

Ryan White Title I 2003 Substance Abuse Treatment Record Review Report of Findings

Introduction

Substance abuse treatment services are provided by the Ryan White Title I program to people living with HIV/AIDS. Residential programs treated 295 people and outpatient programs treated 184 people in Year 12 (March 1, 2002-February 28, 2003).

This review was the first conducted by Ryan White Title I for substance abuse treatment, and creates a baseline against which to evaluate service providers in future reviews, which will measure the extent to which quality is maintained or 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 Miami-Dade County Office of Strategic Business Management, Ryan White Title I grantee, has created the Quality Improvement Program to assess and improve quality of care. The record review reported in this document provides a first look at the content and quality of substance abuse treatment rendered by Title I providers.

Ryan White Title I Substance Abuse Treatment

As described in the Ryan White Title I service descriptions, both residential and outpatient substance abuse treatment is available. Providers are reimbursed on a per diem basis for residential and on a per unit basis for outpatient treatment. There are no limits on how long clients can receive treatment.

Providers are required to meet the Ryan White Title I System-Wide Standards of Care as well as other national standards. Outpatient services are provided by personnel at two levels: those with relevant post graduate degrees and, preferably, certification as addiction treatment professionals, and by professionally supervised non-certified personnel.

Residential treatment facilities must be licensed as such by the state. In addition, they must meet standards set by the Florida Department of Children and Families for substance abuse treatment.

Two of the facilities are also accredited; St. Luke's (Mercy Hospital) by The Council on Accreditation for Children and Family Services (COA) and The Village by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Better Way is currently applying for accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF).

A new set of outcome measures for residential and outpatient substance abuse treatment have been drafted by a workgroup and Williams, Stern & Associates. One measure assesses whether the duration of treatment is at least 90 days. The workgroup agreed that this is the minimum length of time established in the research literature of substance abuse. A list of all of the draft substance abuse treatment outcomes is in Appendix I. While this review did not include analysis of these outcomes, they will be so used in the future.

An examination of the duration of residential treatment showed the average length of stay to be 63 days. The range was 76 days at Better Way, 63 days at The Village, and 37 days at St. Luke's (Mercy Hospital). Very few patients had both inpatient and outpatient substance abuse treatment.

Clients in outpatient care received, on average, 37 encounters, billed as 54 half-hour sessions. This means that each patient went to the center 37 times and spent 27 hours (54 half-hour sessions) in treatment. The number of encounters and half-hour sessions at Christ Crusaders was 165 encounters and 208 half-hour sessions, at Better Way 72 encounters and 116 half-hour sessions, at Economic Opportunity Family Health Center 17 encounters and 13 half-hour sessions, and 5 encounters and 13 half-hour sessions at CARE Resource.

These variations in intensity and duration of service indicate very different treatment modalities from location to location. A question for further exploration is whether the results are similar across providers and methods.

The Review Process

The review was conducted on a sample of clients using a form developed for the purpose.

The Office of Strategic Business Management issued a letter informing providers of the review and its structure. A copy of this letter is included in Appendix II. Williams, Stern & Associates managed the review, employing this process:

Following the general provider notification, the reviewers contacted each agency by telephone to arrange for the visit. Every effort was made to accommodate provider schedules.

- The reviewer sent the list of clients to be reviewed (randomly selected) 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 client's initial intake to the most current visit.

- A professional reviewer, who has performed previous Ryan White Title I chart reviews, conducted the study. The reviews took place during January and February, 2003.

The reviews were designed to record documented information, assess certain aspects of quality of care and to provide feedback on these issues to the County, the providers and the Miami-Dade HIV/AIDS Partnership.

The Chart Review Instrument

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

- The Ryan White Title I System-wide Standards of Care
- The Ryan White Title I service description for substance abuse treatment
- Florida Department of Children & Families chart review instrument

In October, 2002 WSA sent the draft tool to all of the substance abuse treatment providers and asked for comments. In addition, the providers were invited to a workshop on the tool. One provider, Better Way, attended the meeting.

Providers Reviewed

The review took place at three residential substance abuse treatment providers: Better Way of Miami, St. Luke’s and The Village. The four outpatient treatment providers included Better Way of Miami, CARE Resource, Christ Crusaders and Economic Opportunity Family Health Center.

Sample selection

Table 1 shows the number of records reviewed for each provider compared with the number of Ryan White Title I clients they served. The review sample was selected from a pool of 184 outpatient and 295 residential clients served in Year 12. Five clients reviewed had both residential and outpatient treatment during the time frame considered.

Table 1. Review Sample and Title I Substance Abuse Treatment Clients by Provider				
	Record Review Sample		Year 12 Substance Abuse Treatment Clients	
	Number	Percent	Number	Percent
Better Way	14	14.9	40	8.2
St. Luke’s	10	10.6	19	3.9
The Village	20	21.3	260	53.3
CARE Resource	15	16.0	51	10.5
Christ Crusaders	15	16.0	22	4.5
Economic Opportunity Family Health Center	20	21.3	95	19.5
Total	94	100	487	100

A stratified random sample was selected for the review. The number of records reviewed at each provider ranged from 10 to 20. We reviewed a maximum of 20 records, but set a floor of 10 in order to ensure adequate representation from providers with fewer clients. After the number of records to be reviewed at each provider was determined, clients were randomly selected. WSA sent the providers lists of client identification numbers so they could pull the records for the reviewers. Additional identification numbers were provided at the time of the review to replace those records that were unavailable for review at the time of the on-site visit.

Characteristics of the Sample Population

Table 2 compares the review sample with the Ryan White Title I population receiving substance abuse treatment, 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; children were excluded from the percentages for age for the Title I and countywide calculations).

One-sample Chi-square tests were used to test for differences. There were no significant differences between the review sample and those clients who had received Ryan White Title I substance abuse treatment in terms of race/ethnicity, gender or age. Women who get substance abuse treatment through Ryan White Title I providers are more likely to receive outpatient counseling than residential treatment. It is not certain why this is the case, but it may be that fewer beds are available for women and/or fewer beds are available for women with children. Non-Hispanic Blacks make up a significantly higher percentage of clients receiving substance abuse treatment than the same populations receiving Ryan White Title I services overall or as represented in the epidemic overall in Miami-Dade County.

Table 2. Demographic Characteristics of Ryan White Title I Substance Abuse Treatment Clients

	Record Review Sample		Substance Abuse Treatment				Ryan White Title I Overall		Miami-Dade HIV/AIDS	
Total	94		446				11,277		22,960	
			Outpatient		Residential					
			184		295					
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Ethnicity										
Black	64	72%	123	67%	217	74%	4,361	39%	9,733	42%
Haitian	0	0%	5	3%	2	1%	1,152	10%	2,385	10%
Hispanic	15	17%	32	18%	30	10%	4,129	37%	7,392	32%
White	9	10%	20	11%	39	13%	1,436	13%	3,395	15%
Other/unk	1	1%	3	2%	4	1%	172	2%	53	0%
Gender			183		292		11,250		22,958	
Male	57	64%	103	56%	205	70%	7,651	68%	16,069	70%
Female	32	36%	81	44%	89	30%	3,617	32%	6,891	30%
Age			184		294		11,268		22,960	
13-19 years	0	0%	2	1%	1	0%	166	2%	849	4%
20-24 years	2	2%	4	2%	6	2%	267	2%	1,541	7%
25-29 years	3	3%	12	7%	11	4%	606	6%	2,284	10%
30-44 years	59	66%	108	59%	200	68%	5,633	52%	11,130	50%
45-54 years	22	25%	50	27%	69	24%	2,895	27%	4,423	20%
55-64 years	3	3%	7	4%	6	2%	951	9%	1,463	7%
65+ years	0	0%	1	1%	1	0%	273	3%	456	2%
			184		294		10,791		22,146	

General Findings

Scoring of the Questions

Tables 3, 4 and 5 show a question by question breakdown of review items for residential Ryan White Title I substance abuse treatment providers, outpatient Ryan White Title I substance abuse treatment providers, and for all Ryan White Title I substance abuse treatment providers combined. Tabular results for individual providers are presented in Appendix III.

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, question 19b, “Was a mantoux TB test done at the time of the physical examination or within 30 days of admission” refers only to those who (a) were in residential treatment, and (b) had been in treatment for at least 30 days. In this case, the applicable number of cases is not 94, the total number of records reviewed, or 38, the number of clients who were in or had received residential treatment, but rather 33, those residential clients who had been in treatment for at least 30 days. Table 5 does not report the number of applicable cases (the sum of the “Yes” and “No” answers), but does report the number of not applicable cases in the column labeled **N/A**.

Yes is the number of positive responses to a question (in the example above, 23).

Percent is the percentage of applicable cases for whom the answer to the question was “Yes.” For example, the question, “Was a mantoux TB test done at the time of the physical examination or within 30 days of admission” received a score of 23 out of 33, or 70 percent.

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. Thus, caution is necessary when interpreting these findings.

Table 3. Findings for Residential Substance Abuse Treatment Providers				
	Yes	No	N/A	Percent
ELIGIBILITY				
1. Is HIV status documented by a lab test, physician's letter or a current Ryan White certified referral?	38	0	0	100%
2. Is there proof of financial eligibility or a current Ryan White certified referral?	31	7	0	82%
3. Is there proof of Miami-Dade residency?	31	7	0	82%
4. Is there a signed, dated consent to exchange and release information in the SDIS?	38	0	0	100%
5. Is socio-demographic data documented (age, race/ethnicity, gender, primary or preferred language)?	38	0	0	100%
6 (a). Is there signed, dated documentation that grievance procedures have been explained?	35	3	0	92%
6 (b). Is there signed, dated documentation that client's rights and responsibilities have been explained?	36	2	0	95%
6 (c). Is there signed, dated documentation that client's right to confidentiality has been explained?	37	1	0	97%

Table 3. Findings for Residential Substance Abuse Treatment Providers				
	Yes	No	N/A	Percent
6 (d). Is there signed, dated documentation that client's obligation to maintain confidentiality of others receiving treatment explained?	8	8	22	50%
7. Is there a signed, dated informed consent for treatment?	36	2	0	95%
8. Is there a signed, dated consent for urinalysis in the record?	36	2	0	95%
				92%
HIV/AIDS ISSUES				
9. Were client risk related behaviors assessed?	36	2	0	95%
10. Was education provided on decreasing risk behaviors, e.g., safer sex and not sharing needles?	33	5	0	87%
11. Was adherence to HIV treatment and medications discussed?	27	11	2	71%
				84%
ASSESSMENT/TREATMENT				
12. Is there documentation of a completed medical history?	37	1	0	97%
13. Is there an addiction history that includes age of onset, choice of drug, patterns and consequences of use, and prior treatment episodes?	38	0	0	100%
14. Is there an American Society of Addiction Medicine (ASAM) assessment?	36	2	0	95%
15. Is there an Interpretive Summary documented after assessments complete?	30	6	2	83%
16. Is there an initial treatment plan developed at the time of admission?	38	0	0	100%
17. Is the initial treatment plan signed and dated by clinician and the client?	38	0	0	100%
18. Is there a physical exam by MD, PA or ARNP documented within 10 days of admission?	36	1	1	97%
19 (a). Was a serological test for STDs done at the time of the physical examination or within 30 days of admission?	28	6	4	82%
19 (b). Was a mantoux TB test done at the time of the physical examination or within 30 days of admission?	23	10	5	70%

Table 3. Findings for Residential Substance Abuse Treatment Providers				
	Yes	No	N/A	Percent
20. Is there screening for critical psychological problems (serious depression, thoughts of suicide, hallucinations, dementia) performed?	38	0	0	100%
21. Is there an individual treatment plan developed for the client in a timely manner?	35	2	1	95%
22. Is the individual treatment plan signed and dated by the therapist and the client?	34	1	3	97%
23. Is the treatment plan reviewed every thirty days and signed by client and therapist?	21	7	10	75%
24. Are there progress notes documenting client progress or lack of progress toward meeting the objectives of the treatment plan, at least weekly?	33	1	3	97%
25. Does the record contain a medication administration record (residential) or copies of prescriptions (outpatient) in the record?	36	1	1	97%
26. Does the discharge plan include a summary of client's involvement in treatment, reason for the discharge, plans for needed services after discharge including after care?	22	1	15	96%
27. Is there a discharge ASAM assessment?	19	6	13	76%
28. Is there a referral to an Outpatient Program at discharge or a note that continued Outpatient Care is not needed at discharge?	14	10	14	58%
29. Is there a signed, dated transfer summary completed for clients transferring either to another component of same program or another provider?	2	1	35	67%
30. Is there a transfer ASAM assessment?	2	1	35	67%
				91%
OVERALL				91%

Table 4. Findings for Outpatient Substance Abuse Providers				
	Yes	No	N/A	Percent
ELIGIBILITY				
1. Is HIV status documented by a lab test, physician's letter or a current Ryan White certified referral?	55	1	0	98%
2. Is there proof of financial eligibility or a current Ryan White certified referral?	52	4	0	93%
3. Is there proof of Miami-Dade residency?	52	4	0	93%
4. Is there a signed, dated consent to exchange and release information in the SDIS?	49	7	0	88%
5. Is socio-demographic data documented (age, race/ethnicity, gender, primary or preferred language)?	56	0	0	100%
6 (a). Is there signed, dated documentation that grievance procedures have been explained?	52	4	0	93%
6 (b). Is there signed, dated documentation that client's rights and responsibilities have been explained?	52	4	0	93%
6 (c). Is there signed, dated documentation that client's right to confidentiality has been explained?	52	4	0	93%
6 (d). Is there signed, dated documentation that client's obligation to maintain confidentiality of others receiving treatment explained?	52	4	0	93%
7. Is there a signed, dated informed consent for treatment?	49	7	0	88%
8. Is there a signed, dated consent for urinalysis in the record?	44	12	0	79%
				92%
HIV/AIDS ISSUES				
9. Were client risk related behaviors assessed?	55	1	0	98%
10. Was education provided on decreasing risk behaviors, e.g., safer sex and not sharing needles?	54	2	0	96%
11. Was adherence to HIV treatment and medications discussed?	54	2	0	96%
				97%
ASSESSMENT/TREATMENT				
12. Is there documentation of a completed medical history?	51	5	0	91%

Table 4. Findings for Outpatient Substance Abuse Providers				
	Yes	No	N/A	Percent
13. Is there an addiction history that includes age of onset, choice of drug, patterns and consequences of use, and prior treatment episodes?	48	8	0	86%
14. Is there an American Society of Addiction Medicine (ASAM) assessment?	34	19	3	64%
15. Is there an Interpretive Summary documented after assessments complete?	32	2	22	94%
16. Is there an initial treatment plan developed at the time of admission?	50	6	0	89%
17. Is the initial treatment plan signed and dated by clinician and the client?	39	11	6	78%
20. Is there screening for critical psychological problems (serious depression, thoughts of suicide, hallucinations, dementia) performed?	50	6	0	89%
21. Is there an individual treatment plan developed for the client in a timely manner?	43	7	6	86%
22. Is the individual treatment plan signed and dated by the therapist and the client?	29	14	13	67%
23. Is the treatment plan reviewed every thirty days and signed by client and therapist?	27	11	18	71%
24. Are there progress notes documenting client progress or lack of progress toward meeting the objectives of the treatment plan, at least weekly?	36	3	17	92%
26. Does the discharge plan include a summary of client's involvement in treatment, reason for the discharge, plans for needed services after discharge including after care?	8	2	46	80%
27. Is there a discharge ASAM assessment?	4	6	46	40%
29. Is there a signed, dated transfer summary completed for clients transferring either to another component of same program or another provider?	5	1	50	83%
30. Is there a transfer ASAM assessment?	1	5	50	17%
				81%
OVERALL				88%

Table 5. Findings for All Substance Abuse Treatment Providers				
	Yes	No	N/A	Percent
ELIGIBILITY				
1. Is HIV status documented by a lab test, physician's letter or a current Ryan White certified referral?	93	1	0	99%
2. Is there proof of financial eligibility or a current Ryan White certified referral?	83	11	0	88%
3. Is there proof of Miami-Dade residency?	83	11	0	88%
4. Is there a signed, dated consent to exchange and release information in the SDIS?	87	7	0	93%
5. Is socio-demographic data documented (age, race/ethnicity, gender, primary or preferred language)?	94	0	0	100%
6 (a). Is there signed, dated documentation that grievance procedures have been explained?	87	7	0	93%
6 (b). Is there signed, dated documentation that client's rights and responsibilities have been explained?	88	6	0	94%
6 (c). Is there signed, dated documentation that client's right to confidentiality has been explained?	89	5	0	95%
6 (d). Is there signed, dated documentation that client's obligation to maintain confidentiality of others receiving treatment explained?	60	34	0	64%
7. Is there a signed, dated informed consent for treatment?	85	9	0	90%
8. Is there a signed, dated consent for urinalysis in the record?	80	14	0	85%
Average for this section				90%
HIV/AIDS ISSUES				
9. Were client risk related behaviors assessed?	91	3	0	97%
10. Was education provided on decreasing risk behaviors, e.g., safer sex and not sharing needles?	87	7	0	93%
11. Was adherence to HIV treatment and medications discussed?	81	13	0	86%
Average for this section				92%
ASSESSMENT/TREATMENT				
12. Is there documentation of a completed medical history?	88	6	0	94%

Table 5. Findings for All Substance Abuse Treatment Providers

	Yes	No	N/A	Percent
13. Is there an addiction history that includes age of onset, choice of drug, patterns and consequences of use, and prior treatment episodes?	86	8	0	91%
14. Is there an American Society of Addiction Medicine (ASAM) assessment?	70	21	3	77%
15. Is there an Interpretive Summary documented after assessments are completed?	62	8	24	89%
16. Is there an initial treatment plan developed at the time of admission?	88	6	0	94%
17. Is the initial treatment plan signed and dated by clinician and the client?	77	11	6	88%
18. Is there a physical exam by MD, PA or ARNP documented within 10 days of admission?	38	0	56	100%
19 (a). Was a serological test for STDs done at the time of the physical examination or within 30 days of admission?	32	6	56	84%
19 (b). Was a mantoux TB test done at the time of the physical examination or within 30 days of admission?	23	10	61	70%
20. Is there screening for critical psychological problems (serious depression, thoughts of suicide, hallucinations, dementia) performed?	88	6	0	94%
21. Is there an individual treatment plan developed for the client in a timely manner?	78	9	7	
22. Is the individual treatment plan signed and dated by the therapist and the client?	63	15	16	81%
23. Is the treatment plan reviewed every thirty days and signed by client and therapist?	48	18	28	73%
24. Are there progress notes documenting client progress or lack of progress toward meeting the objectives of the treatment plan, at least weekly?	69	4	21	95%
25. Does the record contain a medication administration record (residential) or copies of prescriptions (outpatient) in the record?	38	1	55	97%
26. Does the discharge plan include a summary of client's involvement in treatment, reason for the discharge, plans for needed services after discharge including after care?	30	3	61	91%

Table 5. Findings for All Substance Abuse Treatment Providers				
	Yes	No	N/A	Percent
27. Is there a discharge ASAM assessment?	23	12	59	66%
28. Is there a referral to an Outpatient Program at discharge or a note that continued Outpatient Care is not needed at discharge?	14	10	70	58%
29. Is there a signed, dated transfer summary completed for clients transferring either to another component of same program or another provider?	7	2	85	78%
30. Is there a transfer ASAM assessment?	3	6	85	33%
Average for this section				86%
OVERALL				88%

Subscores were computed for each section of the review including Eligibility, HIV/AIDS Issues, and Assessment/Treatment. 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 88 percent.

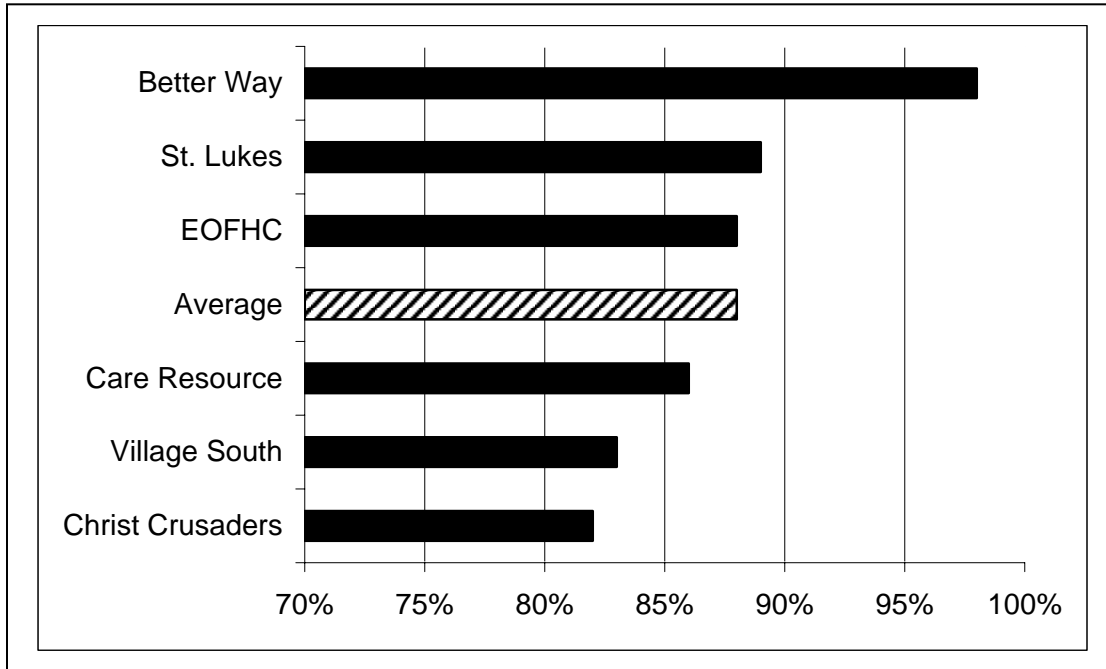


Figure 1. Overall Scores by Provider

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. The striped bar is the average scores across all providers (88%). Average scores for individual providers ranged from 82 to 98 percent. There were significant differences among providers ($F = 10.5, p < .001$). Although the scores for residential providers were somewhat higher than those for providers of outpatient services (91% vs. 88%), this difference was not statistically significant.

Demographic Differences. We reviewed differences in the overall score by client characteristics. There were no differences by race/ethnicity. The average score for males was somewhat higher than that for females, but this is most probably linked to the finding that females are less likely to be seen in residential treatment and the average score for residential treatment was somewhat higher than that for outpatient treatment.

Discussion. Across all providers and type of service (i.e., residential or outpatient) documentation is good, although there is some room for improvement. Documentation as an

index of quality is commonly used by health care quality review bodies and other organizations. The only way to measure whether something was done is if it was documented. Documentation also affects quality, coordination and continuity of service, in that missing information can mean lost opportunities for follow-up.

Category Scores

In addition to the overall score, categories of similar items or tasks were examined. These included: Client Intake and Eligibility, HIV/AIDS issues, Assessment, and Treatment and Treatment Plans. 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. Overall, documentation was better for determining the clients' eligibility and other intake activities, and for counseling on HIV/AIDS issues.

Eligibility. Activities involved in initiating service with the client were reviewed. The average score for all providers was 90 percent. One question where improvement is indicated was "Is there signed, dated documentation that client's obligation to maintain confidentiality of others receiving treatment explained." While providers are doing well at recognizing the need to maintain a client's confidentiality (95%), they seem to be less aware of the need for clients to maintain the confidentiality of other clients (64%). Providers' scores for each item are in the provider tables in Appendix III.

HIV/AIDS Issues. HIV/AIDS issues are required to be discussed as part of the provision of several Title I services. The average score for this category was 92 percent, but there was disparity between outpatient and residential providers. Providers of outpatient counseling were nearly perfect in this area with an average score of 97 percent; providers of residential treatment did less well with an average score of 84 percent. Providers' scores for each item are in the provider tables in Appendix III.

Assessment/Treatment. The questions in this section address whether there is a clear treatment plan, including follow-ups and whether there is an agreed upon plan for addressing the client's concerns or problems. Initial assessments, tests, and screenings are likely to be done as scheduled, but follow-ups and discharge items may not be document. Providers of residential treatment have better documentation in this category (91%) than do providers of outpatient counseling (81%). The average score for this category was 86 percent. Providers' scores for each item are in the provider tables in Appendix III.

Conclusions and Recommendations. Overall, review of these records indicates substantial, and in some cases excellent, compliance with standards and guidelines for documentation of services. Residential treatment providers are commended for 100 percent compliance to standards in the areas of appropriate documentation of HIV status, signed and dated consents for exchange and release of information, socio-economic data, documented addiction history, initial treatment plans at admission, and initial treatment plans signed and dated by both the clinician and the client. Other strong areas (96 percent and above) for residential treatment providers included documentation of medical history, physical examinations within 10 days of admission, medication administration records or prescription copies in records, and discharge plans which

included the essential elements. Outpatient treatment providers are commended for 100 percent compliance in reporting socio-economic data. Areas of strength for outpatient treatment providers also include appropriate documentation of HIV status, assessment of HIV risk behaviors, education on decreasing risk behaviors, and discussion of adherence to HIV treatment and medications.

Opportunities for improvement are indicated in only a few areas. For residential treatment providers, only 50 percent of files reviewed had signed, dated documentation of the client's obligation to maintain confidentiality of other seeking treatment. Providers are urged to develop systems that ensure this topic is discussed with clients and that the discussion is documented and maintained in the record. In addition, among residential treatment providers, only 58 percent of the records reviewed documented referral to an outpatient treatment program or noted no need for outpatient care at discharge. In order to enhance continuity of treatment, appropriateness of outpatient care may need to be included in discharge planning and documented in the record in a more consistent manner.

Among outpatient treatment providers, improvement is needed in the area of obtaining signatures on treatment plans. Only 67 percent of records reviewed had treatment plans that were signed and dated by both the clinician and the client. Also, use of the American Society of Addiction Medicine assessment was low among outpatient treatment providers. Only 64 percent of the records indicate use of the ASAM assessment, with only 40 percent having the assessment at discharge and 17 percent at transfer. The use of some form of assessment tool is required by state licensure standards, and the ASAM is the form requested by the DCF Alcohol, Drug Abuse and Mental Health Program Office review instrument.

For both residential and outpatient treatment providers, documentation of the monthly review of treatment plans could improve. 75 percent of the residential treatment records reviewed and 71 percent of the outpatient records reviewed document this review.

Future reviews will measure performance improvements, using the results reported here as baseline measures. Also, future reviews will include evaluation of performance on the outcome measures noted in Appendix I. Additional review of the results achieved by various treatment modalities and durations of service is recommended.

Appendix I
Draft Substance Abuse Treatment Outcome Measures

OUTCOMES 2003
MIAMI-DADE COUNTY RYAN WHITE TITLE I

SUBSTANCE ABUSE TREATMENT RESIDENTIAL CARE

Outcomes	Indicators	Data Elements	Data Sources/Methods
Improved access to Substance Abuse residential care	Reduction in the number/percent of empty/unfilled beds as measured over a specified time period	Average number of empty beds per SDIS weekly announcement measured over a specified time period	Residential substance abuse reports to SDIS of empty/unfilled beds on a weekly basis
Decreased incidence of return to treatment	Change in the number/percent of returns to treatment for clients completing continuum of care* over a specified period of time	Assessment for prior treatment before continuum of care begun and after continuum of care completed **3 mos. and 6 mos. follow up to determine client remains out of residential treatment and remains drug free	Future quarterly report Future upload/entry into SDIS SDIS across sites service review SDIS data analysis
Increased consistency of medical care	Change in number/percent of clients completing residential treatment and remaining in primary care service as measured over a specified time period	At least one primary care visit within 6 mos. of discharge	Follow up assessment with quarterly report SDIS services across sites review
Improved effectiveness of residential substance abuse treatment as evidenced by length of stay	Change in number/percent of clients completing residential substance abuse treatment	Minimum three (3) months of residential substance abuse completed	Future quarterly report SDIS data
Increase in the number of clients accessing outpatient treatment after completing residential treatment	Change in number/percent of clients entering outpatient substance abuse treatment after completing residential treatment	Clients complete 3 mos. of residential care and within 2 weeks enter outpatient substance abuse treatment	Future quarterly report SDIS data/referrals

OUTCOMES 2003
MIAMI-DADE COUNTY RYAN WHITE TITLE I

SUBSTANCE ABUSE TREATMENT OUTPATIENT CARE

Outcomes	Indicators	Data Elements	Data Sources/Methods
Increased utilization of primary care services	Change in the number/percent of OSAT clients receiving primary care services.	Number of OSAT clients in primary care.	SDIS services across sites review
Decreased incidence of return to treatment	Change in the number/percent of returns to treatment for clients completing outpatient treatment over a specified period of time	Assessment for prior treatment before care is begun and after care is completed	Quarterly report Future upload/entry into SDIS SDIS across sites service review SDIS service data analysis
Improved consistency of medical care	Change in number/percent of clients completing OSAT and remaining in primary care service as measured over a specified time period	At least one primary care visit within 6 mos. of discharge	Follow up assessment with quarterly report SDIS services across sites review
Improved utilization of outpatient substance abuse treatment after completion of residential service	Change in number/percent of clients completing residential treatment and continuing with outpatient substance abuse treatment	Number of clients sequencing from residential care to outpatient care	SDIS data
Improved effectiveness of outpatient substance abuse treatment as evidenced by length of stay	Change in number/percent of clients completing minimal outpatient treatment	Number of clients completing at least 3 mos. of outpatient substance abuse treatment	SDIS data

Appendix II

Miami Dade County, Florida
Office of Management and Budget
Ryan White Title I Program
140 West Flagler Street, Room 1604
Miami, Florida 33130-1563
(305) 375-4742
FAX (305) 375-4454

January 17, 2003

Dear Ryan White Title I Substance Abuse Service Provider:

The reauthorization of the Ryan White C.A.R.E. Act requires Title I grantees to place greater emphasis on improving the quality of services provided to persons living with HIV/AIDS. In Miami-Dade County, we have engaged in the development of a comprehensive quality management plan to evaluate and, where necessary, improve quality of Title I funded services. As you may know, previous and current activities in this regard include client surveys; medical, case management, dental and psychosocial record reviews, and fiscal monitoring.

As part of this expanded initiative, the Ryan White Title I program will conduct its first review of substance abuse treatment charts, residential and outpatient, beginning in January, 2003. This review will provide us with basic, standard information across all providers. The review instrument was sent to you in early October 2002 for review and comment, and all providers of substance abuse treatment services were invited to attend a meeting on October 21, 2002, to revise and finalize the instrument. The review instrument includes items that would be expected to be present in treatment charts. Results of the review will be shared with you so that you can provide feedback to staff regarding any changes needed. The review will concentrate on Title I service recipients and will be conducted by Williams, Stern and Associates (WSA) and/or its subcontractor. Your organization will be contacted by WSA, or an authorized representative, to schedule a time for an on-site review and confirm that client records will be available for inspection.

Williams, Stern and Associates will select a sample of records to be reviewed using the Service Delivery Information System (SDIS). Patients' CIS numbers (assigned by SDIS) and agency ID numbers to the extent they are available in SDIS will be used for identification purposes. Please be prepared to cross-reference these numbers with your agency assigned ID number if necessary. Also, please have available eligibility documentation for each client selected as well as case notes, and other data, if these are kept separately. It is the provider's responsibility to have ready for the reviewers all requested client records and all required information. Please be reminded that pursuant to Article VI, Section 6.3 of your organization's Ryan White Title I agreement with Miami-Dade County, you are required to participate in quality management activities and/or studies conducted by or on behalf of the County and/or the Miami-Dade HIV/AIDS Partnership to evaluate the effectiveness and quality of Title I services.

Your cooperation regarding this matter is greatly appreciated. All confidentiality assurances have been signed by the reviewer(s). If you have any questions regarding this review, please do not hesitate to contact me at (305) 375-4742 or Judy Williams, WSA, at (305) 573-4002.

Sincerely,

Yocasta Juliao, Project Director
Ryan White Title I Program

Appendix III
Provider Results Tables

BETTER WAY				
	Yes	No	N/A	Percent
ELIGIBILITY				
1. Is HIV status documented by a lab test, physician's letter or a current Ryan White certified referral?	14	0	0	100%
2. Is there proof of financial eligibility or a current Ryan White certified referral?	13	1	0	93%
3. Is there proof of Miami-Dade residency?	14	0	0	100%
4. Is there a signed, dated consent to exchange and release information in the SDIS?	14	0	0	100%
5. Is socio-demographic data documented (age, race/ethnicity, gender, primary or preferred language)?	14	0	0	100%
6 (a). Is there signed, dated documentation that grievance procedures have been explained?	14	0	0	100%
6 (b). Is there signed, dated documentation that client's rights and responsibilities have been explained?	14	0	0	100%
6 (c). Is there signed, dated documentation that client's right to confidentiality has been explained?	14	0	0	100%
6 (d). Is there signed, dated documentation that client's obligation to maintain confidentiality of others receiving treatment explained?	14	0	0	100%
7. Is there a signed, dated informed consent for treatment?	14	0	0	100%
8. Is there a signed, dated consent for urinalysis in the record?	14	0	0	100%
				99%
HIV/AIDS ISSUES				
9. Were client risk related behaviors assessed?	14	0	0	100%
10. Was education provided on decreasing risk behaviors, e.g., safer sex and not sharing needles?	14	0	0	100%
11. Was adherence to HIV treatment and medications discussed?	14	0	0	100%
ASSESSMENT/TREATMENT				
12. Is there documentation of a completed medical history?	14	0	0	100%

BETTER WAY				
	Yes	No	N/A	Percent
13. Is there an addiction history that includes age of onset, choice of drug, patterns and consequences of use, and prior treatment episodes?	14	0	0	100%
14. Is there an American Society of Addiction Medicine (ASAM) assessment?	14	0	0	100%
15. Is there an Interpretive Summary documented after assessments complete?	14	0	0	100%
16. Is there an initial treatment plan developed at the time of admission?	14	0	0	100%
17. Is the initial treatment plan signed and dated by clinician and the client?	14	0	0	100%
18. Is there a physical exam by MD, PA or ARNP documented within 10 days of admission?	8	0	6	100%
19 (a). Was a serological test for STDs done at the time of the physical examination or within 30 days of admission?	7	1	6	88%
19 (b). Was a mantoux TB test done at the time of the physical examination or within 30 days of admission?	8	0	6	100%
20. Is there screening for critical psychological problems (serious depression, thoughts of suicide, hallucinations, dementia) performed?	14	0	0	100%
21. Is there an individual treatment plan developed for the client in a timely manner?	14	0	0	100%
22. Is the individual treatment plan signed and dated by the therapist and the client?	12	2	0	86%
23. Is the treatment plan reviewed every thirty days and signed by client and therapist?	13	1	0	93%
24. Are there progress notes documenting client progress or lack of progress toward meeting the objectives of the treatment plan, at least weekly?	14	0	0	100%
25. Does the record contain a medication administration record (residential) or copies of prescriptions (outpatient) in the record?	9	1	4	90%
26. Does the discharge plan include a summary of client's involvement in treatment, reason for the discharge, plans for needed services after discharge including after care?	9	0	5	100%

BETTER WAY				
	Yes	No	N/A	Percent
27. Is there a discharge ASAM assessment?	9	0	5	100%
28. Is there a referral to an Outpatient Program at discharge or a note that continued Outpatient Care is not needed at discharge?	6	0	8	100%
29. Is there a signed, dated transfer summary completed for clients transferring either to another component of same program or another provider?	4	0	10	100%
30. Is there a transfer ASAM assessment?	3	1	10	75%
				97%
OVERALL				98%

CARE RESOURCE				
	Yes	No	N/A	Percent
ELIGIBILITY				
1. Is HIV status documented by a lab test, physician's letter or a current Ryan White certified referral?	14	1	0	93%
2. Is there proof of financial eligibility or a current Ryan White certified referral?	14	1	0	93%
3. Is there proof of Miami-Dade residency?	13	2	0	87%
4. Is there a signed, dated consent to exchange and release information in the SDIS?	14	1	0	93%
5. Is socio-demographic data documented (age, race/ethnicity, gender, primary or preferred language)?	15	0	0	100%
6 (a). Is there signed, dated documentation that grievance procedures have been explained?	14	1	0	93%
6 (b). Is there signed, dated documentation that client's rights and responsibilities have been explained?	14	1	0	93%
6 (c). Is there signed, dated documentation that client's right to confidentiality has been explained?	14	1	0	93%
6 (d). Is there signed, dated documentation that client's obligation to maintain confidentiality of others receiving treatment explained?	15	0	0	100%
7. Is there a signed, dated informed consent for treatment?	14	1	0	93%
8. Is there a signed, dated consent for urinalysis in the record?	11	4	0	73%
				92%
HIV/AIDS ISSUES				
9. Were client risk related behaviors assessed?	14	1	0	93%
10. Was education provided on decreasing risk behaviors, e.g., safer sex and not sharing needles?	13	2	0	87%
11. Was adherence to HIV treatment and medications discussed?	13	2	0	87%
				89%
ASSESSMENT/TREATMENT				
12. Is there documentation of a completed medical	13	2	0	87%

CARE RESOURCE				
	Yes	No	N/A	Percent
history?				
13. Is there an addiction history that includes age of onset, choice of drug, patterns and consequences of use, and prior treatment episodes?	13	2	0	87%
14. Is there an American Society of Addiction Medicine (ASAM) assessment?	12	1	2	92%
15. Is there an Interpretive Summary documented after assessments complete?	11	1	3	92%
16. Is there an initial treatment plan developed at the time of admission?	12	3	0	80%
17. Is the initial treatment plan signed and dated by clinician and the client?	9	3	3	75%
20. Is there screening for critical psychological problems (serious depression, thoughts of suicide, hallucinations, dementia) performed?	12	3	0	80%
21. Is there an individual treatment plan developed for the client in a timely manner?	7	2	6	78%
22. Is the individual treatment plan signed and dated by the therapist and the client?	4	3	8	57%
23. Is the treatment plan reviewed every thirty days and signed by client and therapist?	2	5	8	29%
24. Are there progress notes documenting client progress or lack of progress toward meeting the objectives of the treatment plan, at least weekly?	7	0	8	100%
26. Does the discharge plan include a summary of client's involvement in treatment, reason for the discharge, plans for needed services after discharge including after care?	0	2	13	0%
27. Is there a discharge ASAM assessment?	1	1	13	50%
29. Is there a signed, dated transfer summary completed for clients transferring either to another component of same program or another provider?	0	1	14	0%
30. Is there a transfer ASAM assessment?	0	1	14	0%
				77%
OVERALL				86%

CHRIST CRUSADERS				
	Yes	No	N/A	Percent
ELIGIBILITY				
1. Is HIV status documented by a lab test, physician's letter or a current Ryan White certified referral?	15	0	0	100%
2. Is there proof of financial eligibility or a current Ryan White certified referral?	13	2	0	87%
3. Is there proof of Miami-Dade residency?	14	1	0	93%
4. Is there a signed, dated consent to exchange and release information in the SDIS?	14	1	0	93%
5. Is socio-demographic data documented (age, race/ethnicity, gender, primary or preferred language)?	15	0	0	100%
6 (a). Is there signed, dated documentation that grievance procedures have been explained?	14	1	0	93%
6 (b). Is there signed, dated documentation that client's rights and responsibilities have been explained?	14	1	0	93%
6 (c). Is there signed, dated documentation that client's right to confidentiality has been explained?	14	1	0	93%
6 (d). Is there signed, dated documentation that client's obligation to maintain confidentiality of others receiving treatment explained?	14	1	0	93%
7. Is there a signed, dated informed consent for treatment?	11	4	0	73%
8. Is there a signed, dated consent for urinalysis in the record?	12	3	0	80%
				91%
HIV/AIDS ISSUES				
9. Were client risk related behaviors assessed?	15	0	0	100%
10. Was education provided on decreasing risk behaviors, e.g., safer sex and not sharing needles?	15	0	0	100%
11. Was adherence to HIV treatment and medications discussed?	15	0	0	100%
ASSESSMENT/TREATMENT				
12. Is there documentation of a completed medical history?	13	2	0	87%

CHRIST CRUSADERS				
	Yes	No	N/A	Percent
13. Is there an addiction history that includes age of onset, choice of drug, patterns and consequences of use, and prior treatment episodes?	9	6	0	60%
14. Is there an American Society of Addiction Medicine (ASAM) assessment?	14	0	1	100%
15. Is there an Interpretive Summary documented after assessments complete?	0	0	15	
16. Is there an initial treatment plan developed at the time of admission?	13	2	0	87%
17. Is the initial treatment plan signed and dated by clinician and the client?	5	8	2	38%
20. Is there screening for critical psychological problems (serious depression, thoughts of suicide, hallucinations, dementia) performed?	12	3	0	80%
21. Is there an individual treatment plan developed for the client in a timely manner?	10	5	0	67%
22. Is the individual treatment plan signed and dated by the therapist and the client?	0	10	5	0%
23. Is the treatment plan reviewed every thirty days and signed by client and therapist?	0	5	10	0%
24. Are there progress notes documenting client progress or lack of progress toward meeting the objectives of the treatment plan, at least weekly?	3	3	9	50%
26. Does the discharge plan include a summary of client's involvement in treatment, reason for the discharge, plans for needed services after discharge including after care?	0	0	15	
27. Is there a discharge ASAM assessment?	0	0	15	
29. Is there a signed, dated transfer summary completed for clients transferring either to another component of same program or another provider?	0	0	15	
30. Is there a transfer ASAM assessment?	0	0	15	
				64%
OVERALL				82%

ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER				
	Yes	No	N/A	Percent
ELIGIBILITY				
1. Is HIV status documented by a lab test, physician's letter or a current Ryan White certified referral?	20	0	0	100%
2. Is there proof of financial eligibility or a current Ryan White certified referral?	19	1	0	95%
3. Is there proof of Miami-Dade residency?	20	0	0	100%
4. Is there a signed, dated consent to exchange and release information in the SDIS?	15	2	3	88%
5. Is socio-demographic data documented (age, race/ethnicity, gender, primary or preferred language)?	20	0	0	100%
6 (a). Is there signed, dated documentation that grievance procedures have been explained?	18	2	0	90%
6 (b). Is there signed, dated documentation that client's rights and responsibilities have been explained?	18	2	0	90%
6 (c). Is there signed, dated documentation that client's right to confidentiality has been explained?	18	2	0	90%
6 (d). Is there signed, dated documentation that client's obligation to maintain confidentiality of others receiving treatment explained?	17	3	0	85%
7. Is there a signed, dated informed consent for treatment?	18	2	0	90%
8. Is there a signed, dated consent for urinalysis in the record?	15	5	0	75%
				91%
HIV/AIDS ISSUES				
9. Were client risk related behaviors assessed?	20	0	0	100%
10. Was education provided on decreasing risk behaviors, e.g., safer sex and not sharing needles?	20	0	0	100%
11. Was adherence to HIV treatment and medications discussed?	20	0	0	100%
				100%
ASSESSMENT/TREATMENT				
12. Is there documentation of a completed medical history?	19	1	0	95%

ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER				
	Yes	No	N/A	Percent
13. Is there an addiction history that includes age of onset, choice of drug, patterns and consequences of use, and prior treatment episodes?	20	6	-6	77%
14. Is there an American Society of Addiction Medicine (ASAM) assessment?	16	4	0	80%
15. Is there an Interpretive Summary documented after assessments complete?	15	1	4	94%
16. Is there an initial treatment plan developed at the time of admission?	19	1	0	95%
17. Is the initial treatment plan signed and dated by clinician and the client?	19	8	-7	70%
20. Is there screening for critical psychological problems (serious depression, thoughts of suicide, hallucinations, dementia) performed?	20	0	0	100%
21. Is there an individual treatment plan developed for the client in a timely manner?	20	0	0	100%
22. Is the individual treatment plan signed and dated by the therapist and the client?	20	0	0	100%
23. Is the treatment plan reviewed every thirty days and signed by client and therapist?	19	1	0	95%
24. Are there progress notes documenting client progress or lack of progress toward meeting the objectives of the treatment plan, at least weekly?	20	0	0	100%
26. Does the discharge plan include a summary of client's involvement in treatment, reason for the discharge, plans for needed services after discharge including after care?	5	0	15	100%
27. Is there a discharge ASAM assessment?	0	5	15	0%
29. Is there a signed, dated transfer summary completed for clients transferring either to another component of same program or another provider?	3	0	17	100%
30. Is there a transfer ASAM assessment?	0	3	17	0%
				88%
OVERALL				91%

ST. LUKE'S				
	Yes	No	N/A	Percent
ELIGIBILITY				
1. Is HIV status documented by a lab test, physician's letter or a current Ryan White certified referral?	10	0	0	100%
2. Is there proof of financial eligibility or a current Ryan White certified referral?	10	0	0	100%
3. Is there proof of Miami-Dade residency?	10	0	0	100%
4. Is there a signed, dated consent to exchange and release information in the SDIS?	10	0	0	100%
5. Is socio-demographic data documented (age, race/ethnicity, gender, primary or preferred language)?	10	0	0	100%
6 (a). Is there signed, dated documentation that grievance procedures have been explained?	10	0	0	100%
6 (b). Is there signed, dated documentation that client's rights and responsibilities have been explained?	10	0	0	100%
6 (c). Is there signed, dated documentation that client's right to confidentiality has been explained?	10	0	0	100%
6 (d). Is there signed, dated documentation that client's obligation to maintain confidentiality of others receiving treatment explained?	0	10	0	0%
7. Is there a signed, dated informed consent for treatment?	10	0	0	100%
8. Is there a signed, dated consent for urinalysis in the record?	10	0	0	100%
				91%
HIV/AIDS ISSUES				
9. Were client risk related behaviors assessed?	10	0	0	100%
10. Was education provided on decreasing risk behaviors, e.g., safer sex and not sharing needles?	8	2	0	80%
11. Was adherence to HIV treatment and medications discussed?	10	0	0	100%
				93%
ASSESSMENT/TREATMENT				
12. Is there documentation of a completed medical history?	10	0	0	100%

ST. LUKE'S				
	Yes	No	N/A	Percent
13. Is there an addiction history that includes age of onset, choice of drug, patterns and consequences of use, and prior treatment episodes?	10	0	0	100%
14. Is there an American Society of Addiction Medicine (ASAM) assessment?	10	0	0	100%
15. Is there an Interpretive Summary documented after assessments complete?	8	2	0	80%
16. Is there an initial treatment plan developed at the time of admission?	10	0	0	100%
17. Is the initial treatment plan signed and dated by clinician and the client?	10	0	0	100%
18. Is there a physical exam by MD, PA or ARNP documented within 10 days of admission?	10	0	0	100%
19 (a). Was a serological test for STDs done at the time of the physical examination or within 30 days of admission?	9	1	0	90%
19 (b). Was a mantoux TB test done at the time of the physical examination or within 30 days of admission?	5	5	0	50%
20. Is there screening for critical psychological problems (serious depression, thoughts of suicide, hallucinations, dementia) performed?	10	0	0	100%
21. Is there an individual treatment plan developed for the client in a timely manner?	8	1	1	89%
22. Is the individual treatment plan signed and dated by the therapist and the client?	8	0	2	100%
23. Is the treatment plan reviewed every thirty days and signed by client and therapist?	6	0	4	100%
24. Are there progress notes documenting client progress or lack of progress toward meeting the objectives of the treatment plan, at least weekly?	8	0	2	100%
25. Does the record contain a medication administration record (residential) or copies of prescriptions (outpatient) in the record?	10	0	0	100%
26. Does the discharge plan include a summary of client's involvement in treatment, reason for the discharge, plans for needed services after discharge including after care?	5	5	0	50%

ST. LUKE'S				
	Yes	No	N/A	Percent
27. Is there a discharge ASAM assessment?	1	4	5	20%
28. Is there a referral to an Outpatient Program at discharge or a note that continued Outpatient Care is not needed at discharge?	5	0	5	100%
29. Is there a signed, dated transfer summary completed for clients transferring either to another component of same program or another provider?	0	0	10	
30. Is there a transfer ASAM assessment?	0	0	10	
				89%
OVERALL				90%

THE VILLIAGE SOUTH				
	Yes	No	N/A	Percent
ELIGIBILITY				
1. Is HIV status documented by a lab test, physician's letter or a current Ryan White certified referral?	20	0	0	100%
2. Is there proof of financial eligibility or a current Ryan White certified referral?	13	7	0	65%
3. Is there proof of Miami-Dade residency?	13	7	0	65%
4. Is there a signed, dated consent to exchange and release information in the SDIS?	20	0	0	100%
5. Is socio-demographic data documented (age, race/ethnicity, gender, primary or preferred language)?	20	0	0	100%
6 (a). Is there signed, dated documentation that grievance procedures have been explained?	17	3	0	85%
6 (b). Is there signed, dated documentation that client's rights and responsibilities have been explained?	18	2	0	90%
6 (c). Is there signed, dated documentation that client's right to confidentiality has been explained?	19	1	0	95%
6 (d). Is there signed, dated documentation that client's obligation to maintain confidentiality of others receiving treatment explained?	0	20	0	0%
7. Is there a signed, dated informed consent for treatment?	18	2	0	90%
8. Is there a signed, dated consent for urinalysis in the record?	18	2	0	90%
				80%
HIV/AIDS ISSUES				
9. Were client risk related behaviors assessed?	18	2	0	90%
10. Was education provided on decreasing risk behaviors, e.g., safer sex and not sharing needles?	17	3	0	85%
11. Was adherence to HIV treatment and medications discussed?	9	11	0	45%
				73%

THE VILLIAGE SOUTH				
	Yes	No	N/A	Percent
ASSESSMENT/TREATMENT				
12. Is there documentation of a completed medical history?	19	1	0	95%
13. Is there an addiction history that includes age of onset, choice of drug, patterns and consequences of use, and prior treatment episodes?	20	0	0	100%
14. Is there an American Society of Addiction Medicine (ASAM) assessment?	20	0	0	100%
15. Is there an Interpretive Summary documented after assessments complete?	14	6	0	70%
16. Is there an initial treatment plan developed at the time of admission?	20	0	0	100%
17. Is the initial treatment plan signed and dated by clinician and the client?	20	0	0	100%
18. Is there a physical exam by MD, PA or ARNP documented within 10 days of admission?	18	1	1	95%
19 (a). Was a serological test for STDs done at the time of the physical examination or within 30 days of admission?	12	5	3	71%
19 (b). Was a mantoux TB test done at the time of the physical examination or within 30 days of admission?	10	5	5	67%
20. Is there screening for critical psychological problems (serious depression, thoughts of suicide, hallucinations, dementia) performed?	20	0	0	100%
21. Is there an individual treatment plan developed for the client in a timely manner?	19	1	0	95%
22. Is the individual treatment plan signed and dated by the therapist and the client?	19	0	1	100%
23. Is the treatment plan reviewed every thirty days and signed by client and therapist?	8	6	6	57%
24. Are there progress notes documenting client progress or lack of progress toward meeting the objectives of the treatment plan, at least weekly?	17	1	2	94%
25. Does the record contain a medication administration record (residential) or copies of prescriptions (outpatient) in the record?	19	0	1	100%

THE VILLIAGE SOUTH				
	Yes	No	N/A	Percent
26. Does the discharge plan include a summary of client's involvement in treatment, reason for the discharge, plans for needed services after discharge including after care?	11	1	8	92%
27. Is there a discharge ASAM assessment?	12	2	6	86%
28. Is there a referral to an Outpatient Program at discharge or a note that continued Outpatient Care is not needed at discharge?	3	10	7	23%
29. Is there a signed, dated transfer summary completed for clients transferring either to another component of same program or another provider?	0	1	19	
30. Is there a transfer ASAM assessment?	0	1	19	
				87%
OVERALL				83%