Substance Use Disorder Treatment - Residential
Standards of Care

Definition:

Funding to address substance use disorder (including alcohol and/or legal and illegal drugs) in a short-term residential health service setting.

Limitations:

Services limited to the services below as stated in the HRSA National Monitoring Standards.

Services:

Provision of treatment and/or counseling that addresses substance use disorder for alcohol and other drugs. Services consist of residential treatment with linkage to outpatient services, counseling, social detoxification, and/or referral to medical detoxification (including methadone treatment) when necessary as appropriate to the client. A goal of the continuum of substance use disorder treatment is to encourage individuals to access primary medical care and adhere to Antiretroviral Therapy (ART) as well as other treatments indicated. All treatment providers will have specific knowledge, experience, and services regarding the needs of persons with HIV/AIDS.

Examples of services include regular, ongoing substance use disorder treatment and counseling on an individual and/or group basis by state-licensed providers. Based on client need to ensure client centered service delivery the following services should include provision of, or links to:

- Social and/or medical detoxification when necessary
- Recovery readiness
- Harm reduction
- 12-step model
- Rational recovery approach model
- Aftercare
- Mental health counseling to reduce depression, anxiety, and other disorders associated with substance abuse
- Medical treatment for addiction,
- Drug-free treatment and counseling

Detoxification is to be provided in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of a hospital).

Limited acupuncture services may be provided with a written referral from the client's primary health care provider, provided by certified or licensed practitioners.

- Services funded under this category include therapeutic treatments provided by a licensed Acupuncturist that involves the use of sterile, disposable acupuncture needles inserted in clients for the purpose of assisting them with adherence, symptom management, and health care
- Limited by financial cap

Services are to be provided:

- By or under the supervision of a physician or other qualified personnel with appropriate and valid licensure and certification
- In accordance with a treatment plan

Agency/Personnel /Staff Training

Agency and Staff Qualifications	Expected Practice
The provider agency must be a licensed hospital or a licensed facility with substance abuse residential treatment designation and must comply with the rules and standards established by Texas Department of State Health Services (DSHS) Substance Abuse Facility Licensing Group.	A treatment facility may be any facility that offers residential treatment for persons with a substance use disorder. Facilities providing residential substance abuse treatment services will be licensed by DSHS Substance Abuse Facility Licensing Group. Agency will have documentation on site that license is current for the physical location of the treatment facility. Agency must be in compliance with the American with Disabilities Act as Amended (ADAAA) to indicate full accessibility by all clients.
All staff providing direct substance use disorder counseling or treatment services to clients must be licensed/certified by the State of Texas to provide substance abuse counseling. .	Documentation of appropriate and valid licensure and certification of substance use disorder professionals as required by the State of Texas for the following but not limited to professions: -Licensed Professional Counselor (LPC) -Licensed Clinical Social Worker (LCSW) -Licensed Chemical Dependency Counselor (LCDC) -Licensed Marriage and Family Therapist (LMFT) -Licensed Clinical Psychologist -Certified Alcohol and Drug Counselor (CADC) -Certified Addictions Registered Nurse (CARN) -Advanced practice nurse practitioner recognized by the Board of Nurse Examiners as a clinical nurse specialist or nurse practitioner with a specialty in psych-mental mental health (APNP/MH) -Counselor in Training (CIT) supervised by an appropriate licensed/certified professional Documentation of supervision during client interaction with Counselors In Training (CIT) or

	Interns as required by DSHS.
All staff providing direct substance use disorder counseling or treatment services must meet minimum experience requirements or be directly supervised by a staff member who meets these requirements.	Each staff member will have documentation of minimum experience to include: -Continuing Education in HIV -One(1) year of experience in family counseling as pertaining to substance use disorders -Non-violent crisis intervention training -At least three (3) hours annually of cultural competency training -Training in mental health issues and knowing when to refer a client to a mental health program/counselor All direct care staff shall maintain current Cardio Pulmonary Resuscitation (CPR) and First Aid certification. Licensed health professionals and personnel in licensed medical facilities are exempt if emergency resuscitation equipment and trained response teams are available 24 hours a day.
A substance abuse treatment supervisor shall be a Certified Clinical Supervisor (CCS) per TAC, Title 25, Part 1, Chapter 140 Subchapter 1	Supervisors must meet all licensure requirements for a Qualified Credentialed Counselor. Documentation of current License/Certification will be maintained on file.
Agency must maintain professional liability coverage for individuals providing direct care and for the agency per TAC, Title 25, Part, and Chapter 48.	Documentation of professional liability for all staff and agency.
Agency employing substance use disorder counselors shall have an established, detailed staff orientation process per TAC, Title 25, Part 1, and Chapter 448.	Prior to performing their duties and responsibilities, the facility shall provide a minimum of 24 hours of training/orientation to staff, volunteers, and students. This orientation shall include information addressing: -Job Description -DSHS Mental Health/Substance Abuse rules -Facility policies and procedures -Client grievance procedures -Crisis intervention procedures -Standards of Care -Infection Control/Universal Precautions -Confidentiality of all protected health information (PHI) such as client-identifying information (HIPAA) -Standards of conduct -Consumer Rights and Responsibilities

	-Consumer abuse and neglect reporting policies and procedures -Professional Ethics -Emergency and evacuation procedures -Data Management and record keeping -Substance abuse in the workplace -The Americans With Disabilities Act As Amended (ADAAA) The initial training(s) on HIV, Hepatitis B and C, Tuberculosis and Sexually Transmitted Diseases must be received within the first ninety (90) days of employment and must be completed before the employee can perform a function to which the specific training is applicable. Subsequent training must be completed as specified. -All personnel with any direct client contact shall receive this training -The training shall be based on the DSHS HIV Workplace Guidelines -The initial training shall be three (3) hours in length -Staff shall receive annual updated information about these diseases Personnel record reflects completion of orientation/training.
Substance Abuse Treatment staff are trained and knowledgeable regarding HIV/AIDS and the affected community.	Staff participating in the direct provision of services to clients must satisfactorily complete all appropriate continuing education units (CEUs) based on the licensure requirement for each licensed substance abuse counselor. If unlicensed, staff must complete at least twelve (12) hours of training annually. Training documentation on file and maintained in each personnel record.
Each substance abuse agency must have and implement a written policy for regular supervision of all licensed staff.	Agency has written policy for supervision. Supervisors' files reflect notes of weekly supervisory conferences.
Interdisciplinary Case Conferences Agencies shall conduct monthly multidisciplinary discussions of selected clients to assist in problem-solving related to a client's progress toward substance use disorder treatment plan goals and to ensure that professional guidance and high-quality	Agency shall have a policy and procedure to conduct Interdisciplinary Case Conferences held for each active client at least once every six (6) months Case Conference documentation, signed by the

substance use disorder treatment services are being provided.	supervisor, in client record will include: -Date, name of participants and name of client -Issues and concerns -Follow-up plan -Clinical guidance provided -Verification that guidance has been implemented
Crisis Intervention Plan.	Agency must develop and implement policies and procedures for handling crisis situations and psychiatric emergencies, which include, but are not limited to, the following: -Verbal Intervention -Non-violent physical intervention -Emergency medical contact information -Incident reporting -Voluntary and involuntary client admission -Follow-up contacts -Continuity of services in the event of a facility emergency Agency will have a policy and procedure for clients to follow if they need after hours assistance. This procedure will be included in the client orientation process. There will be written policies and procedures for staff to follow for psychiatric or medical emergencies. -Policies and procedures define emergency situations, and the responsibilities of key staff are identified There will be a procedure in place for training staff to respond to emergencies.

Standards of Care

Standard	Measure
Intake and Service Eligibility According to the HRSA HIV National Monitoring Standards, eligibility for services must be determined.	Agency will receive referrals from a broad range of HIV/AIDS service providers. Eligibility information will either be obtained from the referral source or obtained during initial intake and will include: -Contact and identifying information (name, address, phone, birth date, etc.)

	-Language(s) spoken -Literacy level (client self-report) -Demographics -Emergency contact -Household members -Pertinent releases of information -Documentation of insurance status -Documentation of income (including a "zero income" statement) -Documentation of residency -Housing status -Employment and income status -Documentation of proof of HIV positivity -Photo ID or two other forms of identification -Acknowledgement of client's rights The client's eligibility must be recertified for the program every six (6) months. Before assistance is provided there should be written documentation in the client primary record that Ryan White/State Services funding is being used as the payer of last resort.
Initial Assessment	Each client will be assessed for the following but not limited to: -Client's alcohol and drug history and current usage -Client's physical health -List of current medications -Presenting problems -Suicide and homicide assessment
Comprehensive Assessment All clients referred to the program will receive a Comprehensive Assessment by a licensed substance use disorder counselor.	A comprehensive assessment will be completed within three (3) business days of admission and will include the following: -Presenting problems, symptoms or behaviors to be addressed, including their psychiatric history, including medications -Mental status exam (including appearance and behavior, talk, mood, self-attitude, suicidal tendencies, perceptual disturbances, obsessions/compulsions, phobias, panic attacks) -Current risk of danger to self and others -Family history/relationships -Education and employment history -STD/HIV risk assessment -Medical history, including HIV treatment and medications -Substance use history -Domestic violence assessment

	-Trauma assessment -Social support and functioning, including client strengths/weaknesses, coping mechanisms and self-help strategies -Legal history -Leisure and recreational activities -Cognitive assessment (level of consciousness, orientation, memory, and language) Specific assessment tools such as the Addiction Severity Index (ASI) could be used for substance abuse and sexual history, and the Mini Mental State Examination (MMSE) for cognitive assessment. A copy of the assessment(s) will be provided to the client. Clients are assessed for care coordination needs, and referrals are made to case management programs as appropriate.
Treatment Modalities Providers should discuss treatment options with substance-using clients and should ask which treatment options they prefer.	Providers should inquire about use of multiple substances and should consider the full spectrum of the client's substance use when discussing treatment options with the client. -Providers and clients may need to discuss alternative treatment modalities targeted toward the substance(s) that the client is still using. Providers should consult *Patient Placement Criteria of the American Society of Addiction Medicine (ASAM)* for guidance on selecting the best treatment alternatives for specific clients. Medical treatment for opioid, and stimulant and sedative dependence should adhere to current HIV Clinical Guidelines. Treatment for nonpharmacologic treatment modalities may include but are not limited to Harm Reduction, Twelve-Step Programs and Acupuncture. Specific requirements for funding acupuncture are as follows: -The client's primary health care provider must refer in writing the client for acupuncture services -Acupuncture service cannot be the dominant treatment modality -All Acupuncturists will be licensed by the Texas Board of Acupuncture Examiners

	-All acupuncture services will be performed in accordance of the Acupuncture Practice Act § 205.001(2)(A) -Agency offering acupuncture services must comply with current industry standards: • Agency has malpractice insurance (in good standing) on file at provider agency • Agency complies with standards for materials purchase, storage, use, count, and disposal • All acupuncture needles are sterile and prepackaged, used once, and disposed of according to biohazard standards • Agencies have a documented procedure in place to ensure needle count on insertion and removal -Funding for acupuncture will not exceed $1,500/individual/year -Documentation for the use of funds will include the quantity of acupuncture services provided and the total amount of funding used
Treatment Plan According to HRSA National Monitoring Standards, a detailed treatment plan for each eligible client that includes required components set forth in the Texas Administrative Code (TAC) for Substance Abuse	A treatment plan shall be completed within five (5) business days of admission. The treatment plan shall be prepared and documented for each client. Treatment planning will be a collaborative process through which the provider and client develop desired treatment outcomes and identify the strategies for achieving them. Individual records will include documentation of the following: -Identification of the substance use disorder -Goals and objectives -Treatment modality (group or individual) -Start date for substance use disorders counseling -Recommended number of sessions -Date for reassessment -Projected treatment end date -Any recommendations for follow up Treatment, as appropriate, will include counseling about (at minimum): -Prevention and transmission risk behaviors, including root causes and underlying issues related to increased HIV transmission behaviors -Treatment adherence -Development of social support systems -Community resources -Maximizing social and adaptive functioning

	-The role of spirituality and religion in a client's life, disability, death and dying and exploration of future goals The treatment plan will be signed by the substance abuse counselor rendering service. In accordance with TAC on Substance Abuse, the treatment plan shall be reviewed at a minimum midway through treatment and must reflect ongoing reassessment of client problems, needs and response to therapy. The treatment plan duration, review interval and process must be stated in the agency policies and procedures and must follow criteria outlined in the TAC.
Provision of Services Services will be provided in accordance with Texas Health and Safety code, title 6, Subtitle B, Chapter 464.	Services will be provided according to the individual's treatment plan and documented in the client's primary record. Counseling and education will be completed in accordance with Texas Health and Safety Code for Substance Abuse Programs. Progress notes are completed for every professional counseling session and must include: -Client name -Session date -Observations -Focus of session -Interventions -Assessment -Duration of session -Newly identified issues/goals -Client's responses to interventions and referrals -Counselor authentication, in accordance with current Joint Commission on Accreditation of Healthcare Organization (JCAHO) standards or Commission on Accreditation of Rehabilitation Facilities (CARF) standards
Referrals	Agency will make appropriate referrals when necessary. Agency must have collaboration agreements with mental health and primary care providers.

Discharge Planning	Discharge planning will be done with each client when treatment goals are met and include: -Circumstances of discharge -Summary of needs at admission -Summary of services provided -Goals and objectives completed during counseling -Discharge plan -Counselor authentication, in accordance with current JCAHO standards or Commission on Accreditation of Rehabilitation Facilities (CARF) standards In all cases agency staff shall ensure that, to the greatest extent possible, clients who leave care are linked with appropriate services to meet their needs.
Discharge Agency will develop discharge criteria and procedures.	Services may be discontinued when the client has: -Reached goals and objectives in their treatment plan -Continued non-adherence to treatment plan -Chooses to terminate services -Unacceptable client behavior -Death In all cases, providers will ensure that clients who leave care are linked with appropriate services to meet their ongoing needs.
Documentation in Client Chart	The following will be documented in the agency's client primary record. -All intake and eligibility documentation, to include at a minimum: • Proof of HIV positivity • Proof of residency • Verification of financial eligibility • Client demographics • Intake and assessment information -Documentation of treatment plan with appropriate updates -Documentation of all services provided with dates and results -Documentation of reason for discharge. -Documentation of linkage to other services for ongoing needs
Agency Documentation	The following will be documented in the agency administrative file: -Documentation of staff licensure and certification -Documentation of staffing structure indicating

	supervision of staff by a physician or other qualified/licensed personnel -Documentation that all services were in a short-term residential setting. -The quantity, frequency, and modality of treatment services

References:

Department of State Health Services Substance Abuse Treatment Facilities. Located at: http://www.dshs.state.tx.us/hfp/substance.shtm

Department of State Health Services HIV Workplace Guidelines. Located at: http://www.bhctraining.com/courses/HIVWorkplaceGuidelinesDSHS.pdf

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013. p. 17-18

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013. p. 17-18.

Joint Commission on Accreditation of Healthcare Organization (JCAHO) standards. Located at: www.jcaho.org

New York HIV Clinical Guidelines for Substance Use Treatment Modalities. Located at: http://www.hivguidelines.org/clinical-guidelines/hiv-and-substance-use/substance-use-treatment-modalities-for-hiv-infected-substance-users/

Texas Administrative Code, Title 22, Part 30, Chapter 681 - Texas Board of Examiners of Professional Counselors. Located at:
http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=30&ch=681
Texas Administrative Code, Title 25, Part 1, Chapter 448. Located at:
http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=448

Texas Health and Safety Code, Title 6. Food, Drugs, Alcohol, and Hazardous Substances, Subtitle B. Alcohol and Substance Abuse Programs, Chapter 464. Located at:
http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.464.htm

Substance Use Disorder Treatment - Residential Standards of Care
Austin TGA Ryan White Part A Modifications

ENTIRE DOCUMENT
Change "patient" to "client"

Agency and Staff Qualifications, page 4
Revised orientation item as follows:
-Data Management and record keeping

Intake and Service Eligibility, pages 5-6
Under Measure, change intake and eligibility list item 10 as follows:
Documentation of residency

Provision of Services, page 9
Under Progress notes, change progress notes list item 10 as follows:
-Counselor authentication, in accordance with current Joint Commission on Accreditation of Healthcare Organization (JCAHO) or Commission on Accreditation of Rehabilitation Facilities (CARF) standards

Discharge Planning, page 10
Under Measure, change listed item 6 as follows:
-Counselor authentication, in accordance with JCAHO or Commission on Accreditation of Rehabilitation Facilities (CARF) standards