



# STRATEGIC PLAN: PRINCIPLES OF CARE AND PRACTICE GUIDANCE

Prevent • Treat • Recover • For Life

### RATIONALE:

Substance use disorders are complex afflictions that affect every aspect of an individual’s life and every aspect of society. Their complexity is matched by the wide range of research, standards, improvement efforts and outcome studies examining the disorders and their prevention and treatment. The Department of Public Health’s Bureau of Substance Abuse Services (‘the Bureau’ or ‘BSAS’) is the state authority responsible for overseeing systems, agencies and programs that prevent and treat substance use disorders and support life-long recovery. The Bureau is committed to promoting best practices in prevention, treatment and recovery, and to providing ready access to information and resources supporting this aim.

### PRINCIPLES OF CARE:

BSAS has established Principles of Care, succinct statements intended to guide design and implementation of best practices. These Principles are drawn from BSAS’ mission and from study of comparable national principles, such as National Institute on Drug Abuse [Principles of Drug Addiction Treatment](#) and [Principles of Prevention](#), National Quality Forum [Standards of Care](#) and [Standards for Treatment](#), and [Institute of Medicine](#) recommendations.

To describe principles in practice, BSAS periodically issues Practice Guidance documents addressing specific issues or populations. A Practice Guidance identifies organizational, service delivery and treatment components that are hallmarks of Principles of Care.

Principles of Care and Practice Guidance documents are sub-regulatory companions to BSAS regulations, 105 CMR 164.000: Licensure of Substance Abuse Treatment Programs. That is, BSAS issues these documents under its regulatory authority, and uses them to promote excellence in substance abuse prevention and treatment services.

### PRACTICE GUIDANCE:

These papers are concrete summaries of actions or components that reflect best practices in operation. They are intended to be useful to agencies, communities and individuals in service design and quality assessment, by providing summaries of research, statements of effective practice, and links to resources. Practice Guidance papers are reviewed frequently and revised when evidence establishes the need for change.

Each paper is short – 3 to 5 pages – for easier access and reference (and to speed revisions when needed). Practice Guidance papers include:

- Rationale: Statement of why this issue is being addressed, including: background, statistics (e.g. identifying need), summary of research and evidence;
- Guidance: Specific practices which would apply the Principles of Care to the identified issue. There are two sub-sections:
  - Organization: administrative and operational practices, such as policies, staff training, and inter-agency cooperation
  - Service Delivery and Treatment: practices related to interactions between staff and individuals, prevention or treatment elements (such as assessment, discharge planning), individual needs, informed choices;

- Measures: Methods and tools for assessing the degree to which practice is achieving the desired goal. This section includes ways of using ESM data as measures;
- Resources: List of more comprehensive sources of guidance, such as SAMHSA's TIP series;
- Forms: Forms and formats available to use in implementing the Guidance;
- Links: to BSAS publications and other sources of information.

#### PRINCIPLES AND PRACTICE GUIDANCE IN ACTION:

BSAS Principles and Practice Guidance statements articulate BSAS' commitment and responsibility to promote best

practices and ensure high quality prevention, education, treatment and recovery services. They are fundamental to BSAS' efforts to build capacity, promote innovation, and assist providers in improving services and agency operations. The documents are designed to be general enough to have broad applicability, but specific enough to be useful to providers (and others) working to assess their achievements, establish goals, and design practice improvements. BSAS may direct licensees to refer to these documents in achieving compliance with regulations and in addressing Deficiency Correction Orders.

**PROCESS:** A Practice Guidance can be related to a wide variety of subjects, for example:

- a population defined by demographics, such as older adults;
- specific treatment need, such as co-occurring disorders;
- a subject of system-wide interest, such as spirituality or relapse; or
- an environmental focus, such as prevention in school settings.

Whether an issue should be addressed through a Practice Guidance is a decision made within BSAS, although issues can be identified in a variety of ways. BSAS supports a number of mechanisms by which stakeholders can identify areas that would benefit from Practice Guidance. These include the Consumer Advisory Board; Task Forces; internal, intra-state and federal work groups; research; data analysis and literature reviews.

Once a subject is identified, internal development proceeds with initial discussion as to rationale, guidance needed and review of related efforts. A draft is created, reviewed, and revised. Following internal review, existing groups (e.g. of consumers, providers, task forces) are invited to provide feedback and to assist in identifying most useful resources and links.

This process is incorporated into BSAS' organizational processes so that issues, once identified, can be addressed quickly and comprehensively.

#### METHOD OF DISSEMINATION:

Principles of Care and Practice Guidance papers are posted on BSAS web page(s), and include links to supporting documentation and resources. When documents are revised

the revision is noted in the document link.

BSAS welcomes comments and suggestions. Contact: [BSAS.Feedback@state.ma.us](mailto:BSAS.Feedback@state.ma.us).