

**HIV Health Services Planning Council  
Sacramento TGA  
Policy and Procedure Manual**

**Subject:** Mental Health Services

**No.:** SSC 14

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Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Council the following Mental Health Services Standard will apply to all Ryan White contracted vendors that provide mental health services.

**Descriptions:**

Mental health services are outpatient psychological and psychiatric treatment and counseling services for individuals living with HIV who have mental illness. They are conducted in an outpatient group, couple/family, or individual setting and provided by a mental health professional licensed or authorized within California to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers. **Services such as support groups provided by non-mental health professionals** should be reported under Psychosocial Support Services.

All providers of mental health services will comply with the California Board of Behavioral Sciences treatment regulations.

**Policies:**

1. Ryan White funding is allocated for HIV/AIDS medical, psychosocial and support services to ensure client access to and continuity of care. Mental health service includes but is not limited to grief/bereavement intervention for family/significant others. Complimentary mental health intervention other than grief/bereavement therapy provided through Ryan White funded agencies will be integrated into each client's medical plan of care. A comprehensive medical plan of care will be individualized to client needs consistent with intervention that promotes an optimal state of wellness.

***Treatment Provision***

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
- Couples counseling/psychotherapy
- Group psychotherapy/treatment
- Drop-in groups
- Crisis intervention
- Psychiatric medication assessment, prescription, and monitoring

**Documentation:** Completed individualized treatment plans must be signed and dated by a provider; “waivered” staff must obtain signature of supervising clinicians where required under California law.

Key activities of Mental Health Services 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;
- Re-assessment and re-evaluation of the treatment plan with the client at least every six months with revisions and adjustments as necessary; and
- Development of follow-up plans.

2. Ryan White funding will be expended in a cost effective, equitable manner based upon verification of client need and processes as outline below:

- Ryan White is the payer of last resort
- Substance abuse behavior alone will not be a basis for service denial
- Self-referral
- Medical case management referral ensuring facilitated assistance to the client
- Authorized behavioral health assessment up to three (3) one (1) hour sessions
- A treatment plan will be established with specific emphasis on client sustainability for continuity of medical care
- All behavioral health intervention plans will incorporate consideration of current HIV/AIDS drug regime including an itemized listing of all medications currently being taken by the client
- All behavioral health intervention plans will be reviewed by a licensed therapist at intervals appropriate for the stability of the client and in accordance to accepted regional standards of care

- Psychotropic medication management will be coordinated with the primary HIV/AIDS medical specialist to ensure compatibility with the current HIV/AIDS medical drug regime. This coordination must be documented in the behavior health plan of care
  - With written permission (signed Ryan White Release of Information Authorization form) of a Mental Health client, a multidisciplinary (Pharmacy, Psychiatry, Psychology, Medical, Medical Case Management) review of the client's care plan will occur at least every six months to determine necessity/efficacy of continued Mental Health treatment versus other available options.
- A. Crisis intervention services will be provided based on the presentation of dangerous behaviors, regardless of the cause (e.g. HIV-based, dual diagnosis issues, etc.) or upon the referral by a health care provider for diagnostic clarification or immediate intervention deemed necessary to maintain the safety of the client or others.
- B. Treatment to individuals presenting with dual-diagnosis will be individualized based on client characteristics and environment utilizing the most appropriate intervention model consistent with regional best practices.
- C. Ryan White mental health services are preferably provided by professionals knowledgeable or having expertise in interdisciplinary case management of individuals and families affected by HIV/AIDS. Specialty consideration is required for the following:
- Pediatric clinical specialist for infants, children and adolescents
  - Medical and psychiatric subspecialties based on clinical status of client
  - Pharmacology consultation for integrated psychotropic/medical drug regime

***Education/Experience/Supervision***

Professional diagnostic and therapeutic services under this service category must be provided by practitioners holding appropriate, current, and valid California licensure or certification, including:

- Psychiatrists
- Psychologists
- Psychiatric Nurse Specialists/Practitioners
- Marriage and Family Therapists (MFT)
- Licensed Clinical Social Workers (LCSW)

Other professional and non-professional (“waivered”) 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.

Other professional staff include but are not limited to:

- Interns
- Assistants
- Fellows
- Associates

Non-professional staff include but are not limited to:

- Peer Navigators
- Community Health Workers
- Trainees

Individual supervision and guidance must be routinely provided to all staff.

### ***Staff Orientation and Training***

**Initial:** All Ryan White-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 within 60 days of hire. Topics must include:

- General HIV knowledge such as transmission, care, and prevention.
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care

**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.

### ***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:

- **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.

D. Group sessions may be offered as part of, or as an alternative to, individual treatment plans. Referrals shall be made available to clients seeking group services when slots are not available in the existing group.

### **Service Characteristics**

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 otherwise qualify for Ryan White-funded 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. Other key characteristics include:

**Initial Appointments:** Initial Mental Health Services appointments should be made as soon as possible to avoid potential drop out. Initial intake appointments should occur within 10 days of first referral to assess immediate needs; full assessments must occur no later than 30 calendar days after first client referral and should be scheduled sooner whenever possible. As clients may miss appointments, agencies must have a process in place to ensure timely follow up with clients, preferably within 24 hours. Missed appointments and attempts at rescheduling must be documented in the file.

**Emergency Appointments:** Clients in crisis must be provided with Mental Health Services immediately or as soon as possible; regular intake and assessment procedures may be followed after the initial crisis has resolved.

### ***Orientation***

Each new client enrolled in Mental Health Services must receive an orientation to the services at the first visit; document this orientation in the client file.

### ***Initial Assessment***

The mental health care provider must conduct a comprehensive face-to-face mental health needs assessment within 30 days of referral. The needs assessment will describe the client's current status and inform the treatment plan. The mental health assessment should include:

- 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)
- All relevant Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnoses

**Referral / Linkage:** Clients requiring specialized care should be referred for and linked to such care, with documentation of that referral in the client file and available upon request.

**Documentation:** All client contacts, findings, procedures, diagnoses, education, and other information pertinent to client care must be recorded in the client chart.

### ***Treatment Plan***

**Frequency:** An individualized treatment plan must be developed during the initial assessment and re-evaluated at least every six months with adaptations as needed.

**Requirements:** Mental health providers developing an individualized treatment plan should ensure that the plan, at a minimum:

- 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 linkage to other

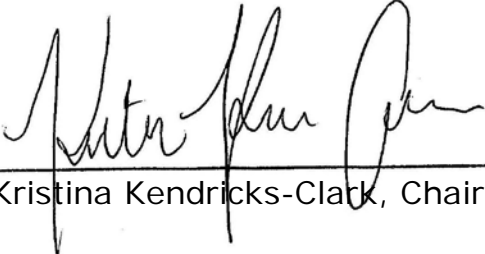
relevant providers (e.g., substance abuse counselors, physicians, housing specialists)

- Details frequency and expected duration of services
- Is signed and dated by the provider unless documented via the Care Plan

The treatment plan should be reviewed and revised at each appointment as needed.

4. RW Agencies may at any time submit to the RW Fiscal Agent requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique healthcare needs of a client or on unique barriers to accessing healthcare services which may be experienced by a client.
5. RW Agencies shall provide a means by which Mental Health providers can obtain in-servicing and on-call advice related to client mental health and other healthcare needs.
6. Coordination with other components of the Ryan White system of care is critical and required.
7. All Ryan White providers of mental health services must have an internal grievance process in place. Each client must receive a copy of the agency's grievance policy and a signed copy of the grievance policy must be maintained in the clients' file. Information about how to access this process must be posted conspicuously in public areas of the agency. It must include provisions for informing clients of its existence, and how to begin the process. Clients also have the right to file a grievance with appropriate state licensing agencies (i.e. Board of Behavioral Sciences).
8. All Ryan White providers of mental health services must have a quality assurance program and plan in place that is in compliance with the TGA's Quality Management / Continuous Quality Improvement Plan and requirements set forth by the Quality Management Manager of the Fiscal Administrative Agent.

Adopted:

  
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Kristina Kendricks-Clark, Chair

Date: 5/27/20