

**INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
RYAN WHITE HIV/AIDS PROGRAM**

HIV SUBSTANCE ABUSE SERVICES OUTPATIENT

This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.

Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

Definition of Service (HRSA)

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

I. Care and Treatment Goal(s)

To ensure the availability of culturally and linguistically competent services designed and delivered to respond to the unique needs of individuals living with HIV/AIDS services that minimize crisis situations and reduce/stabilize substance use of persons living with HIV/AIDS in the TGA, thereby enabling them to remain in and/or reenter the medical care system.

II. Service Goal

To maintain and increase participation in medical care as well as maximize the effectiveness of HIV-related medical care and treatment through cessation or reduction of substance abuse (including alcohol, legal and illegal drugs).

A. Service Objective(s)

Through substance use screening, assessment, treatment readiness counseling, and referrals to a full range of licensed substance use programs, the service will:

1. Support HIV treatment adherence in order to, maximize effectiveness of medical care/treatment;
2. Improve clients' social functioning;
3. Improve clients' self-esteem, insight, and awareness; and
4. Improve clients' ability to positively cope and live with HIV

B. Description of Services

Services will emphasize the intersection between HIV and substance abuse, with special focus given to the psychosocial aspects of living with HIV and HIV prevention.

Service Components

1. Develop initial individual substance use assessments
2. Initial assessment may include, but is not limited to: presenting problem; duration and acuity; substance use history; psychiatric history including medications, education and employment history, risk assessment, social support and functioning, including client strengths, coping mechanisms and self-help strategies; and recovery readiness assessment
3. **When appropriate**, this initial assessment should be made available for development of the client's Care Plan.
4. If a Care Plan is in place, the Care Plan should be reviewed and incorporated into the delivery of HIV Substance Abuse Services. If a client receiving HIV Substance Abuse Services presents with additional service needs, these needs should be incorporated into the clients Care Plan, if they are ever in need of Medical Case Management.
5. Review and update treatment plan at least every 120 days or more frequently as necessary. Track and clearly document progress for each individual receiving HIV Substance Abuse Services.
6. Provide individual counseling sessions for those diagnosed with HIV.
7. Provide group counseling sessions for those diagnosed with HIV.
8. Participate in and provide relevant information for case conferencing sessions for those diagnosed with HIV.
9. Refer clients to other substance abuse professionals/programs and mental health professionals/programs as necessary.
10. On-site treatment includes short-term counseling that may be geared to: harm reduction, recovery readiness counseling with a behavior change approach, support recovery from less severe substance use where higher threshold treatment may not be necessary or acceptable to the client, and interim substance use counseling until a treatment slot becomes available.
11. Timely psychiatric consultation and management of psychiatric medications is available to all clients onsite or by referral.

C. Limitations

1. Ryan White funds under this category may not be used to provide substance abuse counseling in a residential health service setting and may not be used for inpatient detoxification in a hospital setting.

III. Service-Specific Staff Qualifications

Service must be provided by a physician or under the supervision of a physician, or by other qualified personnel.

Please refer to the Common Standards of Care for general staff qualification requirements.

IV. Exceptions and Urgent Need

Please refer to the Common Standards of Care for guidance concerning exceptions and Urgent Need.

V. Reportable Units of Service and Financial Eligibility

Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.