

Making the Connection:

Standards of Care for Client-Centered Services

Substance Abuse

San Francisco EMA

Includes San Francisco City and County,
San Mateo County, and Marin County

January 2002

Prepared for

San Francisco Department of Public Health,
HIV Health Services, and the
HIV Health Services Planning Council

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Dedication

The Substance Abuse Standards of Care are dedicated to the clients of the HIV Health Services System, to substance abuse service providers who devote themselves to providing services to others, and to individuals who are both client and substance abuse service provider in the San Francisco EMA.

Acknowledgments

Sincere gratitude goes out to all who contributed to the process of developing the Substance Abuse Standards of Care. Special thanks goes to the Substance Abuse Working Group members and to the consumer focus group participants, who contributed their knowledge and experience to make these standards practical and worthwhile.

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SUBSTANCE ABUSE

Standards of Care

January 2002

I. Introduction

The Ryan White CARE Act, Title I, provides emergency assistance to Eligible Metropolitan Areas (EMAs) most severely affected by the HIV/AIDS epidemic. As it applies to San Francisco, the CARE Act stipulates that Title I funds should be used to provide access to integrated health services for persons living with HIV/AIDS (PLWHA) who:

- Reside within the San Francisco EMA; and
- Have no third party payment source (uninsured);
- Have limited third party coverage (underinsured); or
- Have been denied coverage by a third party payer (uninsured or underinsured).

In addition, enrollment priorities are as follows:

- First priority: Residents of the San Francisco EMA who have low or no income and are uninsured
- Second priority: Residents of the San Francisco EMA who have low or no income and are underinsured

Finally, CARE funds will be used only for services that are not reimbursed by any other source of revenue.

In addition to these federal guidelines, the San Francisco EMA has developed standards of care for all Title I-funded HIV health services in the San Francisco EMA. The standards outlined are designed to define the minimally acceptable levels of service delivery and provide suggested measures to determine whether service standards are being met. Furthermore, the standards described in this document are consistent with the Community Substance Abuse Services (CSAS) system of care.

II. Overview

Substance Abuse Standards of Care are designed to ensure consistency among the Title I substance abuse services provided as part of San Francisco's continuum of care for PLWHAs.¹ These standards provide guidance to programs so that they are best equipped to:

- Assist HIV-positive clients and their families, friends, and/or partners to deal with the physical, social, and psychological manifestations of addiction. This is achieved by helping clients develop healthy coping strategies and by addressing the behavioral, cognitive, emotional, spiritual, and practical aspects of addiction and recovery.
- Meet the specific and varied needs of HIV-positive clients using a multidisciplinary team approach and as appropriate, conduct HIV risk reduction specifically for HIV-positive individuals (prevention for positives).
- Incorporate harm reduction and primary and secondary prevention education approaches into services.
- Minimize barriers to services.
- Help clients focus on their substance use and treatment, while also addressing their other physical/mental health and social service needs.
- Implement coordinated, client-centered, and effective service delivery.
- Appropriately address issues of consent, confidentiality, and other client rights, for clients enrolled in services.
- Deliver substance abuse services in a culturally and linguistically appropriate manner while in compliance with all federal, state, and local laws, regulations, ordinances, and codes.

III. Description of Service

Provision of treatment and/or counseling to address substance abuse (including alcohol) problems, provided in an outpatient or residential health service setting.

¹Because there are multiple types of services included in the substance abuse service category, these standards may not fully apply to some programs. In these cases, this issue must be resolved during contract negotiations.

IV. Unit of Service

A substance abuse outpatient Unit of Service (UOS) is one hour of face-to-face service provision with a client or one hour of non-face-to-face (e.g., telephone or email) service provision on behalf of a client (e.g., consultation). A substance abuse residential UOS is one 24-hour bed day. A methadone/detox UOS is defined by Title 9 of the California Code of Regulation.

V. Standards of Care

A. Administration

Administrative standards ensure that all professionals providing substance abuse services are properly trained, that staff have an understanding of the scope of their job responsibilities, that programs are licensed and/or certified consistent with state law, and that all programs funded are adequately staffed.

Standard 1: Program and staff license, credentials, and experience.

The program will be licensed or credentialed in accordance with Title 9 state certification and licensing. The program will also have experience relevant to the special needs of PLWHA as they relate to substance abuse services. Regardless of credentials, all direct service staff members must receive ongoing HIV/AIDS training as appropriate for employee job function. It is recommended that staff members have:

- HIV-related experience
- A sense of commitment and ethical concern for those being served

Measure: Completed paperwork on file for all participating providers.

Standard 2: Staffing levels.

Agencies will make every effort to ensure appropriate staffing levels are reached and maintained to provide contracted services.

Measure: Full and part-time FTE positions funded under contract are filled; OR appropriate actions being taken to fill positions.

Standard 3: Job descriptions.

Staff members will have a clear understanding of their job definition and responsibilities.

Measure: Written job description on file signed by the staff/staff supervisor.

Standard 4: Policies and procedures.

Each funded agency will have a written policies and procedures manual that contains information regarding:

- Client rights and responsibilities, including confidentiality guidelines (with particular discussion of confidentiality issues for PLWHA)
- Client grievance procedures that comply with local AIDS Office/DPH requirements
- Eligibility and admission requirements, discharge and termination policies, and conditions for program re-entry that are sensitive to the unique needs of PLWHA, homeless clients, and mentally ill clients
- Referral resources and procedures that ensure access to all services listed in Standard 8
- All appropriate consent forms (e.g., consent to share information, consent for services, Reggie consent form)
- Data collection procedures and forms, including data reporting, for Title I-required data
- Personnel policies
- Quality assurance/quality improvement for services for PLWHA
- Guidelines for language accessibility
- Sobriety standards for staff and volunteers
- Segregated charting, supervision, accountability, coordination of care, and other issues related to cross-program or cross-agency services, if the agency has such arrangements (e.g., substance abuse counselors outstationed at a hospital)
- Plans for accommodating people with disabilities (plans should adhere to Americans with Disabilities Act (ADA) standards to the extent possible)
- Access to harm reduction services, either on site or through referral
- Accommodating clients to practice their religion of choice (e.g., attending religious services)
- Nondiscrimination policies for clients with children

Measure: Written policies and procedures manual containing required policies.

Standard 5: Staff training.

Staff are trained and knowledgeable regarding:

- HIV/AIDS issues and the delivery of substance abuse services in that context (see Standard 13 for details)
- Culturally and linguistically appropriate service delivery
- Harm reduction principles
- Primary and secondary prevention education principles
- Prevention for Positives principles
- Agency's written policies and procedures (including confidentiality, client rights, and human resources)
- Data requirements of the local jurisdiction
- All local, state, and federal standards of service delivery for substance use/abuse, including Title 9 standards and requirements
- Decision-making related to client eligibility for Title I services, including how to access other sources of funding for clients (e.g., Medi-Cal, GA)
- Universal precautions
- Referral resources
- Reducing barriers to access for clients, including streamlining paperwork

Measure: Documentation of all completed trainings on file.

B. Facility Standards

Facility standards are intended to ensure program safety and accessibility for both clients and staff.

Standard 6: Standard safety requirements.

The program is located in a physical facility that:

- Meets fire safety requirements
- Meets criteria for ADA compliance
- Is clean and comfortable
- Complies with Occupational Safety and Health Administration (OSHA) infection control practices
- Has emergency protocols for health- and safety-related incidents posted
- Is free from anticipated hazards
- Is equipped for safe, legal, and appropriate storage of pharmaceuticals

Measure: Compliance with all appropriate regulatory agencies, including ADA compliance; written policy describing plan for accommodating individuals with disabilities.

Standard 7: Program specific requirements.

All substance abuse programs must include:

- Options for a private, confidential space for clients to meet with program staff
- A geographic area that is as safe as possible
- A comfortable, accessible environment for PLWHA

Measure: Client satisfaction surveys performed at least annually that address satisfaction with privacy, confidentiality, safety, and comfort; compliance with appropriate housing standards (for residential programs).

C. Service Delivery

Standards related to service delivery define the minimum set of activities to be performed, including outreach and program recruitment, client screening, intake, and treatment planning and assessment.

Standard 8: The full continuum of services described below is provided directly or through referral.

Services on-site:

- Intake and follow-up assessment
- Treatment planning
- Crisis intervention
- Group and individual substance abuse counseling
- Collaboration and coordination with other providers
- Discharge planning (e.g., legal, medical, psychiatric, educational, housing, childcare)

Services on-site or through referral:

- Access to HIV Health Services continuum of care (i.e., the substance abuse program must either provide other Title I services or assist clients in accessing, as necessary, other non-substance abuse Title I services outside the agency)
- Harm reduction services that include both abstinence-based and non-abstinence-based options for substance abuse services
- Detoxification and medical clearance for detoxification
- Housing services
- Vocational rehabilitation
- Benefits counseling (medical/social)
- 12-step meetings/community support groups
- Therapy for individuals, family, couples, children
- Primary and secondary prevention education
- HIV risk reduction specifically for HIV-positive individuals (prevention for positives)
- Needle exchange

Measure: Frequently updated inventories of services provided in house and referral resources.

Standard 9: Intake/Assessment.

All clients referred to the program will receive an assessment as required by the substance abuse services department of DPH. In addition, Title I

programs shall also conduct the following on intake or during subsequent assessments:

- STD/HIV risk assessment and prevention education
- HIV/AIDS-related medical history, including medications
- In-depth criminal justice history and current status
- Assessment of how client's HIV disease will affect client's ability to participate in the program
- Assessment of client's treatment needs to determine best approach (i.e., abstinence or other harm reduction approach) and appropriate referral as necessary

Further assessments after initial intake should cover the following areas:

- Ethnic, gender, cultural, and spiritual identifications
- Grief/loss inventory
- Client strengths, including behavioral/cognitive coping mechanisms and self-help strategies
- Assessment of client's current situation regarding their substance use and their HIV-related health promotion and prevention

Measure: Detailed documentation in client charts.

Standard 10: Treatment planning.

Each client has a comprehensive individualized plan, prepared, reviewed, and modified in accordance with requirements outlined by the substance abuse services department of DPH. In addition, Title I programs shall include the following in treatment plans for HIV-positive clients where relevant:

- Primary and secondary prevention education, harm reduction, and substance abuse behavior change plans
- A plan for adherence to HIV/AIDS medication regimen
- A plan for coordination with the criminal justice system if applicable (e.g., parole, courts)

Treatment planning shall also ensure that:

- Services include clients, their family members (as defined by client), and their collateral caregivers as partners in determining needs and appropriate services, as appropriate given the reality of funding restrictions/limitations.
- Approaches offered to clients include a wide range of options both within and outside the agency (e.g., primary and secondary prevention education, both abstinence-based and non-abstinence-based services).

- Clients feel that services are effective and make a positive difference for them.

Measure: Completed treatment plan and acceptance of treatment plan in client file, signed by client and attending provider; updates to treatment plan in client file. (If provider is unable to obtain client signature, provider must indicate the reason in client's chart.)

Standard 11: Access.

Services offered minimize or eliminate barriers to access and utilization. Access to services should be made equal for all individuals using the following strategies:

- A plan for addressing cognitive, social, economic, and other barriers to access for clients should be in place.
- All patients should have access to a provider of their choice and should be given other options if they are dissatisfied with their provider.
- Services adhere to San Francisco's Community Mental Health Services (CMHS)/CSAS policy "Access to Services for Individuals with Dual Diagnosis Disorders of Substance Abuse and Mental Illness."
- Services are located where people can and will go.
- Where financially possible, support services, such as child care, translation, and transportation, are provided.
- Appropriate referral resources, Memorandum of Understanding (MOUs), and/or informal linkages with other agencies are in place to address client needs that agency is unable to meet.
- Services are offered in a timely fashion and at appropriate times (e.g., reasonable hours when contact with agency is available and timely processing of application before service start-up as determined during contract negotiations – programs will be held accountable to terms in contract).
- After-hours contact with the program is available to clients in crisis situations.
- Programs are ADA compliant and have a plan in place to accommodate individuals with disabilities.

Measure: Client satisfaction surveys conducted at least annually that address access issues; frequently updated inventories of services provided in house and referral resources.

Standard 12: Cultural sensitivity and relevance.

Service providers are as culturally sensitive as possible with regard to language, culture, spirituality, sexual orientation, age, gender, race, PLWHAs, people with disabilities, etc. At a minimum, providers should have an awareness and understanding of the cultures of the populations they serve.

- Outreach is targeted to specific populations in a manner consistent with community culture.
- Services are provided using relevant language and methods.
- Services provide opportunities for clients to assist in identifying issues related to culture that may affect how they respond to services (e.g., primary language, spirituality needs, sexual orientation, community identification, family needs, and customs).
- Staff should be ethnically, culturally, and linguistically diverse.
- Service providers should have referral relationships that can address gaps in culturally relevant services (e.g., if agency does not have internal capacity for translation/interpretation, non-English-speaking clients can be referred).
- Agency must have a cultural competency plan on file with the San Francisco Department of Public Health (for agencies in San Francisco).

Measure: Adherence to the San Francisco DPH cultural competency requirements for agencies and services in San Francisco; adherence to relevant local county/city cultural competency plan for agencies and services in San Mateo or Marin County.

Standard 13: Appropriateness of services to PLWHAs.

Services provided are appropriate for, and consider the unique needs of, PLWHAs, including:

- Absence from sessions/missed appointments due to illness
- Particular health consequences of illicit and prescribed substance use for PLWHAs, including drug interactions among illicit/prescribed substances, psychiatric medications, and HIV/AIDS medications
- Access to HIV/AIDS medications, primary care/specialty care appointments, primary and secondary prevention education, and other medical/social HIV-related services
- Access to both abstinence and non-abstinence harm reduction options (either within the agency or through referral) and primary and secondary prevention education
- Counseling that addresses the unique issues of PLWHAs in the context of substance abuse services (e.g., living with chronic life-threatening illnesses, death and dying issues)

Measure: Policies and procedures in place that address the unique needs of PLWHAs.

D. Coordination and Referral

The objective of coordination and referral is to address the client's spectrum of needs in a comprehensive way, while minimizing duplication of services.

Standard 14: Coordination and referral.

Coordination includes identification of internal resources and external service providers with whom the client is working. Referral includes the identification of other services the client may need or want. The agency will:

- Identify and communicate with clients' collateral caregivers, including primary care, mental health, and case management service providers, to support coordination and delivery of high quality care (case conferences and/or communication about client plans, including changes in treatment, should be documented).
- Provide appropriate referrals to any necessary specialty care in accordance with client's treatment plan.
- Ensure that the needs of clients with dual and triple diagnosis (HIV, mental health, substance abuse) are addressed.
- Document when a client is referred to the agency by another provider and from where they were referred.
- Document and, to the extent possible, follow-up on referrals to other services.

Measure: Documentation in client record of referrals made; current treatment plan in client's chart documenting necessity of specialty referral, follow-up required, and outcome. (Follow-up not required when case is closed.)

E. Quality Improvement, Monitoring, and Evaluation

The objectives of quality improvement, monitoring, and evaluation are related to ongoing assessment of client treatment plans, service delivery, and client satisfaction with service provision, the results of which lead to service improvement.

Standard 15: Quality improvement, monitoring, and evaluation.

A process for quality improvement, monitoring, and evaluation is in place as required by licensing and certification policies that specifies time frames where relevant and addresses:

- Collection and monitoring of adverse outcomes (incident reports)
- Handling of client grievances and complaints
- Treatment and medication monitoring
- Evaluation and monitoring of linkages with primary care
- Staff performance reviews
- Responsibility and accountability for implementation of quality improvement strategies
- Staff training on quality improvement
- Client involvement and active participation in the quality development/improvement of the Title I mental health program
- Annual implementation of client satisfaction surveys and use of findings to improve programs

Findings and results from quality improvement activities should be reported to the substance abuse services department of DPH according to contractual requirements.

Measure: Quality improvement plan in place; ongoing documentation and reporting of program and provider performance; client satisfaction surveys conducted at least annually.

TABLE 1: Summary of Standards of Care Measures

Standard	Measure
1. License, credentials, experience.	1. Completed paperwork on file for all participating providers.
2. Staffing levels.	2. Full and part-time FTE positions funded under contract are filled; OR appropriate actions being taken to fill positions.
3. Job descriptions.	3. Written job description on file signed by the staff/staff supervisor.
4. Policies and procedures.	4. Written policies and procedures manual containing required policies.
5. Staff training.	5. Documentation of all completed trainings on file.
6. Standard safety requirements.	6. Compliance with all appropriate regulatory agencies, including ADA compliance; written policy describing plan for accommodating individuals with disabilities.
7. Program specific requirements.	7. Client satisfaction surveys performed at least annually that address satisfaction with privacy, confidentiality, safety, and comfort; compliance with appropriate housing standards (for residential programs).
8. Continuum of services.	8. Frequently updated inventories of services provided in house and referral resources.
9. Intake/Assessment.	9. Detailed documentation in client charts.
10. Treatment planning.	10. Completed treatment plan and acceptance of treatment plan in client file, signed by client and attending provider; updates to treatment plan in client file.
11. Access.	11. Client satisfaction surveys conducted at least annually that address access issues; frequently updated inventories of services provided in house and referral resources.
12. Cultural sensitivity/competency.	12. Adherence to the San Francisco DPH cultural competency requirements for agencies and

	services in San Francisco; adherence to relevant local county/city cultural competency plan for agencies and services in San Mateo or Marin County.
13. Appropriateness of services to PLWHAs.	13. Policies and procedures in place that address the unique needs of PLWHAs.
14. Coordination and referral.	14. Documentation in client record of referrals made; current treatment plan in client's chart documenting necessity of specialty referral, follow-up required, and outcome. (Follow-up not required when case is closed.)
15. Quality improvement.	15. Quality improvement plan in place; ongoing documentation and reporting of program and provider performance; client satisfaction surveys conducted at least annually.