Making the Connection:

Standards of Care for Client-Centered Services

Mental Health

San Francisco EMA
Includes San Francisco City and County, San Mateo County, and Marin County

January 2002

Prepared for

San Francisco Department of Public Health,
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HIV Health Services Planning Council

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Dedication

The Mental Health Standards of Care are dedicated to the clients of the HIV Health Services System, to mental health providers who devote themselves to providing services to others, and to individuals who are both client and mental health provider in the San Francisco EMA.

Acknowledgments

Sincere gratitude goes out to all who contributed to the process of developing the Mental Health Standards of Care. Special thanks goes to the Mental Health Working Group members and to the consumer focus group participants, who contributed their knowledge and experience to make these standards practical and worthwhile.

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MENTAL HEALTH
Standards of Care
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I. Introduction

The Ryan White CARE Act, Title I, provides emergency assistance to Eligible Metropolitan Areas (EMAs) most severely affected by the HIV/AIDS epidemic. As it applies to San Francisco, the CARE Act stipulates that Title I funds should be used to provide access to integrated health services for persons living with HIV/AIDS (PLWHA) who:

- Reside within the San Francisco EMA; and
- Have no third party payment source (uninsured);
- Have limited third party coverage (underinsured); or
- Have been denied coverage by a third party payer (uninsured or underinsured).

In addition, enrollment priorities are as follows:

- First priority: Residents of the San Francisco EMA who have low or no income and are uninsured
- Second priority: Residents of the San Francisco EMA who have low or no income and are underinsured

Finally, CARE funds will be used only for services that are not reimbursed by any other source of revenue.

In addition to these federal guidelines, the San Francisco EMA has developed standards of care for all Title I-funded HIV health services in the San Francisco EMA. This document defines the minimally acceptable standards for service delivery and provides measures that will be used to determine whether service standards are being met. In addition, the standards described in this document are in line with Community Mental Health Services (CMHS) policies and procedures.

II. Overview

Mental Health Standards of Care are designed to ensure consistency among the Title I mental health services provided as part of the San Francisco EMA's continuum of care for PLWHAs.[1,2] These minimally acceptable standards for service delivery provide guidance to programs so that they are best equipped to:

- Assist HIV-positive clients and their families, friends, and/or partners to deal with the psychological and emotional aspects of living with HIV by helping them develop healthy coping strategies for everyday living as well as for traumatic, life-threatening situations. Mental health services may involve a variety of cognitive, emotional, spiritual, and practical skills, as well as clinical treatments and interventions, linkages to primary care, and medications adherence.
- Meet the specific and varied needs of HIV-positive clients using a multidisciplinary team approach and as appropriate, conduct HIV risk reduction specifically for HIV-positive individuals (prevention for positives).
- Promote integration and access to mental health services that sustain a healthy life.
- Minimize barriers to services.
- Implement coordinated, client-centered, and effective service delivery.
- Appropriately address issues of consent, confidentiality, and other client rights, for clients enrolled in services.
- Deliver mental health services in as culturally and linguistically appropriate manner as possible, within individual programs or through referral, while in compliance with all federal, state and local laws, regulations, ordinances and codes.

III. Description of Service

Psychosocial and psychiatric treatment and counseling services, including individual and group counseling, provided by a mental health professional, including psychiatrists, psychologists, clinical nurse specialists, social workers, counselors, and peers in an outpatient or residential health service setting.

IV. Unit of Service

A mental health Unit of Service (UOS) is one hour of face-to-face or telephone contact between a client and a provider or one hour of face-to-face or telephone case

[1] These standards do not apply to telephone crisis counseling.

[2] Because there are multiple types of services included in the mental health service category, these standards may not fully apply to some programs (e.g., treatment planning standards may be different for private service providers, staff training requirements may be different for certain types of services). In these cases, this issue must be resolved during contract negotiations.

conferencing with another provider. A psychiatric consultation UOS is one hour of mental health consultation (face-to-face, telephone, or email) with another provider about an individual client.

V. Standards of Care

A. Administration

Administrative standards ensure that all professionals providing mental health services are properly trained and licensed in accordance with CMHS standards, have an understanding of the scope of their job responsibilities, and that all programs funded are adequately staffed.

Standard 1: License, credentials, and experience.

Participating staff will possess licenses, credentials, and/or experience appropriate to the services they provide, in accordance with CMHS standards.

- Individual, group, couples, and family therapy and counseling must be provided by a licensed and/or board certified psychiatrist, psychologist, social worker, marriage and family therapist, or psychiatric nurse. License-eligible professionals, life-experienced individuals, individuals with credentials other than a U.S.-based license, and volunteers may also provide these services only with clinical supervision by a licensed professional. Services provided are commensurate with the experience of the staff persons involved.

Staff experience:

Regardless of credentials, all staff members providing services to Title I clients must receive ongoing HIV/AIDS training as appropriate for employee job function. It is recommended that staff members have:

- HIV-related experience
- A sense of commitment and ethical concern for those being served

Measure: Completed paperwork on file for all participating providers.

Standard 2: Staffing levels.

Agencies will make every effort to ensure appropriate staffing levels are reached and maintained to provide contracted services.

Measure: Full and part-time FTE positions funded under contract are filled; OR appropriate actions being taken to fill positions.

Standard 3: Job descriptions.

Staff members will have a clear understanding of their job definition and responsibilities.

Measure: Written job description on file for each position signed by the staff/staff supervisor.

Standard 4: Policies and procedures.

Each funded agency will adhere to the CMHS Policy and Procedure Manual. In addition, Title I programs will have written policies and procedures covering the following areas:

- Eligibility and admission requirements for PLWHA that are sensitive to their unique needs
- Referral resources and procedures
- Reggie consent form (San Francisco only)
- Data collection procedures and forms, including data reporting, for Title I-required data
- Quality assurance/quality improvement for services for PLWHA
- Health education and primary and secondary prevention education
- Guidelines for language accessibility
- Grievance procedures that comply with local AIDS Office/health department requirements
- Ensuring safety of clients and staff
- Drug use for clients and staff
- Nondiscrimination policies for clients with children

Measure: Written policies and procedures manual.

Standard 5: Staff training.

Staff are trained and knowledgeable regarding:

- HIV/AIDS issues and the delivery of mental health services in that context (see Standard 13 for details)
- Culturally and linguistically appropriate service delivery
- Harm reduction principles
- Primary and secondary prevention education principles
- Prevention for Positives principles
- Agency's written policies and procedures (including confidentiality, client rights, and human resources)
- Data requirements of the local jurisdiction
- All local, state, and federal standards of service delivery for mental health services
- Decision-making related to client eligibility for Title I services, including how to access other sources of funding for clients (e.g., Medi-Cal, General Assistance [GA])
- Referral resources
- Reducing barriers to access for clients, including streamlining paperwork

Measure: Documentation of all completed trainings on file.

B. Facility Standards

Facility standards are intended to ensure program safety and accessibility for both clients and staff.

Standard 6: Standard safety requirements.

The program is located in a physical facility that:

- Meets fire safety requirements
- Meets criteria for Americans with Disabilities Act (ADA) compliance
- Is clean and comfortable
- Complies with Occupational Safety and Health Administration (OSHA) infection control practices
- Has emergency protocols for health- and safety-related incidents posted
- Is free from anticipated hazards
- Is equipped for safe, legal, and appropriate storage of pharmaceuticals

Measure: Compliance with all appropriate regulatory agencies, including ADA compliance; written policy describing plan for accommodating individuals with disabilities.

Standard 7: Program specific requirements.

All mental health programs must include:

- Options for a private, confidential space for clients to meet with program staff
- Access to clean, accessible bathrooms
- A comfortable, accessible environment for people with HIV/AIDS
- Residential treatment sites that meet appropriate housing quality standards

Measure: Client satisfaction surveys conducted at least annually.

C. Service Delivery

Standards related to service delivery define the minimum set of activities to be performed.

Standard 8: The full continuum of services described below is provided on site or through referral.

Services on-site:

- Intake and follow-up assessment
- Treatment planning
- Crisis intervention
- Psychotherapeutic services
- Coordination and referral
- Discharge planning (this may include medical, psychiatric, housing planning or other kinds of planning)

Services on-site or through referral:

- Access to HIV health services continuum of care (i.e., the mental health program must either provide other Title I services or assist clients in accessing, as necessary, other non-mental health Title I services outside the agency)
- Primary and secondary prevention education
- HIV risk reduction specifically for HIV-positive individuals (prevention for positives)
- Psychiatric consultation and medication monitoring
- Psychological testing
- Case management
- Psychiatric rehabilitation
- Inpatient services

Measure: Description of on-site and referral services available (e.g., MOUs, brochures of other agencies).

Standard 9: Intake/Assessment.

All clients referred to the program will receive an intake assessment by a mental health professional in accordance with CMHS requirements. In addition, Title I programs shall also collect the following on intake, during subsequent assessments, or as part of ongoing assessment associated with treatment planning, where relevant:

- Assessment of STD/HIV risk and prevention education needs

- HIV/AIDS-related medical history, including medications
- Assessment of how client's HIV disease will affect client's ability to participate in program
- Ethnic, gender, cultural, and spiritual identifications
- Grief/loss inventory
- Client strengths

Measure: All client charts include completed intakes within 30 days of first visit.

Standard 10: Treatment planning.

Each client has a comprehensive, individualized, client-driven plan prepared, reviewed, and modified in accordance with CMHS requirements. In addition, Title I programs shall include the following in treatment plans for HIV-positive clients where relevant:

- Primary and secondary prevention education and behavior change plan
- Substance abuse treatment/harm reduction plan
- A plan for adherence to HIV/AIDS medication regimen

Treatment planning shall also ensure that:

- Services include clients and families (not necessarily including minor children) as partners in determining needs and appropriate services, as appropriate given the reality of funding restrictions/limitations.
- Approaches offered to clients include a wide range of options both within and outside the agency (e.g., primary and secondary prevention education, harm reduction services).
- Clients feel that services are effective and make a positive difference for them.

Measure: Completed treatment plan and acceptance of treatment plan in client file, signed by client and attending provider. (If provider is unable to obtain client signature, provider must indicate the reason in client's chart.)

Standard 11: Access.

Services offered minimize or eliminate barriers to access and utilization. Access to services should be made equal for all individuals using the following strategies:

- A plan for addressing cognitive, social, economic, and other barriers to access for clients should be in place.
- All patients should have access to a provider of their choice and should be given other options if they are dissatisfied with their provider.

- Crisis centers should provide access to services on demand.
- Services should adhere to the CMHS policy "Access to Services for Individuals with Dual Diagnosis Disorders of Substance Abuse and Mental Illness."
- Services are located where people can and will go.
- Where financially possible, support services, such as child care, translation, and transportation, are provided.
- Services are offered in a timely fashion, both in terms of hours when contact with agency is available and in terms of reasonable length of time between application and service start-up.
- Clients must be made aware of what to do/who to call in case of crisis or emergency.
- Services offered are as culturally and linguistically appropriate as possible (see Standard 12).

Measure: Frequently updated inventory of services provided in house as well as referral resources. (MOUs submitted with monitoring reports constitute a fulfillment of this requirement.)

Standard 12: Cultural sensitivity and relevance.

Service providers are as culturally sensitive and relevant as possible with regard to language, culture, spirituality, sexual orientation, age, gender, race, PLWHA issues, harm reduction principles, etc. At a minimum, providers should have an awareness and understanding of the cultures of the populations they serve.

- Outreach is targeted to specific communities in need in a manner consistent with community culture.
- Services are provided using language and methods sensitive to the communities served.
- Services provide opportunities for clients to assist in identifying issues related to culture that may affect how they respond to services (e.g., primary language, spirituality needs, sexual orientation, community identification, family needs, and customs).
- Staff should be ethnically, culturally, and linguistically diverse.
- Service providers should have referral relationships that can address gaps in culturally relevant services (e.g., if agency does not have internal capacity for translation, non-English-speaking clients can be referred).
- Agency must have a cultural competency plan on file with the San Francisco Department of Public Health (for agencies in San Francisco).

Measure: Adherence to the San Francisco DPH cultural competency requirements for agencies and services in San Francisco; adherence to relevant local county/city cultural competency plan for agencies and services in San Mateo or Marin County.

Standard 13: Appropriateness of services to PLWHAs.

Services provided are appropriate for, and consider the unique needs of, PLWHAs, including:

- Absence from sessions/missed appointments due to illness
- Effects of HIV/AIDS and HIV/AIDS medications on mental health and functioning
- Access to HIV/AIDS medications, primary care/specialty care appointments, primary and secondary prevention education, and other medical and social HIV-related services
- Counseling that addresses the unique mental health issues of PLWHAs (e.g., living with chronic life-threatening illnesses, death and dying issues)
- Counseling that addresses current life issues, and not just past issues/history

Measure: Policies and procedures in place that address the unique needs of PLWHAs.

D. Coordination and Referral

The objective of coordination and referral is to address the client's spectrum of needs in a comprehensive way, while minimizing duplication of services.

Standard 14: Coordination and referral.

Coordination and referral includes identification of other service providers or staff members with whom the client may be working and identification of other services that the client may need or want. The agency will:

- Adhere to CMHS requirements for referral/consultation.
- Identify and communicate with primary care providers and other collateral caregivers to support coordination and delivery of high quality care to clients (case conferences and/or communication about client plans, including changes in treatment, should be documented).
- Provide appropriate referrals to any necessary specialty care in accordance with client's treatment plan.
- Ensure that the needs of clients with dual and triple diagnosis (HIV, mental health, substance abuse) are addressed.
- Document when a client is referred to the agency by another provider and from where they were referred.
- Document and, to the extent possible, follow-up on referrals to other services.

Measure: Documentation in client record of referrals made; up-to-date treatment plan in client's chart documenting necessity for specialty referral, follow-up required, and outcome. (Follow-up not required when case is closed.)

E. Quality Improvement, Monitoring, and Evaluation

The objective of quality improvement, monitoring, and evaluation is to continually improve services based on assessments of the process and outcomes of the program, as well as client satisfaction with service provision.

Standard 15: Quality improvement, monitoring, and evaluation.

A process for quality improvement, monitoring, and evaluation is in place that adheres to the CMHS quality management plans and addresses:

- Collection and monitoring of adverse outcomes (incident reports)
- Utilization management
- Clinical and/or medication monitoring or peer review
- Evaluation and monitoring of linkages with primary care
- Staff performance evaluations
- Responsibility and accountability for implementation of quality improvement strategies
- Staff training on quality improvement
- Client involvement and active participation in the quality development/improvement of the Title I mental health program
- Annual implementation of client satisfaction surveys and use of findings to improve programs
- Client grievance procedures

Measure: Quality improvement plan in place; ongoing documentation and reporting of program and provider performance; client satisfaction surveys conducted at least annually.

Standard	Measure
1. License, credentials, experience.	1. Completed paperwork on file for all participating providers.
2. Staffing levels.	2. Full and part-time FTE positions funded under contract are filled; OR appropriate actions being taken to fill positions.
3. Job descriptions.	3. Written job description on file for each position signed by the staff/staff supervisor.
4. Policies and procedures.	4. Written policies and procedures manual.
5. Staff training.	5. Documentation of all completed trainings on file.
6. Standard safety requirements.	6. Compliance with all appropriate regulatory agencies, including ADA compliance; written policy describing plan for accommodating individuals with disabilities.
7. Program specific requirements.	7. Client satisfaction surveys conducted at least annually.
8. Continuum of services.	8. Description of on-site and referral services available (e.g., MOUs, brochures of other agencies).
9. Intake/Assessment.	9. All client charts include completed intakes within 30 days of first visit.
10. Treatment planning.	10.Completed treatment plan and acceptance of treatment plan in client file, signed by client and attending provider. (If provider is unable to obtain client signature, provider must indicate the reason in client's chart.)
11. Access.	11.Frequently updated inventory of services provided in house as well as referral resources. (MOUs submitted with monitoring reports constitute a fulfillment of this requirement.)
12. Cultural sensitivity/competency.	12. Adherence to the San Francisco DPH cultural competency requirements for agencies and services in San Francisco;

	adherence to relevant local county/city cultural competency plan for agencies and services in San Mateo or Marin County.
13. Appropriateness of services to PLWHAs.	13. Policies and procedures in place that address the unique needs of PLWHAs.
14. Coordination and referral.	14. Documentation in client record of referrals made; up-to-date treatment plan in client's chart documenting necessity for specialty referral, follow-up required, and outcome. (Follow-up not required when case is closed.)
15. Quality improvement	15. Quality improvement plan in place; ongoing documentation and reporting of program and provider performance; client satisfaction surveys conducted at least annually.