

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

**SUBSTANCE ABUSE OUTPATIENT CARE
SERVICE STANDARDS
FOR RYAN WHITE CARE AND TREATMENT**

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Substance Abuse Outpatient Care

Service Category Definition

Substance abuse outpatient care is the provision of outpatient services for the treatment of drug or alcohol use disorders.

Purpose and Goals

The goal of substance abuse outpatient care is to provide services to reduce and/or eliminate use of illicit drugs, abuse of prescription medications, and/or alcohol abuse to improve the overall health and wellness of people living with HIV. Services also promote participation in substance abuse treatment and recovery programs; and to foster client capability to address medical needs related to HIV and adhere to complex medication regimens.

Intake

To receive substance abuse outpatient care services client cannot be currently in a residential substance abuse treatment program.

Key Service Components and Activities

Substance abuse outpatient care 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 behavioral treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention
- Referral resources directing individuals in need of other services beyond the scope of the program

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan

Providers also provide outpatient substance abuse treatment, recovery, and ancillary services that include:

- **Non-residential Services:** Services include educational groups, process groups, individual counseling, and recovery supportive activities. Contractor shall determine appropriate treatment service frequency and intensity based upon, client assessment and progress during the program.
- **Groups and Counseling:** Content and approach of process, educational, and individual counseling follow best practice models for alcohol and drug counseling. This include:

- Process Groups
- Individual Counseling
- Recovery Services
 - Relapse Prevention Education
 - Recovery Planning Groups
 - Self-Help Group Participation

Outpatient Substance Abuse Outreach: Providers conduct outreach to individuals experiencing alcohol and other drug problems, with special attention to reaching injection drug users and helping them to access treatment and recovery services. This includes the provision of information and education to high-risk alcohol and other drug abusers to help prevent and minimize the health risks of alcohol and other drug abuse. Providers will also promote awareness among alcohol and other drug users about the relationship between alcohol and other drug abuse and the personal health risks of communicable disease such as Sexually Transmitted Infection (including HIV) and, for pregnant women, the relationship between abuse and the risks to their children.

Standard	Measure
Staff ensures clients' eligibility and needs	Documentation of interviews and assessments of all potential clients
Staff maintains records of eligibility, intake and assessments	Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients on a standard substance abuse outpatient care form
	Document that shows: <ul style="list-style-type: none"> • The quantity, frequency, and modality of treatment provided • The date treatment begins and ends • Regular monitoring and assessment of client progress • The signature of the individual providing the service and or the supervisor as applicable
	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
	Documentation that assures that all services are provided only in an outpatient setting

Personnel Qualifications

Direct substance abuse outpatient care services are delivered to clients by individuals who possess the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation as required by Federal, State, County or local authorities.

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

Standard	Measure
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 an initial assessment of each client's needs and record them on an instrument.

Treatment Plan: Based on the findings of the initial assessment, providers will develop an individualized treatment plan for each client.

Discharge Plan: Providers will develop a discharge plan for each client with the client at least 30 days prior to the anticipated discharge date. The discharge plan will provide support to each 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
Staff will develop a discharge plan	Documentation of discharge plan

Transition and Discharge

A client will be disenrolled from substance abuse outpatient care when the individual has successfully completed treatment and chooses not to participate in any other aftercare program activities.

Other criteria for disenrollment include:

- Client has died
- Client requests to be disenrolled
- Client enrolls in another case management program
- Client cannot be located within 120 days after repeated efforts including attempted written, oral and personal contact
- 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 substance abuse outpatient care 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 substance abuse outpatient care	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 substance abuse outpatient care. 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 substance abuse outpatient care at least once within each sixty-day period. Case closure may occur for the following reasons:

- Successful attainment of substance abuse outpatient care 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. Substance abuse outpatient care 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 substance abuse outpatient care clients	Documentation of policies and procedures for a complaint process

Grievance Process

All substance abuse outpatient care 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.

Substance abuse outpatient care 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

Standard	Measure
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	Documentation of background checks

Standard	Measure
background check	
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)

