

SUBSTANCE ABUSE OUTPATIENT SERVICES

A. DEFINITION:

Substance Abuse 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) provided in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel. Services limited to the following:

- Pre-treatment/recovery readiness programs
- Harm reduction
- Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse
- Outpatient drug-free treatment and counseling
- Opiate Assisted Therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention

B. GOAL(S):

1. Assist HIV-positive clients with cessation of substance abuse thereby reducing barriers to medical care
2. Provide psychiatric evaluation and medication monitoring if indicated
3. Comply with the State of Arizona requirements for the provision of Substance Abuse Services

C. SERVICES:

Provision of treatment and/or counseling addresses substance abuse and addiction/dependency for alcohol and other drugs. Services consist of outpatient treatment, counseling, social detoxification and/or referral to medical detoxification (including methadone treatment) when necessary as appropriate to the client. A goal of the continuum of substance abuse treatment is to encourage individuals to access primary medical care and adhere to HAART as well as other treatments indicated. All treatment providers will have specific knowledge, experience, and services regarding the needs of persons with HIV/AIDS. Examples of services include regular, ongoing substance abuse treatment and counseling on an individual and/or group basis by a state-licensed provider. Services must include provision of or links to the following: social and/or medical detoxification when necessary, recovery readiness, harm reduction, 12-step model, rational recovery approach model, aftercare, mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse, medical treatment for addiction, and drug-free treatment and

counseling. These services will include women with children and persons with disabilities. Referring provider will ensure collaboration across the various groups that work with the substance abuse population and those at risk and that share the best practices to overcome philosophical barriers.

D. QUALITY MANAGEMENT:

Program Outcome:

- 75% of clients enrolled in Substance Abuse Services-Outpatient who decrease substance use or maintain sobriety under treatment after accessing Substance Abuse Services-Outpatient

Indicators:

- Number of clients attending Substance Abuse services who are engaged in treatment.*
 - Number of clients who have addressed at least 2 treatment goals.
- *Engaged=individual invested in treatment and attends a minimum of 50% of substance abuse services 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)

<i>Standard of Care</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
Case conferences with members of the client’s multi-disciplinary team shall be held as appropriate.	Client records include documentation of multi-disciplinary case conferences, as appropriate.	Number of client records with case conference documentation	Number of clients	Client Files CAREWARE	75% of client records have documentation of case conferences with members of the client’s multi-disciplinary team.
An appointment will be scheduled within three (3) working days of a client requesting substance abuse treatment services. In emergency circumstances, appointments will be	Client chart contains documentation of each item listed above.	Number of clients with appointments scheduled	Number of clients	Client Files CAREWARE	75% of client charts will have documentation of an appointment scheduled within three (3) working days of request for substance abuse treatment services.

<p>scheduled within one (1) working day. If services cannot be provided within these time frames, the agency will offer to refer the clients to another organization to provide the requested services in a timelier manner.</p>					
<p>The intake process will include:</p> <ul style="list-style-type: none"> • Screening for substance abuse and/or dependency for alcohol and other drugs using SAMISS • Verification of Medicaid/Medicare eligibility • Client’s demographic information • Client’s address • Client’s phone number(s)/e-mail address • Client’s housing status • Client’s employment and income status • Client’s alcohol and drug history and current usage • Client’s physical health • List of current medications • Presenting problems • Suicide and homicide assessment 	<p>Documentation of intake information in client’s file and in CAREWARE.</p>	<p>Number of clients with intakes</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	<p>75% of client charts will have documentation of intake process as indicated.</p>
<p>Initial assessment protocols shall provide for screening individuals to determine level</p>	<p>Client’s chart contains documentation of each assessment item listed and</p>	<p>Number of clients with initial assessments</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	<p>75% of client charts will have documentation of initial assessments as indicated.</p>

<p>of need and appropriate service plan. The initial assessment shall include, but not be limited to, the following:</p> <ul style="list-style-type: none"> • The presenting problem • Substance abuse history • Medical and psychiatric history • Treatment history • Psychological history and current status • Complete mental status evaluation (including appearance and behavior, talk, mood, self-attitude, suicidal tendencies, perceptual disturbances, obsessions/compulsions, phobias, panic attacks) • Cognitive assessment (level of consciousness, orientation, memory and language) • Social support and family relationships • Strengths and Weaknesses <p>Specific assessment tools such as the Addiction Severity Index (ASI) could be used for substance abuse and sexual history, the Substance Abuse and Mental Illness Symptoms Screener (SAMISS) for substance abuse and mental</p>	<p>documentation that a copy was given to the client.</p>				
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<p>illness symptoms and the Mini Mental State Examination (MMSE) for cognitive assessment. A copy of the assessment(s) will be provided to the client.</p>					
<p>A psychosocial history will be completed and must include:</p> <ul style="list-style-type: none"> • Education and Training • Employment • Military Service • Legal History • Family history and constellation • Physical, emotional and/or sexual abuse history • Sexual and relationship history and status • Leisure and recreational activities • General psychological functioning 	<p>Client’s chart contains documentation.</p>	<p>Number of clients with psychosocial histories completed</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	<p>75% of client charts have documentation of completed psychosocial history as indicated.</p>
<p>Treatment plans are developed jointly with the counselor and client and must contain all the elements set forth per ADHS guidelines A.A.C. Title 9, Health Services Chapter 10 Department of Health Services Health Care Institution: Licensing Article 10: Outpatient Treatment Center and Title 4, Professions and Occupations Chapter 6. Board of Behavioral Health Examiners.</p>	<p>Client chart contains documentation of client’s treatment plan and that client was given a copy of the plan.</p> <p>For methadone treatment, client charts will document contact with the client’s medical provider within 72 hours of initiation of methadone to inform the</p>	<p>Number of clients with treatment plans completed no later than 5 working days after admission</p> <p>Number of client charts with methadone treatment documentation of contact with medical provider within 72</p>	<p>Number of clients</p> <p>Number of clients on methadone</p>	<p>Client Files CAREWARE</p>	<p>75% of client charts have documentation of treatment plans completed no later than 5 working days after admission.</p> <p>75% of client charts, for client on methadone, will have documentation of contact with client’s medical provider within 72 hours of treatment initiation or the client’s refusal to authorize this</p>

<p>The plan must also address the full range of substances the client is abusing.</p> <p>Treatment plans must be completed no later than five (5) working days of admission and the client must be provided a copy of the plan. Individual or group therapy should be based on professional guidelines. Supportive and educational counseling should include prevention of HIV-related risk behaviors including substance abuse as clinically indicated.</p>	<p>provider of the new prescription OR client refusal to authorize this communication.</p>	<p>hours of treatment initiation</p>			<p>communication.</p>
<p>The treatment plan shall be reviewed at a minimum midway through treatment or at least every 12 sessions and must reflect ongoing reassessment of client's problems, needs and response to therapy. The treatment plan duration, review interval and process must be stated in the agency policies and procedures and must follow criteria outlined in ADHS Board of Behavioral Health Examiners Title 4. Professions and Occupations Chapter 6. Article 11 Standards Practice</p>	<p>Documentation of treatment plan review in client's file and agency treatment review policies and procedures on file at site.</p>	<p>Number of clients with updated/reviewed treatment plans</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	<p>75% of client charts will have documentation of updated treatment plans midway through treatment or at least every 12 sessions.</p>

<p>Client and family participation in service planning should be maximized.</p>	<p>Documentation on site.</p>	<p>Number of clients with documentation of family participation</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	<p>75% of client charts with documented family participation have documentation of their participation in service planning for the client’s needs.</p>
<p>A client may be discharged from substance abuse services through a systematic process that includes a discharge or case closure summary in the client’s record. The discharge/case closure summary will include:</p> <ul style="list-style-type: none"> • Circumstances of discharge • Summary of needs at admission • Summary of services provided • Goals completed during counseling • Counselor signature and credentials and date. • A transition plan to other services or provider agencies, if applicable • Consent for discharge follow-up <p>Discharge from substance abuse treatment must be compliant with ADHS Board of Behavioral Health Examiners Title 4. Professions and Occupations Chapter 6. Article 11 Standards Practice</p>	<p>Documentation of case closure in client’s record.</p> <p>Documentation of reason for discharge/case closure (e.g., case closure summary).</p>	<p>Number of discharged clients</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	<p>75% of discharged client charts have documentation of case closure or reason for discharge.</p>
<p>In all cases, providers/case managers shall ensure that, to</p>	<p>Documentation in client’s record indicating referrals</p>	<p>Number of clients needing referrals to</p>	<p>Number of clients</p>	<p>Client Files</p>	<p>75% of discharged client charts will have documentation of referrals or</p>

<p>the greatest extent possible, clients who leave care are linked with appropriate services to meet their needs. For example, if a client were moving to another area, the provider/case manager would ideally refer the client to an appropriate provider in that area; or if the client has to be discharged from services, the provider/case manager may, as is appropriate to the circumstance, provide the client with a list of alternative resources.</p>	<p>or transition plan to other providers/agencies.</p>	<p>other agencies</p>		<p>CAREWARE</p>	<p>transition plans to other providers/agencies.</p>
<p>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.</p>	<p>Decreased use of drugs and alcohol frequency or maintenance of decreased drug use.</p>	<p>Number of clients show decreased drug use frequency or maintenance of decreased drug use in a 6 month time</p>	<p>Number of clients</p>	<p>Client Files CAREWARE</p>	<p>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.</p>