

Standards of Care

MARCH 2011



Mental Health Services

STANDARDS OF CARE

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

APPLICATION OF STANDARDS

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

I. Definition of Service

Health Resources and Services Administration (HRSA)

Mental health services are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. They are conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

II. Goals of Service

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

III. Service Objectives

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

IV. Measures

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

access to care. The primary method of data collection is CAREWare, in addition to an annual chart review at each agency receiving Part A funding and client satisfaction surveys.

1. Agency Compliance Measures

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

2. Client Level Outcome Measures

The Client Level Outcome Measures are a reflection of our clients progress as they access Mental Health services. The following Client Level Outcome Measures and percentage goals will be assessed annually:

In Medical Care-Individual Sessions

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

Maintained Adherence to Medical Care-Individual Sessions

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

Improved Functional Status-Individual Sessions

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

Stabilized CD4 T-cell Count-Individual Sessions

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

Most Recent CD4 Stable-Individual Sessions

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

Undetectable Viral Load-Individual Sessions

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

Most Recent Viral Load Undetectable-Individual Sessions

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

3. Overall Program Performance Measures

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

Client Satisfaction

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

Retention in Care-Individual Sessions

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

V. Service Standards

A. PERSONNEL REQUIREMENTS

Mental Health services can be provided by a Psychiatrist: licensed M.D.; licensed psychologist; licensed psychiatric nurses; licensed clinician: M.F.T., L.C.S.W., PhD or PsyD; registered student interns with appropriate supervision or appropriate credentials identified by the agency.

B. MENTAL HEALTH SERVICE ACTIVITIES

1. Screening and Intake

Clients receiving individual sessions or attending only group sessions should follow a similar format of tracking treatment progress and documentation. Differentiation is outlined in each standard.

Clients should receive a comprehensive Mental Health Screening to be completed within the first three appointments with the Mental Health provider.

At a minimum this screening should include the following:

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

This should also include:

- Diagnostic and Statistical Manual of Mental Disorders (DSM IV) Diagnosis
- Current Global Assessment of Functioning (GAF) Score
- Development of treatment plan

a. DSM IV Diagnosis

Clients should have a DSM IV diagnosis documented on intake but no later than within the first three appointments with the mental health provider. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is published by the American Psychiatric Association and provides a common language and standard criteria for the classification of mental disorders. The DSM uses a multiaxial or multidimensional approach to diagnosing because rarely do other factors in a person's life not impact their mental health.

It assesses five dimensions as described below:

Axis I: Clinical Syndromes

- This is what we typically think of as the diagnosis (e.g., depression, schizophrenia, social phobia)

Axis II: Developmental Disorders and Personality Disorders

- Developmental disorders include autism and mental retardation, disorders which are typically first evident in childhood
- Personality disorders are clinical syndromes which have a more long lasting symptoms and encompass the individual's way of interacting with the world. They include Paranoid, Antisocial, and Borderline Personality Disorders.

Axis III: Physical Conditions which play a role in the development, continuance, or exacerbation of Axis I and II Disorders

- Physical conditions such as brain injury or HIV/AIDS that can result in symptoms of mental illness are included here.

Axis IV: Severity of Psychosocial Stressors

- Events in a persons life, such as death of a loved one, starting a new job, college, unemployment, and even marriage can impact the disorders listed in Axis I and II. These events are both listed and rated for this axis.

Axis V: Highest Level of Functioning

- On the final axis, the clinician rates the person's level of functioning both at the present time and the highest level within the previous year. This helps the clinician understand how the above four axes are affecting the person and what type of changes could be expected.

b. Global Assessment of Functioning

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

Codes are as follows:

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

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

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

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

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

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

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

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

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

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

c. Treatment Plan-Individual Sessions Only

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

The following will be assessed for all clients entering Mental Health services within the measurement period:

Mental Health Service Standards	Mental Health Service Agency Compliance Indicators
<ul style="list-style-type: none"> ✓ All clients receiving individual treatment will have a complete Mental Health screening performed and completed within their first three appointments with their Mental Health provider. 	<p>Mental Health Screening-Individual Treatment Only</p> <ul style="list-style-type: none"> ○ 80% of clients will have a complete Mental Health screening performed and completed within their first three appointments with their Mental Health provider.
<ul style="list-style-type: none"> ✓ All clients receiving individual treatment will have a Biopsychosocial documented within their first three appointments with their Mental Health Provider. 	<p>Biopsychosocial-Individual Treatment Only</p> <ul style="list-style-type: none"> ○ 80% of clients will have a Biopsychosocial documented within their first three appointments with their Mental Health Provider.
<ul style="list-style-type: none"> ✓ All clients receiving individual treatment will have a DSM IV diagnosis documented within the first three appointments with their Mental Health provider. 	<p>DSM IV Diagnosis-Individual Treatment Only</p> <ul style="list-style-type: none"> ○ 80% of clients will have a DSM IV diagnosis documented on intake or completed no later than within the first three appointments with their

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

Clients receiving Mental Health services should be continually monitored and assessed for progress throughout treatment. Clients attending individual sessions should have follow-up visits at least every thirty to sixty days or more frequently if clinically indicated. These should include an updated GAF score at a minimum of every 180 days, a review and update if necessary on the clients treatment plan and detailed progress notes. Treatment plans should be revised and updated at a minimum of every 180 days while the client is in Mental Health treatment.

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

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

3. Referrals and Coordination

Mental Health services are part of the coordinated continuum of care. Staff should provide immediate support and referrals for urgent, crisis and emergency situations, including violent and suicidal behavior. Staff should provide appropriate referrals when clients have acute mental health needs that fall outside of the scope of funded services or competency of the clinician. Clients should also be referred for support groups when appropriate.

4. Discharge Planning

A discharge plan should be completed no later than 90 days from the client's last contact/appointment with the service provider.

At a minimum the discharge plan should include:

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

The following will be assessed on all clients exiting the Mental Health services within the measurement year:

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

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