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**Service Category Definition - DSHS State Services Grant
September 1, 2016 - August 31, 2017**

Local Service Category:	Mental Health Services
Amount Available:	To be determined
Unit Cost	
Budget Requirements or Restrictions (TRG Only):	Maximum of 10% of budget for Administrative Cost.
DSHS Service Category Definition	<p>Mental Health Services include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.</p> <p>Mental health counseling services includes outpatient mental health therapy and counseling (individual and family) provided solely by Mental Health Practitioners licensed in the State of Texas.</p> <p>Mental health services include:</p> <ul style="list-style-type: none"> • Mental Health Assessment • Treatment Planning • Treatment Provision • Individual psychotherapy • Family psychotherapy • Conjoint psychotherapy • Group psychotherapy • Psychiatric medication assessment, prescription and monitoring • Psychotropic medication management • Drop-In Psychotherapy Groups • Emergency/Crisis Intervention <p>General mental health therapy, counseling and short-term (based on the mental health professionals judgment) bereavement support is available for non-HIV infected family members or significant others.</p>
Local Service Category Definition:	<p>Individual Therapy/counseling is defined as 1:1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible HIV positive or HIV/AIDS affected individual.</p> <p>Support Groups are defined as professionally led (licensed therapists or counselor) groups that comprise HIV positive individuals, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for an HIV positive person.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected and affected individuals living within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Agencies are encouraged to have available to clients all modes of counseling services, i.e., crisis, individual, family, and group. Sessions may be conducted in-home. Agency must provide professional support group sessions led by a licensed counselor.
Service Unit Definition(s) (TRG Only):	<p>Individual and Family Crisis Intervention and Therapy: A unit of service is defined as an individual counseling session lasting a minimum of 45 minutes.</p> <p>Group Therapy: A unit of service is defined as one (1) eligible client attending 90 minutes of group therapy. The minimum time allowable for a single group session is 90</p>

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	<p>minutes and maximum time allowable for a single group session is 120 minutes. No more than one unit may be billed per session for an individual or group session.</p> <p>A minimum of three (3) clients must attend a group session in order for the group session to be eligible for reimbursement.</p> <p>Consultation: One unit of service is defined as 15 minutes of communication with a medical or other appropriate provider to ensure case coordination.</p>
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Client Eligibility:	<p>For individual therapy session, HIV positive or the affected significant other of an HIV positive person, resident of Houston HSDA.</p> <p>HIV positive client must have a current DSM diagnosis eligible for reimbursement under the State Medicaid Plan.</p> <p>Client must not be eligible for services from other programs or providers (i.e. MHMRA of Harris County) or any other reimbursement source (i.e. Medicaid, Medicare, Private Insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs /providers, until the other programs/providers can take over services.</p> <p>Medicaid/Medicare, Third Party Payer and Private Pay status of clients receiving services under this grant must be verified by the provider prior to requesting reimbursement under this grant. For support group sessions, client must be either an HIV positive person or the significant other of an HIV positive person. Affected significant other is eligible for services only related to the stress of caring for an HIV positive significant other.</p>
Agency Requirements (TRG Only):	<p>Agency must provide assurance that the mental health practitioner shall be supervised by a licensed therapist qualified by the State to provide clinical supervision. This supervision should be documented through supervision notes. Keep attendance records for group sessions.</p> <p>Must provide 24-hour access to a licensed counselor for current clients with emotional emergencies.</p> <p>Clients eligible for Medicaid or 3rd party payer reimbursement may not be billed to grant funds. Medicare Co-payments may be billed to the contract as ½ unit of service.</p> <p>Documentation of at least one therapist certified by Medicaid/Medicare on the staff of the agency must be provided in the proposal. All funded agencies must maintain the capability to serve and seek reimbursement from Medicaid/Medicare throughout the term of their contract. Potential clients who are Medicaid/ Medicare eligible may not be denied services by a funded agency based on their reimbursement status (Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to this grant). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of the provider's contract.</p>

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	<p>Must comply with the State Services Standards of Care.</p> <p>Must provide a plan for establishing criteria for prioritizing participation in group sessions and for termination from group participation.</p> <p>Providers and system must be Medicaid/Medicare certified to ensure that Ryan White funds are the payer of last resort.</p>
Staff Requirements:	<p>It is required that counselors have the following qualifications: Licensed Mental Health Practitioner by the State of Texas (LCSW, LMSW, LPC PhD, Psychologist, or LMFT).</p> <p>At least two years experience working with HIV disease or two years work experience with chronic care of a catastrophic illness.</p> <p>Counselors providing family sessions must have at least two years experience in family therapy.</p> <p>Counselors must be covered by professional liability insurance with limits of at least \$300,000 per occurrence.</p>
Special Requirements (TRG Only):	<p>All mental health interventions must be based on proven clinical methods and in accordance with legal 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.</p> <p>Medicare and private insurance co-payments are eligible for reimbursement under this grant (in this situation the agency will be reimbursed the client's co-payment only, not the cost of the session which must be billed to Medicare and/or the Third party payer). Extensions will be addressed on an individual basis when meeting the criteria of counseling directly related to HIV illness. Under no circumstances will the agency be reimbursed more than two (2) units of individual therapy per client in any single 24-hour period.</p> <p>Agency should develop services that focus on the Special Populations identified in the <i>2012 Houston Area Comprehensive Plan for HIV Prevention and Care Services</i> including Adolescents, Homeless, Incarcerated & Recently Released (IRR), Injection Drug Users (IDU), Men who Have Sex with Men (MSM), and Transgender populations. Additionally, services should focus on increasing access for individuals living in rural counties.</p> <p>Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with the DSHS Mental Health Services Standards of Care. The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.</p>

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FY 2018 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date: 06/08/17
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/01/17
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Assurance Committee		Date: 05/18/17
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup		Date: 04/25/17
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

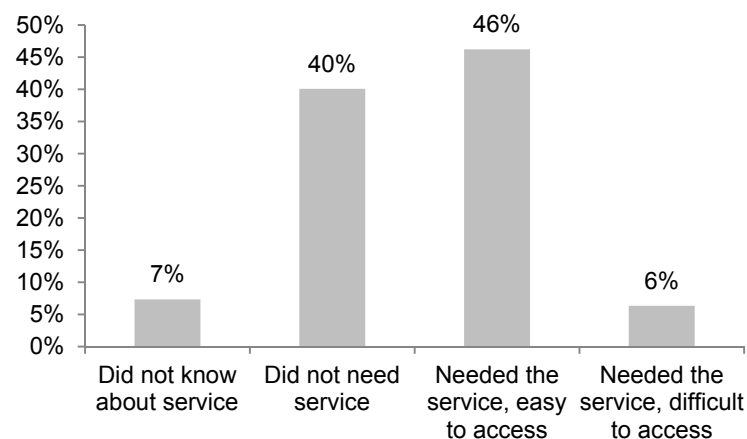
MENTAL HEALTH SERVICES

Mental health services, also referred to as *professional mental health counseling*, provides psychological counseling services for persons living with HIV (PLWH) who have a diagnosed mental illness. This includes group or individual counseling by a licensed mental health professional in accordance with state licensing guidelines.

(**Graph 1**) In the 2016 Houston HIV Care Services Needs Assessment, 53% of participants indicated a need for *mental health services* in the past 12 months. 46% reported the service was easy to access, and 6% reported difficulty. 7% stated that they did not know the service was available.

(**Table 1**) When barriers to *mental health services* were reported, the most common barrier types were administrative (25%) and wait-related barriers (25%). Administrative barriers reported include hours of operation, complex processes, and staff changes without notification to the client. Wait-related barriers reported include placement on a waitlist.

GRAPH 1-Mental Health Services, 2016



(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *mental health services*, this analysis shows the following:

- More females than males found the service accessible.
- More other/multiracial PLWH found the service accessible than other race/ethnicities.
- More PLWH age 18 to 24 found the service accessible than other age groups.
- In addition, more rural and unstably housed PLWH found the service difficult to access when compared to all participants.

TABLE 1-Top 5 Reported Barrier Types for Mental Health Services, 2016

	No.	%
1. Administrative (AD)	6	25%
2. Wait (W)	6	25%
3. Health Insurance Coverage (I)	2	8%
4. Interactions with Staff (S)	2	8%
5. Resource Availability (R)	2	8%

TABLE 2-Mental Health Services, by Demographic Categories, 2016

Experience with the Service	Sex		Race/ethnicity				Age		
	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	8%	6%	4%	8%	9%	0%	13%	8%	6%
Did not need service	40%	39%	29%	41%	47%	40%	33%	39%	43%
Needed, easy to access	46%	48%	57%	45%	39%	60%	54%	47%	44%
Needed, difficult to access	6%	8%	10%	6%	5%	0%	0%	6%	7%

TABLE 3-Mental Health Services, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed ^a	MSM ^b	Out of Care ^c	Recently Released ^d	Rural ^e	Transgender ^f
Did not know about service	11%	5%	0%	3%	0%	14%
Did not need service	25%	37%	50%	22%	50%	18%
Needed, easy to access	53%	51%	50%	69%	35%	68%
Needed, difficult to access	10%	6%	0%	6%	15%	0%

^aPersons reporting housing instability ^bMen who have sex with men ^cPersons with no evidence of HIV care for 12 mo.

^dPersons released from incarceration in the past 12 mo. ^eNon-Houston/Harris County residents ^fPersons with discordant sex assigned at birth and current gender



MENTAL HEALTH SERVICES
2016 CHART REVIEW

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HSDA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantees. Quality Compliance Reviews focus on issues of administrative, clinical, consumer involvement, data management, fiscal, programmatic and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Consumer involvement review examines the Subgrantee's frame work for gather client feedback and resolving client problems. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring the area of the finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

Scope of Funding

TRG contracts with one Subgrantee to provide hospice services in the Houston HSDA.

INTRODUCTION

Description of Service

Mental Health Services are 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. **Individual Therapy/counseling** is defined as 1:1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible HIV positive or HIV/AIDS affected individual. **Support Groups** are defined as professionally led (licensed therapists or counselor) groups that comprise HIV positive individuals, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for an HIV positive person.

Tool Development

The TRG Mental Health Services Tool is based upon established local standards of care.

Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV of over 10 years. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

File Sample Selection Process

Using the ARIES database the file sample was created from a provider population of 314 who accessed mental health services in the measurement. The records of 63 clients were reviewed, representing 20% of the unduplicated population. The demographic makeup of the providers was used as a key to file sample pull.

NOTES: DSHS changed the file sample percentage which will result in a lower number of files being reviewed in 2016. This service category was reviewed by Germane Solutions.

Demographics- Mental Health

2015 Annual

Total UDC: 331 Total New: 91

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	6	1.81%
25 - 44 years	138	41.69%
45 - 64 years	177	53.47%
65 years or older	10	3.02%
Unknown	0	0.00%
		331
		100%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	31	9.37%
Male	299	90.33%
Transgender FTM	0	0.00%
Transgender MTF	1	0.30%
Unknown	0	0.00%
		331
		100%
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	144	43.50%
Black	102	30.82%
Hispanic	70	21.15%
Asian	15	4.53%
Hawaiian/Pacific Islander	0	0.00%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
		331
		100%

From 01/01/15 - 12/31/15

2016 Annual

Total UDC: 404 Total New: 137

Age	Number of Clients	% of Total
Client's age as of the end of the reporting period		
Less than 2 years	0	0.00%
02 - 12 years	0	0.00%
13 - 24 years	11	2.72%
25 - 44 years	176	43.56%
45 - 64 years	200	49.50%
65 years or older	17	4.21%
Unknown	0	0.00%
		404
		100%
Gender	Number of Clients	% of Total
"Other" and "Refused" are counted as "Unknown"		
Female	43	10.64%
Male	354	87.62%
Transgender FTM	0	0.00%
Transgender MTF	7	1.73%
Unknown	0	0.00%
		404
		100%
Race/Ethnicity	Number of Clients	% of Total
Includes Multi-Racial Clients		
White	157	38.86%
Black	148	36.63%
Hispanic	75	18.56%
Asian	23	5.69%
Hawaiian/Pacific Islander	1	0.25%
Indian/Alaskan Native	0	0.00%
Unknown	0	0.00%
		404
		100%

From 01/01/16 - 12/31/16



RESULTS OF REVIEW

Psychosocial Assessment

Psychosocial Assessment completed no later than third counseling session.

	Yes	No	N/A
Clients with assessment completed no later than the 3 rd appt.	56	-	2
Client records reviewed that included in this measure.	56	-	2
Rate	100%	-	-

Psychosocial Assessment: Required Elements

Psychosocial Assessment included assessment of all elements in the Mental Health Standards.

	Yes	No	N/A
Clients with assessment completed no later than the 3 rd appt.	56	-	2
Client records reviewed that included in this measure.	56	-	2
Rate	100%	-	-

Treatment Plan

Treatment Plan completed no later than third counseling session.

	Yes	No	N/A
Clients with treatment plans completed no later than the 3 rd appt.	51	-	7
Client records reviewed that included in this measure.	51	-	7
Rate	100%	-	-

Treatment Plan: Signed by Therapist

Treatment Plan was signed by the mental health professional who rendered service.

	Yes	No	N/A
Clients with treatment plans signed by therapist.	51	-	7
Client records reviewed that included in this measure.	51	-	7
Rate	100%	-	-

Treatment Plan: Reviewed/Modified

Treatment Plan was reviewed and/modified at least every ninety (90) days.

	Yes	No	N/A
Clients with treatment plans reviewed/modified every 90 days.	36	2	20
Client records reviewed that included in this measure.	38	38	20
Rate	95%	5%	-

Services Provided: Required Elements

Treatment included counseling covering all elements outlined in the Mental Health Standards.

	Yes	No	N/A
Clients who received counseling covering all elements.	54	-	4

Client records reviewed that included in this measure.	54	-	4
Rate	100%	-	-

Services Provided: Progress Notes

Progress notes completed for each counseling session and contained all elements outlined in the Mental Health Standards.

	Yes	No	N/A
Clients with progress notes complete and containing all elements.	55	-	3
Client records reviewed that included in this measure.	55	-	3
Rate	100%	-	-

Services Provided: Medical Care Coordination

Evidence that care was coordinated as appropriate across all medical care coordination team members.

	Yes	No	N/A
Clients with care coordinated across team.	56	-	2
Client records reviewed that included in this measure.	56	-	2
Rate	100%	-	-

Referrals: Referrals Made As Needed

Documentation that referrals were made as needed to specialized medical/mental health providers/services.

	Yes	No	N/A
Clients with referral needed and made.	3	-	55
Client records reviewed that included in this measure.	3	-	55
Rate	100%	-	-

Referrals: Referrals Outcome

Documentation is present in client's record of the referral and the outcome of the referral.

	Yes	No	N/A
Clients with referral document with outcome of referral.	3	-	55
Client records reviewed that included in this measure.	3	-	55
Rate	100%	-	-

Discharge Planning

Documentation is present that discharge planning was completed with the client.

	Yes	No	N/A
Clients with documented discharge planning.	22	-	36
Client records reviewed that included in this measure.	22	-	36
Rate	100%	-	-

Discharge

Documentation is reason for discharge is located in the client’s record and is consistent with agency policies.

	Yes	No	N/A
Clients with documented reason for discharge.	22	-	36
Client records reviewed that included in this measure.	22	-	36
Rate	100%	-	-

HISTORICAL DATA

Not applicable for 2016 Chart Review as this is the first time this service category has been reviewed under the new DSHS Standards. Sufficient data elements changed to prevent historical comparison.

CONCLUSION

Quality of mental health services continues to excellent. All clients reviewed (100%) completed a psychosocial assessment no later than the third counseling session, all clients had a treatment plan and medical care coordination was appropriate across all medical care coordination team members. Eleven data elements were met at 100%. Although 100% of clients had an appropriate treatment plan, 95% (36) had their plan reviewed and/or modified at least every ninety (90) days.



Living with HIV

HIV and Mental Health

(Last updated 3/3/2017; last reviewed 10/19/2016)

Key Points

- Mental health is defined as a state of overall well-being in which every individual realizes his or her own potential, can cope with the stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.
- If you have HIV, it's important to take care of both your physical health and your mental health.
- People with HIV have higher rates of mental health conditions than the general public.
- Mental health conditions are treatable, and people with mental health problems can recover.

What is mental health?

Mental health is defined as a state of overall well-being in which every individual realizes his or her own potential, can cope with the stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Mental health has three main areas:

- **Emotional well-being** (life satisfaction, happiness, cheerfulness, peacefulness)
- **Psychological well-being** (self-acceptance, optimism, hopefulness, purpose in life, spirituality, self-direction, positive relationships)
- **Social well-being** (social acceptance, believing in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community)

If you are living with HIV, it is important to take care of not only your physical health but also your mental health.

Are people with HIV at risk for experiencing mental health conditions?

Anyone can have problems with mental health. Mental health conditions are common in the United States. According to the [National Institute of Mental Health \(NIMH\)](#), in 2014, approximately 18% of adults in the United States had a mental illness.

People with HIV, however, have higher rates of mental health conditions than the general public. People with HIV may experience depression, anxiety, post-traumatic stress disorder, suicidal thoughts, and insomnia. To learn more about specific mental health problems, visit [MentalHealth.gov](#).

It's important to remember that mental health conditions are treatable and that people who have mental health problems can recover.

What can negatively affect a person's mental health?

Stressful situations—such as the death of a loved one, loss of a job, difficulties at school, or exposure to violence or abuse—can have a negative effect on a person's mental health. Having a serious medical illness or condition, like HIV infection, can be another major source of stress that affects a person's mental health in a negative way.

Sometimes, HIV infection and related [opportunistic infections](#) can also directly impact the brain and nervous system. This may lead to problems in memory, thinking, and behavior and can be a challenge to a person's mental health. In addition, some medicines used to treat HIV may have side effects that affect a person's mental health.

When do I need help with my mental health?

When feelings become severe, won't go away, or limit your ability to stay healthy and carry out typical functions in your life, it's important to get help.

Changes to your mental health that may indicate that you need help include:

- No longer finding enjoyment in activities that usually make you happy
- Experiencing persistent sadness or feeling empty
- Feeling anxious or stressed
- Having suicidal thoughts

Mental health conditions can sometimes lead to alcohol or drug use. Talk to your doctor if you are having any problems with alcohol or drugs. For more information on the connection between HIV and alcohol and drug use, read the *AIDSinfo* fact sheet on [HIV and Drug and Alcohol Users](#).

What should I do if I need help or someone tells me I need help?

Talk to your doctor. Your doctor will consider whether any of your HIV medicines may be affecting your mental health. Your doctor can also help you find someone who has experience helping HIV–infected people with their mental health. For example:

- Psychiatrists, psychologists, social workers, and therapists can use therapy to help you cope with life challenges and mental health problems. (Psychiatrists can also prescribe medicines.)
- Case managers can help you find mental health treatment, housing and transportation programs, domestic violence shelters, and child care.

Other ways to improve your mental health include:

- **Join a support group:** A support group is a group of people who meet in a safe and supportive environment to provide support to each other. There are mental health support groups and HIV support groups.
- **Practice meditation:** Research suggests that meditation can help lessen depression, anxiety, and stress. For more information on meditation, view the [Meditation: In Depth](#) website from the National Center for Complementary and Integrative Health (NCCIH).
- **Maintain healthy habits:** Regular exercise, adequate sleep, and healthy nutrition are important ways to take good care of yourself and can help when dealing with stressful situations.

To find mental health treatment services, use these resources from [NIMH](#) and the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#).

How can I learn more about mental health?

Visit the websites below to learn more about mental health. This fact sheet is based on information from these sources:

From the Centers for Disease Control and Prevention (CDC):

- [Mental Health Basics](#)
- [Act Against AIDS—Mental Health](#)

From the National Institute of Mental Health (NIMH):

- [HIV/AIDS and Mental Health](#)

From the Office on Women’s Health:

- [Mental Health and HIV/AIDS](#)

From the U.S. Department of Veterans Affairs:

- [Mental Health and HIV](#)

From the World Health Organization (WHO):

- [Mental Health: A State of Well-Being](#)