

NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL MENTAL HEALTH STANDARDS OF CARE

The Newark E.M.A. HIV Health Services Planning Council (Planning Council) represents the five counties of Essex, Union, Morris, Sussex and Warren. Newark E.M.A. is one of the 51 Planning Councils nation-wide, which were established by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. The CARE Act establishes and funds care and treatment for people living with and affected by HIV/AIDS (PLWHA) who would otherwise have little or no access to health care.

The Planning Council is comprised of approximately 34 non-paid representatives who have HIV/AIDS expertise from community-based AIDS service organizations, local public health agencies, affected communities, including PLWHA, and the NJ Department of Health & Senior Services. Currently a third of the Newark E.M.A.'s membership is people living with HIV/AIDS.

The Planning Council is responsible for establishing the Ryan White Title I funding priorities that determines local care and treatment needs of PLWHA in the Newark E.M.A. N.E.M.A. develops standards of care that are mandated by the Health Resources and Services Administration (HRSA) which funds all CARE Act services. These standards are part of HRSA's Strategic Plan to improve the quality of health care services for the nation's underserved and vulnerable populations.

In 2005 HRSA defined Core Services as Primary Medical Care, Medications, Mental Health, Substance Abuse, Dental and Case Management. NEMA's priority is completing standards of care for all core services. The following are Mental Health Treatment Standards of Care specific for HIV.

Methodology for developing these standards consisted of the following five phases:

Phase I: Draft standards were developed by reviewing other major cities' standards, New Jersey Administrative Code and pertinent topical research.

Phase II: Care & Treatment Committee discussed the process and some members of the Committee, the grantee, Planning Council staff and members and service providers participated in an ad-hoc subcommittee to make recommendations on the Mental Health Standards.

Phase III: A Consumers Forum was held to obtain feedback for standards on Mental Health Standards.

Phase IV: Care & Treatment Committee reviewed the draft document after all feedback was incorporated and submitted its recommendations to the N.E.M.A. Planning Council to approve the final Mental Health Standards of Care.

Phase V: The N.E.M.A. Planning Council made final recommendations and approval.

Providers must continue to follow the standards set forth by the State of New Jersey for licensure of ambulatory care facilities or residential treatment facilities. N.E.M.A.'s standards exist as an additional requirement for Ryan White Title I mental health treatment providers.

These standards are based on two major premises: 1) maintaining a quality functional life; and, 2) adherence to medical treatment to prevent opportunistic infections and malignancies. Standards ensure the possibility of reaching these outcomes. The standards we present are as follows:

Standard 1: Accessibility ensures that mental health services are available to PLWHA. This includes the following:

- A. Cultural Competence must be demonstrated throughout all standards. Cultural competence is the ability to communicate effectively with PLWHA, who are diverse in language (including literacy level), age, culture, socioeconomic status, sexual orientation, race, ethnicity, customs, beliefs, religion and communication. Agencies should strive to model the NJ Department of Health & Human Services, *New Jersey Culturally & Linguistically Appropriate Standards for HIV/AIDS Service Providers Implementation Guide, June 2003*.
- B. Mental health service providers must facilitate contact with primary medical care to ensure continuity of care and collaboration between the treatment team.
- C. Service providers must comply with the Americans with Disabilities Act (ADA).

Standard 2: Written policies and procedures exist to ensure protection of consumer rights, health, safety and quality care. Those policies contain:

- A. Physical Plant Safety:
 - 1. Community Mental Health Services must comply with the New Jersey Department of Human Services, Division of Mental Health Services, Community Mental Health regulations (NJAC Title 10:37).
OR
 - 2. Ambulatory Care Facilities must comply with New Jersey Standards for Licensure of Ambulatory Care Facilities (NJAC Title 8:43A).
OR
 - 3. Agencies not licensed should comply with standards comparable to the above.

- B. Providers will ensure the development of Infectious Disease Prevention & Control Program which is reviewed annually.
- C. Use of Restraints is allowed only within the provisions of N.J.A.C. 10:37 or 8:43A.
- D. Medical services will be provided through the facility or through written affiliation agreement.
- E. Policies and procedures must exist for the administration, control and storage of medications.
- F. Laboratory & Radiology services will be either provided by the facility or assured through written affiliation agreement.
- G. Policies for Consumer Records will include procedures for production, maintenance and retention of clinical records, and those policies will be reviewed annually by the Director. Confidentiality policies concerning records will meet HIPAA requirements.
- H. Each facility will have written policies and procedures for mental health services.
- I. A Quality Assurance Plan shall be developed for patient care.
- J. Emergency Plan must include written procedures for fire, bomb threat, evacuation, other accidents and natural disasters.

Standard 3: Human Resources certify competent experienced staff in the provision of quality clinical care for Mental Health Services of PLWHA. This standard is evidenced by:

- A. Meeting the requirements for New Jersey licensed Mental Health Professionals as outlined by the Department of Law & Public Safety, Division of Consumer Affairs.
- B. Degrees, licensing, certifications and resumes must be kept on file.
- C. MICA services must be provided by qualified licensed/certified professionals in both mental health and substance abuse.

- D. Job descriptions must exist for all positions.
- E. Personnel policies and procedures must comply with NJAC 8:43A or 10:37.
- F. Direct service providers must receive continuing education in the relationships of HIV, substance abuse, mental health and their service provision;
- G. Direct service providers must receive ongoing HIV/AIDS Training, including “prevention with positives.”

Standard 4: Ryan White eligibility is determined prior to service provision by:

- A. Verifying HIV status
- B. Verifying Income status
- C. Verifying Insurance status

Standard 5: The intake process clarifies the service contract of responsibilities and rights of consumers and providers through:

- A. Stabilization of consumer crisis;
- B. Orientation of services offered;
- C. Written “Client Rights and Responsibilities” as documented in NJAC 10:37 or 8:43A;
- D. Explanation of confidentiality and HIPAA requirements;
- E. Explanation of grievance process;

Standard 6: A bio-psychosocial assessment must be completed within 72 hours of admission/or 3rd counseling visit and must identify consumer needs and strengths in the areas of:

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. Legal Issues
10. Medical History including medications
11. Family History
12. Support Systems
13. Abuse, neglect and violence history

Standard 7: Consumer Service Plans outline treatment that provide expected outcomes. They must be completed by 5th session after intake and demonstrate:

- A. Consumer participation in service decisions;
- B. Goals and measurable objectives responding to consumer needs;
- C. Timeframes to achieve objectives;
- D. Addressing barriers which are systemic, programmatic and client-specific;
- E. Referrals offered;
- F. Monitoring the adherence to medical care, including primary medical and psychiatric;
- G. Discussion and agreement of treatment modality;
- H. Ongoing HIV education/counseling with consumers;
- I. Coordinated continuum of HIV/AIDS services in concert with mental health services;
- J. Review Service Plan within 90 days from initial plan and modify if necessary. Review includes assessing and monitoring the use of potentially problematic treatments;
- K. Support HIV disclosure process;

Standard 8: Treatment progress must be recorded to include:

- A. Procedure for consumer record-keeping;
- B. Progress notes for each session;
- C. Sessions and times charted;
- D. Service Plan progression documented;
- E. Service Plan assessment and revision documented;

Standard 9: Ensure transition for consumers leaving services by developing a discharge plan which includes:

- A. Reason for discharge;
- B. Referrals;
- C. Future planning and follow-up contacts;

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