

Residential Redesign Glossary of Terms

Term	Explanation
Ancillary Withdrawal	Ancillary withdrawal services are the medical management of mild to moderate symptoms of withdrawal within an OASAS-certified setting (Part 818/820/822). Medical staff monitor withdrawal symptoms. Providers must have a protocol for providing ancillary withdrawal services approved by the OASAS Medical Director. The protocol must include a physician director of the service, medication and counseling protocol for managing withdrawal, and 24-hour emergency plan. Staffing will include a physician, physician extenders, registered nurse, and clinical staff. A treatment plan will include the medication protocol to achieve safe withdrawal management, clinical interventions to provide engagement, and management of urges and cravings.
Best and Promising Practices	A best practice results from a rigorous process of peer review and evaluation that indicates effectiveness in improving outcomes for a target population. Promising best practices, while presently lacking research to support either efficacy or effectiveness, are clinical and service practices that have the greatest impact on the quality of life of individuals, families, and communities.
Care Coordination	A generic term for the integration of health and social care services for a particular person. Components of care coordination include working with an individual and his/her career(s) to ensure that a high-level, integrated, and personalized care plan is implemented.
Certified Recovery Peer Advocates (CRPA)	Certified Recovery Peer Advocates (CRPA) are individuals who hold an OASAS approved certification as a peer advocate. Peer advocates are supervised by a credentialed or licensed clinical staff member to provide peer support services based on clinical need as identified in the patient's treatment/recovery plan.
Clinical Supervision	Supervision is an intervention that is provided by a senior member of the profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of junior member(s), monitoring the quality of professional services offered to the clients she, he or they see(s), and serving as a gatekeeper of those who are to enter the particular profession.
Congregate Setting	Provides a community living experience with onsite staff available seven days a week, twenty-four hours a day.
Co-Occurring Disorders	The diagnosis of at least one disorder in two or more of the following areas: substance use disorder (e.g. addiction, alcoholism, chemical dependency, drug abuse), mental health disorder (e.g. personality disorder; depression, anxiety, or bipolar; schizophrenia; post-traumatic stress disorder).
Elements of Care	Pertaining to Stabilization, Rehabilitation, and Reintegration. Elements, which will be designated on operating certificate.
Empowerment	Empowerment is the experience of having some command and control over one's own destiny. Empowerment occurs, in part, when people impacted by

	addiction become active players by having choice and autonomy in the treatment process. Working towards self-healing, the healing of their families and communities, on their way to a self-determined and self-fulfilling life.
Evidence-Based Programs and Practices (EBPs)	Evidence-Based Practices (EBPs) are clinical and service practices that have scientific support for their efficacy when applied with fidelity. EBPs stand in contrast to approaches based solely on tradition, beliefs, or anecdotal evidence.
Family-Based Services	This service is provided only at the request of the individual, when appropriate. A person-centered or person-directed, recovery oriented, trauma-informed approach to partnering with families and other supporters to provide emotional and information support, and to enhance their skills so that they can support the recovery of a family member. "Family" is defined by the individual.
Flexible Length of Stay	Intensity and duration of treatment are individualized and movement in the treatment process is measured by measurement-based care tools rather than a prescribed program criteria.
Integration of Services	Integrated care services are the systematic coordination of evidence-based physical, mental health, substance use disorder, and recovery-oriented services that promote better outcomes, for the populations served.
Level of Care for Alcohol and Drug Treatment Referral (LOCADTR 3.0)	LOCADTR 3.0 is the standardized tool mandated to be utilized by OASAS certified providers and managed care organizations to identify the appropriate level of care upon admission and at any transition, transfer or discharge.
Measurement-Based Care	All substance use providers should implement a system of measurement-based care whereby validated symptom rating scales are utilized. Measurement-based care will help providers determine whether the treatment is working and facilitate treatment adjustments, consultations, or referrals.
Medication Assisted Treatment (MAT)	Medication-Assisted Treatment (MAT) e.g. Methadone, Buprenorphine, Suboxone, and Naltrexone, is the use of medications, in combination with counseling and behavioral therapies, to provide a person-centered approach to the treatment of substance use disorders. MAT is clinically driven with a focus on individualized patient care.
Metrics	Metrics are indicators for tracking and reporting the delivery and outcomes of integrated care. Quality metrics are the foundation for measurement-based care.
Milestones	Individuals entering treatment should progress by meeting personal milestones, including stabilization, engagement, goal setting, remission of substance use disorder, and attainment of goals supporting recovery. Treatment milestones are individualized and geared towards movement to increasing independence.
Milieu Staff	Milieu staff model and provide pro-social behavioral interventions at all times. Milieu staff are included in the treatment planning process and are aware of the treatment goals of each resident; they will carry out activities that will support goal attainment through the natural interactions within the milieu.

Participant Driven	Service duration and care is driven by personal preference and achievement of individualized milestones as participants move towards increased independence.
Peer-Based Recovery Services	Peer support services are face-to-face services provided by a peer advocate to a current participant. Peer support services are services for the purpose of connecting participants to community based recovery supports consistent with the treatment/recovery plan. Peer-based Recovery Supports include: emotional support demonstrated by showing empathy and caring; informational support referring to the availability of diverse information (such as health and wellness, educational assistance, assistance with new skills, ranging from life skills to employment readiness and civic restoration, etc.); instrumental support referring to the actual hands-on help resulting in the accomplishment of stressful tasks (such as filling out applications and pursuing entitlements, obtaining child care, transportation to appointments or support group meetings, etc.); and affiliational support dealing with the substitution of addiction related social networks with positive, recovery-oriented networks and communities of association (such as family focused events, leisure interests, forums, community and cultural events, sport team events, and recovery related events).
Personal Preferences	Within the context of the treatment process, the right or chance given to a participant in making a choice surrounding the menu of services offered.
Person-Centered/ Patient-Centered	Person-centered care—also known as patient-centered care—means participants have control over their services, including the amount, duration, and scope of services, as well as choice of providers. Person-centered care also is respectful and responsive to the cultural, linguistic, and other social and environmental needs of the individual.
Program Driven	Service duration and care is driven by a programmed length of stay rather than personal preference or achievement of individualized milestones.
Recovery Coach	A Recovery Coach is a trained staff or volunteer with recovery experience. The Recovery Coach helps remove personal and environmental obstacles to recovery and links the recovering person to the recovery community, acting as a personal guide and mentor in the management of personal and family recovery.
Recovery-Oriented Systems of Care	A Recovery-Oriented System of Care (ROSC) is a continuum of self-directed approaches which respect the role of personal choice and commitment in pursuit of health and wellness. The care incorporates a focus on issues that may be caused by or exacerbated by histories of alcohol and drug use, as well as preventative and intervening measures that people in recovery and family members can take to ensure health and wellness.
Rehabilitation Element of Care	Certified OASAS providers with the designation of the Rehabilitation Element of Care will provide services for individuals who are stable enough to manage emotional states, urges and cravings, co-occurring psychiatric symptoms, and medical conditions within the safety of a residential setting. This service requires a physician who will serve as medical director, and requires a nurse practitioner, psychiatrist, and nursing staff on site daily. Clinical staff will provide monitoring for medical and psychiatric symptoms that are stable. Services include medical monitoring of chronic conditions, including routine medication management and individual, group, and family counseling focused

	<p>on rehabilitation. The service requires a treatment plan to address functional needs, including personal and interpersonal functioning. The treatment program teaches individuals to manage self and interactions with others, working towards increasing independence.</p>
<p>Reintegration Element of Care</p>	<p>Certified OASAS organizations that provide the Reintegration Element of Care will deliver services to transition participants from structured treatment environments to more independent living. This setting does not require a physician to serve as medical director. Staff will coordinate treatment services but do not provide direct clinical care. Most services are provided in the community and include clinical and recovery oriented services. Individuals are provided a safe living environment with a high degree of behavioral accountability. Services include linkage for medical and clinical oversight of chronic but stable medical and psychiatric symptoms and conditions, including Outpatient Substance Use Disorder treatment. Services also include: community meetings; activities of daily living (ADL) support; case management; vocational support; and clinical services to support transition to independent living. Reintegration services may be provided in a congregate or scatter-site setting.</p>
<p>Residential Services</p>	<p>Residential Services are 24/7 structured treatment/recovery services in a residential setting provided by OASAS certified programs to persons recovering from substance use disorder. Services correspond to elements in the treatment/recovery process and are distinguished by the configuration of services, staffing patterns, and degree of dysfunction of the individual served in each setting.</p>
<p>Scatter-Site Setting</p>	<p>Housing is provided at various locations wherein staff provide case management and supervision through weekly in-house visits.</p>
<p>Stabilization Element of Care</p>	<p>OASAS-certified organizations that provide the Stabilization Element of Care will deliver medical and clinical services including: medical evaluation; ongoing medication management; limited medical intervention; ancillary withdrawal and medication assisted substance use treatment; psychiatric evaluation and ongoing management; and group, individual, and family counseling focused on stabilizing the individual and increasing coping skills until the individual is able to manage feelings, urges and cravings, co-occurring psychiatric symptoms, and medical conditions within the safety of the residence. This service has a physician who serves as medical director, and a psychiatrist, nurse practitioner, and/or physician assistants to provide and oversee medical and psychiatric treatment. Medical staff are available in the residence daily/on call daily. There are admitting hours 7 days per week.</p>
<p>Staffing “in sufficient numbers”</p>	<p>Certified providers will identify medical, psychiatric, and clinical staffing patterns that will meet the service needs of the demographic population and the Element of Care. Providers must identify how they will evaluate the sufficiency and make adjustments as needs increase or decrease vs a set staff to patient ratio.</p>
<p>Strength-Based/ Success-Oriented</p>	<p>Developing systems of care to support treatment and recovery efforts that capitalize on an individual’s strengths.</p>
<p>Target Population</p>	<p>A particular group of people that is identified as the intended recipient of services that your agency best serves.</p>

Trauma-Informed	Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. A trauma-informed program will create strength-based environments and practices that allow for participant/survivor empowerment.
Treatment Plan/ Recovery Plan	The Treatment/Recovery Plan is strength-based, person-centered, trauma-informed, and recovery-oriented. The individual treatment plan informs the participant, provider, and others about the goals, type of services, service intensity, and progress indicators. The treatment plan is developed in collaboration with the participant and transdisciplinary team. It is the road map that the participant and service providers will follow on the participant's journey through treatment.
Utilization Management (UM)	Procedures used to monitor or evaluate clinical necessity, appropriateness, efficacy, or efficiency of substance use disorder care services, procedures, or settings. Includes prospective review, concurrent review, retrospective review, care management, discharge planning, and service authorization.
Utilization Review (UR)	A review to determine whether integrated services that have been provided, are being provided, or are proposed to be provided to a patient are medically necessary, whether undertaken prior to, concurrent with, or subsequent to the delivery of such services.
Warm Handoff	A warm handoff involves linkages and referrals that are assertive in nature. The provider ensures that the participant can actualize these appointments via supports that ensure the connection has been made.