

## **Chapter 9: Healthy Start Services Psychosocial Counseling**

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### **Introduction**

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Psychosocial counseling is provided to Healthy Start participants to address emotional, situational, and developmental stressors. It is provided in a confidential setting to individuals, couples, groups, or families. The goal is to reduce identified risk factors to achieve positive pregnancy outcomes and optimal infant/child health and development.

### **Definition of Service**

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Psychosocial counseling is a service provided by a skilled professional counselor to an individual, family, or group for the purpose of improving well-being, alleviating distress, and enhancing coping skills.

### **Standards and Criteria**

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**Standard 9.1 Healthy Start psychosocial counseling services will be offered to all participants who are determined through the care coordination assessment process to need them.**

*Criteria:*

**9.1.a** Level of service is based upon severity of symptoms as well as availability of local resources, local Healthy Start coalition funding decisions, and consideration of Healthy Start as the payer of last resort.

**9.1.b** Psychosocial counseling is provided with consideration to the cultural, language, educational/literacy, and accessibility needs of the participant.

**9.1.c** Psychosocial counseling services include screening, psychosocial assessment, planning, counseling intervention based on a counseling service plan, and follow-up.

**9.1.d** The number of psychosocial counseling sessions will be based upon the results of the psychosocial assessment. The psychosocial assessment is documented on the Psychosocial Assessment Form DH 3164 or similar format approved by the coalition. If ongoing psychosocial counseling is deemed necessary, the participant should be leveled at a 3 until it is confirmed that the participant is receiving services and the counselor reports progress in treatment is being made.

**9.1.e** Psychosocial counseling services continue until identified goals are met, the participant declines services, or the participant is referred to community providers due to limited resources or need for more specialized services.

**Standard 9.2 The provider of psychosocial counseling will provide follow-up to the Healthy Start care coordinator.**

*Criterion:*

Written follow-up documenting initiated contact with the participant and plan for initiation of services is provided to the Healthy Start care coordinator within 30 days. For participants receiving on-going psychosocial counseling, communication between the provider and the Healthy Start care coordinator should occur on a monthly basis, at a minimum, in order to determine treatment progress and need for continuing service. Progress toward counseling service plan goals is documented in the participant's record.

**Standard 9.3 Providers of psychosocial counseling will offer and initiate services in a timely manner.**

*Criterion:*

Providers of psychosocial counseling will contact participants within 10 days or less after receipt of referral or identified need to schedule an appointment for a psychosocial assessment unless the need for more immediate initiation of services is evident.

**Standard 9.4 Providers of psychosocial counseling will respond to any additional identified needs.**

*Criteria:*

**9.4.a** Additional identified needs are addressed directly by the provider or by notifying the participant's Healthy Start care coordinator.

**9.4.b** Psychosocial counseling providers communicate with the care coordinator who develops the family support plan and will collaborate as a part of the interdisciplinary team as indicated by individual need.

**Standard 9.5 Providers of Healthy Start-funded psychosocial counseling will accurately code service information in a timely manner for Health Management System (HMS) data entry.**

*Criterion:*

Coding complies with the requirements of the Department of Health publication DHP 50-20.

**Standard 9.6 Providers of psychosocial counseling will document services in the participant's existing clinical record or, in the absence of a clinical record, in a format determined by the local coalition and provider.**

*Criteria:*

**9.6.a** Documentation of services is recorded in the record of the individual receiving services. In the event that services are provided to another household/family member, the services are only referenced in the Healthy Start program participant's record (the actual documentation occurs in the recipient's record).

**9.6.b** Documentation occurs in other components of the record such as the problem list, psychosocial assessment, or family support plan and family support plan update as appropriate.

**Standard 9.7 Psychosocial counseling providers will develop and implement an internal quality management (QM) and program improvement (PI) process.**

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### *Criterion:*

The QM/PI process is developed in concert with the local Healthy Start coalition and includes an assessment of strengths and areas needing improvement, and a plan for assuring maintenance of quality and program improvement.

### **Standard 9.8 Psychosocial counseling will be provided by qualified and trained providers.**

#### *Criteria:*

**9.8.a** Qualifications are met as outlined in this chapter and in rule 64F-3.006(5), F.A.C.

**9.8.b** The delivery of highly skilled activities, such as ongoing psychotherapy, counseling groups, and consultation is provided by individuals licensed or approved to provide these services by the Florida Department of Health, Medical Quality Assurance licensing boards.

**9.8.c** Competency and up-to-date knowledge related to psychosocial counseling is maintained.

### **Guidelines**

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Psychosocial counseling is the process of counseling an individual, family, or group during one or more sessions to support the process of overcoming environmental, emotional, or social problems that are affecting the health and well-being of the Healthy Start participant and/or the infant's/child's family members. The goal is to reduce identified risk factors to achieve positive pregnancy outcomes and optimal infant/child health and development.

Psychosocial counseling emphasizes the interaction between the individual's and/or family's emotions, behaviors, social relationships, and environment. This process helps the family to access resources and modify behaviors, relationships, and/or circumstances in order to enhance health and social functioning within the community.

Psychosocial counseling may be provided either one-on-one, with a partner, with family members, or in a support group, and at the site most appropriate for meeting the participant's needs. Experience has shown that center-based services are the most cost effective in providing easy access, maintaining contact, and assuring consistent service provision. This service includes the components of screening, psychosocial assessment, planning, intervention, and closure, as follows:

1. Screening: The initial process of identifying potential psychosocial problems that may require further intervention and/or assessment. The "Tell Us About Yourself" psychosocial questionnaire (DH 3131) is a useful tool to begin the screening process.

**Note:** Not all counseling will include the screening component, as some counties assign this activity to another professional.

2. **Psychosocial assessment:** An interview that includes an assessment of environmental, emotional, behavioral, and social factors as well as resources and strengths that impact the individual's health and ability to function.
3. **Planning:** A joint process of counseling and goal selection between the service provider and the participant which results in the development of the counseling service plan. The Healthy Start services participant will be given primary responsibility for selecting goals. Helping the individual to take ownership of the problem creates an incentive to begin working on the acknowledged problem. Commitment to actively participate in the problem solving process will be enhanced by using goals that are of essential importance to the individual. The family support plan can be a powerful tool for supporting this process.
4. **Intervention:** The process of counseling an individual, family, or group during one or more sessions to support the process of overcoming environmental, emotional, or social problems that are affecting the health and well-being of the individual or her family members. Intervention includes a follow-up session to assure resolution of issues, reduction of risks, completion of tasks, and/or referrals.
5. **Closure:** The process of determining with the participant what progress has been made toward the goals and evaluating the need for further counseling services. Upon discontinuing psychosocial counseling services, a closing summary will be completed indicating the reason for closure, the progress achieved, and any continuing service needs.

### **Provider Qualifications**

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Psychosocial counseling professionals working with the Healthy Start population should have counseling education, training, and experience in women's issues, maternal and child health issues, and grief and loss issues. This includes experience in child development, family dynamics, family violence and substance abuse intervention, medical or health promotion orientation, mental health, and a prevention theory approach to intervention. Services can be provided by a designated clinic employee, a contracted counseling provider, or referral to a professional counseling agency/individual in the community.

Professionals with one of the following credentials are qualified to provide psychosocial counseling:

1. Social worker with a Master's degree or a Ph.D in Social Work from a Certified Social Work Education-accredited school of social work.
2. Registered Nurse with advanced specialized counseling education and training as a clinical nurse specialist or certified psychiatric nurse.
3. Professional licensed to provide clinical, counseling, and psychotherapy services by the Florida Department of Health, Division of Medical Quality Assurance.
4. Counselor with a Master's degree in Counseling.

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5. Psychologist with a Master's or Ph.D in Psychology.
6. A Master's or Doctoral level graduate student intern from an accredited school of Social Work or a Psychology or Counseling program, under the supervision of a licensed practitioner qualified to supervise such interns.

### **Documentation**

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The provision of all psychosocial counseling services will be documented in the clinical record on any of the following forms or comparable forms for the non-CHD provider:

- Authorization for release of information
- "Tell Us About Yourself" psychosocial screening questionnaire (DH 3131)
- Psychosocial Assessment form (DH 3164) or other assessment form approved by the local coalition
- Problem List
- Progress Notes/SOAP format
- Family Support Plan for Single Agency Care Coordination (DH 3151)
- Closing Summary

Documentation, at a minimum, should include a psychosocial assessment, a counseling service plan, family support plan , family support plan update, progress notes, and a closing summary for clients receiving more than one psychosocial counseling visit.

When psychosocial counseling is being provided by an individual or agency outside of Healthy Start, results of the psychosocial assessment are documented in the *Evaluation/Assessment Information* section of the multi-agency family support plan form. The plan for the provision of psychosocial counseling services is documented in the *Outcome/Action to Take* section of the FSP. All family support plans for participants receiving psychosocial counseling should be reviewed by the provider of psychosocial counseling to assist in service coordination. For clients receiving on-going counseling, information from the psychosocial counseling provider is included in the family support plan update. Upon case closure, all participant records require a closing summary report that includes information pertaining to referrals, services received, progress achieved toward goals, and closing status. All progress reports and summary information performed by contracted providers should be provided to the participant's Healthy Start care coordinator.

### **Assessments**

- Psychosocial assessment form DH 3164, 11/98
- Other psychosocial assessment form approved by the local coalition

### **HMS Coding**





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Each Healthy Start component should be coded in accordance with approved protocols and procedures. The following codes should be used when coding Healthy Start activities:

### **1. Special Group Coding**

The SPECIAL GROUP field (#19 on the demographic section of the Healthy Start encounter form) is used to track the provision of services to substance abusing pregnant women or to substance exposed infants/children. The information will be aggregated to provide a count of this special needs population that is being reached by each Healthy Start program.

Special Group Rules: Code a “2” in the special group field every time a service is provided to a participant who is:

- EITHER a woman who has abused schedule I or II drugs during pregnancy, as documented by
  -  Her own admission
  -  A positive drug screen
  -  A staff member witnessing the use
  -  A report from a reliable source such as a family member or professional.
- OR an infant prenatally exposed to schedule I or II drugs, as documented by the above criteria.

(A list of schedule I and II drugs can be found in §893.03, F.S.)

The special group field must be completed when services are provided to a participant meeting the above criteria.

To remove a “2” once it has been entered in the “Special Group” box, check the “Update Demographic Information” box on the Healthy Start encounter form and include a note to the data entry operator to remove the “2” from the participant file. This pertains to the substance abusing pregnant women once the substance use is stopped or the woman is no longer pregnant. The “2” is not removed from an infant prenatally exposed to schedule I or II drugs since that exposure will not “go away”.

**\*Note:** All providers currently utilizing HMS will document the existence of substance abusing pregnant women or substance exposed infants in the extended demographic field of HMS. For prenatal participants, the Special Group indicator should be removed from the extended demographic field at the end of the pregnancy.

Although family income and size (#20 and #21) are required fields for data entry, Healthy Start does not require this information for participation. The code 9999 may be inserted for family income and 01 for family size.

For providers using the HMS, this substance abusing pregnant women or substance exposed infants information must be entered into the system under the “Extended Demographics” tab.

### **2. Program Component**

Each service delivered to a Healthy Start participant is coded into HMS with a program component code. The program component coded indicates the funding source. As a provider of Healthy Start services, a prerequisite to coding is determining the funding source for the services provided. Providers receive funding either directly from the Healthy Start coalition or from an allocation by the Healthy Start coalition to the county health department. Different encounter forms correspond to the different program

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components depending on who receives funding, as noted below.

### **HEALTHY START ENCOUNTER FORM (not for use by Department of Health entities)**

This encounter form is used with program components 22, 26, and 30 when the funding flows directly from the Healthy Start coalition to a non-county health department provider.

- ◆ Program component code 22 is the Healthy Start interconception program component code used for all Healthy Start care coordination and Healthy Start services provided to a woman between pregnancies (interconception) who is beyond the 8 week post-delivery period included in the prenatal program component or has entered Healthy Start after a pregnancy loss (described in detail below).
- The Healthy Start Interconception woman is a non-pregnant woman who has risk factors that may lead to a poor subsequent pregnancy outcome, but has no infant to code services to due to pregnancy loss, miscarriage, fetal death, infant death, or an infant who was adopted or removed from the home. Women are eligible for Healthy Start services during the interconception period up to three years post delivery.

✂ Program component code 26 is the Healthy Start prenatal program component code used with all non-clinical Healthy Start care coordination and Healthy Start services provided to or on the behalf of prenatal participants and their families.

✂ Program component code 30 is the Healthy Start child program component code used with all non-clinical Healthy Start care coordination and Healthy Start services provided to or on the behalf of child participants and their families.

**Note:** Healthy Start care coordination services may be provided in the clinical setting using one of the appropriate Healthy Start care coordination program codes 22, 26, or 30 with location code 98.

### **COUNTY HEALTH DEPARTMENT AND COUNTY HEALTH DEPARTMENT CONTRACT PROVIDER HEALTHY START ENCOUNTER FORM**

This encounter form is used with program components 27, 31, and 32 when the funding source is a coalition allocation to the county health department.

✂ Program component code 27 is the Healthy Start prenatal program component code used with all non-clinical Healthy Start care coordination and services provided to or on behalf of prenatal participants and their families.

✂ Program component code 31 is the Healthy Start infant/child program component code used with all non-clinical Healthy Start care coordination and services provided to or on the behalf of infant participants and their families.

- ◆ Program component code 32 is the Healthy Start interconception program component code used for all Healthy Start care coordination and Healthy Start services provided to a woman between pregnancies (interconception) who is beyond the 8 week post-delivery period included in the prenatal program component or has

entered Healthy Start after a pregnancy loss (described in detail below).

- The Healthy Start Interconception woman is a non-pregnant woman who has risk factors that may lead to a poor subsequent pregnancy outcome, but has no infant to code services to due to pregnancy loss, miscarriage, fetal death, infant death or an infant who was adopted or removed from the home. Women are eligible for Healthy Start services during the interconception period up to three years post delivery.

**Note:** Healthy Start care coordination services may be provided in the clinical setting using one of the appropriate Healthy Start care coordination program codes 27, 31, or 32 with location code 39.

### **3. Service Codes**

Use the Healthy Start participant's individual client identification number (SSN, etc.) when coding Healthy Start services. **No group coding is allowed.** This is necessary to provide for tracking, analysis, and program evaluation of client specific data.

- Use HMS code 8002 is for psychosocial counseling.
- Code whenever the service is provided by a qualified provider.
- Code one service for every 15 minutes of time spent providing psychosocial counseling.

Service codes are identical for services provided to pregnant women, infants, or children participants (or their families). See Chapter 14, Coding, for complete coding information.

### **4. Service Location Coding**

Service location coding (#17, Section B, Healthy Start Encounter Form) provides information on where the Healthy Start service was provided.

Providers determine the location codes for home visits or services delivered in varied sites by the location of the actual activity or attempt, and use one of the following codes on the encounter form depending on the location. A list of service codes can be found in the Personal Health Coding Pamphlet DHP 50-20. Service locations for delivering Healthy Start services are:

<b>Service location</b>	<b>Code</b>
<b>CHD Office</b>	31
<b>CHD Clinic</b>	39
Private premise	84
School	92
Other	98

## **Quality Management/Performance Improvement Performance Measures**

Psychosocial counseling can be provided to Healthy Start families to eliminate or decrease risk factors that may affect a pregnancy or an infant's/child's health with the following targeted outcomes:

1. Development or strengthening of personal coping skills;
2. Improved communication skills;

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3. Improved decision making skills;
4. Enhanced self esteem;
5. Reduced or eliminated negative behavioral patterns, such as substance abuse;
6. Improved conflict resolution skills;
7. Enhanced parent and child interaction.

The following QM/PI activities can assist in assuring the provision of high quality psychosocial counseling services:

- Review of psychosocial screening and assessment techniques to assure they are addressing potential and existing risk factors
- Review of rates of participation and counseling service plan completion
- Review of individual participant satisfaction surveys to evaluate the benefit of psychosocial counseling
- Review of timeliness of initial assessment
- Review of provider qualifications
- Review of documentation that assures the activities of screening, assessment, planning, intervention, and closing reports are included in the participant's record
- Review of chart documentation to assure that each service is documented in a progress note or other format approved by local coalition and indicates progress toward goals

The provider of psychosocial counseling and the Healthy Start care coordinator must communicate with each other and the other members of the interdisciplinary team, including providers of community resources, to assure that the family:

- Links with other services within the community to support and address psychosocial needs;
- Follows through with referrals as necessary to assure that any additional needs are met;
- Benefits from networking with other entities to provide additional social support. (These entities may include: other human service agencies, mental health clinics, therapists, support groups, clergy, or family members.)

## **References**

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Promoting Maternal Mental Health During Pregnancy by Dr. Joanne Solchany, NCAST-AVENUW Publications, [www.NCAST-AVENUW.org](http://www.NCAST-AVENUW.org)

Knowledge Path Postpartum Depression,  
[www.mchlibrary.info/KnowledgePaths/kp\\_postpartum.html](http://www.mchlibrary.info/KnowledgePaths/kp_postpartum.html)

MGH Center for Women's Mental Health, <http://www.womensmentalhealth.org/>

National Institute of Mental Health,  
<http://www.nimh.nih.gov/healthinformation/depwomen.cfm>

**National Registry of Evidence-based Programs and Practices (NREPP),**  
<http://www.nrepp.samhsa.gov/>

The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's National Drug and Alcohol Treatment Referral Service provides a toll-free telephone number for alcohol and drug information and treatment referral assistance. The number is 1-800-662-HELP (1-800-662-4357) or you can find treatment providers in your area by clicking on <http://findtreatment.samhsa.gov/>

[SAMHSA Resources for Coping With Traumatic Events](http://www.samhsa.gov/trauma/index.aspx)  
<http://www.samhsa.gov/trauma/index.aspx>

Chapter 64F-3, Florida Administrative Code

### **Frequently Asked Questions**

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**Q.** *What distinguishes the service of psychosocial counseling from the services offered through care coordination?*

**A.** Counseling provided by care coordination is a short-term and immediate care management intervention. It supports the participant's ability to access services and provides guidance to reduce risk factors in the immediate environment.

Psychosocial counseling goes beyond the services that are provided in the care coordination process. Psychosocial counseling is a therapeutic relationship between a trained/experienced professional counselor and an individual who is seeking to overcome social, emotional, or behavioral difficulties. Specific goals for well-being are targeted through an intensive psychosocial assessment and therapeutic counseling plan. The plan has specific targeted goals that are valued and identified by the individual. Psychosocial counseling seeks to help individuals achieve their level of optimal functioning within the home and community environment through changing their behaviors, perceptions, and social relationships.

**Q.** *With limited psychosocial counseling resources, how can we meet all counseling needs of the participant?*

**A.** Due to limited resources, it is the responsibility of the psychosocial counselor to assist the participant in targeting counseling intervention to the issues that are critical to the health and emotional well-being of the Healthy Start family. Risk factors identified by Healthy Start screening should be the primary targeted issues to address. Additional counseling needs that are not critical to risk factors, health and well-being, or require specialized intervention, can be addressed by referrals to other sources in the community.

**Q.** *Once a referral has been made to a psychosocial counseling provider, can the participant be closed to Healthy Start?*

**A.** The Healthy Start care coordinator should follow-up with the service provider to determine if the participant has been able to access the psychosocial counseling services, has been keeping appointments and is making progress toward accomplishing counseling goals before closing to Healthy Start care coordination services. The case can remain open to the Healthy Start program even if no care coordination services are being provided.

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**Q.** *Can a participant receive psychosocial counseling if they are a Level 1?*

**A.** Persons in need of psychosocial counseling must initially be leveled at a 3 but once they have accessed the service and are making progress, they can be re-leveled at a 2 or a 1, depending upon the level of risk and need.

**NOTES:**

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**Self Study Questions:** (Answers to these questions may be found in Appendix H)

1. What is the definition of *psychosocial counseling* used by Florida's Healthy Start program?
2. Once a provider receives a referral for psychosocial counseling, how quickly should she/he make contact with the client?
3. What are the necessary components of psychosocial counseling?
4. What credentials must a professional possess in order to be qualified to provide psychosocial counseling?