

SUBSTANCE ABUSE SERVICES-OUTPATIENT

A. DEFINITION OF SERVICE

HRSA Definition: Substance abuse services outpatient 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.

NH/FF 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.

B. DESCRIPTION OF SERVICE

SERVICES	PERFORMANCE MEASURE/METHOD	MONITORING STANDARD	LIMITATIONS
<p>Support for Substance Abuse Services-Outpatient, provided by or under the supervision of a physician or other qualified/ personnel</p>	<p>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.</p>	<p>Maintain and provide to grantee on request documentation of:</p> <ul style="list-style-type: none"> • 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 	
<p>Services limited to the following:</p> <ul style="list-style-type: none"> • Harm reduction • Outpatient drug-free treatment and counseling • Opiate-assisted therapy (not to include medications) • Relapse prevention • Limited acupuncture services with a written referral from the client’s primary health care provider, provided by a certified or licensed practitioners wherever State certification or licensure exists 	<p>Documentation through program records and client files that:</p> <ul style="list-style-type: none"> • Services provided meet the service category definition • All services provided with Part A funds are allowable under Ryan White <p>Assurance that services are provided only in an outpatient setting</p> <p>Documentation that:</p> <ul style="list-style-type: none"> • The use of funds for acupuncture services is limited through some form of defined cap • Acupuncture is not the dominant treatment modality • Acupuncture services are provided only with a written referral from the client’s primary care provider <p>The acupuncture provider has appropriate State license and certification</p>	<p>Documentation that services provided meet the service category definition and are allowable under Ryan White Part A funding</p> <p>Provide assurance that all services are provided on an outpatient basis</p> <p>In cases where acupuncture therapy services are provided, document in the client file:</p> <ul style="list-style-type: none"> • A written referral from the primary health care provider • The quantity of acupuncture services provided • The cap on such services 	<p>Limited to only those services as indicated</p> <p>Must be in an outpatient setting only</p> <p>Acupuncture cannot be the dominant treatment modality</p>

SERVICES	PERFORMANCE MEASURE/METHOD	MONITORING STANDARD	LIMITATIONS
<p>Services provided must include a treatment plan that calls only for allowable activities and includes:</p> <ul style="list-style-type: none"> • The quantity, frequency, duration and modality of treatment provided • The date treatment begins and ends • Regular monitoring and assessment of client progress • The signature of the individual providing the service and or the supervisor as applicable 	<p>Assurance that services provided include a treatment plan that calls for only allowable activities and includes:</p> <ul style="list-style-type: none"> • The quantity, frequency, duration and modality of treatment provided • The date treatment begins and ends • Regular monitoring and assessment of client progress <p>The signature of the individual providing the service and/or the supervisor as applicable</p>	<p>Maintain program records and client files that include treatment plans with all required elements and document:</p> <ul style="list-style-type: none"> • 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 	

C. 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)

D. Standard of Care

Standard of Care	Outcome Measure	Numerator	Denominator	Data Source	Goal/Benchmark
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.	1. Verification Drug Treatment staff is currently licensed, certified or license-eligible Verification that all unlicensed/certified staff is supervised by a licensed and/or certified Drug Treatment professional.	1. Number of Drug Treatment Staff licensed, certified or license-eligible Number of unlicensed/ certified staff is supervised by a licensed and/or certified Drug Treatment professional	1. Total number of Drug Treatment staff Number of unlicensed staff	1. Administrative records from agency	1. 100% of all agencies providing drug treatment services have licensed, certified or certified-eligible staff 100% of all agencies have unlicensed/ certified staff supervised by licensed professional and/or certified drug treatment professional
2. Ongoing staff training in Substance Abuse specific topics	2. At least 10 hours of Substance Abuse specific training per year for unlicensed/certified staff member serving Ryan White clients	2. Number of unlicensed/certified staff with evidence of attending 10 hours of training during year	2. Total number of unlicensed/certified staff serving RW clients	2. Employee files contain training certificates or proof of attendance for unlicensed/certified	2. 100% of unlicensed/certified staff members serving Ryan White clients will attend at least 10 hours of Substance Abuse specific training annually
3. Intake will be completed within 72 hours of client's initial contact to agency.	3. New client charts will have an individual intake completed within 72 hours of client's initial contact to agency.	3. Number of new client charts that have an individual intake completed within 72 hours of client's initial contact to agency.	3. Total number of new clients	3. Chart audit	3. 100% of new client charts have an intake completed within 72 hours of client's initial contact to agency.

Standard of Care	Outcome Measure	Numerator	Denominator	Data Source	Goal/Benchmark
4. Assessment	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.	4. Number of new client charts with assessment completed within 7 days of first face-to-face visit	4. Total number of client assessment	4. Chart audit	4. 100% 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.
5. Treatment Plan compliant with DMHAS regulations	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	5. Number of clients with a treatment plan completed within 30 days of admission Number of clients with clients with co-constructed, co-signed treatment plans	5. Total number of clients	5. Chart audit	5. 100% of client charts have treatment plan completed and documented no later than 30 days of admission. 100 % or Treatment Plans are co-constructed with client, and signed by client

Standard of Care	Outcome Measure	Numerator	Denominator	Data Source	Goal/Benchmark
6. Treatment Plan compliant with DMHAS regulations	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 <i>or documented</i> 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 of frequency of intervention/plan.	6. Number of client charts with methadone/ suboxone treatment document medical provider contacted within 72 hours of treatment initiation Number of clients with treatment plans reassessed every 6 months	6. Number of clients on methadone/ suboxone Total number of clients	6. Chart audit	6. For methadone or suboxone treatment, 100% of the 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 <i>or documented</i> client refusal to authorize this communication. 100% of client charts document reassessment of the Treatment Plan every 6 months and signed by client.
7. Access to & Maintenance in Medical Care: RW clients' ongoing participation in primary HIV medical care	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.	7. Number of clients assessed/verified for medical care initially and every 6 months	7. Total number of clients	7. Chart audit	7. 100% of clients are assessed and verified for engagement in medical care. This is assessed initially, then reassessed and documented every 6 months.

8. Referral to Support Services	8. Substance Abuse providers routinely coordinate all necessary services along the Continuum of Care.	8. Number of clients with referrals to support services	8. Total number clients with documented need for referral	8. Chart audit	8. 100% of closed cases state the reason for closure and a closure summary with a supervisor's signature indicating approval for unlicensed and/or uncertified staff.
9. Discharge of Client for Services	9. Upon termination of active substance abuse services, a client case is closed and contains a closure summary documenting the case disposition.	9. Number of client charts with closure summary	9. Total number of closed charts	9. Chart audit	9. 100 % of 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.
10. Decreased use of drugs and alcohol frequency or abstinence	10. Clients demonstrate decreased drug use or abstinence through urine or blood drug screens	10. Number of clients show decreased drug use or abstinence during their treatment episode	10. Number of clients	10. Chart audit or other site data system	10. 70% of clients show decreased drug use frequency or abstinence demonstrated through urine or blood drug screens during their treatment episode.
11. Efficacy of Services: clients are satisfied with their treatment	11. Client satisfaction surveys are conducted annually.	11. Number of clients offered a survey	11. Total number of clients	11. Chart audit or site data system	11. 100% of clients are offered a client satisfaction survey annually

E. 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.