

SAN FRANCISCO EMA RYAN WHITE HIV 2024 STANDARDS OF CARE UPDATE PROJECT

MENTAL HEALTH STANDARDS OF CARE

NOTE: The draft standards below describe only service elements specific to Ryan White-funded mental health services. Overarching standards common to all programs - such as standards related to client eligibility, insurance and benefits screening, facility standards, staff qualifications, evaluation, and use of Ryan White funds as the payor of last resort - will be included in a separate Common Standards document. This document will also be fully formatted in a future version.

OVERVIEW AND PURPOSE OF MENTAL HEALTH SERVICES STANDARDS

The purpose of the San Francisco Eligible Metropolitan Area (EMA) Mental Health Standards of Care is to ensure consistency among the Ryan White-funded mental health services provided as part of the San Francisco EMA's continuum of care for persons living with HIV. 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 both everyday living and 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 medication adherence support;
- 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;
- Promote integration and access to mental health services that sustain a healthy life;
- Minimize barriers to needed medical and wraparound support services;
- Implement coordinated, client-centered, and effective service delivery;
- Appropriately address issues of consent, confidentiality, and other client rights for clients enrolled in services; and
- Deliver mental health services in a culturally and linguistically appropriate manner, within individual programs or through referral, while in compliance with all federal, state and local laws, regulations, ordinances and codes.

DESCRIPTION OF MENTAL HEALTH SERVICES

Mental health services in the context of Ryan White funding refer to psychological and psychiatric treatment and counseling services, including individual and group counseling, provided by a mental health professional, including psychiatrists, psychologists, social workers, marriage and family therapists, counselors, and peers in an outpatient or residential health service setting or through web-based, telephone, or other remote methods mutually agreed

upon by the mental health provider and the client. Mental health services are designed to assist clients in coping with the emotional and psychological aspects of living with HIV, improve psychological well-being, and increase quality of life through counseling and adherence to medical care. Mental health services include mental health assessment; treatment planning; individual psychotherapy; family psychotherapy; group psychotherapy; psychiatric medication assessment, prescription and monitoring; drop-in psychotherapy groups; and crisis intervention services. All interventions must be based on proven clinical methods and in accordance with legal and ethical standards.

UNITS OF SERVICE:

- **A Mental Health Unit of Service is defined as:**

- ✓ 15 minutes of face-to-face, web-based, or telephone contact between a client and a provider or 15 minutes of face-to-face or telephone contact between a client's provider and another provider in support of the client's treatment and wraparound support needs. A **psychiatric consultation** is defined as face-to-face, web-based, or telephone encounter between a psychiatric professional and an individual client.

MENTAL HEALTH REQUIREMENTS:

All mental health programs and providers must provide the key activities listed below:

- **Staff Licenses, 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, professional clinical counselor, or psychiatric nurse. License-eligible professionals, life-experienced individuals, individuals with credentials other than a U.S.-based license, clinical trainees, and volunteers may also provide these services only with clinical supervision by a licensed professional. Services provided shall be commensurate with the experience of the staff persons involved.
- Staff members providing Ryan White mental health services will ideally have professional or lived experience of HIV, or a combination thereof, as well as a sense of commitment and ethical concern for those being served and an understanding of unique needs of HIV-positive individuals.

- **Intake and Assessment:**

All clients referred to the program will receive an intake assessment by a mental health

professional in accordance with CMHS requirements. In addition, Ryan White 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 STI/HIV risk and prevention education needs;
 - HIV/AIDS-related medical history, including medication adherence and engagement in medical care;
 - Assessment of how client's HIV disease and other life circumstances or challenges may affect the client's ability to participate in the program;
 - Identification of mental health needs related to the ethnic and cultural identity of clients, including linguistic preference, sexual identity, gender expression and identity, spiritual identification, and other factors;
 - Assessment of client's substance use and history;
 - Grief/loss inventory; and
 - Client strengths.
- **Treatment Plan:**

An individualized treatment plan must be developed during the initial assessment and re-evaluated at least every six months with adaptations as needed. Mental health providers developing an individualized treatment plan should ensure that the plan, at a minimum:

- Incorporates client input;
- Identifies and prioritizes the client's mental health care needs;
- Includes a statement of the problems, diagnoses, symptoms, or behaviors to be addressed in treatment, including barriers to HIV treatment and treatment adherence;
- Sets realistic and measurable goals, objectives, and treatment timelines based on client needs identified by the client and the mental health team, including frequency and expected duration of services;
- Identifies interventions, modalities, and resources to attain the goals and objectives, including arrangements for web-based, telephone, or other remote methods as agreed upon by both the client and the provider team and referral and linkage to other relevant providers such as substance use counselors, physicians, or housing specialists; and
- Includes a substance use treatment/harm reduction plan where appropriate.

The treatment plan should be reviewed and revised at each appointment or as required by contract terms.

▪ **Service Delivery:**

Services should be provided utilizing methodologies appropriate for the client's needs and following national recommendations for HIV mental health care guidelines. This may include any combination of:

- Individual counseling/psychotherapy;
- Family counseling/psychotherapy;
- Couples counseling/psychotherapy;
- Group psychotherapy/treatment;
- Drop-in groups;
- Crisis intervention services; and
- Psychiatric medication assessment, prescription, and monitoring