

Substance Use Disorder Treatment Services - Outpatient Standards of Care

Definition:

Support for Substance Use Disorder Treatment Services-Outpatient, provided by or under the supervision of a physician or other qualified/licensed personnel; may include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available.

Limitations:

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

Services:

Services limited to the following:

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

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

Agency/Personnel/Staff Training

Agency and Staff Qualification	Expected Practice
<p>The provider agency must be a licensed hospital or a licensed facility with outpatient treatment designation and must comply with the rules and standards established by Department of State Health Services (DSHS) Substance Abuse Facility Licensing Group.</p>	<p>A substance use disorder treatment facility may be any facility that offers treatment for persons with a substance use disorder.</p> <p>Facilities providing substance use disorder treatment services will be licensed by the Texas Department of State Health Services (Department).</p> <p>Agency will have documentation on site that license is current for the physical location of the treatment facility.</p>

Agency and Staff Qualification	Expected Practice
<p>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 use disorder counseling.</p>	<p>Documentation of appropriate and valid licensure and certification of substance use disorder professionals as required by the State of Texas for the following but limited to professions:</p> <ul style="list-style-type: none"> -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 <p>Documentation of supervision during client interaction with Counselors In Training (CIT) or Interns as required by the Texas Department of State Health Services (DSHS).</p>
<p>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.</p>	<p>Each staff member will have documentation of minimum experience to include:</p> <ul style="list-style-type: none"> -Two years of experience in HIV or other catastrophic illness and continuing education in HIV -One year 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.
<p>A substance use disorder treatment supervisor shall be a Certified Clinical Supervisor (CCS) per TAC, Title 25, Part 1, Chapter 140 Subchapter 1</p>	<p>Supervisors must meet all licensure requirements for a Qualified Credentialed Counselor.</p> <p>Documentation of current License/Certification will be maintained on file.</p>

Agency and Staff Qualification	Expected Practice
<p>Agency must maintain professional liability coverage for individuals providing direct care and for the agency per TAC, Title 25, Part, Chapter 48.</p>	<p>Documentation of professional liability for all staff and agency.</p>
<p>Agency employing substance use disorder counselors shall have an established, detailed staff orientation process per TAC, Title 25, Part 1, Chapter 448.</p>	<p>Prior to performing their duties and responsibilities, the facility shall provide orientation to staff, volunteers, and students. This orientation shall include information addressing:</p> <ul style="list-style-type: none"> -DSHS Mental Health/Substance Abuse rules -Facility policies and procedures -Client grievance procedures -Crisis intervention procedures -Standards of Care -Confidentiality of 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 -The Americans With Disabilities Act As Amended (ADAAA) <p>The initial training(s) on HIV, Hepatitis B and C, Tuberculosis and Sexually Transmitted Diseases must be received within the first 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.</p> <ul style="list-style-type: none"> -All personnel with any direct client contact shall receive this training. -The training shall be based on the Department of State Health Services HIV Workplace Guidelines. -The initial training shall be three hours in length. -Staff shall receive annual updated information about these diseases. <p>Personnel record reflects completion of orientation/training.</p>
<p>Staff participating in the direct provision of services to clients must satisfactorily complete all appropriate continuing education units (CEUs)</p>	<p>Substance Use Disorder staff are trained and knowledgeable regarding HIV/AIDS and the</p>

Agency and Staff Qualification	Expected Practice
based on license requirement for each licensed substance abuse counselor.	<p>affected community.</p> <p>Training documentation on file maintained in each personnel record</p>
Each substance use disorder agency must have and implement a written policy for regular supervision of all licensed staff.	<p>Agency has written policy for supervision.</p> <p>Supervisors' files reflect notes of weekly supervisory conferences.</p>
<p>Interdisciplinary Case Conferences Agency's 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 substance use disorder treatment services are being provided.</p>	<p>Agency shall have a policy and procedure to conduct Interdisciplinary Case Conferences held for each active client at least once every 6 months.</p> <p>Case Conference documentation, signed by the 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</p>
<p>Crisis Intervention Plan</p>	<p>Provider agency must develop and implement policies and procedures for handling crisis situations and psychiatric emergencies, which include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • 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 <p>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.</p> <p>There will be written policies and procedures for staff to follow in psychiatric or medical emergencies. -Policies and procedures define emergency situations, and the responsibilities of key staff are</p>

Agency and Staff Qualification	Expected Practice
	<p>identified.</p> <p>There will be a procedure in place for training staff to respond to emergencies.</p>

Standards of Care

Standard	Measure
<p>Intake and Service Eligibility According to the HRSA HIV National Monitoring Standards, eligibility for services must be determined.</p>	<p>Agency will receive referrals from a broad range of HIV/AIDS service providers.</p> <p>Eligibility information will either be obtained from the referral source or obtained during initial intake and will include:</p> <ul style="list-style-type: none"> -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 state 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 <p>The client's eligibility must be recertified for the program every six (6) months.</p> <p>Before assistance is provided through Ryan White/State Services there should be written documentation in the client’s file that these funding sources are being used as the payor of last resort.</p>

<p>Initial Appointment/Assessment Face to face client orientation is provided to all new clients to introduce them to program services, to ensure their understanding of the need of continuous care, and to empower them in accessing services.</p>	<p>An appointment will be scheduled within three (3) business days of a client's request for substance use disorder services.</p> <p>-Individualized face-to-face orientation is provided to all clients</p> <p>-Orientation includes information on the following:</p> <ul style="list-style-type: none"> • Services available • Clinic hours and procedures for after-hours emergency situations • Directory of substance use disorder/mental health staff and contact numbers • Scheduling appointments • Client responsibilities for receiving program services and the agency's responsibilities for delivering them • Client rights including the grievance process <p>The agency will provide written orientation materials to the client that supports the above information and is culturally sensitive and linguistically appropriate.</p> <p>In emergency circumstances, an appointment will be scheduled within twenty-four (24) hours. If service cannot be provided within this time frame, the Agency will offer to refer the client to another organization that can provide the requested services in a timelier manner.</p> <p>Each client will be assessed for the following but not limited to:</p> <p>-Client's alcohol and drug history and current usage</p> <p>-Client's physical health</p> <p>-List of current medications</p> <p>-Presenting problems</p> <p>-Suicide and homicide assessment</p>
<p>Comprehensive Assessment All clients referred to the program will receive a Comprehensive Assessment by a licensed substance use disorder counselor.</p>	<p>A comprehensive assessment will be completed within 10 business days of intake or no later than and prior to the third counseling session and will include the following:</p> <p>-Presenting problems, symptoms or behaviors to be addressed, including their Psychiatric history, including medications</p> <p>-Mental status exam (including appearance and</p>

	<p>behavior, talk, mood, self-attitude, suicidal tendencies, perceptual disturbances, obsessions/compulsions, phobias, panic attacks)</p> <ul style="list-style-type: none"> -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). <p>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.</p> <p>Clients are assessed for care coordination needs, and referrals are made to case management programs as appropriate.</p>
<p>Treatment Modalities Providers should discuss treatment options with substance-using clients and should ask which treatment options they prefer.</p>	<p>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.</p> <ul style="list-style-type: none"> -Providers and clients may need to discuss alternative treatment modalities targeted toward the substance(s) that the client is still using. <p>Providers should consult <i>Patient Placement Criteria of the American Society of Addiction Medicine (ASAM)</i> for guidance on selecting the best treatment alternatives for specific clients.</p> <p>Medical treatment for opioid, stimulant, and sedative dependence should adhere to current HIV Clinical Guidelines.</p> <p>Treatment for nonpharmacologic treatment</p>

	<p>modalities may include but are not limited to Twelve-Step Programs and Acupuncture. Specific requirements for funding acupuncture are as follows:</p> <ul style="list-style-type: none"> -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 <ul style="list-style-type: none"> • 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.
<p>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 for Substance Abuse.</p>	<p>A treatment plan shall be completed within 30 calendar days of completed comprehensive assessment specific to individual client needs. The treatment plan shall be prepared and documented for each client.</p> <p>Treatment planning will be a collaborative process through which the provider and client develop desired treatment outcomes and identify the strategies for achieving them.</p> <p>Individual, and family case records will include documentation of the following:</p> <ul style="list-style-type: none"> -Identification of the substance use disorder -Goals and objectives -Treatment modality (group or individual) -Start date for substance use disorder counseling

	<ul style="list-style-type: none"> -Recommended number of sessions -Date for reassessment -Projected treatment end date -Any recommendations for follow up <p>Treatment, as appropriate, will include counseling about (at minimum):</p> <ul style="list-style-type: none"> -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 <p>The treatment plan will be signed by the substance use disorder counselor rendering service.</p> <p>In accordance with Texas Administrative Code on Substance Abuse, the treatment plan shall be reviewed at a minimum midway through treatment or at least every 12 sessions and must reflect ongoing reassessment of client's 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.</p>
<p>Provision of Services Services will be provided in accordance with Texas Health and Safety code, title 6, Subtitle B, Chapter 464.</p>	<p>Services will be provided according to the individual's treatment plan and documented in the client's record.</p> <p>Counseling and education will be completed in accordance with Texas Health and Safety Code for Substance Abuse Programs.</p> <p>Progress notes are completed for every professional counseling session and must include:</p> <ul style="list-style-type: none"> -Client name -Session date -Observations -Focus of session -Interventions -Assessment -Duration of session -Newly identified issues/goals

	<ul style="list-style-type: none"> -Client's responses to interventions and referrals. -Counselor authentication, in accordance with current Joint Commission on Accreditation of Healthcare Organization (JCAHO) standards.
<p>Referrals</p>	<p>Agency will make appropriate referrals out when necessary.</p> <p>Agency must have collaboration agreements with mental health and primary care providers or demonstrate that they offer these services on-site.</p>
<p>Discharge Planning</p>	<p>Discharge planning will be done with each client as an ongoing component of treatment and when treatment goals are met, and include:</p> <ul style="list-style-type: none"> -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. <p>In all cases, providers/case managers shall ensure that, to the greatest extent possible, clients who leave care are linked with appropriate services to meet their needs.</p>
<p>Discharge Agency will develop discharge criteria and procedures.</p>	<p>Services may be discontinued when the client has:</p> <ul style="list-style-type: none"> -Reached goals and objectives in their treatment plan -Missed three (3) consecutive appointments in a six (6) month period. -Became eligible for benefits or other third-party payor (e.g., Medicaid, medical insurance, etc.) -Continued non-adherence to treatment plan -Chooses to terminate services -Unacceptable client behavior -Death <p>The program shall complete a discharge summary for each client within 30 days of discharge. The discharge summary will be signed by a Qualified Credentialed Counselor and include:</p> <ul style="list-style-type: none"> -Dates of admission and discharge -Needs and problems identified at the time of admission, during treatment, and at discharge -Services provided

	<p>-Assessment of the client's progress towards goals -Reason for discharge -Referrals and recommendations, including arrangements for recovery maintenance</p>
<p>Documentation in Clients Chart</p>	<p>The following will be documented in the agency's client record.</p> <p>-All intake and eligibility documentation, to include at a minimum:</p> <ul style="list-style-type: none"> • Proof of HIV positivity • Proof of residency • Verification of financial eligibility • Client demographics • Intake and assessment information <p>-Documentation of treatment plan with appropriate updates -Documentation that all services were conducted on an outpatient basis -Documentation of referrals and results -Documentation of all services provided with dates and results -Documentation of reason for discharge.</p>

References:

Department of State Health Services Substance Abuse Treatment Facilities

Department of State Health Services HIV Workplace Guidelines (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

New York HIV Clinical Guidelines for Substance Use Treatment Modalities

Texas Administrative Code, Title 22, Part 30, Chapter 681 - Texas Board of Examiners of Professional Counselors.

Texas Administrative Code, Title 25, Part 1, Chapter 448.

Texas Health and Safety Code, Title 6. Food, Drugs, Alcohol, and Hazardous Substances, Subtitle B. Alcohol and Substance Abuse Programs, Chapter 464

**Substance Use Disorder Treatment Services - Outpatient Standards of Care
Austin TGA Ryan White Part A Modifications**

Agency and Staff Qualifications, page 1

Revised second paragraph as follows:

Facilities providing substance use disorder treatment services will be licensed by the Texas Department of State Health Services (Department).

Agency and Staff Qualifications, page 3

Agency employing substance use disorder counselors shall have an established, detailed staff orientation process per TAC, Title 25, Part 1, Chapter 448.

Revised orientation item 12 as follows:

-Data Management and record keeping

Discharge Planning, page 10

Revised discharge planning scope; addition is in italics:

Discharge planning will be done with each client *as an ongoing component of treatment* and when treatment goals are met, and include:

Discharge, pages 10-11

Revised addition to Measure:

The program shall complete a discharge summary for each client within 30 days of discharge. The discharge summary will be signed by a Qualified Credentialed Counselor and include:

- Dates of admission and discharge
- Needs and problems identified at the time of admission, during treatment, and at discharge
- Services provided
- Assessment of the client's progress towards goals
- Reason for discharge
- Referrals and recommendations, including arrangements for recovery maintenance