

Mental Health Standards of Care

AREAS OF REVIEW

Definition of Services
Purpose of Services
Goals of Services
Client Characteristics and Needs
Client Caseload/Units of Service
Service Activities
Outcomes

I. DEFINITION OF SERVICES

Mental Health Services are defined as psychological and psychiatric treatment and counseling services to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional who is licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

Key activities include: Screening and Intake, Comprehensive Mental Health Assessment, Development and Implementation of a Treatment Plan, Treatment Services and Coordination of Care, Case Closure/Discharge.

II. PURPOSE OF SERVICES

To assist HIV-positive clients and their significant others, which may include family, significant others and friends, to cope with the emotional and psychological aspects of living with HIV disease.

III. GOAL OF SERVICES

To have services available throughout the EMA to minimize crisis situations and stabilize clients' mental health status in order to promote health care maintenance and positive health outcomes.

IV. CLIENT CHARACTERISTICS AND NEEDS

Clients receiving mental health services may present as:

- Newly diagnosed individuals with mild mental health symptoms (e.g. depressed mood and mild insomnia) or co-occurring issues (e.g. substance abuse) needing treatment, follow-up appointments or referral to ongoing support.
- Individuals with moderate to severe symptoms or moderate to severe difficulty needing an assessment for individual therapy/counseling, general group therapy/counseling, and/or psychotropic medication.

- Individuals with severe symptoms referred for psychiatric assessment and treatment and /or intensive outpatient treatment.

V. CLIENT CASELOAD/UNITS OF SERVICE

Client caseload is determined by level of acuity, service activity and funding amount. A mental health Unit of Service (UOS), used for reporting purposes and for tracking service utilization, is defined in the service contract by each local jurisdiction within the Oakland EMA and may include one or more of the following definitions:

- 15 minutes of service-therapy/counseling session (group or individual)
- 1 mental health assessment (biopsychosocial)

VI. SERVICE ACTIVITIES

Mental Health Service activities by a licensed therapist or registered intern with appropriate certification and supervision may include, but are not limited to:

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| • Intake, screening | • Crisis intervention |
| • Assessment | • Support for caregivers |
| • Psychological testing | • Psychiatric assessment/evaluation |
| • Development of a treatment plan | • Psychiatric medications management session |
| • Coordination of care | • Individual and group therapy/counseling |
| • Case conferencing | • Referral to other mental health professionals |
| • Drop-in counseling | • Discharge planning |

Other activities include: Therapeutic retreats, meditation, arts and crafts, and living well groups.

1. PROVIDER QUALIFICATIONS

Mental health services can be provided by a Psychiatrist: licensed M.D.; licensed psychologist; licensed psychiatric nurses; licensed clinician: M.F.T., L.C.S.W, PhD or PsyD; or registered or student interns with appropriate supervision.



| STANDARD | MEASURE |
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| 1.1 Staff meets the minimum qualifications detailed in the job description and standard of care. | 1.1 Resume, license (as applicable); written job descriptions (for both salaried and volunteer staff). |

2. SCREENING/ INTAKE

To accomplish a thorough intake, mental health staff must screen for Medi-cal or other payment sources to ensure the client can access the most comprehensive payment source. They will complete and have on file: an intake form and a comprehensive mental health assessment with historical data that results in a DSM IV diagnosis. Assessment tools may include Global Assessment of Functioning (GAF) or other acceptable assessment tool.

| STANDARD | MEASURE |
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| 2.1 Staff must screen clients for Medi-cal eligibility or other payer sources | 2.1 Documented screening for eligibility for other funding sources (Medi-cal, Access, etc.). |
| 2.2 A Comprehensive Mental Health Assessment is completed on each client by a competent professional, which identifies both clinical and non-clinical needs of the client. | 2.2 Intake form, written comprehensive mental health assessment in client record |

3. TREATMENT PLAN DEVELOPMENT

The mental health provider will develop a treatment plan based on the comprehensive assessment.

| STANDARD | MEASURE |
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| 3.1 Mental Health providers will develop an annual treatment plan with input from clients. | 3.1 Documentation of detailed treatment plan and dates for measurable goal completion. |
| 3.2 Agencies must make available an array of treatment modalities that are culturally and linguistically sensitive and effective. | 3.2 Documented treatment progress recorded in chart. |

4. SUPPORT, REFERRALS AND COORDINATION

Services are part of the coordinated continuum of care. Staff provides immediate support and referrals for urgent, crisis and emergency situations, including violent or suicidal behavior. Staff provides appropriate referrals when clients have acute mental health needs that fall outside of the scope of



funded services or competency of the clinician. Clients should be referred to support groups, when appropriate. Clients not currently accessing medical care will be referred to a primary care provider.

| STANDARD | MEASURE |
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| 4.1 Agency has a system in place to refer and follow up on clients. | 4.1 Documentation of referrals, coordination and their follow-up. |
| 4.2 Staff must document all client-provider interactions, referrals and follow-up, including case conferencing in the client chart. | 4.2 Documented interventions and referrals. Documented referral to psychiatrist or other mental health/health provider, if appropriate. |

5. CASE CLOSURE

A file should be closed when there has been a request for closure or when there has been no client contact for over six (6) months. Prior to closure (with the exception of death), the agency shall attempt to inform the client of the reentry requirements into the system, and make explicit to the client what case closing means.

| STANDARD | MEASURE |
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| 5.1 The agency shall close a client’s file according to the written procedures established by the agency, for reasons including, but not limited to: death, relocation, transition to another provider, or at the request of the client. | 5.2 Documentation in client record. 5.1.2 Retain files in a secure place for a minimum of five (5) years after the case is closed, seven (7) years for hospital records. |

- *See Administrative Standards for additional requirements of all Ryan White Care Act service providers.*
- *The Standards of Care will be reviewed every two years by the Oakland EMA Grantee Quality Management Staff to address changes in the scope of practice.*

Client Level Outcomes

- **Outcomes** are benefits or other results for clients that may occur during or after their participation in a program. Outcomes can be client-level or system-level. An **Indicator** is a measure used to determine, over time, an organization’s performance of a particular element of care. The indicator may measure a particular function, process or outcome. An indicator can measure: accessibility, continuity, effectiveness, efficacy, efficiency, and client satisfaction. Data (from indicators) collected should be fed back into the quality



management process to assure that goals are accomplished and improved outcomes are realized.

The following indicators are suggestions for **Mental Health Services**.

- Increase in the number and percent of HIV+ clients with mental health problems or illnesses who are successfully linked to substance abuse or primary health care services.
- Increase in the number and percent of HIV+ clients who report a decrease in social isolation/increase in social support
- Increase in the number and percent of HIV+ clients requiring mental health services after the initial intake assessment visit will remain in mental health counseling services for a minimum of 3 months or # of visits.
- Increase in the number and percent of HIV+ clients whose treatment plans addresses issues identified in the comprehensive mental health and psychosocial assessments.

