

Mental Health Services Standards of Care

Definition:

Mental Health Services include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.

Limitations:

None

Services:

Mental health counseling services includes outpatient mental health therapy and counseling (individual and family) provided solely by Mental Health Practitioners licensed in the State of Texas.

Mental health services include:

- Mental Health Assessment
- Treatment Planning
- Treatment Provision
- Individual psychotherapy
- Family psychotherapy
- Conjoint psychotherapy
- Group psychotherapy
- Psychiatric medication assessment, prescription and monitoring
- Psychotropic medication management
- Drop-In Psychotherapy Groups
- Emergency/Crisis Intervention

General mental health therapy, counseling and short-term (based on the mental health professionals judgment) bereavement support is available for non-HIV infected family members or significant others.

All mental health interventions must be based on proven clinical methods and in accordance with legal and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated unless otherwise indicated based on Federal, state and local laws and guidelines (i.e. abuse, self or other harm). All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for privacy practices of protected health information (PHI) information.

Agency/Personnel /Staff Training

Agency and Staff Qualifications	Expected Practice
<p>All agencies will provide the full continuum of mental health services either directly or through referral.</p>	<p>The following mental health services will be provided on-site:</p> <ul style="list-style-type: none"> -Psychosocial Assessment -Treatment planning -Psychotherapeutic services (individual, family, conjoint and group) -Mental and medical care coordination (to support mental health and medical treatment retention) -Medication management -Clinical supervision -Emergency/Crisis Intervention <p>The following services are provided either on-site or through referral:</p> <ul style="list-style-type: none"> -Screening and Referral -Psychological testing -Psychiatric evaluation and/or treatment -Psychotropic Medication Management (monitoring and follow up) -Inpatient services <p>There is evidence that services not available on-site will be provided.</p> <p>There is follow-up and documentation of referrals in the client record.</p>
<p>Staff Qualifications All staff providing direct mental health services to clients must be licensed and qualified within the laws of the State of Texas.</p>	<p>Documentation of appropriate and valid licensure and certification of mental health professionals as required by the State of Texas for the following professions:</p> <ul style="list-style-type: none"> -Licensed Clinical Social Worker -Licensed Master Social Worker (LMSW) who is employed by or volunteer for an agency not owned in total or part by the LMSW and who is under a clinical supervision plan -Licensed Marriage and Family Therapist -Licensed Marriage and Family Therapist Associate (LMFT Associate) who is under a clinical supervision plan -Licensed Professional Counselor -Licensed Professional Counselor Intern (LPC Intern) who is under a clinical supervision plan Psychologist -Psychiatrist -Psychiatric nurse

	Supervision of client interaction with students or interns is conducted as required by the Texas Department of State Health Services (DSHS).
<p>Staff Orientation Agency employing mental health providers shall have an established, detailed staff orientation process.</p>	<p>Orientation must be provided to all staff providing direct services to patients within ninety (90) working days of employment, including at a minimum:</p> <ul style="list-style-type: none"> -Referral for crisis intervention policy/procedures -Standards of Care -Confidentiality -Consumer Rights and Responsibilities -Consumer abuse and neglect reporting policies and procedures -Professional Ethics -Emergency and safety procedures -Data Management and record keeping <p>Personnel record reflects completion of orientation/training.</p>
<p>Staff Education Mental health staff is trained and knowledgeable regarding HIV/AIDS and the affected community.</p>	<p>Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate continuing education units (CEUs) based on license requirement for each licensed mental health practitioner.</p> <p>Training received is maintained in each personnel record.</p>
<p>Staff Supervision Each mental health service agency must have and implement a written policy for regular supervision of all licensed staff.</p>	<p>Agency has written policy for supervision.</p> <p>A mental health supervisor must be a licensed clinical mental health practitioner.</p> <ul style="list-style-type: none"> -For those supervisors providing clinical supervision to those fully licensed individuals, they must satisfy their respective boards to be an eligible supervisor. <p>Supervisors' files reflect notes of supervisory conferences according to agency policy.</p>
<p>Case Conferences Agency shall conduct monthly discussions of selected patients to assist in problem-solving related to a patient's progress toward mental health treatment plan goals and to ensure that professional guidance and high-quality mental health treatment services are being provided.</p>	<p>Agency shall have a policy and procedure to conduct Case Conferences held for each active client at least once every 6 months</p> <p>Case Conference documentation, signed by the supervisor, in client record will include:</p> <ul style="list-style-type: none"> -Date, name of participants and name of client

	<ul style="list-style-type: none"> -Issues and concerns -Follow-up plan -Clinical guidance provided -Verification that guidance has been implemented
Emergency/Crisis Intervention	<p>Agency will have a policy and procedure for referring clients if client needs immediate emergency/crisis intervention either during work hours or if they need after hours assistance.</p> <p>This procedure will be discussed with the client during the orientation process.</p> <p>There will be written policies and procedures for staff to follow in psychiatric or medical emergencies.</p> <ul style="list-style-type: none"> -Policies and procedures define emergency situations and the responsibilities of key staff are identified. <p>There will be a procedure in place for training staff to respond to emergencies.</p>

Standards of Care

Standard	Measure
<p>Intake and Service Eligibility According to the HRSA HIV National Monitoring Standards, eligibility for services must be determined.</p>	<p>Agency will receive referrals from a broad range of HIV/AIDS service providers.</p> <p>Intake and eligibility information will be obtained and may include:</p> <ul style="list-style-type: none"> -Contact and identifying information (name, address, phone, birth date, etc.) -Language(s) spoken -Literacy level -Demographics -Emergency contact -Household members -Pertinent releases of information -Documentation of insurance status -Documentation of income (including a “zero income” statement) -Documentation of residency -Documentation of proof of HIV positivity -Photo ID or two other forms of identification -Acknowledgement of client’s rights

	<p>The client's eligibility must be recertified for the program every six (6) months.</p> <p>Before assistance is provided there should be written documentation in the client's file that Ryan White/State Services funding is being used as the payor of last resort.</p>
<p>Client Orientation Orientation is provided to all new clients to introduce them to program services, to ensure their understanding of the need of continuous care, and to empower them in accessing services</p>	<p>Orientation will be provided to all clients. -Orientation includes written or verbal information on the following:</p> <ul style="list-style-type: none"> • Services available • Clinic hours and procedures for after-hours emergency situations • How to reach staff member(s) as appropriate • Scheduling appointments • Client responsibilities for receiving program services and the agency's responsibilities for delivering them • Patient rights including the grievance process
<p>Psychosocial Assessment All clients referred to the program will receive a Psychosocial Assessment by licensed mental health professionals.</p>	<p>A psychosocial assessment will be completed no later than the third counseling session and should include the following:</p> <ul style="list-style-type: none"> -Presenting problems, symptoms or behaviors to be addressed, and history of psychiatric treatment and prescribed medications -Mental status exam (including appearance and behavior, attitude, speech, psychomotor activity, mood, insight, judgment, suicidal tendencies, perceptual disturbances, obsessions/compulsions, phobias, panic attacks) -Current risk of danger to self and others -Family history -Education and employment history -STD/HIV risk assessment -Medical history, including HIV treatment and medications -Substance use history -Domestic violence assessment -Trauma assessment -Social support and functioning, including client strengths/weaknesses, coping mechanisms and self-help strategies -Legal history -Leisure and recreational activities -Academic/Employment history <p>Clients are assessed for ability to adhere to medical</p>

	<p>and psychiatric treatment. The assessment identifies the client's history of adherence, beliefs and attitudes about psychiatric treatment (including medication), sources of social support, and barriers to treatment acceptance and adherence.</p> <p>Clients are assessed for care coordination needs, and referrals are made to case management programs as appropriate.</p>
<p>Treatment Plan According to HRSA National Monitoring Standards, a detailed treatment plan for each eligible client that includes required components shall be completed.</p>	<p>A treatment plan specific to individual client needs shall be completed no later than the third counseling session. The treatment plan should include:</p> <ul style="list-style-type: none"> -Description of the mental health issue -Goals and objectives -Treatment modality (group or individual) -Start date for mental health services -Recommended number of sessions -Date for reassessment -Projected treatment end date -Any recommendations for follow up <p>Treatment, as appropriate, should include counseling regarding:</p> <ul style="list-style-type: none"> -Prevention and transmission risk behaviors, including root causes and underlying issues related to increased HIV transmission behaviors -Substance abuse -Treatment adherence -Development of social support systems -Community resources -Maximizing social and adaptive functioning -The role of spirituality and religion in a client's life, disability, death and dying and exploration of future goals <p>The treatment plan will be signed by the mental health professional rendering service.</p> <p>Treatment plans are reviewed and modified at least every 90 days or more frequently as clinically indicated.</p>
<p>Psychiatric Referral</p>	<p>Clients are evaluated for psychiatric intervention and appropriate referrals are completed.</p>
<p>Psychotropic Medication Management</p>	<p>Mental health professional will encourage the client to discuss concerns about prescribed medications with their prescribing clinician (if the mental health professional is not the prescribing</p>

	<p>clinician) so that medications can be managed effectively.</p>
<p>Provision of Services</p>	<p>Services will be provided according to the individual's treatment plan and documented in the client's primary record.</p> <p>Progress notes are completed according to the agency's standardized format for each session and will include:</p> <ul style="list-style-type: none"> -Client name -Session date -Focus of session -Interventions -Progress on treatment goals -Newly identified issues/goals -Counselor signature and authentication (credentials). <p>The client is involved in the decision to initiate or defer treatments.</p>
<p>Coordination of Care</p>	<p>Care will be coordinated with other providers and caregivers as needed.</p> <ul style="list-style-type: none"> -Problem solving strategies or referrals are in place for clients who need to improve adherence (e.g., behavioral contracts). -There is evidence of consultation with medical care/psychiatric/pharmacist as appropriate regarding medication management, interactions and treatment adherence.
<p>Referrals</p>	<p>As needed, mental health providers will refer clients to full range of medical/mental health services including:</p> <ul style="list-style-type: none"> -Psychiatric evaluation -Pharmacist for psychotropic medication management -Neuropsychological testing -Day treatment programs -In-patient hospitalization
<p>Discharge Summary</p>	<p>Discharge summary will be done with each client when treatment goals are met and include:</p> <ul style="list-style-type: none"> -Circumstances of discharge -Summary of needs at admission -Summary of services provided -Goals and objectives completed during counseling -Discharge plan

<p>Discharge Agency will develop discharge criteria and procedures.</p>	<p>Services may be discontinued when the client has:</p> <ul style="list-style-type: none"> -Reached goals and objectives in their treatment plan -Missed excessive appointments -Continual non-adherence to treatment plan -Chooses to terminate services -Unacceptable client behavior -Death
<p>Documentation in Clients Chart</p>	<p>The following will be documented in the agency's client primary record.</p> <ul style="list-style-type: none"> -All intake and eligibility documentation, to include at a minimum: <ul style="list-style-type: none"> • Proof of HIV positivity • Proof of residency • Verification of financial eligibility • Client demographics • Intake and assessment information -Assessments -Treatment Plans -Progress Notes documenting all services provided with dates and results -Referrals and follow up -Reason for discharge

References:

American Psychiatric Association. *The Practice Guideline for Treatment of Patients with HIV/AIDS*, Washington, DC, 2001.

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013. p. 17-18

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013. p. 17-18.

New York State Mental Health Standards of Care. Located at:
http://www.health.ny.gov/diseases/aids/providers/standards/mental_health/delivery_of_care.htm

Mental Health Services Standards of Care Austin TGA Ryan White Part A Modifications

Staff Qualifications, pages 2-3

Under Expected Practice, delete all and replace with the following:

- Documentation of appropriate and valid licensure and certification of mental health professionals as required by the State of Texas for the following professions:
- Licensed Clinical Social Worker
- Licensed Master Social Worker (LMSW) who is employed by or volunteer for an agency not owned in total or part by the LMSW and who is under a clinical supervision plan
- Licensed Marriage and Family Therapist
- Licensed Marriage and Family Therapist Associate (LMFT Associate) who is under a clinical supervision plan
- Licensed Professional Counselor
- Licensed Professional Counselor Intern (LPC Intern) who is under a clinical supervision plan
- Psychologist
- Psychiatrist
- Psychiatric nurse

Supervision of client interaction with students or interns is conducted as required by the Texas Department of State Health Services (DSHS).

Staff Orientation, page 3

Under Expected Practice, change last orientation item listed as follows:

-Date Management and record keeping

Interdisciplinary Case Conferences, page 3

Delete “Interdisciplinary” from the section heading; change to Case Conferences

Delete “multidisciplinary” from the paragraph below Case Conferences

Under Expected Practice, delete “Interdisciplinary” in first and second paragraphs

Intake and Service Eligibility, page 4

Under Measure, change second sentence as follows:

Intake and eligibility information will be obtained and may include:

Under Measure, change intake and eligibility list item 10 as follows:

Documentation of residency

Psychosocial Assessment, pages 5-6

Under Measure, change first listed item as follows:

-Presenting problems, including symptoms or behaviors to be addressed, and history of psychiatric treatment and prescribed medications.

Under Measure, add the following:

Clients are assessed for ability to adhere to medical and psychiatric treatment. The assessment identifies the client’s history of adherence, beliefs and attitudes about psychiatric treatment including medication, sources of social support, and barriers to treatment acceptance and adherence.

Treatment Plan, page 6

Under Treatment Plan Standard, change as follows:

According to HRSA National Monitoring Standards, a detailed treatment plan for each eligible client that includes required components shall be completed.

Psychotropic Medication Management, pages 6-7

Under Measure, delete the first two paragraphs

Provision of Services, page 7

Under Measure, delete last paragraph

(These measures are addressed under Emergency/Crisis Intervention on page 4.)

Under Measure, add the following:

The client is involved in the decision to initiate or defer treatment.

Coordination of Care, page 7

Delete entire Measure section and replace with the following:

Care will be coordinated with other providers and caregivers as needed.

-Problem solving strategies or referrals are in place for clients who need to improve adherence (e.g., behavioral contracts).

-There is evidence of consultation with medical care/psychiatric/pharmacist as appropriate regarding medication management, interactions and treatment adherence.

(Item two was moved to Psychosocial Assessment section on page 6, and item three was moved to Provision of Services on page 7.)

Discharge Planning, page 7

Change name of Standard to “Discharge Summary”

Under Measure, change “planning” to “summary” in first sentence

Discharge, page 8

Under Measure, delete “three (3) consecutive” and “in a six (6) month period” from second listed item and replace with “excessive.” Change “patient” to “client” in fifth listed item

Documentation in Clients Chart, page 8

Under Measure item 5, change “results” to “follow up.”