

# MENTAL HEALTH STANDARDS OF CARE

## AN INTEGRATED APPROACH TO SERVING DIVERSE COMMUNITIES IN NEW YORK STATE

NEW YORK STATE DEPARTMENT OF HEALTH  
AIDS INSTITUTE

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## Table of Contents

	<u>Page #</u>
1. Guidance for NYSDOH AIDS Institute Mental Health Programs .....	1
2. Scope of Services .....	2
3. Mental Health Treatment Team Staffing.....	3
4. NYSDOH AIDS Institute Mental Health Standards of Care .....	4
a. Access to Care .....	4
b. Delivery of Care .....	5
c. Mental Health Staffing .....	9
d. Coordination of Care .....	11
e. Quality Improvement .....	12
5. Acknowledgements .....	13

**NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE**  
**Mental Health Care for Persons Living with HIV/AIDS**

**GUIDANCE FOR NYSDOH AIDS INSTITUTE MENTAL HEALTH PROGRAMS**

Various regional and statewide HIV needs assessments have identified mental health as a priority service need. Also noted was the lack of coordinated care among the HIV, mental health and substance use service delivery systems.

In an attempt to address this need, the New York State Department of Health (NYSDOH) AIDS Institute targeted federal funding to increase and enhance access to mental health service. To address the need for coordinated care, emphasis was placed on the integration and co-location of mental health services with HIV primary care and substance use treatment. Service delivery models vary among funded programs, depending upon the targeted population.

A statewide workgroup comprised of NYSDOH AIDS Institute staff and clinical experts in the fields of mental health, HIV/AIDS and substance use, developed a set of standards to guide the NYSDOH AIDS Institute funded programs in the provision of quality mental health care.

All NYSDOH AIDS Institute funded programs that provide mental health services are required to follow these mental health standards of care.

**The Mental Health Standards of Care support the following principles:**

- Programs must promote best practices in mental health and HIV care that facilitate retention in mental health and primary care and increase medical and psychiatric treatment adherence;
- A continuum of mental health services is necessary to address the full range of conditions among people living with HIV/AIDS;
- The mental health service continuum includes evaluation and a comprehensive care plan that addresses individual needs, coexisting disorders, treatment and support;
- Programs must demonstrate how science and evidence based practice is incorporated into their services to assist clients in achieving their desired goals of emotional health and wellness;
- Programs must be culturally and linguistically appropriate; and
- Services need to be delivered in a manner that is client-centered and bridges HIV/AIDS, mental health and substance use services.

**These Standards address the following domains:**

- Access to Care
- Delivery of Care
- Mental Health Staffing
- Coordination of Care
- Quality Improvement

**NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE**  
**Mental Health Care for Persons Living with HIV/AIDS**

**SCOPE OF SERVICES**

Mental health services for persons living with HIV/AIDS (PLWHAs) must be a part of an integrated system of care which includes, at a minimum, clinical care (HIV and mental health), case management, and if indicated, substance use treatment. Services throughout the continuum of care should be culturally appropriate and delivered in a manner that reduces stigmatization and promotes self-respect and personal dignity.

An **HIV mental health program** must have at a minimum the following services available on site:

- Psychosocial Assessment
- Treatment Planning
- Psychotherapeutic services (Individual, Family and Group)
- Psychiatric services (psychiatric and medication evaluation, monitoring and follow-up)
- Clinical Supervision
- Care Coordination (to support mental health and medical treatment retention)
- Crisis Intervention

**The full continuum of mental health services includes:**

- Initial Screening and Referral (screening may be conducted by nonprofessional staff)
- Psychosocial Assessment (must be conducted by a mental health professional and demonstrate the appropriateness of the referral, the need for treatment and the appropriate setting for the delivery of service. It serves as the basis for the treatment plan)
- Psychological testing
- Treatment planning (based on psychiatric diagnosis)
- Psychiatric services (psychiatric services include medication assessment and management by a psychiatrist or psychiatric nurse practitioner)
- Psychotherapeutic services (individual, group and/or family)
- Crisis Intervention
- Psychiatric rehabilitation
- Care Coordination (Clients who receive mental health services must have access to staff who are responsible for coordinating mental health, primary care, substance use treatment if indicated, and other appropriate services. These services must support mental health and medical treatment retention.)
- Inpatient services
- Clinical Supervision

**Psychosocial supportive services** may also be provided as part of a comprehensive mental health program if they improve medical outcomes by facilitating client retention in mental health and primary care. These services may include the provision of non-clinical support groups designed to improve clinical outcomes, bereavement counseling, crisis intervention, harm reduction, health education, motivational counseling and recovery readiness services.

## MENTAL HEALTH TREATMENT TEAM STAFFING

Mental health programs should utilize multidisciplinary mental health treatment teams to provide integrated treatment in which team members work collaboratively, sharing responsibility for the individuals served. The range of treatment and services is comprehensive and flexible, with home visits and intensive care coordination provided as needed. Treatment plans result from a collaborative effort between team members and clients.

The mental health treatment team model is intended to: enhance communication of relevant clinical information among providers; help increase adherence to evidence-based care; and reduce unnecessary hospital stays and emergency room visits. Effective mental health treatment should assist persons with HIV/AIDS to: reduce symptom distress and increase independent functioning; improve performance; and gain access to and retention in health care and support services.

Clinical supervision must be made available to all mental health treatment team members and should include assessing and monitoring each client's progress, providing feedback to staff in the context of the mental health treatment plan, and evaluating individual team members' performance.

### **Staff Qualifications and the Licensed Professions:**

Clinical mental health services are provided by a variety of mental health professionals, who are licensed by the New York State Department of Education and the Board of Regents, to practice within the boundaries and scope of their respective profession. This includes Psychiatrists, Psychologists, Psychiatric Nurse Practitioners, Masters prepared Psychiatric Registered Nurses and Licensed Clinical Social Workers (LCSWs). Licensed Master Social Workers (LMSWs) are limited in the scope of practice and cannot provide diagnosis, treatment planning or psychotherapy without direct supervision from the LCSW. LMSWs and graduate social work students may only be part of the clinical team when supervised by a licensed mental health professional, as defined by the New York State Department of Education Office of the Professions. Additional information about each licensed profession can be found at: <http://www.op.nysed.gov>.

Bachelor's prepared (or higher) nursing or other health and human services staff may provide medical and mental health care coordination to support treatment retention and management. These service coordinators may identify and access available resources, provide persons with HIV/AIDS linkage and referral and may be responsible for monitoring these services. These staff may also provide psychosocial supportive services as described in the Scope of Services.

## NYSDOH AIDS Institute Mental Health Standards of Care: ACCESS TO CARE

STANDARD	ASSESSMENT
1. The full continuum of mental health services is available and accessible to clients who are HIV infected and in need of mental health treatment.	<ol style="list-style-type: none"> <li>1. Services are available at locations and times accessible to clients.</li> <li>2. The waiting time for initial appointments is less than 2 weeks and within 24 hours for urgent care.</li> <li>3. Clients have 24-hour access to a mental health professional that is available to respond to mental health emergencies. (Ideally this would include the mental health program's own staff with whom clients are already familiar, but it could include the use of crisis units, emergency rooms and 911).</li> <li>4. A system is in place whereby clients may be evaluated and referred for treatment when the program is at capacity or when another provider or service is more appropriate to meet client needs.</li> <li>5. Enabling services are available, on-site or by referral, to address barriers to care, including: transportation, cultural and ethnic needs, language translation services and child care.</li> </ol>
2. Marketing and outreach is conducted to advise PLWHAs and providers of available services.	<ol style="list-style-type: none"> <li>1. Program specific marketing materials exist (e.g., brochures, pamphlets, posters, advertisements, etc.).</li> <li>2. Marketing strategies are linguistically and culturally appropriate.</li> </ol>
3. Systems are in place to routinely screen clients for eligibility.	<ol style="list-style-type: none"> <li>1. Systems are in place to routinely screen clients for eligibility for services supported by other payers and to ensure that Ryan White funds are payer of last resort.</li> <li>2. All clients eligible for public and/or private coverage are enrolled into these payer sources.</li> <li>3. The program provides documentation of enrollment attempts and enrollment and payment denials from the payer sources.</li> </ol>
4. Systems are in place to facilitate continuous care.	<ol style="list-style-type: none"> <li>1. Program accommodates for walk-in, unscheduled appointments.</li> <li>2. Subsequent appointments are scheduled at the end of all sessions.</li> <li>3. Clients are contacted in advance (via phone, letter or email) to remind them of scheduled appointments.</li> <li>4. Procedures are in place to deal with missed appointments and avoid having clients lost to follow-up: <ul style="list-style-type: none"> <li>• Specific staff is identified as being those responsible for contacting the client.</li> <li>• Policies and procedures describe different levels of intensity of follow-up based on client status.</li> <li>• Home visits are available when letters and phone calls fail.</li> <li>• All members of the client care team are informed of missed appointments.</li> </ul> </li> <li>5. The agency employs strategies to improve adherence for clients who miss appointments: <ul style="list-style-type: none"> <li>• Barriers to care are re/assessed.</li> <li>• A plan to address barriers is developed and implemented.</li> </ul> </li> <li>6. The agency monitors and evaluates the overall rate of missed appointments</li> </ol>

## NYSDOH AIDS Institute Mental Health Standards of Care: DELIVERY OF CARE

STANDARD	ASSESSMENT
<p>1. The full continuum of mental health services is provided directly or through referral agreements.</p>	<p>1. The following mental health services are provided on-site:</p> <ul style="list-style-type: none"> <li>• Psychosocial Assessment</li> <li>• Treatment planning</li> <li>• Psychotherapeutic services (individual, family and group)</li> <li>• Psychiatric services (psychiatric and medication evaluation; monitoring and follow up)</li> <li>• Mental and medical care coordination (to support mental health and medical treatment retention)</li> <li>• Clinical supervision</li> <li>• Crisis Intervention</li> </ul> <p>2. The following services are provided either on-site or through referral:</p> <ul style="list-style-type: none"> <li>• Screening and Referral</li> <li>• Psychological testing</li> <li>• Psychiatric rehabilitation</li> <li>• Inpatient services</li> </ul> <p>3. There is evidence that services not available on-site will be provided.</p> <p>3. There is follow-up and documentation of referrals in the client record.</p> <p>4. The staffing pattern is sufficient to provide the full continuum of services (mental health screening, assessment and treatment; care coordination; etc.).</p> <p>5. The program delivers services that are linguistically and culturally appropriate.</p>
<p>2. Face to face client orientation is provided to all new clients to introduce them to program services, to ensure their understanding of the need of continuous care, and to empower them in accessing services.</p>	<p>1. Individualized face-to-face orientation is provided to all clients.</p> <p>2. Orientation includes information on the following:</p> <ul style="list-style-type: none"> <li>• Services available</li> <li>• Clinic hours and procedures for after-hours emergency situations</li> <li>• Directory of mental health staff and contact numbers</li> <li>• Scheduling appointments</li> <li>• Client responsibilities for receiving program services and the agency’s responsibilities for delivering them</li> <li>• Patient rights including the grievance process</li> </ul> <p>3. The agency provides written orientation materials to the client that supports this information and is culturally sensitive and linguistically appropriate.</p>

## NYSDOH AIDS Institute Mental Health Standards of Care: DELIVERY OF CARE

STANDARD	ASSESSMENT
<p>3. All clients referred to the program will receive a Psychosocial Assessment by a licensed mental health professional.</p>	<ol style="list-style-type: none"> <li>1. A Psychosocial Assessment is completed on all clients, which determines the psychiatric diagnosis, and is conducted by a licensed mental health professional within 2 weeks or sooner if indicated by client need.</li> <li>2. The Psychosocial Assessment includes: <ul style="list-style-type: none"> <li>• Presenting problems, symptoms or behaviors to be addressed, including their duration and acuity</li> <li>• Psychiatric history, including medications</li> <li>• Mental status exam</li> <li>• Current risk of danger to self and others</li> <li>• Family history</li> <li>• Education and employment history</li> <li>• STD/HIV risk assessment</li> <li>• Medical history, including HIV treatment and medications</li> <li>• Substance use history</li> <li>• Domestic violence assessment</li> <li>• Trauma assessment</li> <li>• Social support and functioning, including client strengths/weaknesses, coping mechanisms and self-help strategies</li> </ul> </li> <li>3. Clients are assessed for care coordination needs, and referrals are made to other case management programs as appropriate.</li> </ol>
<p>4. Each client has a comprehensive individualized treatment plan that is prepared based on clinical diagnosis within 30 days of enrollment. Treatment plans are reviewed and modified at least every 90 days or more frequently as clinically indicated.</p>	<ol style="list-style-type: none"> <li>1. Treatment plans include the following: <ul style="list-style-type: none"> <li>• Psychiatric diagnosis as identified in the DSM-IV-TR</li> <li>• Treatment goals that are consistent with the results of the diagnostic evaluation</li> <li>• Specific objectives and services necessary to accomplish the goals</li> <li>• Frequency and expected duration of services</li> </ul> </li> <li>2. Initial treatment plans are completed within 30 days of enrollment.</li> <li>3. There is evidence of the client's participation in the development of treatment plans (e.g. client signature, quoted statement from client, a copy is given to client, etc.)</li> <li>4. Treatment plans are updated to reflect the completion of goals and other outcomes.</li> <li>5. Treatment plans are reviewed, with clients, at least every 90 days or at the time of change in client status for the purpose of reassessment.</li> <li>6. There is a revised treatment plan and record of case conferencing at least quarterly.</li> <li>7. Treatment plans identify which services will be provided on-site and which will require referrals to offsite providers.</li> <li>8. Personal risk, HIV transmission and prevention addressed in treatment plans.</li> <li>9. Treatment adherence (mental health, HIV and substance use) is addressed in treatment plans.</li> <li>10. The psychiatrist signs treatment plans that he/she has participated in developing.</li> </ol>

## NYSDOH AIDS Institute Mental Health Standards of Care: DELIVERY OF CARE

STANDARD	ASSESSMENT
5. Clients have access to all psychotherapeutic services that they require either on-site or through linkage(s).	<ol style="list-style-type: none"> <li>1. Psychotherapeutic services identified in the treatment plan are provided on-site or through arrangements made for the client.</li> <li>2. Psychotherapeutic services are provided by, or supervised by, a licensed mental health professional.</li> </ol>
6. A Psychiatric evaluation is available for clients in need of one.	<ol style="list-style-type: none"> <li>1. There is a procedure in place to determine which clients require a psychiatric evaluation.</li> <li>2. Psychiatric evaluations are conducted for all clients needing one.</li> <li>3. Psychiatric evaluations are available as soon as possible based on client need, or within 30 days of referral to psychiatrist.</li> <li>4. A psychiatrist is available for consultation with mental health program staff.</li> <li>5. Documentation of all services provided to the client by the psychiatrist (consultation findings, diagnostic and medication evaluation and monitoring, treatment recommendations) is available in the client record.</li> </ol>
7. Psychiatric services for medication management must be available to all clients.	<ol style="list-style-type: none"> <li>1. Psychiatric medication management services are available for all clients of the program.</li> <li>2. Clients receiving psychiatric medications are seen by the prescribing clinician, as needed and appropriate.</li> <li>3. There is evidence that the prescribing clinician is aware if the client has a history of addiction, so that medications can be prescribed and managed accordingly.</li> <li>4. Medication education is available for all clients.</li> <li>5. Clinical staff is available to respond to client inquiries and concerns about prescribed medications (side effects, dosage, interactions with HIV medications, etc.).</li> </ol>
8. Systems are in place to promote mental health and HIV treatment adherence.	<ol style="list-style-type: none"> <li>1. The program involves the entire care team in educating the client, providing support, and monitoring mental health and HIV treatment adherence.</li> <li>2. The client is assessed for ability to adhere to medical and psychiatric treatment. The assessment identifies the client's history of adherence, beliefs and attitudes about psychiatric treatment (including medication), sources of social support and barriers to treatment acceptance and adherence.</li> <li>3. The client is involved in the decision to initiate or defer treatments.</li> <li>4. Problem solving strategies or referrals are in place for clients who need to improve adherence (e.g., behavioral contracts).</li> <li>5. There is evidence of consultation with the HIV medical care provider re: medication management, interactions and treatment adherence.</li> </ol>

## NYSDOH AIDS Institute Mental Health Standards of Care: DELIVERY OF CARE

STANDARD	ASSESSMENT
9. A crisis intervention plan is in place.	<ol style="list-style-type: none"><li>1. There is a documented procedure for clients to follow if they need after hours assistance.</li><li>2. This procedure is included in the client orientation process.</li><li>3. There are written policies and procedures for staff to follow in psychiatric or medical emergencies.</li><li>4. Policies and procedures define emergency situations, and the responsibilities of key staff are identified.</li><li>5. There is a procedure in place for training staff to respond to emergencies.</li></ol>

## NYSDOH AIDS Institute Mental Health Standards of Care: MENTAL HEALTH STAFFING

STANDARD	ASSESSMENT
<p>1. Client care is overseen by a licensed mental health professional.</p>	<p>1. The clinical director of the mental health program has the following:</p> <ul style="list-style-type: none"> <li>• Masters or Doctorate in social work, psychology, or psychiatric nursing, or MD who is board eligible or certified in psychiatry; and</li> <li>• License/certification to practice in the respective discipline in NYS; and</li> <li>• Clinical training and experience with clients with mental illness (preferably additional experience working with PLWHAs and those with substance use issues).</li> </ul> <p>2. The clinical director ensures the following:</p> <ul style="list-style-type: none"> <li>• Oversight of the development of mental health and HIV policies, protocols, and systems for care coordination;</li> <li>• Education and supervision of staff and consultation to other mental health and HIV providers;</li> <li>• Clinical competency of staff, including assessments, treatment and documentation;</li> <li>• Case conferencing;</li> <li>• Review and sign off by licensed staff on all documentation;</li> <li>• Oversight of the mental health quality improvement program in the agency; and</li> <li>• Accountability for mental health resources and planning, and for general program implementation and evaluation (including AIRS and fiscal reports).</li> </ul>
<p>2. Psychiatric services are provided by a qualified psychiatrist.</p>	<p>1. The mental health program employs or has evidence of a collaborative relationship with a NYS licensed, board eligible or certified psychiatrist, to ensure that clients needing psychiatric services do not have to wait for initial appointments.</p> <p>2. The psychiatrist’s education and experience focuses on the program’s targeted population.</p> <p>3. The psychiatrist’s responsibilities include:</p> <ul style="list-style-type: none"> <li>• Case consultation with all staff involved with client care;</li> <li>• Review and sign-off of diagnostic evaluations conducted by him/her</li> <li>• Medication evaluation, initiation and management.</li> </ul>
<p>3. Mental health care is provided by qualified mental health professionals.</p>	<p>1. Members of the clinical team are:</p> <ul style="list-style-type: none"> <li>• Licensed/certified to practice as mental health professionals in NYS, including Psychiatrists, Psychologists, physicians with a specialty in psychiatry, Psychiatric Nurse Practitioners, Masters prepared Psychiatric Registered Nurses, and/or Licensed Clinical Social Workers (LCSWs). If Licensed Master Social Workers (LMSWs) and graduate social work students are part of the clinical team, they are regularly supervised by a licensed mental health professional, as defined by the New York State Department of Education Office of the Professions.</li> <li>• Trained and experienced with clients with mental illness; and</li> <li>• Trained in HIV-related issues, including partner notification and disclosure, HIV and psychotropic treatment adherence, treating the triply diagnosed, etc.</li> </ul> <p>2. A credentialing process is used to verify that staff have required certification or licensure, references and recommendation, and clinical training and experience in working with clients who have mental illness and substance use (preference should be given to those who also have experience working with PLWAs).</p>

## NYSDOH AIDS Institute Mental Health Standards of Care: MENTAL HEALTH STAFFING

STANDARD	ASSESSMENT
<p>4. Staff is ensured education in professional development programs and clinical supervision.</p>	<ol style="list-style-type: none"> <li>1. Staff participates in continuing education in mental health and HIV issues.</li> <li>2. Training topics are based on assessment of the educational needs of clinical staff and relevance to program services.</li> <li>3. There is evidence of administrative support for clinical education through:               <ul style="list-style-type: none"> <li>• Time off for educational activities and/or scheduling of education sessions outside of clinical hours; and</li> <li>• Availability and access to educational training resources and materials.</li> </ul> </li> </ol>
<p>5. Staff participates in all meetings and trainings as required by the AIDS Institute.</p>	<ol style="list-style-type: none"> <li>1. Program staff participates in AIDS Institute events, which could include face-to-face provider meetings, workgroups, conference calls, web-based meetings, etc.</li> </ol>

## NYSDOH AIDS Institute Mental Health Standards of Care: COORDINATION OF CARE

STANDARD	ASSESSMENT
<p>1. A system is in place to ensure coordination of mental health care for clients among the providers of psychiatric and psychotherapeutic services.</p>	<ol style="list-style-type: none"> <li>1. There are written policies and procedures on inter- and intra-agency collaboration with other mental health providers.</li> <li>2. The clinical team includes staffing resources dedicated to ensuring multidisciplinary care coordination regularly occurs.</li> <li>3. Client charts include summary information from other mental health providers, as appropriate.</li> <li>4. Client charts reflect evidence of case conferencing with involved mental health providers.</li> <li>5. Client charts reflect evidence of coordination and follow up for those clients who have difficulty remaining engaged in treatment.</li> </ol>
<p>2. A system is in place to ensure coordination of mental health care with primary care, case management, harm reduction, substance use treatment, social and legal services, rehabilitation and self-help programs, as appropriate.</p>	<ol style="list-style-type: none"> <li>1. There are written policies and procedures regarding care coordination with other service providers.</li> <li>2. The primary medical provider is identified in each client record.</li> <li>3. Mental health care is coordinated with other internal and external services, including primary care, case management, harm reduction, substance use services, social and legal services, rehabilitation and self-help programs.</li> <li>4. There is evidence of effective referral relationships for the full range of services necessary to improve health outcomes, including: <ul style="list-style-type: none"> <li>• Primary care</li> <li>• Mental health</li> <li>• Case management (including COBRA, community based and medical case management programs)</li> <li>• Harm reduction</li> <li>• Substance use treatment</li> <li>• Criminal justice</li> <li>• Social and legal services, and self-help programs as appropriate</li> </ul> </li> <li>5. The mental health program coordinates services with other programs serving PLWHAs, including the Ryan White HIV Care Network(s) in the proposed service delivery area(s) and Special Needs Plans (if applicable).</li> <li>6. Client charts reflect evidence of case conferencing with providers of other systems of care, as appropriate.</li> <li>7. Patient records include summary information from other service providers, as appropriate.</li> <li>8. Appropriate releases (HIV/AIDS, mental health and substance use) are on file in the client chart for any incoming and outgoing patient information.</li> </ol>

## NYSDOH AIDS Institute Mental Health Standards of Care: QUALITY IMPROVEMENT

STANDARD	ASSESSMENT
1. A quality improvement program for mental health care is in place.	1. A quality improvement plan is in place for mental health services which includes: <ul style="list-style-type: none"> <li>• Documentation of a quality improvement plan for evaluating care;</li> <li>• Indicators for quality that are clearly identified and measured on a regular basis; and</li> <li>• Performance data that is followed over time.</li> </ul>
2. A process for quality improvement is in place.	1. Evidence of quality improvement activities exists to deal with opportunities for performance improvement, including: <ul style="list-style-type: none"> <li>• The program’s response to monitoring and/or evaluation data; and</li> <li>• Performance data that is communicated back to relevant staff.</li> </ul> 2. There are clear lines of accountability established for implementation of quality improvement strategies that include the following: <ul style="list-style-type: none"> <li>• Responsibility for managing implementation of quality improvement efforts;</li> <li>• How the program is multidisciplinary;</li> <li>• Response and feedback from management to QI recommendations;</li> <li>• All levels of the organization are made aware of lines of accountability for quality improvement activities; and</li> <li>• Staff receives training on quality improvement.</li> </ul>
3. A systematic approach exists for ongoing data collection & evaluation to set priorities, plan changes in program design, study and monitor processes, and sustain improvements.	1. The organization conducts monitoring and evaluation on performance based criteria that includes: <ul style="list-style-type: none"> <li>• Type of monitoring/evaluation in place;</li> <li>• Identifying who conducts the monitoring and evaluation; and</li> <li>• The methods of monitoring: medical records, computerized programs, etc.</li> </ul> 2. The agency monitors the overall rate of medical and mental health adherence and uses the information to modify or develop program strategies.           3. The program meets or exceeds the projected number of clients served and number of services provided annually.
4. Structures are in place for HIV consumer involvement and active participation in the development and quality improvement of the HIV mental health program.	1. There are mechanisms for consumer input to the mental health program itself and not just the overall agency consumer involvement plan.           2. There are written policies and procedures for consumer participation, including information on the frequency of the activities.           3. Consumers of mental health services participate in the development and improvement of the mental health program through advisory committees, focus groups, consumer satisfaction surveys or other opportunities.           4. Client identified issues are integrated into the agency’s quality improvement process.           5. Results/recommendations are reported back to management.           6. Management’s response is documented.           7. Feedback on recommendations is provided to staff, committee/group members and other consumers.

## ACKNOWLEDGEMENTS

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