

WORK PLAN FY 2013-2014 Mental Health STSC Baltimore EMA

PROBLEM/NEED: Patients with undiagnosed psychiatric disorders need comprehensive evaluation. Patients need ongoing treatment and evaluation of response to treatment as well as psychotherapy

GOAL I: Provide psychiatric multidisciplinary evaluations—assessment, psychosocial history, and substance abuse comprehensive history—for new patients.

| OBJECTIVES | KEY ACTION STEPS | EVALUATION METHODS | STAFF RESPONSIBLE |
|---|--|--|---|
| <p>Perform initial multidisciplinary psychiatric evaluations of new patients and document in patient charts</p> <p>Documented Evaluation will be present in the chart within 5 days</p> | <p>I.1 The patient’s chart will be reviewed for physical and medication status. A preliminary case formulation will be discussed and a diagnosis will be made.</p> <p>I.2 The patient will be educated about their disorder and potential treatments, as well as engage in mutual treatment planning.</p> <p>I.3 Arrangements will be made for medication, follow-up visits, and referral to other providers as indicated.</p> | <p>I.1 Documentation will be provided in patient's chart of history, prior treatment and response.</p> <p>I.2 Mental state exam documentation includes abnormalities of from of thought, mood, abnormal experiences such as hallucinations or delusions, and cognition.</p> <p>I.3 Diagnosis and initial treatment plan.</p> | <p>1.1 Primary licensed evaluating MD or Primary licensed clinician reviewed and annotated by evaluating MD</p> <p>1.2 Primary licensed evaluating MD or Primary licensed clinician reviewed and annotated by evaluating MD</p> <p>1.3 Primary licensed evaluating MD or Primary licensed clinician reviewed and annotated by evaluating MD</p> |

GOAL II: Provide follow-up visits to new and existing patients.

| OBJECTIVES | KEY ACTION STEPS | EVALUATION METHODS | STAFF RESPONSIBLE |
|--|--|--|---|
| <p>Provide follow-up encounters to patients.</p> <p>Documented note with findings will be present in the chart within 5 days</p> | <p>II.1 Treatment plan and patient progress will be reviewed at each visit.</p> <p>II.2 Psychotherapy and medication will be adjusted as necessary.</p> <p>II.3 Education about medicines and the course of psychiatric disorders, discussion of patient's current status, experiences, perceptions, feelings, and interpersonal relationships will occur.</p> <p>II.4 Patient will be educated on positive coping skills and alternatives to harmful behaviors.</p> | <p>II.1 Documentation will be provided in patient's chart in regards to new complaints.</p> <p>II.2 Document mental state exam including form of thought, mood, abnormal experiences and cognition. Each of these items will be reviewed with the patient at every follow-up visit. Review of laboratory values as needed.</p> <p>II.3 New diagnoses will be added, any changes in medication or treatment plan documented.</p> <p>II.4 Improvements documented.</p> | <p>II.1 Primary licensed evaluating MD or Primary licensed clinician reviewed and annotated by evaluating MD</p> <p>II.2 Primary licensed evaluating MD or Primary licensed clinician reviewed and annotated by evaluating MD (Medications will be adjusted only by licensed evaluating MD)</p> <p>II.3 Primary licensed evaluating MD or Primary licensed clinician reviewed and annotated by evaluating MD</p> <p>II.4 Primary licensed evaluating MD or Primary licensed clinician reviewed and annotated by evaluating MD</p> |

Goals of the National HIV/AIDS Strategy

| OBJECTIVES | KEY ACTION STEPS |
|--|--|
| Reducing HIV Incidence | Our goal and mission is to provide psychiatric care to HIV infected underserved patient populations. Psychiatrically ill patients have increased risk transmission behaviors as well as reduced HIV medication adherence and increased viral load. Treatment of the psychiatric disorders will reduce HIV viral load, increase risk adherence, improve health care compliance and retention, and therefore will be less likely to transmit virus. Additionally, part of psychiatric care includes treatment of substance abuse and prevention of self-destructive behaviors (such as sex work) and therefore will reduce transmission behaviors directly. In summary, both viral load reduction and transmission risk behaviors will be reduced. |
| Increasing Access to Care and Optimizing Health Outcomes | Our goal and mission is to provide psychiatric care to HIV infected underserved patient populations. Psychiatrically ill patients have poorer health outcomes, both because of the stigma associated with treatment and limited availability of care. Provision of integrated care improves both access to care as well as the likelihood of patients accepting psychiatric services. Our model has been shown to improve outcome and decrease mortality in patients with HIV infection, as well as improving medical adherence and HIV treatment outcome. |
| Reducing HIV Related Health Disparities | Our goal and mission is to provide psychiatric care to HIV infected underserved patient populations. People of color, women, substance users, and cognitively impaired persons have all been shown to receive decreased psychiatric services. Our service targets these underserved populations and improves their access to both medical services and psychiatric services. We provide access to both psychiatric services and through working with patients, better adherence to medical services. |

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JHU- Psychiatry-EMA

| CLIENTS | | 12 Month, Acheived |
|--|--|---------------------------|
| Unduplicated clients | | 182 |
| Unduplicated clients new to the organization's HIV mental health program | | 28 |
| Unduplicated clients receiving individual counseling sessions with a psychiatrist | | 103 |
| Unduplicated clients receiving individual counseling sessions with a licensed mental health professional | | 140 |
| SERVICE UNITS | | 12 Month, Acheived |
| Number of evaluations conducted for clients new to the organization's HIV mental health program | | 28 |
| Number of treatment plans developed for clients new to the organization's HIV mental health program | | 28 |
| Number of treatment plans updated for ALL clients in the HIV mental health program | | 123 |
| Number of individual counseling sessions provided by a psychiatrist | | 334 |
| Number of individual counseling sessions provided by a licensed mental health professional | | 297 |
| Total service units | | 810 |

JHU- Psychiatry STSC

| CLIENTS | | 12 Month, Acheived |
|---|--|---------------------------|
| Unduplicated clients | | 212 |
| Unduplicated clients new to the organization's HIV mental health program | | 32 |
| Unduplicated clients receiving individual counseling sessions with a psychiatrist | | 130 |

| | |
|--|------------|
| Unduplicated clients receiving individual counseling sessions with a licensed mental health professional | 183 |
| <i>SERVICE UNITS</i> <i>12 Month, Achieved</i> | |
| Number of evaluations conducted for clients new to the organization's HIV mental health program | 32 |
| Number of treatment plans developed for clients new to the organization's HIV mental health program | 32 |
| Number of treatment plans updated for ALL clients in the HIV mental health program | 180 |
| Number of individual counseling sessions provided by a psychiatrist | 273 |
| Number of individual counseling sessions provided by a licensed mental health professional | 400 |
| Total service units | 917 |