

# **Ryan White Part A Quality Management**

Mental Health  
Service Delivery Model

**Palm Beach County**

## **Table of Contents**

Statement of Intent .....	3
Service Definition .....	3
Practitioner Definition .....	3
Practitioner Continuing Education Recommendation .....	3
Standards of Care .....	4
Psychological Assessment .....	4
Initial Treatment Plan .....	5
Progress in treatment Plan .....	5
Client Satisfaction .....	6

Palm Beach County Care Council  
Quality Management Committee &  
Medical and Support Services Committee

# **Ryan White Part A Quality Management**

## **Mental Health Service Delivery Model**

### **Statement of Intent**

All Ryan White Part A funded practitioners are required by contract to adhere, at a minimum, to the Public Health Service (HHS) Guidelines.

### **Service Definition**

Psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers. (Approved by CARE Council 5/20/13)

### **Practitioner Definition**

Mental health services providers with appropriate license in the State of Florida.

### **Practitioner Continuing Education Recommendation**

Practitioners must complete at least 2 (two) hours of HIV-related continuing education and 1(one) cultural sensitivity training per year.

# Standards of Care

## *Psychological Assessment*

Standard	Indicator	Data Source
<p>1. Psychological assessments are performed by a Licensed professional.</p>	<p>1.1 100% of clients receiving assessment have documentation of a completed referral form.</p> <p>1.2 100% of assessments include:</p> <ul style="list-style-type: none"> <li>• Relevant history</li> <li>• Current functioning</li> <li>• Assessment of medical/psychological/social needs</li> <li>• Mental status</li> <li>• Diagnostic impression based upon DSM IVTR criteria Axis I through IV</li> </ul> <p>1.3 80% of clients have initial screening within 10 business days of referral. If not completed within 10 days, documented attempts must be evident.</p> <p>1.4 100% of clients that present with imminent risk to self or others have immediate referral, or within 24-48 hours, depending on the practitioner’s evaluation of the risk. (i.e. active suicidal plans/ intentions, recent attempt, or psychotic symptoms influencing patient behaviors, presence of violence/impulsivity, inability to take appropriate care of self)</p> <p>1.5 100% of clients receive assessment of cultural/language preferences.</p>	<p>1.1.1 Documentation in client chart</p> <p>1.2.1 Documentation in client chart</p> <p>1.3.1 Documentation in client chart</p> <p>1.4.1 Documentation in client chart</p> <p>1.5.1 Documentation in client chart</p>

### *Initial Treatment Plan*

Standard	Indicator	Data Source
2. Clients and Practitioners are involved in the creation of, and/or revisions of, treatment plan	<p>2.1 100% of clients who receive mental health services have a treatment plan that describes the client’s objectives, as well as, interventions provided to meet those objectives.</p> <p>2.2 100% of agency records have appropriate documentation sent to relevant provider(s) involved in treatment plan.</p> <p>2.3 100% of agency records document the results of referrals for mental health services.</p>	<p>2.1.1 Documentation in client chart</p> <p>2.2.1 Documentation in client chart</p> <p>2.3.1 Documentation in client chart</p>

### *Progress in Treatment Plan*

Standard	Indicator	Data Source
3. Practitioners ensure ongoing progress with Treatment Plan	<p>3.1 100% of client Records document progress towards meeting goals or variance explained.</p> <p>3.2 50% of desired outcomes should be achieved in accordance with treatment plan.</p> <p>3.3 100% of client treatment plans are updated (at a minimum) every 12 sessions or every 6 months, whichever occurs first, and/or at discharge.</p> <p>3.4 100% of progress reports shared with case management agency for clients who have provided consent. Symptoms rating/tracking through standard scales (i.e. HAM-D; HAM-A; SDS; S-STs, etc.). The scales should be used in accordance to the disorders present on each patient. Many scales can be answered by the client –self-rating scales-</p>	<p>3.1.1 Documentation in client chart</p> <p>3.2.1 Documentation in client chart</p> <p>3.3.1 Documentation in client chart</p> <p>3.4.1 Documentation in client chart</p>

	(without imposing more time demands on the treating clinician). The scales are an excellent way to track symptoms, their response to treatment and good treatment guides the clinician. Also, in the current health care atmosphere where the services are increasingly evaluated through evidence based practices and outcomes the scales are very instrumental.	
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*Client Satisfaction*

Standard	Indicator	Data Source
4. Assess client satisfaction with Mental Health services	<p>4.1 90% of clients have opportunity to complete annual satisfaction survey.</p> <p>4.2 100% of completed surveys are tabulated and analysis of findings shared with Practitioners.</p> <p>4.3 85% of completed surveys indicate client satisfaction.</p>	<p>4.1.1 Documentation of client survey</p> <p>4.2.1 Evidence of report produced to summarize satisfaction surveys and shared with practitioners</p> <p>4.3.1 Evidenced in summary report</p>

\*Standards of Care are guidelines or flexible directions to be used in the treatment of HIV/AIDS. Departures from these standards may arise due to a client’s unique situation and/or based on an experienced professional’s judgment.