

**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
HIV PLANNING GROUP**

**RESIDENTIAL SUBSTANCE ABUSE SERVICES
SERVICE STANDARDS
FOR RYAN WHITE CARE AND TREATMENT**

March 2017



Revised 3/14/17



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Residential Substance Abuse Services

Service Category Definition

Residential substance abuse services are 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.

Purpose and Goals

The goal of residential substance abuse services is to reduce and/or eliminate the use of illicit drugs, abuse of prescription medications, and/or alcohol abuse to improve the overall health and social wellness of adults and HIV/AIDS positive adults.

Intake

To receive residential substance abuse services clients must have received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the Ryan White Program.

Key Service Components and Activities

Providers will provide residential treatment, recovery and ancillary services that are non-institutional and non-medical within licensed and certified residential programs. The key components residential substance abuse services include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Referrals to detoxification services

| Standard | Measure |
|---|---|
| Staff ensures clients' eligibility and needs | Documentation of interviews and assessments all potential clients utilizing a standard client eligibility screening tool |
| Staff maintains records of eligibility, intake and assessments | Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients on a standard residential substance abuse services form |
| | Maintain a single record for each client |
| Staff ensures clients are connected to the appropriate services when needed | Documentation of all services provided/offered to clients |
| | Completion of the Client Transition Plan for deemed ineligible for residential substance abuse services or deemed ready to be transitioned out of these services |

Personnel Qualifications

Staff providing services are required to comply with the California Department of Health Care Services Counseling Certification Standards stated at <http://www.dhcs.ca.gov/provgovpart/Pages/CounselorCertification.aspx>.

| Standard | Measure |
|---|--|
| Staff will meet minimum qualifications | Documentation of appropriate licensure and/or degrees |
| Staff will have clear understanding of job responsibilities | Documentation of current job descriptions on file that are signed by staff and appropriate supervisors |
| Staff are competent | Documentation of a training plan that includes specific topics, identification of the trainer, and a timeline for all newly employed staff |

Assessment and Service Plan

Initial Assessment: Providers will conduct initial client assessment for services through the use of standardized instruments. The current assessment tool is the Addiction Severity Index (ASI) Lite Clinical Factors for use with adults.

Treatment Plan: Providers will develop individualized treatment plans for each participant from the client assessment information. The plan will be reassessed and updated every 90 days if needed.

Discharge Plan: Providers will develop a discharge plan with each client at least 30 days prior to the anticipated discharge date that provides support to the client in recovery after completing the program.

| Standard | Measure |
|-------------------------------------|---|
| Staff will assess clients' needs | Documentation of the assessment on a standard instrument |
| Staff will develop a treatment plan | Documentation of treatment plan that shows: <ul style="list-style-type: none"> • Services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State in which services are provided • Services are provided only in a short-term residential setting • Services provided meet the service category definition |
| Staff will develop a discharge plan | Documentation of discharge plan |

Transition and Discharge

Clients will be disenrolled from residential substance abuse services at completion of the treatment program.

Other criteria for disenrollment include:

- Client has died
- Client requests to be disenrolled
- Client enrolls in another case management program

- Client relocates outside of San Diego County
- Client demonstrates repeated non-compliance or inappropriate behavior in violation of specific written policies of the provider especially with regard to violation of confidentiality of other client information.
- Client is incarcerated longer than 30 days
- Client does not qualify for residential substance abuse services based on eligibility requirements

| Standard | Measure |
|--|---|
| Staff will document reasons for disenrollment in the client record | Documentation of reason for disenrollment |
| Staff will determine client eligibility for other programs and re-instatement in Ryan White residential substance abuse services | Documentation of “inactive status” and maintenance of records and contact information to facilitate rapid re-enrollment, as appropriate |

Case Closure

Case closure is a systematic process for discharging clients from residential substance abuse services. The process includes formal client notification regarding pending case closure and the completion of a case closure summary to be maintained in the client chart. Clients are considered active providing they receive residential substance abuse services at least once within each sixty-day period. Case closure may occur for the following reasons:

- Successful attainment of residential substance abuse services goals
- Client relocation outside San Diego County
- Continued client non-adherence to treatment plan
- An inability to contact a client for 120 days
- Client-initiated termination of service
- Unacceptable client behavior or client’s health needs cannot be adequately addressed by the service

A Case Closure Summary will be completed for each client who has terminated treatment. The summary includes the following documentation:

- Course of treatment
- Discharge diagnosis
- Referrals
- Reason for termination
- Documentation of attempts to contact client, including written correspondence and results of these attempts (For those clients who drop out of treatment without notice)

| Standard | Measure |
|--|--------------------------------|
| Client's case is terminated when medical care is stabilized and client no longer needs services or is determined to be non-compliant | Completed Case Closure Summary |

Client Rights and Responsibilities

All providers will have written policies and procedures for a complaint process. The policy will identify staff responsible, an appeal process, tracking system, follow-up procedures, and a timeline. Residential substance abuse services providers will use relevant Federal, State and County regulations for investigating and resolving complaints. A copy of the complaint policy will be conspicuously displayed. Complaints and investigation results will be forwarded to the County within 24 hours of both the receipt and resolution of the complaint.

| Standard | Measure |
|---|--|
| Providers have policies regarding the rights and responsibilities of residential substance abuse services clients | Documentation of policies and procedures for a complaint process |

Grievance Process

All residential substance abuse services providers will maintain written grievance policies. The grievance policy will be posted in a prominent location with information on how clients may also contact the County of San Diego’s HIV, STD and Hepatitis Branch (HSHB) as an alternative to completing the form. Forms inadvertently collected by providers will immediately be forwarded to the address on the form.

Residential substance abuse services providers will also post a copy of the HSHB Client Service Evaluation form (“goldenrod”) in a prominent place. Copies of the form will be available for clients upon request with a mechanism for the clients to mail the form to HSHB for review.

| Standard | Measure |
|--|---|
| Clients' rights are protected and clients have access to a grievance/complaint resolution process and are made aware | Documentation of a grievance policy |
| Clients have the ability to file a grievance or complaint | Verification of visible goldenrod (English and Spanish) placement in client sites |

Cultural and Linguistic Competency

Cultural competency as defined by the HIV Planning Group is: “Recognizing the differences in physical and emotional life challenges, including disabilities of all kinds, culture and ethnicity, religion and spirituality, and in histories, traditions and languages. More specifically, all providers must have the ability to provide appropriate and acceptable services to all potential and current clients, including people of color, gay men, lesbians, transsexuals, transgender individuals, former and active substance abusers, persons with mental health concerns, persons of differing abilities, and others. Providers who serve any of these groups will make reasonable accommodations in service provisions.”

All providers must include a requirement in their policies that all staff, board members and volunteers possess knowledge of the Ryan White Part A program and the Americans with Disabilities Act. Program policies and procedures regarding cultural competency will address cultural sensitivity, diversity, and inclusiveness. Policies on cultural competency are given to clients at admission and posted in a prominent place. Provider’s admission procedures will assess client access issues, including cultural needs, physical accessibility, and service location.

Providers must assess and ensure the training and competency of individuals who deliver language services to assure accurate and effective communication between clients, staff and volunteers transcend language barriers and avoid misunderstanding and omission of vital information. Staff and volunteers working directly with clients must receive a minimum of four hours of cultural sensitivity training each year.

Providers will also identify staff and volunteers who can provide bilingual/bicultural services to individuals who need or prefer to communicate in Spanish. If there are no staff members or volunteers who can

perform this function, the provider will develop alternate methods to ensure language appropriate services are available. Providers will employ proactive strategies such as partnering with other local organizations to develop a diverse workforce.

| Standard | Measure |
|---|---|
| Agency policies will address cultural and linguistic competency | Documentation on policies on cultural competency |
| Staff will comply with American Disabilities Act (ADA) | Completed form/certification on file |
| Staff and volunteers will receive annual training on cultural competency | Documentation of all staff/volunteer trainings on cultural competency |
| | Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider) |
| Staff and volunteers are bilingual and can address the language needs of the populations they serve. If there are no appropriate bilingual people on staff, a plan is in place to ensure language needs are met | Copy of written plan to address |
| Provider will have written and posted materials in the appropriate languages for the communities being served are available and visible to clients | Posted documentation inspected and noted during routine site visits |

Privacy and Confidentiality

All providers must develop written policies and procedures that address security, confidentiality, access and operations. In addition providers must ensure that:

- All physical case files are stored in a locked cabinet or room and electronic files are secured.
- All activities that relate to client data will have appropriate safeguards and controls in place to ensure information security.
- Case files not left unattended.
- Case files and records are not removed from the service site without the case management supervisor’s written agreement.
- Case files and records are locked at night and not left on desks or in unlocked desk drawers.
- When a case file is removed from the central filing area, it will be booked out via a clear administrative procedure that can be traced to its temporary location.

In addition, providers will also ensure that:

- All employees and volunteers working under this agreement have signed a confidentiality agreement.
- All staff orientation materials include client confidentiality policies and procedures and indicate how they are communicated to staff and volunteers.
- All training logs and personnel files demonstrate that staff and volunteers have received adequate training on privacy and confidentiality, upon initial hire and annually thereafter. Training will address HIPAA, security measures and other topics related to client confidentiality.

All providers must ensure that written policies regarding confidentiality are presented to and signed by clients and maintained in clients’ case files. A release of Information form will also be signed by clients as needed. Prior to releasing any client information, providers must obtain written consent which includes:

- The name of the program or person permitted to make the disclosure;
- The name of the client;
- The purpose and content (kind of information to be disclosed) of the disclosure;
- Client’s signature or legal representative’s signature.

All providers will make available a private, confidential environment for clients to discuss their cases, especially when addressing fear and concern about their diagnosis and disclosure of their HIV status. Providers will inform clients that they will maintain confidentiality of other persons with HIV infection.

| Standard | Measure |
|--|---|
| Staff will develop written policies and procedures that address security, confidentiality, access and operations | Copies of policies and procedures |
| All files are secured | Inspected and noted during routine site visits |
| All staff and volunteers have undergone a thorough background check | Documentation of background checks |
| Staff and volunteers will receive training on privacy and confidentiality | Documentation of all staff/volunteer trainings on privacy and confidentiality |
| | Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider) |

