



Service Standards

Title III-B Counseling

The III-B Counseling Service Provider must adhere to AgeGuide Northeastern Illinois General Services Requirements in addition to service-specific requirements listed below.

I. Definitions

A. Service Definitions: (IDOA 603.7, A)

Counseling services shall include personal counsel to help individuals and families cope with personal problems and/or develop and strengthen capacities for more adequate social and personal adjustments.

B. Unit of Service: (IDOA 603.7, C) One unit of service is one session per participant

For example, if there are 7 people attending a weekly counseling, training or support group session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly education session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 session in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

Unduplicated Count: The number of unduplicated clients served.

II. Service Activities (IDOA 603.7, B)

A. Direct interaction between a trained counselor and an individual, family or group providing purposeful therapeutic assistance in coping with personal problems and improving social functioning.

- B.** The therapeutic nature of the relationship between client(s) and counselor is to be particularly stressed and should be adapted to meet the individual needs of the client(s). Work may be short or long term, including brief crisis assistance.
- C.** Case finding is encouraged as it relates to locating and attracting to the program those in need of the program's particular type of therapeutic assistance.
- D.** Community education is acceptable especially as it relates to programs dealing with making the elderly population more aware of counseling services and the population's mental health needs. Prevention programs are especially desirable.
- E.** Services may include but are not limited to: a) dealing with anxiety or depression; b) guardianship issues; c) coping/corrective issues centered around elder abuse; d) issues of life/role transitions; e) interpersonal relationships; and f) emotional or mental problems stemming from improper medication use.

III. Service-Specific Standards

A. Eligibility/Service/Population Priorities (AgeGuide)

- 1.** Service Eligibility: Clients shall be a) 60 years and over; b) reside in the service area; and c) have a presenting problem of an emotional nature requiring therapeutic assistance.
- 2.** Service Priority: should be given to those who are isolated and those who have problems severe enough to be potentially life threatening.
- 3.** Population Priority: should be given to those who are suffering from psycho-social stresses, situational stresses, and any other problems in daily living that create emotional and mental distress.

B. Inquiry/Referral/Intake/Reassessment (AgeGuide)

- 1.** Inquiry/Referral: Procedures to respond to inquiries for services best provided by other agencies, such as the Case Coordination Unit (CCU), must be followed by each provider.

Those cases with a significant medical component contributing to the emotional distress should be referred to medical, home care and/or other health care providers.

- 2. Intake/Reassessment:** Intake procedures must be established by each provider utilizing an interview by a designated, trained staff person at each office or site. A standardized intake tool must be utilized for all those who seek assistance from the program. Intake must be completed in a timely manner after receiving a request for services. Persons assessed for entry into program services must be informed of service options and limitations.
 - a.** If eligibility criteria have been met, and services available from the service provider are appropriate, the client must be assessed and a plan of care determined within a period of time adequate to the relative urgency of the case. Assessments must be performed by not less than Bachelor's level personnel.
 - b.** Standard procedures must be established for determining clients who will not be accepted for services. A client determined inappropriate for agency service must be referred to an agency/source appropriate for the client's needs.

C. Access: (AgeGuide) Agencies funded to provide Title III-B Counseling services must:

- 1. Physical Access:**
 - a.** Ensure that all older persons in the county have reasonably convenient access to the service
 - b.** Agencies must maintain the capacity to provide in-home visits in order to assure service delivery for homebound, handicapped or frail persons
 - c.** Directory assistance listings in the community service numbers sections of the phone book must appear under the heading "Senior Citizens".
 - d.** Services may be provided off the agency premises as long as the space is accessible to older adults, the space provides privacy and the location allows

confidentiality to be maintained.

2. Program Access:

- a. Where a potential client is non-English speaking it is expected that service providers will make appropriate referrals, on a case-by-case basis, to professionals of comparable expertise and ability.
- b. Must assure community Focal Points have direct access to services through cooperative agreements for the collocation of services.
- c. Provide services by telephone and email
- d. Website presence:
Add reference to III-B Counseling Services and contact information to the organization's existing website
and/or, agree to list contact information on the AgeGuide website (www.AgeGuide.org).

D. Records and Documentation (AgeGuide)

1. A record keeping system will be in place which keeps count of daily units of service provided
2. Each older person shall have a case record which documents the presenting problem requiring treatment, the treatment plan, treatment provided and progress in treatment.
3. Service population identification: The service provider must identify and analyze the service-related needs of older persons within their geographic service area as part of their planning process. The service provider must maintain current demographic information on the number and location of older persons in the service area and have developed a service plan which maximizes the number of persons the service will reach. Documentation of need and methodology used in needs assessment should be kept on file and made available to AgeGuide upon request to support planning decisions.

E. Interagency Coordination/Community Relationships (AgeGuide)

In addition to AgeGuide General Service Requirements, Title III-B Service Providers Program staff must demonstrate a cooperative working relationship with:

- 1.** local mental health/psychiatric facilities (including local hospitals, if applicable), and legal service organizations
- 2.** senior centers: agreements should be established which detail how Mental Health Awareness/Education shall be conducted on an ongoing basis at the center. The service provider must demonstrate involvement in strengthening community relationships by: a) participating in community outreach efforts; b) encouraging participation in services without expressed favoritism toward any one of the equally qualified competing service providers; and community volunteer recruitment.

F. Staff:

- 1. Qualifications:** Any personnel having final responsibility for the care of clients in a therapeutic setting must have a Master's Degree in a field whose educational curriculum clearly demonstrates training and experience in therapeutic work with individuals, families, and groups. Further, it is expected that those who perform in the role of clinical therapist must have a Bachelor's or Master's Degree in a social science field and must have both experience and course work in gerontology and psychotherapy. It is required that persons supervising master's level staff and below have at least the same qualifications as those stated above.
- 2.** Master's level degrees can include but are not limited to: Master's in Social Work, Gerontology, Psychology, Counseling, Psychiatric Nursing and Rehabilitation Counseling.
- 3.** In addition, positions that require persons holding a degree in a discipline that is licensed, registered or certified by the State of Illinois must be so licensed.

4. Examples of degrees include but are not limited to: a) a Bachelor's in Social Work, Community Service, Nursing and Human Development. b) an Associates' Degree in Human Services or a related field is also acceptable.
5. Individuals in degreed professions must have obtained the degree from a program accredited by the appropriate authorized body. Any staff in currently funded programs who do not meet the State credentialing requirements of these standards must, at the time of their termination, be replaced by an individual who does comply.

G. Ethics:

Each paid staff person is required to adhere to his/her own professional discipline's code of ethics. Copies of each code should be made available on request. In the case of a staff person whose discipline does not have a code of ethics, the agency will draw up a code of ethics based on input from the staff and submit it to the advisory council for approval.

H. Liability:

Agencies are encouraged to carry malpractice insurance for their Master's level personnel. Agencies must carry malpractice insurance for their Bachelor's level personnel, Associate degree personnel and volunteers. In the absence of agency malpractice insurance for Master's level personnel, individual practitioners must carry their own malpractice insurance.

I. Use of Volunteers:

All volunteers must be carefully screened to determine appropriateness for serving the functions to which they are assigned. Volunteers may not perform the functions listed under the degreed personnel categories unless it can be demonstrated that the individual has comparable experience and training.

1. Volunteers performing professional staff level functions should be supervised by at least Bachelor's level personnel. Volunteers performing support staff functions may be supervised by whoever is deemed appropriate. Volunteers

must meet with their supervisor not less than monthly for supervision

2. When the staff of the service so desire, training programs may be created to instruct all volunteers regardless of training or experience in the following staff functions only, intake and public awareness. Other training may be conducted for other functions related to the operation or enhancement of the program, but must meet with full staff

J. Clinical Supervision/Consultation:

The agency is expected to employ or contract with a professional in good standing for not less than bi-monthly clinical supervision/consultation with paid staff. These consultation sessions should cover at minimum a) care review; b) broad issues relating to client care, and other issues relating to enhancing professional practice.

K. Licensure: (AgeGuide)

All licenses, certifications and registrations must be prominently displayed in the location where the paid staff person sees a majority of his/her clients. Copies of said licenses, etc., should be available for review upon request. Licenses, etc., must be kept current.