

Standards of Care

MARCH 2011



Substance Abuse Services-Outpatient

STANDARDS OF CARE

The purpose of the Ryan White Part A Standards of Care and performance measures is to ensure that a uniformity of service exists in the Las Vegas Transitional Grant Area (TGA) as such that the consumers of services receive the same quality of service regardless of where the service is rendered. These standards align with current Public Health Services (PHS) Guidelines and the Health Resources and Services Administration's standards and performance measures for service delivery to ensure the highest quality of service.

APPLICATION OF STANDARDS

These standards apply to any agency receiving Part A funds to provide services as contracted for that time period. If any agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps underway to meet the standards. All standards and measures will be reviewed by Part A Grantee staff annually as designated.

I. Definition of Service

Health Resources and Services Administration (HRSA)

Substance abuse services (outpatient) are 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 by a physician or under the supervision of a physician, or by other qualified personnel.

II. Goals of Service

To provide access to needed substance abuse counseling and services designed to promote and support a client's ability to access and maintain adherence to medical and social support services.

III. Service Objectives

- To address and stabilize current client's substance abuse issues in order to promote and maintain access to the TGA system of care.
- To address and stabilize new client's substance abuse issues in order to promote and maintain access to the TGA system of care.

IV. Measures

Indicators are used to measure and determine, over time, performance of a particular element of care. Outcomes are benefits or other results (positive or negative) for clients that may occur during or after their participation in a program. The Las Vegas TGA has developed three categories of measures to accurately track compliance vs. client progress vs. overall program performance. All measures will be tracked on an annual basis by grant year in their respective categories, which are; Agency Compliance Indicators, Client Level Outcome Measures, and Overall Program Performance Measures. The intent is that agency compliance with standards of care will improve the overall health and well-being of the clients and improve access to care. The primary method of data collection is CAREWare, in addition to an annual chart review at each agency receiving Part A funding and client satisfaction surveys.

1. Agency Compliance Measures

Agency Compliance Measures for Substance Abuse services and their percentage goals are listed next to their respective standards in the Service Standards section. All agencies are expected to uphold the outlined standards to a minimum of the designated percentage goal and annually their compliance will be assessed. Additional standards and guidelines pertinent to each agency regardless of the service categories they provide are outlined in the Universal Monitoring Standards document which will also be assessed annually.

2. Client Level Outcome Measures

The Client Level Outcome Measures are a reflection of our client's progress as they access Substance Abuse services. The following Client Level Outcome Measures and percentage goals will be assessed annually:

In Medical Care-Individual Sessions

- 75% of clients that are in medical care (at least one medical visit per measurement period).

Maintained Adherence to Medical Care-Individual Sessions

- 75% of clients that maintain adherence to Medical Care visits within the measurement year (at least two medical visits with a provider with prescribing privileges at least three months apart in the measurement year).

Improved Functional Status-Individual Sessions

- 55% of clients will have an increased GAF rating from initial GAF to GAF at discharge or final GAF rating within the measurement period if client is still accessing services.

Stabilized CD4 T-cell Count-Individual Sessions

- 75% of clients will stabilize or increase their CD4 T-cell count from initial count within the measurement period.

Most Recent CD4 Stable-Individual Sessions

- 75% of clients with at least one CD4 T-cell count within the measurement year and those that are considered medically stable ($CD4 \geq 200$)

Undetectable Viral Load-Individual Sessions

- 75% of clients that maintained an undetectable viral load or achieved an undetectable viral load from initial count within the measurement period.

Most Recent Viral Load Undetectable-Individual Sessions

- 75% of clients with at least one viral load within the measurement year will be considered undetectable (<50).

3. Overall Program Performance Measures

Overall Program Performance Measures illustrate how accessible Substance Abuse services are in our TGA in addition to how they are perceived by the client for not only the HIV/AIDS population but the minority population as well. These measures and respective goals are as follows:

Client Satisfaction

- 75% of clients will report being very satisfied or satisfied with the Substance Abuse services (including group sessions) they received over the last 12 months.

Retention in Care-Individual Sessions

- 55% of clients entering the care system at least 90 days prior to the end of the measurement year will remain in care for at least three appointments within the measurement year.

V. Service Standards

A. PERSONNEL REQUIREMENTS

Substance Abuse services can be provided by a Psychiatrist: licensed M.D.; licensed psychologist; licensed psychiatric nurses; licensed clinician: M.F.T., L.C.S.W., PhD or PsyD; registered student interns with appropriate supervision; or certified Alcohol and Drug Abuse counselors.

B. SUBSTANCE ABUSE SERVICE ACTIVITIES

1. Screening and Intake

Clients receiving individual session should receive a comprehensive Mental Health Screening to be completed within the first three appointments with the Substance Abuse provider.

At a minimum this screening should include the following:

- Demographic information
- Employment status
- Current living arrangement
- HIV status
- Presenting symptoms
- Alcohol and drug history and current usage
- History of treatment
- Medical history
- Family history
- Mental status exam
- Biopsychosocial

This should also include:

- Current Global Assessment of Functioning (GAF) Score
- Development of treatment plan
- Signed consent and treatment forms

Clients who do not see an individual counselor must have basic demographic information documented in addition to signed consent and treatment forms.

a. Global Assessment of Functioning

Clients should have a documented Global Assessment of Functioning (GAF) rating on intake but no later than within the first three appointments with the substance abuse provider. GAF is a numeric scale (0 through 100) used by mental health clinicians and physicians to subjectively rate the social, occupational, and psychological functioning of adults, e.g., how well or adaptively one is meeting various problems-in-living. The GAF Scale considers psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. It doesn't include impairment in functioning due to physical (or environmental) limitations.

Codes are as follows:

100-91 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his/her many positive qualities. No symptoms.

90-81 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

80-71 If symptoms are present, there are transient and expectable reactions to psycho-social stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

70-61 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful relationships.

60-51 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).

50-41 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

40-31 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

30-21 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home or friends).

20-11 Some danger of hurting self or others (e.g., suicidal attempts without clear expectation of death; frequent violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

10-1 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

b. Treatment Plan-Individual Sessions Only

Treatment plans should be created for all clients attending individual sessions. The Substance Abuse provider should develop a treatment plan based on the comprehensive assessment. This should be completed on intake but no later than within the first three appointments with the Substance Abuse provider. Treatment plans should be detailed including dates for measurable goal completion and continued treatment progress on the plan documented in the progress notes.

The following will be assessed for all clients entering Substance Abuse services for individual counseling within the measurement period:

Substance Abuse Service Standards	Substance Abuse Service Agency Compliance Indicators
<ul style="list-style-type: none"> ✓ All clients receiving individual treatment will have a complete Mental Health screening performed and completed within their first three appointments with their Mental Health provider. 	<p>Mental Health Screening-Individual Sessions Only</p> <ul style="list-style-type: none"> ○ 80% of clients will have a complete Mental Health screening performed and completed within their first three appointments with their Mental Health provider.

<ul style="list-style-type: none"> ✓ All clients receiving individual treatment will have a Biopsychosocial documented within their first three appointments with their Mental Health Provider. ✓ All clients receiving individual treatment will have a GAF rating documented on intake or completed and documented no later than within the first three appointments with their Mental Health provider. ✓ All clients receiving individual treatment will have a treatment plan developed on intake or completed no later than within the first three appointments with their Mental Health provider. 	<p>Biopsychosocial-Individual Treatment Only</p> <ul style="list-style-type: none"> ○ 80% of clients will have a Biopsychosocial documented within their first three appointments with their Mental Health Provider. <p>GAF Rating-Individual Sessions Only</p> <ul style="list-style-type: none"> ○ 80% of clients will have a GAF rating documented on intake or completed and documented no later than within the first three appointments with their Mental Health provider. <p>Treatment Plan-Individual Sessions Only</p> <ul style="list-style-type: none"> ○ 80% of clients in individual treatment will have a treatment plan documented on intake or completed no later than within the first three appointments with the mental health provider.
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2. Ongoing Support and Reassessment

Clients receiving Substance Abuse services should be continually monitored and assessed for progress throughout treatment.

Clients attending individual sessions should have follow-up visits at least every thirty to sixty days or more frequently if clinically indicated. These should include an updated GAF score at a minimum of every 180 days, a review and update if necessary on the clients treatment plan at a minimum of every 180 days and a detailed progress notes at each appointment.

The following will be assessed annually on all clients accessing services throughout the measurement year:

Substance Abuse Service Standards	Substance Abuse Service Agency Compliance Indicators
<ul style="list-style-type: none"> ✓ All clients receiving individual treatment will have an updated GAF rating documented at a minimum of every 180 days. ✓ All clients should have detailed progress notes documented at each of their appointments throughout treatment in the measurement year. ✓ All clients in individual treatment will have their treatment plan revised and updated at a minimum of every 180 days while the client is in Substance Abuse treatment. 	<p>GAF Rating-Individual Sessions Only</p> <ul style="list-style-type: none"> ○ 80% of clients will have an updated GAF rating documented at a minimum of every 180 days. <p>Progress Notes-Individual Sessions Only</p> <ul style="list-style-type: none"> ○ 80% of clients will have progress notes documented at each of their appointments throughout treatment in the measurement year. <p>Treatment Plan-Individual Sessions Only</p> <ul style="list-style-type: none"> ○ 80% of clients in individual treatment will have their treatment plan revised and updated at a minimum of every 180 days while the client is in Substance Abuse treatment.

3. Referrals and Coordination

Substance Abuse services are part of the coordinated continuum of care. Staff should provide immediate support and referrals for urgent, crisis and emergency situations, including violent and suicidal behavior. Staff should provide appropriate referrals when clients have Substance Abuse needs that fall outside of the

scope of funded services or competency of the clinician. Clients should also be referred for support groups when appropriate.

4. Discharge Planning

A discharge plan should be completed no later than 365 days from the client’s last contact/appointment with the service provider.

At a minimum the discharge plan should include:

- A summary of service provided
- Goals completed during counseling
- Circumstances at discharge
- The date

The following will be assessed on all clients exiting the Substance Abuse services within the measurement year:

Substance Abuse Service Standards	Substance Abuse Service Agency Compliance Indicators
<p>✓ All clients exiting Substance Abuse services will have a discharge plan completed no later than 365 days from the client’s last contact/appointment with the service provider.</p>	<p>Discharge Plan</p> <ul style="list-style-type: none"> ○ 95% of clients exiting Substance Abuse services will have a discharge plan completed no later than 365 days from the client’s last contact/appointment with the service provider.

It is the agency’s responsibility to ensure that proper documentation is kept in the clients file in addition to ensuring that the client will receive continued service based on continued adherence to the programs guidelines.