

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

**Subject:** Substance Abuse Treatment Services – Residential   **No.:** SSC 23

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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. This standard applies to both detoxification (detox) and residential treatment services and will be referred to as Substance Abuse treatment services.

**NOTE:** *For clarity and consistency, the service category referenced throughout this document is "Substance Abuse Services (residential)", 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 – Residential shall be consistent with Service Standards 05 Eligibility & Fees for Ryan White Part A and Part B Services (SSC05) and consistent with the Substance Abuse Treatment Services – Residential as outlined herein:
2. Clients presenting through self-referral will be accepted and authorized for Substance Abuse Treatment Services – Residential through Ryan White funding only in circumstances where client eligibility is validated and no other payment guarantor has been identified.

Substance Abuse Treatment Services – Residential 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, the following substance abuse 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:
    - i. **Residential treatment services:** Ryan White funds may be used to extend client care up to an additional 90 continuous days beyond coverage authorized by other federal, state or local substance abuse treatment programs, if determined to be clinically necessary by the client's treatment team and authorized by the TGA's Recipient.
    - ii. **Detoxification services:** Ryan White funds may be used to cover cost for these services to provide client care up to 30 continuous days, if determined to be clinically necessary by the client's treatment team. Extensions beyond 30 days require approval of the TGA's Recipient.

Ryan White funds may be used to cover cost for these services to extend client care up to an additional six months beyond coverage authorized by other federal, state or local substance abuse treatment programs, if determined to be clinically necessary by the client's treatment team.

Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis and treatment of substance use disorder. 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
  - Medication-assisted therapy
  - Neuro-psychiatric pharmaceuticals
  - Relapse prevention
  - Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

### **Key Activities**

Key activities of Substance Abuse Services (residential) include:

- Short-term room and board to support treatment of substance use disorder;
- Initial assessment of the client's service needs;
- Pretreatment/recovery readiness programs and relapse prevention strategies;
- Harm reduction, including syringe access;
- Development of an individualized treatment plan with client-driven goals and milestones;
- Treatment provision, including:
  - 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
- Referrals to detoxification services;
- 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; and
- Development of follow-up and discharge plans.

***Objective***

Substance Abuse Services (residential) is designed to assist clients in reducing and/or eliminating use of alcohol, legal, and/or illegal drugs through harm reduction strategies in order to improve the overall health and social wellness of HIV-positive adults.

**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)

At least 30% of program staff providing counseling services in a substance use treatment program must be licensed or certified pursuant to the requirements of California Code of Regulations, Title 9, Division 4, Chapter 8.

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 Services (residential) 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 including ADAP

**Ongoing:** Staff must also receive ongoing annual 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.

### ***Facility***

Any agency providing medication-assisted treatment for substance use disorder must be accredited by the Joint Commission on Accreditation of Health Organizations (JCAHO) or the Commission on Accreditation of Rehabilitation Facilities (CARF). If the facility primarily provides inpatient medical or psychiatric care, the component providing the residential substance use treatment must be separately licensed for that purpose.

### ***Service Characteristics***

Substance Abuse Services (residential) 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 Services (residential) must include the Key Activities included in the ***Service Definition*** section of this document.

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

### ***Orientation***

Each new client enrolled in Substance Abuse Services (residential) must receive an orientation to the services on admission; document this orientation in the client file.

### ***Initial Assessment***

The substance use disorder provider must conduct a comprehensive initial assessment for services. The needs assessment will describe the client's current status and inform the treatment plan. The 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 upon the client's admission, and re-evaluated at least every 90 days thereafter or more frequently if needed.

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

- Incorporates client input
- Includes a statement of the problems, diagnoses, symptoms, or behaviors to be addressed in treatment
- Identifies and prioritizes the client's mental health care needs, including those not directly related to substance use
- Sets realistic and measurable goals, objectives, and timelines based on client needs identified by the client and substance use disorder team
- Include a plan for adherence to the HIV medical plan
- Details expected duration of services
- Ensures coordination of care, through collaboration with the client's service providers (medical provider, case manager, mental health specialist, etc.)

- Is signed and dated by the provider, unless documented via the Care Plan in an electronic health record

**Discharge:** The treatment plan must detail the terms of discharge, including the conditions that must be met for discharge to occur, and ways in which care will be coordinated with the client's outpatient case manager or other supportive person, to help prevent relapse.

### ***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:** 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 **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. *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 utilizing a warm hand off when possible, 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