

Ryan White Program Standards of Care – Mental Health Services

County of Santa Clara Public Health Department
STD/HIV Prevention & Control Program



Santa Clara County HIV Commission



TABLE OF CONTENTS

Introduction

How This Document is Organized

Service Definition

Objective

Key Activities

RSR Reporting

Requirements

Tools and Resources

Introduction

This document describes the “Mental Health Services” service category of core medical services under the Ryan White HIV/AIDS Program (RWHAP). It serves as a supplement to the Universal Standards of Care released by the Santa Clara County HIV Commission and County of Santa Clara Public Health Department. This document highlights each of the requirements and standards that apply to Mental Health Services and must be followed by any provider receiving RWHAP funding for this service category.

How This Document is Organized

This document is intended to be used in tandem with the Universal Standards of Care (USOC) and provides additional detail about the Requirements for Mental Health Services beyond what is established in the USOCs. All service providers are responsible for understanding and maintaining compliance with the USOC, which apply to every RWHAP service category.

Within this document, the Standards of Care are described in terms of (1) Service Definition, (2) Requirements, and (3) Tools and Resources.

Service Definition

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state of California to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers. Mental Health Services are allowable only for people living with HIV (PLWH) who are eligible to receive RWHAP services.

Objective

Mental Health Services are designed to assist clients in coping with the social, emotional, psychological, and neurocognitive aspects of living with HIV, improve psychological well-being, and increase quality of life through counseling and adherence to medical care.

Key Activities

Allowable activities in this service category include:

- Initial assessment of the client’s service needs;
- Development of a comprehensive, individualized treatment plan, including client-centered goals and milestones;

- Treatment provision in individual, family, and/or group settings, crisis intervention, and psychiatric consultation;
- Referral/coordination/linkages with other providers to ensure integration of services and better client care; and,
- Re-assessment and re-evaluation of the treatment plan with the client at least every six months with revisions and adjustments as necessary.

Ryan White HIV/AIDS Program Services Report (RSR) Reporting

- Services such as support groups provided by non-mental health professionals should be reported under Psychological Support Services.

Requirements

In addition to complying with all the standards, measures, and monitoring criteria identified in the USOC, service providers shall adhere to the specifications for providing Mental Health Services as updated below.

1.0 ARIES: AIDS Regional Information & Evaluation System

Standards, Measures, and Monitoring criteria identified in USOC 1

2.0 Client Eligibility

Standards, Measures, and Monitoring criteria identified in USOC 2

3.0 Recertification

Standards, Measures, and Monitoring criteria identified in USOC 3

4.0 Care and Treatment

Services should be provided utilizing methodologies appropriate for the client's needs and following national recommendations for HIV mental health care guidelines. This may include any combination of:

- Individual counseling/psychotherapy
- Family counseling/psychotherapy (when the client is included in session(s) as the focus of treatment)
- Couples counseling/psychotherapy
- Group psychotherapy/treatment
- Drop-in groups
- Crisis intervention
- Psychiatric medication assessment, prescription, and monitoring

4.1 Intake, Orientation, and Evaluation

The service provider shall conduct a complete intake assessment, orientation, evaluation, and initial treatment of each client **within 30 days**.

An Intake Assessment is the formal process of collecting information to determine the client’s eligibility for services and/or immediate service needs to encourage client’s engagement and retention in services. The information collected during the Intake Assessment will determine the client’s individualized treatment plan and will promptly address immediate needs. Intake is a time to gather registration information and provide basic information about HIV services, as appropriate. It is also a pivotal moment for the establishment of trust and confidence in the care system. Practitioners shall provide an appropriate level of information that is helpful and responsive to client needs and conduct the client intake with respect and compassion.

Mental Health Services must be offered in a way that addresses barriers to accessing mental health care and uses resources to support positive health outcomes for clients. Clients who qualify for RWHAP services may not be denied services on the basis of current substance use. All Mental Health Services must include the Key Activities included in the Service Definition section of this document.

#	Standard	Measure
4.1.1	<p>Initial Appointment: It shall take place as soon as possible and within five (5) business days of referral or initial client contact. (See USOC 2.0- 2.4).</p> <p>Crisis Intervention and Emergency Appointment: Crisis intervention is an unplanned service provided to an individual, couple, or family experiencing acute psychiatric-medical problems and/or psychosocial stress. Such services are provided in order to prevent deterioration of functioning or to assist in the client’s return to baseline functioning. Service provider shall provide mechanisms to address urgent and/or emergency client needs.</p> <p>Clients in crisis must be provided with Mental Health Services as soon as possible and no later than 1 calendar day; if MH Provider is unable to provide needed MH services within required time frame, they have the option of referring the client to like services elsewhere if they can confirm the client is able to access them without cost or other barriers and follow up to ensure needed services were received. Primary resources can be found in the Tools and Resources section of this document. Regular intake and assessment procedures may be followed after the initial crisis has resolved.</p>	<p>Record of intake and scheduled appointment in client file</p> <p>Emergency Need policy</p>
4.1.2	<p>Assessment: The mental health care provider must conduct a comprehensive face-to-face mental health needs assessment</p>	<p>Record of assessment in client file</p>

RYAN WHITE PROGRAM STANDARDS OF CARE – MENTAL HEALTH

	<p>within 30 days of referral. The assessment may be performed via telehealth technology if accessible for and acceptable to the client. The needs assessment will describe the client’s current status and inform the treatment plan. The mental health assessment should include:</p> <ul style="list-style-type: none"> • A detailed statement of the client’s current presenting problem; • A detailed mental health treatment history, including psychotropic medications; • Substance use history; • Mental status exam (MSE); and, • All relevant Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnoses. 	
<p>4.1.3</p>	<p>Patient need and eligibility for HIV services is assessed and confirmed. Clients requiring specialized care should be referred for and linked to such care, with documentation of that referral in the client file and available to the Recipient for monitoring purposes upon request.</p>	<p>Assessment and referral in client file</p>
<p>4.1.4</p>	<p>Complete documentation includes appropriate consents and release. All patient contacts, findings, procedures, diagnoses, education, and other information pertinent to patient care must be recorded in the patient chart. Documentation must be signed and dated.</p>	<p>Signed documentation in client file</p>
<p>4.1.5</p>	<p>Identify immediate issues that impact patient’s ability to be retained in care, including an assessment of the patient’s ability to be retained in care.</p>	<p>Assessment and notes in client record/chart</p>
<p>4.1.6</p>	<p>Mental Health Service providers should develop an individualized treatment plan during the initial assessment and re-evaluate the plan at least every six months with adaptations as needed. Mental Health Service providers developing an individualized treatment plan should ensure that the plan, at a minimum:</p> <ul style="list-style-type: none"> • Incorporates client input; • Identifies and prioritizes the client’s mental health care needs; • Includes a statement of the problems, diagnoses, symptoms, or behaviors to be addressed in treatment; • Sets realistic and measurable goals, objectives, and timelines based on client needs identified by the client and mental health team; • Identifies interventions, modalities, and resources to attain the goals and objectives, including referral and 	<p>Record of signed client treatment plans</p>

	<p>linkage to other relevant providers (e.g., substance abuse counselors, physicians, housing specialists);</p> <ul style="list-style-type: none"> • Details frequency and expected duration of services; and • Is signed and dated by the provider unless documented via the Care Plan in ARIES (in which case the responsible staff person should be indicated in the record). <p>The treatment plan should be reviewed and revised at each appointment as needed.</p>	
4.1.7	Orientation Checklist: Each new client receiving Mental Health Services must receive an orientation to available services at the facility.	Record of Orientation Checklist in client record/chart
4.1.8	Service Provider Policy and Procedure for Orientation and Evaluation of Clients	Service Provider Policy and Procedure Manual

Monitoring

Intake, Orientation, Evaluation – Service provider must have a policy and procedure for intake, orientation, and evaluation of clients available for review. The client orientation checklist, plan of care, individual service plan, or other “planning” document must all be provided in the client chart for review.

Appointment scheduling and follow-up – Agencies will be asked to submit procedures for emergency appointments and client follow-up after missed appointments; documentation of rescheduling attempts will be monitored via chart review during site visits.

4.2 Individualized Care Plan

Standards, Measures, and Monitoring criteria identified in USOC 4.2

4.3 Empowerment

Standards, Measures, and Monitoring criteria identified in USOC 4.3

4.4 Linkage & Availability

Standards, Measures, and Monitoring criteria identified in USOC 4.4

4.5 Risk Reduction Education

Standards, Measures, and Monitoring criteria identified in USOC 4.5

4.6 Professional Linkages/Collaboration

Standards, Measures, and Monitoring criteria identified in USOC 4.6

4.7 Outreach Plan

Standards, Measures, and Monitoring criteria identified in USOC 4.7

5.0 Service Access, Management, and Closure

Standards, Measures, and Monitoring criteria identified in USOC 5

6.0 Grievances

Standards, Measures, and Monitoring criteria identified in USOC 6

7.0 Client Rights, Responsibilities, & Confidentiality

Standards, Measures, and Monitoring criteria identified in USOC 7

8.0 Staff Requirements and Qualifications

8.1 Education & License

Staff and volunteers shall have appropriate knowledge of the HIV/AIDS disease process. All service provider staff and contractors who provide direct care services must hold the appropriate degrees, certification, licenses, permits or other qualifying documentation as required by Federal, State, County, local authorities, and/or RW Standards of Care. See each specific service standard for detailed requirements by service.

#	Standard	Measure
8.1.1	<p>Professional diagnostic and therapeutic services under this service category must be provided by practitioners holding appropriate, current, and valid California licensure or certification, including:</p> <ul style="list-style-type: none"> • Psychiatrists • Psychologists • Psychiatric Nurse Specialists/Practitioners • Marriage and Family Therapists (MFT) • Licensed Clinical Social Workers (LCSW) <p>Other professional staff may provide services appropriate for their level of training/education as part of a care team under the supervision of a licensed or certified clinician.</p> <p>Other professional staff include but are not limited to:</p> <ul style="list-style-type: none"> • Interns • Physician’s Assistants • Fellows • Associates 	Documentation in Personnel files

8.1.2	Attendance at trainings or appropriate Continuing Education.	Documentation in Personnel files
--------------	--	----------------------------------

Monitoring
<p>Education and Experience – Proof of staff certification, licenses, permits, and/or other qualifying documentation must be available for review during site visits.</p> <p>Licensure – Proof of required staff degrees, certification, licenses, permits, and/or other qualifying personnel documentation must be available for review.</p> <p>Provider Qualifications – Proof of compliance with minimum qualifications for all providers offering diagnostic and therapeutic services must be kept in personnel files, with hire date for review during site visits.</p> <p>Supervision and guidance by a clinician – Availability of supervision and guidance by a clinician for unlicensed providers will be monitored via discussion during site visits. Assurance that all services provided are commensurate with the training and education of providers will be verified through chart review during site visits.</p>

8.2 Professional Licensure

Standards, Measures, and Monitoring criteria identified in USOC 8.2

8.3 Staff and/or Volunteer Requirements

Standards, Measures, and Monitoring criteria identified in USOC 8.3

8.4 Orientation/In-Service

<p>Initial: All RW-funded staff providing Mental Health Services must complete an initial training session related to their job description and serving those with HIV. Training should be completed <u>within 15 days of hire</u>.</p> <p>Ongoing: Staff must also receive ongoing annual training as appropriate for their position, including continuing education required by the State of California to maintain licensure. Training must be clearly documented and tracked for monitoring purposes.</p>		
#	Standard	Measure
8.4.1	Policy and Procedure for New Staff Orientation and Training.	Documentation in Personnel files
8.4.2	<p>Training: Topics must include:</p> <ul style="list-style-type: none"> General HIV knowledge, such as transmission, care, and prevention Navigation of the local HIV system of care, including the AIDS Drug Assistance Program (ADAP) 	Documentation in Personnel files

	<ul style="list-style-type: none"> • Confidentiality and Security • Legal/ethical issues, human sexuality, gender, and sexual orientation • Cultural sensitivity, including but not limited to LGBTQ cultural competence, cultural humility, and social determinants of health • HIV counseling and testing • Medication Assisted Treatment (MAT) • Privacy requirements and HIPAA regulations <p>Other topics may include:</p> <ul style="list-style-type: none"> • Psychosocial issues • Health maintenance for people living with HIV • Rapid Anti-Retroviral Therapy Initiation (Rapid ART) • Client service expectations • Trauma Informed Care 	
<p>8.4.3</p>	<p>Legal and Ethical Obligations - Practitioners must be aware of and able to practice according to California state law and the code of ethics of their respective professional organizations. Obligations include the following:</p> <ul style="list-style-type: none"> • Duty to treat: Practitioners may not refuse treatment to a person in need because of fear or disapproval of someone’s behavior, identity, or health status, including HIV. • Confidentiality: Practitioners must maintain client confidentiality. Limits of confidentiality include danger to self or others, grave disability, child/elder abuse and, in some cases, domestic violence. • Duty to warn: Serious threats of violence against a reasonably identifiable victim must be reported. At present, California law does not consider a person with HIV engaging in behaviors that may put others at risk for HIV a circumstance that warrants breaking confidentiality. 	<p>Documentation in Personnel files</p>

Monitoring

Staff Orientation and Training - Agencies must maintain a comprehensive list of staff with hire date, all trainings provided, dates of trainings, and dates of refreshed confidentiality agreements; this list must be available for review during site visits or upon request.

9.0 Cultural and Linguistic Competency

Standards, Measures, and Monitoring criteria identified in USOC 9

10.0 Fiscal Responsibility

Standards, Measures, and Monitoring criteria identified in USOC 10

11.0 Licensure and Quality Assurance

Standards, Measures, and Monitoring criteria identified in USOC 11

12.0 Continuous Quality Improvement

Standards, Measures, and Monitoring criteria identified in USOC 12

Tools and Resources

Emergency Resources:

Suicide and Crisis Services:

1-855-278-4204

<https://bhsd.sccgov.org/programs-services/suicide-prevention-crisis/find-help-suicide-and-crisis-resources>

National Suicide Prevention Lifeline:

1-800-273-TALK (8255)

<https://suicidepreventionlifeline.org/>

NAMI Santa Clara:

<https://namisantaclara.org/crisis-support-3/>

Mobile Crisis Response Team

1-800-704-0900, Press 2

Santa Clara County Suicide & Crisis Hotline

1-855-278-4204

Resource on Integrating Behavioral Health into Primary HIV Care:

<https://aidsetc.org/resource/integrating-behavioral-health-primary-hiv-care-covering-bases>