

Chapter 21: Healthy Start Enhanced Services Psychosocial Counseling

Introduction

Psychosocial counseling is provided in a confidential setting and offers interventions used to address emotional, situational, and developmental stressors. The goal is to reduce identified risk factors to achieve positive pregnancy outcomes and optimal infant/child health and development.

This chapter discusses the standards and guidelines for a Healthy Start worker providing psychosocial counseling. Healthy Start “Psychosocial Counseling” is an enhanced service that goes beyond general information offered in a supportive manner as health promotion, education and anticipatory guidance. Only qualified Healthy Start workers providing counseling face-to-face with the participant will code 8002, “Psychosocial Counseling.”

If Healthy Start does not or is not able to provide this enhanced service, a referral should be made to a licensed mental health counselor in the community. Coalitions will work diligently to ensure that Healthy Start clients have access to psychosocial counseling through the hiring of qualified Healthy Start counselors, contracting with external licensed mental health specialists, coordinating with the participant’s health insurance carrier, or by creating agreements with community partners to provide psychosocial counseling and support to Healthy Start clients for low or no cost.

Definition of Service

Psychosocial counseling is a service provided by a skilled professional counselor for the purpose of improving well-being, alleviating distress, and enhancing coping skills. The psychosocial counselor provides counseling services based on the psychosocial assessment and plan of care.

Provider Qualifications

Healthy Start psychosocial counselors must be professionals with one of the following credentials:

1. Social worker with a Master’s degree or Ph.D. from an accredited School of Social Work.
2. Registered Nurse with specialized education, training, and experience in psychosocial counseling as a clinical nurse specialist or certified psychiatric nurse.
3. Professional with a license in Marriage and Family Therapy, Mental Health Counseling, or Clinical Social Work.
4. Counselor with a Master of Science or Master of Arts degree in counseling.

5. Psychologist with a Master of Science, Master of Arts or Doctorate.

The Healthy Start psychosocial counselor is expected to have counseling education, training, and experience in the following areas:

- Providing counseling services;
- Women's, maternal, and child health issues;
- Addressing grief and loss issues;
- Child development, family dynamics, family violence and substance abuse intervention;
- Medical or health promotion orientation;
- Mental health and depression issues; and

Psychosocial counseling must be provided in accordance with the constraints of the professional's practice act, established protocols and the individual's education, training, and experience.

Standards and Criteria

Standard 21.1 When funding is available, Healthy Start psychosocial counseling services will be offered to all participants and mothers of infant/child participants who are determined to be in need of psychosocial counseling.

Criteria:

21.1.a Level of service is based upon severity of symptoms, the psychosocial assessment, the participant's or family's risk and needs identified on the Department of Health's Prenatal/Infant Risk Screen and from information obtained during the initial intake, initial assessment and/or ongoing care; local resources, local Healthy Start coalition funding decisions, and consideration of Healthy Start as the payer of last resort.

21.1.b At the first psychosocial counseling visit, a psychosocial counseling assessment will be completed and a psychosocial plan of care developed.

21.1.c At each psychosocial counseling session, psychosocial counseling will be provided that is consistent with the counseling plan of care and an evaluation of progress will be documented.

21.1.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 Department of Health and the coalition.

21.1.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 a need for more specialized services.

21.1.f Psychosocial counseling services are provided in a manner that adheres to the

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care <https://www.thinkculturalhealth.hhs.gov/clas>.

Standard 21.2 Psychosocial counseling services will be provided by qualified and trained providers.

Criteria:

21.2.a Qualifications are met as outlined in this chapter and the Florida Administrative Code Rule 64F-3.006(5).

21.2.b Competency and up-to-date knowledge related to psychosocial counseling is maintained.

21.2.c 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.

Standard 21.3 Providers of psychosocial counseling services will offer and initiate services in a timely manner.

Criterion:

Providers of psychosocial counseling will contact participants within 10 business days 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 21.4 The Healthy Start funded provider of psychosocial counseling services will provide follow-up to the Healthy Start worker.

Criteria:

21.4.a When the provider of psychosocial counseling is not the Healthy Start worker, written follow-up documenting receipt of referral, initiated contact with the participant, plan for initiation of services and progress notes is provided to the Healthy Start worker within 30 calendar days.

21.4.b For participants receiving on-going psychosocial counseling, communication between the psychosocial counselor and the Healthy Start worker should occur on a monthly basis, at a minimum, in order to determine treatment progress and need for continuing service. Progress toward counseling plan of care goals is documented in the participant's record.

21.4.c The psychosocial counselor is to notify the Healthy Start worker within five business days of termination of counseling services.

21.4.d The psychosocial counselor participates in multidisciplinary team meetings.

Standard 21.5 The Healthy Start funded providers of psychosocial counseling services

will respond to any additional identified needs.

Criteria:

21.5.a Additional identified needs are directly addressed by the psychosocial counselor or by notifying the participant's Healthy Start worker. The participant's need, intervention provided, and when appropriate, follow-up for any referrals given, are documented in the person's record.

21.5.b Psychosocial counseling providers communicate with the Healthy Start worker who develops the individualized plan of care and the family support plan and collaborates as a part of the interdisciplinary team as indicated by individual need.

Standard 21.6 If psychosocial counseling is being provided by a Healthy Start psychosocial counselor and the participant needs assistance beyond the scope of the counselor, the participant will be referred to a licensed mental health provider in the community.

Criteria:

21.6.a The Healthy Start psychosocial counselor will assist the participant in accessing mental health services in the community and verify that care is being received by a licensed mental health provider.

21.6.b The Healthy Start psychosocial counselor will communicate with the Healthy Start worker throughout the period of transitioning the client from in-house psychosocial counseling services to an external community based mental health provider.

21.6.c After the participant's care has been established with the licensed mental health provider, the Healthy Start counselor may close the participant to Healthy Start counseling services.

Standard 21.7 Providers of psychosocial counseling will accurately code service information in the approved data management system within three business days of service completion.

Criteria:

21.7.a Coding complies with the requirements of the Department of Health publication DHP 50-20 and as specified in Chapter 23, Healthy Start Coding, of these Healthy Start Standards and Guidelines.

21.7.b In order to code "Psychosocial Counseling" (code 8002), the psychosocial counseling services MUST be provided face-to-face.

Standard 21.8 Providers of psychosocial counseling services will document services in the approved data management system in a format determined by the local coalition and service provider within three business days of service completion.

Criteria:

21.8.a Services and attempts to provide services are documented in the approved data management system in the electronic record of the individual receiving the services.

21.8.b In the event that services are provided to another person on behalf of a Healthy Start participant, the services are only referenced in the Healthy Start participant's electronic record. The actual detailed documentation occurs in the record of the individual receiving the service.

21.8.c Documentation occurs in other components of the record, such as the family support plan, as appropriate.

Standard 21.9 Psychosocial counseling service providers will develop and implement an internal continuous quality improvement (CQI) process.

Criterion:

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

Guidelines

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. 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.

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. See chapter 13, Perinatal Depression Screening, for additional information on perinatal depression screening.
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 plan of care. The Healthy Start 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.

Psychosocial counseling must be tailored to the unique needs, interest, experiences, language, educational level, environmental limitations, cultural patterns, capabilities and lifestyle of the participant or group. Different cultural beliefs and ethnic differences should be considered when presenting information. An interpreter may be necessary when counseling is provided to non-English speaking participants. (Please note: Because of the risk of compromising confidentiality and potential ethical consequences, it is important to avoid using family members or significant others as interpreters during counseling sessions.)

Psychosocial counseling may be provided one-on-one or in a group format but the delivery of highly skilled activities, such as counseling groups is provided by individuals licensed or approved to provide these services by the Florida Department of Health, Medical Quality Assurance licensing boards. Sessions can be provided in the home, neighborhood, school, workplace, or clinic, wherever the concerns, priorities, and needs of the participant and family can best be met.

The psychosocial counseling service provider should be familiar with the resources within the community for mental health services and the quality of the services delivered. A list of resources on psychosocial counseling, alcohol/drug treatment facilities and support groups offered in the community should be made available to all participants. The statewide resource for information is the Family Health Line 1-800-451-2229.

Communication between the psychosocial counseling service providers, the Healthy Start worker and other members of the team is essential to support the likelihood of a positive outcome. Multidisciplinary team communication should consist of:

1. Consent for routine release of protected health information (DH 3206), or other appropriate forms as determined by Department of Health's information security officer, signed by the participant for any information that is to be shared among payers, providers, or others;
2. Referrals to outside sources to assist the family in accessing services in the community;

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3. Documentation of unmet family needs to be addressed by the Healthy Start worker, or, if system related, this information should be shared with the Healthy Start coalition; and
4. The sharing of accomplishments and progress on goals identified during the family support plan process with the Healthy Start worker and other multidisciplinary members.

Documentation

Psychosocial counseling services, or the provision of psychosocial counseling services, must be documented in the participant's electronic record in the approved data management system within three business days of service. The actual detailed psychosocial counseling documentation occurs in the record of the individual receiving the service. Psychosocial counseling documentation must include:

- Authorization for release of information, signed by the participant, or on behalf of the participant, for any information that is to be shared among payers, providers, or others
- Psychosocial Assessment form (DH 3164) or other assessment forms approved by the Department of Health and the local coalition
- Psychosocial Plan of Care
- Screening tools such as the Edinburgh Postnatal Depression Scale
- Progress Notes documenting educational content of each class/session
- Closing Summary

Additional forms/assessments that may be included in the participant's electronic record include:

- Family Support Plan for Single Agency Care Coordination (DH 3151), as appropriate

Coding

Healthy Start services for psychosocial counseling should be coded in accordance with approved protocols and procedures for coding. Healthy Start psychosocial counseling services require a specific code for service delivery. Service code 8002 "Psychosocial Counseling" should be entered into the approved data management system, by participant name, within three business days of service completion. The Healthy Start worker or the provider of the service should code one unit for every 15 minutes of services provided discussing psychosocial counseling to the appropriate program component.

No group coding is allowed. This is necessary to provide for tracking, analysis, and program evaluation of client specific data. If a provider meets with two or more Healthy Start participants at the same time (group or classes), codes should be entered individually for each participant present.

Refer to Chapter 23, Healthy Start Coding, in the Healthy Start Standards and Guidelines for more specific information on coding, including coding for referrals and follow-ups.

Continuous Quality Improvement (CQI)

The CQI process should be designed to measure and help improve the extent to which psychosocial counseling services are provided to Healthy Start participants and their families to eliminate or decrease risk factors that may affect a pregnancy or an infant's/child's health and well-being.

The Healthy Start coalition should verify that the counselor continues to meet provider qualifications and has continued their training in psychosocial counseling. Details of continuing education units, workshops, and training relevant to education related to psychosocial counseling should be documented in the provider's file and maintained.

Examples of targeted outcomes to be measured through the CQI process include:

1. Reduction or elimination of the original Healthy Start risk factors or their underlying situations as it relates to psychosocial counseling services.
2. Percentage of Healthy Start participants screened for perinatal depression by Healthy Start workers.
3. Percentage of referrals to Healthy Start psychosocial counselors when indicated by perinatal depression screening.
4. Percentage of referred participants who engage in Healthy Start psychosocial counseling.
5. Increase in the number of conflict resolution skills.
6. Reduction or elimination of negative behavioral patterns.
7. Improved decision-making skills.
8. Enhanced self-esteem.
9. Enhanced parent and child interaction.
10. Development or strengthening of personal coping skills.
11. Improved communication skills.
12. Increase in correct documentation in the approved data management system to show psychosocial counseling was offered and/or provided to Healthy Start participants.
13. Increase in correct coding of "Psychosocial Counseling" (code 8002) in the approved data management system to show psychosocial counseling was provided to Healthy Start participants by qualified professionals.
14. Adequate training opportunities for Healthy Start workers and psychosocial counselors in the area of mental health.

See Chapter 30, Continuous Quality Improvement, for additional information.

Resources and References

FSU Partners for a Healthy Baby Curriculum	www.cpeip.fsu.edu/PHB/
MGH Center for Women’s Mental Health	www.womensmentalhealth.org/
Moving Beyond Depression	www.movingbeyonddepression.org/
National Registry of Evidence-Based Programs and Practices (NREPP)	www.nrepp.samhsa.gov
NCAST Programs	www.ncast.org/index.cfm?category=18
Substance Abuse and Mental Health Services Administration (SAMSHA)	www.samhsa.gov

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Association.

National Center for Education in Maternal and Child Health. (2013). *Depression during and after pregnancy: Knowledge path*. Retrieved from <http://ncemch.org/knowledge/postpartum.php>

National Research Council and Institute of Medicine. (2009). *Depression in parents, parenting, and children*. Washington D.C.: National Academies Press.

U.S. National Library of Medicine. (2016). *Postpartum depression*. Retrieved from www.nlm.nih.gov/medlineplus/postpartumdepression.html

Frequently Asked Questions

Q. What distinguishes the service of “Psychosocial Counseling” from the services offered through care coordination?

A. 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.

If all of the following criteria are met, it is considered an enhanced service and the provider will code the services in the approved data management system under "Psychosocial Counseling" (code 8002):

- The provider must meet the Provider Qualifications listed in this chapter.
- The service must be provided face-to-face.

- A psychosocial assessment must be completed.
- A psychosocial plan of care, at a minimum, must be initiated and updated at every visit.

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 the prenatal/infant risk screen and perinatal depression 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 worker 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 services. The case may remain open to the Healthy Start even if no other Healthy Start services are being provided.

NOTES:
