

Ryan White Title I Psychosocial Counseling Record Review 2002

**Prepared for the Miami-Dade County
Office of Management and Budget
Ryan White Title I Program**

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Ryan White Title I Psychosocial Counseling Record Review

Report of Findings

April 2002

Introduction

Psychosocial counseling is provided by the Ryan White Title I program of care and treatment for people living with HIV/AIDS. Sixteen percent of the more than 10,000 people served by Ryan White Title I in Miami-Dade County during Year 10, the latest full year for which data are available, received psychosocial counseling. This period was the fiscal year beginning March 1, 2000 and ending February 29, 2001. Clients active during that period were sampled for the review reported in this document.

This Title I service review, the first conducted with psychosocial counseling providers, was conducted on a sample of clients using a form developed for the purpose, is considered preliminary and will be used as baseline information for future reviews. Subsequent reviews can be used to measure the extent to which improvements are made.

The U.S. Congress has emphasized accountability for service delivery, quality and outcome effectiveness in its 2000 re-authorization of the Ryan White CARE Act. In turn, the federal administering agency for Ryan White, the Health Resources and Services Administration (HRSA), has increased its emphasis on the measurement and assurance of quality services. HRSA also expects that clients will be able to receive care of equal quality and appropriateness, regardless of where it is received, with zero disparities and equal access. HRSA has announced new requirements for Title I programs to develop, implement and monitor quality management programs.

The record review reported in this document provides a first look at the content and quality of psychosocial counseling rendered by Title I providers. The psychosocial counseling chart review is the third step in the development of a quality assessment and improvement program for the Ryan White Title I program; the first was medical care record reviews and the second the initiation of case management chart reviews.

Ryan White Title I Psychosocial Counseling

As described in the Year 11 service descriptions, psychosocial counseling offers non-judgmental psychological/pastoral care treatment and counseling services including individual, group, crisis intervention counseling, and permanency planning provided by mental health or accredited pastoral care counseling professionals, as well as unlicensed experienced paraprofessionals under the supervision of licensed professionals. Psychosocial counseling services may be delivered in individual or group settings.

- **Psychosocial Counseling Level I** - Licensed Professional Mental Health Counseling: This service includes intensive mental health therapy and counseling (individual, family and group) provided solely by state-licensed mental health professionals. Direct service

providers would possess postgraduate degrees in psychology, psychotherapy or counseling, and must be licensed by the State of Florida to provide such services.

- **Psychosocial Counseling Level II - Professional Mental Health Counseling:** This service includes general mental health therapy and counseling (individual, family and group) provided by mental health professionals. Direct service providers would possess a postgraduate degree in the appropriate counseling-related field.
- **Psychosocial Counseling Level III - Counseling and Support Services:** This service includes supportive and crisis counseling by trained and supervised peers, counselors and facilitators. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Non-licensed personnel providing this service will be supervised by licensed professionals.
- **Pastoral Care and Support Services:** This service assists HIV+ persons, members of their immediate family and of their household, in the clarification/identification of their own resources/tasks/priorities and in the development and/or enhancement of their resources through individual or family/household pastoral care sessions. While clients may request and then be referred to pastoral care counselors of their own faith, counselors must be experienced in meeting the spiritual needs of persons of varied faiths or of no faith.

Pastoral care counselors must: (1) hold a masters or doctoral degree in theology, philosophy, social work, psychology, or a related field from an accredited institution; (2) have completed at least four units (1,600 hours or one full year) in clinical pastoral education (CPE) in an institution accredited by one of the following professional associations: the Association of Clinical Pastoral Education, National Association of Catholic Chaplains, National Association of Jewish Chaplains, American Institute of Islamic Studies, or Canadian Association of Pastoral Education. At least one CPE unit must be in HIV or a life-threatening disease.

Another level of psychosocial counseling has been added for Year 12, but the above were the levels in use at the time of the review.

The Review Process

Last year the Partnership asked staff to conduct a preliminary external chart review of psychosocial counseling providers. The chart reviews and other quality assurance activities are overseen and technical assistance is provided by the Partnership's Medical Care Subcommittee.

The review process was summarized in a December 12, 2001 letter from the Title I grantee (see Appendix 1). The following steps were taken:

- Following the general provider notification, the reviewers contacted providers by telephone to arrange for the visit and review. Every effort was made to accommodate provider schedules.

- The reviewer sent the list of clients to be reviewed to the providers prior to the review.
- The review was conducted on site.
- The instrument was used uniformly at all providers.
- The record evaluation covered the time period from the clients initial intake to the most current visit.

The reviews were designed to record documented information, assess the quality of care being rendered and to provide teaching for quality improvement as needed.

Two professional reviewers, who have performed previous Ryan White Title I chart reviews, were selected to participate in the study. The reviews took place during January 2002. The data collected was recorded on scannable forms and this information was scanned into a database programmed for scoring and reporting.

The Chart Review Instrument

The 2001 review instrument was developed by WSA staff, using as guides:

- The Ryan White Title I Standards of Care
- The Ryan White Title I service description for psychosocial counseling
- Florida Department of Children & Families chart review instrument
- American Psychiatric Association's Practice Guidelines for the Treatment of Patients with HIV/AIDS
- American Psychological Association's AIDS-Related Resolutions and Policy Statements
- American Psychological Association Ethical Principles of Psychologists and Code of Conduct
- The Standards of the Association for Clinical Pastoral Education
- American Association of Pastoral Counselors Code of Ethics

On November 29, 2001, the instrument was sent to all Ryan White Title I psychosocial counseling providers for their review. Providers were asked to provide feedback and comments. The instrument also was included in the December 12, 2001, letter from OMB.

The instrument contained sections on:

- Client Intake
- Boundaries of Competence / Coordination of Services
- HIV/Aids Issues
- Treatment and Treatment Plans
- Case Closing

Providers Reviewed

Psychosocial counseling records were reviewed at ten organizations and 15 locations: Borinquen Health Care Center, CARE Resource, Center for Haitian Studies, Economic Opportunity Family Health Center (EOFHC), Mercy Hospital, M.O.V.E.R.S., North Dade Health Center, South Florida AIDS Network (SFAN), South Shore Hospital, and the University of Miami (UM). The UM locations/departments included Clinical Research, Developmental Services, OB/GYN, Pediatric, Project Outreach (Lucy Street), and Special Immunology.

No psychiatric or psychological and testing services provided by Ryan White Title I under the category of primary medical care were reviewed. Only Ryan White Title I psychosocial counseling, including pastoral care was reviewed.

Sample selection

Table 1 shows the number of records reviewed for each provider compared with the number of Ryan White clients they served. The review sample was selected from a pool of 3,250 clients who had at least one unit of psychosocial counseling entered in the Ryan White Title I Service Delivery Information System (SDIS) in Year 10 or the first half of Year 11. Some clients had received psychosocial counseling from more than one provider: no client record was reviewed more than once.

Table 1. Review Sample and Title I Psychosocial Counseling Clients by Provider				
	Record Review Sample		Year 10 Psychosocial Counseling	
	Number	Percent	Number	Percent
Borinquen Health Care	15	7%	26	1%
CARE Resource	20	9%	129	7%
Center for Haitian Studies	25	11%	244	13%
Economic Opportunity Family Health	15	7%	75	4%
M.O.V.E.R.S.	30	14%	407	22%
Mercy Hospital	20	9%	80	4%
North Dade Health Center	19	9%	67	4%
SFAN	10	5%	29	2%
South Shore Hospital	10	5%	33	2%
University of Miami	55	25%	757	41%
Total	219	100%	1,847	100%

A stratified random sample was selected for the psychosocial counseling record review. The number of records reviewed at each provider ranged from 10 to 55, with fewer records being reviewed at providers with fewer clients and more records at those with more clients and/or locations. After the number of records to be reviewed at each provider was determined, clients were randomly selected. WSA provided the reviewers with lists of identification numbers for

clients to be reviewed at each provider. Additional identification numbers were provided at the time of the review to replace those for records that were unavailable for review.

Table 2 shows for each provider the number of records not available and the reasons. Reasons records were not available were that the provider said the person was not receiving Title I psychosocial services, the chart was out, or the client was inactive. Other reasons included: “not seen since 1997,” “no visits,” “at risk client – HIV negative,” “no psychosocial,” and “not a client.” One provider refused access to some records on the ground that the clients were “Title II clients.” However, these clients had service units entered in the Service Delivery Information System (SDIS) for psychosocial services; Title II does not provide psychosocial services.

Table 2: Records Not Available for Review by Provider					
Provider	Chart Out	Not a Psychosocial Client	Not an Active Client	Total Reviewed	Percent Not Available
Borinquen	0	0	0	15	0%
CARE Resource	0	0	0	20	0%
CHS	0	0	0	25	0%
EOFHC	6	0	0	15	29%
Mercy	0	0	0	20	0%
MOVERS	2	8	6	30	35%
North Dade	0	0	4	19	17%
SFAN	0	0	1	10	9%
South Shore	0	0	1	10	9%
UM	12	12	0	55	30%
Total	20	20	12	219	19%

The final sample size was 219. This relatively small sample was drawn because this was the first review of psychosocial services and it might appropriately be considered a pilot. The results should therefore be taken as suggestive rather than definitive. Still, a sample of this size provides a confidence interval of plus or minus six percent with a 95 percent level of certainty. This level of significance is sufficient to make credible generalizations about the data.

Characteristics of the Sample Population

Table 3 compares the review sample with the Ryan White Title I population receiving psychosocial counseling, the Ryan White Title I population as a whole, and the prevalence of HIV/AIDS in Miami-Dade County (not all columns sum to the total cases because of missing or incomplete data).

One-sample Chi-square tests were used to test for differences. There were significant differences between the review sample and the Ryan White Title I psychosocial counseling clients in terms of race/ethnicity and gender. Black non-Hispanics and females make up a significantly higher percentage of clients receiving psychosocial services than the same populations receiving Ryan White Title I services overall. Hispanics and males receiving psychosocial services compose a

significantly smaller percentage when compared to the Ryan White service population as a whole. The sample selected for review over-represents White, not Hispanic and under-represents Black non-Hispanics and females. This is largely due to the fact that races and gender are not equally distributed among providers; that is, the selection of one particular provider by clients is often race or gender specific on the part of the client. Three providers, UM, MOVERS and CHS, see more than three-quarters of all clients, and these providers serve a disproportionate percentage of Blacks and females. This is shown in Table 4.

	Record Review Sample		Psychosocial Counseling		Ryan White Title I - Overall		Miami-Dade County HIV/AIDS	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Cases	219	100	1,736	100%	10,561	100%	19,463	100%
Race/Ethnicity								
White, not Hispanic	48	23%	233	14%	1,363	13%	3,152	16%
Black, not Hispanic	101	49%	974	56%	4,267	40%	10,645	57%
Haitian	26	12%	222	13%	1,083	10%		
Hispanic	33	16%	298	17%	3,766	35%	5,630	27%
Gender								
Male	139	64%	955	55%	7,258	68%	13,470	70%
Female	80	36%	781	45%	3,392	32%	5,984	30%
Age								
< 13 years	-	-	122	7%	308	3%	278	1%
13 - 19 years	1	< 1%	63	4%	121	1%		
20 - 29 years	28	12%	178	10%	924	9%	12,641	65%
30 - 39 years	75	34%	543	31%	3,743	35%		
40 - 49 years	84	38%	488	32%	3,773	35%		
50+ years	32	15%	257	15%	1,799	17%	6,536	34%

	Males				Females			
	Black	Haitian	Hispanic	White	Black	Haitian	Hispanic	White
Borinquen	11%	0%	22%	33%	22%	6%	0%	6%
CARE Resource	9%	0%	34%	38%	7%	1%	5%	6%
CHS	29%	25%	11%	4%	10%	17%	2%	3%
EOFHC	36%	3%	6%	6%	44%	1%	3%	1%
Mercy	7%	0%	47%	37%	1%	0%	7%	1%
MOVERS	45%	4%	2%	2%	38%	5%	2%	1%
North Dade	37%	2%	10%	5%	27%	8%	5%	7%
SFAN	11%	0%	44%	19%	7%	0%	15%	4%
South Shore	21%	0%	12%	39%	12%	0%	9%	6%
UM	21%	3%	9%	8%	38%	8%	9%	4%
All Providers	27%	6%	12%	10%	29%	7%	5%	3%

General Findings

Scoring of the Questions

Table 5 shows a question by question breakdown of review items for all Ryan White Title I psychosocial counseling providers combined. Tabular results for individual providers are presented in Appendix 2.

Not all questions are applicable to all clients. We used several numbers, depending on the question. These are the definitions:

- **Number in Sample** is the number of client records reviewed.
- **Applicable Cases** is the number of persons to whom the question applies. For example, the question, “Referral to treatment made if substance or alcohol abuse problem identified or suspected?” refers only to those who (a) had been screened for substance abuse, and (b) found in need of substance or alcohol abuse treatment. In this case, the applicable number of cases is not 219, the total number of records reviewed, or 163, the number of clients who had been screened for substance or alcohol abuse, but rather 53, those who had been screened and identified or suspected of needing treatment.
- **Yes** is the number of positive responses to a question. In the example above, 43.
- **Percent** is the percentage of applicable cases for whom the answer to the question was “Yes”. For example, the question, “Referral to treatment made if substance or alcohol abuse problem identified or suspected?” this is 43 out of 53 or 81 percent.

When interpreting the findings, it is important to remember that when the number of applicable cases is small, one or two cases will have a large effect on the percentage. If there are no applicable cases, the percent cell is blank.

TABLE 5
ALL PROVIDERS OF RYAN WHITE TITLE I PSYCHOSOCIAL SERVICES
RYAN WHITE RECORD REVIEW OF PSYCHOSOCIAL SERVICES

	CLIENT INTAKE	Number in Sample	Applicable Cases	Number "Yes"	Percent in Compliance
1	Verification and documentation of HIV status in client's file?	219	219	182	83%
2	Verification and documentation of financial eligibility in client's file?	219	219	116	53%
3	Consent to exchange and release information in client's file?	219	219	183	84%
4	Documentation of screening for Medicaid or other funding source for psychosocial and/or pastoral care?	219	219	176	80%
6	Sociodemographic data (age, race/ethnicity, gender, etc.) collected and documented?	219	219	205	94%
7	Client's reason for seeking care documented?	219	219	137	63%
8	Documentation that choice of treatment was offered?	219	219	104	47%
9	Grievance procedures, client's rights and responsibilities explained and documented?	219	219	98	45%
10	Informed consent for treatment signed?	219	219	178	81%
11	Confidentiality statement signed by client?	219	219	81	37%
	<i>Client Intake Subtotal</i>				67%
	BOUNDARIES OF COMPETENCE/COORDINATION OF SERVICES	Number in Sample	Applicable Cases	Number "Yes"	Percent in Compliance
13	Issues that may affect the provision of treatment explored with client? (faith group, gender, culture, sexual orientation, language, access to service including time of operation, etc.)	219	219	131	60%
14	Screening for or discussion of substance or alcohol abuse documented?	219	219	163	74%
15	Referral to treatment made if substance or alcohol abuse problem identified or suspected?	219	53	43	81%
16	Screening for or discussion of critical psychological problems documented? (serious depression, thoughts of suicide, hallucinations, dementia)	219	219	154	70%
17	Referral for psychiatric evaluation made if problem identified or suspected?	219	66	61	92%
	<i>Competence/Coordination Subtotal</i>				71%

TABLE 5 (cont'd)

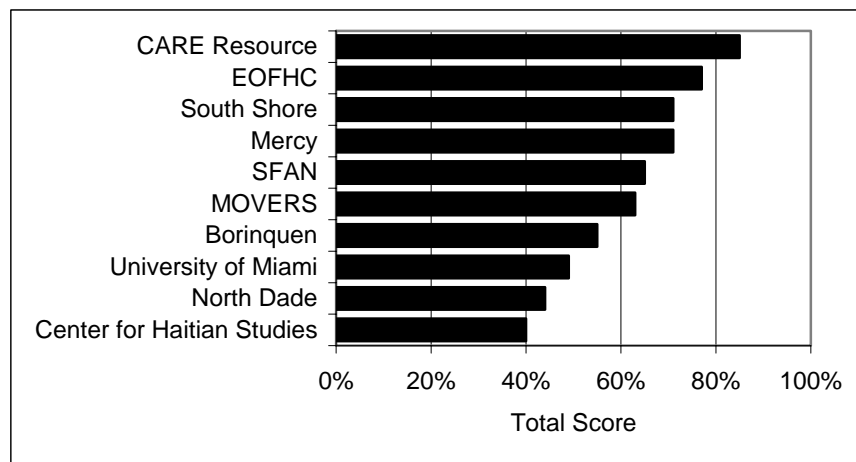
	HIV/AIDS ISSUES	Number in Sample	Applicable Cases	Number "Yes"	Percent in Compliance
18	Were client risk related behaviors assessed?	219	219	162	74%
19	Was education provided on safe sex , condom use, not sharing needles, etc.?	219	219	88	40%
20	Was adherence to treatment and medications discussed?	219	219	111	51%
21	Permanency planning discussed?	219	219	55	25%
	<i>HIV/AIDS Issues Subtotal</i>				47%
	TREATMENT & TREATMENT PLANS				
22	Documentation of a psychosocial assessment completed within one month of presenting for services?	219	219	113	52%
23	Is there a discussion of the condition being treated?	219	219	125	57%
24	Are there treatment plans in client's chart?	219	219	132	60%
25	Are the treatment plans signed by the client?	219	219	47	21%
26	Are the treatment plans signed by the counselor/therapist?	219	132	103	78%
27	Are the treatment plans dated?	219	132	127	96%
28	Do the treatment plans address identified problems?	219	132	90	68%
29	Do the treatment plans contain client treatment goals?	219	132	89	67%
30	Is there documentation of whether there is progress (or lack of) toward meeting goals?	219	89	44	49%
31	Are the treatment plans reviewed monthly with client?	219	132	10	8%
32	Type of service (group or individual) documented?	219	219	160	73%
33	Frequency of service documented?	219	219	44	20%
	<i>Treatment & Treatment Plans Subtotal</i>				53%
	CASE CLOSING	Number in Sample	Applicable Cases	Number "Yes"	Percent in Compliance
34	Is the reason for closing the case documented?	219	35	28	80%
35	Final contact completed and dated in chart?	219	35	16	46%
36	Is there documentation that treatment was successfully completed (goals were met)?	219	35	3	9%
37	Was the client referred or transferred to another treatment agency?	219	32	8	25%
38	If the client stopped treatment without a formal closing of the case, is there evidence that follow-up was attempted?	219	99	23	23%
	<i>Case Closing Subtotal</i>				33%
	TOTAL		6141	3590	58%

Subscores were computed for each section of the review including Client Intake, Boundaries of Competence/Coordination of Services, HIV/AIDS Issues, Treatment and Treatment Plans, and Case Closing. A total score for treatment and documentation was also computed. Scores are averages and were derived by summing the number of items that were answered “Yes”, dividing by number of applicable cases, and multiplying by 100 to form a percent.

Overall Documentation

The overall score for an individual client’s record could range from zero to 100 percent, with zero meaning that there was no documentation for any of the review items in the client’s record and 100 percent meaning that all were present and correct. The average score for all providers combined for all the review items was 58 percent; average scores for individual providers ranged from 40 to 85 percent. Because this review is in some ways a pilot, these scores should be viewed in relative rather than absolute terms. Thus, 85 percent should be viewed not as an imperfect score or as the maximum attainable score, but rather as the score that was attainable by at least one provider and hence a realistically attainable score.

Figure 1. Total Score by Provider



Provider Differences. Figure 1 presents providers’ overall documentation scores ranked from the highest average score to the lowest. The bars on the chart represent providers’ average score. There were significant differences among providers ($F = 504, p < .001$). The three largest providers of psychosocial counseling in terms of the number of clients seen, and the two largest in terms of the average number of encounters provided per client, had average scores in the bottom half of scores.

Level of Service Differences. Ryan White Title I psychosocial counseling is provided at four levels: Level I, Level II, Level III, and Pastoral (this has been changed for Year 12, but was in effect for the time period under review). Counseling also is offered as individual or group sessions. Providers may offer only one or several levels of psychosocial counseling. Table 6 shows what types of counseling were provided by Title I providers during Year 10 and Year 11.

Provider	Type of Counseling
Borinquen Health Care Center, Inc.	Individual - Level I, II
CARE Resource	Individual - Level I, II, III; Group - Level I, II
Center for Haitian Studies, Inc.	Individual - Level I, II, III; Group - Level II, III
Economic Opportunity Family Health Center, Inc.	Individual - Level I, II; Group - Level II
Mercy Hospital, Inc.	Individual - Level I
MOVERS, Inc.	Individual - Level III, Pastoral; Group - Level III, Pastoral
PHT/North Dade Health Center	Individual - Level II; Group - Level III
SFAN	Individual - Level I
South Shore Hospital	Individual - Level III
University of Miami	Individual - Level I, II, III; Group - Level I, II, III

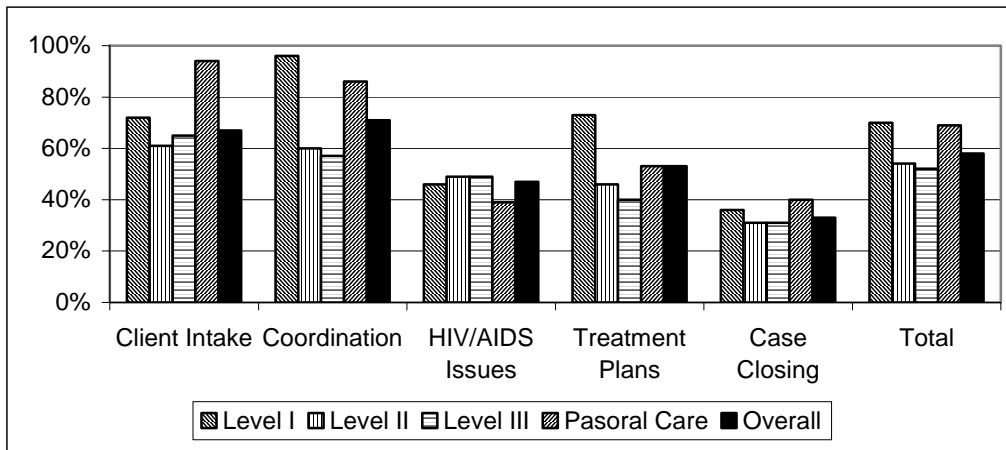
Almost all (98%) of the clients whose records were reviewed received individual psychosocial counseling: 71 percent received only individual counseling and 29% received group counseling.

In order to examine differences in the findings of the record review by level of service provided, clients were classified as Level I, Level II, Level III, or Pastoral by whether at least three quarters of their encounters were at that level. For those clients receiving more than one type of counseling, almost all could be classified in this manner. Of the 219 clients whose records were reviewed, 57 were classified as Level I, 97 as Level II, 43 as Level III, and 16 as Pastoral Care. Six could not be classified.

This analysis showed that the average total scores for clients who received Level I counseling or pastoral care, with the exception of HIV/AIDS issues, were higher than the average scores for those who received Level II or III counseling (70% and 69% vs. 54% and 52%). Table 7 and Figure 2 show both total scores and category subscores by level. The differences in average scores by level are particularly interesting because the average scores for the two levels of psychosocial counseling that are provided by licensed or accredited professional counselors (Level I and pastoral care) are higher. This suggests that licensed professionals may be more likely to document the care provided to their clients, to make sure that their clients are screened and assessed, and that treatment plans are done and updated. Providers are required to have non-licensed psychosocial counselors supervised by licensed professionals, however, there was no documentation of this occurring in any of the records reviewed for this study.

	Client Intake	Coordination	HIV/AIDS Issues	Treatment Plans	Case Closing	Total
Level I	72%	96%	46%	73%	36%	70%
Level II	61%	60%	49%	46%	31%	54%
Level III	65%	57%	49%	40%	31%	52%
Pastoral Care	94%	86%	39%	53%	40%	69%
Overall	67%	71%	47%	53%	33%	58%

Figure 2. Average Scores by Level of Psychosocial Counseling



To examine the effect of service level versus the effect of the place where the service was provided, we compared average scores within a provider site for two levels of service. Five sites had the required information to make these comparisons; these providers included those who scored highest and lowest on the overall average scores. The results of this analysis are shown in Table 8. There is a strong provider effect, i.e., where the service is provided makes a difference; however, the level of service provided also has an effect. For three of the four agencies that provided both a “licensed” level and an “unlicensed” level, the average score for the service provided by a licensed professional was higher.

Table 8. Comparison of Level of Psychosocial Counseling Scores within Providers

	Level I	Level II	Level III	Pastoral
CARE Resource	87%	82%		
CHS		39%	40%	
EOFHC	74%	78%		
MOVERS			58%	69%
UM	49%	46%		

Demographic Differences. We reviewed differences in the overall score by client characteristics. There were no differences for gender, but there were for race/ethnicity. The average scores for whites and Hispanics were higher than those for Blacks and Haitians (67% and 63% vs. 54% and 51%). Because clients of certain racial or ethnic groups choose to go to certain providers and the quality of service documentation provided at different agencies varies, these differences are likely to be attributable to the provider differences rather than differences in the way people of different racial and ethnic groups are treated as individuals. If a provider’s score was low, the quality of service to their clients may be lower. Overall, the review shows a lower quality of documentation (and therefore potentially the quality of service) in charts of Blacks and Haitians and a higher quality of documentation for charts of non-Hispanic Whites and Hispanics.

Discussion. Across providers, levels of service, and patient characteristics, there appear to be opportunities for improvement. It is possible that activities occur during a visit that are not recorded in the client’s file; however, the only way to measure whether something was done is if it was documented. Documentation as an index of quality is commonly used by health care quality review bodies and other organizations. Documentation also affects quality, coordination and continuity of service, in that missing information can mean lost opportunities for follow-up.

Further evidence of problems with documentation was seen in the numbers of records for which the reviewers were told that the person was either not a client, not a current client, or not a client of Title I psychosocial counseling services (see Table 2). Because client identification numbers were selected from SDIS service records, every client whose record was randomly selected to be reviewed had service units in the SDIS reflecting service dates on or after March 1, 2000 for psychological counseling. Some had received service a number of times.

Category Scores

In addition to the overall score, categories of similar items or tasks were examined. These included: Client Intake, Boundaries of Competence/Coordination of Services, HIV/AIDS issues, Treatment and Treatment Plans, and Case Closing. By examining the category scores, we see in which areas providers are doing well and where they may need some improvement. In addition, the average score for each question is presented.

Client Intake. Activities involved in initiating service with the client were reviewed. The average score for all providers and the range of scores among providers are shown in Table 9; providers’ scores for each item are in the provider tables in Appendix 2.

Table 9: Client Intake		
Question	Range among Providers	Average Score
Verification and documentation of HIV status in client's file?	44 - 100%	83%
Verification & documentation of financial eligibility in client's file?	0 - 100%	53%
Consent to exchange and release information in client's file?	0 - 100%	84%
Documentation of screening for Medicaid or other funding source for psychosocial and/or pastoral care?	47 - 100%	80%
Sociodemographic data (age, race/ethnicity, gender, etc.) collected and documented?	79 - 100%	94%
Client's reason for seeking care documented?	0 - 100%	63%
Documentation that choice of treatment was offered?	0 - 100%	47%
Informed consent for treatment signed?	36 - 100%	81%
Confidentiality statement signed by client?	0 - 100%	37%
Client Intake Subtotal	50 - 99%	67%

It is of concern that all items in this category were in the client's record for only two-thirds of clients. The items in the client intake section include items required by the Ryan White Title I Program Standards of Care and information necessary to engage a client in psychosocial counseling. The fact that this information was missing from any client's record is surprising, but it is even more surprising that any item should be missing from all the client records reviewed for any provider.

The range of average scores data shows that for five out of the ten items reviewed, the item was missing from all records reviewed for at least one provider. It was not just one provider who had a score of zero for an item and for several of the questions more than one provider had scored zero. Conversely, there was no question for which at least one provider had not scored 100 percent, meaning that the item was in the record for every file reviewed.

Where client information is recorded appears to be problematic. It was reported to WSA by both the reviewers and by at least one provider that intake information is not stored with other service information. When the reviewers were made aware of this situation and the additional portion of the record was provided, both records were reviewed; however, in many cases, intake information was missing in the record and there was no notation of where it might be found. This is not only problematic for an external reviewer, but intake information is vital to the therapist for the purposes of making substance abuse or mental health referrals.

At other providers, all information about a client is kept in a single file. This can be equally problematic. For example, it was sometimes difficult to tell whether a service had been provided as part of psychosocial counseling, substance abuse counseling, or case management. In addition, there may be breaches of confidentiality when psychosocial records are commingled with other service records.

Boundaries of Competence/Coordination of Services. In this section we looked at whether clients were being provided with services that matched their needs and preference. The overall score for this section was highest of the five subsections of the review. Most of the providers did quite well in this area scoring between 86 percent and 100 percent. Only CHS, North Dade and UM scored lower (24%, 30%, and 62% respectively). CHS had little or no documentation that they screened or discussed with their clients issues of substance abuse, alcohol, or serious psychological problems. Most of the providers did well in these areas and referred their clients for treatment if a problem was suspected. The question that providers were least likely to have documented was whether they explored with their clients issues that could affect the provision of treatment such as cultural match, language, access to service, etc.

Table 10 shows the average score across all providers and the range of scores among providers. Providers' scores for each item are in the provider tables in Appendix 2.

Table 10: Boundaries of Competence / Coordination of Services		
Question	Range among Providers	Average Score
Issues that may affect the provision of treatment explored with client?	0 - 100%	60%
Screening for or discussion of substance or alcohol abuse problem documented?	24 - 100%	74%
Referral to treatment made if substance or alcohol abuse identified or suspected?	0 - 100%	81%
Screening for or discussion of critical psychological problems documented?	24 - 100%	70%
Referral for psychiatric evaluation made if problem identified or suspected?	67 - 100%	92%
Competence/Coordination Subtotal	15 - 100%	71%

HIV/AIDS Issues. The practice guidelines for psychological and pastoral care suggest that issues regarding risk behaviors, medications, plans for death or incapacitating illness should be incorporated into treatment with HIV positive clients. The average scores in this section were uniformly low; the average score was only 47 percent. Risk related behaviors were most likely to be assessed and permanency planning was least likely to be discussed.

Although HIV/AIDS issues are required to be discussed as part of the provision of several Title I services including psychosocial counseling, medical care, case management, etc., there may be a feeling that this is the responsibility of the “other” service --- case managers often believe that medications should be discussed with medical personnel, psychosocial therapists believe that risky behaviors, adherence, etc., should be the purview of case managers, and so on. This is the one category of items that was done and/or documented at a lower level by the licensed professionals (Level I and pastoral care) than other psychosocial counselors (See Table 7 and Figure 2). This further suggests that the discussion of HIV/AIDS issues may not be being viewed as an integral part of providing psychosocial counseling to HIV positive clients.

Table 11 shows the average score across all providers and the range of scores among providers. Providers’ scores for each item are in the provider tables in Appendix 2.

Table 11: HIV/AIDS Issues		
Question	Range among Providers	Average Score
Were client risk related behaviors assessed?	42 - 100%	74%
Was education provided on safe sex, condom use, not sharing needles, etc.?	5 - 80%	40%
Was adherence to treatment and medications discussed?	7 - 80%	51%

Permanency planning discussed?	0 - 93%	25%
HIV/AIDS Issues Subtotal	24 - 74%	47%

Treatment and Treatment Plans. The questions in this section address whether there is a clearly defined reason why the client is seeking counseling and whether there is an agreed upon plan for addressing the client's concerns or problems. There is great variation among providers on whether or not they have treatment plans for their clients. The licensed professionals who provided Level I services were most likely to have discussed the condition being treated with their client and to have worked out a plan of treatment with the client. They were also more likely to follow up with the plan and review whether goals were being met. The average score for this category was 73 percent for Level I, and 53% for all levels.

The findings from this section suggest that there is no clear standard as to what Ryan White Title I psychosocial counseling entails. There is no record that there is any discussion of the condition being treated with the client for nearly half the clients. There does not appear to be any clear beginning or end to treatment. Only 60 percent of clients have a treatment plan and of those only 20 percent have been signed by the client, suggesting a lack of mutually agreed upon treatment between the client and the therapist. Of the clients who do have treatment plans, only about two-thirds of the plans address identified problems or goals for treatment. Of those plans that do have treatment goals, only half have any documentation as to whether these goals are being met. In addition, as is discussed in the next section, virtually no cases are ever closed.

Ryan White Title I psychosocial counseling can be either individual or group. One might expect to see less documentation of group activities, but 98 percent of the sample had received individual psychosocial counseling (many were also in therapy or support groups).

Table 12 shows the average score across all providers and the range of scores among providers. Providers' scores for each item are in the provider tables in Appendix 2.

Question	Range among Providers	Average Score
Documentation of a psychosocial assessment completed within one month of presenting for services?	0 – 100%	52%
Is there a discussion of the condition being treated?	0 – 100%	57%
Are there treatment plans in client's chart?	0 - 100%	60%
Are the treatment plans signed by the client?	0 - 83%	21%
Are the treatment plans signed by the counselor/therapist?	0 - 100%	78%
Are the treatment plans dated?	0 - 100%	96%
Do the treatment plans address identified problems?	4 - 100%	68%

Do the treatment plans contain client treatment goals?	14 - 100%	67%
Is there documentation of whether there is progress (or lack of) toward meeting goals?	0 - 95%	49%
Are the treatment plans reviewed monthly with client?	0 - 67%	8%
Type of service (group or individual) documented?	0 - 100%	73%
Frequency of service documented?	0 - 21%	20%
Treatment and Treatment Plans Subtotal	11 - 82%	53%

Case Closing. Table 13 shows the information on case closing. These percentages should be interpreted with caution because they are based on small numbers.

Table 13: Case Closing		
Question	Range among Providers	Average Score
Is reason for closing the case documented?	25 - 100%	80%
Final contact completed and dated in the chart?	0 - 100%	46%
Is there documentation that treatment was successfully completed (goals were met)?	0 - 21%	9%
Was the client referred or transferred to another treatment agency?	0 - 75%	25%
If the client stopped treatment without a formal closing of the case, is there evidence that follow-up was attempted?	0 - 100%	23%
Case Closing Subtotal	12 - 100%	89%

Eighty percent of the clients in the sample had received psychosocial counseling within six months of the time of review. Forty-one percent of the sample had begun psychosocial counseling prior to 2001, some as far back as 1994. Very few (28) clients have had a documented case closing and four of the ten providers had none who closed. This number seems low, as some clients receive psychosocial counseling from more than one provider during the year, clients move, some resolve their issues, and some die.

Table 14 shows the number of psychosocial counseling encounters clients received from March 2000 through December 2001. There is much variation in the number of encounters. Half of the Title I clients had four or fewer psychosocial encounters during that time, but some had several hundred. Clients receiving pastoral care or Level III psychosocial counseling are seen significantly more frequently than clients who receive Level I or II counseling (an average of 23 times compared to 9 times). Clients who receive Level I counseling are less likely to have seen their counselor only once or twice.

	Sample				Ryan White Title 1			
	Mean	Median	Min	Max	Mean	Median	Min	Max
Borinquen	3	2	1	11	3	2	1	11
CARE Resource	12	5	1	43	11	4	1	133
CHS	26	19	5	83	18	13	1	83
EOFHC	16	8	1	77	9	4	1	77
Mercy	11	12	2	21	9	6	1	41
MOVERS	25	13	1	248	25	9	1	308
North Dade	1	1	1	4	2	1	1	16
SFAN	3	1	1	9	3	2	1	12
South Shore	8	2	1	46	4	2	1	46
UM	8	4	1	88	6	2	1	115
All Providers	13	5	1	248	11	4	1	308

Conclusions

- The care provided by licensed personnel is better documented than that provided by unlicensed personnel.
- There is no consistency of service across providers in documentation, quantity of service provided, and, it appears, the types of services provided.
- Record-keeping is inadequate. Documentation is lacking for even basic elements required in most psycho-social counseling.
- Psychosocial service units are entered into the SDIS by providers for clients who presumably received service. Records for review were requested based on service units in the SDIS for the time period under review. Yet, reviewers were told these clients did not receive psychosocial counseling.
- The service received by the client, the level of documentation, and possibly the quality of that service, depends on where the client receives the service.

Recommendations

- Psychosocial services should be more specifically defined so that clients receive equivalent care regardless of where they go to receive service. Services at each level should be specified. In other words, standards should be set. Providers need to be brought together to review, revise and develop standards, indicators and measurements.
- Documentation rules should be published and applied. They should apply to all levels of counseling, including sessions run by peers.
- Providers should pay more attention to the standards and service descriptions and ensure direct service personnel are aware of them.

- This review did not examine the appropriateness of care, but it should be evaluated somehow, even if it is a self-review.
- Providers should conduct self-reviews and make sure records are up to date and complete.
- Providers may want to contact others who had higher scores for assistance, particularly with documentation.
- Focused studies, such as billing audits, should be considered.
- The process of validating service delivery prior to entering service units into the SDIS needs to be reviewed and, if necessary, revised.
- The Partnership should review the results of this review, billing audits and appropriateness audits, and determine whether the service category needs revamping.
- Providers need to understand their responsibilities in the review process. Records requested should be available. All Ryan White Title I documentation must be made available to reviewers in one place.