

Alcohol and Drug Abuse Programs

1/16/2014

Why Do We Collect Waiting List Information?

- ADAP's goal is to maintain a treatment system that makes treatment accessible to substance abuse dependent individuals at the point when the individual is ready for treatment.
- ADAP is required to monitor waiting lists as a requirement for accepting the Substance Abuse Treatment and Prevention (SAPT) Block Grant which provides a significant portion of our funding. The specific federal requirements are outlined in Title 45 Subpart L of the Code of Federal Regulations, specifically in §96.126, §96.131, §96.132. <http://www.ecfr.gov/cgi-bin/text-id.x?SID=685bc043f770721331012e7583fa1251&node=45:1.0.1.1.53.12&rgn=div6>
- Vermont Act 50 (H.530) Sec. E.313 (c) requires that the Department of Health "compile and maintain a waitlist containing the unduplicated number of individuals in the State who are in need of substance abuse treatment."

Who are the Priority Populations?

Priority populations are defined in the SAPT Block Grant as pregnant women and intravenous drug users. The order of priority for services is:

- a) Pregnant injecting drug users;
- b) Pregnant substance abusers;
- c) Injecting drug users; and
- d) All others.

Pregnant women are to be served within 48 hours and must also be referred for prenatal care. Injecting drug users must be served within 14 days.

What Do We Do if We Can't Immediately Serve Someone in a Priority Population?

Pregnant Women: If you can't serve a pregnant woman within 48 hours you must refer the woman to a nearby facility or private practitioner that has capacity to serve her immediately. If no facility has capacity to serve her, notify ADAP at 802-651-1550 for placement assistance.

You must provide interim services, including a referral for prenatal care, until treatment is available.

Injecting Drug Users: If comprehensive treatment cannot be provided within 14 days you must provide interim services within 48 hours after the request for admission. They must also be placed on a wait list. For those individuals who remain active on a wait list, they are to be admitted to a treatment program within 120 days.

If you can't serve an injecting drug user within 14 days of the request for admission, you must refer the individual to other appropriate care located in a reasonable geographic area. If no treatment is available, you must provide interim services until treatment is available.

All Other Populations: Individual must be placed on the waiting list until care is available and ideally, interim services made available.

Who is Considered to Be Waiting for Services?

Pregnant women must never be kept waiting for care!

Anyone else, including injecting drug users, may be considered to be waiting for care except:

- a. Individuals who are incarcerated

- b. Individuals receiving care elsewhere – providers should keep a pending transfer list.
- c. Individuals who have been screened and deemed inappropriate for the level of care provided at this location, even if this individual may return to this location after completion of the appropriate level of care.
- d. Individuals who have received an assessment and are scheduled to begin treatment within 10 days of the assessment.
- e. Any individual who is not reachable within a 30 day period. This includes unknown change of address, no or disconnected phone number, no forwarding information, and individuals who do not return calls.

“The **active wait list** consists of people who have been screened or assessed and deemed appropriate for the level of care you provide at your agency.”

they are appropriate for care until you’ve evaluated them, the same way the surgeon doesn’t know you need surgery until you’ve been evaluated as appropriate for surgery.

ADAP must be able to provide an unduplicated count of individuals on the **active wait list**. The forms and instructions for reporting individuals on the active wait list are outlined on the ADAP Website.

<http://healthvermont.gov/adap/grantees/Grantees.aspx>

Since ADAP is frequently asked to provide wait list information to our funders, we will also call you regularly to collect summary

information about your agency and expect you to be able to provide this information within a business day.

Specifically, we will ask for your current active wait list and the number of pregnant women and injecting drug users on your wait list. For residential facilities serving both adults and adolescents, we will request the active wait list by population.

We will also request your census, which is the number of active clients served in your agency regardless of who is paying for services. The census information is based on the care provided:

- Hubs – total served; number using methadone and buprenorphine
- Residential and Halfway – total number of full beds
- Outpatient/Intensive Outpatient – total active clients based on your own methodology.

In addition, we will ask if your agency is at 90% or higher of your total capacity as part of our overall capacity management system.

How Do We Report the Wait List?

This is a surprisingly complex question. People wait for services at more than one point in the treatment process. They wait for an appointment to be assessed, sometimes at their request, sometimes due to assessment availability. They also wait to begin treatment after they have been assessed. For purposes of wait list reporting for the SAPT Block Grant and the legislature, ADAP needs to know how many people are on the **active wait list**. The **active wait list** consists of people who have been screened or assessed and deemed appropriate for the level of care you provide at your agency. These individuals must be prepared to enter treatment when it is available so you must be able to reach them to set up an appointment. This is not the same as the number of people who call and ask for services – you don’t know if

