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Behavioral Health Services

Behavioral health services are designed to improve and enhance the emotional, mental, and behavioral health of the organization's targeted client population. Services may include but are not limited to counseling or psychotherapy, psychiatry and psychotropic medication evaluation and management, crisis intervention and emergency services, consultation, and outreach, prevention and referral services.

This chapter is applicable if any licensed or certified behavioral health clinicians are providing services. This includes psychiatrists, psychologists, licensed professional counselors, licensed social workers, licensed family and marital therapists, certified addiction counselors or any other certified or licensed behavioral health provider.

Behavioral health services are provided in accordance with all ethical practices, professional practices, and legal requirements. Such an organization has the following characteristics.

Standard	Compliance			
	SC	PC	NC	NA
A. Behavioral health services provided are limited to those approved by the governing body, consistent with the overall mission of the organization, and responsive to the diverse needs of the population being served.	☐	☐	☐	☐
1. Goals and objectives of the behavioral health services are included in the organization's planning process.	☐	☐	☐	☐
2. The plan for behavioral health supports issues central to diversity, equity, and access to care.	☐	☐	☐	☐
3. The scope of services, hours of operation and methods of delivering programs, services, and resources reflect and meet the needs of the population served.	☐	☐	☐	☐
4. The description of services includes program goals and objectives, treatment modalities offered, and an identification of the population served.	☐	☐	☐	☐
5. The scope of services is communicated to the population served.	☐	☐	☐	☐
B. Behavioral health services are provided in accordance with all applicable federal, state, and local requirements, and to appropriate standards of professional ethics as reflected in the disciplines of the behavioral health providers within the organization.	☐	☐	☐	☐
C. The organization has sufficient and appropriate resources to support the delivery of quality behavioral health services. These resources include but are not limited to facilities, equipment, providers, and clinical and administrative support staff.	☐	☐	☐	☐
1. Services are readily accessible and conveniently located.	☐	☐	☐	☐
2. Staffing patterns are adequate to provide services in a timely manner.	☐	☐	☐	☐

		SC	PC	NC	NA
a.	Case load assignments allow for a balance between direct service hours, administrative time and case management time.	☐	☐	☐	☐
b.	Appointments are scheduled at intervals consistent with client needs/severity of symptoms.	☐	☐	☐	☐
3.	Adequate technology is provided to support the achievement of the behavioral health service's mission and goals. The technology and its use must:	☐	☐	☐	☐
a.	Comply with institutional policies and procedures.	☐	☐	☐	☐
b.	Comply with relevant laws.	☐	☐	☐	☐
c.	Protect client/patient confidentiality.	☐	☐	☐	☐
4.	Space is sufficient to ensure privacy and confidentiality.	☐	☐	☐	☐
5.	The use and placement of security cameras, panic buttons and other safety measures have been appropriately assessed and implemented without compromising the privacy or confidentiality of clients.	☐	☐	☐	☐
D.	Behavioral health services are provided under the direction of a licensed professional who has been privileged by the organization's governing body to provide such oversight.	☐	☐	☐	☐
1.	The director has the necessary education, licensure and experience to provide leadership and direction for the coordination, recruitment, training, supervision, development, and evaluation of professional and administrative staff.	☐	☐	☐	☐
2.	The director is responsible for oversight of the resources and activities of the behavioral health service, including the administration of procedures related to the quality of services provided.	☐	☐	☐	☐
E.	Behavioral health services are provided only by licensed or certified health care professionals competent to perform them.	☐	☐	☐	☐
1.	Professional staff members have been granted privileges to provide specific behavioral health services, or have clearly defined job descriptions which outline the services they may provide.	☐	☐	☐	☐
2.	Clinical supervision and case consultation are available for professional staff.	☐	☐	☐	☐
3.	Professional staff members providing clinical supervision have the appropriate expertise, licensure/certification and training.	☐	☐	☐	☐
F.	Ongoing in-service training and professional development opportunities are provided for professional staff.	☐	☐	☐	☐
1.	There is documented evidence of annual training focusing on mandated reporting policies, such as reporting child and elder abuse.	☐	☐	☐	☐
2.	The organization provides for cultural competence training based on the population served.	☐	☐	☐	☐
3.	The organization holds staff accountable for integrating cultural competence training into their work.	☐	☐	☐	☐
4.	Staff receive annual education and training on the identification, prevention and treatment of suicidal behaviors.	☐	☐	☐	☐

		SC	PC	NC	NA
G.	Paraprofessionals and support staff assisting in the provision or administration of behavioral health services:	☐	☐	☐	☐
1.	Are supervised by professional personnel who possess applicable educational credentials and work experience.	☐	☐	☐	☐
2.	Have adequate specialized training to carry out their duties.	☐	☐	☐	☐
H.	Each client's clinical record contains initial behavioral health and medical histories.	☐	☐	☐	☐
I.	Both qualitative and quantitative measures are used to make appropriate assessments related to client functioning, presenting problems, and treatment/ disposition recommendations.	☐	☐	☐	☐
J.	A written and signed informed consent of the client is present in the clinical record at the start of treatment.	☐	☐	☐	☐
1.	The informed consent is inclusive of the type and scope of treatment provided, treatment expectations and parameters, potential risks and protections related to treatment.	☐	☐	☐	☐
2.	Instances of limited confidentiality are clearly articulated, reviewed with the client, and acknowledged by signature.	☐	☐	☐	☐
3.	Client/patient consent is obtained for the coordination of care with family members and/or significant others who play a role in the plan of care or treatment of the client.	☐	☐	☐	☐
K.	The client-centered behavioral health treatment plan:	☐	☐	☐	☐
1.	Includes goals of treatment and specific measurable objectives which are achievable, time specific and appropriate based on the needs of the client.	☐	☐	☐	☐
2.	Lists therapies, medication management, and other modalities of care and treatment, as appropriate.	☐	☐	☐	☐
3.	Is developed with the participation of the client, and there is documented evidence of the client's participation.	☐	☐	☐	☐
4.	Is updated periodically based on client status and progress on objectives.	☐	☐	☐	☐
L.	The clinical record is periodically updated with documentation related to the assessment and management of:	☐	☐	☐	☐
1.	Risk of harm to self or others.	☐	☐	☐	☐
2.	All known or potential co-morbidity disorders including addictive behaviors and substance abuse.	☐	☐	☐	☐
3.	Client self-understanding and level of motivation.	☐	☐	☐	☐
4.	Mental status, presenting symptoms and current functioning.	☐	☐	☐	☐
5.	Progress on client-centered measureable goals and objectives.	☐	☐	☐	☐
6.	Client self-management strategies that assist clients in practicing activities that reduce negative symptoms and improve quality of life.	☐	☐	☐	☐

		SC	PC	NC	NA
M.	Clinical record entries also address:	☐	☐	☐	☐
	1. Discharge/termination planning, as appropriate.	☐	☐	☐	☐
	2. Collaborative after-care plans and transitions to other services, as applicable.	☐	☐	☐	☐
N.	If psychiatric care and psychotropic medication evaluation and management are provided:	☐	☐	☐	☐
	1. A comprehensive psychiatric and medical health history is present in the clinical record.	☐	☐	☐	☐
	2. Timely follow up of medication evaluation is documented.	☐	☐	☐	☐
	3. Documentation regarding the efficacy of the medication regimen is conducted on a regular basis and side effects are routinely assessed.	☐	☐	☐	☐
	4. Collaboration between services is documented.	☐	☐	☐	☐
O.	Behavioral health care is coordinated with medical care.	☐	☐	☐	☐
	1. The clinical record contains documentation of any consultation, referrals and follow-up between medical care and behavioral health professionals.	☐	☐	☐	☐
	2. There is a system in place for medical care and behavioral health to communicate regarding shared clients.	☐	☐	☐	☐
	3. Relevant information such as the client/patient problem list, medications, allergies, and progress on objectives is available to all treating providers in medical care and behavioral health.	☐	☐	☐	☐
P.	The organization has adopted written policies and procedures regarding:	☐	☐	☐	☐
	1. Consistent client confidentiality and privacy assurances.	☐	☐	☐	☐
	a. Release of information practices assure that information is released only at the written request or concurrence of a client who has full knowledge of the nature of the information being released and of the parties to whom it is released.	☐	☐	☐	☐
	b. Statements of ethical standards specify limits in which disclosure to appropriate authorities without consent is authorized or mandated.	☐	☐	☐	☐
	2. Safety and security of staff, clients, and the organization.	☐	☐	☐	☐
	3. The security, confidentiality, and backup of data, as well as compliance with privacy laws.	☐	☐	☐	☐
Q.	The organization has adopted written policies for:	☐	☐	☐	☐
	1. The appropriate and timely triage of clients based on presenting symptoms, acuity and level of care required.	☐	☐	☐	☐
	2. There is a written policy which addresses the initial and periodic assessment of alcohol and other drug use.	☐	☐	☐	☐
	3. The management and follow-up of client/patients who miss appointments and/or drop out of treatment.	☐	☐	☐	☐

		SC	PC	NC	NA
4.	The behavioral health treatment of minors, if applicable.	☐	☐	☐	☐
5.	If the organization provides consultation services, it has adopted written policies for the provision of consultation services as needed to other appropriate entities, staff, caregivers and the community.	☐	☐	☐	☐
R.	The behavioral health service actively participates in the organization's peer review, quality improvement and risk management programs.	☐	☐	☐	☐
1.	Policies are in place for staff input and participation in quality improvement activities.	☐	☐	☐	☐
2.	A system is in place for the documentation and reporting of incidents and adverse events consistent with organizational policies and AAAHC Standards.	☐	☐	☐	☐
3.	Professional staff members participate in regular peer review activities consistent with organizational policies and AAAHC Standards.	☐	☐	☐	☐
S.	The behavioral health service has a system in place for consistent assessment and evaluation of services, including client satisfaction with services and outcome-based evaluation related to treatment efficacy.	☐	☐	☐	☐
T.	Crisis intervention and emergency services are directly provided or coordinated with other departments/agencies to meet the diverse needs of the population.	☐	☐	☐	☐
1.	Psychiatric services are available and can be accessed in a timely manner.	☐	☐	☐	☐
2.	Staff has the necessary training and education to appropriately provide assessment services related to the urgent behavioral health needs of the population.	☐	☐	☐	☐
3.	Written policies are in place for the appropriate referral of clients who may be in crisis, or who require a higher level of care than can be provided by the organization.	☐	☐	☐	☐
4.	Written policies are in place for the documentation of timely follow-up and tracking of referrals and coordinated care plans.	☐	☐	☐	☐
5.	Counseling services have procedures and guidelines consistent with institutional policy for responding to threats, emergencies, and crisis situations.	☐	☐	☐	☐
6.	Systems and procedures are in place to disseminate timely and accurate information to clients, the community, and appropriate external organizations during emergency situations.	☐	☐	☐	☐
7.	Clients presenting with high acuity, imminent danger, and/or high-risk behaviors are adequately monitored with appropriate treatment planning and service provision.	☐	☐	☐	☐
8.	Ethical principles, relevant statutes, and local mental health guidelines are used in responding to crisis situations.	☐	☐	☐	☐
9.	Behavioral health staff members have access to legal counsel when necessary and are provided with information regarding legal issues such as the handling of subpoenas, warrants, etc.	☐	☐	☐	☐

		SC	PC	NC	NA
U.	Referral services are provided:	☐	☐	☐	☐
	1. Information on referral resources within the institution and in the community is provided to the client and his/her family, as needed.	☐	☐	☐	☐
	2. Referral resources are consistently evaluated for availability and affordability to meet the needs of the population.	☐	☐	☐	☐
	3. Appropriate information is provided to the referral entity and documented in the clinical record.	☐	☐	☐	☐
	4. Policies are in place to assure coordination of care when treatment is shared or transferred to other entities, including after-hours crisis care services	☐	☐	☐	☐
V.	If outreach and prevention services are provided:	☐	☐	☐	☐
	1. Such services are based on data obtained through needs assessments, national data sources or other relevant data sources.	☐	☐	☐	☐
	2. Prevention programming focuses on issues related to risk reduction, wellness and quality of life.	☐	☐	☐	☐
	3. Policies are in place for evaluating the efficacy of the outreach activities provided.	☐	☐	☐	☐
	4. When outreach programs are conducted, there are policies in place for the identification and care of individuals who need immediate services.	☐	☐	☐	☐