

Minimum Standards of Care

JAMAICA

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The Rationale

- ▶ In 2010, the National Council on Drug Abuse embarked on the task of preparing Minimum Standards of Care (MSC) for the Nation's treatment facilities
- ▶ The need arose from a treatment Gap Analysis was conducted by a consultant hired by the agency which showed major discrepancy in quality of care provided across treatment facilities.

The Rationale

- ▶ The NCDA considered the MSC to be necessary to be able to streamline services, to ensure there is a recognized framework for working with clients, to ensure appropriate qualifications of treatment providers
- ▶ To ensure that interventions are appropriate, deliberate, effective and properly delivered so that lives can be transformed.

The Journey...

- ▶ NCDA engaged in a Partnership with Pan-American Health Authority who provided technical support through hosting workshops and materials for the development of the MSC
- ▶ A MSC draft manual was developed from the process through review of material and focus group discussions with mental health professionals, treatment providers, correction officers social workers and psychologists for a variety of perspectives

The Journey...

However there were several challenges to implementing standards such as:

- ▶ 1. A lack of an accreditation body
- ▶ 2. Lack of training opportunity to improve the knowledge base of treatment providers
- ▶ 3. A lack of support and buy in from key stakeholders due to competing priorities

The Journey...

- ▶ The MSC was revisited in 2015 due to a thrust by the Ministry of Health, Mental Health & Substance Abuse Unit, the NCDA and PAHO devising a project to provide training and improve processes in these sectors of government operation.
- ▶ This allowed a re-engagement of key stakeholders around issues related to drug abuse which resulted in the development of a draft national alcohol policy, training opportunities and re-igniting of interest in Quality of Care and MSC.
- ▶ There was broader stakeholder interest at this time around these issues but the focus was on the alcohol policy

The Journey...

- ▶ In March 2017, NCDA re-engaged PAHO specifically around completing next steps for the MSC and Pathways to Care in Substance Abuse Treatment
- ▶ PAHO agreed to support the completion of the process
- ▶ Two stakeholder meetings were held; one with treatment providers and one with policy level officials
- ▶ The draft MSC was shared with them for feedback and review in a workshop setting

The Journey...

- ▶ This process allowed:
- ▶ - re-sensitization to the need for MSC
- ▶ -Fostered greater buy in across stakeholders (inter-ministerial collaboration in particular) as they contributed to the manual and were able to discuss relevance in their specific working context
- ▶ An auditing tool for treatment facilities and pathways to care documents were also developed and reviewed as a part of this process

What changed, over 7 years?

- ▶ Increased training opportunities for drug treatment providers through the OAS/CICAD PROCCER programme and PAHO MhGap training of primary care practitioners in Substance Abuse treatment
- ▶ Set up of a Quality of Care Committee by PAHO
- ▶ Set up of a Treatment Services Committee by the NCDA of which one role is to conduct audits of treatment facilities
- ▶ Greater recognition of Government Officials of Substance Misuse as a Public Health Concern

Next Steps

- ▶ Jamaica's MSC has been completed
- ▶ This will be presented at the Chief Medical Officer's Meeting for final review
- ▶ Once reviewed and accepted it receives the stamp of approval by the Ministry of Health
- ▶ The MSC will be disseminated by November to all Treatment Centres as the Government's guidelines for their operations