

**Ryan White Part A Program
Serving the Middlesex, Somerset, Hunterdon
Transitional Grant Area**

Service Standards for Substance Abuse
Ryan White HIV/AIDS Treatment Extension Act of 2009

Approved on March 7, 2017

Prepared by

**Services Standards and Integrated Care Plan Committee of the
Middlesex-Somerset-Hunterdon HIV Health Services Planning Council**

Substance Abuse Outpatient Care Definition:

HRSA 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. These services include 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 and relapse prevention. Medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

Agency Service Standards (Substance Abuse Treatment)

Table 1. Agency Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
1.1	Definition of services	Agency has description of services on file that comply with TGA Standards of Care for Substance Abuse.	100% of agencies will provide services according to the MSHTGA Standards of Care definition.
1.2	Licensure and Accreditation	Agency has current licenses and accreditation on file from appropriate licensing agency.	100% of agencies are licensed and accredited by appropriate state and federal agencies.
1.3	Hours of operation	Agency has documentation of operating hours on file.	Staff members are available to answer incoming calls during agency's normal operating work hours. 80% of the time calls are returned in 24 hours (if client calls within operating hours) If client calls within operating hours, staff will respond within one business day after a weekend or holiday
1.4	Emergency services	Agency has written emergency service procedures related to the service they provide on file.	100% of agencies will have policies in place to handle emergencies/crisis that occur outside of normal operating hours.
1.5	Special service needs	Agency complies with Americans Disabilities Act (ADA).	100% of agencies have policies to respond to special needs clients.
1.6	Cultural/Linguistic diversity	Agency has written policy on file including process for language translation.	100% of agencies have policies in place for responding to cultural and linguistic diversity (including translation services).
1.7	Client referrals	Agency has written referral policy on file.	100% of agencies will have referral process for care of HIV related problems outside their direct service area.
1.8	Linkages	Agency has written policy for establishing linkages on file.	100% of agencies will develop and maintain linkages with primary

			health care, support and other service providers.
1.9	Provider communication	Agency has written policies on file that allow for communication between different programs. Documentation of consent is required.	100% of providers document communication regarding patient care (HRSA funded services and others).
1.10	Policies and procedures	Agency has written staff policies on file.	100% of agencies have written policies for staff which include (but are not limited to): <ul style="list-style-type: none"> • Agency policy and procedures • Agency has a description of the Ryan White Treatment Extension Act of 2009 • Standards of professional behavior • Compliance with the Health Insurance Portability and Accountability Act [PL 104-191] • Federal Confidentiality regulations for substance abuse treatment [42-CFR] • Client confidentiality • Release of information • Communication about agency issues • Health and safety procedures including universal precautions • Complaint and grievance procedures
1.11	Staff evaluation	Agencies have procedures in place to evaluate staff.	100% of agencies have evaluation procedures on file. 100% of agency staff has a working knowledge of evaluation procedures. 100% of staff receive an annual performance evaluation.
1.12	Quality management	Agency have procedures in place to evaluate the quality and effectiveness of substance abuse treatment services on an ongoing basis.	100% of agency has written procedures on file to evaluate substance abuse treatment services. Agency participates fully in TGA Quality Management activities including data and chart review processes.

1.13	CAREWare data collection	Monthly reports are sent to grantee and are available on request. CAREWare is used to ensure data is collected in a uniform manner.	100% of agencies regularly update client information, needs assessment, client progress and care and client referrals and other services provided and share monthly reports with grantee.
1.9	Planning Council attendance	Agency representatives must attend monthly Planning Council meeting	Agency must attend 75% of monthly Planning Council meetings.

Staff Service Standards (Substance Abuse Treatment)

Table 2. Staff Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
2.1	Staff hiring	All staff will have necessary skills and experience determined by: <ul style="list-style-type: none"> • Application • Resume • References • Personal Interview • Background Checks 	100% of hired staff will have application, resume, communication with personal references and background checks documented in personnel files.
2.2 (a)	Staff qualifications	All staff have appropriate licensing certifications documented in personnel file.	100% of staff possess appropriate licensing or credential requirements or are in the process of acquiring appropriate licensing or credentials.
2.2 (b)	Staff qualifications Peer Navigator	A member of the peer community living with HIV/AIDS with a high school diploma or GED, plus two years of social service experience. Peer must demonstrate understanding of HIV services and healthcare service navigation.	100% of staff possesses a diploma/GED with the required experience documented in personnel file.
2.3	Staff job descriptions	Job description is documented in personnel file and reviewed annually.	100% of staff has job description and service standard documented in personnel file.
2.4	Staff training	All staff are trained and knowledgeable on: <ul style="list-style-type: none"> • HIV/AIDS and the affected tri county community including disease process, co-morbidities and psychosocial effects of the disease. • Cultural sensitivity • Entitlement programs, benefits to clients, and community 	100% personnel files document training. 100% of staff will be trained on evidence based treatment services.

		<p>resources/support services</p> <ul style="list-style-type: none"> • Client confidentiality, client rights, agency grievance procedures • Addiction Training • Evidence based clinical services 	
2.5	Staff continuing education	<p>All staff is required to take continuing education training that is available and appropriate.</p> <p>Staff attends at least one in-service or specialized training a year on topics related to their position.</p>	100% of trainings documented in personnel files.
2.6	Policies and procedures	Signed form is documented in personnel file.	100% of staff members agree to follow agency policies and procedures including but not limited to Agency Substance Abuse Standards of Care.
2.7 (a)	<p>Staff supervision</p> <p>Staff supervision continued</p>	<p>All supervisors are knowledgeable about RW HIV substance abuse services and procedures including fiscal and program</p> <p>All substance abuse treatment staff will receive (at minimum) one hour clinical supervision per week.</p>	<p>100% of supervisors are knowledgeable about RW program.</p> <p>Supervision is documented in personnel file.</p>
2.7 (b)	Staff supervision Peer Navigator	All peer navigators will receive (at minimum) one hour supervision per week to include patient case conference, peer navigator job performance, and skill development	Supervision is documented in personnel file.
2.8	Staff evaluation	Staff evaluations are documented in personnel file.	100% of staff members are evaluated on their performance annually.
2.9	Documentation	All staff will keep written documents of contact with clients in accordance with RW data collection procedures.	100% of all contacts are documented in client files.

Client Service Standards (Substance Abuse Services)

Table 3. Client Related Issues			
Policy Number	Activity/Issue	Minimum Acceptable Threshold of Service	Accountability Mechanism
3.1	Assessment	At the end of assessment assign and American Society of Addiction Medicine (ASAM) level of care. New Jersey Substance Abuse Monitoring System (NJSAMS)	100% of clients are assessed using a standardized addictions assessment tool.
3.2	Rationale for treatment includes at least one of the following conditions:	<ul style="list-style-type: none"> • 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 	<p>100% of clients show a diagnosis consistent with HAB/HRSA definition of substance abuse treatment</p> <p>90% of client charts specify one of these types of interventions.</p>
3.3	Design comprehensive treatment plan based upon (including Case Managers response) ASAM level of care	<p>Treatment plans are created in collaboration with the client within 30 days</p> <p>Engage client in development of treatment plan.</p> <p>Assessment conducted every 90 days.</p>	<p>90% of clients will have a treatment plan created within the ascribed timeframe.</p> <p>90% of clients sign treatment plans.</p> <p>90% of treatment plans are updated every 90 days.</p>

3.4	Monitor substance abuse	Document monitoring activities at a minimum of 8 times annually. <ul style="list-style-type: none"> • Urinalysis • Oral Swabs • Progress Notes (self-report) 	100% of clients are monitored for substance abuse at a minimum of 8 times annually.
3.5	Address client specific needs as identified in treatment process, to promote the reduction of Substance Abuse, including alcohol and/or legal drugs as well as illegal drugs.	Ensure that services are tailored to the specific needs of the client's presenting problems. Promote compliance with treatment plan goals.	100% of treatment plans will be directly related to the rationale for treatment. Within a 12 month period, substance abuse among clients will be reduced by 70%.
3.6	Promote access to other services as needed.	Ensure proper referrals including completion of essential authorization forms.	90% of clients who need referrals have them documented 100% of clients have signed release forms 90% of case notes have documented follow up (all documented in files)
3.7	Ensure coordination of care with medical providers	Ensure proper referrals including completion of essential authorization forms. Ensure Hepatitis C testing either onsite or via referral	85% documentation of communication with medical provider maintained in client file. 90% documentation of testing or referral.