



Services for Mental Health and/or Substance Use Disorders

DEFINITION

Services for Mental Health and/or Substance Use Disorders (MHSU) are comprehensive, community-based, and designed to help individuals with diagnosable conditions, including: mental health disorders; disorders relating to the use of alcohol, drugs, or other substances; and co-occurring mental health and substance use disorders.

Based on the needs of the individual, services may address mental health symptoms, diagnoses, and associated functional impairments; resolve issues resulting from the use of alcohol, drugs, or other substances; help manage co-occurring mental health, substance use, and/or health conditions; or provide clinical support for psychosocial adjustments related to life cycle issues.

Standards Assignment Criteria

The Services for Mental Health and/or Substance Use Disorders (MHSU) standards apply to organizations providing:

- Services for Mental Health and Substance Use Disorders;
 - Mental Health Services only; or
 - ~~Services for Substance Use Disorders only.~~
- Organizations offering the following levels of care will be responsible for completing all applicable standards within the service section:

- Diagnosis, Assessment, and Referral Services only;
 - Clinical Counseling; and
 - ~~Detoxification Treatment only.~~
- The way in which the standards are applied and implemented will depend on the type of service and the level of care. Please refer to the [Services for Mental Health and/or Substance Use Disorders \(MHSU\) - Standards Assignment Criteria Chart](#) for a list of applicable standards by program model.

Interpretation: *Services can be offered in a variety of settings within the community including outpatient clinics, schools, and service recipients' homes. As communication technology continues to evolve, organizations are increasingly utilizing electronic interventions to deliver services. Technologies include videoconferencing, online chat platforms, texting, and mobile applications.*

Research Note: *Individuals with a mental health disorder are at increased risk of developing a substance use disorder and vice versa. Given the high prevalence of co-occurring mental health and substance use disorders,*

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Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



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state mental health and substance abuse authorities are making efforts to integrate systems and services that address these conditions. Integrated treatment --treatment that addresses mental and substance use disorders simultaneously -- is linked to better outcomes for individuals with co-occurring disorders, including improved psychiatric functioning, decreased hospitalization, reduced substance use, and improved quality of life.

Research Note: *The Patient Protection and Affordable Care Act (ACA) and the Health Care and Education Reconciliation Act of 2010 build on the Mental Health Parity and Addiction Equity Act of 2008 by requiring coverage of mental health and substance use disorder benefits to be on par with physical health coverage.*

Research Note: *The importance of providing trauma-informed care is reinforced by a growing body of research on the impact of adverse childhood experiences. A national network of providers, researchers, peer advocates, and families working collaboratively to raise the standard of care has defined a trauma-informed organization as one in which all programs:*

- a. routinely screen for trauma exposure and related symptoms;*
- b. use culturally and linguistically appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms;*
- c. make resources available to children, families, and providers on trauma exposure, its impact, and treatment;*
- d. engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;*
- e. address parent and caregiver trauma and its impact on the family system;*
- f. emphasize continuity of care and collaboration across child-serving systems; and*
- g. maintain an environment of care and provide access to needed services for staff that address, minimize, and treat secondary traumatic stress, and that increase staff resilience.*

Note: *Organizations providing detoxification treatment will complete MHSU 8 in addition to all other applicable core concepts.*

Note: *Organizations providing services for substance use disorders in a residential setting will complete Group Living Services (GLS) or Residential Treatment Services (RTX) and MHSU 3, MHSU 4, MHSU 5, MHSU 6, MHSU 7, MHSU 9, and MHSU 13.*

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Note: *Clinical counseling programs reviewed under Services for Mental Health and/or Substance Use Disorders (MHSU) focus on the treatment of diagnosable conditions where therapeutic, evidence-based interventions are provided by appropriately trained, licensed, and/or credentialed personnel.*

Clinical counseling programs reviewed under MHSU are distinct from counseling programs reviewed under Counseling, Support, and Education Services (CSE), which provide non-clinical types of counseling that offer guidance, coaching, community support, and skills building to individuals, families, and groups. Services reviewed under CSE are provided by non-clinical staff, and while there is a screening and intake process, assessments and service plans are not required.

Note: *Please see the MHSU Reference List and Suicide Prevention Reference List for a list of resources that informed the development of these standards.*

Table of Evidence

Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
 - a. the program's approach to delivering services;
 - b. the eligibility criteria;
 - c. any unique or special services provided to specific populations; and
 - d. major funding streams
- If the elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
 - a. racial and ethnic characteristics
 - b. gender/gender identity;
 - c. age;
 - d. major religious groups, as appropriate; and
 - e. major language groups
- As applicable, a list of groups or classes including, for each group or

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class:

- a. the type of activity/group;
 - b. whether the activity/group is short-term or ongoing;
 - c. how often the activity/group is offered;
 - d. the average number of participants per session of the activity/group, in the last month; and
 - e. the total number of participants in the activity/group, in the last month
- A list of the programs that were opened, merged with other programs or services, or closed.
 - A list or description of program outcomes and outputs being measured.

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

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MHSU 1: Service Philosophy, Modalities, and Interventions

The service philosophy:

- a. sets forth a logical approach for how program activities and interventions will meet the needs of service recipients;
- b. ensures that services are strengths-based, person- or family-centered, culturally and linguistically responsive, and trauma-informed;
- c. guides the development and implementation of program activities and services based on the best available evidence of service effectiveness; and
- d. outlines the service modalities and interventions that personnel may employ.

Interpretation: *A functional service philosophy, logic model, or similar framework guides program development and implementation by linking the organization's mission or purpose with strategies, practices, or tools needed to integrate these into daily work. A well-defined and visible practice framework will help staff and stakeholders think systematically about how the program can make a measureable difference by drawing clear connections between program values, service population needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

Interpretation: *Organizational self-assessments can evaluate the extent to which organizations' policies and practices are trauma-informed, as well as identify strengths and barriers in regards to trauma-informed service delivery and provision. For example, organizations can evaluate staff training and professional development opportunities and review supervision ratios to assess whether personnel are trained and supported on trauma-informed care practices. Organizations can also conduct an internal review of their assessments and service planning processes to ensure that services are being delivered in a trauma-informed manner.*

Interpretation: *Detoxification programs are focused on withdrawal management. The primary goal is to stabilize service recipients so that they can transition to a substance use treatment program. The service philosophy should reflect the primary focus of the program and outline any limitations to service delivery based on the program model. For example, depending on the level of care, family involvement may not be appropriate throughout the duration of treatment.*

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Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

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- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service philosophy
- Procedures for the use of therapeutic interventions
- Policies for prohibited interventions

On-Site Evidence

- Documentation of training and/or certification related to therapeutic interventions

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Individuals or families served
- Review case records

MHSU 1.01

The program is guided by a philosophy that provides a logical basis for services and support to be delivered in a trauma-informed and culturally and linguistically responsive manner, based on program goals and the best available evidence of service effectiveness.

Interpretation: *Services and support should be tailored to meet the individualized needs and goals of service recipients.*

Research Note: *Organizations that are trauma-informed recognize the signs and symptoms of trauma, and respond by applying the six principles of a trauma-informed approach:*

- a. *safety;*
- b. *trustworthiness and transparency;*
- c. *peer support;*

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- d. *collaboration and mutuality;*
- e. *empowerment, voice, and choice; and*
- f. *cultural, historical, and gender issues.*

Research Note: *Providing services in a culturally and linguistically responsive manner is a strategy for combating health disparities and improving health outcomes for diverse populations. National standards on the provision of culturally and linguistically appropriate services have been developed to help organizations better serve increasingly diverse communities.*

(FP) MHSU 1.02

Prior to providing any therapeutic interventions, the organization:

- a. explains any benefits, risks, side effects, and alternatives to the service recipient or a legal guardian;
- b. obtains the written, informed consent of the individual or his/her legal guardian;
- c. ensures that personnel receive sufficient training, and/or certification when it is available; and
- d. monitors the use and effectiveness of such interventions.

Related: CR 1.07, RPM 2.02

Interpretation: *Organizations that choose to engage in modalities or interventions that do not have an established evidence base should ensure that practices do not cause physical or psychological harm by demonstrating in their procedures that they have acknowledged the potential risks of implementing such methods and subsequently taken appropriate measures to minimize risks.*

Research Note: *Complementary and alternative medicine (CAM) techniques, also known as complimentary health approaches, are products and practices that are not considered part of conventional medicine including, for example, massage therapy, movement therapy, hypnosis, acupuncture, meditation, yoga, and aromatherapy. While CAM is commonly associated with physical health, alternative therapies are being integrated into behavioral health. A growing body of research suggests that mind-body practices, such as mindfulness meditation and yoga, can enhance quality of life, decrease psychological stress, and improve mental health outcomes.*

NA *The organization provides Diagnosis, Assessment, and Referral Services only.*

(FP) MHSU 1.03

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Organization policy prohibits:

- a. corporal punishment;
- b. the use of aversive stimuli;
- c. interventions that involve withholding nutrition or hydration or that inflict physical or psychological pain;
- d. the use of demeaning, shaming, or degrading language or activities;
- e. forced physical exercise to eliminate behaviors;
- f. unwarranted use of invasive procedures or activities as a disciplinary action;
- g. punitive work assignments;
- h. punishment by peers; and
- i. group punishment or discipline for individual behavior.

Related: RPM 2.02, BSM 2.02, RPM 2.03

NA *The organization provides Diagnosis, Assessment, and Referral Services only.*

(FP) MHSU 1.04

An intervention is discontinued immediately if it produces adverse side effects or is deemed unacceptable according to prevailing professional standards.

Related: RPM 2.02, RPM 2.03

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MHSU 2: Screening and Intake

The organization's screening and intake practices ensure that service recipients receive prompt and responsive access to appropriate services.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Referrals procedures need strengthening; or
- For the most part, established timeframes are met;
- Active client participation occurs to a considerable extent.
- In a few rare instances urgent needs were not prioritized.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized, or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- Screening and intake done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or

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- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Screening and intake procedures

On-Site Evidence

- List of community-based providers/ referral sources

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Individuals or families served
- Review case records

MHSU 2.01

Service recipients are screened at intake and informed about:

- a. how well their request matches the organization's services;
- b. what services will be available and when; and
- c. rules and expectations of the program.

Related: CR 1.01

Interpretation: *Screenings will vary based on the program's target population and services offered and may include information to identify any of the following: trauma history, substance use disorders, mental illness, developmental delays, suicide and self-harm history and current level of risk, and/or risk of harm to others.*

Interpretation: *For organizations providing services for substance use disorders, rules and expectations of the program should include any consequences that can result from the verified use of alcohol, drugs, or other substances while participating in the program.*

Interpretation: *For residential detoxification treatment programs, rules and*

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expectations could include:

- a. *personal items service recipients may bring them; and*
- b. *items that are discouraged or prohibited.*

Research Note: *Employing electronic, telephonic, or technology-based interventions can minimize geographic barriers and increase the availability of necessary services, particularly for individuals and families living in rural or underserved areas.*

NA *Another organization is responsible for screening, as defined in a contract.*

(FP) MHSU 2.02

Prompt, responsive intake practices:

- a. ensure equitable treatment;
- b. give priority to urgent needs and emergency situations;
- c. facilitate the identification of individuals and families with co-occurring conditions and multiple needs;
- d. enable access to a comprehensive assessment process;
- e. support timely initiation of services; and
- f. provide for placement on a waiting list, if desired.

Interpretation: *Screening and intake procedures should direct staff on how to identify and respond to individuals or families experiencing emergency situations to ensure that they receive expedited treatment planning and are connected to more intensive services. For example, individuals discharged from emergency rooms or psychiatric inpatient facilities after a suicide attempt remain a high-risk group post discharge. To reduce the risk of suicide re-attempt, these individuals should be contacted within 24 hours, receive access to services within three to seven calendar days, and active outreach should be initiated in cases of a missed appointment until contact is made. Organizations should have the capacity to refer individuals in crisis to the appropriate services, which may include 24-hour mobile crisis teams, emergency crisis intervention services, crisis stabilization, or 24-hour crisis hotline.*

Urgent situations can also include those in which an individual has a child in the child welfare system.

Interpretation: *Wait times are a major barrier to individuals and families receiving services. Organizations can monitor waitlists and standardize their*

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referral process to improve accessibility.

Research Note: *Literature indicates that schools are the primary setting for the identification of children and youth with mental health conditions.*

Symptoms usually begin in early childhood; however, some disorders may develop and present in later adolescence. Organizations that serve children and youth should collaborate with school-based and primary health care settings to identify those with mental health needs and facilitate access to services as early as possible. Early intervention can prevent significant mental health issues from developing and reduce risk behaviors, such as suicide or self-harm, substance use, and involvement with the juvenile justice system.

MHSU 2.03

Service recipients who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources.

NA *The organization accepts all service recipients.*

MHSU 2.04

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. emergency health needs; and
- c. safety concerns, including imminent danger or risk of future harm.

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MHSU 3: Assessment

Service recipients participate in a comprehensive, individualized, trauma-informed, strengths-based, family-focused, culturally and linguistically responsive assessment to determine an appropriate level of service.

Interpretation: *For an assessment to be trauma-informed, the organization understands and recognizes the role of traumatic life events in the development of mental health and/or substance use disorders. Personnel should focus on the experiences and strengths of the service recipient rather than personal deficits and weaknesses. Adopting this assumption at all levels of treatment ensures that the organization actively prevents instances that could potentially re-traumatize service recipients.*

Interpretation: *For detoxification treatment programs, due to the physical and mental state of the service recipient, family involvement in the assessment process may not be appropriate. Therefore, the assessment will focus on the individual and his or her care needs.*

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
 - Procedures need strengthening; or
 - With few exceptions procedures are understood by staff and are being used; or
 - For the most part, established timeframes are met; or
 - Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
 - Active client participation occurs to a considerable extent; or

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- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests, or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Assessment and reassessment procedures
- List of standardized assessment tools used

On-Site Evidence

- Copies of any standardized assessment tools used
- List of identified medical referral sources, if applicable (MHSU 3.07)

On-Site Activities

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- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Individuals or families served
- Review case records

MHSU 3.01

The information gathered for assessments is strengths-based, comprehensive, directed at concerns identified in the initial screening, and limited to material pertinent for meeting service requests and objectives.

MHSU 3.02

Assessments are conducted in a culturally and linguistically responsive manner, and:

- a. identify resources that can increase service participation and achievement of agreed-upon goals; and
- b. address issues of special relevance to various groups, such as women, older adults, young children, or adolescents, as applicable.

Interpretation: *Culturally responsive assessments can include attention to geographic location; language of choice; the person's religious, racial, ethnic, and cultural background; and military status. Other important factors that contribute to a responsive assessment include attention to age, sexual orientation, gender identity, developmental level and level of literacy attainment.*

Interpretation: *For organizations serving children, assessments should take into account systems involvement including education, child welfare, and juvenile justice.*

Research Note: *Some groups of service recipients may be at higher risk for suicide due to past trauma, compounding risk factors, and/or societal stigma, including individuals with systems involvement (foster care, juvenile justice, criminal justice), military service members, American Indian and Alaska Natives, and individuals who identify as lesbian, gay, bisexual, and transgender (LGBT).*

MHSU 3.03

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Engagement and assessment are characterized by:

- a. sensitivity to the willingness of the service recipient to be engaged;
- b. a non-threatening manner;
- c. respect for the service recipient's autonomy and confidentiality;
- d. flexibility; and
- e. persistence.

MHSU 3.04

Each service recipient receives an individualized, comprehensive assessment, which includes a summary of symptoms and diagnoses based on a standardized diagnostic tool.

Interpretation: *The standardized diagnostic tool should be used to match the needs of the service recipient with the appropriate level care. Assessment tools will vary depending on the age and developmental level of the service population.*

Examples of standardized instruments or protocols include: the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, the International Statistical Classification of Diseases and Related Health Problems (ICD), the Addiction Severity Index, Treatment Services Review, the American Society of Addiction Medicine (ASAM) Patient Placement Criteria, the Institute of Medicine (IOM), the Child and Adolescents Needs and Strengths (CANS), criteria required by federal or state oversight authorities, and criteria required for participation in managed care delivery systems.

Interpretation: *Assessments are completed within timeframes established by the organization. Organizations should review state Medicaid plans or other third party reimbursement requirements to ensure they are meeting required timeframes.*

(FP) MHSU 3.05

The comprehensive assessment includes:

- a. the service recipient's behavioral health, physical health, and community and social support service needs and goals;
- b. trauma history and recent incidents of trauma;
- c. individual and family strengths, risks, and protective factors; and

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d. natural supports and helping networks.

Interpretation: *In regards to element (a), the comprehensive assessment may include: an evaluation of mental health and/or substance use disorders, a psychiatric history, suicide and self-harm history and current level of risk, a complete alcohol and drug use history, medical history, and evaluation of social support and community support networks.*

Organizations serving young children should tailor the assessment process to meet the age and developmental level of the service population.

Assessments may include an evaluation of factors that impact the child's social and emotional well-being (e.g., family characteristics), an observation of the child's behavior, and/or a thorough health and developmental history.

Interpretation: *A trauma screen is a brief measure or tool that determines whether an individual has experienced specific traumatic events. Trauma screening tools usually detect exposure to potentially traumatic events or experiences or the presence of traumatic stress symptoms and reactions.*

If there is an indication of trauma during the trauma screen then the individual should also receive a comprehensive, evidence-based trauma assessment. The trauma assessment is a diagnostic process that is conducted by a clinician or trained mental health professional and determines whether clinical symptoms of traumatic stress are present as well as the severity of symptoms that impact the individual's level of functioning and treatment options.

Personnel with specialized trauma-related education, skills, and training, or a qualified cooperating service provider, screen and assess individuals for trauma symptoms.

Interpretation: *Due to the short-term nature and focus of detoxification treatment programs, individuals seeking treatment may not have the opportunity to address trauma history and/or recent incidents of trauma during the assessment process. Similarly, it may not be appropriate to involve family members in the assessment process or assess family strengths, risks, and protective factors due to the service recipient's physical and mental state at the time of the assessment.*

(FP) MHSU 3.06

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The organization engages service recipients in a risk assessment to assess their risk of suicide, self-injury, neglect, exploitation, and violence towards others.

Interpretation: *Personnel that conduct evaluations should be aware of the indicators of a potential trafficking victim, including, but not limited to, evidence of mental, physical, or sexual abuse; physical exhaustion; working long hours; living with employer or many people in confined area; unclear family relationships; heightened sense of fear or distrust of authority; presence of older significant other or pimp; loyalty or positive feelings towards an abuser; inability or fear of making eye contact; chronic running away or homelessness; possession of excess amounts of cash or hotel keys; and inability to provide a local address or information about parents.*

Interpretation: *All programs should maintain an evidence-based suicide risk assessment protocol. All suicide risk assessment tools are required to include information related to the four core principles of: suicidal desire, capability, intent, and buffers/protective factors.*

Research Note: *The field of suicide prevention and research has grown dramatically in recent years. Research shows that behavioral health conditions, such as mental illness and/or substance use disorders, and traumatic or violent life events can heighten an individual's subsequent suicide risk. Identifying risks, warning signs, and protective factors during the assessment process can facilitate prompt access to necessary services and interventions.*

(FP) MHSU 3.07

Unmet medical needs identified in the assessment are addressed directly, or through an established referral relationship, and can include:

- a. medication monitoring and management;
- b. physical examinations or other physical health services;
- c. medical detoxification;
- d. laboratory testing and toxicology screens; or
- e. other diagnostic procedures.

Interpretation: *The nature of problems resulting from mental health and/or substance use disorders may require medical services to be available. The organization is not required to provide services directly, but the results of medical screens, tests, and services should be documented in the case record when available and incorporated into service planning and monitoring.*

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Services for Mental Health and/or Substance Use Disorders

Interpretation: Organizations providing treatment services for mental health and/or substance use disorders are expected to have a licensed physician or other qualified health professional with appropriate training and experience on staff or available through a contract or formal arrangement. All other services must have, at minimum, an established referral relationship with a licensed physician or other qualified health professional.

Interpretation: Clinical personnel coordinate services when an individual receives medical treatment from a private physician. For example, a physician may refer the individual to the organization for counseling or prevention. In such cases, the organization is not responsible for addressing the medical aspects of treatment, but must coordinate services with the physician.

MHSU 3.08

Reassessments are conducted as necessary, according to the needs of the service recipient.

Interpretation: Reassessments are completed within timeframes established by the organization depending on the service population and length of treatment. Timeframes may also be delineated by regulatory requirements. The organization may conduct a reassessment during specific milestones in the treatment process, including:

- a. after significant treatment progress;
- b. after a lack of significant treatment progress;
- c. after new symptoms are identified;
- d. after changes in treatment strategy and/or medication;
- e. when significant behavioral changes are observed;
- f. when there are changes to a family situation; or
- g. when significant environmental changes or external stressors occur.

Interpretation: The events listed in elements (c) through (g) may heighten or trigger suicide risk, as could a new physical or mental health diagnosis, and should therefore prompt a new suicide risk assessment. Once any potential suicide risk is identified, reassessments should occur regularly even if these trigger events are not observed.

Research Note: Service recipients may not be able or willing to reveal traumatic life events during the initial, comprehensive assessment process. Reassessments allow for personnel to gather new trauma-related information that can inform service delivery as well as treatment objectives and goals.

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

Research Note: *Research shows that children involved in the child welfare system, particularly children in foster care, experience high rates of mental illness, which can often be difficult to detect. Due to the many life changes they experience, multiple, ongoing assessments may be necessary as they adjust to a new situation.*

Similarly, individuals at risk for suicide may not be identified unless reassessed as they often do not disclose their thoughts or plans due to stigma and discrimination, or may be in denial. Additionally, suicide risk is not a constant state, instead, individuals move between various stages of risk or between passive and active ideation.

NA *The organization provides Diagnosis, Assessment, and Referral Services only.*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

MHSU 4: Service Planning and Monitoring

Service recipients and their families participate in the development and ongoing review of an individualized, person- or family-centered service plan that is the basis for delivery of appropriate services and support.

Interpretation: *Family involvement has been emphasized due to the significant impact family engagement can have on resilience and recovery. However, the level of family involvement will vary given the age and expressed wishes of the person and as permitted by law.*

Program model and structure can also impact family involvement. For example, detoxification treatment programs are short-term and primarily focused on withdrawal management; therefore, service recipients have limited opportunities to involve family members in the service planning and monitoring process. Furthermore, it may not be appropriate to engage family members due to the service recipient's physical and mental state and treatment progress.

Due to the importance of family involvement in achieving positive outcomes for children, all aspects of service delivery should be family-driven when working with this population, accounting for the dynamics of the family as well as the needs of the child. Family should be defined in partnership with the child and can include the child's birth, foster, adoptive, or kinship caregivers as appropriate.

NA *The organization provides Diagnosis, Assessment, and Referral Services only.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or

- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service planning and monitoring procedures, including strategies for active family participation when appropriate
- Crisis and safety planning procedures

On-Site Evidence

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

- Documentation of case review

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Individuals or families served
- Review case records

MHSU 4.01

An individualized, person- or family-centered service plan is developed in a timely manner with the full participation of the service recipient, and expedited service planning is available when crisis or urgent need is identified.

Interpretation: *Service planning is conducted so that the individual retains as much personal responsibility and self-determination as possible and desired. Individuals with limited ability in making independent choices receive help with making or learning to make decisions.*

When the service recipient is a minor, or an adult under the care of a guardian, the organization should follow applicable state laws or regulations requiring involvement or consent of service recipients' legal guardians.

Research Note: *Literature suggests that service recipient involvement should support active communication of ideas, goals, and feelings so individuals can be successful and satisfied in their chosen environment. When service recipients feel empowered to make choices, positive outcomes increase. Individuals build self-esteem and experience greater independence and self-mastery.*

Note: *Organizations should review state Medicaid plans or other third party reimbursement requirements to ensure they are meeting required timeframes for completing service plans.*

MHSU 4.02

The service plan is based on the assessment, and includes:

- a. agreed upon goals, desired outcomes, and timeframes for achieving them;
- b. services and supports to be provided, and by whom; and
- c. the service recipient or legal guardian's signature.

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

Interpretation: *Treatment outcomes for adults may include the ability to live independently or obtain employment, while outcomes for children and youth may focus on school performance and social and emotional well-being.*

Note: *For service members, veterans, and their families, the service plan should also clearly outline which services will be provided on the installation or Veterans Affairs facility, when appropriate to the needs and wishes of the service recipient. Research has shown that this population is often unsure of the services to which they are entitled and how to navigate military care systems. The clinician should take an active role in navigating these care systems when possible.*

MHSU 4.03

During service planning, the organization explains:

- a. available options;
- b. how the organization can support the achievement of desired outcomes; and
- c. the benefits, alternatives, and risks or consequences of planned services.

MHSU 4.04

The service plan addresses, as appropriate:

- a. unmet service and support needs;
- b. possibilities for maintaining and strengthening family relationships; and
- c. the need for support of the service recipient's informal social network.

Note: *While the involvement of family and significant others can support the development of an effective, individualized service plan, Medicaid requires that all goals, services and interventions be for the exclusive benefit of the service recipient.*

(FP) MHSU 4.05

The organization engages service recipients and involved family members in crisis and/or safety planning, as appropriate to individual needs.

Interpretation: *While each individual service recipient may not require a crisis plan, the organization should have a process in place for determining whether or not a crisis plan is necessary.*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

The crisis plan should identify individualized warning signs of a crisis, and should specify interventions that may or may not be implemented by personnel in order to help the individual de-escalate and promote stabilization. The plan can be part of, and reviewed with, the service recipient's overall service or treatment plan.

Depending on the needs of the individual, crisis plans may reference an advanced mental health directive, also known as advanced psychiatric directive, which enables a person to make decisions about the care they want to receive when they may be incapacitated. Advanced directives go into effect if the person is unable to make decisions for him/herself, and are revocable. They frequently address preference for hospitals, medications, specific interventions, and designation of a person to make decisions about their care.

Organizations may also provide family members with information on crisis prevention. For example, Mental Health First Aid is a one-day training that can prepare someone to recognize, understand, and respond to a service recipient's mental health crisis.

Interpretation: *A safety plan is a prioritized written list of coping strategies and sources of support that individuals who have been deemed to be at high risk for suicide can use. Individuals can implement these strategies before or during a suicidal crisis. A personalized safety plan and appropriate follow-up can help suicidal individuals cope with suicidal feelings in order to prevent a suicide attempt or possibly death. The safety plan should be developed once it has been determined that no immediate emergency intervention is required. Components of a safety plan include: recognition of warning signs, internal coping strategies, socialization strategies for distraction and support, family and social contacts for assistance, professional and agency contacts, and lethal means restriction.*

"No-suicide contracts," also known as "no-harm contracts" and other similar terms, should never be used. No-suicide contracts are based on a verbal or written agreement by the service recipient to not engage in self-harm or suicidal acts during a specific timeframe. Research does not support this practice or show that these agreements are effective at preventing suicides, nor have they been found to provide protection against malpractice lawsuits.

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.

MHSU 4.06



Services for Mental Health and/or Substance Use Disorders

The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly, at minimum, to assess:

- a. service plan implementation;
- b. progress toward achieving service goals and desired outcomes; and
- c. the continuing appropriateness of the agreed upon service goals.

Interpretation: *Experienced workers may conduct reviews of their own cases. In such cases, the worker's supervisor reviews a sample of the worker's evaluations as per the requirements of the standard.*

Interpretation: *Timeframes for review should be adjusted depending upon the issues and needs of persons receiving services and the frequency and intensity of the services being provided. Individuals with higher level of care needs require frequent review. For example, weekly review is recommended for service recipients with substance use disorders at high risk for relapse. Individuals with acute or complex needs (e.g., service recipients receiving medications for diagnosed symptoms and conditions) may require that their service plan be reviewed and updated every 30 days.*

NA *The organization provides detoxification treatment only.*

MHSU 4.07

The worker and service recipient or legal guardian regularly review progress toward achievement of agreed upon goals and document revisions to service goals and plans.

Interpretation: *In regards to documentation, any revisions to the service plan or service goals should be signed by a member of the treatment team and the service recipient, or a legal guardian when the service recipient is a minor, or otherwise documented in a manner that is consistent with the organization's service planning and monitoring procedures.*

NA *The organization provides detoxification treatment only.*

MHSU 4.08

Family members and significant others, as appropriate, and with the consent of the service recipient, are advised of ongoing progress and invited to participate in case conferences.

Interpretation: *The organization facilitates the participation of family and significant others by, for example, helping arrange transportation, and*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

including them in scheduling decisions.

NA *The organization provides detoxification treatment only.*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

MHSU 5: Clinical Counseling

The organization provides clinical counseling services that:

- a. provide an appropriate level and intensity of support and treatment;
- b. recognize individual and family values and goals;
- c. accommodate variations in lifestyle;
- d. emphasize personal growth, development, and situational change; and
- e. promote recovery, resilience, and wellness.

Interpretation: *Recovery is a holistic process of change where individuals learn to overcome or manage their diagnosed symptoms and conditions in order to improve overall well-being and achieve optimal health.*

Interpretation: *Detoxification treatment programs include daily clinical services such as appropriate medical care, therapy, and withdrawal support. A range of therapies (e.g., cognitive, behavioral, medical, and mental health therapies) are provided to service recipients on an individual or group basis. Services aim to enhance the service recipient's understanding of addiction, completion of withdrawal management, and referral to an appropriate level of care for substance use treatment. The delivery of services will vary and depends on the assessed needs of the service recipient and his or her treatment progress.*

NA *The organization provides Diagnosis, Assessment, and Referral Services only.*

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
 - Procedures need strengthening; or
 - With few exceptions procedures are understood by staff and are being used; or
 - For the most part, established timeframes are met; or
 - Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of clinical counseling services
- Procedures for providing necessary care to service recipients who are victims of violence, abuse, neglect, or other known trauma, or at risk for suicide (MHSU 5.04)
- Procedures for evaluating level and intensity of care (MHSU 5.05)

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Individuals or families served
- Review case records

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

MHSU 5.01

Clinical counseling services help service recipients develop the knowledge, skills, and supports necessary to:

- a. manage mental health and/or substance use disorders;
- b. cultivate and sustain positive, meaningful relationships with peers, family members, and the community;
- c. develop self-efficacy; and
- d. promote whole-person wellness.

Research Note: *According to the Substance Use and Mental Health Services Administration (SAMHSA)'s Wellness Initiative, whole-person wellness refers to overall well-being and encompasses the mental, emotional, physical, occupational, intellectual, and spiritual aspects of an individual's life.*

Research Note: *Developing and maintaining relationships with meaningful individuals or groups, such as family members, peers, teachers, coworkers, and community organizations, can help individuals manage behavioral health issues, including suicide risk, psychological distress, mental illness, and/or substance use. Research suggests that individuals with mental illness who have larger, more satisfactory support networks report better quality of life.*

MHSU 5.02

Personnel engage and motivate service recipients by demonstrating:

- a. sensitivity to the needs and personal goals of the service recipient;
- b. a non-threatening manner;
- c. respect for the person's autonomy, confidentiality, sociocultural values, personal goals, lifestyle choices, and complex family interactions;
- d. flexibility; and
- e. appropriate boundaries.

MHSU 5.03

Personnel assist service recipients to:

- a. explore and clarify the concern or issue;
- b. voice the goals she or he wishes to achieve;
- c. identify successful coping or problem-solving strategies based on the

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

- individual's strengths, formal and informal supports, and preferred solutions; and
- d. realize ways of maintaining and generalizing the individual's gains.

Research Note: *Research suggests the most successful interventions are those driven by the individual's goals and utilizing the individual's strengths, coping mechanisms, and support networks. Assisting individuals and families to identify the concern that brought them into treatment, their goals for treatment, and the tools they have to successfully accomplish their goals leads to greater self-sufficiency and fewer treatment needs in the future.*

(FP) MHSU 5.04

If a service recipient is a victim of violence, abuse, neglect, other known trauma, or at risk for suicide, the organization provides:

- a. trauma-informed care;
- b. a safety plan, as needed;
- c. more frequent monitoring of progress toward service goals;
- d. more intensive services; and
- e. a referral.

Interpretation: *Regarding element (b), safety plans will look different depending on the specific needs of the service recipient. For example, safety plans for survivors of domestic violence focus on helping individuals prepare for immediate escape, while safety plans for individuals at risk for suicide focus on warning signs, coping strategies, and lethal means restriction.*

Interpretation: *Service members and veterans who are trauma survivors may need services uniquely tailored to their needs. Service members and veterans often experience a complex nexus of post-traumatic stress disorder (PTSD), depression, traumatic brain injury (TBI), substance abuse, and intimate partner violence. These issues may place individuals at elevated risk for suicide.*

Interpretation: *If the service recipient has been assessed as being at high risk for suicide and misses an appointment, or there has been a significant change in status, active outreach and service engagement strategies such as phone calls, text messages, or home visits should be used until contact is made.*

Research Note: *Literature suggests that victims of violence should undergo*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

an early assessment, and interventions should focus first on basic needs such as survival, food, safety, and shelter.

MHSU 5.05

Clinical personnel:

- a. determine the optimal level and intensity of care, including clinical and community support services;
- b. follow up when an evaluation for psychotropic medications and medication-assisted treatment is recommended;
- c. use written criteria to determine when the involvement of a psychiatrist is indicated; and
- d. coordinate care with other service providers, including primary care providers, when appropriate and with the consent of the service recipient.

Note: *Element (c) does not apply to detoxification treatment programs.*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

MHSU 6: Therapeutic Services

Service recipients receive ongoing, coordinated therapeutic services based on their assessed needs and goals.

NA *The organization provides Diagnosis, Assessment, and Referral Services only.*

Note: *For detoxification treatment programs, please refer to the interpretation at MHSU 5.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of services, including strategies for identifying and engaging other community-based providers, as appropriate

On-Site Evidence

- Copies of agreements with cooperating service providers and/ or an up-to-date referral list of identified community-based providers, as applicable

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Individuals or families served
- Review case records

MHSU 6.01

Services are delivered in a holistic, trauma-informed, and culturally and linguistically responsive manner, and focus on the treatment of mental health and/or substance use disorders.

MHSU 6.02

Therapeutic and educational interventions may include individual, family, or group service modalities that are:

- a. based on research or clinical practice guidelines where they exist; and
- b. matched with the assessed needs, age, developmental level, and personal goals of the service recipient.

Interpretation: *For detoxification treatment programs, therapeutic and*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

educational interventions may be limited given the length of treatment and the service recipient's treatment progress; however, any and all interventions employed should be evidence-informed and tailored to the individualized needs of the service recipient.

MHSU 6.03

Service recipients receive goal-directed, psychosocial treatments, including:

- a. psychotherapy;
- b. illness management and psychoeducation interventions;
- c. medication education;
- d. coping skills training;
- e. relapse prevention; and
- f. support groups and self-help referrals.

Research Note: *Certain types of mental health disorders have been shown to respond better to specific psychotherapies. For optimal treatment outcomes, the type of psychotherapy should address the nature of the presenting issue and be appropriate to the individual's age and developmental level, personality, cultural background, and family situation.*

MHSU 6.04

Service recipients and their families, when possible, are connected with peer support services appropriate to their request or need for service.

Interpretation: *Peer support refers to services provided by individuals who have shared, lived experience. Services promote resiliency and recovery and can include peer recovery groups, peer-to-peer counseling, peer mentoring or coaching, family and youth peer support or other consumer-run services.*

Interpretation: *Organizations may provide peer support services directly or have a referral system in place to ensure that service recipients have access to peer support services when needed. Peer support workers may also be part of the treatment team.*

Research Note: *Individuals who receive a combination of clinical treatment and peer support have had improved health and recovery outcomes. Research has suggested that peer models increase social contacts, improve daily functioning, and increase the individual's sense of empowerment and hopefulness. In a 2009 survey of parents with children*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

who have mental health needs, the majority of surveyed parents reported that they gained needed information from other parents. One-to-one support, support groups, and family advocacy organizations were all identified as valuable resources by respondents.

Research Note: *Individuals affected by a loved one's suicide attempt or death can experience trauma and complicated grief, often lack bereavement supports, and may experience societal stigmatization and isolation. In addition to professional mental health services, peer support services have been found to be very helpful. Similarly, research has shown that suicide attempt survivors can benefit greatly from peer support by instilling hopefulness, teaching coping skills, and counteracting shame and social isolation. Cultural differences exist in how suicide is understood and processed, which may affect individuals' service preferences and wishes following a suicide attempt or death.*

(FP) MHSU 6.05

The organization directly provides or makes referrals for a comprehensive range of prevention and treatment services, including acute care services when necessary.

Interpretation: *Services may include detoxification, inpatient care, intensive outpatient care, medical care, psychiatric rehabilitation and targeted case management services.*

Research Note: *Evidence shows that prevention interventions such as cognitive behavior therapy, crisis lines, and mobile applications are useful for helping individuals at risk for suicide and individuals with severe and persistent mental health disorders.*

Research Note: *Research suggests that individuals who participate in more structured and directed treatment are more involved in care and become more engaged in social activities, develop more supportive relationships, and are more likely to complete treatment.*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

MHSU 7: Medical Care and Clinical Support Team

Treatment decisions are guided by a qualified clinical team and are made in collaboration with the service recipient.

Interpretation: *A formal written agreement, as referenced in this section, refers to a non-legally binding document in which organizations collaborate with other providers to deliver specific services. Also known as a non-contractual service agreement or Memorandum of Understanding (MOU), formal written agreements specify mutually-accepted expectations between two or more parties as they work together toward a common objective. Please refer to RPM 9.04 for further guidance on formal written agreements.*

NA *The organization provides Diagnosis, Assessment, and Referral Services only.*

NA *The organization provides Clinical Counseling services only.*

Note: *Medical care includes psychiatric care and treatment.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of service provided by the clinical care team

On-Site Evidence

- Job description and resumé of physician or qualified health professional and/ or formal agreement with psychiatrist or a community mental health center

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Physician or qualified health professional
 - c. Relevant personnel
 - d. Individuals or families served
- Review case records
- Review physician or qualified health professional's personnel record or the formal consulting agreement, as appropriate

(FP) MHSU 7.01

A licensed physician, or another qualified health professional, with experience, training, and competence in engaging, diagnosing, and treating persons with mental health and/or substance use disorders is responsible

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

for the medical aspects of treatment.

Related: RPM 3

Interpretation: *Medical aspects can include:*

- a. *prescribing medication and medication management;*
- b. *providing or reviewing diagnostic, toxicological, and other health related examinations of persons not currently under medical care and supervision;*
- c. *review of complicated cases where co-occurring substance use, health, and mental health conditions intersect;*
- d. *seizure disorders;*
- e. *psychosomatic disorders; and*
- f. *other medical and psychiatric related issues such as traumatic brain injury.*

The organization ensures that medication management includes appropriate monitoring and administration of pharmacotherapy for individuals with co-occurring health, mental health, and substance use conditions.

Interpretation: *The qualifications and training of the physician should be appropriate to the program.*

For example, organizations that provide mental health services should have a board-eligible psychiatrist who is responsible for the medical aspects of treatment or a qualified health professional with the appropriate training, licensure, and/or credentials.

Examples of qualified health professionals include: psychiatric or mental health nurse practitioners, physician assistants, or health professionals that are permitted by law in their state to provide medical care and services (e.g., prescribe and monitor medications) without direction or supervision.

Interpretation: *It is permissible under the standard to use a consulting psychiatrist or a community mental health center for psychiatric consultation, provided that the organization has a formal agreement or contract.*

(FP) MHSU 7.02

In collaboration with the service recipient, a clinical team and a licensed physician, or other qualified health professional, make decisions about level

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

of care, treatment, and aftercare or discharge planning.

Interpretation: *When not employed by the organization, medical, psychological, and psychiatric consultants with specialized training participate in the clinical team as needed, through formal agreements or contracts.*

Interpretation: *Organizations that employ or have formal agreements with telemedicine practitioners, or individuals that provide telehealth services, must develop protocols and procedures for monitoring and sharing internal review information to ensure privacy and security of confidential information.*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

MHSU 8: Detoxification Treatment

Detoxification treatment is provided based on the needs of the service recipient.

Research Note: *Detoxification is distinct from treatment for a substance use disorder, which involves a continuum of ongoing therapeutic services that promote recovery and prevent relapse. Detoxification is the process by which drugs or other harmful substances are removed from an individual's body for a time period sufficient to restore adequate physiological and psychosocial functioning. Individuals that successfully complete detoxification continue to receive care in substance use treatment programs. Detoxification services are also referred to as withdrawal management.*

Research Note: *The American Society of Addiction Medicine (ASAM) criteria provide separate placement criteria for adolescents and adults to create comprehensive and individualized treatment plans. The five levels of treatment are based on the degree of direct medical management required and the intensity of treatment services provided.*

NA *The organization does not provide detoxification treatment.*

Note: *Organizations providing detoxification treatment will complete MHSU 8 in addition to all other applicable core concepts. Detoxification can occur in variety of settings (e.g., ambulatory or residential) at varying levels of intensity.*

Ambulatory Detoxification programs provide medication management and monitoring, clinical counseling, and other necessary support and referral services to help individuals safely withdraw from the substance(s) on which they are dependent. Services include but are not limited to: individual assessment and treatment planning, withdrawal management (medical and non-medical), counseling and education, and referrals for ongoing substance use treatment. Programs are available 24 hours a day, seven days per week and are staffed by an interdisciplinary team of qualified professionals. The intensity of the services are determined by the level of care provided (e.g. outpatient, intensive outpatient, and partial hospitalization) and whether or not extended onsite monitoring is performed.

Residential Detoxification programs reviewed under this core concept can include programs that are:

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

- *Clinically-Managed: Clinically-managed residential programs, also referred to as non-medical or social detox, emphasize peer and social support. Services are primarily provided by appropriately trained, non-medical personnel.*
- *Medically-Monitored: In medically-monitored residential/inpatient programs, 24-hour medically-supervised detoxification services are provided by an interdisciplinary staff under the direction of a licensed physician.*
COA does not accredit medically-managed intensive inpatient detoxification programs. Medically-managed programs involve 24-hour medically-directed evaluation and withdrawal management and require an appropriately trained and licensed physician to provide and manage all diagnostic and treatment services. Programs are provided in acute inpatient care settings, such as hospitals, and are specifically designed for individuals with symptoms that require primary medical and nursing care services.

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
 - Procedures need strengthening; or
 - With few exceptions procedures are understood by staff and are being used; or
 - For the most part, established timeframes are met; or
 - Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
 - Active client participation occurs to a considerable extent.
- 3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,
 - Procedures and/or case record documentation need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
 - Timeframes are often missed; or
 - A number of client records are missing important information or
 - Client participation is inconsistent; or
 - One of the Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of the detoxification process
- Procedures for providing detoxification services
- A description of staff members and staff qualifications
- Service recipient/personnel care and supervision ratios and scheduling criteria (residential detoxification programs only)
- Privacy policy and procedures (residential detoxification programs only)

On-Site Evidence

- Service recipient/personnel care and supervision coverage schedules for the past year (residential detoxification programs only)

On-Site Activities

- Interview:
 - a. Clinical/Medical director
 - b. Relevant personnel
 - c. Individuals or families served
- Review case records
- Observe facilities (residential detoxification programs only)

MHSU 8.01

Qualified personnel determine if detoxification treatment is appropriate for the individual using diagnostic criteria according to clinical decision support tools, such as clinical practical guidelines.

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

MHSU 8.02

Service recipients are placed in the appropriate level of care and have access to all components of the detoxification process, including:

- a. evaluation;
- b. stabilization; and
- c. preparation for entry into substance use treatment.

Related: RPM 3

Interpretation: *Organizations should conduct a multidimensional assessment and utilize the American Society of Addiction Medicine (ASAM) criteria to determine the appropriate level of care. The multidimensional assessment is strengths-based and addresses the service recipient's needs and challenges, as well as his or her strengths, assets, resources and supports.*

Research Note: *A consensus panel of physicians, psychologists, counselors, nurses, and social workers established national guiding principles in detoxification and substance use treatment. According to the principles, the detoxification process must consist of three sequential and essential components: 1) evaluation, 2) stabilization, and 3) fostering patient readiness for and entry into treatment. Evaluation includes a comprehensive assessment and serves as the basis of the initial treatment plan. Stabilization is the process of helping individuals through acute intoxication and withdrawal to achieve a substance-free state. After the individual is stabilized, he or she should then be encouraged to enter into a substance use treatment program to promote a continuum of substance use treatment and care.*

(FP) MHSU 8.03

Detoxification treatment is provided by a qualified team of appropriately trained and licensed professionals.

Interpretation: *Staffing will vary depending on the intensity of the services offered. For example, organizations providing medically-monitored detoxification will employ an interdisciplinary staff of nurses, counselors, social workers, addiction specialists and/or other health and technical personnel, whom all work under the supervision of a licensed physician.*

Organizations should consult their state licensing requirements in relation to detoxification programs to ensure that their program is appropriately staffed.

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

(FP) MHSU 8.04

An initial medical screening is conducted by a qualified medical practitioner for all service recipients within 24 hours of admission to identify the need for immediate medical care and assess for communicable disease.

Interpretation: *Qualified medical practitioner refers to a licensed physician, registered nurse, nurse practitioner, physician's assistant, or other healthcare professional that is permitted by law and the organization to provide medical care and services without direction or supervision.*

Interpretation: *Conditions that require immediate or prompt medical attention include, but are not limited to: acute illnesses, chronic health issues and/or diseases requiring therapy, signs of abuse or neglect, serious or accidental injury, signs of infection or communicable diseases, hygiene or nutritional problems, pregnancy, and significant developmental or mental health disturbances.*

NA *The organization does not provide detoxification treatment in a residential setting.*

MHSU 8.05

The organization provides 24-hour-a-day supervision, observation, and care tailored to meet the service recipient's assessed needs and goals.

Interpretation: *Service recipients' basic daily living requirements should be met in a culturally responsive manner.*

Interpretation: *Staffing requirements and care ratios can vary depending on the age, developmental level, and service needs of the population.*

NA *The organization does not provide detoxification treatment in a residential setting.*

Note: *Organizations must also meet state licensing requirements and provide scheduling criteria as justification for their service recipient/personnel care and supervision ratios.*

MHSU 8.06

Residential facilities contribute to a physically and psychologically safe, healthy, non-institutional environment by:

- a. providing personal accommodations for service recipients that are age,

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

- developmentally, gender, and culturally appropriate;
- b. providing private areas for bathing, toileting, and personal hygiene;
- c. allocating rooms for occasional on-site services, as needed;
- d. ensuring accommodations for informal gathering of service recipients, including during inclement weather;
- e. having adequate space for administrative support functions, food preparation, housekeeping, laundry, maintenance, and storage; and
- f. being maintained in good, clean condition.

Related: ASE 4

Interpretation: *Bedroom space should, at a minimum, meet state requirements and accommodate basic furnishings.*

Interpretation: *Accommodations may be adjusted as appropriate to the service provided, therapeutic considerations, level of risk, or developmental appropriateness.*

NA *The organization does not provide detoxification treatment in a residential setting.*

MHSU 8.07

The organization ensures service recipients' comfort, dignity, privacy, and safety by:

- a. establishing and implementing policies for searches of service recipients or their property consistent with applicable state and federal law;
- b. prohibiting the use of surveillance cameras or listening devices of persons in bedrooms, unless required by judicial order, law, or contract;
- c. maintaining doors on sleeping areas and bathroom enclosures unless there is clear, clinical written justification for their removal;
- d. providing one- or two-person rooms to service recipients who need extra sleep, protection from sleep disturbance, or extra privacy for clinical reasons; and
- e. requiring employees to knock before entering a service recipient's room unless there is a safety or clinical concern.

Interpretation: *Service recipients should be apprised of the organization's policy regarding room checks and personal searches.*

Interpretation: *Regarding element (e), employees should knock before entering to a service recipient's room unless there is an immediate health or safety concern or a well-documented clinical concern.*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

Interpretation: *When organizations are required by judicial order, law, or contract, documentation must be provided to justify employing this practice which may include the judicial order, contract, or a copy of the state's safety plan involving the resident. Organizations will need to demonstrate in their privacy policy and procedures that they have taken measures to prevent any unintended violation of an individual's rights and privacy. Service recipients must have access to private areas for self-care and the changing of clothing.*

Sensitivity is taken to ensure that all service recipients, especially abuse or trauma survivors and the LGBTQ population, feel safe and not violated.

Interpretation: *The use of surveillance cameras or listening devices should not be used as a supplement to adequate staffing or supervision protocols.*

NA *The organization does not provide detoxification treatment in a residential setting.*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

MHSU 9: Care Coordination

The organization coordinates services in order to promote continuity of care and whole-person wellness.

Interpretation: *The standards in MHSU 9 address the efforts an organization makes to promote information sharing and collaboration with the various systems touching a particular individual. Organizations are not required to provide integrated care to implement the standards in this section. Organizations that offer integrated behavioral health and primary care services (e.g., health homes) will complete the Integrated Care; Health Home (ICHH) standards.*

NA *The organization provides Diagnosis, Assessment, and Referral Services only.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for care coordination, including strategies for identifying and engaging other community-based providers

On-Site Evidence

- Copies of agreements with cooperating service providers and/ or an up-to-date referral list of identified community-based providers, as appropriate

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Individuals or families served
- Review case records

MHSU 9.01

Service providers engage individuals to identify any barriers to receiving coordinated services.

(FP) MHSU 9.02

Service recipients with co-occurring mental health and substance use disorders receive coordinated treatment either directly or through active involvement with a cooperating service provider.

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

Research Note: *The presence of a substance use and a mental health condition can make diagnosis and treatment significantly more difficult, resulting in poorer treatment outcomes. Research has demonstrated that integrated treatment is most effective in treating individuals with co-occurring disorders.*

Note: *This standard is applicable to all programs regardless of the services offered. Organizations that only treat substance use disorders are expected to have the core capability to address co-occurring mental health conditions, and organizations that only treat mental health disorders are expected to have the core capability to address co-occurring substance use disorders.*

MHSU 9.03

The organization supports the coordination of behavioral and physical health care to increase service recipients' access to needed services.

Interpretation: *To meet the standard, organizations must demonstrate that they are working towards linking behavioral health and primary care services. Examples include: providing referrals to identified primary care providers, communicating with service recipients' primary care doctor about treatment planning, and linking individuals to navigators to help service recipients navigate the health care system.*

Research Note: *Research suggests that integrating mental health, substance use, and primary care services produces the best outcomes for individuals with multiple health care needs. Coordination and continuity of care has also been shown to improve outcomes for individuals at risk for suicide, and should include supportive contacts such as phone calls, text or chat messages, letters, non-identifiable postcards, or in-person meetings during periods of transition or potential crisis.?*

Research Note: *Several studies have demonstrated the value of collaboration between pediatricians and child mental health specialists. Mental health issues often present in the pediatric primary care setting, due in part to the longitudinal relationships that primary care clinicians develop with children and their families. Primary care clinicians have the ability to identify mental health needs early in their development and recognize emerging social, emotional, and/or behavioral issues. Increasing communication between primary care and mental health providers improves access to care and increases positive mental health outcomes among children.*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

MHSU 9.04

In collaboration with the service recipient, the organization coordinates with, as needed:

- a. the child welfare system;
- b. the juvenile justice system;
- c. courts; and
- d. the school system.

Research Note: *Coordinating with schools is particularly important for organizations serving children and youth. School-based initiatives and classroom supports have proven to be effective ways to improve children's social, emotional, and behavioral health.*

Research Note: *Research suggests that coordination with the child welfare system is a crucial aspect of substance use treatment for women with children involved with the court system. To the extent possible, organizations or programs should coordinate service needs with court expectations. Substance use treatment should be tailored to promote both recovery and reunification by focusing on issues such as parenting, housing, and case management along with identified goals for recovery.*

MHSU 9.05

Care coordination activities are documented in the case record, including:

- a. linkages to community providers, as well as completed follow-up when possible;
- b. communication with partnering providers both internally and externally; and
- c. communication with the service recipient.

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

MHSU 10: Support Services

Service recipients receive support services that increase the likelihood of progress in treatment and positive change.

NA *The organization provides Diagnosis, Assessment, and Referral Services only.*

NA *The organization provides Detoxification Treatment only.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for the provision of support services, including strategies for identifying and engaging other community-based providers, as appropriate
- A description of services, including child care services when applicable

On-Site Evidence

- Copies of agreements with cooperating service providers and/ or an up-to-date referral list of identified providers, as appropriate

On-Site Activities

- Interview
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Individuals or families served
- Review case records

MHSU 10.01

The organization provides, either directly or by referral, necessary support services which may include, as appropriate:

- a. work-related services and job placement;
- b. supported housing;
- c. transportation;
- d. social skills training;
- e. public benefits;
- f. educational services; and
- g. respite care.

Research Note: *Literature suggests that when individuals' housing and other basic needs are met, they are better engaged in treatment.*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

Note: Service members and veterans should be linked to any services or benefits for which they may be eligible, including Veterans Affairs health services.

MHSU 10.02

The organization works with the service recipient to identify natural supports and social networks to cultivate and sustain a supportive community.

Interpretation: *As appropriate, the organization should provide, refer, or direct service recipients to opportunities where they can participate in group activities to meet, support, and share experiences with peers. Opportunities can include: social, recreational, education, or vocational activities; religious or spiritual gatherings; or neighborhood and community events.*

Research Note: *Play and group activities help children discover their strengths and weaknesses, develop a sense of belonging, and learn how to build healthy relationships with others.*

MHSU 10.03

Service recipients who have primary responsibility for children receive accommodations for, or assistance with, child care arrangements.

Interpretation: *The organization should seek to prevent and anticipate barriers to receiving services, such as a lack of child care. For example, the organization may offer child care while treatment or support groups meet or provide referrals to community child care resources.*

NA *The organization does not serve persons who have primary responsibility for children.*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

MHSU 11: Case Closing

Case closing is a planned, orderly process.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing summary and assessment is not consistently provided to the public authority per the requirements of the standard.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are routinely terminated inappropriately; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard.; or
- A number of client records are missing important information; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Case closing procedures
- Procedures that address continuation of services for persons whose third-party benefits have ended

On-Site Evidence

- Review contract with public authority, as applicable

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Individuals or families served
- Review case records

MHSU 11.01

Planning for case closing:

- a. is clearly defined and includes assignment of staff responsibility;
- b. begins at intake; and
- c. involves service recipients, family members or a legal guardian, and others, as appropriate.

Interpretation: *Case closing procedures should address how the organization responds when service recipients voluntarily discontinue services.*

MHSU 11.02

Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate.

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

MHSU 11.03

When a person's third-party benefits or payments end, the organization determines its responsibility to provide services until appropriate arrangements are made, and, if termination or withdrawal of service is probable due to non-payment, the organization works with the person or family to identify other service options.

Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits have ended and who are in critical situations.*

NA *The organization does not receive third-party benefits or payments for service.*

MHSU 11.04

If an individual is asked to leave the program, the organization makes every effort to link the person with appropriate services.

Related: CR 1.01

MHSU 11.05

When the organization has a contract with a public authority that does not include aftercare planning or follow-up, the organization:

- a. conducts a formal termination-of-service evaluation and assessment of unmet needs; and
- b. informs the public body of the findings, in writing, as appropriate to the contract and with the permission of the person or his/her legal guardian.

NA *The organization does not have a relevant contract with a public authority.*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

MHSU 12: Aftercare and Follow-Up

The organization and the service recipient work together to develop an aftercare plan, and follow-up occurs when possible and appropriate.

Interpretation: *Aftercare planning is also known as a discharge planning, and an aftercare plan may also be referred to as a discharge plan.*

Interpretation: *While the decision to develop an aftercare plan is based on the wishes of the service recipient, unless aftercare is mandated, the organization is expected to be strongly proactive with respect to aftercare planning.*

The organization may provide aftercare directly or refer or link service recipients to aftercare services.

NA *The organization has a contract with a public authority that prohibits or does not include aftercare planning.*

NA *The organization provides Diagnosis, Assessment, and Referral Services only.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Aftercare and follow-up procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Relevant personnel
- Review case records

MHSU 12.01

Aftercare plans are developed sufficiently in advance of case closing to ensure an orderly transition.

MHSU 12.02

Aftercare plans identify services needed or desired by the person and

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



Services for Mental Health and/or Substance Use Disorders

specify steps for obtaining these services.

Interpretation: *Exit interviews are a way for organizations to gather information from service recipients and their families regarding their care and preferences for aftercare services.*

Research Note: *Relapse prevention programs help individuals with substance use disorders develop techniques for preventing and managing their condition. Access to appropriate aftercare is a key factor in individuals sustaining their long-term recovery.*

Research also shows that the post-discharge period is one of the highest risk periods for suicide. Efforts to ensure close follow-up, either by in-person appointment or via communication directly with the service recipient, have been shown to reduce the risk of suicide.

Research Note: *A recent study of youth ages 12 to 24 exiting substance use treatment found that those who participated in a mobile-based texting aftercare pilot program were less likely to relapse and more likely to participate in extracurricular recovery behaviors than those in the standard aftercare group. Findings suggest that mobile interventions (e.g., texting and apps) and web-based technologies are effective ways of engaging and sustaining youth in recovery.*

MHSU 12.03

The organization takes the initiative to explore suitable resources and contacts service providers when appropriate.

MHSU 12.04

The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of the service recipient.

Interpretation: *Reasons why follow-up may not be appropriate include, but are not limited to, cases where the person's participation is involuntary, or where there may be a risk to the service recipient such as in cases of domestic violence.*

Purpose

Individuals and families who receive Services for Mental Health and/or Substance Use Disorders improve social, emotional, psychological, cognitive, and family functioning to attain recovery and wellness.



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MHSU 13: Personnel

Personnel are appropriately supervised and qualified by education, training, experience, and licensure to meet the service needs of the target population.

Note: For additional standards guidance on the use of non-employee personnel, please refer to *Volunteers, Interns, and Consultants: Applicability of COA Standards to Non-Employee Personnel - Private, Public, Canadian.*

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
 - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
 - Most staff who do not meet educational requirements are seeking to obtain them.
 - With some exceptions staff have received required training, including applicable specialized training.
 - Training curricula are not fully developed or lack depth.
 - A few personnel have not yet received required training.
 - Training documentation is consistently maintained and kept up-to-date with some exceptions.
 - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
 - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
 - With a few exceptions caseload sizes are consistently maintained as required by the standards.
 - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
 - Procedures need strengthening.
 - With few exceptions procedures are understood by staff and are

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being used.

- With a few exceptions specialized staff are retained as required and possess the required qualifications.
- Specialized services are obtained as required by the standards.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. A Service quality or program functioning may be compromised; e.g.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
 - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
 - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
 - Training documentation is poorly maintained.
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.
 - Procedures need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

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Table of Evidence

Self-Study Evidence

- Program staffing chart that includes lines of supervision
- List of program personnel that includes:
 - a. name;
 - b. title;
 - c. degree held and/or other credentials;
 - d. FTE or volunteer;
 - e. length of service at the organization;
 - f. time in current position
- Table of contents of training curricula
- Procedures and criteria used for assigning and evaluating workloads
- Procedures for responding to a crisis or traumatic event

On-Site Evidence

- Documentation of training
- Job descriptions
- Training curricula
- Documentation of workload assessment

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Relevant personnel
- Review personnel files

MHSU 13.01

Supervisors are qualified by:

- a. an advanced degree in a human services field and a minimum of two years professional experience;
- b. specialized training in supervision; and
- c. certification and/or licensure by the designated authority in their state, as appropriate.

Related: TS 3

Interpretation: *Supervisor qualifications will vary depending on the services provided and program design. For example, supervisors in substance use treatment programs should have specialized training and experience in alcohol and other drug use, diagnosis, and treatment, and/or certification by*

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the designated authority in their state as approved alcohol and/or drug counseling supervisors.

Interpretation: *Regarding element (a), supervisors in detoxification treatment programs may have an advanced degree in a medical field.*

MHSU 13.02

Supervisors demonstrate a commitment to providing structure and support to direct staff to:

- a. address and reduce stress, anxiety, secondary traumatic stress, and vicarious trauma;
- b. process and debrief following a crisis or traumatic event;
- c. create an atmosphere of problem-solving and learning;
- d. build and maintain morale;
- e. provide constructive ways to approach difficult situations with service recipients; and
- f. facilitate regular feedback, growth opportunities, and a structure for ongoing communication and collaboration.

Related: RPM 2.03

Interpretation: *Supervision is an important determinant of service recipient outcomes, organizational culture, and staff retention.*

Interpretation: *In order to promote workforce well-being, organizations should implement policies that address and help prevent stress-related problems. Strategies to reduce the adverse effects of secondary traumatic stress and vicarious trauma include: helping staff identify and manage the difficulties associated with their respective positions; promoting self-care and well-being through policies and communications with personnel; offering positive coping skills and stress management training; and providing adequate supervision and staff coverage.*

Interpretation: *Before a crisis or traumatic event occurs, the organization should establish a coordinated plan detailing its organization-wide response strategy (see also ASE 7), in accordance with all applicable confidentiality laws and regulations. For example, response plans in the event of a suicide can include: procedures for managing information about the death, coordination of internal or external resources, supports for those affected by the death, commemoration of the deceased, and follow-up with anyone at elevated risk for suicide.*

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Interpretation: *The suicide attempt or death of a service recipient can be a traumatic experience for staff and appropriate supports and avenues for grief are often not provided. Staff may feel responsible for the individual's death, professionally inadequate, and ashamed. Individuals exposed to suicide can also be at elevated risk for suicide. To help staff process the loss of a service recipient to suicide, voluntary non-judgmental support services should be made available to help the affected staff and other personnel grieve and prepare for future contact with individuals at risk for suicide.*

Research Note: *Secondary traumatic stress (STS) - distress that results from being exposed to the traumatic stories of others, and vicarious trauma (VT) - internal changes in the perception of self due to chronic exposure to traumatic material, have a significant impact on direct care workers and supervisors. STS has been linked to increased absenteeism among employees, high staff turnover, and decreased compliance with organizational requirements. The impact of VT can impede organizational function and negatively influence an individual's sense of trust, safety, control, and esteem.*

MHSU 13.03

Clinical personnel and personnel who conduct assessments are competent; qualified by education, training, supervised experience, licensure or the equivalent; and able to recognize individuals and families with special needs.

Related: TS 3

Interpretation: *Clinical personnel qualifications will vary depending on the services provided and program design. Clinical personnel may also include individuals who are license-eligible and supervised by experienced, licensed staff.*

MHSU 13.04

Clinical personnel receive ongoing training and education in the following areas:

- a. delivering culturally and linguistically responsive care ;
- b. evidence-based practices and other relevant emerging bodies of knowledge;
- c. psychosocial and ecological or person-in-environment perspectives;
- d. methods of engagement, including establishing rapport and building

Purpose

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trust;

- e. assessing for signs and symptoms of trauma and risk, and implementing trauma-informed care practices;
- f. assessing for and responding to signs of suicide risk; and
- g. health information technology and electronic interventions, including mobile and web-based technologies, as appropriate.

Related: TS 1, TS 2

Interpretation: *Ecological or person-in-environment perspectives view social, economic, and environmental factors as critical in the development and resolution of personal and family problems. Factors may include:*

- a. *poverty and lack of employment opportunities;*
- b. *local mores;*
- c. *language and cultural differences; and*
- d. *alternative medicine and traditional healing processes.*

MHSU 13.05

Clinical personnel demonstrate competency in:

- a. methods of crisis prevention and intervention;
- b. identifying the needs of exploited, abused, and neglected children and adults;
- c. understanding child development and individual and family functioning;
- d. working with difficult to reach, traumatized, or disengaged individuals and families;
- e. criteria to determine the need for more intensive services;
- f. recognizing and working with individuals with co-occurring physical health, mental health, and substance use conditions; and
- g. collaborating with other disciplines and services.

Interpretation: *When the organization serves military or veteran populations, it is essential that staff have the competencies needed to effectively support and assist service members, veterans, and their families, including sufficient knowledge regarding: military culture, values, policies, structure, terminology, unique barriers to service, traumas and signature injuries, co-occurring conditions, effective and evidence-based interventions, applicable regulations, benefits, and other relevant issues. When providers possess the requisite military competency, they are capable of supporting improved communication and more effective care.*

Signature injuries and co-occurring conditions include post-traumatic stress

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disorder (PTSD), depression, traumatic brain injury (TBI), substance abuse, and intimate partner violence, which could subsequently increase the risk for suicide. Personnel serving military and veteran populations should have the competencies to identify, assess, and develop a treatment plan for these injuries and conditions.

Interpretation: *In addition to having the knowledge and skills to identify co-occurring mental health and substance use disorders, clinical personnel should also be able to recognize physical health issues commonly associated with mental health or substance use disorders.*

Note: *Element (c) is not applicable to detoxification treatment programs.*

MHSU 13.06

Clinical personnel receive training and demonstrate knowledge of the latest information, theories, and proven practices related to the treatment of alcohol and other drug use disorders, including:

- a. the signs and symptoms of withdrawal;
- b. addiction as a disease;
- c. relapse prevention; and
- d. interventions that demonstrate respect for sociocultural values, personal goals, life style choices, and complex family interactions.

Related: TS 1, TS 2

Research Note: *The importance of the client-therapist relationship has been established by research across many fields. Literature regarding substance use disorders suggests that counselors and therapists can be a powerful motivating influence for individuals and a strong therapeutic relationship is associated with engagement in treatment for longer durations and positive recovery outcomes.*

NA *The organization provides mental health services only.*

MHSU 13.07

Individuals who provide peer support must:

- a. obtain formal training and certification, as appropriate;
- b. be willing to share their personal recovery stories; and
- c. have adequate support and appropriate supervision.

Interpretation: *Peer support workers must complete training and*

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certification as defined by their state.

NA The organization does not utilize peer support workers.

MHSU 13.08

Individuals who provide peer support receive pre- and in-service training on:

- a. how to recognize the need for more intensive services and how to make an appropriate referral;
- b. established ethical guidelines including setting appropriate boundaries; and
- c. skills, concepts, and philosophies related to recovery and peer support.

Interpretation: *Peer support workers should receive ongoing education to remain current on wellness support methods, trauma-informed care practices, and recovery resources as the field of recovery and peer support is rapidly evolving.*

Interpretation: *Peer support workers establish relationships with service recipients that are based on mutual respect and trust and support bidirectional learning and reciprocity. One of the greatest perceived challenges of delivering peer support services is peers' ability to handle confidentiality and boundaries. Clearly defining and communicating the roles of the peer worker is critical when establishing the peer-to-peer relationship.*

Research Note: A national network of researchers, health care professionals, behavioral health experts, and individuals in recovery developed a set of universal recovery principles. The ten guiding principles of recovery include:

- a. hope;
- b. person-centered/self-directed;
- c. individualized/many pathways;
- d. holistic;
- e. peer support;
- f. relational;
- g. cultural competence;
- h. trauma-informed;
- i. strengths-based/responsibility; and
- j. respect.

NA The organization does not utilize peer support workers.

Purpose

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MHSU 13.09

Personnel workloads support the achievement of service recipient outcomes, are regularly reviewed, and are based on an assessment of the following:

- a. the qualifications, competencies, and experience of the worker, including the level of supervision needed;
- b. the work and time required to accomplish assigned tasks and job responsibilities; and
- c. service volume, accounting for assessed level of needs of new and current service recipients and referrals.

Purpose

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