

**NON-RESIDENTIAL  
SUBSTITUTION-BASED  
TREATMENT CENTER FOR  
OPIATE ADDICTION**

## **NON-RESIDENTIAL METHADONE TREATMENT FACILITIES (NRMTF)**

A non-residential narcotic treatment facility should provide adequate medical, counseling, vocational, educational, mental health assessment, and social services to patients enrolled in the opioid treatment program with the goal of the individual becoming free of opioid dependency.

### **Need**

The need for non-residential narcotic treatment facilities should be based on information prepared by the applicant for a certificate of need which acknowledges the importance of considering the demand for services along with need and addressing and analyzing service problems as well.

The assessment should cover the proposed service area and include the utilization of existing service providers, scope of services provided, patient origin, and patient mix.

The assessment should consider that the users of opiate drugs are the clients at non-residential narcotic treatment facilities, and because of the illegal nature of opiate drug use, data will be based on estimates, actual counts, arrests for drug use, and hospital admittance for drug abuse.

The assessment should also include:

1. A description of the geographic area to be served by the program;
2. Population of area to be served;
3. The estimated number of persons, in the described area, addicted to heroin or other opioid drugs and an explanation of the basis of the estimate;
4. The estimated number of persons, in the described area, addicted to heroin or other opioid drugs presently under treatment in methadone and other treatment programs;
5. Projected rate of intake and factors controlling intake;
6. Compare estimated need to existing capacity.

Also, consideration should be given to the reality that existing facilities can expand or reduce their capacity to maintain or treat patients without large changes in overhead.

### **Service Area**

The geographic service area should be reasonable and based on an optimal balance between population density and service proximity.

The relationship of the socio-demographics of the service area and the projected population to receive services should be considered. The proposal's sensitivity to and the responsiveness to the special needs of the service area should be considered including accessibility to consumers, particularly women, racial and ethnic minorities, and low-income groups.

### **Relationship to Existing Applicable Plans**

The proposals' estimate of the number of patients to be treated, anticipated revenue from the proposed project, and the program funding source with description of the organizational structure of the program delineating the person(s) responsible for the program, should be considered.

The proposals' relationship to policy as formulated in local and national plans, including need methodologies, should be considered.

The proposals' relationship to underserved geographic areas and underserved population groups, as identified in local plans and other documents, should be a significant consideration.

The impact of the proposal on similar services supported by state appropriations should be assessed and considered.

The degree of projected financial participation in the Medicare and TennCare programs should be considered.