HIV Planning and Coordination
Health Care Agency

SUBSTANCE ABUSE SERVICES

FOR

RYAN WHITE ACT-FUNDED SERVICES IN ORANGE COUNTY

Effective December 9, 2015

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SECTION 1: INTRODUCTION

Substance abuse services should be an integral part of care for all persons living with HIV disease who experience substance abuse and addiction. The services assist clients to cope with the physical, social, and psychological manifestations of substance addiction and abuse. Treatment plans should be client-centered, collaborative between behavioral health professionals and the client, and based on the client's individual needs and assessment.

It is critical to understand the interplay and integrate services between HIV medical care, mental health, substance abuse, HIV risk reduction, and prevention activities. Services and treatment should reflect an interconnected relationship through coordination between various service providers.

Substance abuse services are provided using funding from Housing Opportunities for Persons with AIDS (HOPWA) and Ryan White. The standards of care address the requirements from both funding sources.

GOALS OF THE STANDARDS

These standards of care are provided to ensure that Orange County's funded substance abuse services:

- Assist clients in abstaining from substance use or reduce use through harm reduction
- Minimize crisis situations and stabilize client's substance use in order to maintain participation in health services and promote health
- Sustain and stabilize health by addressing substance abuse and its adverse effects on health and behaviors
- Reduce the transmission of HIV through drug use
- Are accessible to all persons infected with HIV who meet eligibility requirements
- Are provided by licensed and certified practitioners
- Coordinate care between various providers
- Maintain the highest standards of care for clients

SECTION 2: DEFINITION OF SUBSTANCE ABUSE RESIDENTIAL AND OUTPATIENT TREATMENT SERVICES

Substance abuse services include the provision of treatment services, which may include individual and group counseling, to address substance abuse problems including but not limited to alcohol, legal and illegal drugs, provided by qualified persons. Services include but are not limited to Methadone Maintenance/detox, outpatient services, social model detox, medical model detox, and residential treatment.

All treatment facilities must be licensed and/or certified by the State of California, Department of Health Care Services to provide substance use treatment.

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality substance abuse services starts with well-prepared and qualified staff. To ensure this:

- **HIV/AIDS Knowledge.** Practitioners should have training and experience with HIV/AIDS related issues and concerns. At a minimum, practitioners providing substance abuse services to people with HIV shall possess knowledge about the following:
  - HIV disease process and current medical treatments
  - Psychosocial issues related to HIV/AIDS
  - Cultural issues related to communities affected by HIV/AIDS
  - Adherence to HIV medication regimens
  - Assessment of substance use issues in relation to HIV treatment and medication
- **Licensure.** All staff must hold the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation as required by Federal, State, County or municipal authorities. Staff will continue training and education as needed to maintain these qualifications.
  - Services are to be provided as necessary by: a psychiatrist, licensed M.D, licensed psychologist, PhD, PsyD, M.F.T, L.C.S.W, registered clinical or student interns with appropriate supervision and certified substance use counselors who meet the standards outlined by the Department of Health Care Services.
- **Legal and Ethical Obligations.** Practitioners must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Obligations include the following:
  - Duty to treat: Practitioners have an ethical obligation not to refuse treatment because of fear or lack of knowledge about HIV.
  - Confidentiality: Maintenance of confidentiality is a primary legal and ethical responsibility of the service provider. Limits of confidentiality include danger to self or others, child/elder abuse and, in some cases, domestic violence.
  - Duty to warn: Serious threats of violence against a reasonably identifiable victim must be reported.

- Practitioners are advised to seek legal advice when they are unsure about particular issues and the legal/ethical ramifications of their actions.
- Practitioners must have a thorough knowledge and understanding of Code of Federal Regulations Title 42 regarding substance use treatment (http://www.ecfr.gov). Title 42 is more stringent on patient records and data than the Health Insurance Portability and Accountability Act (HIPPA).

- **Culturally Appropriate.** Practitioners shall possess the ability to provide developmentally and culturally appropriate care to clients living with HIV.
- **Training.** Practitioners shall have access to, and avail themselves of training, including:
  - County-coordinated training programs for frontline staff to keep them abreast of the latest information regarding HIV prevention, treatment, and resources.
  - Trainings to increase cultural competency. Such trainings should be provided to enhance the staff's understanding of various culturally important issues such as Evidence Based Initiatives (EBIs), best practices, harm reduction, communication styles, different help-seeking behaviors, implications of legal status, different concepts of illness, cultural barriers in disclosure, behavioral health issues, different cultural views of medicine (western vs. folk), etc.
  - Trainings on prevention issues and strategies specific to HIV-positive individuals ("prevention with positives").
  - All new staff will receive HIV education.
  - Direct staff and clinical supervisors shall attend trainings to improve and maintain their skills on Substance Use Disorders and HIV.
  - Student interns shall be Master's Candidates in Counseling or Social Work or have a Bachelor's Degree in a related field or be participating in any state recognized counselor certification program. Interns shall receive a minimum of one (1) hour supervision for each ten (10) hours of work by interns or consistent with school or licensing Board requirements.
- At least 30% of program staff providing counseling services in a substance use treatment program shall be licensed or certified pursuant to the requirements of California Code of Regulations, Title 9, Division 4, Chapter 8.

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Standard	Measure
Staff agree to maintain standards set forth by provider's Code of Conduct	Documentation of staff signature on file
Staff will have a clear understanding of job responsibilities	Written job description on file signed by staff and supervisor
All staff shall receive initial education regarding HIV within three months	Training/education documentation on file including: • Date, time, location, and provider of education • Education type • Name of staff receiving education • Certificate of training completion or education outline, meeting agenda and/or minutes
Staff will have a clear understanding of the Code of Federal Regulations Title 42 regarding substance use treatment	Staff training education shall be documented on file (procedure listed above)
Providers shall ensure that staff will have appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation, as required by Federal, State, County or municipal authorities	Documentation of degrees, certifications, licenses, permits, or other documentation on file
Provider shall provide opportunities to build cultural and linguistic competence and maintain an environment that is accessible and welcoming to the community served regardless of race, gender, sexual identity, gender identity, and/or gender expression	Written strategy as well as site visit
Continuing education and training in HIV, Evidence Based Initiatives (EBIs), best practices, harm reduction, communication styles, different help-seeking behaviors, implications of legal status, different concepts of illness, cultural barriers in disclosure, behavioral health issues, different cultural views of medicine (western vs. folk), etc.	Staff training and/or continuing education shall be documented on file (procedure listed above)

SECTION 4: SUBSTANCE ABUSE RESIDENTIAL TREATMENT SERVICES

Substance abuse residential treatment is the provision of medical or other treatment to address substance abuse problems including alcohol and/or legal and illegal drugs, in a short-term residential health service setting. The services are provided by certified or licensed practitioners with the appropriate State certification or licensure.

Quality substance abuse services starts with an appropriate client intake. To ensure this, the provider will gather registration information and provide basic information about provider's treatment services. It is also a pivotal moment for establishment of trust and confidence in the care system. Provider should be careful to provide an appropriate level of information that is helpful and responsive to client need, but not overwhelming. Services shall be done equitably regardless of type or use of substances. Intake and screening is particularly important for HIV-infection because substance use is a risk factor for transmission and addressing problems associated with substance use can improve adherence with medications, consistent health care access, and adoption of risk-reduction behaviors. Clients will be placed in appropriate level of care. The American Society of Addiction Medicine (ASAM) guidelines shall guide the need for residential treatment.

The following describe components of intake:

- All clients must have a signed Release of Information allowing the County and other collaborating agencies to exchange information. It is the referring agency's responsibility to have on record a signed Release of Information to the substance abuse service provider prior to sharing client information.
- Intake shall take place as soon as possible.
- If there is an indication that the client may be facing imminent loss of medication or is facing other forms of medical crisis, appropriate interventions may take place prior to formal intake. Clients entering residential treatment should have current medication or the ability to refill those medications prior to admission. Providers shall assist clients in linking to or retaining their HIV medical care. This is critical to ensure no disruption in medication adherence.
- The provider shall clearly explain what residential substance abuse services entail. The provider shall provide adequate information about the availability of other substance use services or resources.
- The provider shall verify mandated information to the client described below:
  - Written information about resources, care, and treatment (this may include the county-wide HIV Client Handbook) available in Orange County.
  - A copy of the client's Rights and Responsibilities (included in the HIV Client Handbook).
  - Information about filing a grievance if he/she feels his/her rights has been violated.
  - Clients shall also be given the Notice of Privacy Practices (NPP) form. Clients shall be informed of their right to confidentiality. It is important *not* to assume that the client's family or partner knows the HIV-positive status of the client.
- The provider shall maintain a copy of the following required documents in the client file:

  - A Consent for Treatment form, signed by the client, agreeing to receive substance abuse treatment services.
  - A signed document indicating receipt of Rights and Responsibilities, NPP, Grievance Policy, etc. Client rights and responsibilities incorporate a client's input into the treatment plan; and provide a fair process for review if a client believes they have been mistreated, poorly served, or wrongly discharged from services.
  - If there is a need to disclose information about a client to a third party, including family members, clients shall be asked to sign a Release of Information form, authorizing such disclosure. This form may be signed at intake prior to the actual need for disclosure. Releases of information may be cancelled or modified using the appropriate provider procedure.
- The provider shall conduct the intake session with cultural sensitivity and, when possible, in the native language of the client. When language is a barrier, providers shall utilize interpretation resources. Providers shall not rely on children or family members for interpretation.
  - The provider must deliver appropriate services regardless of client's gender and sexual identity including: Lesbian, Gay, Transgender, Bisexual, Intersexed or Queer-identified individuals, and shall respect, understand, and be sensitive to the barriers they face.

Standard	Measure
Client is informed of Rights and Responsibilities	Signed and dated by client
Client is informed of Grievance Procedures	Signed and dated by client
Client is informed of Notice of Privacy Act	Signed and dated by client
Consent for Treatment completed as needed	Signed and dated by client
Release of Information is discussed and completed as needed	Signed and dated by client and in client service file as needed
Assessments shall include, but is not be limited to, the following: • HIV diagnosis verification • A current (within the last 6 months) Complete Blood Count (CBC) laboratory test results including Viral Load and CD4 when clinically indicated • Client's chief complaint, where applicable • Medication names • Sexually transmitted diseases • HIV-associated illnesses • Allergies and drug sensitivities • Alcohol use • Recreational drug use • Tobacco use • Neurological diseases • Hepatitis • Involuntary weight loss or weight gain	Documentation of assessment information in the client record. Reasons for missing health history information are documented.

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In addition, the client will be evaluated for services through an in-depth assessment of the client's history and presenting problems in order to develop an appropriate treatment plan. The provider and client will identify and prioritize needs that will be addressed through substance abuse services. The plan created provides a map for both the client and provider on how to address needs in a manner that best promotes the client goals.

- The provider will develop a comprehensive assessment that includes the items listed below in the standard box.
- An assessment of the client will be conducted using assessment tools that may include but are not limited to: Addiction Severity Index (ASI) or American Society of Addiction Medicine (ASAM) or other acceptable screening tools
- The client assessment screening and evaluation will help substance abuse providers develop a treatment plan. Each client has a comprehensive individualized plan, prepared, reviewed and modified.
    - The treatment plan will have input from the client within 14 days of intake for residential treatment or 30 days for outpatient treatment, and updated every 90 days thereafter.
- Treatment plans will:
    - Provide a wide range of options for the client both within and outside the agency.
    - Contain goals and objectives that reflect problem areas which have been identified in the assessment and that are broken down into manageable measurable units with completion dates.
    - The treatment plan shall incorporate the client's strengths.
    - Identify activities or tasks to complete in order to attain the stated recovery goal and be action-oriented.
    - Include a plan for adherence to HIV/AIDS medical plan
    - Ensure a plan for coordination with the criminal justice system if applicable (e.g., parole, courts)
- Reassessment occurs in order to keep updated on a client's progress and update the treatment plan as needed. It also provides information on the client's health and psychosocial status and will be conducted at minimum every 90 days. Reassessment includes:
    - Updating treatment plan
    - Review client forms such as release of information, limits of confidentiality, rights and responsibilities, grievance, consent to receive services etc.
    - Communication with clients regarding services
    - Client acknowledgement of changes in the treatment plan
- The treatment plan will ensure coordination of care, by collaborating with service providers with whom the client is working with, such as medical provider, case manager, mental health specialist, etc.

Standard	Measure
The provider will develop a comprehensive assessment that includes: • historical data • developmental/social history • social support and family relationships • medical • substance abuse history • psychiatric history • trauma history using assessment tools such as Addiction Severity Index (ASI) or American Society of Addiction Medicine (ASAM) or other acceptable tools	Documentation in client file
A comprehensive, multi-disciplinary treatment plan will be developed in conjunction with the client	Completed treatment plan in client file at the provider, submitted, reviewed, and approved by program director
Treatment plan is reassessed and updated at a minimum of every 90 days	Updated treatment plan in client file at the provider, submitted, revised, and approved by program director

SECTION 5: METHADONE MAINTENANCE

Programs providing substance abuse methadone maintenance services must be licensed by the Department of Alcohol and Drug programs and will operate in accordance with Chapter 4, Division 4, Title 9 of the California Code of Regulations, procedures adopted by the Office of AIDS Programs and Policy, and consistent with state and local laws and regulations.

The medical director can use discretion in admitting potential clients who have recently resided in penal or chronic care institutions, previously treated patients, and pregnant clients who do not fully meet requirements.

Methadone maintenance programs will include the items listed below in the standard box.

All clients must receive an assessment which will be used to create an individualized plan. Assessments must include the items listed below in the standard box.

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Standard	Measure
Program will be licensed	Licensure and documentation available at facility
Primary providers will be notified within 72 hours to inform the provider of the new prescription if client authorizes the communication.	Documentation of contact or of client's refusal in client file
Methadone maintenance programs will include: • Intake • Treatment Plan • Medical direction • Body specimen screening • Substance abuse and HIV related physician and nursing services • Individual and group counseling • Education • Physical examination and laboratory tests at admission • Providing methadone prescribed by a physician to alleviate withdrawal symptoms • Treatment linkages and referral to medical services and other required services	Written strategy as well as site visit
Client will undergo a thorough assessment • Confirmed history of at least two unsuccessful attempts in withdrawal treatment • Clients must be at least 18 years old • Physician certification of fitness and prescription for replacement • Narcotic therapy (based on physical examination, medical history and indicated laboratory findings) • Evidence of observed signs of physical dependence and withdrawal symptoms	Documentation in client file

SECTION 6: RESIDENTIAL DETOX

Residential detoxification can be offered either in a medical model setting or in a social model setting. Medical model allows clients to manage their detoxification through a doctor and medication to help withdrawal symptoms. Medical detox is intended only for persons whose detox requires medical supervision due to the drugs they are taking or medical condition. Social model detox does not provide medical or doctor supervision. Social model detox provides a safe supervised environment that allows the client to detox without medication. Medical Residential detoxification programs must be licensed and approved by the State of California Department of Health Services as a Chemical Dependency Recovery Hospital and operate in accordance with Chapter 11, Title 22 of the California Code of Regulations. The average length of stay for substance abuse residential detox is seven (7) to 10 days although extensions may be granted.

All clients admitted to a substance abuse residential detox program must be observed and physically checked for life signs at least every 30 minutes during the first 12 hours following admission by staff or volunteers. These observations and physical checks should continue beyond the initial 12-hour period for as long as needed.

Substance abuse residential detox services will include the items listed in the standard box below.

All clients must receive a psychosocial assessment which will be used to create an individualized plan. Assessment may take a few days given the state of the client and type of service. Assessments must include the items listed below in the standard box.

Standard	Measure
Program will be licensed	Licensure and documentation available at facility
Clients admitted to a substance abuse residential detox must be observed and physically checked for life signs at least every 30 minutes during the first 12 hours following admission by staff or volunteers	Documentation in client file
Substance abuse residential detoxification programs will include: • Initial Screening • Intake • Treatment Plan • Providing medication prescribed by a medical professional to lessen withdrawal symptoms (medical only) • Treatment linkages and referral to medical services and other required services • Crisis intervention • Aftercare or transition plan • Housing services such as laundry, meals and activities for	Documentation in client file

<table>
<tr><td>residents</td><td></td></tr>
<tr><th>Standard</th><th>Measure</th></tr>
<tr><td>Client will undergo a thorough assessment which includes:
A health questionnaire and an admission agreement which the client will complete within a day of admission.
Client will provide full medical history, including but not limited to health issues, mental health history, previous sexually transmitted infections, and current prescriptions
Substance abuse patterns and history of previous detoxes as well as previous treatment
Impact of substance abuse on major areas of life such as professional and personal life and relationships, as well as feelings towards self
Risk factors for both HIV and substance abuse
Information about current living situation
Legal issues
Ability and willingness to undergo detoxification</td><td>Documentation in client file</td></tr>
</table>

SECTION 7: DISCHARGE PLANNING

Discharge planning should start at admission. Client and provider will collaborate to create a written aftercare plan. Clients who leave program in good standing will be encouraged to contact the program or provider at any time. Service provider shall make every effort to provide a copy of the aftercare plan to the client.

<table>
<tr><th>Standard</th><th>Measure</th></tr>
<tr><td>An aftercare plan will be created by the client and provider and shall include:
Treatment recommendations and resources, such as:
Plans for continuing sobriety
Information regarding various health services
Referrals and linkages as needed, including but not limited to:
Primary care providers
Dental services
Nutritional services
Legal services</td><td>Copy of discharge plan in client file</td></tr>
<tr><td>Clients who leave program in good standing will be encouraged to contact the program or provider at any time.</td><td>Written Policy</td></tr>
</table>

SECTION 8: SUBSTANCE ABUSE SERVICE CLOSURE

Substance abuse services are considered critical to a client's health. Discharge from substance abuse services may affect the client's overall health. As such, discharge or termination of substance abuse services must be carefully considered and reasonable steps must be taken to assure clients who need the services are maintained in services. Substance use treatment is not considered episodic as it is ongoing. Closure is meant as a way to signal completion of an individual period of treatment, and does not preclude a client from entering treatment at a later date.

A client may be terminated from substance abuse services due to the following conditions:

- The client has died.
- The client has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements).
- The client chooses to terminate services.
- The client's needs would be better served by another agency.
- The client demonstrates pervasive unacceptable behavior that violates client rights and responsibilities, or program rules.

The following describe components of discharge planning:

- The provider shall explain to the client the reason the client is being discharged early from program if reasons include pervasive unacceptable behavior, violations of client rights and responsibilities, or program rules. If the client does not agree with the reason for discharge, he/she should be provided a copy of the provider's grievance procedure.
- A discharge summary should be documented in the client's file. The discharge summary shall include the items listed below in the standard box.
- The provider shall close out the client in data collection system as soon as possible within thirty (30) days of case termination.
- A client may be discharged if his/her needs would be better served by another agency and is transferred to that agency. If the client is transferring to another provider, case closure should be preceded by a transition plan. To ensure a smooth transition, relevant intake documents may be forwarded to the new service provider. Substance abuse providers from the two agencies should work together to provide a smooth transition for the client and ensure that all critical services are maintained.

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Standard	Measure
Follow up will be provided to clients who have dropped out of treatment without notice	Signed and dated note to document attempt to contact in client file
Notify client regarding discharge if due to pervasive unacceptable behavior, violations of client rights and responsibilities, or program rules	Copy of notification in client file
An substance abuse service closure summary shall be completed for each client who has terminated treatment • Circumstances and reasons for discharge • Summary of service provided • Referrals and linkages provided at discharge as appropriate	Copy of closure summary in client file
Transition plans created for clients who transfer to other providers which shall be forwarded to the new service provider	Signed and dated note documented in client file