

## **ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES MENTAL HEALTH COUNSELING AND TREATMENT SERVICES**

### **Purpose**

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is rendered. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

### **Definition**

Mental health services are provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV with a diagnosed mental illness. 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 within the state to render such services, typically including psychiatrists, psychologists, and licensed clinical social workers. Please refer to standard II.B for the qualifications of program staff providing mental health services.

### **Standards Development Process**

The standards were developed through extensive background research on quality management standards, a review of existing standards from other Ryan White Part A EMAs, meetings of the Mental Health and Substance Abuse Task Force and meetings with the Ryan White Part A Recipient.

### **Application of Standards**

These standards apply to any agency receiving Part A funds to provide Mental Health Services. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain in quarterly reports the steps it is taking to meet that standard.

### **Mental Health, Substance Abuse, Case Management, and Legal Standardized Screening Questions**

The screening process includes utilization of the Atlanta EMA Screening Tool, standardized Case Management, Mental Health, Substance Abuse, and Legal questions, which all agencies must use if receiving Part A funds to provide Outpatient Ambulatory Health Services, Substance Abuse, Mental Health, Case Management (medical or non-medical) or Referral for Health Care and Support services. The purpose of the tool is to provide a uniform way to identify persons living with HIV (PLWH) who need an assessment conducted. Given this standardized approach, clients will receive the same follow-up for assessment, treatment and/or referrals based on their responses, regardless of the agency. Please note that agencies may decide to add more questions to their screening tool; however, the questions listed in these standards must be asked first before an agency's additional questions.

### **Acknowledgements**

Fulton County would like to thank all of the EMAs that shared their standards, as well as the members of the Mental Health and Substance Abuse Task Force who gave generously of their time to provide valuable input to the development of these quality management standards and measures.

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<b>I. Policies and Procedures</b>	
<b>Standard</b>	<b>Measure</b>
A. Agency must have policies and procedures in place that address confidentiality (HIPAA), grievance procedures and supervision requirements per federal and state law and local regulations.	<ul style="list-style-type: none"> <li>• Policy and procedure manual</li> <li>• Grievance procedure posted in visible location</li> </ul>
B. Agency has eligibility requirements for services in written form. This is inclusive of: <ul style="list-style-type: none"> <li>✓ Clients rights and responsibilities</li> <li>✓ Release of information/confidentiality</li> <li>✓ Eligibility for services</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
C. Agency is licensed and/or accredited by the appropriate city/county/state/federal agency.	<ul style="list-style-type: none"> <li>• Current licensure on file from appropriate city/county/state/federal agency</li> </ul>
D. Agency has written policies and procedures in place that protect the physical safety and well-being of staff and clients. This is inclusive of: <ul style="list-style-type: none"> <li>✓ Physical agency safety               <ul style="list-style-type: none"> <li>• Meets fire safety requirements</li> <li>• Complies with Americans with Disabilities Act (ADA)</li> <li>• Is clean, comfortable and free from hazards</li> <li>• Complies with Occupational Safety and Health Administration (OSHA) infection control practices</li> </ul> </li> <li>✓ Crisis management and psychiatric emergencies               <ul style="list-style-type: none"> <li>• How to assess emergent/urgent vs. routine need</li> <li>• Verbal intervention</li> <li>• Non-violent physical intervention</li> <li>• Emergency medical contact information</li> <li>• Incident reporting</li> <li>• Voluntary and involuntary inpatient admission</li> </ul> </li> <li>✓ Refusal of services</li> <li>✓ Personnel               <ul style="list-style-type: none"> <li>• Roles and responsibilities of staff, including supervision responsibilities and caseload or staff/client ratio</li> </ul> </li> <li>✓ Client/Parent/Guardian Rights and Responsibilities (see Standard VII)</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on file</li> <li>• Program Review/Site Visit</li> </ul>
E. Agency has private, confidential office space for seeing clients with mental health treatment needs (e.g. no half-walls or cubicles, all rooms must have doors).	<ul style="list-style-type: none"> <li>• Program Review/Site Visit</li> </ul>
F. Agency will have all inactivated client records in a confidential locked location	<ul style="list-style-type: none"> <li>• Site Visit/Program Monitoring</li> </ul>

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for a period as stipulated by law.	
G. Agency is required to maintain documentation of the following which shall be made available to the Recipient and HRSA upon request and during Ryan White Part A site visits: <ul style="list-style-type: none"> <li>✓ Documentation of appropriate and valid licensure and certification of mental health professionals as required by the State</li> <li>✓ A detailed treatment plan for each eligible client that includes required components and signature</li> <li>✓ Documentation of services provided, dates, and consistency with Ryan White requirements and with individual client treatment plans</li> </ul>	<ul style="list-style-type: none"> <li>• Personnel files</li> <li>• Client records</li> <li>• Site Visit/Program Monitoring</li> </ul>

**II. Program Staff**

Standard	Measure
A. Staff is trained and knowledgeable about HIV/AIDS and available resources.	<ul style="list-style-type: none"> <li>• Training records</li> </ul>
B. Staff has appropriate skills, relevant experience and licensure to care for PLWH with mental health issues.	<ul style="list-style-type: none"> <li>• Current licensure and certification of mental health professionals as required by the State on file</li> <li>• Training attendance in the past year on current mental health and substance abuse issues and approaches. This may include American Society of Addiction Medicine (ASAM) trainings.</li> </ul>
C. Agency staff administering screening questions must have completed training for using the Atlanta EMA screening tool.	<ul style="list-style-type: none"> <li>• Training records</li> </ul>
D. Staff receives supervision and training.	<ul style="list-style-type: none"> <li>• Personnel records</li> <li>• Training records</li> </ul>

**III. Access to Services**

A. Agency is accessible to desired target populations. Accessibility includes: <ul style="list-style-type: none"> <li>✓ Proximity to community impacted by HIV</li> <li>✓ Proximity to mass transit</li> <li>✓ Proximity to low-income individuals</li> <li>✓ Proximity to underinsured/uninsured individuals</li> </ul>	<ul style="list-style-type: none"> <li>• Program Review/Site Visit</li> </ul>
B. Agency is compliant with ADA requirements for non-discriminatory policies and practices and for the provision of reasonable accommodations to address communication (e.g. sign language interpreter).	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
C. Agency demonstrates the ability to provide culturally and linguistically appropriate care according to the Atlanta EMA standards for desired target	<ul style="list-style-type: none"> <li>• Personnel and training records</li> <li>• Program Review/Site Visit</li> </ul>

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population.	<ul style="list-style-type: none"> <li>• Client satisfaction survey</li> </ul>
D. Agency demonstrates input from clients in service design and delivery.	<ul style="list-style-type: none"> <li>• Client satisfaction survey</li> <li>• Existence of Consumer Advisory Board</li> </ul>
<b>IV. Eligibility Determination/Screening</b>	
<b>Standard</b>	<b>Measure</b>
A. Upon initial contact with client, agency will assess client for emergent/urgent or routine mental health and substance abuse needs.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
<p>B. Provider determines client eligibility for services. Client eligibility will be reassessed every six months. The process to determine client eligibility must be completed in a time frame so that treatment is not delayed. Eligibility assessment must include at a minimum:</p> <ul style="list-style-type: none"> <li>✓ Proof of HIV status</li> <li>✓ Proof of income not greater than 400% of Federal Poverty Level</li> <li>✓ Proof of residency within the Atlanta EMA</li> <li>✓ Proof of payor of last resort</li> <li>✓ Proof of active participation in primary care or documentation of the client's plan to access primary care               <ul style="list-style-type: none"> <li>• At least 1 visit with a primary care provider every 6 months</li> <li>• For affected children &lt; 4, at least 1 primary care visit within 12 months.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Policy on file</li> <li>• Agency client data report consistent with funding requirements</li> </ul>
C. Client is informed of the client confidentiality policy and grievance policy at first face- to-face contact.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Client satisfaction survey</li> </ul>
D. New and re-enrolling clients will be screened for case management, mental health, substance abuse and legal needs using the standardized Atlanta EMA screening tool per screening protocol during a face to face contact from appropriate program staff immediately following eligibility determination.	<ul style="list-style-type: none"> <li>• Client record with Atlanta EMA Screening tool</li> <li>• Client data entered consistent with funding requirements (CAREWare)</li> <li>• Client record - if client disagrees with the screening disposition, the client record must include signature of client noting this and the scheduled appointment time with the identified agency grievance staff person</li> </ul>

<b>V. Assessment/Treatment</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Clients who are referred shall receive an assessment within 10 business days. Assessment includes at a minimum:</p> <ul style="list-style-type: none"> <li>✓ Medical history and current health status</li> <li>✓ HIV risk behavior</li> <li>✓ Available financial resources</li> <li>✓ Available support system</li> <li>✓ Legal history</li> <li>✓ Substance use history</li> <li>✓ Housing history</li> </ul>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Agency client data report consistent with funding requirements</li> </ul>
<p>B. Clients with a current mental health issues as determined by the standardized assessment who want treatment will be provided either treatment or a referral as clinically indicated.</p>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Agency client data report consistent with funding requirements</li> </ul>
<p>C. Develop treatment plan with client within 20 business days of intake encompassing continuum of care. An appropriate treatment plan must include at a minimum:</p> <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> <li>✓ Risk reduction counseling on possible HIV re-infection and avoiding transmission to their partners</li> <li>✓ Documentation of current medications if applicable</li> <li>✓ Recommended mental health treatment and client's willingness to participate in such treatment</li> <li>✓ Plans for continuity of primary medical care for those clients who are currently receiving medical care</li> <li>✓ Plans to link client into primary medical care with a designated time frame that is coordinated with client's mental health treatment needs</li> </ul>	<ul style="list-style-type: none"> <li>• Client record including completed treatment plan signed by client</li> <li>• Client satisfaction survey</li> <li>• Chart audit</li> </ul>
<p>D. Client's needs and treatment plan are reviewed and revised a minimum of</p>	<ul style="list-style-type: none"> <li>• Client record</li> </ul>

every 6 months.	<ul style="list-style-type: none"> <li>• Agency client data report consistent with funding requirements</li> </ul>
<b>VI. Service Coordination/Referral</b>	
<b>Standard</b>	<b>Measure</b>
A. Agency staff acts as a liaison between the client and other service providers to support coordination and delivery of high quality care. For those clients not in outpatient ambulatory health services, agency staff must note progress towards linking the client into outpatient ambulatory health services.	<ul style="list-style-type: none"> <li>• Client record – documentation of with whom staff are communicating and progress to linking client to primary care if appropriate</li> </ul>
B. Agency staff implement discharge plan when appropriate in client treatment plan. The discharge plan shall be inclusive of: <ul style="list-style-type: none"> <li>✓ Summary of needs at admission</li> <li>✓ Summary of services provided</li> <li>✓ Goals completed during counseling</li> <li>✓ Circumstances of discharge</li> <li>✓ Disposition</li> </ul>	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
C. Referral sources should be provided with a minimum of the following: <ul style="list-style-type: none"> <li>✓ Authorization form from client to provide records to referral source</li> <li>✓ Concise problem statement</li> <li>✓ Helpful/relevant lab tests</li> </ul>	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
<b>VII. Clients' Rights and Responsibilities</b>	
A. Client confidentiality policy exists for all service settings.	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
B. Grievance policy exists.	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>
C. A current (in the last year) release of information form exists for each specific request for information and each request is signed by the client.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
D. The agency has a formal policy as governed by Georgia law for clients who may be incapable of making their own treatment or care decisions.	<ul style="list-style-type: none"> <li>• Policy on file</li> <li>• Legal/medical consultation policy</li> </ul>
E. Client will be informed of the client confidentiality policy, grievance policy, their rights and responsibilities and their eligibility for services.	<ul style="list-style-type: none"> <li>• Documentation in client chart initialed or signed by client (chart review) showing that they have read or been informed</li> </ul>