LOS ANGELES COUNTY
COMMISSION ON HIV

MENTAL HEALTH SERVICES

SERVICE STANDARDS FOR RYAN WHITE HIV/AIDS PROGRAM CARE AND TREATMENT SERVICES

Los Angeles County Commission on HIV
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IMPORTANT: The service standards for Mental Health Services adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

Human Resource Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) # 16-02 (Revised 10/22/18): Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

HRSA HAB, Division of Metropolitan HIV/AIDS Programs: National Monitoring Standards for Ryan White Part A Grantees: Program – Part A

Service Standards: Ryan White HIV/AIDS Programs

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Introduction

Service standards outline the elements and expectations a Ryan White HIV/AIDS Program (RWHAP) provider follows when implementing a specific service category. The purpose of service standards is to ensure that all RWHAP providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP-funded agency or provider may offer in Los Angeles County.

General Eligibility Requirements for Ryan White Services

- Be diagnosed with HIV or AIDS with verifiable documentation.
- Be a resident of Los Angeles County
- Have an income at or below 500% of Federal Poverty Level.

Clients must provide documentation to verify eligibility, including HIV diagnosis, income level, and residency. Given the barriers with attaining documentation, contractors are expected to follow the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms for documentation eligibility for Ryan White services.

Service Description

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessments, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers. Mental Health Services are allowed only for People Living with HIV (PLWH) who are eligible to receive HRSA RWHAP services.

Mental Health Service Components

Mental Health Services are short-term or sustained therapeutic interventions provided by mental health professionals who specialize in-for clients experiencing acute and/or ongoing psychological distress. See Appendix A for a description of mental health professionals.

Mental Health Services include:

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

SCREENING AND ASSESSMENT

Agencies contracted to provide mental health services will screen clients and conduct an assessment as appropriate. A mental health assessment is completed during a collaborative interview in which the client's biopsychosocial history and current presentation are evaluated to determine diagnosis and

treatment plan. Reassessments are indicated when there is significant change in the client's status, or when the client re-enters treatment. To reduce client assessment burden, agencies should utilize existing assessments such as those performed by Medical Care Coordination (MCC) teams, as a tool to inform treatment plan development. Clients receiving crisis intervention or drop-in psychotherapy groups require a brief assessment of the presenting issues that supports the mental health treatment modality chosen.

SCREENING AND ASSESSMENT	
STANDARD	DOCUMENTATION
Mental health assessments will be completed by mental health providers within two visits, but in no longer than 30 days.	Completed assessment in client file to include: • Detailed mental health presenting problem • Psychiatric or mental health treatment history • Mental status exam • Complete DSM five axis diagnosis
Reassessment conducted as needed or at a minimum of once every 12 months.	Progress notes or new assessment demonstrating reassessment in client file.
For closed group/drop-in group therapy, providers will pre-screen clients to determine if the client is good fit for the group and if the group would provide a service that meets the client's needs(s).	Completed pre-screen assessment in client file to include documentation of Informed Consent, explanation of the limits of confidentiality of participating in group therapy, and description of client mental health needs.
Assessments and reassessments completed by unlicensed providers will be cosigned by licensed clinical supervisors.	Co-signature of licensed provider on file in client chart.

TREATMENT PLANS

Agencies should develop treatment plans for clients receiving mental health services with the exception of clients receiving drop-in psychotherapy groups and crisis interventions. Treatment plans outline the course of treatment and are developed in collaboration with the client and their mental health service provider. Mental health assessments and treatment plans should be developed concurrently. Treatment plans must be finalized within two weeks of the completion of the mental health assessment. Treatment plans must be developed by the same mental health provider that conducts mental health assessments. Treatment plans will be reviewed and revised at a minimum of every 12 months.

TREATMENT PLANS	
STANDARD	DOCUMENTATION
Mental health assessments and treatment plans are developed concurrently and collaboratively with the client. Treatment plans must be finalized	Completed, signed treatment plan on file in client chart to include:

within two weeks of the completion of the mental health assessment and developed by the same mental health provider that conducts the mental health assessment.	• Statement of problem(s), symptom(s) or behavior(s) to be addressed in treatment • Goals and objectives • Interventions and modalities proposed • Frequency and expected duration of services • Referrals (e.g. day treatment programs, substance use treatment, etc.)
Client treatment plans are reviewed and/or revised at a minimum of every 12 months.	Documentation of treatment plan revision in client chart.
Treatment plans completed by unlicensed providers will be cosigned by licensed clinical supervisor.	Co-signature of licensed provider on file in client record.

TREATMENT PROVISION

Treatment provision consists of ongoing contact and clinical interventions with (or on behalf) of the client necessary to achieve treatment plan goals. All modalities and interventions in mental health treatment will be guided by the needs expressed in the treatment plan See **Appendix B** for Descriptions of Treatment Modalities.

TREATMENT PROVISION	
STANDARD	DOCUMENTATION
Interventions and modalities will be determined by treatment plan.	Treatment plan signed and dated by mental health provider and client in client file.
Treatment, as appropriate, may include counseling about: • Sexual health including prevention and HIV transmission risk behaviors • Stigma • Substance use • Treatment adherence • Development of social support systems • Community resources • Maximizing social and adaptive functioning • The role of spirituality and religion in a client's life • Disability, death, and dying • Exploration of future goals	Progress note, signed and dated by mental health provider detailing counseling sessions in client file.
Progress notes for all mental health treatment provided will document progress through treatment provision.	Signed, dated progress note in client chart to include: • Date, type of contact, time spent

	• Interventions/referrals provided • Progress toward Treatment Plan goals • Newly identified issues • Client response
Progress notes completed by unlicensed providers will be cosigned by licensed clinical supervisors.	Co-signature of licensed provider on file in client record.

INFORMED MEDICATION CONSENT

Informed Medication consent is required of every patient receiving psychotropic medications. Providers will comply with state laws and licensing board policies related to Informed Medication Consent for psychotropic medications.

INFORMED MEDICATION CONSENT	
STANDARD	DOCUMENTATION
An informed Medication Consent will be completed for all patients receiving psychotropic medications. Whenever a new psychotropic medication is prescribed, the client will receive counseling on medication benefits, risks, common side effects, side effect management, and timetable for expected benefit.	Completed, signed, and dated Informed Medication Consent on file in client chart indicating the patient has been counseled on: • Medication benefits • Risks • Common side effects • Side effect management • Timetable for expected benefit
Informed Medication Consents completed by unlicensed providers will be cosigned by medical doctor board-eligible in psychiatry.	Co-signature of licensed provider on file in client record.

CRISIS INTERVENTION

Crisis intervention is an unplanned service provided to an individual, couple or family experiencing psychosocial distress. These services focus on reversing and stabilizing crisis-related deterioration of functioning. Crisis intervention can be provided face-to-face or via telehealth as appropriate. Client safety must be assessed and addressed under crisis situations. Crisis intervention services may occur as often as necessary to ensure client safety and maintenance of baseline functioning.

CRISIS INTERVENTION	
STANDARD	MEASURE
Crisis intervention services will be offered to clients experiencing psychological distress. Client safety will be continuously assessed and addressed.	Signed, dated progress notes in client chart to include: • Date, time of day, and time spent with or on behalf of the client • Summary of crisis event

	• Interventions and referrals provided • Results of interventions and referrals • Follow-up plan
Progress notes completed by unlicensed providers will be cosigned by licensed clinical supervisor	Co-signature of licensed provider on file in client record.

TRIAGE/REFERRAL/COORDINATION

Clients requiring a higher level of mental health intervention than a given agency is able to provide must be referred to another agency capable of providing the service. These services may include neuropsychological testing, day treatment programs, and in-patient hospitalization. Referrals to other services including case management, treatment advocacy, peer support, medical treatment, and dental treatment will be made as appropriate. Agencies will maintain regular contact with the client's primary care provider as clinically indicated.

TRIAGE/REFERRAL/COORDINATION	
STANDARD	DOCUMENTATION
As needed, providers will refer clients to full range of mental health services including: • Neuropsychological testing • Day treatment programs • In-patient hospitalization	Signed, dated progress notes to document referrals in client chart.
As needed, providers will refer to other services including case management, treatment advocacy, peer support, medical treatment, and dental treatment.	Signed, dated progress notes to document referrals in client chart.
Providers will maintain regular contact with a client's primary care provider as clinically indicated.	Documentation of contact with primary medical providers in progress notes.

CASE CONFERENCES

Programs will conduct monthly interdisciplinary discussions of selected clients to assist in problem-solving related to a client's progress toward mental health treatment plan goals and to ensure that professional guidance and high-quality mental health treatment services are being provided. All members of the treatment team available, including case managers, treatment advocates, medical personnel, etc., are encouraged to attend. Documentation of case conferences shall be maintained within each client record in a case conference log.

CASE CONFERENCES	
STANDARD	DOCUMENTATION

Interdisciplinary case conferences will be held for each active client based on acuity and need.	Case conference documentation, signed by the supervisor, on file in client chart to include: • Date, name of participants, and name of client • Issues and concerns • Follow-up plan • Clinical guidance provided • Verification that guidance has been implemented

CLIENT RETENTION AND CASE CLOSURE

Agencies will strive to retain clients in mental health treatment. A broken appointment policy and procedure to ensure continuity of service and retention of clients is required. Follow-ups can include telephone calls, written correspondence and/or direct contact, and efforts to maintain a client's participation in care. Case closure is a systematic process for discharging clients from mental health services. The process includes the completion of a Case Closure Summary (CCS) to be maintained in the client record. Case closure will be initiated if the patient does not receive mental health services or is unable to be contacted within a one-year period.

CLIENT RETENTION AND CASE CLOSURE	
STANDARD	DOCUMENTATION
Agencies will develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
Agencies will provide regular follow-up procedures to encourage and help maintain a client in mental health treatment.	Documentation of attempts to contact in progress notes. Follow-up may include: • Telephone calls • Written correspondence • Electronic Medical Record • Direct contact
Agencies will develop case closure criteria and procedures.	Case closure criteria and procedures on file at provider agency. Cases may be closed when the patient: • Successfully attains psychiatric treatment goals • Relocates out of the service area • Becomes eligible for benefits or other third-party payers (e.g. Medi-Cal, private medical insurance, etc.) • Has had no direct program contact in a one-year period • Is ineligible for the service

	• No longer needs the service • Discontinues the service • Is incarcerated long term • Utilizes the service improperly or has not complied with the client services agreement • Had died
Regular follow-up will be provided to clients who have dropped out of treatment without notice.	Documentation of attempts to contact in progress notes.
A Case Closure Summary will be completed for each client who has terminated treatment.	Signed, and dated Case Closure Summary on file in client chart to include: • Course of treatment • Discharge diagnosis • Referrals made • Reason for termination
Case Closure Summaries completed by unlicensed providers will be cosigned by licensed clinical supervisor.	Co-signature of licensed provider on file in client chart.

STAFFING REQUIREMENTS AND QUALIFICATIONS

Providers of mental health services will be master's or doctoral level graduate students in counseling, marriage and family therapy, nursing (with specialized mental health training), psychiatry, psychology, or social work.

Psychiatric treatment services are provided by medical doctors' board eligible in psychiatry or a Physician Assistant. A psychiatrist may work in collaboration with a psychiatric resident, or RN/NP. While state law governs prescription of medication, it is recommended that physicians licensed as such by the state of California shall prescribe all prescriptions for psychotropic medications. If an NP is utilized to provide medications, they must do so according to standardized protocol and under the supervision of a psychiatrist.

All staff will possess the ability to provide developmentally and culturally appropriate care for clients living with and affected by HIV. All clinical staff will have previous experience or training utilizing appropriate treatment modalities in practice.

All staff will participate in orientation and training before beginning treatment provision. If providers are unlicensed, they must be clinically supervised in accordance with the requirements of the licensing board of their respective professions. Graduate-level interns must be supervised according to the requirements of their respective programs and to the degree that ensures appropriate practice.

Mental health providers should have training and experience with HIV/AIDS related issues and concerns. Providers will participate in continuing education or Continuing Medical Education (CME) on the topics of HIV and mental health issues every two years.

Practitioners providing mental health services to people living with HIV should possess knowledge about the following:

- HIV disease and current medical treatments
- Medication interactions (for psychiatrists)
- Psychosocial issues related to HIV/AIDS
- Cultural issues related to communities affected by HIV/AIDS
- Mental disorders related to HIV and other medical conditions
- Mental disorders that can be induced by prescription drug use
- Adherence to medication regimens
- HIV/AIDS legal and ethical issues
- Sexuality, gender, and sexual orientation issues
- Substance use theory, treatment, and practice

Finally, practitioners and staff must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Mental health services providers are advised to seek legal advice when they are unsure about issues and the level/ethical ramifications of their actions.

STAFFING REQUIREMENTS AND QUALIFICATIONS	
STANDARD	MEASURE
Agencies will ensure that all staff providing psychiatric treatment services will be licensed, supervised by a medical doctor board-eligible in psychiatry, accruing hours toward licensure or a registered graduate student enrolled in counseling, social work, psychology or marriage and family therapy program.	Documentation of licensure/professional/student status on file.
Mental health providers are trained and knowledgeable in HIV/AIDS. Agencies will provide orientation prior to providing services.	Documentation of training on file.
Treatment providers will practice according to California state law and the ethical codes of their respective professional organizations.	Chart review will ensure legally and ethically appropriate practice.
Psychiatric treatment providers will possess skill, experience and licensing qualifications appropriate to provision of psychiatric treatment services.	Resume and current license on file.
Unlicensed psychiatric and mental health professionals will receive supervision in accordance with state licensing requirements. The Division on HIV and STD Programs (DHSP) will be notified immediately in writing if a clinical supervisor is not available.	Documentation of supervision on file.

Mental health service staff will complete documentation required by program.	Administrative supervisor will review documentation periodically.

ADMINSTRATIVE SUPERVISION

Programs will conduct client record reviews to assess that all required mental health documentation is completed properly in a timely manner and secured within the client records.

ADMINISTRATIVE SUPERVISION	
STANDARD	MEASURE
Programs shall conduct record reviews to ensure appropriate documentation.	Client record review, signed and dated by reviewed on file to include: • Checklist of required documentation • Written documentation identifying steps to be taken to rectify missing or incomplete documentation • Date of resolution for omissions

UTILIZING INTERNS, ASSOCIATES, AND TRAINEES

A significant portion of mental health services are provided by interns, associates and trained (IATs). While this process expands capacity by developing a well-trained workforce and provides increased access through cost effective services, extra care must be taken to ensure that high quality, ethical counseling and psychotherapy services are maintained. See **Appendix C** for additional information on Utilizing Interns, Associates, and Trainees (IATs).

UTILIZING INTERNS, ASSOCIATES, AND TRAINEES	
STANDARD	MEASURE
Programs using IATs will provide an orientation and training program of no less than 24 hours to be completed before IATs begin providing services.	Documentation of training/orientation on file at provider agency.
IATs will be assigned cases appropriate to experience and scope of practice and that can likely be resolved over the course of the IAT's internship.	Record of case assignment on file at provider agency.
Programs will provide IATs with clinical supervision in accordance with all applicable rules and standards.	Record of clinical supervision on file at provider agency.
IATs will inform clients of their status as an intern and the name of the supervisor covering the case.	Internship notification form, signed by the client and the therapist on file in client chart.

Termination/transition/transfer will be addressed at the beginning of assessment, treatment inception and six weeks prior to termination.	Signed, dated progress notes confirming termination/transition/transfer on file in client chart.
At termination the IAT and client will discuss accomplishments, challenges, and treatment recommendations.	Signed, dated progress notes detailing this discussion on file in client chart.
Clients requiring services beyond the IAT's internship will be referred immediately to another clinician.	Signed, dated, Client Transfer Form (CTF) in client chart.
All clients placed on a waiting list will be offered the following options: • Telephone contact • Transition group • Crisis counseling	Signed, dated CTF that details the transfer plan on file in client chart.

Appendix A: Mental Health Service Providers

Providers of mental health services include licensed practitioners and unlicensed practitioners who practice under the supervision of a licensed mental health professional and as mandated by their respective licensing bodies. Mental health psychiatric treatment services are provided by medical doctors (MDs) board-eligible in psychiatry. A psychiatrist may collaborate with a psychiatric resident or registered nurse/nurse practitioner (RN/NP) under the supervision of a medical doctor board-eligible in psychiatry. All prescriptions shall be prescribed solely by physician licensed by the state of California.

Licensed Practitioners:

- **Licensed Clinical Social Workers (LCSW):** LCSWs possess a master's degree in social work (MSW). LCSWs are required to accrue 3,000 hours of supervised professional experience to qualify for licensing. The Board of Behavioral Science Examiners regulates the provision of mental health services by LCSWs.
- **Licensed Marriage and Family Therapists (LMFT):** LMFTs possess a master's degree in counseling. LMFTs are required to accrue 3,000 hours of supervised counseling or psychotherapy experience to qualify for licensing. The Board of Behavioral Science Examiners regulates the provision of mental health services by LMFTs.
- **Nurse Specialists and Practitioners:** Registered nurses (RNs) who hold a master's degree as a nurse practitioner (NP) in mental health or a psychiatric nurse specialist (PNS) are permitted to diagnose and treat mental disorders. NPs prescribe medications in accordance with standardized procedures or protocols, developed and approved by the supervising psychiatrist, NP and facility administrator. Additionally, the NP must furnish and order medications under a psychiatrist's supervision.

  To qualify for prescribing medications, NPs must complete:
  - At least six months of psychiatrist-supervised experience in the ordering of medications or devices

  - A course in pharmacology covering the medications to be furnished or ordered

  RNs who hold a bachelor's degree are permitted to provide psychoeducational services but are not allowed to diagnose or treat mental disorders independently. Nurses and NPs are regulated by the California State Board of Nursing.

- **Psychiatrists:** Psychiatrists are physicians (medical doctors or MDs) who have completed an internship and psychiatric residency. They are licensed by the state medical board, which regulates their provision of services, to practice independently. They are certified or eligible for certification by the American Board of Psychiatry. They have ultimate clinical authority but function collaboratively with multidisciplinary teams, which may include psychiatric residents or NPs. They initiate all orders for medications.

  They provide HIV/AIDS mental health treatment services as follows:
  - Examination and evaluation of individual patients
  - Diagnosis of psychiatric disorders
  - Medication treatment planning and management
  - Medical psychotherapy
  - Supervision of allied health professionals through a defined protocol
  - Participation and leadership in interdisciplinary case conferences including signing off on diagnoses and treatment plans
- **Psychologists:** Psychologists possess a doctoral degree in psychology or education (PhD, PsyD, EdD). Psychologists are required to accrue 3,000 hours of supervised professional experience to qualify for licensing. The Board of Psychology regulates the provision of mental health services by psychologists.

Unlicensed Practitioners:

- **Marriage family therapist (MFT) interns; psychological assistants, post-doctoral fellows and trainees; and social work associates:** Interns, assistants, fellows, and associates are accumulating supervised experience as part of their preparation for licensing or certification. They have completed graduate work in counseling, psychology or social work. These providers required direct supervision by a licensed mental health practitioner as mandated by their respective licensing bodies.

Marriage family therapist (MFT) trainees and social work interns: Trainees and interns are in the process of obtaining their master's degrees and completing the necessary practicum or field work in a site approved by their academic institutions. Trainees and interns require direct supervision by a licensed mental health practitioner at the approved site as mandated by their respective licensing bodies.

Appendix B: Description of Treatment Modalities

Ongoing psychiatric sessions: Mental health treatment should include counseling regarding knowledge of modes of transmission, prevention, risk and harm reduction strategies (as well as root causes and

underlying issues related to increased HIV transmission behaviors). Substance use, treatment adherence, development of social support systems and community resources as indicated by the client's circumstance are important areas to be explored. Focus should also be placed on maximizing social and adaptive functioning. The role of and –when present in a client's life—spirituality and religion should be understood and utilized as a strength when present. If clients begin to deteriorate physically, emotional distress can be relieved by helping them prepare for disability, even death. For the client whose health has improved, exploration of future goals including returning to school or work is indicated. When a signed release has been completed, sources of support and care can be recommended to significant others and family members.

The provision of specific types of psychotherapy (behavioral, cognitive, post-modern, psychodynamic) is guided by the individual client's need and based on published practice guidelines and research. For those clients on psychotropic medications, side effects of these agents should be assessed at each visit, along with the provision of education regarding such medications, within the scope of the provider's practice. As indicated, these clients will be referred to the prescribing physician for further information.

Individual counseling/psychotherapy: Individual counseling or psychotherapy may be either short- or long-term in duration, depending on the needs outlined in the treatment plan. Short-term or brief therapy lasts up to 12 sessions and can be most useful when client goals are specific and circumscribed. Longer-term therapy provides a means to explore more complex issues that may interfere with a client's quality of life. Even in the case of longer-term therapy, specific, short-term, mutually defined goals are recommended to focus treatment and measure progress.

Family counseling/psychotherapy: The impact of HIV on the family system can be enormous. The overall goal of family counseling/psychotherapy is to help families improve their functioning, given the complications of living with HIV. Interventions with the family system can be especially effective in helping children and caregivers with behavioral problems and symptoms.

Couples' counseling/psychotherapy: This modality is most appropriate where the presenting problem is dissatisfaction or conflict within a relationship that impacts a person living with HIV. In cases of domestic violence, couples counseling should not begin until the provider determines the appropriateness of this modality based upon the progress both parties have made in individual or group treatment and the fact that current violence is no longer a risk. If these criteria are not met, members of such couples should be referred for individual or group treatment.

Group psychotherapy treatment: Group treatment can provide opportunities for increased social support vital to those isolated by HIV.

While groups may be led by a single leader, significant benefits arise when utilizing two co-facilitators:

- Fewer group cancellations due to facilitator absence
- Increased change that important individual and group issues will be explored
- Members can witness different skills and styles of the therapists
- Increased opportunity to work through transference relationships

Group treatment can be provided in a variety of formats:

- **Closed psychotherapy groups** typically require a process for joining and terminating. Closed groups usually have a set number of group members (between six and ten). This format provides an opportunity to build group cohesion and for members to take part in active interpersonal learning. These groups can be time limited or ongoing, issue specific or more general in content.
- **Open psychotherapy groups** do not require ongoing participation from clients. Group membership shifts from session to sessions often require group leaders to be more structured and active in their approach. These groups can be especially useful to clients requiring immediate support, but unsure about making a commitment to ongoing treatment.

Drop-in groups can also be offered as a mental health service, as long as at least one of the leaders of the group is a mental health provider as defined in this standard.

- **Drop-in groups** do not have an ongoing membership. Instead of a psychotherapeutic focus, these groups focus on such functions as providing topic-specific education, social support and emotional encouragement. As such, they do not require inclusion in a client's treatment plan, nor is a full mental health assessment required to access this service.

Psychiatric evaluations, medication monitoring and follow-up: Psychiatrists should use clinical presentation, evidence-based practice guidelines and specific treatment goals to guide the evaluation, prescription and monitoring of appropriate medication.

For medication monitoring and follow-up, visit frequency should be at a minimum:

- Once every two weeks in the acute phase
- Once every month in the sub-acute phase
- Once every three months in the maintenance phase

For those patients on psychotropic medication, side effects of these agents shall be assessed at each visit, along with the provision of education regarding their medications. In addition, these patients should regularly be counseled about the importance of adherence to psychotropic medications.

Appendix C: Utilizing Interns, Associates, and Trainees (IATs)

Programs utilizing IATs will give thoughtful attention to:

- **Training:** Programs utilizing IATs will provide an orientation and training program of no less than 24 hours of instruction focusing on the specifics of providing HIV mental health services. This orientation/training will be completed before IATs begin providing services.
- **Case assignment:** IATs will only be assigned cases that are appropriate to their experience and scope of practice. Additionally, IAT should not be assigned cases that require an intervention that is longer term than the IAT's internship. Such cases should be referred to staff clinicians or referred to.
- **Supervision:** Programs will provide IATs with clinical supervision in accordance with all applicable rules and standards. Supervisors, or other appropriate mental health staff will always be available to IAT to provide direct services to clients.

IATs will explicitly inform their clients of their intern status at the beginning of treatment. A document that acknowledges IAT status and details the case supervisor's name will be signed by the client and IAT and placed in the client record. The issue of termination/transition/transfer (due to a therapist's IAT status) will be addressed at the beginning of the assessment, at treatment inception and revisited six weeks prior to IAT termination.

IATs will consult with the clinical supervisor prior to the termination/transition intervention with a client. As part of the termination process, the IAT and client will discuss the client's treatment accomplishments, challenges, preference for future treatment and treatment recommendation. As is true throughout the treatment process, the clinical supervisor will provide oversight into the termination/transition process and cosign the IAT documentation.

While every effort should be made to ensure that IATs will not provide services for clients whose Treatment Plans extend past the internship term, it is recognized that in some cases, clients require unanticipated additional and/or ongoing treatment to meet the stated goals of their treatment plans. In such cases, special care must be given for the transfer of these clients.

Programs will endeavor to transfer IAT clients immediately to another clinician or outside program.

If a client must be placed on a waiting list for transfer to another clinician or IAT, programs will provide the following options for ongoing monitoring and crisis care:

- **Telephone contact:** Existing mental health staff or IAT will attempt contact at least twice a month to every client on the transfer waiting list to monitor current mental status and asses for emergent crises.
- **Transition group:** All clients on a transfer waiting list will be offered the opportunity to attend a transition group or another existing support group to monitor current mental status and assess for emergent crises.
- **Crisis counseling:** Utilizing both monitoring mechanisms noted above, all clients on a transfer waiting list will be informed of the availability of crisis counseling designated for them on an as needed basis.

Program will complete a Client Transfer Form (CTF) detailing the transfer plan for each IAT transfer.