

## MENTAL HEALTH SERVICES

### I. DEFINITION OF SERVICE

**Mental Health** includes 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.

**Documentation of:**

- ❖ Appropriate and valid licensure and/or certification of mental health professionals as required by the State.
- ❖ Documentation of the existence of a detailed treatment plan for each eligible client that includes:
  - The diagnosed mental illness or condition
  - The 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
  - The signature of the mental health professional rendering services
- ❖ Documentation of service provided to ensure that:
  - Services provided are allowable under Ryan White guidelines and contract requirements
  - Services provided consistent with treatment plan
  - Documentation of eligibility must be updated every six (6) months to include proof of income and proof of residency.

### II. DESCRIPTION OF SERVICE

SERVICE	PERFORMANCE MEASURE/METHOD	MONITORING STANDARD	LIMITATIONS
Funding of <b>Mental Health Services</b> that 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 and/or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social	1. Documentation of appropriate and valid licensure and/or certification of mental health professionals as required by the State 2. Documentation of the existence of a detailed treatment plan for each eligible client that includes: <ul style="list-style-type: none"> <li>• The diagnosed mental illness or condition</li> <li>• The treatment modality (group or individual)</li> <li>• Start date for mental health services</li> <li>• Recommended number of sessions</li> <li>• Date for reassessment</li> <li>• Projected treatment end date</li> <li>• Any recommendations for follow up</li> <li>• The signature of the mental health professional rendering service</li> </ul> 3. Documentation of service provided to ensure that: <ul style="list-style-type: none"> <li>• Services provided are allowable under Ryan White</li> </ul>	Obtain and have on file and available for grantee review appropriate and valid licensure and certification of mental health professionals  Maintain client charts that include: <ul style="list-style-type: none"> <li>• A detailed treatment plan for each eligible client that includes required components and signatures</li> <li>• Documentation of services provided, dates, and consistency with Ryan White requirements and with individual client treatment plans</li> </ul> Maintain program records	

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workers.	<p>guidelines and contract requirements</p> <ul style="list-style-type: none"> <li>• Services provided are consistent with the treatment plan</li> <li>• Documentation of eligibility must be updated every six (6) months to include proof of income and proof of residency.</li> </ul>	documenting services provided	
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### III. MENTAL HEALTH SERVICE COMPONENTS

**Program outcome:**

**Numerator:** 80% of clients with mental health concerns will show improvement of, or maintain mental health functioning from baseline assessment at care entry.

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

**Indicators:**

- Number of clients with mental health concerns who show improvements of or maintain mental health functioning from baseline assessment at care entry.
- Number of clients attending Mental Health services who are engaged in treatment.\*
- Number of clients with an active treatment plan with measureable 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 and/or supervised by a licensed behavioral health professional	A. Verification that Mental Health staff is currently licensed, certified and/or license-eligible  Verification that all unlicensed/certified staff are supervised by a licensed behavioral health professional.	A. Number of Mental Health Staff licensed, certified and/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 and/or certified-eligible staff  100% of all agencies have unlicensed/certified staff supervised by licensed professional
B. Ongoing staff training in Mental Health specific topics	B. At least 10 hours of Mental Health specific training per year for unlicensed/uncertified staff member serving Ryan White 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 Mental Health-specific training annually  100% of agencies will have a CQI Plan updated annually

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<b>Standard of Care</b>	<b>Outcome Measure</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Data Source</b>	<b>Goal/Benchmark</b>
C. Crisis Intervention Policy	C. Mental Health service providers will have a crisis intervention policy to assist a client in life-threatening situations.	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, assessment 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 as needed.	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 as needed.
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. (Treatment Plan documents suggested therapy/frequency/estimated end dates and/or rationale for continuation with note of frequency of interventional plan)  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.	E. Number of clients with a treatment plan completed within 30 days of intake  Number of clients with co-constructed, co-signed treatment plans  Number of clients with treatment plans addressing adherence every 6 months  Number of clients with change in pharmacotherapy document medical provider contacted within 72 hours of prescription	E. Total number of clients  Number of clients with change in pharmacotherapy	E. Chart audit	E. 100% of client charts have treatment plan completed and documented no later than 30 days of intake.  100 % of Treatment Plans are co-constructed with client, and signed by client  100% of Treatment Plans will address adherence to all client medications a minimum of every 6 months  If Treatment Plan indicates change in psycho-pharmacotherapy, 100% of the charts document contact with the client's medical provider within 72 hours of prescribing, or documentation of client refusal to authorize this communication.
* Engaged client = individual invested in treatment and attends 50% of appointments					

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<b>Standard of Care</b>	<b>Outcome Measure</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Data Source</b>	<b>Goal/Benchmark</b>
	Engaged* clients address measureable treatment goals that are agreed upon with clinician. These are reviewed with clients every 6 months at a minimum, and signed by the client	#of clients with reassessment of Treatment Plan every 6 months			100% of client charts document reassessment of the Treatment Plan every 6 months and signed by client.
F. Access to and Maintenance in Medical Care: RW clients' ongoing participation in primary HIV medical care	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 6 months.	Number of clients assessed/verified for medical care initially and every 6 months	Total number of clients	Chart audit	100% of clients are assessed and verified for engagement in medical care. This is assessed initially, then reassessed and documented every 6 months.
G Referral to Support Services	Mental Health providers routinely coordinate all necessary services along the Continuum of Care.	Number of clients with referrals to support services	Total number clients with documented need for referral	Chart audit	100% of client charts will have documentation of appropriate referrals to support services as needed.
H. Discharge of Client from Services	Upon termination of active mental health services, a discharge summary is completed documenting the progress towards goals and the reason for closure.	Number of client charts with discharge summary	Total number of closed charts	Chart audit	100 % of closed cases include documentation stating the reason for closure and a discharge summary with a supervisor's signature indicating approval as needed.
<b>III. Outcome</b>					
I. Efficacy of Services: clients are satisfied with their treatment	Standardized Ryan White Part A Client satisfaction surveys are conducted annually.	Number of clients offered a survey	Total number of clients	Chart audit or site data system	100% of clients are offered a standardized Ryan White client satisfaction survey annually

**IV. DATA REPORTING**

Part A service providers are responsible for documenting and keeping accurate records of Ryan White Program Data/Client information, units of service, and client health outcomes.

Reporting units of service are a component of each agency's approved work plan. Please refer to the most current work plan, including any amendments, for guidance regarding units of service.

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Summaries of service statistics by priority will be made available to the Planning Council by the Grantee for priority setting, resource allocation and evaluation purposes.

*The Chart Audit Tool for Mental Health Services is attached on the next page.*

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