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| **RBHA:** |  |
| **Person(s) Submitting Report:** |  |
| **Date:** |  |

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| 1. **Provide how the process has improved for referring individuals to treatment facilities that can provide the individuals to the treatment modality that is the most appropriate for the individuals.** |
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| 1. **How has the contactor provided education on services or activities (or both, as the case may be) that shall be made available to employees of the facility who provide the services or activities?**   **(RBHA shall ensure that such programs include a provision for continuing education for employees of the facility in its funding agreement).** |
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| 1. **According to 45 CFR 96.132(c), how did the RBHA coordinate and monitor prevention and treatment activities with the provision of other appropriate services (including health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services)?** |
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| 1. **According to 45 CFR 96.132(e), what system is used to protect and monitor from inappropriate disclosure of patient records maintained by the RBHA in connection with any activity funded under the program involved or by any entity which is receiving amounts from the grant and such system shall be in compliance with all applicable State and Federal laws and regulations, including [42 CFR part 2]?**   **(This system shall include provisions for and documentation of ongoing employee education on the confidentiality requirements and the facts that disciplinary action may occur upon inappropriate disclosures.)** |
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| * **All SABG Treatment Providers will use the AHCCCS Capacity Management Waitlist System.** * **The RBHA shall submit the SABG Agreement Report as specified in Contract** * **The RBHA shall ensure Capacity Management will:** * In compliance with 45 CFR 96.132(a), create and monitor the process for referring individuals to treatment facilities that can provide to the individuals the treatment modality that is most appropriate for the individuals. Examples of how this may be accomplished include the development and implementation of a capacity management/waiting list management system; the utilization of a toll-free number for programs to report available capacity and waiting list data; and the utilization of standardized assessment procedures that facilitate the referral process. * Provide notification upon reaching 90% of its capacity to admit individuals to the program within seven days, * Ensure that each individual who requests, and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment not later than: * 14 days after making the request for admission to such a program; or * 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services, including referral for prenatal care, are made available to the individual not later than 48 hours after such request. * Carry out activities to encourage individuals in need of such treatment to undergo such treatment. The RBHA shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. * The Model shall require that outreach efforts include the following: * Selecting, training and supervising outreach workers, * Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including [42 CFR part 2], * Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV, * Recommend steps that can be taken to ensure that HIV transmission does not occur, and * Encouraging entry into treatment.   The RBHA shall develop effective strategies for monitoring programs compliance with this section. The RBHA shall report under the requirements of 45 CFR 96.122(g) on the specific strategies to be used to identify compliance problems and corrective actions to be taken to address those problems. |