PSYCHOSOCIAL SUPPORT STANDARDS OF CARE

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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

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[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

self-management skills, provide counseling services to clients that aim to overcome barriers in accessing care or remaining in care.

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.

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. To ensure wrap-around services and only with client consent, assessments may also include additional information from 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

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

- Stigma

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.

SERVICE PROMOTION & RETENTION

Programs providing psychosocial support services will promote psychosocial services to potential clients. Programs will collaborate with HIV service 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.

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.

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 and/or experienced consumer/PLWH preferred. Staff providing counseling services must be provided with clinical supervision by an experienced clinical mental health professional.	Staff resumes on file.
	Staff are required to coordinate across Ryan White funded and non-funded programs/services, such as, but not limited to, medical care, and housing, 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.). Referrals to other services must be documented in client's or program files. 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 signed 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.

SERVICE COMPONENT	STANDARD	DOCUMENTATION
	• Motivational interviewing • Trauma informed care (strongly recommended within 1 year of employment) • 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: • 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	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
	• Membership details (e.g. recruitment, maximum number of members) • 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*	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. People living with HIV 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	Lists of peer services on file. Sign-in sheets with dates, handouts provided, on file. Progress notes in client file.

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

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.	
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.
Service Promotion & Retention	Staff will promote services to potential clients and HIV service providers.	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.
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.

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.

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

Appendix A: Examples of 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/cyperspnsoctober2013.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
https://www.nasmhpd.org/sites/default/files/NCTIC_TIA_TrainersManual_HIV%20Final2.pdf

- Trauma-Informed Care Implementation Resource Center
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

- Trauma-Informed Care in Behavioral Health Services
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