

## New Haven/Fairfield Counties Ryan White Part A Program Substance Abuse Standard of Care

### Outpatient Substance Abuse

#### Program outcome:

- **Numerator:** 75% of clients enrolled in SA TX/program who decrease or maintain sobriety under treatment after accessing SA TX Services.
- **Denominator:** All clients enrolled in Outpatient Substance Abuse Therapy Program

#### Indicators:

- Number of clients attending SA services who are engaged in treatment.\*
- Number of clients who have addressed at least 2 treatment goals.
- Urine or comparable drug screening test results showing decrease in drug use or maintenance of sobriety; if not feasible, RWCA client self-report decrease in drug use or maintenance of sobriety.

*\*Engaged= individual invested in treatment and attends a minimum of 50% of appointments*

#### Service Unit(s):

- Treatment Visit (A visit that is not a counseling session or a dosing visit. Ex: visit for random drug screen)
- 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)

### Inpatient Substance Abuse

- **Numerator:** 75% of clients enrolled in inpatient Substance Abuse treatment/program who complete their recommended length of treatment stay
- **Denominator:** Total number of clients who enter inpatient Substance Abuse rehabilitation program

#### Indicators:

- Number of clients who completed recommended length of stay
- Urine or comparable drug screening test results showing decrease in drug use or maintenance of sobriety.

**Service Unit(s):** Successful enrollment in a 24-hour treatment day



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<i>Standard of Care</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
	Treatment Plans are reassessed every 6 months and signed by the client				at a minimum. 100% of client charts document reassessment of the Treatment Plan every 6 months and signed by client.
F. Access to & Maintenance in Medical Care: RW clients' ongoing participation in primary HIV medical care	F. 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 3 months.	F. Number of clients assessed/verified for medical care initially and every 3 months	F. Total number of clients	F. Chart audit	F. 100% of clients are assessed and verified for engagement in medical care. This is assessed initially, then reassessed and documented every 3 months.
G. Risk Reduction Counseling: to prevent secondary transmission of HIV	G. All clients will receive risk reduction counseling a minimum of twice yearly	G. 100% of clients receive risk reduction counseling at a minimum of twice a year	G. Total number of clients	G. Chart audit	G. 100% of clients receive risk reduction counseling at a minimum of twice a year
H. Referral to Support Services	H. Substance Abuse providers routinely coordinate all necessary services along the Continuum of Care.	H. Number of clients with referrals to support services	H Total number clients with documented need for referral	H. Chart audit	H. 100% of closed cases state the reason for closure and a closure summary with a supervisor's signature indicating approval.
I. Discharge of Client for Services	I. Upon termination of active substance abuse services, a client case is closed and contains a closure summary documenting the case disposition.	I. Number of client charts with closure summary	I. Total number of closed charts	I. Chart audit	I. 100 % of closed cases include documentation stating the reason for closure and a closure summary with a supervisor's signature indicating approval.
<b>III. Outpatient Outcome</b>					
J. Decreased use of drugs and alcohol frequency or maintenance of decreased drug use	J. Clients demonstrate decreased drug use frequency or maintenance of decreased drug use in a 6 month time frame through urine or blood drug screens or self-report	J. Number of clients show decreased drug use frequency or maintenance of decreased drug use in a 6 month time	J. Number of clients	J. Chart audit or other site data system	J. 70% of clients show decreased drug use frequency or maintenance of decreased drug use in a 6 month time frame demonstrated through urine or blood drug screens or through self-report
K. Efficacy of Services: clients are satisfied with their treatment	K. Standardized Ryan White Part A Client satisfaction surveys are conducted annually.	K. Number of clients offered a survey	K. Total number of clients	K. Chart audit or site data system	K. 100% of clients are offered a standardized Ryan White client satisfaction survey annually
<b>IV. Inpatient</b>					
L. Inpatient Treatment (not detoxification treatment); Indicators documented for admission to this level of care will identify moderate to severe impairment in 3 or more areas of functioning including medical, withdrawal level, readiness for change, relapse potential, and environment.	L. An 8-hour treatment day will address the coping, motivation, biopsychosocial needs of the client.	L. Number of Inpatient Drug Treatment Agencies that address coping, motivation, biopsychocial needs of clients	L. Total number of Inpatient Drug Treatment agencies	L. Admission criteria; Treatment protocols	L. 80% of an 8-hour treatment day will address the coping, motivation, biopsycho/social needs of the individual in care.
M. Intake/Assessment	M. New client charts will document an individual intake and biopsychosocial assessment completed within 3 days of admission. Assessments contain a supervisor's signature.	M. Number of new client charts with assessment completed within 3 days of admission	M. Total number of new clients	M. Chart audit	M. 100% charts will have an individual intake and biopsychosocial assessment documented with 3 days of admission
N. Treatment Plan	N. Charts will have a treatment plan initiated within 72 hours of admission.	N. Number of charts with treatment plan initiated	N. Total number of clients	N. Chart audit	100% of charts will have an initiated treatment plan within 72 hours of

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		within 72 hours			admission.
O. Progress Note: A summary note of patient daily activities will be documented in the chart,	O. Charts will contain no less than one summary per day in treatment and reflect the progress of the treatment plan.  Charts will contain progress notes reflecting Date, Time of Entry, Body of Summary, and clinical signatures with credentials	O. Number of charts with at least one daily progress summary  Number of charts with progress note with Date, Time of Entry, Body of Summary and signatures	O. Total number of clients	O. Chart audit	O. 100% of charts will contain a daily summary reflecting progress of the treatment plan  100% of charts will contain progress notes reflecting Date, Time of Entry, Body of Summary, and clinical signatures with credentials.
P. Treatment Team: client clinical progress occurs through team meetings	P. Charts will show summarization of patient clinical review by treatment team at least 2 in 30 days.	P. Number of charts documenting at least 2 team clinical reviews in 1 month	P. Total number of clients	P. Chart audit	75% of charts will show summarization of patient clinical review by treatment team at least 2 in 30 days.
Q. Discharge Summary: closed cases at termination will reflect a summary of patient progress	Q. Charts will contain a Discharge Summary that includes: Name, Date of Admission, Date of Discharge, Medications, Summary of participation, Referral at discharge, Signature and Date of Clinician  Closed charts will have a completed summary within 72 hours of discharge.	Q. Number of closed charts that contain Discharge summary  Number of charts with Summaries completed within 72 hours of discharge	Q. Total number of closed charts	Q. Chart audit	100% of closed charts will contain a Discharge Summary  80% of closed charts will have a documented a summary within 72 hours of discharge.

***Outpatient Substance Abuse Services***

Outpatient 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. The services must be provided by a state licensed and/or certified substance abuse professional. Substance abuse treatment services must be provided in a state licensed outpatient substance abuse services setting. Community-based treatment models are eligible for funding provided that a licensed and/or certified substance abuse professional delivers the service and the model incorporates an evidence-based approach to treatment. Uncertified substance abuse counselors must receive supervision from a licensed/certified substance abuse professional. For more information about evidence-based models see [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov) (the Substance Abuse and Mental Health Administration’s National Registry of Evidence-based Programs and Practices) and/or other relevant sites, such as <http://www.NIDA.NIH.gov> and <http://www.CSAT.SAMHSA.gov>.

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