

# Ryan White Program Standards of Care – Substance Abuse Outpatient Care

County of Santa Clara Public Health Department  
STD/HIV Prevention & Control Program



Santa Clara County HIV Commissio



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## Introduction

This document describes the “Substance Abuse Outpatient Care” service category of core medical services under the Ryan White HIV/AIDS Program (RWHAP). It serves as a supplement to the Universal Standards of Care (USOC) released by the Santa Clara County HIV Commission and County of Santa Clara Public Health Department. This document highlights each of the requirements and standards that apply to Substance Abuse Outpatient Care and must be followed by any provider receiving RWHAP funding for this service category.

### How This Document is Organized

This document is intended to be used in tandem with the USOC and provides additional detail about the Requirements for Substance Abuse Outpatient Care beyond what is established in the USOC. All service providers are responsible for understanding and maintaining compliance with the USOC, which apply to every RWHAP service category.

Within this document, the Standards of Care are described in terms of (1) Service Definition, (2) Requirements, (3) Best Practices, and (4) Tools and Resources.

## Service Definition

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 drug-free treatment and counseling
  - Medication assisted therapy
  - Neuro-psychiatric pharmaceuticals
  - Relapse prevention

### Objective

Substance Abuse Outpatient Care is designed to assist clients in reducing and/or eliminating use of or harms caused by alcohol, legal, and/or illegal drugs through harm reduction strategies. Harm reduction strategies include, but are not limited, to:

- Needle and syringe programs
- Opioid substitution therapy and other evidence-based drug dependence treatment

- HIV testing and counselling
- Antiretroviral therapy
- Prevention and treatment of sexually transmitted infections
- Targeted information, education and communication for people who inject drugs and their sexual partners

Additional information on harm reduction strategies can be found in the “Tools and Resources” section of this document. Care provided under Substance Abuse Outpatient Care may only be funded by RWHAP in the event that RWHAP funds are the payer of last resort.

### Key Activities

- 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, acamprostate, 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;

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

Syringe access services are allowable for RWHAP clients to the extent that they comport with current appropriations law and applicable US Health and Human Services guidance, including HRSA/ HAB-specific guidance. Syringes may not be purchased using Ryan White funds.

## Requirements

In addition to complying with **all** the standards, measures, and monitoring criteria identified in the Universal Standards of Care, service providers shall adhere to the specifications for providing Substance Abuse Outpatient Care as updated below.

## 1.0 ARIES: AIDS Regional Information & Evaluation System

Standards, Measures, and Monitoring criteria identified in USOC 1

## 2.0 Client Eligibility

Standards, Measures, and Monitoring criteria identified in USOC 2

## 3.0 Recertification

Standards, Measures, and Monitoring criteria identified in USOC 3

## 4.0 Care and Treatment

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 RWHAP can only be provided to RWHAP 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.
- **Acupuncture:** While acupuncture may not be utilized as the dominant or sole treatment modality, it is an acceptable adjunct therapy when provided per a written referral from the client’s primary care provider. Referrals and services must be documented in the treatment plan.
- **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.

### 4.1 Intake, Orientation, and Evaluation

The service provider shall conduct a complete intake assessment, orientation, evaluation, and initial treatment of each client **within 30 days**.

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An Intake Assessment is the formal process of collecting information to determine the client’s eligibility for services and/or immediate service needs to encourage client’s engagement and retention in services. The information collected during the Intake Assessment will determine the patient’s individualized treatment plan and will promptly address immediate needs. Intake is a time to gather registration information and provide basic information about HIV services, as appropriate. It is also a pivotal moment for the establishment of trust and confidence in the care system. Practitioners shall provide an appropriate level of information that is helpful and responsive to client need and conduct the client intake with respect and compassion.

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.

#	Standard	Measure
4.1.1	<b>Initial Appointment:</b> It shall take place as soon as possible, within <b>five (5) business days</b> of referral or initial client contact. (See USOC 2.0- 2.4).	Record of intake and scheduled appointment in client record/chart
4.1.2	<p><b>Assessment:</b> The substance use disorder provider must conduct a comprehensive face-to-face needs assessment within 30 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:</p> <ul style="list-style-type: none"> <li>• Substance use history</li> <li>• Current medications and side effects</li> <li>• A detailed statement of the client’s current presenting problem</li> <li>• Mental status exam (MSE)</li> <li>• Concurrent diagnoses, including physical and mental health diagnoses</li> </ul>	Record of assessment in client file
4.1.2	Patient’s need and eligibility for HIV services is assessed and confirmed. 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.	Assessment and referral in client record/chart
4.1.3	Complete documentation includes appropriate consents and release. All patient contacts, findings, procedures, diagnoses, education and other information pertinent to patient care must be recorded in the patient chart. Documentation will be signed and dated.	Signed documentation in client record/chart

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4.1.4	Identification of immediate issues that impact patient’s ability to be retained in care, including assessment of the patient’s ability to be retained in care.	Assessment and notes in client record/chart
4.1.5	<p>Substance Abuse Outpatient Care providers should develop an individualized treatment plan during the initial assessment and re-evaluate the plan at least every six months with adaptations as needed. Substance Abuse Outpatient Care providers developing an Individualized treatment plan should ensure that the plan, at a minimum:</p> <ul style="list-style-type: none"> <li>• Incorporates client input</li> <li>• Identifies and prioritizes the client’s mental health care needs, including those not directly related to substance use</li> <li>• Includes a statement of the problems, diagnoses, symptoms, or behaviors to be addressed in treatment</li> <li>• Sets realistic and measurable goals, objectives, and timelines based on client needs identified by the client and substance use disorder team</li> <li>• 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)</li> <li>• Details frequency and expected duration of services</li> <li>• Is signed and dated by the provider unless documented via the Care Plan in ARIES (in which case the responsible staff person should be indicated in the record)</li> </ul>	Record of signed client treatment plan
4.1.6	<b>Orientation Checklist:</b> Each new client receiving Substance Abuse Outpatient Care must receive an orientation to available services at the facility. Service provider should create a checklist of all pertinent information to be covered during the orientation.	Record of Orientation Checklist in client record/chart
4.1.7	Service Provider Policy and Procedure for Orientation and Evaluation of Clients	Service Provider Policy and Procedure Manual

**Monitoring**

**Documentation** – Performance of a timely initial assessment, along with complete documentation of assessment findings, individual client treatment plan, and provision of applicable referrals/linkages, will be monitored via site visit. Service provider must have a policy and procedure manual for intake, orientation, and evaluation of clients available for review during the site visit.

#### 4.2 Individualized Care Plan

Standards, Measures, and Monitoring criteria identified in USOC 4.2

#### 4.3 Empowerment

Standards, Measures, and Monitoring criteria identified in USOC 4.3

#### 4.4 Linkage & Availability

Standards, Measures, and Monitoring criteria identified in USOC 4.4

#### 4.5 Risk Reduction Education

Standards, Measures, and Monitoring criteria identified in USOC 4.5

#### 4.6 Professional Linkages/Collaboration

Standards, Measures, and Monitoring criteria identified in USOC 4.6

#### 4.7 Outreach Plan

Standards, Measures, and Monitoring criteria identified in USOC 4.7

### 5.0 Service Access, Management, and Closure

Standards, Measures, and Monitoring criteria identified in USOC 5

### 6.0 Grievances

Standards, Measures, and Monitoring criteria identified in USOC 6

### 7.0 Client Rights, Responsibilities, & Confidentiality

Standards, Measures, and Monitoring criteria identified in USOC 7

### 8.0 Staff Requirements and Qualifications

#### 8.1 Education & License

Staff and volunteers shall have appropriate knowledge of the HIV/AIDS disease process. All service provider staff and contractors who provide direct care services must hold the appropriate degrees, certification, licenses, permits or other qualifying documentation as required by Federal, State, County, local authorities, or RW Standards of Care. See each specific service standard for detailed requirements by service.

#	Standard	Measure
8.1.1	Professional diagnostic, therapeutic, and other treatment services under this service category must be provided by	Documentation in Personnel files



	<p>practitioners holding appropriate and valid California licensure or certification, including:</p> <ul style="list-style-type: none"> <li>• Physicians (including Psychiatrists)</li> <li>• Psychologists</li> <li>• Nurse Specialists/Practitioners</li> <li>• Marriage and Family Therapists (MFT)</li> <li>• Licensed Clinical Social Workers (LCSW)</li> <li>• California Alcohol and Drug Abuse Counselors (CADAC)</li> <li>• Acupuncturists</li> </ul> <p>Other professional and paraprofessional (“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.</p> <p>Other professional staff include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Interns</li> <li>• Assistants</li> <li>• Fellows</li> <li>• Associates</li> </ul> <p>Paraprofessional staff include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Peer Navigators</li> <li>• Community Health Workers</li> <li>• Trainees</li> </ul> <p>Individual supervision and guidance must be routinely provided to all staff.</p>	
8.1.2	Attendance at trainings or appropriate Continuing Education.	Documentation in Personnel files

**Monitoring**

**Education and Experience** – Proof of staff certification, licenses, permits, and/or other qualifying documentation must be available for review during site visits.

**Licensure** – Proof of required staff degrees, certification, licenses, permits, and/or other qualifying personnel documentation must be available for review.

**Provider Qualifications** – Compliance with minimum qualifications for all providers offering diagnostic and therapeutic services, as well as the required licensure of clinical and non-clinical staff (when applicable), will be monitored during site visits. Availability of clinician supervision for unlicensed providers will be monitored via discussion during site visits.

### 8.2 Professional Licensure

#	Standard	Measure
8.2.1	Staff members are licensed as appropriate to provide services.	Copy of licenses or other documentation in Personnel file
8.2.2	Service providers employ appropriately credentialed staff.	Documentation in Personnel file

#### Monitoring

**Professional Licensure** – Service providers must provide personnel licensure documentation for review. Personnel documentation regarding credentials/qualifications (as applicable to position) must also be provided for review.

### 8.3 Staff and/or Volunteer Requirements

Standards, Measures, and Monitoring criteria identified in USOC 8.3

### 8.4 Orientation/In-Service

**Initial:** All HCP-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 15 days of hire**.

**Ongoing:** Staff must also receive ongoing annual HIV training as appropriate for their position. Training may be any combination of (1) in-person, (2) articles, (3) home studies, or (4) webinars, and must be clearly documented and tracked for monitoring purposes.

#	Standard	Measure
8.4.1	Policy and Procedure for New Staff Orientation and Training.	Documentation in Personnel files
8.4.2	<p><b>Training –</b></p> <p><b>Topics must include:</b></p> <ul style="list-style-type: none"> <li>• General HIV knowledge such as transmission, care, and prevention.</li> <li>• Trauma and stigma for people living with HIV, and the effect of trauma and stigma on care/relapse</li> <li>• Harm reduction principles and strategies</li> <li>• Overdose education and prevention</li> <li>• Privacy requirements and HIPAA regulations</li> <li>• Navigation of the local system of HIV care</li> </ul>	Documentation in Personnel files

### Monitoring

**Staff Orientation and Training** - Agencies must maintain a comprehensive list of staff with hire date, all trainings provided, dates of trainings, and dates of refreshed confidentiality agreements; this list must be available for review during site visits or upon request.

## 10.0 Fiscal Responsibility

Standards, Measures, and Monitoring criteria identified in USOC 10

## 11.0 Licensure and Quality Assurance

Standards, Measures, and Monitoring criteria identified in USOC 11

## 12.0 Continuous Quality Improvement

Standards, Measures, and Monitoring criteria identified in USOC 12

## Best Practices

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

## Tools and Resources

Substance Abuse Screening Tools:

- CAGE-AID - <https://www.hiv.uw.edu/page/substance-use/cage-aid>
- Drug User: TICS - <https://www.hiv.uw.edu/page/substance-use/tics>
- Opioid Risk Tool - <https://www.hiv.uw.edu/page/substance-use/opioid>

Definition of Harm Reduction:

<https://www.euro.who.int/en/health-topics/communicable-diseases/hiv-aids/policy/policy-guidance-for-areas-of-intervention/harm-reduction>

Harm Reduction to Lessen HIV Risks:

<https://www.niaid.nih.gov/diseases-conditions/harm-reduction>