

STANDARDS OF CARE FOR HIV SUBSTANCE USE RESIDENTIAL AND TREATMENT SERVICES



Approved by the Commission on HIV on 4/13/2017

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SUBSTANCE USE SERVICES STANDARDS OF CARE

Substance Use Outpatient/Treatment Services Definition

Per HRSA Policy Guidance, Substance Use 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

Substance Use Residential Services

Per HRSA Policy Guidance, Substance Use 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. This service includes:

- 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)

Program Guidance:

Substance Use Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

Substance Use Services Standards of Care

The overall objectives of the Substance Use Services standards of care are to:

- comply with state regulations, including licensing requirements, for substance Use services; and
- provide services with skilled, licensed professionals with experience and/or education in relevant disciplines.

The service specific standards of care for Substance Use Services provide additional

requirements around the following components of service provision:

A. Agency Licensing and Policies

B. Competencies

Substance Use Services providers are expected to comply with the Universal Standards of Care, as well as these additional standards.

A. Agency Licensing and Policies

The objective of the standards for agency licensing and policies for Substance Use Services is to ensure that programs comply with state regulations and licensing requirements.

If residential substance Use treatment services are provided in a facility that primarily provides inpatient medical or psychiatric care, the component providing the substance Use treatment must be separately licensed for that purpose.

A. Agency Licensing and Policies (Substance Use)	
Standard	Measure
Agency is licensed and accredited by appropriate state and local agency to provide substance Use services.	Current license(s) on file.

B. Competencies

The objective of the competencies standards for Substance Use Services is to ensure that clients have access to the highest quality services through experienced and trained staff.

B. Competencies (Substance Use)	
Standard	Measure
Staff members are licensed or certified, as necessary, to provide substance Use services and have experience and skills appropriate to the specified substance Use treatment modality.	Current license and résumé on file.

Key systems level changes affecting substance use disorder (SUD) treatment in Los Angeles County:

The Drug Medi-Cal Organized Delivery System (DMC-ODS) is a new health care services paradigm for Medi-Cal eligible individuals with substance use disorders (SUD). The Los Angeles County Department of Public Health, Substance Use Prevention and Control (SAPC) will implement an initial benefit package for SUD services within the initial 12 months of approval

from the California Department of Health Care Services (DHCS). California's Medi-Cal 2020 1115(a) Waiver Demonstration Project paves the way for Los Angeles County (LAC) to increase access to substance use disorder (SUD) treatment services for adolescents and adults who are eligible for Medi-Cal.

It expands Drug Medi-Cal (DMC) reimbursable services beyond outpatient (OP), intensive outpatient (IOP), and opioid (narcotic) treatment program (OTP) to create a fuller continuum of care that includes withdrawal management (WM), medication-assisted treatment (MAT), short-term residential (RS), case management and care coordination with physical and mental health, and recovery support services. With the new benefits, also comes the responsibility to make placement decisions based on the American Society of Addiction Medicine (ASAM) Criteria and medical necessity; provide care at the lowest and most appropriate level of care (LOC), including improved transitions between LOCs; and use MAT in conjunction with other treatment services.

UPDATES TO SUBSTANCE USE SERVICES STANDARDS OF CARE:

As Ryan White serves as the payor of last resort for critical HIV/AIDS care and treatment services, its service level standards must align with SAPC's standards. In recognition of these systems-level changes to the treatment of SUD in publicly funded settings, the following changes are noted in the Substance Use Treatment and Residential Standards of Care:

- All Ryan White funded substance Use services must provide integrated services of behavioral health treatment and HIV medical care. An integrated behavioral health and HIV medical care program addresses alcohol, marijuana, cocaine, heroin, injection drug use (IDU), and prescription drug misuse; mental disorder treatment and HIV/viral hepatitis services, including HIV and hepatitis B and C testing; and use evidence-based interventions defined by the Substance Use and Mental Health Services Administration (SAMHSA).
- Use a trauma-informed approach following SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (<http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-aTrauma-Informed-Approach/SMA14-4884>).
- Link clients and partners to appropriate community-based behavioral health services/systems including primary HIV care and antiretroviral treatment (ART), HIV pre-exposure prophylaxis (PrEP), primary health care, and other recovery support services.
- Offer and use appropriate behavioral health services include engagement services (e.g., outreach, assessment, service planning); outpatient treatment services; intensive outpatient treatment services; substance use or mental disorders residential treatment services; medication-assisted treatment (MAT); community support services such as case management (e.g., assessment, planning, linking, monitoring, and advocacy), and peer and other recovery support services <http://www.samhsa.gov/recovery>.

- Use the Medical Care Coordination Assessment tool to determine acuity level and eligibility for MCC services.
- Screen and assess clients for the presence of co-occurring mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having co-occurring disorders.
- Ensure that patients who need trauma-related services have access to these services through case management and referral to certified trauma providers.
- All clients who are considered to be at risk for viral hepatitis (B and C), as specified by the United States Preventive Services Task Force (USPSTF) recommendations for hepatitis B and hepatitis C screening, must be tested for viral hepatitis (B and C) in accordance with state and local requirements, either onsite or through referral.
- Provide a plan for providing referrals and linkages to follow-up care and treatment for all individuals infected with viral hepatitis (B or C).
- Develop a plan for case management of all clients who have a preliminary positive HIV and confirmatory HIV test result. The process of case management includes: comprehensive assessment of the client's needs and development of an individualized service plan.
- Medication Assisted Treatment (MAT) is an evidence-based substance Use treatment therapy. SAMHSA supports the right of individuals with an opioid or alcohol use disorder to be given access to MAT as appropriate under the care of a physician.
- Screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

Substance Use Treatment	
Standard	Measure
<p>Providers must provide the following service components:</p> <ul style="list-style-type: none"> • Intake • Individual counseling • Group counseling • Patient education • Family therapy • Medication services • Collateral services • Crisis intervention services • Treatment planning • Discharge services 	<p>A comprehensive written program service delivery protocol outlining how staff will deliver all service components based on SAPC, SAMHSA and ASAM guidelines.</p>
<p>Providers are responsible to provide culturally competent services. Services must be embedded in the organizational structure and upheld in day-to-day operations.</p>	<p>Agencies must have in place policies, procedures and practices that are consistent with the principles outlined in the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS).</p>
<p>Agencies provide services that accounts for a client's age and developmental level to ensure his/her engagement into the treatment process.</p>	<p>Use of assessment and screening tools that establishes age and developmental levels and appropriate individualized treatment plan.</p> <p>Case notes clearly articulate action steps and treatment modifications for the client's age and developmental level.</p>
<p>Agencies must have procedures for linkage/integration of Medication-Assisted Treatment (MAT) for patients to ensure adequate access to core components of substance use disorder (SUD) treatment.</p>	<p>Established protocols for MAT following prescribing standards from the American Society of Addiction Medicine (ASAM) and SAMHSA.</p>
<p>Agencies must use Evidence-Based Practices such as Motivational Interviewing and Cognitive Behavioral Therapy, relapse prevention, trauma-informed treatment, and psychoeducation.</p>	<p>Written evidence-based program protocol.</p>
<p>Agencies must provide Field-Based Services (FBS) based on comprehensive assessment.</p>	<p>Proper certifications are in place for staff to provide FBS.</p> <p>Written FBS protocol.</p>
<p>Providers must deliver a variety of case management and care coordination services</p>	<p>Written case management and care coordination protocol.</p>

including transitioning clients from one level of care to another and navigating the mental health, physical health, and social service delivery systems.	MOUs with agencies for ensuring coordination of services for patients. List of service providers and partners.
Providers must delivery recovery support services to clients upon discharge from treatment services, including outpatient /intensive outpatient programs.	Written recovery support services protocol. MOUs with agencies for ensuring coordination of care.
Agencies must maintain complete and thorough documentation of services provided to client.	Agencies maintain documentation based on the ASAM Criteria. Progress notes are thorough, dated, and verified by a licensed supervisor.

Substance Use – Residential	
Standard	Measure
Providers must provide the following service components: <ul style="list-style-type: none"> • Intake • Individual counseling • Group counseling • Patient education • Family therapy • Safeguard medications • Medication services • Collateral services • Crisis intervention services • Treatment planning • Transportation services • Discharge services 	A comprehensive written program service delivery protocol outlining how staff will deliver all service components based on SAPC, SAMHSA and ASAM guidelines.
Appropriate medical evaluation must be performed prior to initiating residential treatment services, including physical examinations when deemed necessary.	Medical record of physical examinations and medical evaluation by a licensed medical provider.
Providers are responsible to provide culturally competent services. Services must be embedded in the organizational structure and upheld in day-to-day operations.	Agencies must have in place policies, procedures and practices that are consistent with the principles outlined in the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS).
Agencies must have procedures for linkage/integration of Medication-Assisted Treatment (MAT) for patients to ensure adequate access to core components of	Established protocols for MAT following prescribing standards from the American Society of Addiction Medicine (ASAM) and SAMHSA.

substance use disorder (SUD) treatment.	
Agencies must use Evidence-Based Practices such as Motivational Interviewing and Cognitive Behavioral Therapy, relapse prevention, trauma-informed treatment, and psychoeducation.	Written evidence-based program protocol.
Case management will assist patients in navigating and accessing mental health, physical health, and social service delivery systems.	Case notes must show that the initiating provider provided case management services and communicated with the next provider along the continuum of care to ensure smooth transitions between levels of care. If the client is referred to a different agency, case notes must show that the client has been successfully admitted for services with the new treating provider.
Providers must delivery recovery support services to clients to sustain engagement and long-term retention in recovery, and re-engagement in SUB treatment and other services and supports as needed.	Written recovery support services protocol. MOUs with agencies for ensuring coordination of care.
Agencies must maintain complete and thorough documentation of services provided to client.	Agencies maintain documentation based on the ASAM Criteria.

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