

HIV HEALTH & HUMAN SERVICES PLANNING COUNCIL OF NEW YORK
Mental Health Service Directive
Approved by HIV Planning Council on July 31, 2014

Service Category Goals ¹	2012-2015 Comprehensive Strategic Plan ² Objectives	Program Directive & Service Model	Client and Agency Eligibility
<p>Goals:</p> <p>1) Provide treatment and counseling services to individuals living with HIV and mental illness, with or without co-occurring substance use disorders, that aim to improve quality of life and mental health functioning. The services in this directive will overcome barriers to mental health care and facilitate continued engagement in biological, psychological and psychosocial care</p>	<p>Objectives:</p> <p>Objective 2: To increase the proportion of newly diagnosed individuals who enter into primary care within three months of HIV diagnosis.</p> <p>Objective 3a: To increase retention in HIV care and treatment.</p> <p>Objective 3b: To increase the proportion of clients who have an optimal level of ART adherence.</p>	<p>Services should be client-centered, non-judgmental, guided by harm reduction principles, trauma-informed,³ culturally appropriate and tailored to the populations served. A variety of engagement strategies should be employed to ensure that client-specific needs are met. Services may include (but are not limited to) the following PLWHA client populations:</p> <ul style="list-style-type: none"> • Individuals who are diagnosed with mental illness or in need of mental health services • Persons with co-occurring mental health, substance use, and other medical conditions 	<p>Client Eligibility Criteria:</p> <ul style="list-style-type: none"> • All individual and family units in which one or more persons are HIV-infected and in which the HIV-infected individual has a DSM-5 diagnosis are eligible for Ryan White Mental Health services. • Active substance use does not preclude client eligibility for and maintenance in services. • General Ryan White eligibility: Household income must be below 435% of FPL. Client must live within the New York EMA. <p>Agency Eligibility Criteria:</p> <ul style="list-style-type: none"> • Licensed Article 31 mental health providers currently certified to deliver outpatient mental health services or

¹ HRSA/HAB Division of Metropolitan HIV/AIDS Programs. Program Monitoring Standards – Part A. April 2013: “Mental Health Services...include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.”

² Available: <http://www.nyhiv.com/pdfs/Comprehensive%20Plan%20Final%2005-21-12.pdf>. Accessed 2/28/14.

³ “A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.” Harris, M. & Fallot, R. (2001). Using trauma theory to design service systems, cited at <http://www.samhsa.gov/traumajustice/traumadefinition/approach.aspx>.

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<p>and treatment including adherence to ART and/or psychotropic medications and will reduce use of emergency acute care.</p>	<p>Objective 3c: To increase viral suppression.</p> <p>Objective 3d: To improve immunological health.</p> <p>Objective 3e: To decrease reliance on acute care.</p> <p>Objective 4a: To reduce (and then maintain below significance) socio-demographic differences in delayed diagnosis of HIV.</p> <p>Objective 4b: To reduce (and then maintain below significance) socio-demographic differences in prompt linkage to HIV/AIDS care following HIV diagnosis.</p>	<ul style="list-style-type: none"> • Individuals with physical, behavioral, psychosocial, or sensory impairments that may or may not limit them from presenting to an office location • Chronically homeless⁴, homeless⁵, and unstably housed PLWHA • Home-bound clients • Gay; bisexual; other men who have sex with men; lesbian; and transgender clients • Immigrant communities <p>Services should be based on best practices, evidence-based protocols, or community-driven initiatives. They must include the following:</p>	<p>licensed Article 28 health care providers currently certified to deliver outpatient mental health services.</p> <ul style="list-style-type: none"> • Community based organizations (CBO) with a Memorandum of Understanding/partnership with a licensed Article 31 mental health provider who has added the CBO site to its licensure in accordance with New York State Office of Mental Health regulations and is thus able to conduct Medicaid-billable mental health sessions on-site at the CBO. • Organizations providing services should have multi-disciplinary mental health programs including mental health counseling, psychiatric care and/or pharmacological management, and AOD services. • Organizations providing services should use multiple, evidence-based therapeutic modalities and/or best practices including harm reduction based psychotherapy/counseling for those individuals with substance use disorders.

⁴ Chronically homeless is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years, according to the United States Department of Housing and Urban Development.

⁵ Homeless is defined as an individual or family that: lacks a regular and/or adequate nighttime residence; has a primary nighttime residence that is a public or private shelter or dwelling designed to provide temporary living accommodations, including emergency Single Room Occupancy (SRO) hotels; lives in an institution that provides temporary residence for individuals intended to be institutionalized; or lives in a public or private place not intended or ordinarily used as a regular sleeping accommodation for human beings (e.g., street, subway, automobile), according to the New York City Department of Health and Mental Hygiene’s RFP for transitional care coordination for homeless individuals.

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	<p>Objective 4c: To reduce (and then maintain below significance) socio-demographic differences in retention in primary medical care.</p> <p>Objective 4d: To reduce (and then maintain below significance) socio-demographic differences in viral suppression.</p>	<ul style="list-style-type: none"> • Referral to medical care, medical case management, housing, alcohol and substance use, independent living skills, food and nutrition, and legal services, as needed • Individual and/or group treatment adherence counseling, including discussion with client about primary care status measures, primary care provider appointment adherence, HIV medication adherence, and psychotropic medication adherence • Coordination with client's HIV PCP to communicate primary care status measures, appointment adherence, HIV medication adherence, psychotropic medication adherence, and other health/mental health concerns to inform both providers' work with client. • Coordination with client's medical provider other than the HIV PCP and with other service providers who are able to assist the client with treatment 	<ul style="list-style-type: none"> • Organizations providing services must have experience serving HIV+ individuals and active substance users. • Organizations must also have experience reaching out to and engaging individuals who are out of care or sporadically in care, transitioning from institutional care, or in need of self-management support. • Agencies must either be co-located or have established linkages with programs providing medical care, HIV testing, food and nutrition services, alcohol and substance use services, syringe exchange/harm reduction services, comprehensive risk reduction services, medical case management services, housing services, legal services, Medicaid, Medicare, and NYS Health Insurance Exchange Systems, health homes, and supportive counseling and family stabilization services. • Agencies must ensure that staff members have HIV knowledge, training and cultural sensitivity appropriate to the populations that they serve. Agencies must have the capacity to provide services in the languages spoken by the populations served. • Although any individual agency does not have to serve clients from all five boroughs, funded agencies should be accessible to and able to serve clients from throughout the New York EMA.

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		<ul style="list-style-type: none"> • Mental health intake assessment, diagnosis, and treatment with individualized treatment plans, plan updates and reassessments • Crisis intervention • Individual and/or couple/family and/or group mental health counseling services <p>Other services should include but are not limited to the following:</p> <ul style="list-style-type: none"> • Psychiatric evaluations and follow-up visits, psychiatric re-evaluation, psychotropic medication monitoring and management, and linkage with inpatient psychiatric care when indicated • Individual, group, and family services including pharmacological interventions for clients with a history of or currently using alcohol and other drugs • Client engagement activities to schedule program appointments and 	

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		<p>coordinate services</p> <ul style="list-style-type: none"> • Outreach for client re-engagement to monitor scheduled appointments and follow-up on a client's missed appointments • Wellness individual or support groups to educate and monitor clients on key issues related to the client's current mental health needs and potential barriers to mental health treatment • Interpersonal violence assessment/intervention <p>Special consideration will be given to organizations that can provide:</p> <ul style="list-style-type: none"> • Accompaniment services as appropriate to external agencies and within the mental health program's facility • Home-based services for clinical purposes including services listed above as appropriate and necessary 	