

Mental Health Service Delivery Model

SERVICE CATEGORY: MENTAL HEALTH SERVICES

Goal: To improve Mental Health function and facilitate access to and maintenance in Primary Medical Care and support services for individuals living with HIV/AIDS.

Definition: Psychological and psychiatric treatment and counseling services, including individual and group counseling, provided by a mental health professional who is licensed or authorized within the State, including psychiatrists, psychologists, clinical-nurse specialists, social workers, and counselors.

The objectives of the Standards of Care for Mental Health are to ensure that:

- Services are available to all eligible consumers;
- Referrals for other services are made based on appropriateness and availability;
- Clients are enrolled in the continuum of care; and
- Mental Health services are recognized as an essential “core service” in the TGA.

Mental Health service providers are expected to comply with the Universal Standards of Care, Commonwealth of Virginia regulations regarding the provision of Mental Health services, as well as these additional standards. The service specific Standards of Care for Mental Health services provide additional requirements on the following components of service provision:

STANDARDS	INDICATOR	DATA SOURCE	MEASURES
1. Agency employs/contracts with licensed or licensed eligible staff with the skills and experience appropriate to the specified mental health treatment modality.	1.1 Employed Mental Health service providers will have the following qualifications: <ul style="list-style-type: none"> • Appropriately licensed by the State of Virginia. • Completion of a 4 hour introductory training on HIV and Mental Health for staff new to the provision of Mental Health services to individuals living with HIV/AIDS within 90 days of employment. • At least 2 hours of HIV specific continuing 	Personnel files: <ul style="list-style-type: none"> • Copy of current license from Virginia Department of Health Professionals. • Documentation of employment/contract status. • Documentation of completed training including copies of certificates of attendance or training sign-in sheets. 	$\frac{\text{\# of personnel charts that document licensure}}{\text{Total \# of personnel charts}}$ $\frac{\text{\# of personnel charts that document required training}}{\text{Total \# of personnel charts}}$

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	education annually. <ul style="list-style-type: none"> • At least 1 hour of annual training on cultural diversity sensitivity. • Training must be provided by a source accredited to provide continuing education credits to the relevant professional discipline. 		
2. Non-licensed staff or trainees (ex. residents, interns, etc.) delivering Mental Health services will receive professional supervision by a licensed Mental Health provider.	2.1 Written policies for supervising non-licensed Mental Health trainees and residents.	<ul style="list-style-type: none"> • Documentation of supervisory policies for non-licensed Mental Health trainees and residents at agency. 	Documentation of supervisory policies for non-licensed Mental Health trainees and residents at agency.
3. Client psychosocial assessment is completed after Ryan White eligibility has been established.	3.1 95% of client charts have a completed face-to-face psychosocial assessment within two sessions.	<ul style="list-style-type: none"> • Psychosocial Assessment 	$\frac{\text{\# of clients with psychosocial assessments}}{\text{Total \# of clients}}$
4. Client has a Treatment Plan based on the needs identified through the psychosocial evaluation.	4.1 100% of client charts contain a Treatment Plan that describes the agreed upon goals and objectives as well as interventions provided to meet those objectives and are completed within 7 days of initial visit. 4.2 100% of Treatment Plans have signatures of Mental Health provider, with exceptions noted.	<ul style="list-style-type: none"> • Treatment Plan 	$\frac{\text{\# of clients with Treatment Plan signed within 7 business days}}{\text{Total \# of clients}}$ $\frac{\text{\# of clients with signed Treatment Plans}}{\text{Total \# of clients}}$

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5. Mental Health professionals ensure ongoing progress with Treatment Plan.	5.1 100 % client charts document progress toward meeting goals, or explain variance. 5.2 100% of client charts show routine review of Treatment Plan with client, revise as needed and at discharge with therapist signature, with noted. 5.3 100% of client charts show Treatment Plan is followed-up quarterly at a minimum.	<ul style="list-style-type: none"> • Treatment Plan • Progress Notes. 	<u># of clients with documented progress toward meeting goals</u> Total # of clients <u># of clients with signed, reviewed Treatment Plans</u> Total # of clients <u># of clients with Treatment Plan follow-up quarterly</u> Total # of clients
6. Mental Health Providers routinely coordinate all necessary services along the Continuum of Care.	6.1 100 % client charts document referral to Case Manager and/or other coordination resource, as identified in the Treatment Plan.	<ul style="list-style-type: none"> • Treatment Plan • Progress Notes 	<u># clients referred to Case Manager</u> Total # of clients
7. Client receives intervention to access Primary Medical Care.	7.1 100% of client charts document that the Mental Health Professional contacts the Case Manager to link to Primary Care if the client consents to receive care.	<ul style="list-style-type: none"> • Progress Notes • Ryan White Part A Provider List of Services 	<u># of clients referred to the Case Manager for Primary Care</u> Total # of clients not in Primary Care
8. Client in Primary Medical Care is assessed for retention in Primary Medical Care.	8.1 100% of client charts show assessment of barriers to remain in Primary Care.	<ul style="list-style-type: none"> • Progress Notes 	<u># of clients charts document assessment of barriers to care</u> Total # of clients
9. Client is assessed for adherence to medication.	9.1 100% of client charts show assessment of client adherence to medications.	<ul style="list-style-type: none"> • Progress Notes 	<u># of clients charts document adherence to medications</u> Total # of clients

STANDARDS	INDICATOR	DATA SOURCE	MEASURES
10. Client taking medication receives support to remain adherent.	10.1 100% of clients taking medications are assessed for barriers to remain adherent every 30 days.	<ul style="list-style-type: none"> Progress Notes 	$\frac{\# \text{ clients on medications are assessed for adherence every 30 days}}{\text{Total \# of clients}}$
11. Services are evaluated for client satisfaction via a standardized Ryan White Part A anonymous survey conducted annually.	11.1 100% of clients are offered a standardized Ryan White client satisfaction survey annually	<ul style="list-style-type: none"> Satisfaction Survey 	$\frac{\# \text{ of clients offered a survey}}{\text{Total \# of clients}}$
12. Upon termination of active Mental Health services, a client case is closed and contains a closure summary documenting the case disposition.	<p>12.1 Closed cases include documentation stating the reason for closure and a closure summary.</p> <p>12.2 Supervisor signs off on closure summary indicating approval.</p>	<ul style="list-style-type: none"> Progress Notes CAREWare data 	$\frac{\# \text{ of clients charts stating reason for closure \& summary}}{\text{Total \# of closed charts}}$ $\frac{\# \text{ closed charts with supervisor signature of approval}}{\text{Total \# of closed charts}}$