

**Ryan White Part A Program  
Serving the Middlesex, Somerset, Hunterdon  
Transitional Grant Area**

**Service Standards for Mental Health Services  
Ryan White HIV/AIDS Treatment Extension Act of 2009**

**Approved on February 7, 2017**

**Prepared by**

**Priorities, Service Standards, and Comprehensive Care Plan Committee of the  
Middlesex-Hunterdon-Somerset HIV Health Services Planning Council**

## **Mental Health Services Definition:**

**HRSA 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 to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

This TGA will acknowledge those Master's Level Social Workers with a license or a Licensed Professional Counselor. Mental Health treatment programs in the Middlesex-Somerset-Hunterdon Ryan White Part A TGA design and deliver comprehensive services for outpatient individuals who are experiencing the effects of mental health disorders stemming from or exacerbated by HIV/AIDS. Our goal is to stabilize and increase the level of functioning of those accessing mental health services through a continuum of mental health treatment options in order to meet the full spectrum of client needs. (US Public Health Guidelines)

Treatment plans are tailored to meet the needs of each individual client using four basic modalities: Individual, Group, Couple, and Family Therapy, as well as linkages to psychiatric care.

These services include:

- General provider intake
- Assessment of mental health status
- Psychiatric/Psychological consultation (testing and medication)
- Individual and Group Counseling sessions with qualified staff
- Linkage to other necessary service providers

## Agency Service Standards (Mental health Services)

<b>Table 1. Agency Related Issues</b>			
<b>Policy Number</b>	<b>Activity/Issue</b>	<b>Minimum Acceptable Threshold of Service</b>	<b>Accountability Mechanism</b>
1.1	Definition of services	Agency has description of services on file.	100% of agencies will define services they provide.
1.2	Licensure	Agency has current licenses on file from appropriate licensing agency.	100% of agencies are licensed and accredited by appropriate state/federal agencies.
1.3	Hours of operation	Agency has documentation of operating hours on file.	Staff is available to answer incoming calls during agency's normal operating hours.  If client calls within operating hours, staff will respond within one business day or the first business day after a weekend or holiday.
1.4	Emergency services	Agency has policy on file outlining emergency service procedures related to the service they provide.	100% of agencies will have policies in place to handle emergencies/crises that occur outside of normal operating hours.
1.5	Special service needs	Agency complies with Americans Disabilities Act (ADA).	100% of agencies have policies to respond to special needs clients.
1.6	Cultural/Linguistic diversity	Agency has written policy on file including process for language translation.	100% of agencies have policies in place for responding to cultural and linguistic diversity (including translation services).
1.7	Client Referrals	Agency has written referral policy on file.	100% of agencies will have a referral process for care of HIV related problems outside of their direct service area.
1.8	Linkages	Agency has written policy for establishing linkages and record of linkages on file.	100% of agencies will develop and maintain linkages with primary health care, support and other service providers.
1.9	Provider communication	Agency has written policies on file that allow for communication between different programs.  Documentation of consent is required.	100% of providers document communication regarding patient care (HRSA funded services and others.)
1.10	Policies and procedures	Agency has written staff policies on file.	100% of agencies have written policies for staff which include (but are not limited to):

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			<ul style="list-style-type: none"> <li>• Agency policy and procedures</li> <li>• Agency has a description of the Ryan White Treatment Extension Act of 2009</li> <li>• Standards of professional behavior</li> <li>• Compliance with the Health Insurance Portability and Accountability Act [PL 104-191]</li> <li>• Client confidentiality</li> <li>• Release of information</li> <li>• Communication about agency issues</li> <li>• Health and safety procedures including universal precautions</li> <li>• Complaint and grievance procedures</li> </ul>
1.11	Staff evaluation	Agencies have procedures in place to evaluate staff.	<p>100% of agencies have evaluation procedures on file.</p> <p>100% of agency staff has a working knowledge of evaluation procedures.</p> <p>100% of agency staff receive an annual performance evaluation.</p>
1.12	Quality management	Agencies have procedures in place to evaluate the quality and effectiveness of mental health services on an ongoing basis.	<p>100% of agency has written procedures on file to evaluate housing services.</p> <p>Agency participates fully in TGA Quality Management activities including data and chart review processes.</p>
1.13	CAREWare data collection	<p>Monthly reports are sent to grantee and are available on request.</p> <p>CAREWare is used to ensure data is collected in a uniform manner</p>	100% of agencies regularly update client information, needs assessment, client progress and care and client referrals and other services provided and share monthly reports with grantee.
1.14	Planning Council attendance	Agency representatives must attend monthly Planning Council meeting	Agency must attend 75% of monthly Planning Council meetings.

## Staff Service Standards (Mental Health Services)

<b>Table 2. Staff Related Issues</b>			
<b>Policy Number</b>	<b>Activity/Issue</b>	<b>Minimum Acceptable Threshold of Service</b>	<b>Accountability Mechanism add percentages</b>
2.1	Staff hiring	All staff will have necessary skills and experience determined by <ul style="list-style-type: none"> <li>• Written application</li> <li>• Resume</li> <li>• References</li> <li>• Personal interview</li> </ul>	100% of staff have application, resume, and communication with personal references documented in personnel files.
2.2	Staff qualifications	All staff have appropriate licensing certifications documented in personnel file.	100% of staff possesses appropriate licensing or credential requirements.
2.3	Staff job descriptions	All staff will be given a written job description. The job description includes definition of mental health services	100% of staff has job description and service standard documented in personnel file.
2.4	Staff training	All staff are trained and knowledgeable on: <ul style="list-style-type: none"> <li>• HIV/AIDS and the affected tri county community including disease process, co-morbidities and psychosocial effects of the disease.</li> <li>• Cultural sensitivity</li> <li>• Entitlement programs, benefits to clients, and community resources/support services</li> <li>• Client confidentiality, client rights, agency grievance procedures</li> </ul>	100% personnel files document training.
2.5	Staff continuing education	All staff has the opportunity to take advantage of continuing education training that is available and appropriate.  Staff attends at least one in-service or specialized training a year on topics related to their position.	100% of trainings documented in personnel files.
2.6	Staff supervision	Supervision is documented in personnel file.	100% of supervisors are knowledgeable about RW program.
2.7	Policies and procedures	Signed form is documented in personnel file.	100% of staff agrees to follow agency policies and procedures.

<b>Table 2. Staff Related Issues</b>			
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2.8	Staff evaluation	Staff evaluations are documented in personnel files.	100% of staff is evaluated on their performance annually.
2.9	Documentation	All staff will keep written documents of contact with clients in accordance with RW data collection procedures.	100% of all contacts are documented in client files.

## Client Service Standards (Mental Health Services)

<b>Table 3. Client Related Issues</b>			
<b>Policy Number</b>	<b>Activity/Issue</b>	<b>Minimum Acceptable Threshold of Service</b>	<b>Accountability Mechanism</b>
3.1	General Provider Intake	<p>All referrals will be seen within two weeks of submission. The intake should contain the following elements and is completed on client at the time of provider intake which includes:</p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Date of birth</li> <li>• Gender</li> <li>• Race/Ethnicity</li> <li>• Sexual orientation</li> <li>• Religion</li> <li>• Income</li> <li>• Proof of HIV status</li> <li>• Non-Psychiatric needs assessment</li> <li>• Current living conditions</li> <li>• Family, medical &amp; psychiatric history</li> <li>• Clinician preference</li> <li>• Every provider will have an authorization and/or consent form for treatment signed by each client on file</li> </ul>	From the initial face-to-face contact, the as defined by assessment elements in the Standard of Care will be completed within three business days for 100% of all clients.
3.1B	Assessment of Need	<ul style="list-style-type: none"> <li>• Presenting problem</li> <li>• Mental status assessment</li> <li>• Depression screening</li> <li>• Substance use screening</li> <li>• Trauma history</li> <li>• Strengths and weaknesses</li> <li>• Limitations assessment</li> <li>• Diagnoses</li> </ul>	
3.2	Design a comprehensive treatment plan for each client	<p>Each treatment plan will contain the diagnoses, identification of short-term and long-term goals as well as interventions to be used. Plans are kept in the client's file.</p> <p>The treatment plan will reflect changes in client's diagnoses and/or progress. The treatment plan is updated quarterly within the first year; every six months for every subsequent year of treatment.</p>	90% of all clients will have a completed treatment plan in place by the end of the 3 <sup>rd</sup> face to face session but not to exceed the 5 <sup>th</sup> face to face session or within 60 days whichever comes first. All completed treatment plans will contain the client's consent/signature.

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3.3	Implement treatment plan, which will include providing comprehensive counseling to individuals as needed, as part of the coordinated continuum of HIV/AIDS services in this TGA	<p>Log all progress notes, referrals and discussions with client will be kept on file.</p> <p>All medications that are prescribed as part of mental health treatment are documented and monitored. <i>(APN and/or Psychiatric services only)</i></p> <p>Treatment team (meetings) kept in each client's file. Any treatment intervention between the client and medical professionals (nurse, physician, psychiatrist, etc.) will be documented and kept in client's file.</p> <p>Treatment reviews will justify continuation of all appropriate treatment.</p>	<p>90% of client files will have documented progress of treatment plan goals every 3 months for the first year and every 6 months for subsequent years.</p> <p>90% of client files contain detailed descriptions of monitoring of any medications prescribed by mental health staff. <i>(APN and/or Psychiatric services only)</i></p> <p>90% of client files will have evidence of goal progress assessment or reasons of lack thereof completion within specified timeframe.</p> <p>90% of consumer charts will show justification of ongoing treatment.</p>
3.4	Coordination between HIV Healthcare providers or Primary Care Physicians	<p>Initial report from Primary Care Physician (PCP) or requesting agency completed at time of intake.</p> <p>Mental health agency requests ongoing report form Primary Care Physician (PCP) over the course of services.</p>	<p>Signed consent to communicate with treating healthcare professionals.</p> <p>Documentation of communication with HIV care providers kept on file.</p>
3.5	Referral to higher level of mental health care	Mental health staff will provide referrals to consumers who need higher level of care.	100% of all referrals and linkages are documented.
3.6	Discharge	When goals of treatment have been completed, client will be discharged from services.	Reason for discharge documented on file.



## Qualifications

We designed these guidelines to represent minimum requirements for the provision of Mental Health Services, to complement rather than supersede those already established by participating providers, and to reflect care decisions made in partnership with clients, family members and providers. Certain conditions are expected of each provider. The following qualifications underscore the practical importance of our document:

- All providers of Mental Health Services shall have appropriate credentials and certifications that meet the minimum specified in this document.
- Individual agencies have the right to impose a higher standard of experience or training in the field of HIV
- All therapist are to be supervised by a person who meets or exceeds these minimum standards
- Providers shall protect and promote the rights of their clients with an emphasis on ensuring confidentiality according to each agency's Client Bill of Rights.
- A process for reviewing and updating this document will be defined and implemented by the appropriate authority within this TGA.

<b>Position</b>	<b>Minimum Qualifications ***have be to valid and current</b>
Psychiatrist	MD Board Certified or Board Eligible in Psychiatry
Psychologist	Ph.D., Ed.D
Licensed Clinical Social Worker	LCSW
Licensed Professional Counselor	LPC
Advanced Practice Nurse (Nurse Practitioner and/or Clinical Nurse Specialist)	APN-C with certification in adult psychiatric nursing