

NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL SUBSTANCE ABUSE TREATMENT STANDARDS OF CARE

The Newark EMA HIV Health Services Planning Council (Planning Council) represents the five counties of Essex, Union, Morris, Sussex and Warren. Newark E.M.A. is one of the 51 Planning Councils nation-wide, which were established by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. The CARE Act establishes and funds care and treatment for people living with and affected by HIV/AIDS (PLWHA) who would otherwise have little or no access to health care.

The Planning Council is comprised of approximately 34 non-paid representatives who have HIV/AIDS expertise from community-based AIDS service organizations, local public health agencies, affected communities, including PLWHA, and the NJ Department of Health & Senior Services. Currently a third of the Newark E.M.A.'s membership is people living with HIV/AIDS.

The Planning Council is responsible for establishing the Ryan White Title I funding priorities that determines local care and treatment needs of PLWHA in the Newark E.M.A. N.E.M.A. develops standards of care that are mandated by the Health Resources and Services Administration (HRSA) which funds all CARE Act services. These standards are part of HRSA's Strategic Plan to improve the quality of health care services for the nation's underserved and vulnerable populations.

In 2005 HRSA defined Core Services as Primary Medical Care, Medications, Mental Health, Substance Abuse, Dental and Case Management. NEMA's priority is completing standards of care for all core services. The following are Substance Abuse Treatment Standards of Care specific for HIV.

Methodology for developing these standards consisted of the following five phases:

Phase I: Draft standards were developed by reviewing other major cities' standards, New Jersey Administrative Code and pertinent topical research.

Phase II: Substance Abuse Committee discussed the process and some members of the Committee, the grantee, Planning Council staff and members and service providers participated in an ad-hoc subcommittee to make recommendations on the substance Abuse Standards

Phase III: A Consumers Forum was held to obtain feedback for standards on Substance Abuse Treatment Standards.

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Approved by the Planning Council on October 19, 2005

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Phase IV: Substance Abuse Committee reviewed the draft document after all feedback was incorporated and submitted its recommendations to the N.E.M.A. Planning Council to approve the final Substance Abuse Treatment Standards of Care.

Phase V: The N.E.M.A. Planning Council made final recommendations and approval.

Providers must continue to follow the standards set forth by the State of New Jersey for licensure of ambulatory care facilities or residential treatment facilities. N.E.M.A.'s standards exist to guide substance abuse treatment for consumers who have HIV.

These standards are based on two major premises: 1) maintaining sobriety or harm reduction to live a functional life; and, 2) adherence to medical treatment to prevent opportunistic infections and malignancies. Standards ensure the possibility of reaching these outcomes. The standards we present are as follows:

Standard 1: Accessibility ensures that substance abuse treatment services are available to PLWHA. This includes the following:

- A. Cultural Competence must be demonstrated throughout all standards. Cultural competence is the ability to communicate effectively with PLWHA, who are diverse in language (including literacy level), culture, class, gender, sexual orientation, race, ethnicity, customs, beliefs, religion and communication. (Agencies should strive to model the NJ Department of Health & Human Services, *New Jersey Culturally & Linguistically Appropriate Standards for HIV/AIDS Service Providers Implementation Guide, June 2003.*)
- B. Substance abuse service providers must facilitate contact with primary medical care.
- C. Service providers must comply with the Americans with Disabilities Act (ADA).

Standard 2: Written policies and procedures exist to ensure protection of consumer rights, health, safety and quality care. Those policies contain:

- A. Physical Plant Safety:
 - 1. Residential Treatment Facilities must comply with the New Jersey Manual of Standards for Licensure for Residential Substance Abuse Treatment Facilities (NJAC Title 8:42A).
 - 2. Ambulatory Substance Abuse Care Facilities must comply with New Jersey Standards for Licensure of Ambulatory Care Facilities (NJAC Title 8:43A).
- B. Providers will ensure the development of Infectious Disease Prevention & Control Program which is reviewed annually.

- C. Use of Restraints is allowed only if licensed to provide medical detoxification services, and policies and procedures must be developed.
- D. Every residential treatment center will provide for rendering of Medical Services to consumers.
- E. Pharmaceutical Services will be provided directly or through affiliation agreement 24 hours a day, seven days a week.
- F. Laboratory & Radiology services will be either provided by the facility or assured through written affiliation agreement.
- G. Policies for Consumer Records will include procedures for production, maintenance and retention of clinical records, and those policies will be reviewed annually by the Director.
- H. Counseling Services will be provided on-site and every consumer assigned a substance abuse counselor.
- I. A Quality Assurance Plan shall be developed for patient care.
- J. Emergency Plan must include written procedures for fire, bomb threat, evacuation, other accidents and natural disasters.

Standard 3: Human Resources certify competent experienced staff in the provision of quality clinical care for substance abuse treatment of PLWHA. This standard is evidenced by:

- A. Meeting professional requirements for staff pursuant to NJAC, Title 8 Chapter 42A or 43A.
- B. Degrees, licensing certifications and resumes must be kept on file.
- C. Clinicians must be experienced in assessment, diagnosis, service planning and therapeutic techniques.
- D. MICA services must be provided by qualified licensed/certified professionals in both substance abuse and mental health.

- E. Job descriptions must exist for all positions.
- F. Personnel policies and procedures must comply with NJAC 8:42A-3.6.
- G. Direct service providers must receive training in the relationships of HIV, substance abuse, mental health and their service provision;
- H. Direct service providers must receive ongoing HIV/AIDS Training, including prevention education.

Standard 4: Ryan White eligibility is determined prior to service provision by:

- A. Verifying HIV status
- B. Verifying Income status
- C. Verifying Insurance status

Standard 5: The intake process clarifies the service contract of responsibilities and rights of consumers and providers through:

- A. Orientation of services offered;
- B. Written "Client Rights and Responsibilities" as documented in NJAC 8:42A & 43A;
- C. Explanation of confidentiality and HIPAA requirements;
- D. Explanation of grievance process;

Standard 6: A bio-psychosocial assessment must be completed within 72 hours of admission/or third counseling visit and must identify consumer needs and strengths in the areas of:

1. Substance Use
2. Mental Health Assessment
3. Educational/literacy Assessment
4. Vocational Assessment
5. Self-Sufficiency/Productivity
6. Legal Issues
7. Medical
8. Family History
9. Support Systems

Standard 7: Consumer Service Plans outline treatments that provide expected outcomes. They must be completed within 30 days of intake and demonstrate:

- A. Consumer participation in service decisions;
- B. Goals and measurable objectives responding to consumer needs;
- C. Timeframes to achieve objectives;
- D. Addressing barriers which are systemic, programmatic and client-specific;
- E. Referrals offered;
- F. Monitoring adherence to medical care;

- G. Discussion and agreement of treatment modality;
- H. Relapse prevention plan which identifies stressors and coping mechanisms;
- I. Ongoing HIV education/counseling;
- J. Coordinated continuum of HIV/AIDS services in concert with substance abuse services;
- K. Process for Service Plan Modification which includes assessing and monitoring the use of potentially problematic treatments must be implemented within 90 days;
- L. Support HIV disclosure process;

Standard 8: Treatment progress must be recorded to include:

- A. Procedure for consumer record-keeping;
- B. Progress notes for each session;
- C. Sessions and times charted;
- D. Service Plan progression documented;
- E. Service Plan assessment and revision documented;

Standard 9: Ensure transition for consumers leaving services by developing a discharge plan which includes:

- A. Reason for discharge;
- B. Referrals;
- C. Schedule of follow-up contacts;
- D. Relapse plan;

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