HIV Planning and Coordination
Health Care Agency

MENTAL HEALTH STANDARDS OF CARE

FOR

RYAN WHITE ACT-FUNDED SERVICES IN ORANGE COUNTY

Effective March 1, 2010

Revised 3/22/10

COUNTY OF ORANGE
HEALTH CARE AGENCY

Ryan White Act

Mental Health Standards of Care

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SECTION 1: INTRODUCTION

The goal of mental health services is to improve psychological wellbeing and increase quality of life for individuals living with HIV and AIDS through counseling and adherence to medical care. All interventions must be based on proven clinical methods and in accordance with legal and ethical standards. The services delivered shall reflect a philosophy of service delivery that affirms a client's right to privacy, confidentiality, self-determination, nondiscrimination, compassionate and non-judgmental care, dignity, and respect.

Providers are asked to 'start where the client is at.' Individual treatment plans shall be collaborative and based on the needs identified in the Comprehensive Assessment. Mental health practitioners shall also have the role of educators. When needed, mental health practitioners shall educate their clients on life skills and educate clients about HIV prevention and care.

Goals of the Standards. These standards of care are provided to ensure that Orange County's Ryan White-funded mental health services:

- Are accessible to all persons infected with HIV who meet eligibility requirements
- Promote continuity of care, client monitoring, and follow-up
- Enhance coordination among service providers to eliminate duplication of services
- Provide opportunities and structure to promote client and provider education
- Maintain the highest standards of care for clients
- Protect the rights of persons living with HIV/AIDS
- Provide mental health services to enable clients to stay in medical care
- Increase client self sufficiency and quality of life
- Provide a framework to foster ethical and nondiscriminatory practices

SECTION 2: DEFINITION OF MENTAL HEALTH SERVICES

Mental health services are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental health condition provided by a mental health professional licensed or authorized within the state to render such services. This typically includes psychiatrists, psychologists, marriage and family therapists, licensed clinical social workers, and appropriate interns.

Services may include individual counseling and/or therapeutic or group counseling. The usual maximum number of individual counseling sessions provided under this service is 15 visits annually. Additional visits beyond 15 require prior written approval by the Orange County Health Care Agency (HCA) and shall be based upon documented necessity.

Primary activities for mental health services include:

- Client intake
- Comprehensive assessment
- Development of individual treatment plans
- Treatment provision in individual, family, and/or group settings
- Referral/coordination/linkages
- Mental health service closure
- Quality management

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality mental health services starts with well-prepared and qualified staff. To ensure this, Ryan White providers must meet all of the following requirements and qualifications:

3.1. HIV/AIDS Knowledge. Practitioners shall have training and experience with HIV/AIDS related issues and concerns. At a minimum, practitioners providing mental health services to people with HIV will have completed one educational session in each of the following three categories on an annual basis. Education can include round table discussion, training, one-on-one educational session, in-service, or literature review.

- Category 1: Medical Issues. Topics may include the following:
  - HIV disease process and current medical treatments
  - Adherence to medication regimens
- Category 2: Mental Health Issues. Topics may include the following:
  - Mental disorders related to HIV and/or other medical conditions
  - Mental disorders that can be induced by prescription drug use
  - Diagnosis and assessment of HIV-related mental health issues
  - Knowledge of how certain psychiatric symptoms may have been induced by substance use
- Category 3: Psychosocial issues. Topics may include the following:
  - Psychosocial issues related to HIV/AIDS
  - Cultural issues related to communities affected by HIV/AIDS
  - HIV/AIDS legal and ethical issues

- Human sexuality, gender, and sexual orientation issues

3.2. Licensure. Practitioners of mental health services include licensed practitioners and unlicensed practitioners who practice under the supervision of a licensed mental health professional and as mandated by their respective licensing boards.

- **Licensed Practitioners**
  - **Licensed Clinical Social Workers (LCSWs):** LCSWs must have a Master's degree in social work (MSW). They are required to have accrued hours of post-Master's supervised therapy experience as required by the State of California for licensure and to attain and maintain licensure. The Board of Behavioral Science Examiners regulates the provision of mental health services by LCSWs.
  - **Marriage and Family Therapists (MFTs):** MFTs must have a Master's degree in counseling. They must have completed hours of supervised counseling or psychotherapy as required by the State of California for licensure and to attain and maintain licensure. The Board of Behavioral Science Examiners regulates the provision of mental health services by MFTs.
  - **Psychologists:** Psychologists must have a doctoral degree in psychology or education (PhD, PsyD, EdD). They must have accrued hours of supervised professional experience as required by the State of California for licensure and to attain and maintain licensure. The Board of Psychology regulates the provision of mental health services by psychologists.
  - **Psychiatrists:** Psychiatrists must have a medical doctor's degree and must have completed a residency in psychiatry after completing medical school.
- **Unlicensed Practitioners**
  - **Marriage Family Therapist Interns; Psychological Assistants; Interns; Post-Doctoral Fellows and Trainees; and Social Work Associates:** Interns, Assistants, Fellows, and Associates are accumulating supervised experience as part of their preparation for licensing or certification. They have completed graduate work in counseling, psychology, or social work. These practitioners require direct supervision by a licensed mental health practitioner as mandated by their respective licensing boards. Documentation relating to client care including comprehensive assessment, treatment provision, referral/coordination/linkages, and mental health service closure must be reviewed by licensed supervisor as mandated by respective licensing boards. Individual treatment plan must be signed by licensed clinical supervisor.
  - **Master's and Doctorate-Level Student Interns:** Student Interns are in the process of obtaining their master's or doctoral degrees and completing the necessary practicum or field work in a site approved by their academic institutions. Student interns require direct supervision by a licensed mental health practitioner at the approved site as mandated by their respective academic institution. Documentation relating to client care including comprehensive assessment, individual treatment plan, treatment provision, referral/coordination/linkages, and mental health service closure must be signed by licensed clinical supervisor.

3.3. Treatment Experience. Practitioners shall have previous experience or training utilizing appropriate evidence-based treatment modalities in practice.

3.4. Legal and Ethical Obligations. Practitioners must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Obligations include the following:

- **Duty to treat**: Practitioners have an ethical obligation not to refuse treatment because of fear or lack of knowledge about HIV.
- **Confidentiality:** Maintenance of confidentiality is a primary legal and ethical responsibility of the practitioner. 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. However, at present, in California, a person living with HIV engaging in behaviors that may put others at risk for HIV infection is not a circumstance that warrants breaking of confidentiality. Only certain physicians may notify identified partners who may have been infected within specific guidelines,[1] other mental health providers are **not** permitted to do so.
- Practitioners are advised to seek legal advice when they are unsure about particular issues and the legal/ethical ramifications of their actions.

Standard	Measure
Provider will ensure that all mental health practitioners providing mental health services will be licensed, accruing hours toward licensure, or a registered graduate student enrolled in a counseling, marriage and family therapy, nursing, psychology, or social work program	Documentation of licensure/student status on file
Mental health practitioners receive annual education regarding HIV/AIDS in each of the following categories: 1) Medical issues; 2) Mental health issues; and 3) Psychosocial issues	Training/education documentation on file including: • Date, time, and location of the education • Education type • Name of the agency and mental health practitioner(s) receiving education • Education outline, meeting agenda and/or minutes
Mental health practitioners will have a clear understanding of job responsibilities	Written job description on file signed by mental health practitioner and supervisor
Mental health practitioners will possess skill, experience, and licensing qualification appropriate to provision of mental health treatment modalities utilized	Résumé and current license on file

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[1] As specified in California Health and Safety Code Section 121015

Standard	Measure
Licensed mental health practitioners are encouraged to seek consultation as needed	Documentation of consultation on file
Unlicensed interns or trainees accruing hours toward licensure will receive supervision in accordance with state licensing requirements	Documentation of supervision on file
Master's or Doctoral-level student interns will complete documentation required by academic institution	Documentation of supervision on file
Providers and mental health practitioners will practice according to California state law and the code of ethics of their respective professional organizations	Documentation on file including: • Documentation of ethics training/education • Documentation of legal consultation, as applicable • Grantee review of grievances and client complaints

SECTION 4: CULTURAL AND LINGUISTIC COMPETENCE

Providers must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all persons living with HIV/AIDS. Although an individual's ethnicity is generally central to his/her identity, it is not the only factor. Other relevant factors include gender; language; religious beliefs; disability; sexual orientation; the totality of socially transmitted behavior patterns, arts, beliefs, institutions; and other products of human work and thought characteristic of a community or population. In providing culturally and linguistically competent services, it is important to acknowledge one's personal limits and treat one's client as the expert on their culture and relation to it. If a practitioner determines that he/she is not able to provide culturally or linguistically appropriate services, he/she must be willing to refer the client to another practitioner or provider that can meet the client's needs.

Culturally and linguistically appropriate services:

- Respect, relate, and respond to a client's culture in a non-judgmental, respectful manner
- Match the needs and reflect the culture and language of the clients being served, including providing written materials in a language accessible to clients
- Recognize the significant power differential between provider and client and work toward developing a more collaborative interaction
- Consider each client as an individual, not making assumptions based on perceived membership in any group or class

Standard	Measure
Providers will recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Providers have a written strategy on file

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Standard	Measure
All staff (including administrative staff) will receive ongoing training to build cultural and linguistic competence	Training/education documentation on file including: • Date, time, location, and provider of education • Education type • Name of staff receiving education • Certificate of training completion or education outline, meeting agenda, and/or minutes
Provider shall have posted and written materials in appropriate languages for the clients served	Site visit will ensure
Providers will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Agency complies with American Disabilities Act (ADA) criteria	Completed form/certification on file
Services are accessible to community served	Site visit to review hours of operation, location, accessibility with public transportation

SECTION 5: CLIENT INTAKE

Client intake is required for all clients who request or are referred to mental health services. Intake is a time to gather registration information and provide basic information about mental health and other HIV services, as appropriate. It is also a pivotal moment for establishment of trust and confidence in the care system. Practitioners shall provide an appropriate level of information that is helpful and responsive to client need. The mental health practitioner shall conduct the client intake with respect and compassion.

If a client is receiving multiple Ryan White services with the same provider, intake need only be conducted one time. *With the exception of Releases of Information specific to mental health information* and *Mental Health Consent for Treatment,* it is acceptable to note that eligibility, registration, and required documents discussed in this section were verified and exist in another client service record at the same provider agency.

If a client has been referred by another Ryan White provider to receive services, it is acceptable to note that eligibility and registration information discussed in this section were verified and exist at the referring Ryan White provider. Registration information may be sent from the referring provider to the provider receiving the referral so that the provider receiving the referral may enter information for the Ryan White Services Report. Provision of information regarding *Client Rights and Responsibilities* and *Client Grievance Process* may be conducted one-time at the referring provider agency. To document the provision of this information, the referring

provider may send the provider receiving the referral a signed document indicating that they have provided this information to the client.

5.1. **Timeframe.** Intake shall take place as soon as possible, at maximum within five business days of referral or initial client contact. If there is an indication that the client may be facing imminent loss of medication or is facing other forms of medical crisis, the intake process will be expedited and appropriate intervention may take place prior to formal intake.

5.2. **Eligibility Determination.** The provider shall obtain the necessary information to establish the client's eligibility. This includes verifying documentation of the client's HIV status, lack of mental health coverage, income, and residency within Orange County (See Eligibility Requirements and Checklist Spreadsheet under separate cover).

5.3. **Demographic Information.** The provider shall obtain the appropriate and necessary demographic information to complete registration; this includes basic information about the client's HIV medical history, living situation, employment and financial status, service linkages, and emergency contact information.

5.4. **Provision of Information.** The provider shall explain what mental health services entail and provide information to the client. The provider shall also provide the client with information about resources, care, and treatment (this may include the county-wide HIV Client Handbook) available in Orange County.

5.5. **Required Documentation.** The provider shall develop the following forms in accordance with state and local guidelines. The following forms shall be signed and dated by each client.

- **ARIES Consent:** Clients shall be informed of the AIDS Regional Information and Evaluation System (ARIES). The ARIES consent must be signed at intake prior to entry into the ARIES database and annually thereafter. The signed consent form shall indicate (1) whether the client agree to the use of ARIES in recording and tracking their demographic, eligibility and service information and (2) whether the client agrees to share select information contained in ARIES with other agencies in the Ryan White system of care.
- **Confidentiality and Release of Information:** When discussing client confidentiality, it is important *not* to assume that the client's family or partner knows the HIV-positive status of the client. Part of the discussion about client confidentiality should include inquiry about how the client wants to be contacted (at home, at work, by mail, by phone, etc). If there is a need to disclose information about a client to a third party, including family members, clients shall be asked to sign a Release of Information form, authorizing such disclosure. A Release of Information form describes the situations under which a client's information can be released and includes the name of the agency and/or person with whom information will be shared, the specific information to be shared, duration of the release consent, and the client's signature. This form may be signed at intake prior to the actual need for disclosure. Releases of information may be cancelled or modified by the client at

any time. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), the Release of Information must be a HIPAA-compliant disclosure.

- **Consent for Treatment:** Signed by the client, agreeing to receive mental health services/treatment.

The following forms shall be signed and dated by each client receiving individual counseling and posted in a location that is accessible to clients receiving group therapy or crisis intervention. For documents available in the HIV Client Handbook, completed forms may indicate that the client has received the HIV Client Handbook.

- **Notice of Privacy Practices (NPP):** Clients shall be informed of the provider's policy regarding privacy rights based on the provider's confidentiality policy. For agencies and information covered by HIPAA, providers shall comply with HIPAA guidelines and regulations for confidentiality.
- **Client Rights and Responsibilities:** Clients shall be informed of their rights and responsibilities (included in the HIV Client Handbook).
- **Client Grievance Process:** Clients shall be informed of the grievance process. The HCA's Grievance Process is included in the HIV Client Handbook.

Standard	Measure
Intake process began within five business days of referral or initial contact with client	Intake tool is completed and in client service record
Eligibility for services is determined	Client's service record includes • Proof of HIV diagnosis • Proof of income • Proof of Orange County residence Or Client's service record includes signed referral form indicating that the above information exists at the referring provider agency
Registration information is obtained	Client's service record includes data required for Ryan White Services Report
ARIES Consent signed and completed prior to entry into ARIES	Signed and dated annually by client and in client service record
Release of Information is discussed and completed as needed	Signed and dated by client and in client service record as needed
Consent for Treatment completed	Signed and dated by client and in client service record

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Standard	Measure
Client is informed of Notice of Privacy Practices	For clients receiving individual psychotherapy: Signed and dated by client and in client file For clients receiving group therapy only or crisis intervention: One of the following (based on provider policy): 1) Posted in a location that is accessible to clients; or 2) Signed and dated by client and in client service record; or 3) Other (based on provider policy)
Client is informed of Rights and Responsibilities	For clients receiving individual psychotherapy: Signed and dated by client and in client file For clients receiving group therapy only or crisis intervention: One of the following: 1) Posted in a location that is accessible to clients; 2) Signed and dated by client and in client service record; or 3) Client's service record includes signed referral form indicating provision of information
Client is informed of Grievance Procedures	For clients receiving individual psychotherapy: Signed and dated by client and in client file For clients receiving group therapy only or crisis intervention: One of the following: 1) Posted in a location that is accessible to clients; 2) Signed and dated by client and in client service record; or 3) Client's service record includes signed referral form indicating provision of information

SECTION 6: COMPREHENSIVE ASSESSMENT

Proper assessment of client need is fundamental to mental health services. A comprehensive assessment is required for all persons receiving individual psychotherapy. Persons receiving crisis intervention or group psychotherapy only do not require these assessments.

6.1. **Timeframe.** The initial assessment process shall start within one week of client intake and be completed within 30 days. The initial assessment process may take more than one session, depending on the client's emotional state. If an initial assessment cannot be completed within 30 days, the reason for this delay must be stated in the client's chart. Assessment should be viewed as a continuing, evolving process. This dynamic view of assessment means that important information shared by the client during each contact would be noted in the client's file, as it can help in assessing progress or identifying the emergence of new issues or problems.

6.2. **Modality.** The assessment shall support the mental health treatment modality chosen.

6.3. **Documentation.** The following are required documentation of the assessment.

- A progress note referencing actual date(s) of assessment, time spent, and, if the assessment was not completed, plans to complete will be included in the client file.
- Assessments will be signed and dated by the mental health practitioner conducting the assessment. Assessments completed by Master's or Doctorate-level student interns will be co-signed by licensed clinical supervisor.

6.4. **Reassessments.** Reassessments (which may be more focused and less comprehensive) shall be conducted whenever health and situational changes make it helpful and necessary to do so or at least once every 12 months. Significant changes noted through repeated mental exams, for example, may be very helpful to primary care physicians, as they may signal changes in the progression of HIV, which may necessitate changes in treatment. The results of such reassessments may be communicated to the patient's primary care physician as appropriate and as authorized by releases of disclosure. Reassessments completed by Master's or Doctorate-level student interns will be co-signed by licensed clinical supervisor.

The Comprehensive Assessment shall assess the following:

Mental Health Issues
◦ Statement of client's presenting problem ◦ Mental status exam ◦ DSM IV-TR five axis diagnosis ◦ History of and current mental health issues ◦ Mental health treatment history ◦ Resources for mental health issues, if applicable
Medical (HIV and non-HIV) Need and History
◦ General and HIV-related medical history ◦ Access to, and compliance with, HIV treatment ◦ Use of herbs, folk medicine, and alternative therapies

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Understanding of, and Response to, HIV Transmission Factors
◦ Knowledge, attitudes, and behaviors associated with risk reduction techniques ◦ Need for partner education and notification services ◦ Need for extended HIV testing and counseling
Substance Use
◦ History and extent of current substance use ◦ Resources for substance use issues, if applicable
Financial Needs
◦ Income ◦ Public benefits eligibility ◦ Health insurance ◦ AIDS Drug Assistance Program (ADAP)
Social Support
◦ Current housing situation ◦ Ability to maintain stable housing ◦ Ability to access services through public or private modes of transportation
Emotional Support
◦ The extent and availability of family and other support networks ◦ Disclosure issues ◦ Current or past history of domestic violence
Legal Issues
◦ Ability to access eligible benefits ◦ Criminal offenses, parole, or probation status ◦ Citizenship ◦ Guardianship
Education and Employment
◦ Level of education ◦ Literacy ◦ Current employment ◦ Employment issues
Spirituality
◦ Current beliefs

Standard	Measure
Initial assessment shall be completed within 30 days	Completed assessment, signed and dated by practitioner and in client file to include: • Statement of client's presenting problem • Mental status exam • DSM IV-TR five axis diagnosis • History of and current mental health issues • General and HIV-related medical history

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Standard	Measure
Initial assessment shall be completed within 30 days (continued from previous page)	• Medication treatment adherence HIV risk behavior and harm reduction • History and extent of current substance use • Financial needs • Current housing situation • Availability of support networks • Legal issues • Ability to access services If an initial assessment is not completed in 30 days, reason for delay is documented in client file
Reassessment is ongoing and driven by client need, when a client's status has changed significantly or when the client has left and re-entered treatment, but a minimum of once every 12 months	Progress notes and/or new assessment demonstrating reassessment in client file
Initial assessments and reassessments completed by Master's or Doctorate-level student interns will be co-signed by licensed clinical supervisor	Co-signature in client file

SECTION 7: SERVICE MANAGEMENT

Once client intake and assessment has been conducted, the provider may offer the appropriate range of services to the client. Service management shall be consistent with the following principles.

7.1. Service Delivery

- Services shall be delivered in a manner that promotes continuity of care.
- Providers shall refer clients to other providers if they cannot provide a level of service that is medically, culturally, linguistically, or otherwise appropriate for the needs of the clients.

7.2. Confidentiality

- Provider agencies shall have a policy regarding informing clients of privacy rights, including use of Notice of Privacy Practices. For agencies and information covered by HIPAA, providers shall comply with HIPAA guidelines and regulations for confidentiality.

7.3. Service Planning

- Where service provision options are substantially equivalent, the least costly alternative shall be used in meeting the needs of clients.

- Services shall be planned, managed, and monitored to avoid the need for urgent or emergency services, the interruption of services, and need for emergency or unplanned appropriations of funding to continue services during contract periods.

7.4. Documentation and Data Collection

- Program and administrative staff shall provide adequate data collection in a timely manner and documentation of all services provided for accounting, reporting compliance, and evaluation purposes.
- Program data shall be entered into ARIES between two (2) to five (5) business days as specified in contract or scope of work.
- Providers shall document and keep accurate records of units of services for use in reporting units of service for reimbursement and community planning.
- Providers shall gather and document data (e.g. demographic, eligibility, and risk factor information) for the Ryan White Services Report.

7.5. Compliance with Standards and Laws

- Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality.
- Services shall be consistent with standards set forth in this document and by service-specific standard. See each service-specific standard for additional requirements by service.

Standard	Measure
Provider shall have procedure to address walk-ins, telephone triage, and emergencies and after-hour care	Written procedure in place
Provider shall have procedure for making referrals to offsite services	Written procedure in place
Provider shall have policy regarding informing clients of privacy rights, including use of Notice of Privacy Practices; for covered agencies and information, policy shall be consistent with HIPAA regulations	Written policy on file
Staff shall be aware of confidentiality policy via training upon employment and annually thereafter	Documentation of education or training on file
Provider shall ensure client information is in a secured location	Site visit will ensure
Provider shall screen clients to ensure the least costly service is used as appropriate to client needs; screening shall occur at minimum when client is accessing a new service and periodically as the client's needs change	• Written procedure in place • Documentation of client screening and determination on file • Site visit will ensure

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Standard	Measure
Provider shall regularly review client charts to ensure proper documentation including progress notes	Written procedure in place
Providers shall document and keep accurate records of units of services	Site visit and/or audit will ensure
Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality	Site visit and/or audit will ensure

SECTION 8: INDIVIDUAL TREATMENT PLAN

Once client needs have been assessed, mental health practitioners and clients shall identify and prioritize care and mental health needs that will be addressed through mental health services. This process is documented on the Individual Treatment Plan (ITP). The plan provides a map for the mental health practitioner on how to address needs in a manner that best promotes mental health of the client. The ITP shall be completed within two weeks of the completed assessment and reviewed and revised as necessary, but no less than once every 12 months. The ITP must be developed by the same mental health practitioner that conducted the Comprehensive Assessment. ITPs completed by unlicensed practitioners including interns, trainees, and Master's and Doctorate-level student interns will be co-signed by licensed clinical supervisor

The ITP shall include a Client Work Plan signed by the client within two weeks of completed assessment and reviewed and revised as necessary, but no less than once every 12 months. The Client Work Plan will include specific goals and action steps developed jointly with the client that the client is willing to act on. Clients must sign the Client Work Plan to indicate that have reviewed and agree to items in the plan. A copy of the Client Work Plan may be provided to the client upon request. If a client cannot review or sign the Client Work Plan due to a mental health diagnosis, the reason for this must be stated in the client's chart.

The ITP shall include:

- Statement of the problems, symptoms or behaviors to be addressed in the treatment
- Goals (desired outcomes) and objectives (measurable change in symptoms or behaviors)
- Interventions proposed
- Appropriate modalities (individual, family, and/or group)
- Frequency and expected duration of services
- A clear plan to address substance abuse issues if present
- Referrals and linkages to other needed services (e.g., medical care, substance abuse treatment, etc.)
- Client Work Plan signed by the client or reason for inability to sign
- Signature and date by the mental health practitioner developing the ITP. If the mental health practitioner is unlicensed, co-signature by licensed clinical supervisor.

Standard	Measure
ITPs must be finalized within two weeks of the completion of the Comprehensive Assessment and developed by the same mental health practitioner that conducted the Comprehensive Assessment	Completed ITP, signed and dated by the practitioner and in client file to include: • Statement of problem • Goals and objectives • Interventions and modalities • Frequency of service • Referrals • Client Work Plan signed by client or reason for inability to sign If ITP is not completed within two weeks of the completion of the Comprehensive Assessment, reason for delay is documented in client file
Review and revise ITP as necessary, but not less than once every 12 months	Documentation of updated ITP in client file
ITPs completed by unlicensed mental health practitioners including interns, trainees, and student interns will be co-signed by licensed clinical supervisor	Co-signature in client file

SECTION 9: TREATMENT PROVISION

All interventions in mental health treatment will be guided by the needs expressed in the treatment plan. Practitioners shall be knowledgeable about outcome research and utilize clinically proven treatment for their client's presenting problems. Treatment shall conform to the standards of care recognized within the general community and supported by clinically published research for the client's condition.

Treatment shall include counseling regarding knowledge of modes of transmission, prevention, risk and harm reduction strategies (as well as root causes and underlying issues related to increased HIV transmission behaviors). Substance abuse, treatment adherence, development of social support systems and community resources as indicated by the client's circumstance are important areas to be explored. Focus should also be placed on maximizing social and adaptive functioning. When a signed authorization to disclose information has been completed, sources of support and care can be recommended to significant others and family members.

For those clients on psychotropic medications, side effects of these agents shall be assessed at each visit, along with the provision of education regarding such medications, within the scope of the provider's practice. As indicated, these clients will be referred back to the prescribing physician for further information.

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9.1. Individual and Family Therapy

Individual and family therapy allows clients to work through personal and interpersonal issues with the mental health practitioner. This modality can be provided in a variety of formats including:

- **Individual Counseling/Therapy.** Individual counseling or psychotherapy may be either short or long term in duration, depending on the needs outlined in the treatment plan. Short-term or brief therapy usually lasts up to 15 sessions and can be most useful when client goals are specific. Longer term therapy provides a means to explore more complex issues that may interfere with a client's quality of life. Even in the case of longer term therapy, specific, short-term, mutually defined goals are recommended to focus treatment and measure progress.
- **Family Counseling/Therapy.** A family may be defined as either the family of origin or a chosen family. The impact of HIV on the family system can be enormous. The overall goal of Family Counseling is to help families improve their functioning, given the complications of living with HIV. Interventions with the family system can be especially effective in helping children and caregivers with behavioral problems.
- **Couples Counseling/Therapy.** This modality is most appropriate where the presenting problem is dissatisfaction or conflict within a relationship that impacts a person living with HIV. In cases of domestic violence, couples counseling shall not begin until the provider determines the appropriateness of this modality based upon the progress both parties have made in individual or group treatment and the fact that current violence is no longer a risk. If these criteria are not met, members of such couples shall be referred for individual or group treatment.

Treatment provision is documented through progress notes, which will include the date and signature of the mental health practitioner. Progress notes completed by Master's or Doctorate-level student interns will be co-signed by licensed clinical supervisor

- Progress notes for individual and family therapy will include:
  - Date, type of contact, and time spent with client
  - Interventions and referrals provided
  - Results of interventions and referrals
  - Progress toward ITP goals
  - Newly identified issues/goals
  - Client's responses to interventions and referrals
  - Other observations

9.2. Group Therapy

Group therapy can provide opportunities for increased social support vital to those isolated by HIV. Group therapy may be part of an individual's treatment plan, with progress being recorded in the individual's chart. Consideration shall be given to the composition of the group such that the client feels comfortable with the group. Group therapy can be provided in a variety of formats including psychotherapy groups, support groups, and drop-in groups. Groups may be led by a single leader or two co-facilitators. Psychotherapy Groups must be conducted by at least one licensed mental health practitioner. Support groups and drop-in groups must be conducted by at least one licensed mental health practitioner or an intern working toward licensure. Master's and Doctorate-level student interns may not conduct group therapy unless it is co facilitated by a licensed mental health practitioner or an intern working toward licensure.

Treatment provision is documented through summary notes, which will include the date and signature of the mental health practitioner. Summary notes completed by Master's or Doctorate-level student interns will be co-signed by licensed clinical supervisor.

- Summary notes for groups will include:
  - Date, time, and length of the group
  - Group leader
  - Record of attendance
  - Issues discussed and interventions provided

9.3. Crisis Intervention

Crisis intervention is an unplanned service provided to an individual, couple, or family experiencing psychosocial stress. Such services are provided in order to prevent deterioration of functioning or to assist in the client's return to baseline functioning. Any request to see a mental health professional immediately shall be taken seriously. Depending on the urgency of the situation, appointments and/or referrals or linkages shall be arranged immediately or promptly. Crisis situations may sometimes be handled by phone.

Crisis intervention services are documented through notes, which shall include the date and signature of the mental health practitioner. Notes completed by Master's or Doctorate-level student interns will be co-signed by licensed clinical supervisor.

- Crisis intervention notes shall include the following:
  - Date, time of day, and time spent with or on behalf of the client
  - Summary of the crisis event
  - Interventions and referrals provided
  - Results of the interventions and referrals
  - Follow-up plan

Standard	Measure
Progress notes for individual and family therapy shall be used to document progress through treatment provision	Signed and dated note in client file to include: • Date, type of contact, time spent • Interventions/referrals provided • Progress toward ITP goals • Newly identified issues • Client response
Summary notes for group therapy shall be used to document progress through treatment provision	Signed and dated note to include: • Date, time, and length of group • Record of attendance • Issues discussed • Interventions provided

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Standard	Measure
Notes shall document crisis intervention services	Signed and dated note in client's file to include: • Date, time of day and time spent • Summary of crisis event • Interventions and referrals • Safety assessment • Results of interventions and referrals • Follow-up plan
Notes completed by Master's or Doctorate-level student interns will be co-signed by licensed clinical supervisor	Co-signature on file

SECTION 10: REFERRAL/COORDINATION/LINKAGES

In certain cases, clients will require a higher level of mental health intervention than a given agency is able to provide. It is incumbent upon mental health practitioner to refer these clients to additional mental health services including psychiatric evaluation and medication management, neuropsychological testing, day treatment programs, and in-patient hospitalization. Referrals to other services including case management, medical treatment and dental treatment shall also be made as indicated. As many clients receiving mental health services are also diagnosed with co-occurring substance abuse disorders, careful consideration and referral to appropriate substance abuse treatment services are critical. Also vital is the coordination of mental health care with all of the above listed services, especially primary care medical providers. Regular contact with a client's primary care provider and other providers will ensure integration of services and better client care.

Standard	Measure
As needed, providers will refer clients to a full range of mental health services including: • Psychiatric evaluation, medication management • Neuropsychological testing • Day treatment programs • Inpatient hospitalization	Signed and dated note to document referrals in client service record
As needed, providers will refer to other services including medical services, case management, and other support services	Signed and dated note to document referrals in client service record

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Standard	Measure
Providers will attempt to make contact with a client's primary medical care provider at a minimum of once every 12 months, or as clinically indicated, to coordinate and integrate care Contact with other providers will occur as clinically indicated	Documentation of contact with primary medical providers and other providers in progress notes
Documentation regarding referrals/coordination/linkages completed by Master's or Doctorate-level student interns will be co-signed by licensed clinical supervisor	Co-signature on file

SECTION 11: MENTAL HEALTH SERVICE CLOSURE

Mental health services are considered critical to a client's psychological welfare and in assuring access to medical care and other critical services. Closure from mental health services may affect the client's ability to receive and stay compliant with medical care. As such, closure from mental health services must be carefully considered and reasonable steps must be taken to assure clients who need mental health services are maintained in services. The usual maximum number of sessions provided under this service category is 15 visits annually. Additional visits beyond 15 require prior written approval by the HCA and shall be based upon documented necessity.

A client may be closed from mental health services due to the following conditions:

- The client has successfully attained mental health goals
- The client has died
- The client has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements)
- The client chooses to terminate services
- The client's needs would be better served by another agency
- The client demonstrates pervasive unacceptable behavior that violates client rights and responsibilities
- The client cannot be located

11.1. Efforts to Find Client. The provider shall periodically query data systems to identify clients who appear to be lost to follow-up. If the client is receiving case management, the mental health provider may work with the case manager to locate the client. It is recommended, but not mandatory, that at least three attempts to contact the client are made over a period of three months. Efforts shall be made to locate and contact a client who has not shown up for appointments or responded to provider's phone calls. These efforts shall include contacting last known medical provider and other providers for which releases have previously been obtained. Clients who cannot be located after

extensive attempts may be referred to available outreach services so that they may be linked back into the care system.

11.2. Closure Due to Unacceptable Behavior. If closure is due to pervasive unacceptable behavior that violates client rights and responsibilities including excessive missed appointments, the provider shall notify the client that his/her services are being terminated and the reason for termination. Within the limits of client's authorization to receive mail, notification of closure shall be mailed to the client. A copy of the notification shall be placed in the client's chart. If the client has no known address or the provider is not authorized to send mail to the client, the provider shall document other types of notification of closure (e.g. phone calls, visit) or attempts to notify the client of closure. If the client does not agree with the reason for closure, he/she shall be informed of the provider's grievance procedure.

11.3. Mental Health Service Closure Summary. A mental health service closure summary shall be documented in the client's record. Mental health service closure summaries completed by Master's or Doctorate-level student interns will be signed by licensed clinical supervisor. The mental health service closure summary shall include the following:

- Circumstances and reasons for closure
- Summary of service provided
- Goals completed during therapy
- Diagnosis at closure
- Referrals and linkages provided at closure

11.4. Data Collection Closeout. The provider shall close out the client in the data collection system (ARIES) as soon as possible, but no later than thirty (30) days of mental health service closure. For clients receiving services other than mental health services at the same provider agency, the provider shall coordinate efforts between services to ensure that data collection closeout occurs no later than thirty (30) days of closure from all Ryan White services at that provider agency.

11.5. Transfer. A client may be closed if his/her needs would be better served by another agency. If the client is transferring to another mental health provider, mental health service closure shall be preceded by a transition plan. To ensure a smooth transition, relevant documents shall be forwarded to the new service provider with authorization from client. Mental health providers from the two agencies shall work together to provide a smooth transition for the client and ensure that all critical services are maintained.

Standard	Measure
Follow up will be provided to clients who have dropped out of treatment without notice	Signed and dated note to document attempt to contact in client service record

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Standard	Measure
Notify client regarding closure if due to pervasive unacceptable behavior violating client rights and responsibilities	Copy of notification in client service record. If client has no known address or is unable to receive mail, documentation of other types of notification or attempt at notification in client service record.
A mental health service closure summary shall be completed for each client who has terminated treatment	Client service record will include signed and dated mental health service closure summary to include: • Course of treatment • Diagnosis at closure • Referrals made • Reason for termination
Closeout of data collection shall be completed for each client who has been closed from all Ryan White services at that provider agency	Data collection system (ARIES) will indicate client's closure no later than thirty (30) days of service closure
Mental health service closure summaries completed by Master's or Doctorate-level student interns will be co-signed by licensed clinical supervisor	Co-signature on service record in client record

SECTION 12: QUALITY MANAGEMENT

Mental health providers shall have in place a Quality Management (QM) Plan. The QM Plan is a written document that outlines how the QM program will be implemented, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and processes for ongoing evaluation. The following paragraphs describe components of a QM Plan. Sections 11.1 through 11.4 (Quality Statement, Quality Infrastructure, Capacity Building, and Evaluation) describe components that can be developed by the provider agency for all services under the QM program. Sections 11.5 and 11.6 (Annual Quality Goals and Performance Measurement) describe components that are developed for each Ryan White service.

12.1. Quality Statement: A quality statement is a brief declaration that provides a vision for the QM program. This component shall include the following elements:

- A brief purpose: Describe the end goal of the agency's HIV quality program.
- Shared vision: Takes into account the agency's internal and external expectations for which all activities will be directed.

12.2. Quality Infrastructure: The quality infrastructure outlines how the QM program is organized. This component shall include the following elements:

- Leadership: Identify who is responsible for QM activities.
- Quality committee(s) structure: Document who serves on the quality committee, who chairs the committee, and how often the committee will meet. If the agency currently does not have a quality committee, document a plan to establish a committee.

- Roles and responsibilities: Define all key persons within the organization, community partners, and major stakeholders, including clients, to clarify expectations for the QM program.

12.3. Capacity Building: Capacity building identifies resources and training needs required to assist staff in implementing a QM program. This component shall include the following elements:

- Orientation: Description of how all staff will be oriented to the agency's QM plan.
- Training: Description of the identified training topics and plan for documenting attendance at trainings/conferences to improve quality of service.

12.4. Evaluation: Quality improvement evaluation provides a systematic way for which QM program successes, challenges, and strategies for improvement are measured. This component shall include the following elements:

- Evaluation of the QM/QI infrastructure: Document plan to evaluate infrastructure to decide if changes are required to ensure that QI work gets done.
- Performance measures: Document plan for reviewing performance measures.
- QI activities: Identify process, including time line, to evaluate if QI activities have contributed to the annual quality goals.

12.5. Annual Quality Goals: Quality goals are endpoints or conditions toward which the quality program will direct its efforts and resources. Quality goals shall be developed for mental health services. This component shall include the following elements:

- Measurable and realistic goals: Include at least one annual goal per service category. The first goal is defined by the HCA. An *optional* goal may be selected for an agency specific to the agency's QM plan.

12.6. Performance Measurement: Performance measurement provides a tool to assess progress toward reaching annual goals for mental health services. This component shall include the following elements:

- Outcomes: Outcomes are the desired result for each goal, generally associated with a health outcome.
- Indicators/Targets: Each outcome shall have at least one indicator that specifies what will be measured to determine whether the outcome has been met. Each indicator shall be associated with a target that shows the goal for the indicator.
- Staff responsible: Indicate the staff who will collect, analyze, and review data.
- Dissemination strategy: Identify strategies on how to report and disseminate QM results and findings.
- New Quality Improvement (QI) activities: Describe processes in place to use data to develop and implement new QI activities to address identified gaps.

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The following are tentative QM outcomes and measurable indicators for mental health services pending Health Resources Services Administration announcement on outcome measurements:

- **Outcome 1: Improved client's access to medical care.**
  - Indicator: Percentage of clients who have kept their medical appointments consistent with their medical treatment plans.
    Benchmark: 65% of clients receiving mental health services during the reporting period.
- **Outcome 2: Improved client's ability to cope with HIV Disease.**
  - Indicator: Percentage of clients who agree or strongly agree that mental health services have helped them to better cope with their HIV disease.
    Benchmark: 80% of clients who report receiving mental health services during the reporting period via the HCA administered Client Satisfaction Survey.

Standard	Measure
Providers shall develop a QM Plan annually to continuously assess whether a program is meeting its mission, goals, and objectives	QM Plan submitted to the Grantee and on file at provider agency
Providers shall form a QM Committee to review client feedback and outcome data, as well as develop plans for corrective actions	Documentation of Committee meetings on file at provider agency
Programs develop a process to measure and monitor outcomes and indicators	QM Plan to detail process

Appendix A. Glossary of Terms

Client: Individual receiving mental health services.

Grantee: Government recipient of Ryan White Part A funds. In Orange County, the Orange County Health Care Agency acts as the Grantee for Ryan White Part A funds.

Modality: Method of therapy used to treat mental health clients. This may include individual counseling/therapy, family counseling/therapy, couples counseling/therapy, or group therapy.

Practitioner: An individual who provides mental health services. This may include licensed and unlicensed individuals under the supervision of a licensed mental health professional who provides mental health services to clients.

Provider: An institution or entity that provides mental health services. This includes a group of practitioners, clinic, or other institution that provide mental health services and the agency at which services are provided.