

**HIV Health Services Planning Council
Sacramento TGA
Policy and Procedure Manual**

Subject: Substance Abuse Treatment Services – Outpatient **No.:** SSC 06

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Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Council the following Substance Abuse Treatment Services Standard will apply to all Ryan White contracted vendors that provide these services.

NOTE: *For clarity and consistency, the service category referenced throughout this document is Substance Abuse Outpatient Care, per PCN #16-02. However, in all other cases, the TGA utilizes 2016 White House Office on National Drug Control Policy (ONDCP) language, including “substance use disorder” instead of “substance abuse.”*

Reference: Ryan White HIV/AIDS Program Part A Manual:
<http://hab.hrsa.gov/manageyourgrant/files/happartamanual2013.pdf>

1. The provision of Substance Abuse Treatment Services - Outpatient shall be consistent with Service Standards 05 (SSC05) Eligibility & Fees for Ryan White Part A and Part B Services and consistent with the Substance Abuse Treatment Services program as outlined herein:
2. Clients presenting through self-referral will be accepted and authorized for Substance Abuse Treatment Services - Outpatient through Ryan White funding only in circumstances where client eligibility is validated and no other payment guarantor has been identified.

Substance Abuse Treatment Services – Outpatient which are not initiated through self-referral shall be administered or referred through Medical Case Management or medical provider coordination in accordance with the allocation priorities and directives adopted by the HIV Planning Council.

Ryan White funds may not be expended or set-aside on a prospective basis for services not yet actually provided.

3. Consistent with Section 1 and 2 above, the following care and treatment guidelines apply:

A. The HIV Health Services Planning Council makes no endorsement of any one substance abuse treatment strategy or program model. The following standards must be adhered to in any treatment intervention for Ryan White eligible clients:

- i. HIV related medical issues must always take precedent over substance abuse treatment program protocol.
- ii. Any therapeutic treatment model must be tailored for those clients with extreme HIV related medical issues (as determined by a medical provider) not suitable for social model intervention.

B. If the client is determined ineligible to participate in other federal, state or local substance abuse treatment programs, or if those services are unavailable, substance abuse outpatient treatment services will be made available to persons living with HIV (PLWH) within the Sacramento TGA provided funding is available, and consistent with: 1) the client's individual plan of care; 2) Planning Council Service Standards; 3) Health Resources and Services Administration guidelines; and, 4) Public Health Services (PHS) best practices.

Substance Abuse Outpatient Treatment is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
- Assessment
- Diagnosis and/or treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Key activities of Substance Abuse Outpatient Care include:

- Initial assessment of the client's service needs;
- Recovery readiness determination and relapse prevention strategies;
- Harm reduction including syringe access;

- Development of a comprehensive, individualized treatment plan including client driven goals and milestones;
- Treatment provision, such as:
 - Behavioral health counseling in individual, family, and/or group settings
 - Crisis intervention
 - Medication-assisted therapy, including the use of disulfiram, acamprosate, naltrexone, methadone, buprenorphine, and others
 - Relapse prevention
- Referral/coordination/linkages with other providers to ensure integration of services and better client care;
- Re-evaluation of the treatment plan with the client at least every six months with revisions and adjustments as necessary;
- Development of follow-up plans;

Provider Qualifications

Education/Experience/Supervision

Professional diagnostic, therapeutic, and other treatment services under this service category must be provided by practitioners holding appropriate and valid California licensure or certification, including:

- Physicians (including Psychiatrists)
- Psychologists
- Nurse Specialists/Practitioners
- Marriage and Family Therapists (MFT)
- Licensed Clinical Social Workers (LCSW)
- California Alcohol and Drug Abuse Counselors (CADAC)

Other professional and non-professional (“waivered”) staff ***may*** provide services appropriate for their level of training/education as part of a care team ***under the supervision*** of a licensed or certified clinician.

Other professional staff include but are not limited to:

- Interns
- Assistants
- Fellows
- Associates

Non-professional staff include but are not limited to:

- Peer Navigators
- Community Health Workers
- Trainees

Individual supervision and guidance must be routinely provided to all staff.

Staff Orientation and Training

Initial: All Ryan White-funded staff providing Substance Abuse Outpatient Care must complete an initial training session related to their job description and serving those with HIV. HIV training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge such as transmission, care, and prevention.
- Trauma and stigma for people living with HIV, and the effect of trauma and stigma on care/relapse
- Harm reduction principles and strategies
- Overdose education and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care

Ongoing: Staff must also receive ongoing annual HIV training as appropriate for their position, including continuing education required by the State of California to maintain licensure. Training must be clearly documented and tracked for monitoring purposes.

Service Characteristics

Substance Abuse Outpatient Care must be offered in a way that addresses barriers to accessing substance use disorder treatment and uses resources to support positive health outcomes for clients. All Substance Abuse Outpatient Care must include the Key Activities included in the *Service Definition* section of this document. Providers While not specifically required, other best practices recommended for this service include:

- Provision of low-threshold services; agency guidelines should avoid abstinence requirements tied to service provision
- Use of peer-based support strategies
- Use of a trauma-informed approach
- Use of reminder systems and flexible policies regarding missed appointments

Initial Appointments: Initial Substance Abuse Outpatient Care appointments should be made as soon as possible to avoid potential

drop out. Initial in-person contact (e.g., intake, initial screening, and scheduling of a full assessment) must occur no more than five business days after first client referral and must address immediate needs. Full assessments may occur later but no more than 30 calendar days after the initial in-person contact. As clients may miss appointments, agencies must have a process in place to ensure timely follow-up with clients, preferably within 24 hours. Missed appointments and attempts at rescheduling must be documented in the file.

Orientation

Each new client enrolled in Substance Abuse Outpatient Care must receive an orientation to the services at the first visit; document this orientation in the client file.

Initial Assessment

The substance use disorder provider must conduct a comprehensive face-to-face needs assessment within 35 days of referral. The needs assessment will describe the client's current status and inform the treatment plan. This substance use needs assessment should include:

- Substance use history
- Current medications and side effects
- A detailed statement of the client's current presenting problem
- Mental status exam (MSE)
- Concurrent diagnoses, including physical and mental health diagnoses

Documentation: All client contacts, findings, procedures, diagnoses, education, and other information pertinent to client care must be recorded in the client chart.

Treatment Plan

Frequency: An individualized treatment plan must be developed within 30 calendar days of the client's initial assessment and re-evaluated at least every six months thereafter, with adaptations as needed.

Requirements: Substance use disorder providers developing an individualized treatment plan should ensure that the plan, at a minimum:

- Incorporates client input
- Identifies and prioritizes the client's mental health care needs, including those not directly related to substance use
- Includes a statement of the problems, diagnoses, symptoms, or behaviors to be addressed in treatment

- Sets realistic and measurable goals, objectives, and timelines based on client needs identified by the client and substance use disorder team
- Identifies interventions, modalities, and resources to attain the goals and objectives, including referral and linkage to other relevant providers (e.g., mental health providers, physicians, housing specialists)
- Details frequency and expected duration of services
- Is signed and dated by the provider unless documented via the Care Plan in an electronic health record

Treatment Provision

Services should be provided utilizing methodologies appropriate for the client's needs, following evidence-based recommendations for substance use disorder treatment for people living with HIV. These may include any combination of:

Group and individual therapy/counseling: Outpatient substance use disorder counseling may be done in groups, individually, or a combination of the two.

Harm Reduction Model: Services should utilize harm reduction principles and should be offered for all substances as appropriate. Programs may include syringe access services, but services funded through Ryan White can only be provided to Ryan White clients and **cannot include purchase** of syringes.

Recovery readiness: Services should include an evaluation of the client's readiness to abstain from substance use for the foreseeable future.

Medication-assisted treatment: Licensed narcotic treatment programs may combine pharmacotherapy such as methadone, buprenorphine, and naloxone with counseling and behavioral therapy. Medications must be prescribed by a licensed and appropriately certified/registered medical provider (with buprenorphine certification, if applicable). *Note: buprenorphine services may also be provided under the Outpatient/Ambulatory Health Services category if preferred.*

Relapse prevention: Services should provide education and counseling to help prevent relapse. These may include recovery planning and self-help groups as well as coping strategies for common relapse triggers.

Referral / linkage: Clients requiring specialized care should be referred for and linked to such care, with documentation of that referral in the client file and available upon request.

4. Providers of Substance Abuse Treatment services will continually improve the quality of care provided by engaging in activities outlined in USDHS PHS guidelines, such as a system of peer reviews, etc.
5. Substance Abuse Counselors at Ryan White (RW) Agencies may at any time submit to the Ryan White Recipient requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique healthcare needs of a client or on unique barriers to accessing healthcare services which may be experienced by a client.
6. RW Agencies shall provide a means by which Substance Abuse Counselors can obtain in-servicing and on-call advice related to client medical and other healthcare needs.
7. Clients shall have the right to request a review of any service denials under this or any other Services Standards adopted by the HIV Health Services Planning Council. The most recent review / grievance policies and procedures for the RW Agency shall be made available to each client upon intake. Such policies and procedures shall include an explanation of the criteria and process for accessing any available advocacy or ombudsman services.
8. All Ryan White providers of substance abuse treatment services must have a quality assurance program and plan in place that is in compliance with the TGA Quality Management / Continuous Quality Improvement Plan and requirements set forth by the Continuous Quality Management Manager of the Recipient.

Adopted: 
Richard Benavidez, Chair

Date: 06/22/22