

# STANDARDS OF CARE

Oakland Eligible  
Metropolitan Area  
Care and  
Treatment  
Services

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## Substance Abuse Standards of Care

### AREAS OF REVIEW

Definition of Services  
Purpose of Services  
Goal of Services  
Client Characteristics and Needs  
Client Caseload/Units of Service  
Service Activities  
Outcomes

### I. DEFINITION OF SERVICES

*HRSA DEFINITION -The provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) provided in an outpatient setting rendered by a physician or under the supervision of a physician, or by other qualified personnel.*

#### EMA Definition

*Substance abuse services may involve a variety of cognitive, emotional, spiritual, and practical skills to deal with addictions and ongoing recovery, as well as clinical treatments and interventions that address the physical causes and symptoms of addiction.*

*Coordination and Referral: identifying most appropriate substance abuse services for an individual*

*Key activities include: Screening, Intake, Comprehensive Substance Abuse Assessment, Development and Implementation of a Treatment Plan, Treatment Coordination and Care, Reassessment, Discharge/Case Closure.*

### II. PURPOSE OF SERVICES

To assist HIV+ clients and their significant others, which may include family and friends, to cope with the physical and psychological manifestations of addiction to alcohol, tobacco and other drugs. To assist HIV+ clients in abstaining from substance use or reducing use through harm reduction strategies.

### III. GOAL OF SERVICES

To have services available throughout the EMA to minimize crisis situations and stabilize clients' substance use, in order to maintain their participation in primary care and support services.



To sustain and stabilize life, motivating toward self- management especially by addressing self-destructive attitudes, activities, and behaviors.

To see a reduction in the transmission of HIV through drug use in the Oakland EMA.

#### **IV. CLIENT CHARACTERISTICS AND NEEDS**

The Oakland EMA has adopted a standardized continuum of care for HIV+ people. Substance abuse resources are intended for those who fall in the following categories:

- Newly diagnosed individuals with substance abuse issues who need referral and treatment including follow up appointments or referral to ongoing support.
- Clients generally manifesting an irregular pattern of medical and social service assistance.
- Other special health or social circumstances (chaotic life, homelessness) requiring increased case management.

#### **V. CLIENT CASELOAD/UNITS OF SERVICE**

Client caseload is determined by level service activity and funding amount. A substance abuse Unit of Service (UOS), used for reporting purposes and for tracking service utilization, is defined in the service contract by each local jurisdiction within the Oakland EMA and may include one or more of the following definitions:

- 15 minutes of service-therapy/counseling session (group or individual)
- 15 minutes of coordination
- 1 methadone dose
- 1 addiction assessment tool completed

#### **VI. SERVICE ACTIVITIES**

Substance Abuse Service activities by a licensed therapist, registered intern or other qualified staff with appropriate certification and supervision may include, but are not limited to:

- Intake, screening
- Biopsychosocial/psychosocial assessment
- Individual and group therapy/counseling
- Development of a treatment plan
- Methadone maintenance
- Crisis intervention, support, and referral
- Related therapies
- Support for caregivers



- Substance use management
- Referral to other substance abuse professionals or programs
- Coordination of care
- Case conferencing
- Technical assistance to system of care providers
- Drop-in counseling
- Aftercare

## 1. PROVIDER QUALIFICATIONS

Substance abuse services can be provided by a psychiatrist: licensed M.D.; licensed psychologist, PhD and PsyD; licensed psychiatric nurses; licensed clinician: M.F.T., L.C.S.W. Registered clinical or student interns with appropriate supervision. Certified California Alcohol and Drug Abuse Counselor (CADAC) providers may also deliver care.

STANDARD	MEASURE
1.1 Staff meets the minimum qualifications detailed in the job description and standard of care.	1.1 Resume, license (as applicable); written job descriptions (for both salaried and volunteer staff).

## 2. SCREENING/ INTAKE

To accomplish a thorough intake, substance abuse staff must screen for Medi-cal or other payment sources to ensure the client can access the most comprehensive payment source and ensure Ryan White Care Act funds are used as a last resort. Substance abuse staff will have on file: Intake form, Comprehensive Substance Use/Abuse Assessment with historical data (current and past substance abuse use, current medications and side effects,) that results in a diagnosis. Assessment tools may include an Addiction Severity Index (ASI), ASAM (Addiction Severity Assessment Medical), Drug Dependence Screen (DDS), simple screening instrument or other acceptable assessment tool.

Screening for substance use is particularly important in HIV-infection because 1) both alcohol and substance use are risk factors for HIV infection and 2) addressing problems associated with substance use can help clients improve adherence with HIV medications, consistent health care access, and adoption of risk-reduction behaviors.

STANDARD	MEASURE
2.1 Staff must screen clients for Medi-cal eligibility or other payer sources	2.1 Documented screening for eligibility for other funding sources (Medi-cal, Access, etc.).



2.2 Agency staff will screen clients for service within two (2) business days.	2.2 Screening form in client record.
2.3 A Comprehensive Substance Use Biophysical Assessment is completed on each client by a competent professional, which identifies both clinical and non-clinical needs of the client within three (3) weeks of initial request.	2.3 Intake form, written comprehensive Substance Use Health assessment in client record.
2.4 Clients will be seen by an M.D. for a comprehensive medical exam within 30 days of intake (medical treatment programs only).	2.4 Medical record progress report.

### 3. TREATMENT PLAN DEVELOPMENT AND IMPLEMENTATION

The substance abuse provider will develop a treatment plan based on the comprehensive assessment.

STANDARD	MEASURE
3.1 Substance abuse providers will develop an annual treatment plan with input from clients within 30 days of intake and updated every 90 days thereafter.	3.1 Documentation of detailed treatment plan and dates for measurable goal completion.
3.2 Agencies must make available an array of treatment modalities that are culturally and linguistically sensitive and effective.	3.2 Documented treatment progress recorded in chart, client contact form or HACS.

### 4. SUPPORT, REFERRALS AND COORDINATION

Services are part of the coordinated continuum of care. Staff provides immediate support and referrals for urgent, crisis and emergency situations, including violent or suicidal behavior. Staff provides appropriate referrals when clients have acute substance health needs that fall outside of the scope of funded services or competency of the clinician. Clients should be referred to support groups, when appropriate. Clients not currently accessing medical care will be referred to a primary care provider.

STANDARD	MEASURE
4.1 Agency has a system in place to refer and follow up on clients.	4.1 Documentation of referrals, coordination and their follow-up.
4.2 Staff must document all client-provider interactions, referrals and follow-up,	4.2 Documented interventions, service and referral to an in-patient substance use



including case conferencing in the client chart.	program or other health provider, if appropriate.
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## 5. REASSESSMENT

This process is designed to adjust the plan as clients complete their goals, or as needs change and additional resources and/or providers are indicated. Face-to face reassessments provide information on the client’s health and psychosocial status necessary to update and maintain the service plan.

STANDARD	MEASURE
5.1 Staff must document a reassessment at a minimum of every 6 months.	5.1 Documentation of reassessment in client record.

## 6. DISCHARGE/CASE CLOSURE

A file should be closed when there has been a request for closure or when there has been no client contact for over twelve (12) months. Prior to closure (with the exception of death), the agency shall attempt to inform the client of the reentry requirements into the system, and make explicit to the client what case closing means.

STANDARD	MEASURE
6.1 The agency shall close a client’s file according to the written procedures established by the agency, for reasons including, but not limited to: death, relocation, transition to another provider, or at the request of the client.	6.1 Documentation in client record.  6.1 Retain files in a secure place for a minimum of five (5) years after the case is closed, seven (7) years for hospital records.

### Client Level Outcomes

- **Outcomes** are benefits or other results for clients that may occur during or after their participation in a program. Outcomes can be client-level or system-level. An **Indicator** is a measure used to determine, over time, an organization’s performance of a particular element of care. The indicator may measure a particular function, process or outcome. An indicator can measure: accessibility, continuity, effectiveness, efficacy, efficiency, and client satisfaction. Data (from indicators) collected should be fed back into the quality management process to assure that goals are accomplished and improved outcomes are realized.

The following indicators are suggestions for **Substance Abuse Services**.



- Increase in the number and percent of clients served who enter and complete a substance abuse treatment program.
  - Increase in the number and percent of clients reporting an awareness of relapse triggers and harm reduction techniques
  - Change over time in the % of clients who report a reduction in drug use
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- *See Administrative Standards for additional requirements of all Ryan White Care Act service providers.*
  - *The Standards of Care will be reviewed every two years by the Oakland EMA Grantee Quality Management Staff to address changes in the scope of practice.*

*All clients enrolled will have at a minimum of 2 primary care visits within the fiscal year.*

