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## SERVICE STANDARDS FOR Substance Use Outpatient Care

<b>Origination Date: March 2016</b>					
Reviewed/approved by the Continuum of Care Committee	March 10, 2016	February 13, 2020	January 14, 2021		
Approved by the Planning Council	March 16, 2016	February 19, 2020	March 17, 2021		

*In addition to the Universal Standards, you are also expected to follow the following guidelines.*

### I. GOAL

To assist HIV+ clients in addressing their dependency on legal and/or illegal substances and to have services available throughout the EMA to minimize crisis situations and stabilize clients in order to promote health care maintenance and positive health outcomes.

### II. DESCRIPTION (PCN 16-02 Revised 10/22/2018)

Substance Use Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Use Outpatient Care service category 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

### III. KEY SERVICE COMPONENTS AND ACTIVITIES

- An initial evaluation conducted by a qualified staff member
- Biopsychosocial assessments
- Outpatient Treatment planning
- Ambulatory Detox
- Intensive outpatient Treatment
- A minimum of ten hours of psychotherapeutic treatment to include:
  - Individual sessions
  - Couple sessions
  - Family sessions
  - Group sessions

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*“To plan for the development, implementation and continual improvement of the health care and treatment services for People Living With and Affected by HIV & AIDS who reside in the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren.”*

- Case consultations
- Life skills training
- Relapse management
- Crisis intervention/ emergency services
- Other services as deemed clinically appropriate

#### IV. SERVICE LIMITATIONS/ REQUIREMENTS

Substance Use services must be 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 of New Jersey; DMHAS State Regulations. Program's requesting funds for Substance Use must include the credentials of the staff performing these services.

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

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.' **Program Guidance [HIV/AIDS Bureau Policy 16-02]**

#### V. ASSESSMENT AND SERVICE PLAN

- A. Comprehensive Substance Use Assessment** – To identify clinical needs of clients, the bio-psychosocial assessment should include:
- a. Identification and assessment of Substance Use
  - b. Mental Health Assessment
  - c. Assessment of dangerousness to self and others
  - d. Past Psychiatric history
  - e. Educational/literacy assessment
  - f. Vocational Assessment
  - g. Self-Sufficiency/Productivity
  - h. Identification of Legal Issues, if they exist
  - i. Medical History including medications.
  - j. Family History
  - k. Support Systems
- B. Development and Implementation of Treatment Plan** – The Plan should document treatment plan and dates for measurable goal completion. It should also document treatment progress and should be reviewed within 90 days from initial plan and modified if necessary. Plan should include:
- a. Client participation in service decisions
  - b. Goals and measurable objectives responding to client needs
  - c. Timeframes to achieve objectives
  - d. Addressing barriers which are systemic, programmatic, and client-specific.
  - e. Referrals facilitated and follow-up by Substance Use Counselor
  - f. Documentation and verification of the patient's participation in primary medical care
  - g. Discussion and agreement of treatment modality
  - h. Treatment adherence
  - i. Ongoing HIV education/counseling
  - j. Coordinated continuum of HIV/AIDS services in concert with substance Use services
  - k. Documentation that patient was referred and is actively receiving mental health treatment if this is an active problem for the client

## **DOCUMENTATION**

Written documentation is kept for each client which includes:

1. Initial Substance Use Assessment
2. Documentation of reassessment(s)
3. Signed initial and updated individualized service plan
4. Evidence of consent for services
5. Progress notes detailing each contact with the client. These notes should include date of contact and names of persons providing the services

## **VI. ENGAGEMENT AND RETENTION OF CLIENTS**

Please refer to Universal Service Standards

## **VII. STAFF QUALIFICATIONS AND TRAINING**

- Staff must meet requirements pursuant to New Jersey DMHAS State Regulations
- HIV experience/training preferred
- Ongoing education/training in related subjects including “prevention with positives”
- Agency will provide new hires with training regarding confidentiality, client rights and the agency’s grievance procedure.
- Annual staff evaluation/review
- Clinical staff knowledgeable about the full spectrum of alcohol and drug addiction must conduct this evaluation.