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MENTAL HEALTH SERVICES STANDARDS OF CARE

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I. PURPOSE OF STANDARDS

The purpose of these standards is to define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Newark Eligible Metropolitan Area (NEMA)

II. GOAL

To assist HIV+ clients to cope with the emotional and psychological aspects of living with HIV Disease and 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.

III. 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.

IV. PROVIDER POLICIES AND PROCEDURES

- A. Services can be provided by a Psychiatrist, licensed psychologist, licensed psychiatric nurse, or licensed clinician. Staff must meet minimum qualifications detailed in the job description and standards of care.
- B. Agency must comply with the New Jersey Department of Human Services, Division of Mental Health, Community Mental Health regulations (NJAC Title 8:43A).
- C. Providers will ensure the development of an Infectious Disease Prevention & Control Program.
- D. Medical services, including laboratory and radiology services, will be provided through the facility or through a written affiliation agreement.
- E. Pharmaceutical Services will be provided directly or through affiliation agreement 24 hours a day, seven days a week.
- F. Policies must exist for the administration, control and storage of medications if applicable
- G. **Record Retention** - Policies must exist for the production, maintenance and retention of client clinical records. The agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years.
- H. **Confidentiality Policy** – All written and verbal communications regarding clients must meet HIPAA requirements and Hi-Tech requirements proposed.
 - I. There will be a private confidential office space for seeing clients
- J. **Cultural Competence** – The Agency will ensure that culturally and linguistically appropriate services are available and be able to provide services that are culturally sensitive and in the clients' preferred language or arrange for a competent translator.

- K. American Disabilities Act Compliance** – Agency must demonstrate that the needs of the disabled consumers are met.
- L. Consumer Consent** – Written consent must be obtained to release/exchange client information. The consumer must be notified of the release of information.
- M. Grievance Policy** – The agency must explain the grievance policy to the client and provide a copy to the client.
- N.** Agency must have a written **Emergency Plan** which includes procedures for fire, bomb threat, evacuation, accidents and natural disasters.
- O.** Service providers should receive continuing education in relationship to HIV, substance abuse, mental health, co-occurring disorders health and related subjects such as “Prevention for Positives”.
- P.** A **Quality Assurance Plan** shall be developed for patient care which shall be reviewed annually.
- Q.** The agency shall maintain linkages among other agencies to better coordinate service provision.

V. ACCESSIBILITY/STANDARDS OF SERVICE

- A.** The Agency must comply with ADA requirements for the provision of reasonable accommodations to address clients with special needs.
- B.** The Agency must demonstrate a commitment to provide services that are culturally sensitive and linguistically appropriate.
- C.** The Agency must demonstrate input from clients with regard to service delivery through client satisfaction surveys.
- D.** There will be no barriers due to hours of service. There will be twenty-four (24) hour accessibility for emergency medical services and crisis counseling where applicable.
- E.** There will be no barriers due to client disability. Agencies will comply fully with the Americans with Disabilities Act of 1990.
- F.** There will be no barriers due to language differences between providers and clients. Agencies must have the ability to provide native language speakers for services when 20% or more of their clients prefer another language or arrange for a competent translator.
- G.** There will be no barriers due to lag time. Eighty per cent (80%) of all persons seeking services will be seen within five (5) working days of the initial contact. If this is not possible, the reason must be documented in the client’s file.

VI. CLIENTS RIGHTS AND RESPONSIBILITIES

- A.** Funded agencies shall have the ability to provide service in the client’s native language
- B.** All written materials should be presented in a language that is understandable to the consumer and should be written at no higher than a 5th grade reading level
- C.** The agency will have a Clients Rights Statement posted and available to the client upon request. This will be in the client’s language or explained to the client in the client’s preferred language.
- D.** The agency will have a Consent for Services and Release of Records Form, which is dated and time limited, signed by the client or person legally able to give consent. This form will be signed by the client after reviewing the initial “Service Plan” and when the client is reassessed and/or when the plan is updated or changed.
- E.** The agency will have a written policy related to Client Grievance Procedures which is reviewed with the client in a language and format the client can understand.
- F.** The agency will have a written Client Confidentiality Policy in conformance with State and Federal Laws.
- G.** All new clients will receive HIV/AIDS orientation and be provided with educational materials in their native language, when possible, and in a culturally appropriate manner.
- H.** Clients have the right to refuse services.

VII. PROCESS

- A.** Intake
- B.** Comprehensive Mental Health Assessment
- C.** Development and Implementation of a Treatment Plan
- D.** Treatment and Coordination of Care

E. Case Closure/Discharge

A. Intake - To determine eligibility, collect demographic information

1. Verify HIV status
2. Verify Income status
3. Verify Insurance status
4. Stabilize consumer crisis if necessary
5. Explain services available
6. Explain Clients' rights and responsibilities
7. Explain confidentiality and HIPAA requirements
8. Explain Grievance process

B. Comprehensive Mental Health Assessment - To identify clinical needs of consumer the following bio-psychosocial assessment should 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 Treatment Plan

The Plan should document treatment plan and dates for measurable goal completion. It should also document treatment progress and should be reviewed within 90 days from initial plan and modified if necessary. Plan should include:

1. Documentation of consumer participation in service decisions.
2. Goals and measurable objectives responding to consumer needs.
3. Timeframes to achieve objectives
4. Addressing barriers which are systemic, programmatic and client-specific.
5. Referrals facilitated and follow-up by substance abuse counselor.
6. Documentation of the patient's participation in primary medical care.
7. Discussion and agreement of treatment modality and treatment adherence
8. Ongoing HIV education/counseling
9. Coordinated continuum of HIV/AIDS services in concert with mental health services.
10. Documentation that patient was referred and is actively receiving Substance Abuse Treatment if this is an active problem for the client.
11. Record of engagement, retention in services, and ongoing medical case management.

D. Treatment and Coordination of Care

1. Progress notes for each session
2. Charting of sessions and length of session
3. Progress of Service Plan
4. Service Plan assessment and revision within 90 days of initial assessment
5. Communication with referring agency i.e., if appointments were kept and medications prescribed.

- E. Case Closure/Discharge - Reasonable efforts must be made to retain the client in care by phone and letter

Case Closure

- Mental Health provider must document date and reasons for closure of case including but not limited to; no contact, client request, client moves out of service area, client died, client ineligible for services.
- The Mental Health provider should provide referrals and contacts for follow-up
- A summary of the services received by the client must be prepared for the client's record.

Case Transfer

- The mental health provider should facilitate the transfer of client records/information.
- The client must sign a consent form to transfer records which is specific and dated

VIII. DOCUMENTATION

Written documentation is kept for each consumer which includes:

- Consumer's name and unique identifier number
- Proof of HIV+ status
- Initial mental health assessment
- Signed initial and updated individualized treatment plan
- Evidence of consent for services
- Progress notes detailing each contact with or on behalf of the consumer. These notes should include date of contact and names of person providing the service
- Evidence of the client's understanding of his/her rights and responsibilities
- Signed "Consent to release information" form. This form must be specific and time limited.

IX. ENGAGEMENT AND RETENTION OF CONSUMERS

The best way to retain clients in care and be aware of barriers that are preventing a client accessing care is to maintain an ongoing relationship.

Procedure to be followed for missed appointments

1. The consumer should be contacted within 2 days of missed appointment to determine if there was a reason why the appointment was not kept.
2. The mental health provider will attempt to reach the consumer no less than 2 times during a one-week period.
3. If the consumer can not be reached by phone, a letter (certified) will be sent to the consumer stating that an appointment has been missed and requesting that the consumer contact the agency to set up another appointment.
4. The mental health provider should check with other agencies which are providing services to the client.
5. If appropriate and with prior approval of the client, contact the emergency contact

X. STAFF/TRAINING

Qualifications/Training

- Staff must meet requirements for New Jersey licensed mental health professionals as outlined by the Division of Consumer Affairs
- Co-occurring disorder services must be provided by qualified licensed/certified professionals in both mental health and substance abuse
- HIV experience/training.
- Ongoing education/training in related subjects including "prevention with positives."
- Agency will provide new hires with training regarding confidentiality, client rights and the agency's grievance procedure.
- Annual staff evaluation/review.