Mental Health Services

SERVICE CATEGORY DEFINITION

Mental Health Services:

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 within Ohio to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A—Cleveland TGA Eligibility Policy.

Eligible clients must:
- Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga, or Medina County)
- Have an HIV/AIDS diagnosis
- Have a household income that is at or below 500% of the federal poverty level
- Be uninsured or underinsured

Services will be provided to all Ryan White Part A qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.
Mental Health Services

**PERSONNEL QUALIFICATIONS**

Depending on the scope of practice, an individual providing mental health services must be licensed and qualified within the laws of the State of Ohio by one of the following licensing boards:

- Ohio Counselor, Social Worker and Marriage and Family Therapist Board
- Ohio Board of Psychology
- Ohio Board of Nursing
- State Medical Board of Ohio

Each agency providing mental health services must have and implement a plan for supervision of all mental health staff consistent with licensure status and scope of practice. Staff must be evaluated at least annually by their supervisor according to written agency policy on performance appraisals.

**CARE AND QUALITY IMPROVEMENT OUTCOME GOALS**

The overall treatment goal of mental health services within the Cleveland TGA is to provide high quality treatment and counseling services to address mental illness, eliminating barriers to treatment and increasing adherence to medical care for eligible individuals living with HIV/AIDS.

Clinical Quality Improvement outcome goals for mental health services include:

- 80% of all mental health clients have a diagnosis of mental illness or a mental health condition.
- 80% of all mental health client files include documentation of a completed comprehensive care plan.
- 80% of mental health services clients are linked to medical care as documented by at least one medical visit, viral load or CD4 test reported in the measurement year.
# Mental Health Services

## SERVICE STANDARDS

<table>
<thead>
<tr>
<th>Standard</th>
<th>Measure</th>
<th>Goal</th>
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<tbody>
<tr>
<td>1</td>
<td>Mental health services are provided by trained professionals.</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>Clients receiving mental health services have a detailed treatment plan that includes the diagnosis of mental health illness or condition.</td>
<td>80%</td>
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<tr>
<td>3</td>
<td>Clients receiving mental health services have a detailed treatment plan that includes the treatment modality (group or individual).</td>
<td>80%</td>
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<tr>
<td>4</td>
<td>Clients receiving mental health services have a detailed treatment plan that includes the start date for mental health services</td>
<td>80%</td>
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<tr>
<td>5</td>
<td>Clients receiving mental health services have a detailed treatment plan that includes the recommended number of sessions</td>
<td>80%</td>
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<tr>
<td>6</td>
<td>Clients receiving mental health services have a detailed treatment plan that includes the date for reassessment.</td>
<td>80%</td>
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<tr>
<td>7</td>
<td>Clients receiving mental health services have a detailed treatment plan that includes the projected treatment end date.</td>
<td>80%</td>
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<tr>
<td>8</td>
<td>Clients receiving mental health services have a detailed treatment plan that includes any recommendations for follow up.</td>
<td>80%</td>
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<tr>
<td>9</td>
<td>Clients receiving mental health services have a detailed treatment plan that includes the signature for the mental health professional rendering service.</td>
<td>80%</td>
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<tr>
<td>10</td>
<td>Mental health clients are linked to medical care.</td>
<td>80%</td>
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<tr>
<td>11</td>
<td>Client had less than 200 copies/mL at last HIV Viral Load test during the measurement year.</td>
<td>80%</td>
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</table>

* All Standards derived from the HRSA/HAB National Monitoring Standards and/or the HRSA/HAB HIV Performance Measures
CLIENTS RIGHTS AND RESPONSIBILITIES

Agencies providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.

CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Agencies providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Agencies must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the clients record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Cleveland Part A managed, CAREWare Database.

CULTURAL AND LINGUISTIC COMPETENCY

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

CLIENT GRIEVANCE PROCESS

Each agency must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the clients record.

CASE CLOSURE PROTOCOL

Each agency providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each clients file. If a client chooses to receive services from another provider the agency must honor the request from the client.