

Ryan White Program
Service Area Standards: Substance Abuse Treatment Outpatient
May 2016

Purpose: Substance Abuse Treatment Outpatient Standards are to ensure that uniformity of service exists in Minnesota such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. MN Rule 31 (9530.6405-9530.6505) requirements will be used as standards, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard. The purpose of substance abuse treatment outpatient standards is to address and stabilize substance abuse issues so that a person is able to engage in and maintain participation in HIV medical care.

HRSA Description: Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
 - o Pretreatment/recovery readiness programs
 - o Harm reduction
 - o Behavioral health counseling associated with substance use disorder
 - o Outpatient drug-free treatment and counseling
 - o Medication assisted therapy
 - o Neuro-psychiatric pharmaceuticals
 - o Relapse prevention

Program Guidance: Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

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All subrecipients must meet universal standards requirements in addition to service area standards for which they are funded.

Standard	Measure	Data Source
<p>Substance Abuse Treatment Outpatient Standards: Government Regulations</p> <p>1. Eligible services will meet all applicable statutory and administrative rule practice requirements that apply to Minnesota-licensed chemical dependency detoxification and treatment programs. Chemical dependency treatment licensing requirements include, but are not limited to Minnesota Rule 31 (9530.6405-9530.6505).</p>	<p>1. Compliance with all appropriate regulatory agencies.</p>	<p>1. File review/Site visits</p>
<p>Substance Abuse Treatment Outpatient Standards: Chemical Health Assessment</p> <p>2.1 Assessment of functioning, including: current and historical chemical use; withdrawal symptoms; acute symptoms/withdrawal potential; biomedical complications and conditions; emotional, behavioral, cognitive conditions and complications; readiness for change; relapse, continued use, and continued problem potential; recovery environment; and criteria for diagnosis (see Rule 25 assessment.)</p> <p>2.2 Basic medical history, including substance usage, a determination of the necessity of a medical evaluation, and a copy, where applicable of the results of the medical evaluation.</p>	<p>2.1 Charts will include current chemical health needs; medical history including substance use, determination of need for medical evaluation, and results of medical evaluation if applicable; screening to identify service recipients risk for TB infection. Rule 25 or equivalent.</p> <p>2.2 Documentation of basic medical history and a copy of medical evaluation in client chart.</p>	<p>2.1-2.3 File Review/Site Visits</p>
<p>Substance Abuse Treatment Outpatient Standards: Treatment Plan</p> <p>3.1 A written treatment plan must be developed in conjunction with referral and coordination of services</p>	<p>3.1-3.2 Client chart will include documentation of signed treatment plan. The</p>	<p>3.1-3.2 File Review/Site Visits</p>

Standard	Measure	Data Source
<p>with the participation and agreement of the client or guardian.</p> <p>3.2 Treatment plan will reflect the assessment. Client must have an active role in determining the goals and activities. Treatment plan will be signed by service staff or supervisor.</p>	<p>signature of the individual providing the service and or the supervisor as applicable.</p>	
<p>Substance Abuse Treatment Outpatient Standards: Referral and Coordination</p> <p>4.1 A client who is identified in need of treatment receives referral and coordination.</p> <p>4.2 Program shall identify, network, and establish referrals agreements with treatment programs outside of the Ryan White System. This does not preclude making a referral to a treatment program where there is no formal agreement.</p> <p>4.3 Program staff will assess for and address client barriersto making the treatment appointments. Coordinate additional services when applicable.</p>	<p>4.1 Referral and coordination occurs as a result of the Chemical Health Assessment.</p> <p>4.2 List of referrals and signed agreements.</p> <p>4.3 Documentation of referral and coordination to additional services, including medical case management, food, medical transportation, etc.,</p>	<p>4.1-4.3 File Review/Site Visits</p>

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<p>Substance Abuse Treatment Outpatient Standards: Individual and Group Counseling Curriculum</p> <p>5. In addition to education around the topics covered in the assessment, agency will have a written curriculum as guidance for individual and group level education:</p> <ul style="list-style-type: none"> - reducing HIV transmission risks including partner testing - preventing STIs - the benefits of treatment and information on how to access and retain care - available resources to help with HIV treatment and prevention - PrEP - Understanding lab values and medication regimen - Personal HIV disclosure 	<p>5. Curriculum approved by Ryan White Program.</p>	<p>5. File review/Site Visits</p>
<p>Substance Abuse Treatment Outpatient Standards: Provider Qualifications</p> <p>7.1 Provider staff, will be licensed as an LADC, or meet the exceptions to license requirements in 148F.11</p> <p>7.2 Provider staff will have knowledge of chemical health and HIV related topics, the skills and abilities to provide education and one or more of the following:</p> <ul style="list-style-type: none"> • Bachelor's degree in a Human Service field • Registered Nurse • Master's /Bachelor's degree in a non-Human Service field and 2 years HIV experience • A 2 year associates degree in a Human Service field and 2 years of relevant HIV experience. 	<p>7.1- 7.3 Policy in program files</p>	<p>7.1-7.3 File Review/Site Visits</p>

<ul style="list-style-type: none"> • 4 years of HIV prevention or service delivery or relevant experience. <p>7.3 Supervision will be provided by a physician or other qualified/licensed personnel. Supervisor requirements;</p> <ul style="list-style-type: none"> • Be a licensed alcohol and drug counselor or other qualified professional as determined by the Board • Have three years of experience in providing alcohol and drug counseling • Have received a minimum of 12 hours of training in clinical and ethical supervision. This can include continuing education courses, workshops, or college courses <p>To supervise applicants completing their 2,000 hours of supervised practice for licensure, you need to be an approved supervisor.</p> <p>You do not need to be an approved supervisor if you are supervising a temporary permit holder. To supervise a temporary permit holder you need to either be a licensed alcohol and drug counselor or other licensed professional practicing under Minnesota Statutes section 148F.11.</p>		
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