

## New Haven/Fairfield Counties Ryan White Part A Program Mental Health Standard of Care

**Program outcome:**

**Numerator:** 80% of clients with mental health concerns will show maintenance in mental health functioning from baseline assessment at care entry.

**Denominator:** Total # of clients in mental health

**Indicators:**

- Number of clients who maintain or decrease mental health symptom distress from baseline to follow up via a validated symptom distress scale.
- Number of clients attending Mental Health services who are engaged in treatment.\*
- Number of clients who have addressed at least 2 treatment goals.

*\*Engaged= individual invested in treatment and attends a minimum of 50% of appointments.*

**Service Unit(s):**

- Face to Face Individual Level Mental Health Visit
- Face to Face Group Level Mental Health Visit

Standard of Care	Outcome Measure	Numerator	Denominator	Data Source	Goal/Benchmark
<b>I. Organizational</b>					
A. Staff licensure and accreditation: As per Connecticut State Statutes and DMHAS regulations, professional staff will be licensed, certified or supervised by a licensed behavioral health professional	A. Verification Mental Health staff is currently licensed, certified or license-eligible  Verification that all unlicensed/certified staff is supervised by a licensed behavioral health professional.	A. Number of Mental Health Staff licensed, certified or license-eligible  Number of unlicensed/certified staff is supervised by a licensed behavioral health professional	A. Total number of Mental Health staff  Number of unlicensed staff	A. Administrative records of agency	A. 100% of all agencies providing mental health services have licensed, certified or certified-eligible staff  100% of all agencies have unlicensed/certified staff supervised by licensed professional
B. Continuous Quality Improvement (CQI) including Ongoing professional staff training in HIV-specific topics	B. At least 10 hours of HIV-specific training per year for each professional staff member serving RW clients  CQI plan updated annually ensures ongoing improvement of services	B. Number of professional staff with evidence of attending 10 hours of training during year  Number of agencies with CQI Plan updated annually	B. Total number of professional staff serving RW clients  Total number of Mental Health agencies	B. Employee files contain training certificates or proof of attendance  Agency CQI Plan	B. 100% of professional staff serving RW clients will attend at least 10 hours of HIV-specific training annually  100% of agencies will have a CQI Plan updated annually
C. Crisis Intervention Policy	C. Mental Health service providers will have a crisis intervention policy in place to assist a client in life-threatening situations including but not limited to suicidal, homicidal, child abuse or neglect issues.	C. Number of Mental Health Provider agencies with a Crisis Intervention Policy	C. Number of Mental Health Provider agencies	C. Agency Crisis Intervention Plan	C. 100% of Mental Health agencies will have a Crisis Intervention Policy
<b>II. Process</b>					
D. Intake/Assessment: All charts will contain a completed intake and assessment (per DMHAS regulation schedule) and will screen for depression.	D. New client charts will have an individual intake and assessment completed and documented no later than 14 days after clients' first face-to-face visit with a behavioral health professional. Assessments contain a screen for depression and a supervisor's signature.	D. Number of new client charts with assessment completed within 14 days of first face-to-face visit	D. Total number of new clients	D. Chart audit	D 100% of new client charts have and individual intake and assessment completed and documented no later than 14 days after clients' first face-to-face visit with a behavioral health professional. Assessments contain a supervisor's signature
E. Treatment Plan compliant with DMHAS regulations	E. Treatment is delivered with an individualized treatment plan, addresses adherence, is co-constructed with client, and signed by client within 30 days of intake.	E. Number of clients with a treatment plan completed within 30 days of intake  Number of clients with	E. Total number of clients	E. Chart audit	E. 100% of client charts have treatment plan completed and documented no later than 30 days of intake.

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Standard of Care	Outcome Measure	Numerator	Denominator	Data Source	Goal/Benchmark
<p>* Engaged client = individual invested in treatment and attends 50% of appointments</p>	<p>If the Treatment Plan indicates any change in psychopharmacotherapy prescribing, charts will document contact with the client's medical provider within 72 hours of prescribing, or documentation of client refusal to authorize this communication.</p> <p>Engaged* clients address at least 3 treatment goals that are agreed upon with clinician. These are reviewed with clients every 6 months at a minimum.</p> <p>Treatment Plans are reassessed every 6 months and signed by the client</p>	<p>clients with co-constructed, co-signed treatment plans</p> <p>Number of clients with treatment plans addressing adherence every 6 months</p> <p>Number of client charts with change in pharmacotherapy document medical provider contacted within 72 hours of prescription</p> <p>Number of engaged* clients address at least 60% of treatment goals that addressed</p> <p>Number of clients with reassessment of Treatment Plan every 6 months</p>	<p>Number of clients with change in pharmacotherapy</p>		<p>100 % of Treatment Plans are co-constructed with client, and signed by client</p> <p>100% of Treatment Plans will address adherence to all client medications a minimum of every 6 months</p> <p>If the Treatment Plan indicates any change in psychopharmacotherapy prescribing, 100% of the charts will document contact with the client's medical provider within 72 hours of prescribing, or documentation of client refusal to authorize this communication.</p> <p>Engaged* clients address at least 60% of treatment goals that are agreed upon with clinician. These are reviewed with clients every 6 months at a minimum.</p> <p>100% of client charts document reassessment of the Treatment Plan every 6 months and signed by client.</p>
F. Access to & Maintenance in Medical Care: RW clients' ongoing participation in primary HIV medical care	F. Each client is assessed and verified for engagement in HIV medical care and assisted with establishing linkages to care if not currently receiving it. Assessed initially, then reassessed and documented every 3 months.	F. Number of clients assessed/verified for medical care initially and every 3 months	F. Total number of clients	F. Chart audit	F. 100% of clients are assessed and verified for engagement in medical care. This is assessed initially, then reassessed and documented every 3 months.
G Referral to Support Services	G. Mental Health providers routinely coordinate all necessary services along the Continuum of Care.	G. Number of clients with referrals to support services	G. Total number clients with documented need for referral	G. Chart audit	G. 100% of treatment plans that have documentation of appropriate referrals to support services as appropriate.
H. Discharge of Client for Services	H. Upon termination of active substance abuse services, a client case is closed and contains a closure summary documenting the case disposition.	H. Number of client charts with closure summary	H. Total number of closed charts	H. Chart audit	H. 100 % of closed cases include documentation stating the reason for closure and a closure summary with a supervisor's signature indicating approval.
<b>III. Outcome</b>					
I. Efficacy of Services: clients are satisfied with their treatment	I. Standardized Ryan White Part A Client satisfaction surveys are conducted annually.	I. Number of clients offered a survey	I. Total number of clients	I. Chart audit or site data system	I. 100% of clients are offered a standardized Ryan White client satisfaction survey annually

### ***Mental Health Services***

Mental Health services are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers. Community based treatment models are eligible for funding provided that licensed and/or certified mental health professionals deliver the services and the model incorporates an approach within the standards of best practice or best care.