



SERVICE CATEGORY DEFINITION

Support for **Substance Abuse 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.

Services limited to the following:

- Harm reduction
- Outpatient drug-free treatment and counseling
- Opiate Assisted Therapy. (Does not include medications)
- Relapse prevention
- Services provided must include a treatment plan that calls only for allowable activities and includes:
 1. The quantity, frequency, and modality of treatment provided
 2. The date treatment begins and ends
 3. Regular monitoring and assessment of client progress
 4. The signature of the individual providing the service and or the supervisor as applicable
- Documentation of eligibility must be updated every six (6) months to include proof of income and proof of residency.

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

Support for **Substance Abuse Services-Outpatient**, provided by or under the supervision of a physician or other qualified/ personnel. Documentation that services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and/or certification as required by the State in which services are provided. Maintain and provide to grantee on request documentation of:

- Provider licensure or certifications as required by the State in which service is provided; this includes licensures and certifications for acupuncture services
 - Staffing structure showing supervision by a physician or other qualified personnel
- Documentation that services provided meet the service category definition and are allowable under Ryan White Part A funding. Provide assurance that all services are provided on an outpatient basis. In cases where acupuncture therapy services are provided, document in the client file:
- A written referral from the primary health care provider
 - The quantity of acupuncture services provided



- The cap on such services
- Acupuncture cannot be the dominant treatment modality
- Must be in an outpatient setting only

Maintain program records and client files that include treatment plans with all required elements and document:

- That all services provided are allowable under Ryan White
- The quantity, frequency and modality of treatment services
- The date treatment begins and end
- Regular monitoring and assessment of client progress
- The signature of the individual providing the service or the supervisor as applicable

Program Outcomes

Numerator: 70% of clients enrolled in Substance Abuse Services-Outpatient will decrease in use or maintained abstinence after accessing substance abuse outpatient services.

Denominator: All clients enrolled in Outpatient Substance Abuse Programs

Indicators:

- Number of clients adherent with their treatment schedule
- Urine or comparable drug screening test results showing decrease in use or abstinence after accessing substance abuse outpatient services.
- Showing abstinence or decrease in drug use as noted in client documentation.

Service Unit(s):

- Individual Level Treatment Session (An individual visit where the Treatment Plan is discussed)
- Group Level Treatment session (A group counseling session)
- Medication Assisted Treatment Visit (A visit where medication for substance abuse treatment is dispensed)

SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
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<p>1. Staff licensure and accreditation: As per Connecticut State Statutes and DMHAS regulations, professional staff will be licensed, certified, or supervised by a licensed Drug Treatment professional</p>	<p>All agencies providing drug treatment services have licensed, certified or certified- eligible staff and all agencies have unlicensed/ certified staff supervised by licensed professional and/or certified drug treatment professional</p>	<p>100%</p>
<p>2. Ongoing staff training in Substance Abuse specific topics</p>	<p>Unlicensed/certified staff members serving Ryan White clients will attend at least 10 hours of Substance Abuse specific training annually</p>	<p>100%</p>
<p>3. New client charts will have an individual intake completed within 72 hours of client's initial contact</p>	<p>New client charts have an intake completed within 72 hours of client's initial contact to agency.</p>	<p>100%</p>
<p>4. Client assessments completed and documented no later than 7 days after clients' first face-to-face visit with a substance abuse professional. Assessments contain a supervisor's signature if unlicensed/certified.</p>	<p>Assessments completed and documented no later than 7 days after clients' first face-to-face visit with a substance abuse professional. Assessments contain a supervisor's signature if unlicensed/certified.</p>	<p>100%</p>
<p>5. Treatment is delivered with an individualized treatment plan, Addresses adherence, indicate suggested treatment frequency by type; estimated end date documented; is co-constructed with client, and signed by client within 30 days of admission</p>	<p>Client charts have treatment plan completed and documented no later than 30 days of admission and or Treatment Plans are co-constructed with client, and signed by client.</p>	<p>100%</p>



<p>6. For methadone or suboxone treatment, client charts will document contact with the client's medical provider within 72 hours of initiation of methadone/suboxone to inform the provider of the new prescription or documented client refusal to authorize this communication. Treatment Plans are reassessed every 6 months and signed by the client; estimated end date must be documented or rational for continuation with note</p>	<p>For methadone or suboxone treatment, client charts will document contact with the client's medical provider within 72 hours of initiation of methadone/suboxone to inform the provider of the new prescription or documented client refusal to authorize this communication. Client charts document reassessment of the Treatment Plan every 6 months and signed by client.</p>	<p>100%</p>
<p>7. Each client is assessed and verified for engagement in HIV medical care and assisted with establishing linkages to care if not currently receiving it. This is assessed initially, then reassessed and documented every 6 months.</p>	<p>Clients are assessed and verified for engagement in medical care. This is assessed initially, then reassessed and documented every 6 months.</p>	<p>100%</p>
<p>8. Substance Abuse providers routinely coordinate all necessary services along the Continuum of Care.</p>	<p>Closed cases state the reason for closure and a closure summary with a supervisor's signature indicating approval for unlicensed and/or uncertified staff.</p>	<p>100%</p>
<p>9. Upon termination of active substance abuse services, a client case is closed and contains a closure summary documenting the case disposition.</p>	<p>Closed cases include documentation stating the reason for closure and a closure summary with a supervisor's signature indicating approval for unlicensed and/or uncertified staff.</p>	<p>100%</p>
<p>10. Clients demonstrate decreased drug use or abstinence through urine or blood drug screen</p>	<p>Clients show decreased drug use frequency or abstinence demonstrated through urine or blood drugs screens during their treatment episode.</p>	<p>70%</p>



Ryan White Planning Council of New Haven/Fairfield Counties

SERVICE STANDARD

SUBSTANCE ABUSE | OUTPATIENT

Client satisfaction surveys are conducted 11. annually.	Clients are offered a client satisfaction survey annually	100%
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DATA REPORTING

Part A service providers are responsible for documenting and keeping accurate records of Ryan White Program Data/Client information, units of service, and client health outcomes. Reporting units of service are a component of each agency's approved work plan. Please refer to the most current work plan, including any amendments, for guidance regarding units of service. Summaries of service statistics by priority will be made available to the Planning Council by the Grantee for priority setting, resource allocation and evaluation purposes.