Ryan White Program
Service Area Standards: Psychosocial Support

Background: Beginning in FY2009, the Minnesota HIV Services Planning Council and Part A and B grantees transitioned Emotional Support and Culturally Appropriate Emotional Support (categorized as Support Services under Psychosocial Support by HRSA) to Mental Health Access Services, a core medical service. These standards, developed by Hennepin County's Part A Ryan White staff with input from program managers, direct service providers, and their clinical consultants, represent the benchmark of program elements required for an Emotional Support program to qualify as an entry point into the Mental Health continuum of care and services (see Appendix A). Providers and clinical consultants participated in interviews and focus groups facilitated by Emil Angelica and Linda Hoskins of Community Consulting Group.

HRSA Description: Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:

- Bereavement counseling
- Caregiver/respite support (RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
- Pastoral care/counseling services

All subrecipients must meet universal standards requirements in addition to service area standards for which they are funded.

Standard	Intervention	Measure	Data Source
Individual Client Focused Standards			
1. Recognition	1.1. Direct service staff will conduct basic assessments at intake and through ongoing group and individual support interactions that include: • History of mental health issues obtained through client self report or referral source • Client report of issues, concerns, questions, symptoms, changes, state of wellness • Direct observation of client's nonverbal cues, level of participation, changes from baseline behaviors	1.1. Client intake forms, surveys, or other assessment forms and documentation tools report baseline observations and ongoing assessments.	1.1. Client record has dated, signed intake and periodic progress notes that document observations and assessment of status.
2. Screening	2.1. Program staff will work with their clinical consultants to select and learn to administer and interpret one or more mental health screening tools. 2.2. Direct service staff will work individually with clients identified through their assessments or on the recommendation of clinical consultant to complete the selected screening.	2.1. Programs will identify one or more screening tools that they are prepared to use with clients as indicated by assessments. 2.2. Documentation of screening done with individual clients.	2.1. Program file documents selected screening tool(s) and records of staff training on their use. 2.2. Client record has dated, signed documentation of administration of screening tool, results, and plan for follow-up.
3. Clinical Consultation	3.1. During monthly clinical consultation time, direct service staff will review assessments and results of screenings for a select number of individual clients and develop plans for referral, further observation, support-level interventions, etc. 3.2. Direct service staff will process recent support group experiences with clinical consultant and assess their effectiveness, discuss implications of group process for specific individual participants, and develop plans for future groups.	3.1. Documentation of individual client plans resulting from clinical consultation. 3.2.Documentation of group facilitation discussion and planning.	3.1. Client record has dated, signed documentation of consultation and resulting plan. 3.2. Summary of general clinical consultation discussions included in quarterly report to grantee.

Standard	Intervention	Measure	Data Source
			3.3 Clinical consultation log including number of clients discussed and number of staff present included in quarterly report to grantee.
4. Referral	4.1. Direct service staff will provide referrals to more intensive psychological/psychiatric care as indicated by assessments, screenings, and case consultations. 4.2. Programs will develop, maintain, and update referral resources, including those with available openings for new clients, culturally appropriate resources, and providers with demonstrated skills and experience in working with HIV+ individuals. Programs may choose to use the AIDSLine as a primary referral resource.	4.1.Documentation of individual client referrals. 4.2. Documentation of program resources such as a referral database, list, or online resources.	4.1. Client record has dated, signed documentation of referral including referral source, assistance provided to access referral, and client response (including documentation in the case of client refusal of referral). 4.2.Program file contains documentation of referral resources.
5. Follow-up	5.1. When information is to be shared, direct service staff will request a signed release of information from the client to allow them to follow up, as appropriate, with referral resources. 5.2. Direct service staff will develop a plan with individual clients for how they will follow up with them post referral.	5.1. Documentation includes current release of information if information is to be shared or note that client declined. 5.2. Documentation of follow-up plan including client's involvement in	5.1. Client record has dated, signed release of information forms that are no more than one year old if information has been or will be shared. 5.2. Client record has dated, signed documentation of

Standard	Intervention	Measure	Data Source
		planning and level of agreement for follow-up.	follow-up plan (including plan to follow up in the case of client refusal of referral).
6. Linkages	6.1. Primary HIV Medical Care 6.2. Medical Case Management 6.3. Behavioral Health Services	6.1. Client assessments for access to primary HIV medical care every six months. 6.2. Client referrals, as appropriate, to Medical Case Management; consider obtaining client release to coordinate services with case manager as indicated. 6.3. Client referrals, as appropriate, to psychiatric, higher intensity psychological or substance abuse treatment services; consider obtaining client release to coordinate services with behavioral health provider as indicated.	6.1. Client Level Data system 6.2-6.3 a. Client record has dated, signed documentation of coordination of service activities. 6.2-6.3 b. Client record has dated, signed release of information forms that are no more than one year old if information is to be shared.
7. Culturally Appropriate Services	7.1. Client assessments will include sufficient information about race, ethnicity, faith community, sexual orientation and other cultural indicators to facilitate a plan for Mental Health Access services that are culturally accessible by the client.	7.1. Client intake, assessment, and ongoing documentation reflect awareness of, and planning to address, specific cultural needs of the client.	7.2. Client record has dated, signed documentation of assessment for client cultural needs.

Standard	Intervention	Measure	Data Source
Program Focused Standards			
8. Provider Qualifications	8.1. Direct Service Providers will have the knowledge, skills and abilities to: 8.1.a. Facilitate individual and/or group interactions designed to meet established program goals 8.1.b. Provide basic counseling 8.1.c. Complete client assessments utilizing appropriate screening tools 8.1.d. Provide appropriate referrals to meet client needs that are based in knowledge of local HIV-competent services	8.1. Programs are staffed with personnel with knowledge of HIV and skills and experience to provide an entry point to the mental health continuum for clients.	8.1. Program file contains documentation of all current direct service staff including education, work experience, skills assessment, and relevant certification or licensure where applicable.
	8.2. Program Supervisors will have an undergraduate or graduate degree in a mental health area such as social work, nursing, or psychology *and* at least three years experience providing mental health services *or* at least two years experience providing HIV services in a position that included providing the direct service skills listed above.	8.2. Program Supervision is provided by a qualified person on a regular, formal basis.	8.2. Program file contains documentation of program supervisor qualifications including education, work experience, and relevant certification or licensure where applicable.
	8.3. a. Peer-to-Peer Facilitation will be provided by direct services staff who are qualified as listed in 8.1. All peer-to-peer interactions that are facilitated as part of a MH Access service will be directly supervised by program staff. Peer volunteers will pass a background check and receive training on: 1. Current, accurate information about HIV disease, use of medications, and navigating the system of HIV care 2. Maintaining Boundaries 3. Confidentiality 4. Outreach and trust building	8.3. Peer-to-Peer interactions are provided by volunteer peers who receive training and direct supervision by program staff.	8.3.a. Program file contains documentation of peer volunteer information including qualifications, experience, background check, training participation, and log of dates and venues of peer-to-peer interaction.

Standard	Intervention	Measure	Data Source
			8.3.b. Client record has dated, signed documentation by program staff of individual support service including peer-to-peer interaction.
9. Clinical Consultant Services	9.1. Program maintains a service agreement with a qualified clinical consultant to provide group or individual staffing at a minimum of once per month. 9.2. Clinical Consultant services include: • Discuss staff observations of clients and develop a plan for screening, referral, or further observation • Advise, train, and support program staff in the use of selected screening tools appropriate for use by mental health paraprofessionals • Assist direct service staff to develop group facilitation and therapeutic skills • Coach or collaborate with direct service staff in designing group goals, objectives, and evaluations • Provide support, affirmation, and confidence building assistance to direct service staff	9.1. Qualifications for a clinical consultant: a licensed mental health professional with a graduate degree in one of the behavioral sciences or related fields, e.g. licensed psychologist, psychiatric nurse, LCSW, or LMFT. 9.2a. Documentation of staffing of individual clients. 9.2b. Documentation of group facilitation planning, training, skills building, and direct service staff support.	9.1.Program file contains copies of current licensure 9.2a. Client record has dated, signed documentation of staffing with clinical consultant. 9.2b. Hours of clinical consultation documented in program quarterly reports to grantee.
10. Documentation	10.1 A complete, current, secure individual record is maintained for each client receiving mental health services.	10.1 Each client has a separate, individual record that documents assessments, intake, all services provided and	10.1 Client record has dated, signed hard copy or electronic documentation as specified for each

Standard	Intervention	Measure	Data Source
		program/client contacts.	individual standard.