

RYAN WHITE PART A/B
0910 HOUSTON HSDA STANDARDS OF CARE
MENTAL HEALTH SERVICES

I. PURPOSE

The purpose of the DSHS State Services Standards for Care is to determine the minimal acceptable levels of quality in service delivery and to provide a measurement of the effectiveness of services.

II. PROCESS STANDARDS

#	STANDARD	MEASURE
1.0	Staff/Training	
1.1	<u>Minimum Qualifications</u> Counselors must possess the following qualifications: Licensed Mental Health Practitioner by the State of Texas (LCSW, LMSW, LPC, PhD, Licensed Clinical Psychologist or LMFT as authorized to provide mental health therapy in the relevant practice setting by their licensing authority). Bilingual English/Spanish licensed mental health practitioners must be available to serve monolingual Spanish-speaking clients.	<ul style="list-style-type: none"> • A file will be maintained on each professional counselor. Supportive documentation of credentials is maintained by the agency in each counselor's personnel file. • Review of Agency Policies and Procedures Manual indicates compliance. • Review of personnel files indicates compliance
1.2	<u>HIV Experience</u> Professional counselors must have at least two years experience in HIV or another catastrophic illness.	<ul style="list-style-type: none"> • Documentation of experience is maintained by the agency in each counselor's personnel file

#	STANDARD	MEASURE
1.0	Staff/Training (Cont'd)	
1.3	<u>Family Counseling Experience</u> Professional counselors must have two years experience in family counseling if providing services to families.	<ul style="list-style-type: none"> • Documentation of experience is maintained by the agency in each counselor's personnel file.
1.4	<u>Staff Screening</u> Staff providing service to clients shall be screened for appropriateness as follows: <ul style="list-style-type: none"> • Personal/Professional references • Personal interview • Written application Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency Policy	<ul style="list-style-type: none"> • Documentation of staff applications • Documentation of communication with personnel references • Staff interviews indicate compliance • Review of Agency Policies and Procedures Manual indicates compliance. • Review of personnel and/or volunteer files indicates compliance
1.5	<u>Professional Liability Insurance</u> Professional liability coverage of at least \$300,000 for the individual or \$1,000,000 for the agency is required.	<ul style="list-style-type: none"> • Documentation of liability insurance coverage is maintained by the agency.
1.6	<u>Ongoing HIV Education</u> Professional counselors must receive four (4) hours of continuing education in HIV annually	<ul style="list-style-type: none"> • Documentation of training is maintained by the agency in each counselor's personnel file.
1.7	<u>Cultural Competency Training</u> Professional counselors must receive four (4) hours of cultural competency training annually.	<ul style="list-style-type: none"> • Documentation of training is maintained by the agency in each counselor's personnel file.

#	STANDARD	MEASURE
1.0	Staff/Training (Cont'd)	
1.8	<u>Substance Abuse Assessment Training</u> Professional counselors must receive training in assessment of substance abuse with capacity to make appropriate referrals to licensed substance abuse treatment programs as indicated within 60 days of start of contract or hire date.	<ul style="list-style-type: none"> • Documentation of training is maintained by the agency in each counselor's personnel file.
1.9	<u>Confidentiality Training</u> Professional counselors must receive training in confidentiality, its limitations, and procedures for releases of confidential information within 30 days of hire date.	<ul style="list-style-type: none"> • A signed confidentiality statement is included in each counselor's personnel file.
1.10	<u>Accountability</u> There is a system in place to document staff work time.	<ul style="list-style-type: none"> • Staff time sheets or other documentation indicate compliance.
1.11	<u>Communication</u> There are procedures in place regarding regular communication with staff about the program and general agency issues.	<ul style="list-style-type: none"> • Review of Agency Policies and Procedures Manual indicates compliance. • Documentation of regular staff meetings • Staff interviews indicate compliance
1.12	<u>Client Feedback</u> Feedback from clients (or from client caregivers, in cases where clients are unable to give feedback) is obtained about quality of services annually.	<ul style="list-style-type: none"> • Review of Agency Policies and Procedures Manual indicates compliance. • Documentation of clients' evaluation of services is maintained.

#	STANDARD	MEASURE
2.0	Agency Requirements	
2.1	<u>Records Security</u> Agency has Policy and Procedure on records security, including but not limited to: <ul style="list-style-type: none"> • check-out of records • access to records • secured environment • security of electronic records • custody of records • removal of records from premises • release of copies of records 	<ul style="list-style-type: none"> • Review of Agency Policies and Procedures Manual indicates compliance.
2.2	<u>Confidentiality</u> Agency has Policy and Procedure regarding client confidentiality in accordance with TRG Policy SG-02 Confidentiality and local, State and Federal laws.	<ul style="list-style-type: none"> • Review of Agency Policies and Procedures Manual indicates compliance.
2.3	<u>Consents</u> All consent forms comply with State and Federal law and must include Consent for Services/treatment and consent for release/exchange of information for every individual/agency to whom client identifying information is disclosed, regardless of whether or not HIV status is revealed.	<ul style="list-style-type: none"> • Review of Agency Policies and Procedures Manual indicates compliance. • Signed and dated consent forms in client record.

#	STANDARD	MEASURE
2.0	Agency Requirements (Cont'd)	
2.4	<p><u>Consents</u> (cont'd)</p> <p>Consents for release/exchange of information must include:</p> <ul style="list-style-type: none"> • person(s) or agency to whom information will be released • information to be released • purpose of the release • statement about law and authorization of release • expiration conditions • signature of client/guardian and witness • date • description of the Release of Information, its components, and ways the client can nullify it <p>Exceptions, if any, are to be noted.</p>	<ul style="list-style-type: none"> • Current Release of Information form with all the required elements signed by client in client's record.
2.5	<p><u>Crisis Situations and Psychiatric Emergencies</u></p> <p>Agency has Policy and Procedures for handling crisis situations and psychiatric emergencies, including but not limited to:</p> <ul style="list-style-type: none"> • verbal intervention • non-violent physical intervention • emergency medical contact information • incident reporting • voluntary and involuntary inpatient admission • follow-up contacts 	<ul style="list-style-type: none"> • Review of Agency Policies and Procedures Manual indicates compliance.

#	STANDARD	MEASURE
2.0	Agency Requirements (Cont'd)	
2.6	<p><u>Grievance Procedure</u></p> <p>Agency has Policy and Procedure regarding client grievances that is reviewed with each client in a language and format the client can understand and a written copy of which is provided to each client.</p> <p>Grievance procedure includes but is not limited to:</p> <ul style="list-style-type: none"> • to whom complaints can be made • steps necessary to complain • form of grievance, if any • time lines and steps taken by the agency to resolve the grievance • documentation by the agency of the process • confidentiality of grievance • addresses and phone numbers of licensing authorities and funding sources 	<ul style="list-style-type: none"> • Signed receipt of agency Grievance Procedure filed in client chart. • Review of Agency Policies and Procedures Manual indicates compliance.
2.7	<p><u>Client Rights</u></p> <p>Agency has a Client Rights Statement that is reviewed with each client in a language and format the client can understand and a written copy of which is provided to each client.</p>	<ul style="list-style-type: none"> • Review of Agency Policies and Procedures Manual indicates compliance. • Signed receipt of Clients Rights Statement in client record.

#	STANDARD	MEASURE
2.0	Agency Requirements (Cont'd)	
2.7	<u>Client Rights (cont'd)</u> Rights include, but are not limited to: <ul style="list-style-type: none"> • confidentiality, limitations and releases • non-discrimination • research participation • informed consent • treatment plans • provider credentials • communication and client choice of counselor • complaints and grievances • humane environment, free of abuse, neglect and exploitation • dignity of treatment • fees and payments, including insurance, Medicaid and Medicare • explanation of rights and responsibilities • conditions for service 	
2.8	<u>Other Policies and Procedures</u> The agency must develop and implement Policies and Procedures that include but are not limited to the following: <ul style="list-style-type: none"> • Client input mechanism (client survey suggestion box, follow-up contact) and methods for integrating input into training, personnel evaluation and training 	<ul style="list-style-type: none"> • Review of Agency Policies and Procedures Manual indicates compliance.

#	STANDARD	MEASURE
2.0	Agency Requirements (Cont'd)	
2.8	<u>Other Policies and Procedures (cont'd)</u> <ul style="list-style-type: none"> • Client neglect, abuse and exploitation including but not limited to definition of terms; reporting to legal authority and funding source; documentation of incident; and follow-up action to be taken • Discharge criteria including but not limited to planned discharge behavior impairment related to substance abuse, danger to self or others (verbal/physical threats, self discharge) • Changing therapists • Referrals for services the agency cannot perform and reason for referral, criteria for appropriate referrals, time line for referrals. 	
3.0	Accessibility	
3.1	<u>Cultural Competence</u> Agency demonstrates a commitment to provision of services that are culturally sensitive and language competent.	<ul style="list-style-type: none"> • Availability of interpretive services, translated materials, bilingual staff, and staff trained in cultural competence. • Agency has procedures for obtaining translation services. • Client satisfaction survey indicates compliance. • Review of Agency Policies and Procedures Manual indicates compliance and demonstrate commitment to the community and culture of the clients.
3.2	<u>Special Service Needs</u> Agency demonstrates a commitment to assisting individuals with special needs.	<ul style="list-style-type: none"> • Agency compliance with the Americans with Disabilities Act (ADA). • Review of Agency Policies and Procedures Manual indicates compliance. • Environmental Review

#	STANDARD	MEASURE
3.0	Accessibility (Cont'd)	
3.3	<u>Program Information</u> Broad-based dissemination of information regarding the availability of services.	<ul style="list-style-type: none"> • Agency has a written substantiated annual plan to targeted populations. • Zip code data show provider is reaching clients throughout service area.
4.0	Client Records	
4.1	<u>Client Eligibility</u> In order to be eligible for services, individuals must meet the following: <ul style="list-style-type: none"> • Proof of identification • HIV+ or an affected significant other, caregiver or support person • Residence in the Houston EMAHSDA (With prior approval, clients can be served if they reside outside of the Houston EMA/HSDA.) • Income no greater than 300% of the Federal poverty level • Bereavement counseling must be initiated and completed within 12 months of the death of the parent/partner/family member for a Part A eligible affected child, partner or other family member. 	<ul style="list-style-type: none"> • Documentation of HIV+ status, residence, identification and income in the client record.

#	STANDARD	MEASURE
4.0	Client Records (Cont'd)	
4.2	<p><u>Proof of HIV Diagnosis</u></p> <p>Documentation of the client's HIV status is obtained at or prior to the initiation of professional counseling services.</p> <p>An anonymous test result may be used to document HIV status temporarily (up to sixty [60] days) and such must contain identifying information sufficient to ensure a reasonable certainty as to the identity of the test subject.</p>	<ul style="list-style-type: none"> • Documentation in client record as per TRG Policy SG-03 DOCUMENTATION OF HIV STATUS, as applicable.
4.3	<p><u>Release of information to Primary Care Physician</u></p> <p>If coordination of care with the client's primary physician is necessary, then a release/exchange of information must be obtained and refusal must be documented.</p>	<ul style="list-style-type: none"> • Documentation in client record.
4.4	<p><u>Third Party Payor Verification</u></p> <p>Third Party Payor coverage will be verified.</p>	<ul style="list-style-type: none"> • Documentation in client record.
4.5	<p><u>Intake</u></p> <p>Intake information must include:</p> <ul style="list-style-type: none"> • Demographic information • Address • Phone number(s) • Housing status • Employment and income status • Alcohol and drug history and current usage • Physical health • Presenting problems • Suicide and homicide assessment 	<ul style="list-style-type: none"> • Documentation in client record.

#	STANDARD	MEASURE
4.0	Client Records (Cont'd)	
4.6	<p><u>Comprehensive Assessment</u></p> <p>A comprehensive assessment including the following will be completed within 10 days of intake or no later than and prior to the third counseling session.</p> <ul style="list-style-type: none"> • Presenting Problem • Developmental/Social history • Social support and family relationships • Medical history • Substance abuse history • Psychiatric history • Complete mental status evaluation (including appearance and behavior, talk, mood, self attitude, suicidal tendencies, perceptual disturbances, obsessions/compulsions, phobias, panic attacks) • Cognitive assessment (level of consciousness, orientation, memory and language) 	<ul style="list-style-type: none"> • Documentation in client record, which must include DSM-IV diagnosis or diagnoses, utilizing at least Axis I.
4.7	<p><u>Psychosocial History</u></p> <p>A psychosocial history will be completed and must include:</p> <ul style="list-style-type: none"> • Education and training • Employment • Military service • Legal history • Family history and constellation • Physical, emotional and/or sexual abuse history • Sexual and relationship history and status • Leisure and recreational activities • General psychological functioning 	<ul style="list-style-type: none"> • Documentation in client record on the initial and comprehensive client assessment forms, signed and dated, or agency's equivalent forms. Updates to the information included in the initial assessment will be recorded in the comprehensive client assessment.

#	STANDARD	MEASURE
4.0	Client Records (Cont'd)	
4.8	<p><u>Treatment Plan</u> Treatment plans are developed jointly with the counselor and client and must contain all the elements set forth in the Texas Department of State Health Services Administrative Code for mental health including:</p> <ul style="list-style-type: none"> • Statement of the goal(s) of counseling • The plan of approach • Mechanism for review <p>Initial treatment plans must be completed within five service days of admission</p> <p>Supportive and educational counseling should include prevention of HIV related risk behaviors including substance abuse as clinically indicated.</p>	<ul style="list-style-type: none"> • Documentation in client record.
4.9	<p><u>Treatment Plan Review</u> In accordance with the Texas Department of State Health Services Administrative code on mental health, the treatment plan shall be reviewed as clinically indicated but at a minimum of every 90 days and must reflect ongoing reassessment of client's problems, needs and response to therapy. The treatment plan duration, review interval and process must be stated in the agency policies and procedures and must follow criteria outlined in the Administrative Code.</p>	<ul style="list-style-type: none"> • Review of Agency Policies and Procedures Manual indicates compliance. • Client's records

#	STANDARD	MEASURE
4.0	Client Records (Cont'd)	
4.10	<p><u>Progress Notes</u></p> <p>Progress notes are completed for every professional counseling session and must include:</p> <ul style="list-style-type: none"> • Client name • Session date • Observations • Focus of session • Interventions • Assessment • Duration of session • Counselor authentication, in accordance with current Joint Commission on Accreditation of Healthcare Organization (JCAHO) standards (www.jcaho.org). 	<ul style="list-style-type: none"> • Legible, signed and dated documentation in client record.
4.11	<p><u>Discharge Planning</u></p> <p>Discharge planning is done with each client after 30 days without client contact or when treatment goals are met:</p> <ul style="list-style-type: none"> • Circumstances of discharge • Summary of needs at admission • Summary of services provided • Goals completed during counseling • Discharge plan • Counselor authentication, in accordance with current JCAHO standards • Date 	<ul style="list-style-type: none"> • Documentation in client record.

#	STANDARD	MEASURE
5.0	Supervision	
5.1	<p><u>Supervisor Qualifications</u></p> <p>Supervision is provided by a clinical supervisor qualified by the State of Texas. The agency shall ensure that the Supervisor shall, at a minimal, be a State licensed Masters-level professional (e.g. LPC, LCSW, LMSW, LMFT, PhD, Licensed Clinical Psychologist) qualified under applicable State licensing standards to provide supervision to the supervisee.</p>	<ul style="list-style-type: none"> • Documentation of supervisor credentials is maintained by the agency.
5.2	<p><u>Clinical Supervision</u></p> <p>A minimum of bi-weekly supervision is provided to counselors licensed less than three years.</p> <p>A minimum of monthly supervision is provided to counselors licensed three years or more.</p>	<ul style="list-style-type: none"> • Documentation in supervision notes.

III. THRESHOLDS

The measurement thresholds will be set at 100%.

IV. IMPLEMENTATION & REPORTING

Agencies will be required to adhere to the QA guidelines provided by The Resource Group, as applicable.