



STANDARDS AND BEST PRACTICES COMMITTEE Virtual Meeting

Tuesday, July 7, 2020

10:00AM-12:00PM (PST)

Meeting Packet is available on our website at:

<http://hiv.lacounty.gov/Standards-and-Best-Practices-Committee>

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LOS ANGELES COUNTY
COMMISSION ON HIV



VIRTUAL MEETING

**See Cover Page for Information to Join Via WebEx*

AGENDA FOR THE REGULAR MEETING OF THE
STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, JULY 7, 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 <i>Co-Chair</i>	Kevin Stalter <i>Co-Chair</i>	Miguel Alvarez, <i>alternate</i>	Wendy Garland, MPH
Felipe Gonzalez	Grissel Granados, MSW	Thomas Green	David Lee, MSW, LCSW, MPH
Katja Nelson, MPP	Joshua Ray (Eduardo Martinez, <i>alternate</i>)	Justin Valero, MA	Amiya Wilson
Harold Glenn San Agustin, MD			
QUORUM: 7			

AGENDA POSTED: JULY 2, 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.

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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

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. Psychosocial Support Services Standards Review 10:45 AM – 11:20 AM
- 9. Childcare Services Standards Review 11:20 AM – 11:45 AM

VI. NEXT STEPS

11:45 AM – 11:55 AM

- 10. Task/Assignments Recap
- 11. Agenda development for the next meeting

VI. ANNOUNCEMENTS

11:55 AM – 12:00 PM

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

VII. ADJOURNMENT

12:00 PM

- 13. Adjournment for the virtual meeting of July 7, 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.



LOS ANGELES COUNTY
COMMISSION ON HIV



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HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov> • VIRTUAL WEBEX MEETING

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.

Meeting recordings are available on the Commission website.

Draft

**STANDARDS AND BEST PRACTICES (SBP)
COMMITTEE MEETING MINUTES**

June 2, 2020

MEMBERS PRESENT	MEMBERS PRESENT <i>(cont.)</i>	PUBLIC	COMM STAFF/ CONSULTANTS
Erika Davies, <i>Co-Chair</i>	Katja Nelson, MPP	Amy Croft	Cheryl Barrit, MPIA
Kevin Stalter, <i>Co-Chair</i>	Joshua Ray, RN/Eduardo Martinez	Joseph Green	Dawn McClendon
Miguel Alvarez <i>(Alt.)</i>	Harold Glenn San Agustin, MD		Jane Nachazel
Wendy Garland, MPH	Justin Valero, MA	DHSP STAFF	Sonja Wright, MS, Lac
Felipe Gonzalez	Amiya Wilson	Lisa Klein	LAC Commission on HIV Host
Bridget Gordon			
Grissel Granados, MSW	MEMBERS ABSENT		
Thomas Green <i>(Alt to PÉna)</i>	None		
David Lee, MSW, LCSW, MPH			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

CONTENTS OF COMMITTEE PACKET

- 1) **Cover Page:** Standards and Best Practices (SBP) Committee Virtual Meeting, 6/2/2020
- 2) **Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 6/2/2020
- 3) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 3/3/2020
- 4) **Table:** 2020 Work Plan - Standards & Best Practices, *Updated 5/18/2020*
- 5) **Standards:** Emergency Financial Assistance (EFA) Standards of Care (SOC), *Updated after public comment period on 4/2/2020*
- 6) **Table:** SBP Committee, EFA SOC, Reviewer/Public Comments, *as of 4/2/2020*
- 7) **Standards:** Psychosocial Support Services SOC, *Updated, including Department of Mental Health (DMH) input, on 4/15/2020*
- 8) **Standards:** Child Care Services SOC, *Updated after public comment period on 4/2/2020*

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: Mr. Stalter called the meeting to order at 10:05 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 3/3/2020 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

- Mr. Stalter expressed concern about delays in accessing services. He was receiving Oral Health (OH) services at the University of California, Los Angeles (UCLA). He has two temporary crowns, one for a root canal, and lost inlays have resulted in two back teeth literally disintegrating as he eats. Yet, services are suspended and there is no communication from UCLA even on if or when students will return. We need to ensure options to complete care for consumers like him.
- Mr. Lee reported many clinics are open. UCLA may be closed because it is a teaching school. Mr. Martinez added University of Southern California (USC) dental services were also suspended until at least the end of the year.
- Ms. Barrit reported an individual typed in the chat box that UCLA was taking emergency appointments. The writer had had one appointment and another was scheduled for the next day. Mr. Stalter replied UCLA only counted severe pain as an emergency. Even though his teeth were crumbling, they did not classify that as an emergency.
- He was also concerned that the extension for AIDS Drug Assistance Program (ADAP) re-enrollment was to 6/30/2020. Agencies may not have sufficient capacity to see patients deferred for the past three months in addition to current and new enrollees. He suggested the California Office of AIDS (OA) request a Health Resources and Services Administration (HRSA) waiver to permit treating this annual certification like the six-month recertification with just a letter if there are no changes.
- Ms. Barrit reported Commission staff learned 6/1/2020 that ADAP has been extended to the end of August 2020. Mr. Stalter said the further extension will result in an even larger backlog. Agencies would require more ADAP enrollment staff to catch up, but they are difficult to hire. He felt using a process closer to the six-month re-certification would be prudent.
- ➡ Ms. Barrit will follow-up with DHSP on the OH issues and also help to identify assistance for Mr. Stalter.
- ➡ Ms. Barrit will communicate with DHSP on the ADAP enrollment issues.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. COVID-19 Response and Committee Workplan Review

- Ms. Barrit began by acknowledging that this is not normal. We are living in emotionally draining times. We have members of our African American community continuing to show up in these spaces, including members of the Commission staff, practicing restraint and having to appear professional in the midst of an uprising and blatant racism.
- We are meeting virtually in hopes of moving our work forward, but Ms. Barrit was sensitive to the fact that we live in uncertain times. Many people are in pain and have been for years. Staff was communicating with Black/African American Community (BAAC) Task Force members on a formal statement with a tentative 6/3/2020 release date. Carolyn Echols-Watson, MPA and Ms. McClendon have been lead staff for that effort. She thanked all for showing up.
- It is important to honor those lost to police brutality and address the intersection of HIV work with ending racism.
- The Commission distributed a COVID-19 impact survey to Commissioners. Most who responded were consumers. Needs highlighted were Emergency Financial Assistance (EFA), Housing, and Transportation.
- A separate community-wide COVID-19 impact survey was targeted to PLWHA and those at risk. It closed 5/31/2020. Analysis was ongoing, but appeared to mirror the Commissioner impact survey including the need for Mental Health services, fear and uncertainty regarding the economy, and the impact on people's ability to survive. She complemented Commissioner promotion of the survey. There were 948 English responses and 76 Spanish responses.
- The Commission has also hosted three events in its Lunch and Learn series featuring agencies that have stayed open relating what services they have been able to scale up or needed to scale down due to the pandemic. These informal events offer the opportunity to learn from feedback on how to sustain our HIV movement as the environment changes.
- Ms. Barrit acknowledged that Julie Tolentino, MPH has left the Commission staff to join DHSP since the last SBP meeting. Ms. Barrit thanked her for her many contributions and has assumed the lead SBP Committee staff work.
- She noted widespread coverage of the very lean LAC budget. Commission staff will need to prioritize expenses and staff time. Further, all government employees are automatically Disaster Service Workers (DSWs) and may be deployed to short- or long-term emergency response work. Some 80% of DHSP staff have been deployed, mostly for contact tracing. Some of our team was assisting with phone calls to seniors who signed up for the meal delivery program and Ms. Barrit was working weekends at a Project Room Key site. The latter was informative on how temporary housing was being marshaled for people at risk of contracting COVID-19. She requested patience and understanding.

- All Commission meetings will be virtual for June 2020 and as long as needed per guidance from Governor Gavin Newsom's office, the Los Angeles County (LAC) Board of Supervisors (Board), and consistent with social distancing.

6. CO-CHAIR REPORT

- Mr. Stalter echoed Ms. Barrit's thoughts on the stress and uncertainty all were experiencing. He felt LAC and the City of Los Angeles have made things worse by not coordinating consistent emergency curfews. He also was disturbed to see the emergency alert system used many times over the past two days, but only once for all the COVID-19 issues.
- Regarding inequities, he noticed signs across the Los Angeles Basin advising people at cross-walks not to push the button, but to wait for the signal to change automatically. He initially thought it a waste of money as most people knew to avoid high-touch areas if possible to reduce COVID-19 risk. However, when he went to South Los Angeles, he saw no signs despite the area's high level of health inequities. He felt that was emblematic of consistently misdirected funds.
- Mr. Lee noted LAC has set up a free COVID-19 testing site at Charles R. Drew University which, unlike many, takes walk-ins.

7. **DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:** Ms. Klein reported most of her time is now directed to leading a team of DHSP staff interviewing COVID-19 patients for contact tracing. She hoped to get DHSP's quality report back on track soon.

V. DISCUSSION ITEMS

8. EMERGENCY FINANCIAL ASSISTANCE (EFA) STANDARDS OF CARE (SOC)

- Ms. Barrit noted the revised EFA SOC in the packet. It adds a "public health crisis such as the COVID-19 pandemic" to the emergency definitions highlighted in yellow on page 2. Consumers raised the issue of assistance when the pandemic occurred and HRSA indicated that EFA would be the appropriate SOC to address that circumstance.
- Resources added were "CalFresh" under Food Assistance, Table 1; and several that were commonly noted for Appendix A.
- Another addition further defines "agency" in "direct payment to an agency," page 2, as "organization, landlord, vendor."
- Ms. Granados noted Children's Hospital Los Angeles (CHLA) has been providing a form of emergency assistance for some time. That assistance can include moving violation or parking tickets since those can compound economic hardship.
- Ms. Barrit said several people requested clarification on the annual \$5,000 cap. Staff were asked to prepare a draft figure based on LAC's cost of living. Mr. Stalter recommended an increase to \$7,500 during pandemics, but Ms. Barrit noted the cap is already higher than in other jurisdictions. The COVID-19 pandemic was added to the definition as an example of special circumstances that may arise with public health emergencies, but people can experience emergencies anytime.
- Mr. Lee asked about routinely revisiting the cap. Ms. Granados added that the Planning, Priorities and Allocations (PP&A) Committee continuously reviews line items so can consider the need for additional funds or revision of the cap.
- Ms. Croft noted it was harder now to obtain vital documents to attach to applications. Libraries and other institutions commonly used are closed and online access is limited. Mr. Gonzalez said agencies should be urged to work around issues. For example, they can send clients secure emails to which clients can attach cell phone pictures of documents for return.
- Ms. Barrit reminded the body that DHSP does not yet have a contract for EFA services. Once the EFA SOC is approved, it can help inform the Request For Proposals (RFP). The cap can be reviewed during the RFP and funding processes.
- ➡ Ms. Barrit will ask the jurisdiction's HRSA Project Officer whether moving violation and parking tickets can be covered and inform the Committee of the HRSA determination. If so, they will be incorporated into the SOC.
- ➡ Agreed to review annual cap amount as part of normative EFA SOC two-year review.
- ➡ Ms. Barrit will advise Mario Pérez, MPH, Director, DHSP, that SBP has worked to develop this SOC quickly to meet current urgent needs and he may expect to be asked about time to implementation at the Commission presentation for approval.

MOTION #3: Approve the Emergency Financial Assistance (EFA) Standards of Care (SOC), as presented or revised, and move to the full Commission on HIV for approval (**Passed by Consensus**).

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

- Ms. Barrit reviewed the most recently updated iteration of the SOC in the packet. Department of Mental Health (DMH) feedback was incorporated, as noted, e.g., on trauma-informed care and case conferencing. Several forms of Counseling were adopted from other jurisdiction SOC's for Service Components: Individual, Group, Family, Pastoral, and Biomedical. Peer navigation, educators, or other peer-delivered programs were also added to the Peer Support Service Component.
- Duplicative language from earlier iterations was cut and references to the Universal SOC were added.
- While staff reached out to subject matter experts, there has been no public comment period as yet. The SBP Work Plan was updated to reflect the hope to present this and the Child Care Services SOC to the Commission for approval in August 2020.

Standards and Best Practices Committee Meeting Minutes

June 2, 2020

Page 4 of 4

- Page 4, Middle Column, Box 2, adjust to ensure that staff receive clinical supervision for feedback and support on client service, but their direct administrative supervisor may, or may not, be the same individual. (Granados)
- Address trauma-informed care for transgender individuals since the community has significant mental health needs, but often lacks awareness of service navigation. Add under Outreach & Retention, culturally competent services with best practices, on page 7. (Wilson/Davies)
- Ms. Barrit will incorporate discussion and chat box comments; then email the SOC for review prior to the next SBP meeting.

10. CHILD CARE SERVICES STANDARDS OF CARE REVIEW

- Ms. Barrit said the prior iteration was years old. Ms. Tolentino presented it 4/2/2020 both unmarked and revised to delete duplicative or outdated language. Ms. Barrit reviewed an updated iteration with 4/2/2020 SBP comments in the packet.
- Regarding options, she clarified that Ryan White funds cannot be used for direct reimbursement to a client, e.g., to pay a neighbor to babysit. The agency needs to pay the provider.
- Ms. Davis expressed concern about barriers to attending appointments if a client must take a child to another site first.
- Mr. Valero asked about the history of child care services, e.g., whether Ryan White agencies had child care on site.
- Ms. Barrit noted LAC has not used Ryan White funds for the service for several years, but some agencies do provide either child care or child watch. Child care must follow regulations on licensing, training, and safety. For child watch, the parent does not relinquish responsibility for the child, e.g., a child watch provider would call the parent to change a diaper.
- Ms. Gordon said most agencies lack child care services and the Maternal, Child and Adolescent Adult (MCA) Center ended theirs due to cost. It is hard to bring your child with you to appointments and hard to take a child to a secondary site. Her cousin uses Urban Sitter in San Francisco and is happy with it, but trust is an issue so the more options offered the better.
- Page 3, Right Column, Box 3, Delete sentence starting with, "List of sites...;" and, replace with sentence from Page 4, Right Column, Box 1, starting with, "Description of information..."
- Ms. Barrit will research whether a family member could receive a stipend to care for a child in the same way that a family member can be paid a stipend to care for an adult such as a parent.
- Bring the SOC back for review at next SBP meeting.

VI. NEXT STEPS

11. **TASK/ASSIGNMENTS RECAP:** There were no additional items.

12. **AGENDA DEVELOPMENT FOR NEXT MEETING:**

- Continue work on Psychosocial Support and Child Care Services SOCs.

VII. ANNOUNCEMENTS

13. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** Ms. Wilson contributed that she took a Leave Of Absence to concentrate on her own mental health so is sensitive to the needs of Psychosocial Support Services. She feels it is very important to address one's own needs in order to serve others so truly wants to advocate for more information on mental health, psychosocial support, and trauma-informed services.

VIII. ADJOURNMENT

14. **ADJOURNMENT:** The meeting adjourned at 11:49 am.



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.

Commented [BC1]: From Joshua Ray: Meet the needs on an individual client?

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=ibx4diEds1E%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 [TJ2]: 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).

Commented [BC3]: From Joshua Ray: Absolutely not. No way this is opening up a stream of subjectivity that then could lead to malpractice. There is none of this that takes place in any other patient population within the college of surgeons or medicine in the states. This leads to someone with a medical license or licensure to then act on a clients best interest or what they think may be in that clients best interest versus stated choices or decisions regarding their life and healthcare. I will vote no.

As well, can there be like some feedback of the needs that clients feel aren't being met- this is the best way I feel for a true needs assessment one client at a time provided to whomever that can be like then sifted and correlated with numerics then as an objective data set through subjective data collection.

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 SERVICE PROMOTION & RETENTION

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

Commented [BC4]: Change made to match description and documentation in table.

Commented [BC5]: Kept the same. Detailed language on cultural and linguistic competence is found in Universal Service Standards, which is cited in page 1 and also in footnote.

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 [TJ6]: 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 [TJ7]: Added based on feedback from Dr. R.Gitlin from DMH

Table 1. PSYCHOSOCIAL SUPPORT SERVICES STANDARDS OF CARE

DRAFT updated 6/30/24/20 – Includes DMH feedback; SBP Discussion on 6/2/20

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. <u>Staff providing counseling services must be provided with clinical supervision by an experienced clinical mental health professional. 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.)</u>	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.
Staff Requirements and Qualifications (continued from previous page)	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 <u>via bi-weekly meetings, at minimum, with their supervisor.</u>	<u>Meeting notes and signed</u> documentation on file indicating dates of one-on-one supervision and meetings with peer support staff, type of supervision, and name of supervisor.
	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:	Documentation of completed trainings on file.

Commented [BC8]: From 6/2/20 SBP discussion.

Commented [TJ9]: Added based on feedback from Dr. R.Gitlin from DMH

DRAFT updated 6/30/24/20 – Includes DMH feedback; SBP Discussion on 6/2/20

SERVICE COMPONENT	STANDARD	DOCUMENTATION
	<ul style="list-style-type: none"> • Motivational interviewing • Trauma informed care • Mental health overview • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Overall vision and mission of the group • Membership details (e.g. recruitment, maximum number of members) 	Completed plan submitted to DHSP for prior approval. Documentation of meeting dates, group session topics, and sign-in sheets on file.

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
	<ul style="list-style-type: none"> Support group leadership Potential group goals determined by participants 	
Individual Counseling*	One-to-one supportive counseling to address goals in Individual Service Plan	Progress notes in client file.
Group Counseling*	<p>Groups must have at least 3 participants. At least 1 participant must be enrolled in the program.</p> <p>Group session topics and curriculum must be prepared in advance and evidence-based</p>	<p>Sign-in sheet, date, and handouts on file</p> <p>Group progress notes on file.</p> <p>Topics and curriculum approved for use by Division of HIV & STD Programs.</p>
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*	<p>Counseling and education to be included in individual, group, and family counseling sessions to increase knowledge on prevention of HIV transmission. Topics include:</p> <ul style="list-style-type: none"> Undetectable = Untransmittable PrEP, PEP Treatment as prevention 	Progress notes in client file.
Peer Support	<p>Agencies may include peer navigation, peer educators, or other peer delivered programs.</p> <p>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</p>	<p>Lists of peer services on file.</p> <p>Sign-in sheets with dates, handouts provided, on file.</p> <p>Progress notes in client file.</p>

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

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
	peers provide medication-related social support through group meetings and weekly individual telephone calls. Individual or group meetings are led by 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.	
<u>Case Conferencing</u>	<u>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.</u>	<u>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.</u>
<u>Outreach Service Promotion & Retention</u>	Staff will promote services to potential clients and HIV service providers. 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. Individual progress documented in client files.
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.

Commented [TJ10]: Added based on feedback from Dr. R. Gitlin from DMH

Commented [BC11]: Changes made to match descriptions in previous pages.

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
Case Closure	<p>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 counseling sessions based on the Individual Service Plan.⁵</p> <p>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.</p>	Justification for case closure documented in client file.

*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.

Appendix A: Psychosocial Service Standards Resources

I. Health Resources Services Administration (HRSA), HIV AIDS Bureau (HAB)

- The Use of Peer Workers in Special Projects of National Significance Initiatives, 1993 – 2009 March 2010
https://hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/spns_useofpeersreport.pdf
- The Power of Peers on Engagement and Retention in Care among People of Color
<https://hab.hrsa.gov/sites/default/files/hab/About/Parts/cyperspnsocctober2013.pdf>
- HRSA Key Populations <https://targethiv.org/library/topics/key-populations>

II. Trauma-Informed Care

- Trauma-informed Care at AIDS Service Organizations
<https://targethiv.org/library/trauma-informed-care-aids-service-organizations>
- NASTAD A Health Systems Approach to Trauma Informed Care
<https://www.targethiv.org/sites/default/files/supporting-files/NASTAD-Trauma-Informed-Care-2017.pdf>
- Trauma-Informed Approach: Improving Care for People Living with HIV Curriculum Trainer’s Manual

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

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https://www.nasmhpd.org/sites/default/files/NCTIC_TIA_TrainersManual_HIV%20Final_2.pdf

- [Trauma-Informed Care Implementation Resource Center](https://www.traumainformedcare.chcs.org/)
<https://www.traumainformedcare.chcs.org/>
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884)
<https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>
- [Trauma-Informed Care in Behavioral Health Services](https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816)
<https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- [Resource Guide to Trauma-Informed Human Services](https://www.acf.hhs.gov/trauma-toolkit)
<https://www.acf.hhs.gov/trauma-toolkit>

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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.

~~The Health Resources Services Administration (HRSA) allows the following use of funds: a licensed or registered child care provider to deliver intermittent care of informal child care provided by a neighbor, family member or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services. The use of these funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted. 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

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Is there a way to note individualized needs or patient specific needs?

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

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requirements which can be found on the California Department of Social Services, Community Care Licensing Division website.²

CONFIDENTIALITY

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.]

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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.

SERVICE REQUIREMENTS

All service providers receiving funds to provide child care services are required to adhere to the following standards:

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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	A copy of valid California child care license or proper certification.
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.	Documentation of site address on file.

² <https://cdss.ca.gov/infor esources/child-care-licensing>

³ <https://cdss.ca.gov/infor esources/child-care-licensing>

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
Staff Requirements and Qualifications Training	Staff must meet the requirements provided by the licensing/credentialing board	Staff resumes on file
	<p>Agencies are responsible for ensuring staff child care providers are trained appropriately for their responsibilities. In addition to trainings listed in the Universal Standards of Care, child care staff should participate in trainings such as:</p> <ul style="list-style-type: none"> • First aid/CPR • Fire and electrical safety • Child development • Waste disposal procedures • Child abuse • Domestic violence • Needs of children in families impacted by HIV 	Record of trainings on file at provider agency.
Language	Whenever possible, child care should be delivered in the language most familiar to the child. If this is not possible, interpretation services must be available in cases of emergency.	Appropriate language noted in client or program file.
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. Record of HIPAA and confidentiality before the start of service provision.
Service Promotion Outreach & Retention	<p>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.</p> <p>Agencies should attempt to disseminate information about the availability of child care throughout all components of the continuum of HIV care, including meetings</p>	<p>List of sites where outreach was conducted and method of outreach for each site on file. Program flyers and emails documenting that child care services was promoted to clients and HIV service providers.</p> <p>Offer of childcare services is noted in client case file.</p>

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
	<p><u>with internal agency staff and relaying information to external HIV medical and social services partners.</u></p> <p><u>Outreach plan on file at coordinating agency to include (at minimum):</u></p> <ul style="list-style-type: none"> <u>• Written strategy for promoting child care services and increasing awareness among potential clients and other core medical and support service providers</u> <u>• Assessment of other resources</u> <u>• Timeline for implementation MOUs</u> <u>• Evaluation plan</u> 	
	<p><u>Agencies should inform clients of the details of the child care services, including:</u></p> <ul style="list-style-type: none"> <u>• How far in advance the service must be scheduled</u> <u>• Whether the child care is in-home or at the service site</u> 	<p><u>Description of information shared with potential clients and partners and method of communication on file.</u></p>
<p style="text-align: center;">Referrals</p>	<p>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.</p> <p>Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients needs are met.</p> <p><u>Follow up with client in 30 days to track referrals related to care coordination.</u></p>	<p>Documentation of referral efforts will be maintained on file by coordinating agency.</p> <p><u>Documentation-Description</u> of staff efforts of coordinating across systems <u>in for the client on file</u> (e.g. referrals to housing case management services, etc.).</p> <p><u>Documentation of follow up in client file.</u></p>

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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/>

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
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.

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