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SUBSTANCE ABUSE TREATMENT STANDARDS OF CARE

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I. PURPOSE OF STANDARDS

The purpose of these standards is to define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Newark Eligible Metropolitan Area (NEMA)

II. 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.

III. DEFINITION

Substance Abuse services are medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol, tobacco and/or legal and illegal drugs) by a physician or under the supervision of a physician, or by other qualified personnel. Services include but are not limited to:

- Pre-treatment/recovery readiness programs
- Harm reduction
- Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse
- Out-patient drug-free treatment and counseling
- Opiate Assisted Therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention

IV. PROVIDER POLICIES AND PROCEDURES

- A. Services must be provided by a licensed/certified substance abuse counselor. Staff must meet minimum qualifications detailed in the job description and standards of care.
- B. Agency must comply with:
 - New Jersey Manual of Standards for Licensure for Residential Substance Abuse Treatment Facilities NJAC Title 8:42A or
 - New Jersey Manual of Standards for Licensure of Ambulatory Care Facilities (NJAC Title 8:43A)
- C. Providers will ensure the development of Infectious Disease Prevention & Control Program which is reviewed annually.
- D. Medical services, including laboratory and radiology services, will be provided through the facility or through a written affiliation agreement.
- E. Use of Restraints is allowed only if licensed to provide medical detoxification services, and policies and procedures have been developed.
- F. Every residential treatment center will provide for the rendering of medical services to consumers.
- G. Pharmaceutical services will be provided directly or through affiliation agreement 24 hours a day, seven days a week.

"To plan for the development, implementation and continual improvement of the health care and treatment services for People Living With and Affected by HIV & AIDS who reside in the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren."

- H. Counseling Services will be provided on-site and every consumer will be assigned a substance abuse counselor.
- I. The Agency must have a written **Emergency Plan** which includes procedures for fire, bomb threat, evacuation, accidents and natural disasters.
- J. Policies must exist for the administration, control and storage of medications if applicable
- K. **Record Retention** - Policies must exist for the production, maintenance and retention of client clinical records. The agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years.
- L. **Confidentiality Policy** – All written and verbal communications regarding clients must meet HIPAA requirements.
- M. **Cultural Competence** – Agency will ensure that culturally and linguistically appropriate services are available and be able to provide services that are culturally sensitive and in the clients' preferred language or arrange for a competent translator.
- N. **American Disabilities Act Compliance** – Agency must demonstrate that the needs of the disabled consumers are met.
- O. **Consumer Consent** – Written consent must be obtained to release/exchange client information. The consumer must be notified of the release of information.
- P. **Grievance Policy** – The agency must explain the grievance policy to the client and provide a copy to the client.
- Q. Agency must have a written Emergency Plan which includes procedures for fire, bomb threat, evacuation, accidents and natural disasters.
- R. Service providers should receive continuing education in relationship to HIV, substance abuse, mental health, co-occurring disorders and related subjects such as "Prevention for Positives".
- S. A **Quality Assurance Plan** shall be developed for patient care which shall be reviewed annually.
- T. The agency must demonstrate input from clients via a client satisfaction survey or similar method

V. **ACCESSIBILITY/STANDARDS OF SERVICE**

- A. The Agency is compliant with ADA requirements for the provision of reasonable accommodations to address clients with special needs.
- B. The Agency must demonstrate a commitment to provide services that are culturally sensitive and linguistically appropriate.
- C. Agency demonstrates input from clients with regard to service delivery through client satisfaction surveys.
- D. There will be no barriers due to hours of service. There will be twenty-four (24) hour accessibility for emergency medical services and crisis counseling where applicable.
- E. There will be no barriers due to client disability. Agencies will comply fully with the Americans with Disabilities Act of 1990.
- F. There will be no barriers due to language differences between medical case manager and clients. Agencies must have the ability to provide native language speakers for services when 20% or more of their clients prefer another language or arrange for a competent translator.
- G. There will be no barriers due to lag time. Eighty per cent (80%) of all persons seeking services will see a substance abuse counselor within five (5) working days of initial contact. If this is not possible, the reason must be documented in the client's file.

VI. **CLIENTS RIGHTS AND RESPONSIBILITIES**

- A. Funded agencies funded shall have the ability to provide service in the client's native language when twenty (20%) or more of their clients prefer another language and must provide information for clients in appropriate languages or arrange for a competent translator.
- B. All written materials should be printed in a language that is understandable to the client and should be written at no higher than a 5th grade reading level.
- C. The agency will have a Clients Rights Statement posted and available to the client upon request. This will be in the client's language or explained to the client in the client's preferred language.
- D. The agency will have a Consent for Services and Release of Records Form, which is dated and time limited, signed by the client or person legally able to give consent. This form will be signed by the

client after reviewing the initial “Service Plan” and when the client is reassessed and/or when the plan is updated or changed.

- E. The agency will have a written policy related to Client Grievance Procedures which is reviewed with the client in a language and format the client can understand.
- F. The agency will have a written Client Confidentiality Policy in conformance with State and Federal Laws.
- G. All new clients will receive HIV/AIDS orientation and be provided with educational materials in their native language, when possible, and in a culturally appropriate manner.
- H. Clients have the right to refuse services.

VII. PROCESS

- A. Intake
- B. Comprehensive Substance Abuse Assessment
- C. Development and Implementation of a Treatment Plan
- D. Treatment and Coordination of Care
- E. Case Closure/Discharge

A. Intake - To determine eligibility, collect demographic information

1. Verify HIV status
2. Verify Income status
3. Verify Insurance status
4. Stabilize consumer crisis if necessary
5. Explain services available
6. Explain Clients' rights and responsibilities
7. Explain confidentiality and HIPAA requirements
8. Explain Grievance process

B. Comprehensive Substance Abuse Assessment - To identify clinical needs of consumer the following bio-psychosocial assessment should include:

1. Identification and assessment of Substance Use
2. Mental Health Assessment
3. Assessment of dangerousness to self and others
4. Past Psychiatric history
5. Educational/literacy assessment
6. Vocational Assessment
7. Self-Sufficiency/Productivity
8. Identification of Legal Issues, if they exist
9. Medical History including medications.
10. Family History
11. Support Systems

C. 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:

1. Consumer participation in service decisions.
2. Goals and measurable objectives responding to consumer needs.
3. Timeframes to achieve objectives
4. Addressing barriers which are systemic, programmatic and client-specific.
5. Referrals facilitated and follow-up by Substance Abuse Counselor.
6. Documentation of the patient's participation in primary medical care.
7. Discussion and agreement of treatment modality and treatment adherence
8. Ongoing HIV education/counseling
9. Coordinated continuum of HIV/AIDS services in concert with substance abuse services.

10. Documentation that patient was referred and is actively receiving mental health treatment if this is an active problem for the client.

D. Treatment and Coordination of Care

1. Progress notes for each session
2. Charting of sessions and length of session
3. Progress of Service Plan
4. Service Plan assessment and revision within 90 days of initial assessment
5. Communication with referring agency i.e., if appointments were kept and if medications were prescribed.

E. Case Closure/Discharge - Reasonable efforts must be made to retain the client in care by phone and letter.

Case Closure

- The substance Abuse treatment provider must document date and reasons for closure of case including but not limited to; no contact, client request, client moves out of service area, client died, client ineligible for services.
- The Substance Abuse Treatment provider should provide referrals and contacts for follow-up
- A summary of the services received by the client must be prepared for the client's record.

Case Transfer

- The substance abuse treatment provider should facilitate the transfer of client records/information.
- The client must sign a consent form to transfer records which is specific and dated

VIII. DOCUMENTATION

Written documentation is kept for each consumer which includes:

- Consumer's name and unique identifier number
- Proof of HIV+ status
- Initial Substance Abuse Assessment
- Signed initial and updated individualized treatment plan
- Evidence of consent for services
- Progress notes detailing each contact with the client. These notes should include date of contact and names of persons providing the services
- Evidence of the client's understanding of his/her rights and responsibilities
- Signed "Consent to release information" form. This form must be specific and time limited

IX. ENGAGEMENT AND RETENTION OF CONSUMMERS

The best way to retain clients in care and be aware of barriers that are preventing a client accessing care is to maintain an ongoing relationship.

Procedure to be followed for missed appointments

1. The consumer should be contacted within 2 days of missed appointment to determine if there was a reason why the appointment was not kept.
2. The substance abuse treatment provider will attempt to reach the consumer no less than 2 times during a one-week period.
3. If the consumer can not be reached by phone, a letter (certified) will be sent to the consumer stating that an appointment has been missed and requesting that the consumer contact the agency to set up another appointment.
4. The substance abuse treatment provider should check with other agencies which are providing services to the client.
5. If appropriate and with prior approval of the client, contact the emergency contact

X. STAFF/TRAINING

Qualifications/Training

- Staff must meet requirements pursuant to NJAC, Title 8 Chapter 42A or 43A
- Co-occurring disorder services must be provided by qualified licensed/certified professionals in both mental health and substance abuse
- HIV experience/training.
- 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.