LOS ANGELES COUNTY
COMMISSION ON HIV

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Standards & Best Practices Committee Virtual Meeting

JUNE 2, 2020

10:00 AM - 12 NOON

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PUBLIC COMMENTS

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LOS ANGELES COUNTY
COMMISSION ON HIV

VIRTUAL MEETING

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AGENDA FOR THE REGULAR MEETING OF THE

STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, JUNE 2, 2020, 10:00 AM – 12:00 PM

(213) 738-2816 / Fax (213) 637-4748
HIVComm@lachiv.org http://hiv.lacounty.gov

Standards and Best Practices (SBP) Committee Members			
Erika Davies *Co-Chair*	Kevin Stalter *Co-Chair*	Miguel Alvarez, *alternate*	Wendy Garland, MPH
Felipe Gonzalez	Grissel Granados, MSW	Thomas Green	David Lee, MSW, LCSW, MPH
Katja Nelson, MPP	Joshua Ray (Eduardo Martinez, *alternate*)	Justin Valero, MA	Amiya Wilson
Harold Glenn San Agustin, MD			
QUORUM: 7			

AGENDA POSTED: May 27, 2020

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the

commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting. External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests - from members or other stakeholders - within the limitations and requirements of other possible constraints.

Call to Order, Introductions, Conflict of Interest Statements 10:00 AM – 10:03 AM

I. ADMINISTRATIVE MATTERS 10:03 AM – 10:07 AM

1. Approval of Agenda **MOTION #1**

2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 10:07 AM – 10:10 AM

3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission

III. COMMITTEE NEW BUSINESS ITEMS 10:10 AM – 10:15 AM

4. Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

IV. REPORTS

5. Executive Director/Staff Report 10:15 AM – 10:25 AM

- COVID-19 Response and Committee Workplan Review

6. Co-Chair Report 10:25 AM – 10:35 AM

7. Division of HIV & STD Programs (DHSP) Report 10:35 AM – 10:45 AM

V. DISCUSSION ITEMS

8. Emergency Financial Assistance Standards **MOTION #3** 10:45 AM – 11:15 AM

9. Psychosocial Support Services Standards Review 11:15 AM – 11:30 AM

10. Childcare Services Standards of Care Review 11:30 AM – 11:45 AM

VI. NEXT STEPS 11:45 AM – 11:55 AM

11. Task/Assignments Recap

12. Agenda development for the next meeting

VI. ANNOUNCEMENTS 11:55 AM – 12:00 PM

13. Opportunity for members of the public and the committee to make announcements

VII. ADJOURNMENT 12:00 PM

14. Adjournment for the virtual meeting of June 2, 2020

PROPOSED MOTIONS	
MOTION #1	**Approve the Agenda Order, as presented or revised.**
MOTION #2	**Approve the Standards and Best Practices Committee minutes, as presented or revised.**
MOTION #3	**Approve the Emergency Financial Assistance Standards of Care, as presented or revised and move the full Commission for approval.**

LOS ANGELES COUNTY
COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

March 3, 2020

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Kevin Stalter, *Co-Chair*	Erika Davies, *Co-Chair*	Amy Croft	Cheryl Barrit, MPIA
Wendy Garland, MPH	Miguel Alvarez *(Alt.)*	Kevin Donnelly	Jane Nachazel
Felipe Gonzalez	David Lee, MSW, LCSW, MPH	Rosa Ramos	Julie Tolentino, MPH
Grissel Granados, MSW	Joshua Ray, RN/ Eduardo Martinez		
Thomas Green *(Alt to Péna)*	Amiya Wilson		**DHSP STAFF**
Katja Nelson, MPP			No additional
Justin Valero, MA			

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Standards and Best Practices (SBP) Committee Meeting Agenda, *3/3/2020*
2) **Minutes**: Standards and Best Practices (SBP) Committee Meeting Minutes, *2/4/2020*
3) **Table**: 2020 Work Plan - Standards & Best Practices, *Updated 3/2/2020*
4) **Standards**: Psychosocial Support Services Standards of Care, *Draft 3/3/2020*
5) **HIV/AIDS Bureau Policy 16-02**: Child Care Services
6) **Standards**: Child Care Services (Michigan), *2019*
7) **Standards**: Child Care Services (Oakland), *2016*
8) **Standards**: Child Care Services Standards of Care, *Draft 3/3/2020*

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: Mr. Stalter called the meeting to order at 10:11 am.

I. ADMINISTRATIVE MATTERS

1. **APPROVAL OF AGENDA**
MOTION #1: Approve the Agenda Order, as presented ***(Passed by Consensus)***.

2. **APPROVAL OF MEETING MINUTES**
MOTION #2: Approve the 2/4/2020 Standards and Best Practices (SBP) Committee Meeting Minutes, as presented ***(Passed by Consensus)***.

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION**: There were no comments.

III. COMMITTEE NEW BUSINESS ITEMS

4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA: There were no comments.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. Ending the HIV Epidemic (EtHE) Update

- Ms. Barrit reported the Centers for Disease Control and Prevention (CDC) released its Request For Proposals (RFP) for health department EtHE response. The previous grant was for planning while this was an implementation grant funding HIV prevention programs and services. Main Part A grants, like for DHSP, are $3.1 to $3.5 million. She is contributing a section on community engagement and 25% of the award must go to Community-Based Organizations (CBOs).
- Other Parts were targeted to specific states to, e.g., scale up surveillance. The due date was again quick at 3/25/2020.
- Separately, a supplemental funding award was received late the prior week from the Health Resources and Services Administration (HRSA). This more flexible funding need not follow HRSA service categories and only requires clients to be HIV+ without meeting any financial eligibility requirements.
- Los Angeles County (LAC) received $3.1 million per year for five years of the potential grant range of $3 to $9 million. That is a proportionate amount of the $55 million nationwide and second only to New York City's $6 million. It is still less than requested so DHSP, like health departments nationwide, will need to adjust activities to meet funding.
- The 15 selected Federally Qualified Health Centers (FQHCs) in LAC also received their EtHE grants for HIV prevention, testing, linkage to care, and PrEP. The FQHCs are Ryan White HIV/AIDS Program (RWHAP) providers or have suitable capacity. Base funding was $250,000 per site, but each LAC site will receive $260,000 to $300,000.
- CDR Michelle Sandoval-Rosario, DrPH, MPH, Director, Prevention through Active Community Engagement (PACE) Program, Region 9, Los Angeles, was asked to present on the federal READY, SET, PrEP Program, especially its outreach to women, at the 3/12/2020 Commission on HIV Meeting. The Commission will honor the 3/10/2020 National Women and Girls HIV/AIDS Awareness Day with a panel. Spanish language interpretation and child care will be available.
- The Commission has also updated HIV Connect with a link to the READY, SET, PrEP Program.
- Providers who received the recent STD contracts met 2/25/2020, hosted by APLA Health, to address the Department of Public Health (DPH) announcement on ending the coverage of Public Health Laboratory (PHL) STD testing costs for LAC contracted providers. They met with Barbara Ferrer, PhD, MPH, MEd, Director, DPH; Jeffrey Gunzenhauser, MD, MPH, Chief Medical Officer, DPH; and Mario Pérez, MPH, Director, DHSP. Key Issues discussed were:
  - How the notification process was handled - in particular, changing what was in the Request For Proposals (RFP) mid-award process. More broadly, how to improve the process of releasing RFPs, e.g., CBO input before release.
  - Dr. Gunzenhauser provided an overview of the DPH STD Work Plan's four prongs: testing, treatment, increased services, and some policy work.
  - DPH will cover PHL costs for contracted STD providers for one year. Meanwhile, there will be conversations, training, and capacity building for providers to do third party billing so that LAC can become payer of last resort. Discussion included formation of a work group to help develop a process.
- Ms. Granados noted providers will not only need to learn third party medical billing, but an entire new way of interacting with STD testing clients. Historically, use of the PHL allowed a very low barrier STD testing service with no questions about the client's primary care provider or insurance screening. Those questions now must be addressed.
- Ms. Barrit will report back on whether HRSA's $3.1 million per year for five years can be rolled over.

6. CO-CHAIR REPORT: Mr. Stalter welcomed Ms. Granados to the SBP Committee.

7. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT: Ms. Barrit noted DHSP is extremely busy meeting federal application deadlines so will take longer to fulfill data requests.

V. DISCUSSION ITEMS

8. PSYCHOSOCIAL SUPPORT SERVICES STANDARDS OF CARE (SOC) REVIEW

- Ms. Tolentino recalled DHSP input and concerns from Michael Green, PhD, MHSA at the 2/4/2020 SBP Committee Meeting. He also offered to request additional input from program and contract managers for the previous service. That input was consistent with previous comments, e.g., a lack of metrics to support measurable outcomes and programs that had become more akin to social clubs raising questions about the value of the service category.
- Ms. Barrit presented additional considerations such as: how to address documented linkage to medical care, including confidentiality issues; what training will peer navigators require; what skills does a client need to acquire to support retention and the ability to navigate care in order for the client to graduate from the program.
- There was extensive discussion on whether to add a section regarding case closure on page 3. Mr. Stalter expressed concern about closing cases. He noted some people went to particular groups for years because they became part of a supportive social network much like Alcoholics Anonymous groups become part of a person's practice. While support groups have declined in prevalence, they may become more prominent again as PLWHA age and lose partners.
- Ms. Granados understands DHSP's desire for clients to develop resiliency and move on rather than become stuck. It can also be off-putting for the newly diagnosed to enter a group consisting of all long-term people. At the same time, there is value in social connectedness. She suggested an intermediate activity, e.g., a quarterly social to foster retention and provide an opportunity to assess if prior clients would benefit by another intervention even though HRSA does not fund social events.
- Mr. Valero participated in a kind of residency with Radiant Health Centers in Orange County two years ago to observe psychosocial services funded by the CDC. Structured services with metrics included an introductory course for newly HIV diagnosed and a program on relationship topics such as disclosure. A social group offered a respite from more structured settings. The range of services met diverse population needs, including, e.g., those of different age groups and length of time since diagnosis. The program drew strong numbers, but the CDC eventually reduced funding.
- Mr. Gonzalez has been living with HIV for 16 years. He found the social activities life saving, more so than HIV 101. Traumatized by conversion therapy as a teenager, he needed the space and years of time to feel free to be himself. While he understands HRSA does not want to support social gatherings, best practices must support the experiences of PLWH.
- Mr. Valero found the first year was the hardest. He went to a two-day workshop at AltaMed, but needed peers to digest and make sense of what felt like a data dump. It is also important to ensure SBP considers all populations, not just gay men.

➲ Ms. Tolentino reviewed revisions reflected in the iteration of the SOC in the packet. Additional revisions were:

- Page 2, Bullets under "Provision of Service": Add bullet for "Substance abuse."
- Page 3, "Staff Requirements and Qualifications," last sentence: Revise "...however staff must not be current clients of the program." to "...however they must not staff a support group of which they are a current member."
- Page 3, "Staff Requirements and Qualifications," "Standard," Box 2, last sentence: Delete instances of "licensed."
- Page 3, "Staff Requirements and Qualifications," "Standard," Box 3, last sentence: Add to end of last sentence, "...met with follow-up as needed to confirm linkage to care."
- Page 3: Add "Peer Qualifications and Training:" Agency to provide peer training, including: cultural sensitivity, benefits, Health Insurance Portability and Accountability Act (HIPAA), mental health first aid, trauma informed care, and others the agency may require. Agencies will document training(s) completed.
- Page 5, bottom box, last sentence: Revise "...through group meetings..." to "...through individual or group meetings... ."

➲ Staff will make revisions and disseminate SOC to community, DHSP, and SBP for review prior to the April meeting.

9. CHILDCARE SERVICES STANDARDS OF CARE (SOC) REVIEW

- Ms. Tolentino noted the HRSA definition of the service in the packet as well as SOCs recommended for review by Consultant Emily Gantz McKay from Michigan, 2019; and Oakland, California, 2016. Both are briefer than the last Commission iteration which was done before development of the Universal SOC. Redundant information was being highlighted for deletion.

➲ Ms. Tolentino reviewed revisions reflected in the iteration of the SOC in the packet. Additional revisions were:

- Page 1, "Child Care Services Overview," Sentence 1: Delete "eligible."
- Page 4, Box, Measure: Add Bullet for follow-up.

➲ Staff will review the need to continue to include family assessment and child care staff training as reflected in current SOC.

➲ Staff will make revisions and return the SOC to the April meeting for additional discussion.

VI. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP: There were no additional items.

11. AGENDA DEVELOPMENT FOR NEXT MEETING:

- Ms. Barrit noted public comment for Emergency Financial Assistance should be available for review by the next meeting.
- Annual review of the Universal SOC was scheduled for May. After that, it would be time to solidify the upcoming schedule.

VII. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS: There were no announcements.

VIII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at 11:22 am.

2020 WORK PLAN – STANDARDS & BEST PRACTICES
UPDATED 5/18/2020

Purpose of Work Plan: To focus and prioritize key activities for Commission on HIV (COH) Committees and subgroups for 2019

Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan and Los Angeles County HIV/AIDS Strategy; and 3) align with COH staff and member capacities and time commitment.

TASK/ACTIVITY	DESCRIPTION/NOTES	TARGET START/ APPROVAL DATES	STATUS
Emergency Financial Assistance (EFA)	Update Standards of Care to align with PY29/multi-year allocations	November 2019/ ~~May~~ June 2020	In progress
Psychosocial Support Services	Update Standards of Care to align with PY29/multi-year allocations	November 2019/ ~~June~~ Aug 2020	In progress
Childcare Services	Update Standards of Care to align with PY29/multi-year allocations	~~March~~ August 2020	In Progress
Universal Standards of Care	Update Standards annually to ensure language and key points from meeting discussions on other standards are universally captured. Include telehealth.	~~May~~ August 2020	
Update Standards according to PP&A Committee recommendations	Update workplan in accordance with PP&A priorities and allocations for the upcoming year(s).	TBD	
Develop STD service standards	STD service standards are interwoven throughout the Prevention Standards. Consider expanding by aligning with LACHAS/CHP goals, BOS STD motion and DHSP STD grant application. Resources: HIV/STD Prevention Standards; Universal HIV/STD Prevention Standards; CA and National clinical guidelines; STD prevention recommendations by highly impacted populations; DHSP STD RFP; CA Syphilis Prevention Summit 2017 materials; DHSP STD surveillance data; 2019 SBP Work Plan.	TBD	
Increase SBP membership (ideally with people who provide or supervise direct service)	Review and update recruitment and retention plan developed by Operations Committee. Present community engagement toolkit developed by staff. Review sign-in sheets for SBP meetings and identify regular non-COH member attendees as possible individuals to recruit for committee-only membership. COH Co-Chair Priority.	Ongoing	COH staff is reviewing attendance and will adjust Committee assignments if necessary

EMERGENCY FINANCIAL ASSISTANCE STANDARDS OF CARE

FINAL FOR SBP APPROVAL 6/2/20

Updated 4/2/20 after public comment period

LOS ANGELES COUNTY COMMISSION ON HIV

EMERGENCY FINANCIAL ASSISTANCE STANDARDS OF CARE

INTRODUCTION

Standards of Care for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers and provide guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies should offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Emergency Financial Assistance Standards of Care to ensure people living with HIV (PLWH) can apply for short-term or one-time financial assistance to assist with emergency expenses. The development of the Standards includes guidance from service providers, consumers, the Los Angeles County Department of Public Health - Division of HIV and STD Programs (DHSP), as well as members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee.

All contractors must meet the Universal Standards of Care in addition to the following Emergency Financial Assistance Standards of Care.[1]

EMERGENCY FINANCIAL ASSISTANCE OVERVIEW

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a Ryan White Part A client with an urgent need for essential items or services due to hardship. The purpose of emergency financial assistance is to ensure clients can pay for critical services that play a role on whether a client is able to stay engaged in medical care and/or adhere to treatment. EFA is a needs-based assistance program, not a government entitlement, subject to the availability of funding. Emergency financial assistance must occur as a direct payment to an agency (i.e. organization, landlord, vendor) or through a voucher program. Direct cash payments to clients are not permitted.

Emergency financial assistance should only be provided for an urgent or emergency need for essential items or services necessary to improve health outcomes. Agencies are responsible for referring clients to the appropriate Ryan White service category related to the need for continuous provision of services and non-emergency situations.

An emergency is defined as:

- Unexpected event that hinders ability to meet housing, utility, food, medication need; and/or
- Unexpected loss of income; and/or
- Experiencing a crisis situation that hinders ability to meet housing, utility, food, or medication need
- Public health crisis such as the COVID-19 pandemic that severely disrupt national systems of care, employment, and safety net. Contracted agencies must follow DHSP and HRSA guidelines on special use of EFA in times of public health emergencies.

[1] Universal Standards of Care can be accessed at http://hiv.lacounty.gov/Standard-Of-Care

Based on capacity and contract guidance from DHSP, an agency may provide emergency financial assistance if the client presents with an emergency need that cannot first be met through the appropriate Ryan White Service Category.

Table 1. Categories for Determining Emergency Needs and Ryan White Services

Emergency Need	Ryan White Service Category
Short term rental assistance	Housing Services
Move-in assistance	
Essential utility assistance	
Emergency food assistance	Nutrition Services
Transportation	Transportation
Medication assistance to avoid lapses in medication	Ambulatory Outpatient Medical

KEY COMPONENTS

Emergency Financial Assistance (EFA) services provide people living with HIV with limited one-time or short-term financial assistance due to hardship. Agencies will establish program services based on agency capacity and Division of HIV & STD Programs contract requirements. EFA is decided on a case-by-case basis by a case manager or social worker and is subject to the availability of funding. Financial assistance is never paid directly to clients, but issued via checks or vouchers to specific vendors or agencies.

Agencies and staff will make every effort to reduce the amount of documentation necessary, while staying within funding and contract requirements, for a client in need of emergency financial assistance. A signed affidavit declaring homelessness should be kept on file for clients without an address.

EFA services are capped annually per client at $5,000 per 12-month period.

ELIGIBILITY CRITERIA

Agencies coordinating EFA will follow eligibility requirements for potential clients based on DHSP guidance and the type of financial assistance the client is seeking. Clients may enter EFA services through self-referral or referral by a case management or another provider. Each client requesting EFA will be subject to eligibility determination that confirms the need for services. Programs coordinating EFA are responsible to determine such eligibility. Eligibility documentation should be appropriate to the requested financial assistance and completed annually, at minimum, or for every instance a client seeks emergency financial assistance.

Eligibility criteria includes:

- Los Angeles County resident
- Verification of HIV positive status
- Current proof of income
- Emergency Financial Assistance (EFA) application based on the type of assistance the client is requesting

In addition to the general Ryan White eligibility criteria, priority should be given to individuals who present an emergency need with the appropriate documentation that qualifies as an emergency, subject to payor of last resort requirements.

REFERRALS

All service providers must work in partnership with the client, their internal care coordination team and external providers, both Ryan White funded and non-Ryan White funded sites, to ensure appropriate and timely service referrals are made according to client's needs.

In addition, agencies and staff are responsible for linking clients to care if they are not in care as well as addressing the conditions that led to the emergency need to ensure accessing EFA is a one-time need or rare occurrence. For clients accessing EFA services, staff is responsible for referring clients to a program with a case manager or Medical Care Coordination provider if they are not linked already. For more information, see *Universal Standards, Section 6: Referrals and Case Closure*.

Table 1. Emergency Financial Assistance Standards of Care

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Staff Requirement and Qualifications	Agencies will hire staff with experience in case management in an area of social services or experience working with people living with HIV. Bachelor's degree in a related field preferred.	Staff resumes on file
	Staff are required to seek other sources of financial assistance, discounts, and/or subsidies for clients requesting EFA services to demonstrate Ryan White funding is the payor of last resort. (See Appendix A for a list of additional non-Ryan White resources).	Lists of other financial sources, discounts, and/or subsidies for which the staff applied for the client on file. See *Appendix A* as a reference starting point.
	Staff are required to connect clients to or provide referrals for: • A Case manager for a needed service or for Medical Care Coordination • Wraparound services to empower clients and prevent future use of Emergency Financial Assistance services • Opportunities for trainings such as job or workforce trainings	Lists of referrals the staff provided to the client. Name of case manager(s) client connects with in client file.
Eligibility	Agency will determine client eligibility for EFA at minimum annually, or for every	Documentation of emergency need and eligible use in client file.

	instance a client requests EFA. Eligible uses may include: • Short term housing rental assistance • Essential utility assistance • Emergency food assistance • Transportation • Medication assistance to avoid lapses in medication *Continuous provision of service or non-emergency needs should fall under the appropriate Ryan White service category and not under EFA.	Documentation of Ryan White eligibility requirements in client file. See *Universal Standards (Section 5.2, page 10)*.
Housing Assistance	Eligible clients must provide evidence they are a named tenant under a valid lease or legal resident of the premises. If rental assistance is needed beyond an emergency, please refer to our *Housing Standards, Temporary Housing Services - Income Based Rental Subsidies (page 15).*[2]	Documentation in client file that demonstrates emergency need and type of assistance received. Application for Housing Assistance includes: • Notice from landlord stating past due rent or, in the case of new tenancy, amount of rent and security deposit being charged
Utility Assistance	Eligible clients must provide evidence they have an account in their name with the utility company or proof or responsibility to make utility payments. Limited to past due bills for gas, electric, or water service. Staff is responsible for checking client eligibility for SoCal Edison assistance program	Documentation in client file that demonstrates emergency need and type of assistance received. Application for Utility Assistance includes: • Copy of the most recent bill in client name or a signed affidavit with the name of the individual that is responsible for paying the bill. • Copy of the lease that matches the address from the bill • Proof of inability to pay
Food Assistance	Limited to gift card distribution to eligible clients by medical case managers or social workers at their discretion and based on need.	Documentation in client file that demonstrates emergency need and type of assistance received.

[2] Housing Standards, Temporary Housing Services can be accessed at http://hiv.lacounty.gov/Standard-Of-Care

	Staff is responsible for referring clients to a food pantry and/or CalFresh.	
Transportation Assistance	Eligible clients must provide evidence they are in need of transportation to/from appointments related to core medical and support services. See *Transportation Services Standards of Care*.[3]	Documentation in client file that demonstrates emergency need and type of assistance received.
Medication Assistance	Eligible clients must provide evidence they are need of medication assistance to avoid a lapse in medication.	Documentation in client file that demonstrates emergency need and type of assistance received.

[3] Transportation Standards of Care can be accessed at http://hiv.lacounty.gov/Standard-Of-Care

APPENDIX A

EMERGENCY ASSISTANCE RESOURCES

The list below is intended to provide agency staff with starting point of additional resources to assist clients with emergency needs. Please note it is not a comprehensive list of available resources in Los Angeles County and staff are encouraged to seek other resources for client care.

211 Los Angeles
https://www.211la.org/
Phone: Dial 2-1-1

Los Angeles Housing + Community Investment Department, City of Los Angeles (HCIDLA) Housing Opportunities for Persons with HIV/AIDS (HOPWA)
https://hcidla.lacity.org/people-with-aids

Comprehensive Housing Information & Referrals for People Living with HIV/AIDS (CHIRP LA)
http://www.chirpla.org/

Los Angeles Housing Services Authority
https://www.lahsa.org/get-help

Department of Public Social Services, Los Angeles County
http://dpss.lacounty.gov/wps/portal/dpss/main/programs-and-services/homeless-services/

CalWorks - Monthly financial assistance for low-income families who have children under 18 years old
https://yourbenefits.laclrs.org

Los Angeles Regional Food Bank – Free and low-cost food
www.lafoodbank.org/get-help/pantrylocator

Project Angel Food
https://www.angelfood.org/

Los Angeles Department of Water and Power (LADWP) – Low Income Discount Program or Lifeline Discount Program for Utility Bill Assistance
Phone: (213) 481-5411

Low-Income Home Energy Assistance Program (HEAP) – Utility Bill Assistance
http://www.csd.ca.gov/Services/FindServicesinYourArea.aspx
Phone: (866) 675-6623

Women, Infants, and Children (WIC)
https://www.phfewic.org/

Veterans of Foreign Wars – Unmet Needs Program
https://www.vfw.org/assistance/financial-grants

City of West Hollywood HIV/AIDS Resources
https://www.weho.org/services/social-services/hiv-aids-resources

The People's Guide to Welfare, Health & Services
https://www.hungeractionla.org/peoplesguide

Standards & Best Practices Committee
Emergency Financial Assistance Standards
Reviewer/Public Comments as of 4/2/20

Name	Comments	Recommendations for Committee Discussion
Nataly Quintero Social Services Division Intern City of West Hollywood NQuintero@weho.org	My name is Nataly Quintero and I am interning with the City of West Hollywood's Social Services Division. Thank you for sending the Emergency Financial Assistance Standards. In reading the draft, I have a couple of suggestions: -Under the Emergency Financial Assistance Overview, I would suggest moving the "Based on capacity and contract guidance from DHSP" section AFTER Table I-Category for Determining Emergency Needs and Ryan White Services. -Under the Food Assistance section on page 6, is staff also responsible in referring clients to CalFresh benefits? -Overall, are all resources intended for clients offered in non-English languages?	- Left as is given its importance to consider before looking at the table that breaks down the service categories. - Added in track changes on p6 - Varies depending on the resource and the agencies providing the resource.
Nathalie J Valdez, MSSW Licensed Clinical Social Worker, National Program Director of Mental Health Services, AHF Valley HCC 4940 Van Nuys Blvd., Ste. 200 Sherman Oaks, CA 91403 Office: 818 380-2626 x5733 Mobile: 323 497-3415 Nathalie.Valdez@ahf.org	1. Are the standards up-to-date and consistent with national standards of high-quality HIV and STD prevention services and the Comprehensive HIV Plan? Yes. 2. Are the standards reasonable and achievable for providers? Yes, if appropriate funding is offered to manage programs. 3. Will the standards engage and meet consumer needs? Yes. Are they client-centered? Yes. • EFA is for clients who meet criteria regardless of health insurance program (MediCal, MediCaid, Third party billers), we need to ensure that programs managing these funds are aware of this. 4. Is there anything missing with regard to accessing emergency financial assistance under Ryan White funding? Stress under nutrition: • Food supplements and boosters when medically indicated and not covered through insurance or available at any other resource agency: Project Angel.	- Captured under emergency need under Food Assistance. Project Angel food added as resource on p8.

LOS ANGELES COUNTY COMMISSION ON HIV

Standards & Best Practices Committee
Emergency Financial Assistance Standards
Reviewer/Public Comments as of 4/2/20

Name	Comments	Recommendations for Committee Discussion
	• Baby formula when medically indicated and not available at WIC - this is for our infected mothers/families. • And perhaps a category that encompasses baby and adult diapers. 5. Are the references still relevant? Yes, but include: WIC and Transportation Voucher program as well as HIV specific services: • WIC • NOLP at APLA • Project Angel Food • HOPWA at APLA, APAIT, Bienestar • Housing at CHIRPLA, Casa Alegira, Alliance for Housing and Healing, Hollywood Community Housing, Housing for Health	- Question for DHSP or HRSA on allowability (baby formula, baby and adult diapers) - Added WIC, Project Angel Food. HOPWA, CHRPLA already included.
Terry L. Smith Director of HIV Prevention Services APLA Health 323.329.9901	It would be important for agencies who provide this service to work with the client to address the conditions that led to the emergency need to ensure that this is a one-time or rare occurrence. It would be important for this to be clear – so that folks understand that the goal is address the emergency and then have a plan to ensure that it doesn't happen again or you will end up with folks in continual crisis.	Included feedback earlier in the development process.
Miguel Fernandez Los Angeles Homeless Services Authority (LAHSA) mfernandez@lahsa.org	Key Components, first paragraph, p4 • It is essential to include a habitability inspection for any unit that the client is receiving rental assistance/move-in assistance for. You don't want to be financing housing that does not meet habitability standards and actually hurts the client. • The following is the form we use and can be completed by the tenant/case manager: https://www.lahsa.org/documents?id=1083-form-1083-habitability-standards-for-permanent-housing.pdf • We also now allow for pictures sent to the case manager by client or videos showing the unit is habitable.	For DHSP and process/programmatic development.

Commented [TJ1]: Didn't add specific orgs (APLA, APAIT, Bienestar, Casa Alegria, Alliance, Hollywood Community Housing) – trying to stay away from listing a few to avoid any idea of preference/favoritism. Thoughts?

Standards & Best Practices Committee
Emergency Financial Assistance Standards
Reviewer/Public Comments as of 4/2/20

Name	Comments	Recommendations for Committee Discussion
(Continued) Miguel Fernandez Los Angeles Homeless Services Authority (LAHSA) mfernandez@lahsa.org	• We also allow the habitability inspection report from: http://publichealth.lacounty.gov/housing/ • How do you determine you are making a payment to the appropriate vendor/agency? For landlords, the best practice is to issue payment to the property owner on title. IRS rules also require reporting of payments over $600. Key Components, second paragraph, signed affidavit, p4 • When it comes to issues of homeless and system coordination, I would recommend that is references universal homeless documents used. This would make it easier to get people into housing down road. • DHS, DMH, LAHSA, HACLA, LACDA have agreed on using the following documents to document homelessness: • For clients living on the streets: https://www.lahsa.org/documents?id=2199-form-2199-observation-of-homeless-status-form.pdf • For clients in a shelter: https://www.lahsa.org/documents?id=1444-form-1444-third-party-verification-of-homeless-status.pdf • For clients that need to self-certify: https://www.lahsa.org/documents?id=1448-form-1448-self-certification-of-homeless-status.pdf • In addition to the above, we also allow agencies to document a person's history of homelessness using data from HMIS or other systems. For example, if that from your client tracking system shows the client is in another program it its shows they are homeless, that coudl be accepted. • The reason we do this is because we want to avoid people just saying they are homeless to access the services. Key Components, third paragraph, p4	

Standards & Best Practices Committee
Emergency Financial Assistance Standards
Reviewer/Public Comments as of 4/2/20

Name	Comments	Recommendations for Committee Discussion
(Continued) Miguel Fernandez Los Angeles Homeless Services Authority (LAHSA) mfernandez@lahsa.org	• The best practice is to coordinate services. Ryan White is supposed to be the payer of last resource. Unless there is a reference requiring provider to check HMIS/HOPWA to confirm the participant isn't getting assistance from another program, client could be receiving funding from us and HOPWA at the same time. This would result in Ryan White not being the payer of last resort. Eligibility Criteria, p4 • Is there an income cap? How far back do you want the proof of income? What is acceptable forms of proof of income? We usually include and appendix showing the type of income the person earns and what is acceptable documentation. Referrals, paragraph 2, p5: "In addition, agencies and staff are responsible for linking clients to care if they are not in care as well as addressing the conditions that led to the emergency need to ensure accessing EFA is a one-time need or rare occurrence." • I would provide specific direction, that if based on the assessment the client will not be able to maintain their housing after the financial assistance, the provider will help the client obtain more appropriate housing, link to homeless services if necessary, and other services. Staff Requirements • Add prevention and homeless services in the first standard after "agencies will hire staff with experience in case management in an area of social services" (1st standard, p5) • Add "Homeless services" as its own bullet (3rd standard, p5) Housing Assistance (standard, p5) • Many clients don't have a lease. What can they provide other forms of documentation? Legally, if they get mail to the address they have established	

Standards & Best Practices Committee
Emergency Financial Assistance Standards
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Name	Comments	Recommendations for Committee Discussion
	tenancy rights. Lease are great but the are a barrier for many low-income clients who rent rooms or garages.	
Christian Hosoda chrisxhosoda@gmail.com	How exactly will consumers be informed of EFA? What exactly does the determination process look like for client eligibility ("Agency will determine client eligibility"), is this one provider, or multiple providers informed to support an accurate/appropriate determination? Intent to have standards of care but the determination of eligibility doesn't seem standardized. I am wondering what this determining process should look like. I am also wondering how exactly consumers will be informed of EFA? Will they be told this resource may be available to them should they find themselves in an emergency/unexpected event? If they don't know of this resource, will they have limited information until a provider determines they may be eligible. This resource seems great, I am hoping that the implementation of Emergency Financial Assistance will be delivered ethically and equitably.	For DHSP and contracted organizations to consider when promoting the availability of emergency financial assistance.

DRAFT updated 4/15/20 – Includes DMH feedback

PSYCHOSOCIAL SUPPORT SERVICES
STANDARDS OF CARE

INTRODUCTION

Standards of Care for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Psychosocial Support Services Standards of Care to help people living with HIV (PLWH) cope with their diagnosis and any other psychosocial stressors they may be experiencing. The development of the Standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program, and members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee.

All contractors must meet the Universal Standards of Care in addition to the following Psychosocial Support Services Standards of Care.[1]

PSYCHOSOCIAL SUPPORT SERVICES OVERVIEW

The purpose of psychosocial support services is to remove or lessen barriers to care and treatment through counseling services and mental health support. Psychosocial support services provide group or individual support and counseling services to assist people living with HIV in addressing behavioral and physical health concerns and provide a safe space where lived experiences and challenges can be discussed without judgement. Psychosocial support services are client-centered and may include individuals who are newly diagnosed, newly identified as living with HIV, or who require additional support to engage in and maintain HIV medical care and supportive services. The objective is to not only provide counseling and support services, but to ensure clients are linked to care and continuously supported to remain in care. According to guidance from Health Resources & Services Administration (HRSA) Psychosocial support services may include: bereavement counseling, caregiver/respite support, child abuse and neglect counseling, HIV support groups, nutrition counseling, and pastoral counseling. It is important to note that psychosocial support services do not include ongoing psychotherapy which is provided under the Mental Health Services under the Ryan White Program.[2]

KEY COMPONENTS

Psychosocial support services are associated with improved engagement in HIV care for the purpose of improving health outcomes. Agencies are expected to offer the service to individuals who are having difficulty remaining engaged in HIV care. The goal of psychosocial support services is to enhance client self-management skills, provide counseling services to clients that aim to overcome barriers in accessing care or remaining in care.

[1] Universal Standards of Care can be accessed at http://hiv.lacounty.gov/Projects

[2] Mental Health Services Standards of Care can be accessed at http://hiv.lacounty.gov/LinkClick.aspx?fileticket=jbx4diEds1E%3d&portalid=22

A key component of psychosocial support services for PLWH and those affected by HIV is to provide trauma-informed care, a strength-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment.[3] Agencies should center the provision of psychosocial support services based on trauma-informed practices. Key components include assessment, care/service plan, provision of service, outreach and retention, evaluation, and staff requirements.

Commented [TJ1]: Added based on feedback from Dr. R.Gitlin from DMH

ASSESSMENT & REASSESSMENT

Psychosocial Support Service providers must complete an initial assessment with the client, within 30 days of intake, through a collaborative, interactive, face-to-face process between the Case Manager and client. With client consent, assessments may also include additional information from other individuals that are familiar with the client such as service providers, caregivers, and family members. Staff members must comply with established agency confidentiality policies (Refer to Universal Standards, Section 1) when soliciting information from external sources. The initial assessment may be scalable based on client need and the type of psychosocial support service offered by the agency. Accommodations may be made for clients who are unable to attend an appointment within the 30-day timeframe due to health reasons. It is the responsibility of staff at the provider agency to conduct reassessments with the client as needed and based on contract guidelines from the Division of HIV & STD Programs (DHSP).

PROVISION OF SERVICE

Staff will provide a safe, confidential space for participants to discuss topics of interest through group facilitation techniques. Meeting locations must be accessible and affordable for participants. To reduce barriers to accessing care, an agency may offer online counseling and therapy services or telepsychology through phone, webcam, email or text message appointments depending on its capacity and/or contract guidelines from the Division of HIV & STD Programs (DHSP). Psychosocial support services may also include peer navigation, peer educators, or other peer delivered services.

The goal of support group services is to provide a forum where lived experiences, challenges, and health concerns can be discussed without judgement. In addition, support groups aim to increase participant knowledge and awareness of HIV-related topics, build a trusting network among participants as well as with the facilitator, and empower participants to maintain their highest level of optimal mental, physical, and emotional health.

Topics discussed may include, but are not limited to:

- Living with HIV
- Healthy lifestyles (including substance use) and relationships
- Adherence to treatment
- Access and barriers to care
- Prevention (PrEP, PEP, treatment as prevention)
- Disclosing status
- Stigma

[3] https://traumainformedoregon.org/wp-content/uploads/2016/01/What-is-Trauma-Informed-Care.pdf

Attendance and participation numbers will also be tracked based on reporting requirements provided by the Los Angeles County Department of Public Health, Division of HIV and STD Programs.

OUTREACH & RETENTION

Programs providing psychosocial support services will conduct outreach activities to potential clients and HIV service providers to promote services. Programs will collaborate with HIV primary healthcare providers, non-medical case management providers, and HIV testing sites to identify clients and refer them appropriately.

Agencies will strive to retain clients in psychosocial support services based on individual progress documented during sessions. Agencies and staff are also responsible for offering programs and opportunities for client social connectedness, retention in the program or other relevant programs, and remaining in contact with the client after they have completed their counseling or support group sessions in the event that the client needs to be brought back in for services. For clients that miss sessions, agencies will establish follow-up procedures, such as phone calls, text messages, and/or email, to encourage client(s) to remain in support services as needed. Staff are responsible for assisting clients access other services provided by the Ryan White system whether through referrals, compiling documentation to reduce duplicative efforts, making appointments, or connecting clients to services such as transportation, childcare, etc.

EVALUATION

Based on contract guidance from the Division of HIV & STD Programs (DHSP) agencies must evaluate, at minimum on an annual basis, the services and topics covered by counseling sessions to ensure client and/or group needs are being met whether that includes solely providing counseling, linking clients to care, or retaining clients in care-. Agencies are also responsible for conducting ongoing self-evaluation of trauma-informed practices within the agency to ensure services are providing a safe space, welcoming, engaging and empowering for clients. Based on evaluation results, course corrections and adaptations to curriculum should be implemented as needed.

Commented [TJ2]: Added based on feedback from Dr. R.Gitlin from DMH

STAFF REQUIREMENTS AND QUALIFICATIONS

It is recommended that facilitators and staff are reflective of the population and communities they are serving. For individual counseling, staff must be well qualified and/or have experience in counseling. For group counseling, support group facilitators must have excellent knowledge of the group's purpose and uphold confidentiality at all times. It is recommended that agencies provide trauma-informed care trainings to staff, especially for those that are not familiar with delivering trauma-informed care to ensure the approach is thoughtful, sensitive, and engaging for clients. For psychosocial support services intended to provide peer-delivered services, it is encouraged that staff with lived experience are hired as peer navigators, peer educators, and for other peer-delivered programs. Agencies are encouraged to hire people living with HIV as staff, however staff must not be current clients of the support group to which they are assigned.

Commented [TJ3]: Added based on feedback from Dr. R.Gitlin from DMH

Table 1. PSYCHOSOCIAL SUPPORT SERVICES STANDARDS OF CARE

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Staff Requirements and Qualifications	Staff with experience in individual and group supportive counseling. Bachelor's degree in a related field preferred and/or experienced consumer preferred.	Staff resumes on file
	Supervisors with experience in supportive counseling and/or case management in an area of mental health, social work, counseling, psychology. Master's degree in a related field preferred and/or experienced consumer preferred. Staff providing counseling services must be supervised by clinical staff with appropriate degrees or licenses (i.e. licensed clinical social worker, masters in social work, etc.)	Staff resumes on file
	Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients needs are met. Follow up with client in 30 days to track referrals related to care coordination.	Description of staff efforts of coordinating across systems in client file (e.g. referrals to housing case management services, etc.). Documentation of follow up in client file.
	Agencies who provide peer support services (i.e. peer navigators, peer educators, other peer delivered programs) are responsible for ensuring peer support staff are supported throughout their roles of the program via bi-weekly meetings, at minimum, with their supervisor.	Meeting notes and ~~S~~signed documentation on file indicating dates of one-on-one supervision and meetings with peer support staff, type of supervision, and name of supervisor.
Staff Requirements and Qualifications (continued from previous page)	Supervisors from agencies that provide peer support services are responsible for ensuring peer support staff are trained appropriately for their role and responsibilities. Peer support staff will participate in trainings to increase their capacity for fulfilling the responsibilities of their position in addition to the trainings listed in the Universal Standards of Care. Trainings may include, but are not limited to: • Motivational interviewing • Trauma informed care • Mental health overview	Documentation of completed trainings on file.

Commented [TJ4]: Added based on feedback from Dr. R.Gitlin from DMH

SERVICE COMPONENT	STANDARD	DOCUMENTATION
	• HIV/AIDS service providers and resources available to clients	
Client Assessment and Reassessment	Assessments will be completed within 30 days of the initiation of services and at minimum should assess whether the client is in care. Accommodations may be made for clients who are unable to attend an appointment within the 30-day timeframe due to health reasons.	Completed assessment in client chart signed and dated by Case Manager
	Staff will conduct reassessments with the client as needed and in accordance with DHSP contract guidelines.	Completed reassessment in client chart signed and dated by Case Manager.
Individual Service Plan	Individual Service Plans will be developed collaboratively with the client within two weeks of completing the assessment or reassessment and, at minimum, should include: • Description of client goals and desired outcomes • Action steps to be taken and individuals responsible for the activity • Anticipated time for each action step and goal • Status of each goal as it is met, changed or determined to be unattainable	Completed plan in client chart, dated and signed by client and Case Manager
	Staff will update Individual Service Plans every six months, or as needed based on client progress or DHSP contract requirements, with client outcomes and/or revisions based on changes in access to care and services.	Updated plan in client chart, dated and signed by client and Case Manager
Group Session Service Plans	Group Session Service Plans will be developed by staff, based on best practices and evidence-based curriculum and, at minimum, should include: • Overall vision and mission of the group • Membership details (e.g. recruitment, maximum number of members) • Support group leadership • Potential group goals determined by participants	Completed plan submitted to DHSP for prior approval. Documentation of meeting dates, group session topics, and sign-in sheets on file.

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Individual Counseling*	One-to-one supportive counseling to address goals in Individual Service Plan	Progress notes in client file.
Group Counseling*	Groups must have at least 3 participants. At least 1 participant must be enrolled in the program. Group session topics and curriculum must be prepared in advance and evidence-based	Sign-in sheet, date, and handouts on file Group progress notes on file Topics and curriculum approved for use by Division of HIV & STD Programs
Family Counseling*	Supportive counseling that includes client's family members, friends, or anyone else who matters to the client to address goals described in the Individual Service Plan	Client must be present during family counseling session, documented by sign-in sheets and progress notes on file.
Pastoral Counseling*	One-to-one counseling for clients seeking spiritual guidance, provided by pastoral care program, center, or a service provided by a licensed provider (e.g. home care or hospice provider)	Progress notes in client file.
Biomedical Counseling*	Counseling and education to be included in individual, group, and family counseling sessions to increase knowledge on prevention of HIV transmission. Topics include: • Undetectable = Untransmittable • PrEP, PEP • Treatment as prevention	Progress notes in client file.
Peer Support	Agencies may include peer navigation, peer educators, or other peer delivered programs. Patients who are HIV-positive, taking antiretroviral therapy (ART), and adherent to their treatment are trained to serve as "peers" for patients who are either ART-experienced or ART-naïve and need additional support.[4] Those who serve as peers provide medication-related social support through group meetings and weekly individual telephone calls. Individual or group meetings are led by	Lists of peer services on file. Sign-in sheets with dates, handouts provided, on file. Progress notes in client file.

[4] https://www.cdc.gov/hiv/effective-interventions/treat/peer-support/index.html

SERVICE COMPONENT	STANDARD	DOCUMENTATION
	peers, who are supervised by agency or clinic program staff. The group meetings are designed to give patients an opportunity to engage face-to-face with their assigned peer, meet other peers and patients who are taking ART and share experiences with the group.	
Case Conferencing	For agencies that include peer support staff as well as clinical or case management staff, there should be ongoing case consultation to ensure continuity of care. Teams will meet regularly (weekly or biweekly) to engage in case consultation and care coordination to help define/delineate roles between peer support and clinical staff while fostering greater collaboration.	Meeting notes on file indicating meeting dates, names of meeting participants, summary of topics discussed and next steps. Documentation signed by supervisor or case manager.
Outreach & Retention	Staff will conduct outreach in settings where target population is known to reside or congregate. Agencies are expected to outreach to external partners in addition to internal agency outreach.	List of sites where outreach was conducted and method of outreach for each site on file.
Evaluation	Agency annually evaluates the services and topics covered to ensure they meet client need. Evaluations may occur via customer satisfaction surveys, focus groups, etc.	Completed results on file and shared with DHSP upon request. Documentation of shared results with staff and program adaptations implemented as a result of the evaluation results.
	Agency tracks and evaluates clients that are linked to or retained in care as a result of participating in psychosocial support services.	Clients linked to care documented in client file. Evaluation reports including summaries with client cases linked or retained to care on file and shared with DHSP upon request.
	Agency tracks linked referrals for clients as a result of participating in psychosocial support services.	Linked referrals documented in client file. Evaluation reports including summaries with clients linked to referrals on file and shared with DHSP upon request.
Case Closure	Agencies must adhere to the case closure protocol from the Universal Standards of Care. For Psychosocial Support Services, a client case may also be closed after completion of a curriculum-based support group or the completion of individual	Justification for case closure documented in client file.

Commented [TJ5]: Added based on feedback from Dr. R.Gitlin from DMH

SERVICE COMPONENT	STANDARD	DOCUMENTATION
	counseling sessions based on the Individual Service Plan.[5] Although a client case may be closed, agencies are encouraged to create programs and opportunities that allow clients to access services or engage with previous case managers or staff as needed.	

*Counseling services are not to replace or to be used in place of psychotherapy services. Psychotherapy services are provided under the Ryan White Mental Health service category.

[5] Universal Standards of Care can be accessed at http://hiv.lacounty.gov/Projects

DRAFT FOR SBP REVIEW 4/2/20

CHILD CARE SERVICES STANDARDS OF CARE

INTRODUCTION

Standards of Care for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Child Care Services Standards of Care to establish the minimum standards of care necessary to ensure people living with HIV (PLWH) are able to receive quality childcare services when attending ~~prevention or treatment~~core medical and/or support services appointments and meetings. The development of the Standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program, and members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee.

All contractors must meet the Universal Standards of Care in addition to the following Childcare Services Standards of Care.[1]

CHILD CARE SERVICES OVERVIEW

Child care services are provided to children living in the household of people living with HIV (PLWH) for the purpose of enabling those clients to attend medical visits, related appointments, and/or Ryan White related meetings, groups, or training sessions. The goal of child care ~~for people living with HIV~~services is to reduce barriers for clients in accessing, maintaining and adhering to primary health care and related support services.

Child care services are meant to reduce barriers by assisting adults with accessing, maintaining and adhering to primary health care and HIV-related support services. Child care services are coordinated by Ryan White providers, a licensed family child care provider, or a licensed child care center ~~a child resource center~~ that ensures services are appropriately provided throughout Los Angeles County ~~by licensed family child care providers or licensed child care centers~~.

~~LICENSING~~

~~To provide services in this service category, agencies must be a licensed child care provider in the State of California. Services must be delivered according to California State and local child care licensing requirements which can be found on the California Department of Social Services, Community Care Licensing Division website.~~[2]

CONFIDENTIALITY

[1] Universal Standards of Care can be accessed at http://hiv.lacounty.gov/Projects

[2] ~~https://cdss.ca.gov/inforesources/child-care-licensing~~

The protection of client confidentiality is especially important in delivering child care services for both programs coordinating child care services and providers of child care services. Child care staff must be aware that while they may know a client's diagnosis, other members of the client's family may not. They should never assume that family members, children, or others in a client's social support network are aware of that client's diagnosis. HIV status should never be disclosed to anyone without the written permission of a client. The consequence of disclosing can be devastating to all parties and subjects individual providers, facilities and coordinating agencies to the risk of litigation and legal penalty.

Commented [TJ1]: Does this still hold true or should we delete?

~~**OUTREACH**~~

~~Programs coordinating HIV child care services will promote the availability of child care services. Promotion and outreach will include facilitating access to child care services throughout the County through ongoing collaboration with HIV primary health care and support services providers. Agencies should attempt to disseminate information about the availability of child care throughout all components of the continuum of HIV care, including meetings with internal agency staff and relaying information to external HIV medical and social services partners.~~

~~Programs will develop an outreach plan that demonstrates collaboration with HIV medical providers and other service providers.~~

Table 1. CHILD CARE SERVICES STANDARDS OF CARE

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Licensing	To provide services in this service category, agencies must be a licensed child care provider in the State of California. Services must be delivered according to California State and local child care licensing requirements which can be found on the California Department of Social Services, Community Care Licensing Division website.[3]	
Location	Child care services can be provided either in a traditional care facility or on-site to support the participation of eligible clients in HIV-related medical or supportive services.	
Staff Requirements and Qualifications	Staff must meet the requirements provided by the licensing/credentialing agency.	Staff resumes on file
	Agencies are responsible for ensuring staff are trained appropriately for their responsibilities. In addition to trainings	Record of trainings on file at provider agency.

[3] https://cdss.ca.gov/inforesources/child-care-licensing

SERVICE COMPONENT	STANDARD	DOCUMENTATION
	listed in the Universal Standards of Care, child care staff should participate in trainings such as: • First aid/CPR • Fire and electrical safety • Child development • Waste disposal procedures • Child abuse • Domestic violence • Needs of children in families impacted by HIV	
Confidentiality	Client confidentiality will be maintained at all times. HIV status will never be disclosed without written permission from a client.	Program review and monitoring to confirm. Release of information for disclosure on file at provider agency.
Outreach ~~& Retention~~	~~Staff will conduct outreach in settings where target population is known to reside or congregate.~~ Agencies coordinating childcare services with licensed providers are expected to promote the availability of childcare ~~outreach~~ to ~~external~~ potential clients as well as external partners. ~~in addition to internal agency outreach. Programs coordinating child care will outreach to potential clients and providers.~~ Agencies should attempt to disseminate information about the availability of child care throughout all components of the continuum of HIV care, including meetings with internal agency staff and relaying information to external HIV medical and social services partners. ~~Outreach plan on file at coordinating agency to include (at minimum):~~ • ~~Written strategy for promoting child care services and increasing awareness among potential clients and other core medical and support service providers~~ • ~~Assessment of other resources~~ • ~~Timeline for implementation MOUs~~ • ~~Evaluation plan~~ •	List of sites where outreach was conducted and method of outreach for each site on file.

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
	Agencies should inform clients of the details of the child care services, including: • How far in advance the service must be scheduled • Whether the child care is in-home or at the service site	Description of information shared with potential clients and partners and method of communication on file.
Referrals	Programs coordinating child care services will provide referrals and information about other available resources to adults living with HIV who have the primary responsibility for the care of children. Special consideration should be given to helping clients find longer term or additional child care options and resources.[4] Whenever appropriate, program staff will provide linked referrals demonstrating that clients, once referred, have accessed services. Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients needs are met. Follow up with client in 30 days to track referrals related to care coordination.	Documentation of referral efforts will be maintained on file by coordinating agency. ~~Documentation~~ Description of staff efforts of coordinating across systems in ~~for the~~ client ~~on~~ file (e.g. referrals to housing case management services, etc.). Documentation of follow up in client file.
Evaluation	Agency annually evaluates child care services to ensure they meet client need. Evaluations may occur via customer satisfaction surveys, focus groups, etc.	Completed ~~feedback surveys, evaluation~~ results on file and shared with DHSP upon request. Documentation of shared results with staff and program adaptations implemented as needed, guided by evaluation results.

Commented [TJ2]: Added per Felipe's comment

[4] Los Angeles County Department of Public Health, Office for the Advancement of or Early Care and Education: https://childcare.lacounty.gov/resources-for-families-and-communities/