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SERVICE STANDARDS FOR Substance Use Services (Residential)

Origination Date: March 10, 2016					
Reviewed/approved by the Continuum of Care Committee		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 Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder.

Activities provided under the Substance Use Services (residential) service category include:

- 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)

III. KEY SERVICE COMPONENTS AND ACTIVITIES

- An initial evaluation conducted by a qualified staff member
- Biopsychosocial assessments
- A minimum of ten hours of psychotherapeutic treatment to include:
 - Individual sessions
 - Couple sessions
 - Family sessions
 - Group sessions
 - Case consultations
 - Life skills training
 - Relapse management
- Crisis intervention/Emergency services

- Sub-Acute Residential Detox
- Short-Term Residential Substance Use Treatment
- Co-Occurring Treatment Services (mental health/ substance use treatment)
- Other services as deemed clinically appropriate

IV. SERVICE LIMITATIONS/ REQUIREMENTS

'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 HRSA RWHAP.

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

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.' **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 risk for self-harm and harm to 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 and treatment adherence
- h. Ongoing HIV education/counseling
- i. Coordinated continuum of HIV/AIDS services in concert with substance use services
- j. 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 TRAINING AND QUALIFICATIONS

- 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