



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



# **SUBSTANCE USE DISORDER AND RESIDENTIAL TREATMENT SERVICE STANDARDS**

Approved by the Commission on HIV on January 13, 2022



## SUBSTANCE USE SERVICES SERVICE STANDARDS

**IMPORTANT:** The service standards for Substance Use Outpatient Care and Residential Services adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

[Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice \(PCN\) #16-02 \(Revised 10/22/18\)](#)

[HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A](#)

[Service Standards: Ryan White HIV/AIDS Programs](#)

### INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Substance Use Outpatient Care and Residential Service standards to establish the minimum services necessary to support clients through treatment and counseling services for drug or alcohol use disorders and promote engagement in medical care and treatment adherence to achieve viral load suppression.

The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, caucuses, and the public-at-large.

### Human Resources and Services Administration (HRSA) Definitions and Program Guidance

Substance Use Outpatient Care	Substance Use Residential Services
Per <a href="#">HRSA Policy Guidance</a> , 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: <ul style="list-style-type: none"> <li>Screening</li> </ul>	Per <a href="#">HRSA Policy Guidance</a> , Substance Use Residential Services 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

<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Diagnosis, and/or treatment of substance use disorder, including: <ul style="list-style-type: none"> <li>○ Pretreatment/recovery readiness programs</li> <li>○ Harm reduction</li> <li>○ Behavioral health counseling associated with substance use disorder</li> <li>○ Outpatient drug-free treatment and counseling</li> <li>○ <a href="#">Medication-assisted therapy (MAT)</a></li> <li>○ Neuro-psychiatric pharmaceuticals</li> <li>○ Relapse prevention</li> </ul> </li> </ul> <p><b>Program Guidance:</b> 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 HIV/AIDS Bureau (HAB)-specific guidance.</p>	<p>service includes:</p> <ul style="list-style-type: none"> <li>• Pretreatment/recovery readiness programs</li> <li>• Harm reduction</li> <li>• Behavioral health counseling associated with substance use disorder</li> <li>• <a href="#">Medication-assisted therapy (MAT)</a></li> <li>• Neuro-psychiatric pharmaceuticals</li> <li>• Relapse prevention</li> <li>• 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)</li> </ul> <p><b>Program Guidance:</b> Substance Use Residential Services 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 Ryan white HIV/AIDS Program (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.</p> <p>Substance Use Residential Services seek to provide interim housing with supportive services for up to one (1) year exclusively designated and targeted for homeless or unstably housed persons living with HIV/AIDS in various stages of recovery from substance use disorder. The purpose of the service is to facilitate continued recovery from substance abuse and movement toward more traditional, permanent housing through assessment of the individual's needs,</p>
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	counseling, and case management.
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***All contractors must meet the Universal Standards of Care in addition to the following Substance Use Outpatient Care and Residential Services service standards.<sup>1</sup>***

Service Components	Standard	Documentation
<b>1a. Activities</b> Based on client needs and assessment, providers must provide the following service activities: <ul style="list-style-type: none"> <li>• <a href="#">Intake</a></li> <li>• <a href="#">Individual counseling</a></li> <li>• <a href="#">Group counseling</a></li> <li>• <a href="#">Patient education</a></li> <li>• <a href="#">Family therapy</a></li> <li>• <a href="#">Safeguard medications</a></li> <li>• <a href="#">Medication services</a></li> <li>• <a href="#">Collateral services</a></li> <li>• <a href="#">Crisis intervention services</a></li> <li>• <a href="#">Treatment planning</a></li> <li>• <a href="#">Discharge services</a></li> </ul>	Agencies must maintain and complete thorough documentation of services provided to client.	Agencies maintain documentation based on Los Angeles County, Substance Abuse and Mental Health Services Administration (SAMHSA), and American Society of Addiction Medicine (ASAM) guidelines.  Progress notes are thorough, dated, and verified by a licensed supervisor.
<b>1b. Agency Licensing and Policies</b>	<p><b>Outpatient Services:</b> Agency is licensed and accredited by appropriate state and local agency to provide substance use outpatient care services.</p> <p><b>Residential Services:</b> Agencies must operate as a licensed adult residential facility, a transitional housing facility or a congregate living facility.</p>	Current license(s) on file.

<sup>1</sup> Universal Standards of Care can be accessed at <http://hiv.lacounty.gov/Projects>

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<b>Service Components</b>	<b>Standard</b>	<b>Documentation</b>
<b>1c. Client Assessment and Reassessment</b>	Assessments will be completed at the initiation of services and at minimum should assess whether the client is in medical care. Reassessments must be completed every 6 months.	Completed assessment in client chart signed and dated by Case Manager.
	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.
	Use the Medical Care Coordination (MCC) Screening tool to determine need and eligibility for MCC services.	Documentation of screened 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.	Documentation of assessment in client file.
<b>1d. Staff Competencies</b>	Staff members are licensed or certified, as necessary, to provide substance use outpatient care and residential services and have experience and skills appropriate to the specified substance needed by the client. Bachelor's degree in a related field preferred and/or lived experience preferred.	Current license and résumé on file.
	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

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<b>1e. Integrated Behavioral and Medical Care</b>		Appropriate Services in Health Care (CLAS).
	Use a trauma-informed approach following <a href="#">SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach</a> .	Training documentation in personnel and program files.
	All Ryan White funded substance use outpatient care and residential 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).	A comprehensive written program service delivery protocol outlining how staff will deliver all service components based on Los Angeles County, SAMHSA, and ASAM guidelines.
	Agencies must have procedures for linkage/integration of <a href="#">Medication-Assisted Treatment (MAT)</a> for patients to ensure adequate access to core components of substance use disorder (SUD) treatment.	Established protocols for MAT following prescribing standards from ASAM and SAMHSA.
	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	Case notes must show that the initiating provider provided case management services and

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	systems.	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 deliver recovery support services to clients to sustain engagement and long-term retention in recovery, and re-engagement in SUD treatment and other services and supports as needed.	Written recovery support services protocol.  MOUs with agencies for ensuring coordination of care.
	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.	Documentation of hepatitis screening and treatment described in client file.
<b>1f. Individual Treatment Plan</b>	<u>Individual Treatment Plans (ITPs)</u> will be developed collaboratively between the client and Case Manager within 7 calendar days (or as soon as possible) of completing the assessment or reassessment and, at minimum, should include: <ul style="list-style-type: none"> <li>• Description of client goals and desired outcomes</li> <li>• Action steps to be taken and individuals responsible for the activity</li> </ul>	Completed ITP in client chart, dated and signed by client and Case Manager.

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	<ul style="list-style-type: none"> <li>• Anticipated time for each action step and goal</li> <li>• Status of each goal as it is met, changed or determined to be unattainable</li> </ul>	
<b>1g. Linkage and Referral</b>	Link clients and partners to appropriate community-based behavioral health services/systems including, but not limited to, primary HIV care and antiretroviral treatment (ART), HIV pre-exposure prophylaxis (PrEP), viral hepatitis B and C, primary health care, and other recovery support services.	Documentation of linkage and referrals, follow-up care and treatment for in client case files.
	Ensure that patients who need trauma-related services have access to these services through case management and referral to certified trauma providers.	Documentation of linkage and referrals in client case files.
<b>1h. Discharge Planning</b>	<p>Client <a href="#">Discharge Plan</a> should be developed for every client, regardless of reason for discharge. At minimum, the Discharge Plan should include:</p> <ul style="list-style-type: none"> <li>• Reason for client discharge from services (i.e., treatment goals achieved, client requested termination of services, client left facility, client deceased, etc.)</li> <li>• Referrals to ongoing outpatient substance use treatment service</li> <li>• Identification of housing options and address at which client is expected to reside</li> <li>• Identification of medical care provider from whom client is expected to receive treatment</li> </ul>	Client record documentation contains signed and dated Discharge Plan with required Elements.



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	<ul style="list-style-type: none"><li>• Identification of case manager/care coordinator from whom client is expected to receive services</li><li>• Source of client's HIV medications upon discharge</li></ul>	
	Client Discharge Plan should be provided to client.	Client record signed and dated progress notes reflect provision of Discharge Plan to client.

## **APPENDIX A: DEFINITIONS**

Source: Substance Use Disorder Treatment Services Provider Manual, Version 5.0, Last Updated July 2020. Los Angeles County Department of Public Health, Substance Abuse Prevention and Control.

### **Collateral Services**

Collateral Services are sessions between significant persons in the life of the patient (i.e., personal, not official, or professional relationship with patient) and SUD counselors or Licensed Practitioner of the Healing Arts (LPHA) are used to obtain useful information regarding the patient to support the patient's recovery. The focus of Collateral Services is on better addressing the treatment needs of the patient.

### **Crisis Intervention Services**

Crisis Intervention services include direct communication and dialogue between the staff and patient and are conducted when: 1) A threat to the physical and/or emotional health and well-being of the patient arises that is perceived as intolerable and beyond the patient's immediately available resources and coping mechanisms; or 2) An unforeseen event or circumstance occurs that results in or presents an imminent threat of serious relapse. These sessions are immediate and short-term encounters that focus on (1) stabilization and immediate management of the crisis, often by strengthening coping mechanisms and (2) alleviating a patient's biopsychosocial functioning and well-being after a crisis.

### **Discharge Services**

Discharge services or discharge planning is the process of preparing the patient for referral into another level of care, post-treatment return, or re-entry into the community, and/or the linkage of the individual to essential community treatment, housing and human services. Discharge planning should identify a description of the patient's triggers, a plan to avoid relapse for each of these triggers and an overall support plan.

### **Family Therapy**

Family therapy is a form of psychotherapy that involves both patients and their family members and uses specific techniques and evidence-based approaches (e.g. family systems theory, structural therapy, etc.) to improve the psychosocial impact of substance use and the dynamics of a social/family unit.

### **Field-based Services (FBS)**

Field-based Services (FBS) are a method of mobile service delivery for SUD outpatient services case, management, and recovery support services (RSS) for patients with established medical necessity. FBS provide an opportunity for SUD network providers to address patient challenges to accessing traditional treatment settings, such as physical limitations, employment conflicts, transportation limitations, or restrictive housing requirements (e.g., registered sex offenders).

### **Group Counseling**

Group counseling sessions are designed to support discussion among patients, with guidance from the facilitator to support understanding and encourage participation, on psychosocial issues related to substance use.

### **Individual Counseling**

Individual counseling sessions are designed to support direct communication and dialogue between the staff and patient and focus on psychosocial issues related to substance use and goals outlined in the patient's individualized treatment plan.

### **Intake**

Intake involves completing a series of administrative processes that are designed to ensure/verify eligibility, discuss program offerings, consent forms and other relevant documents. The intake process is a critical first step in establishing trust between the provider and the client and sets the stage for supporting the client in their treatment process.

### **Medication-assisted Treatment/Therapy (MAT)**

Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs.

### **Medication Services and Safeguarding Medications**

Medication services and safeguarding medications include the prescription, administration, or supervised self-administration (in residential settings) of medication related to SUD treatment services or other necessary medications. Medication services may also include assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services and/or order laboratory testing within their scope of practice or licensure.

### **Patient Education**

Patient education sessions are designed to enable the facilitator to teach participants and encourage discussion among patients on research-based educational topics such as addiction, treatment, recovery, and associated health consequences with the goal of minimizing the harms of SUDs, lowering the risk of overdose and dependence, and minimizing adverse consequences related to substance use.

### **Treatment Plan/Planning**

A treatment plan is an electronic or paper document that describes the patient's individualized diagnosis, strengths, needs, long-range goals, short-term goals, treatment and supportive interventions, and treatment providers.