

## **Mental Health Services Service Standards**

**Health Resources & Services Administration (HRSA) Description:** Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized with the state to render such services. Such professionals typically include psychiatrists, advanced practice nurses, psychologists, licensed professional counselors, and licensed clinical social workers.

**Limitations:** Mental Health Services are allowable only for HIV-infected clients.

**Services:** Mental health counseling services include outpatient mental health therapy and counseling provided solely by Mental Health Practitioners licensed in the State of Texas.

**Mental health services include:**

- Mental Health Assessment
- Treatment Planning
- Treatment Provision
- Individual psychotherapy
- Conjoint psychotherapy
- Group psychotherapy
- Psychiatric medication assessment, prescription and monitoring
- Psychotropic medication management
- Drop-In Psychotherapy Groups
- Emergency/Crisis Intervention

All mental health interventions must be based on proven clinical methods and in accordance with legal, licensing, and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated unless otherwise indicated based on federal, state and local laws and guidelines (i.e. abuse, self or other harm). All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for privacy practices of protected health information (PHI) information.

Mental health services can be delivered via telehealth subject to federal guidelines, Texas State law, and Texas Department of State Health Services (DSHS) policy.

## Service Standard and Measure

The following Standards and Performance Measures are guides to improving health outcomes for people living with HIV.

Standard	Measure
<p><b>Client Orientation:</b> Orientation is provided to all new clients to introduce them to program services, to ensure their understanding of the need of continuous care, and to empower them in accessing services. Orientation includes written or verbal information provided to the client on the following:</p> <ul style="list-style-type: none"> <li>• Services available</li> <li>• Clinic hours and procedures for after-hours emergency and non-life-threatening urgent situations</li> <li>• How to reach staff member(s) as appropriate</li> <li>• Scheduling appointments</li> <li>• Client responsibilities for receiving program services and the agency's responsibilities for delivering them</li> <li>• Patient rights including the grievance process</li> <li>• Behavior that is considered unacceptable and the agency's progressive action for suspension of services, see DSHS Policies 530.003 and 530.002</li> </ul>	<p>Percentage of new clients with documented evidence of orientation to services available in the client's primary record.</p>
<p><b>Mental Health Assessment:</b> All clients referred to the program will receive a Mental Health Assessment by licensed mental health professionals. A mental health assessment should be completed no later than the third counseling session and should include, at a minimum, the following as guided by licensure requirements:</p> <ul style="list-style-type: none"> <li>• Presenting problems</li> <li>• Completed mental status evaluation (including appearance and behavior, self-attitude, speech, psychomotor activity, mood, insight, judgment, suicidal ideation, homicidal ideation, perceptual disturbances, obsessions/compulsions, phobias, panic attacks)</li> <li>• Cognitive assessment (level of consciousness, orientation, memory, and language)</li> <li>• Current risk of danger to self and others</li> <li>• Living Situation</li> <li>• Social support and family relationships, including client strengths/challenges, coping mechanisms and self-help strategies</li> <li>• Medical history</li> </ul>	<p>Percentage of clients with documented mental health assessment completed by the third counseling session, unless otherwise noted, in the client's primary record.</p>

<ul style="list-style-type: none"> <li>• Current Medications</li> <li>• Substance use history</li> <li>• Psychosocial history to include: <ul style="list-style-type: none"> <li>○ Education and employment history, including military service</li> <li>○ Sexual and relationship history and status</li> <li>○ Physical, emotional, and/or sexual abuse history</li> <li>○ Domestic violence assessment</li> <li>○ Trauma assessment</li> <li>○ Legal history</li> <li>○ Leisure and recreational activities</li> </ul> </li> </ul> <p>Clients are assessed for care coordination needs, and referrals are made to case management programs as appropriate. If pressing mental health needs emerge during the mental health assessment requiring immediate attention that results in the assessment not being finalized by the third session, this must be documented in the client's primary record.</p>	
<p><b>Treatment Plan:</b> All eligible client files should have documented evidence of a detailed treatment plan and documentation of services provided within the client's primary record. A treatment plan shall be completed within 30 days from the Mental Health Assessment. The treatment plan should include:</p> <ul style="list-style-type: none"> <li>• Diagnosed mental health issue</li> <li>• Goals and objectives</li> <li>• Treatment type (individual, group)</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 (estimated)</li> <li>• Any recommendations for follow up</li> </ul> <p>Treatment, as clinically appropriate, should include counseling regarding:</p> <ul style="list-style-type: none"> <li>• Risk reduction and health promotion</li> <li>• Substance use disorder</li> <li>• Treatment adherence</li> <li>• Development of social support systems</li> <li>• Community resources</li> </ul>	<p>Percentage of clients with documented detailed treatment plan and documentation of services provided within the client's primary record.</p> <p>Percentage of clients with treatment plans completed and signed by the licensed mental health professional rendering services in the client's primary record.</p> <p>Percentage of clients with documented evidence of treatment plans reviewed/modified at a minimum midway through the number of determined sessions agreed upon for frequency of modality in the client's primary record.</p>

<ul style="list-style-type: none"> <li>• Maximizing social and adaptive functioning</li> <li>• The role of spirituality and religion in a client's life, disability, death and dying and exploration of future goals</li> </ul> <p>The treatment plan must be signed by the mental health professional rendering service and developed in conjunction with the client. Electronic signatures are acceptable. Treatment plans are reviewed and modified at a minimum, midway through the number of determined sessions agreed upon for frequency of modality, or more frequently as clinically indicated.</p>	
<p><b>Psychiatric Referral:</b> Clients are evaluated for psychiatric intervention and appropriate referrals are initiated as documented in the client's primary record.</p>	<p>Percentage of clients with documented need for psychiatric intervention are referred to services as evidenced in the client's primary record.</p>
<p><b>Psychotropic Medication Management:</b> Psychotropic medication management services are available for all clients either directly or through referral as appropriate. Pharm Ds can provide psychotropic medication management services.</p> <p>Mental health professional will discuss the client's concerns with the client about prescribed medications (side effects, dosage, interactions with HIV medications, etc.). Mental health professional will encourage the client to discuss concerns about prescribed medications with their HIV-prescribing clinician (if the mental health professional is not the prescribing clinician) so that medications can be managed effectively.</p> <p>Mental health providers with prescriptive authority will follow all regulations required for prescribing of psychoactive medications as outlined by the Texas Administrative Code, Title 25, Part 1, Chapter 415, Subchapter A, Rule 415.10</p>	<p>Percentage of clients accessing medication management services with documented evidence in the client's primary record of education regarding medications.</p> <p>Percentage of clients with changes to psychotropic/psychoactive medications with documented evidence of this change shared with the HIV-prescribing provider, as permitted by the client's signed consent to share information, in the client's primary record.</p>
<p><b>Provision of Services:</b> Services will be provided according to the individual's treatment plan and documented in the client's primary record. Progress notes are completed according to the agency's standardized format for each session and will include:</p> <ul style="list-style-type: none"> <li>• Client name</li> <li>• Session date</li> <li>• Focus of session</li> <li>• Interventions</li> </ul>	<p>Percentage of client's with documented evidence of progress notes completed and signed in accordance with the individual's treatment plan in the client's primary record.</p>

<ul style="list-style-type: none"> <li>• Progress on treatment goals</li> <li>• Newly identified issues/goals</li> <li>• Counselor signature and authentication (credentials).</li> </ul> <p>In urgent, non-life-threatening circumstances, an appointment will be made within one (1) business day. If an agency cannot provide the needed services, the agency will offer to refer the client to another organization that can provide the services. The referral must be made within one (1) business day for urgent, non-life threatening situation(s).</p>	
<p><b>Coordination of Care:</b> Care will be coordinated across the mental health care coordination team members. The client is involved in the decision to initiate or defer treatments. The mental health professional will involve the entire care team in educating the client, providing support, and monitoring mental health treatment adherence. Problem solving strategies or referrals are in place for clients who need to improve adherence (e.g. behavioral contracts). There is evidence of consultation with medical care/psychiatric/pharmacist as appropriate regarding medication management, interactions, and treatment adherence.</p>	<p>Percentage of clients who have documented evidence in the client's primary record of care coordination, as permissible, of shared mental health treatment adherence with the client's prescribing provider.</p>
<p><b>Referrals:</b> As needed, mental health providers will refer clients to full range of medical/mental health services including:</p> <ul style="list-style-type: none"> <li>• Psychiatric evaluation</li> <li>• Pharmacist for psychotropic medication management</li> <li>• Neuropsychological testing</li> <li>• Day treatment programs</li> <li>• In-patient hospitalization</li> <li>• Family/Couples therapy for relationship issues unrelated to the client's HIV diagnosis</li> </ul>	<p>Percentage of clients with documented referrals, as applicable, for other medical/mental health services in the client's primary record.</p>
<p><b>Discharge Planning:</b> Discharge planning will be done with each client when treatment goals are met or when client has discontinued therapy either by initiating closure or as evidenced by non-attendance of scheduled appointments, as applicable:</p> <ul style="list-style-type: none"> <li>• Circumstances of discharge</li> <li>• Summary of needs at admission</li> <li>• Summary of services provided</li> <li>• Goals and objectives completed during counseling</li> <li>• Discharge plan</li> </ul>	<p>Percentage of clients with documentation of discharge planning when treatment goals being met as evidenced in the client's primary record.</p> <p>Percentage of clients with documentation of case closure per agency non-attendance policy as evidenced in the client's primary record.</p>

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| <ul style="list-style-type: none"><li>• Counselor authentication, in accordance with current licensure requirements</li></ul> |  |
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## References

American Psychiatric Association. *The Practice Guideline for Treatment of Patients with HIV/AIDS*, Washington, DC, 2001.

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013. p. 17-18

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013. p. 17-18.

New York State Mental Health Standards of Care. Located at:

[http://www.health.ny.gov/diseases/aids/providers/standards/mental\\_health/delivery\\_of\\_care.htm](http://www.health.ny.gov/diseases/aids/providers/standards/mental_health/delivery_of_care.htm)

Texas Department State Health Services. Service Standard Review Crosswalk 2020 located at:

<https://www.dshs.texas.gov/hivstd/taxonomy/>

## REVIEW LOG

<b>Reviewed by:</b>	<b>Action taken:</b>	<b>Approval date:</b>
HIV Planning Council	No changes	May 20, 2019
<i>add rows as needed</i>		

Finalized by Texas Department of State Health Services 2020

Approved with no modification by Austin Area Comprehensive HIV Planning Council 03/04/2021