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SERVICE STANDARDS FOR MENTAL HEALTH SERVICES

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In addition to the Universal Standards, you are also expected to follow the following guidelines.

I. GOAL

The goal of mental health services is to assist people living with HIV/AIDS (PLWHA) to cope with emotional and psychological stressors that promote health care maintenance and positive health outcomes.

II. DESCRIPTION [HRSA PCN 16-02 Rev. 10/22/2018]

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.

III. KEY SERVICE COMPONENTS AND ACTIVITIES

- A. Referral to Mental Health provider via CHAMP, if applicable
- B. Initial assessment (for new patients); six-month reassessment for returning patients; make additional referrals as needed for psychiatric medication and monitoring.
- C. Agencies must maintain memorandums of agreement among other agencies to better coordinate service provision.

IV. SERVICE LIMITATIONS/REQUIREMENTS

'Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services.' Program Guidance [HIV/AIDS Bureau Policy 16-02]

'Program's requesting funds for Mental Health must include the credentials of the staff performing these services.' (Newark 2021 RFP)

V. ASSESSMENT AND SERVICE PLAN

- A. Intake - Completed prior by the Medical Case Manager. (See Medical Case Management Service Standards)
- B. Comprehensive Mental Health Assessment – To identify the clinical needs of client, bio-psychosocial assessment must include:

1. Mental status Exam
2. Multi-axis Diagnosis
3. Assessment of dangerousness to self and others
4. Past Psychiatric history
5. Educational/literacy assessment
6. Vocational Assessment
7. Self-Sufficiency/Productivity
8. Identification and assessment of substance use
9. Identification of legal issues if they exist
10. Medical history including medications
11. Family history
12. Support systems
13. Abuse, neglect, and violence history

C. Development and Implementation of Service Plan – The Plan must document treatment plan and dates for measurable goal completion. It should also document treatment progress and should be reviewed within 90 days from the initial plan and modified as necessary. Plan should include:

1. Documentation of client participation in service decisions
2. Goals and measurable objectives responding to consumer needs.
3. Timeframes to achieve objectives.
4. Assess and address barriers which are systemic, programmatic and client-specific.
5. Referrals facilitated and followed-up by Mental Health Provider
6. Documentation of the patient's participation in primary medical care
7. Discussion and agreement of treatment modality and treatment adherence
8. HIV education/counseling
9. Mental Health Provider's signature

D. Treatment and Coordination of Care

1. Charting of progress notes, including time, length, and modality for each session (face to face/ telehealth)
2. Progress of Treatment Plan
3. Treatment Plan assessment and revision within 90 days of initial assessment
4. Communication with referring agency (i.e., if appointments were kept and medications prescribed)

DOCUMENTATION

Documentation is kept for each client which includes

1. Initial mental health assessment
2. Signed initial and updated individualized treatment plan
3. Progress notes detailing each contact with or on behalf of the client. These notes should include date of contact and names of person providing the service.
4. CHAMP entry

VI. ENGAGEMENT AND RETENTION OF CLIENTS

Refer to Universal Service Standard

VII. STAFF QUALIFICATIONS AND TRAINING

Qualifications/Training

- Service providers should receive continuing education in relationship to HIV, substance abuse, mental health, co-occurring disorders, and related subjects such as "Prevention for Positives".

- Mental Health provider is a mental health professional licensed or authorized within the State of New Jersey to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.
- Co-occurring disorder services must be provided by qualified licensed/certified professionals in both mental health and substance abuse.
- HIV experience/training, preferred
- Agency will provide new hires with training regarding confidentiality, client rights and the agency's grievance procedure.
- Annual staff evaluation/review