delivered in a group setting, consisting of information on safe driving and the effect(s) of alcohol and other drugs
- Assessment, including the use of approved screening tools, one-on-one interviews, and collateral information
- Treatment, consisting of individual or group counselling and, when necessary, other elements drawn from the continuum of addiction and other services (for those individuals who need to address problems related to alcohol and drug use to sustain healthy lifestyle changes)

Objectives

1. To provide education on the administrative and legislative consequences of impaired driving
2. To provide an opportunity for clients to examine their alcohol and/or drug use and driving behaviour
3. To provide education about the roles of Addiction Services in relation to RMV and the applicable laws and regulations in Nova Scotia and Canada
4. To provide education on safe driving as it relates to the effect(s) of alcohol and/or drug use
5. To provide education on the harms associated with alcohol and/or drug use
6. To review factors involved in impaired driving, and determine the influence that these factors have on the decisions to drive while impaired
7. To assist clients in the development of a plan/strategy for avoiding problems, such as DWI associated with alcohol or drug use

Standard Measures

Note: Foundation of Quality Services, Intake, Assessment, and Community-based Services standards also apply to DWI.

Accessibility

78. Registered clients are able to access the program in their district of residence.
79. Registered clients commence the Assessment and/or Education Component within 60 calendar days of Intake start.
80. Registered clients provide the names of collateral contacts.

Retention and Connection to the Continuum of Care

- 81. Clients who require addiction treatment are offered services consistent with their individual treatment plan.
- 82. Registered clients complete the DWI program.

Positive Impact

- 83. Clients surveyed report improvements in health determinants as indicated by OMS.
- 84. Clients do not re-offend within one year of license reinstatement, as measured by the RMV database.
- 85. Clients do not re-offend within two years of license reinstatement, as measured by the RMV database.

Indicator Targets

Accessibility

- 100% of registered clients will be able to access the program in their district of residence.
- 90% of registered clients will be able to commence the Assessment and/or Education Component within 60 calendar days of Intake start.
- 95% of registered clients will provide the names of collateral contacts.

Retention and Connection to the Continuum of Care

- 100% of clients who require addiction treatment will be offered services consistent with their individual treatment plans.
- 85% of registered clients will complete the DWI program.

Positive Impact

- 75% of clients surveyed will report improvements in health determinants as indicated by OMS.
- 90% of clients will not re-offend within one year of license reinstatement, as measured by the RMV database.
- 70% of clients will not re-offend within two years of license reinstatement, as measured by the RMV database.



5.6 Alcohol Ignition Interlock Program

Description

Alcohol Ignition Interlock is a provincial program, administered by the Registry of Motor Vehicles (RMV). It is designed for those people who are convicted under the Criminal Code of Canada for alcohol-related offences. This program is voluntary for most first offences and mandatory for second and third offences, up to and including offences causing bodily harm and death.

Addiction Services will work in partnership with RMV and Service Nova Scotia and Municipal Relations to oversee the Alcohol Ignition Interlock Program (AIIP). Addiction Services is responsible for reviewing bi-monthly interlock data and conducting bimonthly alcohol monitoring sessions, ongoing assessment, and the provision of counselling and/or referral when deemed appropriate, as well as conducting a follow-up session six months after program exit. In addition:

- All drivers requesting this program will have to follow the regulations as outlined in the Criminal Code of Canada and the RMV rules.
- Clients participating in the AIIP will complete the Education and Assessment components of the Driving While Impaired Program.
- There will be program evaluation and constant quality improvement through partnerships with Addiction Services and RMV.

Objectives

1. To monitor client behavioural changes while required to use the ignition interlock device
2. To address and influence behaviour/attitude changes regarding drinking and driving
3. To provide opportunity for clients to examine alcohol use and behaviour

Standard Measures

Accessibility

86. Registered clients are able to access the program in their district of residence.

Retention to Continuum of Care

87. Clients who require addiction treatment are offered services consistent with their individual treatment plan.

88. Clients have bi-monthly monitoring sessions, unless otherwise determined by Addiction Services and RMV.

Positive Impact

89. Clients report satisfaction with Addiction Services, as indicated by OMS.

90. Clients do not re-offend within one year of license reinstatement, as measured by the RMV database.

Indicator Targets

Accessibility

100% of registered clients will be able to access the program in their district of residence.

Retention to Continuum of Care

100% of clients who require addiction treatment will be offered services consistent with their individual treatment plans.

100% of clients will have bi-monthly monitoring sessions unless otherwise determined between Addiction Services and RMV.

Positive Impact

90% of clients surveyed will report satisfaction with Addiction Services as indicated by OMS.



6. Appendix A:

Community-based Standards: Monitoring Report

Purpose

Provincial standards are intended to:

1. promote high-quality service delivery
2. promote consistency in programming
3. allow for monitoring of program performance and results
4. support accountability

These Community-Based Standards include measures specific to accessibility, retention and connection to the continuum of supports and services care, and positively impact on client outcomes.

As stated in Section 60 of the Health Authorities Act, the Department of Health and Wellness (DHW), with respect to standards, as has the responsibility for:

- (a) the strategic direction of the health-care system including the development, implementation and evaluation of Provincial health policy;
- (b) develop or ensure the development of standards for the delivery of health services;
- (c) monitor, measure and evaluate the quality, accessibility and comprehensiveness of health services

According to Section 20 of the Health Authorities Act, the District Health Authorities/IWK (DHAs/IWK) has a responsibility to:

- (e) participate in the development of and implementation of Provincial health policies and standards, Provincial health-information systems, Provincial human-resource plans for the health system and other Provincial health-care system initiatives. In addition, section 21 (1) (c) indicates that the DHAs/ IWK provide information as is required by the Minister for the purpose of the monitoring and evaluation of the quality, accessibility and comprehensiveness of health services.

The following template reflects current monitoring capacity. It has been designed to enable the DHAs/IWK to monitor the extent to which the Community-based Standards are being met. Monitoring compliance with Provincial standards is one component of quality assurance and can help DHAs/IWK and the DHW better understand where additional supports and services may be required.

Given the limitations of our current health information systems, tracking every standard would also require manual review. Many standards can be measured through ASsist and those standards are the focus of this monitoring template. Narrative feedback or supplementary information is also welcomed as an accompaniment of this report. It is expected that additional indicators will be measurable with the implementation of a new or expanded client information system.

Process

While each DHA/IWK has their own process related to monitoring standards, quality management officers and research and statistical officers are encouraged to collaborate with managers and staff, who work within Community-Based Services, to complete this monitoring template.

Results

Completion of this report will provide information that can be used collectively to identify successes, gaps, and challenges related to the standards. DHW and DHAs/IWK will be able to use this information in Community-Based program planning. Also, in adherence with the Health Authority Act, this information will be used to generate a provincial report on standards compliance.

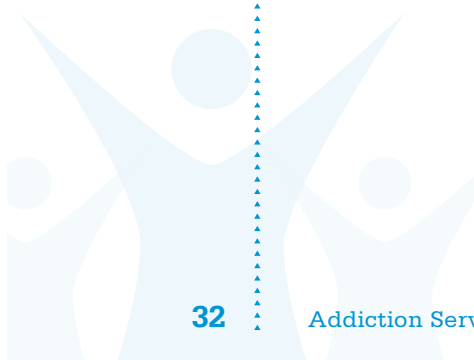


Standard	Percentage Meeting Standard	Comments
Documentation		
100% of Intakes will be documented in ASsist within one business day of completion of Intake.		
100% of Client Profile information will be documented in ASsist before or at the time of registration.		
100% of Client Profiles for active clients will be reviewed and updated in ASsist every 90 calendar days.		
100% of Program Registrations will be documented in ASsist within one business day of program start date.		
100% of clients will have Consent to Treatment explained to them and documented prior to or at the time of program registration.		
100% of initial, progress, and closure notes will be documented in the paper file within five business days following each session with or about the client.		
100% of inactive program registrations identified as requiring closure will have discharge/closure completed within ten business days.		
100% of Assessments will be completed within the first three clinical sessions (or prior to discharge for in-patient clients), and following completion will be added to the file within five business days.		
90% of clients who have an Assessment completed will have signed the document to indicate that staff has reviewed it with them by the fourth clinical session (or prior to discharge for in-patient clients).		

Standard	Percentage Meeting Standard	Comments
Intake- Accessibility		
100% of clients who are identified as pregnant will be offered services that will occur within three business days, and/or be appropriately referred.		
100% of clients prioritized as emergency will be immediately offered services or appropriately referred.		
Intake- Retention and Connection to the Continuum of Care		
90% of those clients determined appropriate for Addiction Services will have a program registration completed within 90 calendar days.		
90% of clients who are registered for a program are registered for the program recommended at Intake.		
Assessment		
100% of all clients will have an assessment or choice activity completed that is client- and program-appropriate as per the process defined within each program.		
Community-based Services- Accessibility		
90% of clients identified as a general level of priority upon completion of Intake will be offered services that will occur within 15 business days.		



Standard	Percentage Meeting Standard	Comments
Community-based Services- Retention and Connection to the Continuum of Care		
100% of clients will participate in an assessment that is appropriate for the client and the program involved.		
60% of clients attending Community-based Services will have three clinical sessions recorded within one continuous treatment episode (one program registration).		
There will be less than 25% noshows/ cancellations (cancelled by staff or client) for clinical sessions.		
Where consent has been given to involve significant others, there will be greater than 25% involvement of significant others, as recorded within one continuous treatment episode (one program registration).		
Adolescent Services- Retention and Connection to the Continuum of Care		
70% of adolescent clients, if clinically relevant, will give consent to involve adult family members, caregivers, or similar alternate support people.		
15% of adolescent treatment episodes (one program registration) will involve at least one documented external partnership or consultation.		
There will be 30% or less noshows/ cancellations (cancelled by staff or client) for clinical sessions.		



Standard	Percentage Meeting Standard	Comments
Nicotine Treatment S Services- Accessibility		
100% of clients who seek nicotine treatment will be offered nicotine services that will occur within 15 business days.		
Problem Gambling Services- Retention and Connection to the Continuum of Care		
Where consent has been given to involve significant others, there will be greater than 15% involvement of significant others, as recorded within one continuous treatment episode (one program registration).		
Women's Treatment Services- Accessibility		
25% of Women's Treatment Services will be offered in nonaddiction services sites.		
Driving While Impaired Program- Accessibility		
100% of registered clients will be able to access the program in their district of residence.		
90% of registered clients will be able to commence the Assessment and/or Education Component within 60 calendar days of Intake start.		



Standard	Percentage Meeting Standard	Comments
Outcome Monitoring System (OMS)		
100% of eligible* clients will be asked to participate in OMS.		
85% of clients who have been asked to participate will give consent for OMS.		
Community-based Services- Positive Impact		
60% of client cases will be closed after the successful completion of treatment goals met with clinical progress.		

Acknowledgement

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