



SERVICE CATEGORY DEFINITION

Mental Health Services:

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:

1. 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:
 - 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
3. 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.



PERSONNEL QUALIFICATIONS

Mental Health Services must be provided by trained, licensed, or certified mental health professionals:

1. 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. 100% of all agencies providing mental health services have licensed, certified and/or certified-eligible staff and 100% of all agencies have unlicensed/certified staff supervised by licensed professional
2. Ongoing staff training in Mental Health specific topics. At least 10 hours of Mental Health specific training per year for unlicensed/uncertified staff member serving Ryan White clients.
3. 100% of professional staff serving RW clients will attend at least 10 hours of Mental Health-specific training annually and 100% of agencies will have a CQI Plan updated annually
4. Mental Health service providers will have a crisis intervention policy to assist a client in life-threatening situations. 100% of Mental Health agencies will have a Crisis Intervention Policy.

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

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 measurable 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



SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Intake/Assessment: All charts will contain a completed intake, assessment and will screen for depression.	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.	100%
2. Treatment Plan compliant with DMHAS regulations * Engaged client = individual invested in treatment and attends 50% of appointments.	Client charts have treatment plan completed and documented no later than 30 days of intake. Treatment Plans are co-constructed with client, and signed by client. Treatment Plans will address adherence to all client medications a minimum of every 6 months If Treatment Plan indicates change in psycho- pharmacotherapy, charts document contact with the client' medical provider within 72 hours of prescribing, or documentation of client refusal to authorize this communication. Client charts document reassessment of the Treatment Plan every 6 months and signed by client.	100%
3. 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.	100%



4. Referral to Support Services.	Client charts will have documentation of appropriate referrals to support services as needed.	100%
5. Discharge of Client from services.	Closed cases include documentation stating the reason for closure and a discharge summary with a supervisor's signature indicating approval as needed.	100%
6. Efficacy of Services: clients are satisfied with their treatment	Clients are offered a standardized Ryan White client satisfaction survey annually	100%

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. 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.