

Making the Connection:

Standards of Care for Client-Centered Services

Food Services

San Francisco EMA

Includes San Francisco City and County,
San Mateo County, and Marin County

February 2004

Prepared for

San Francisco Department of Public Health,
HIV Health Services, and the
HIV Health Services Planning Council

Prepared by

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Dedication

The Food Services Standards of Care are dedicated to the clients of the HIV Health Services system, to food services agencies and providers who devote themselves to providing services to others, and to individuals who are both client and provider in the San Francisco EMA.

Acknowledgments

Sincere gratitude goes out to all who contributed to the process of developing the Food Services Standards of Care. Special thanks go to the Food Services Working Group members who contributed their knowledge and experience to make these standards practical and worthwhile.

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FOOD SERVICES
(Food Bank/Home Delivered Meals)
Standards of Care
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I. Introduction

The Ryan White CARE Act, Title I, provides emergency assistance to Eligible Metropolitan Areas (EMAs) most severely affected by the HIV/AIDS epidemic. As it applies to San Francisco, the CARE Act stipulates that Title I funds should be used to provide access to integrated health services for persons living with HIV/AIDS (PLWHA) who:

- Reside within the San Francisco EMA **and**
- Have no third party payment source (uninsured);
- Have limited third party coverage (underinsured); **or**
- Have been denied coverage by a third party payer (uninsured or underinsured).

In addition, enrollment priorities are as follows:

- First priority: Residents of the San Francisco EMA who have low or no income and are uninsured
- Second priority: Residents of the San Francisco EMA who have low or no income and are underinsured

Finally, CARE funds will be used only for services that are not reimbursed by any other source of revenue.

In addition to these federal guidelines, the San Francisco EMA has developed standards of care for all Title I-funded HIV health services in the San Francisco EMA. These standards, outlined here, are designed to define the minimally acceptable levels of service delivery and provide suggested measures to determine whether service standards are being met.

II. Overview

Food Services Standards of Care are designed to ensure consistency among the Title I food services provided as part of San Francisco EMA's continuum of care for PLWHAs. Because there are multiple types of services included in the food services category, these standards may not fully apply to some programs. These minimally acceptable standards for service delivery provide guidance to direct service programs so that they are best equipped to:

- Assess and respond appropriately to the physical, nutritional, dietary, and therapeutic needs of clients.
- Assist clients in securing appropriate food and nutrition services.
- Meet the specific and unique needs of HIV-positive clients.
- Provide appropriate and effective referrals for assessment, care and services, if requested or deemed necessary.
- Provide food services in as culturally and linguistically appropriate a manner as possible.
- Prepare meals in adherence to Food and Drug Administration standards and requirements.

In addition, these standards provide guidance to both direct and indirect service programs so that they are best equipped to:

- Demonstrate compliance with state sanitation standards and requirements for food storage, preparation, and provision.

III. Description of Service

Food and nutrition services promote better health for PLWHAs through the provision of calorically and nutritionally appropriate foods and access to a coordinated network of supportive services. Provision of food services may include, but is not limited to: prepared meals; congregate meals; home-delivered food; food banks; nutritional supplements; and the provision of nutrition counseling under the supervision of a Registered Dietitian.

DIRECT food and nutrition service categories include:

Congregate Meals – The provision of hot, nutritious meals to an assembly of persons in a single location.

Food Pantry/Groceries – A box or bag filled with food substances. In some instances, depending on the agency or organization distributing the food bag/box, essential household items may also be supplied, such as hygiene items and/or household cleaning supplies.

Home-Delivered Meals – Prepared meals delivered to a client at their home or dwelling.

Nutrition Counseling – Nutrition education and assessment provided by a Registered Dietitian.

INDIRECT food service categories include:

Food Banking – Acquisition, storage, and distribution of food to agencies.

IV. Unit of Service

1. Congregate Meal Unit of Service is defined as:

a) one prepared meal that meets at least 1/3 of daily nutritional requirements for PLWHA

2. A Food Pantry/Grocery Unit of Service is defined as:

a) a selection of groceries meeting at least 1/3 of weekly nutritional requirements for PLWHA

3. Home-Delivered Meals Unit of Service is defined as:

a) one prepared meal that meets at least 1/3 of daily nutritional requirements for PLWHA

4. Nutrition Counseling Unit of Services is defined as:

a) one hour of nutrition counseling that can be counted in 15-minute intervals

5. Food Banking Unit of Service is defined as:

a) a pound of groceries

A. Administration

Administrative standards ensure that all staff providing food services are properly screened and have an understanding of the scope of their job responsibilities, and that all programs funded are adequately staffed as allowed by current funding.

Standard 1: Program staff and volunteers.

The objectives of establishing standards of care for program staff and volunteers are to ensure that, if applicable:

- Clients have access to the highest quality of services through experienced, trained staff.
- Registered Dietitians are registered with the Commission of Dietetic Registration (membership with the American Dietetic Association is voluntary but recommended).
- Staff providing direct services have access to quality clinical supervision through experienced, trained and when required, licensed supervisors.
- Staff/supervisors understand their job responsibilities.
- Staff are provided the training and supervision to enable them to perform their jobs.
- Staff demonstrate cultural and linguistic competency in services provided to clients.
- Staff meet the educational and experience requirements of the individual agency.
- Staff demonstrate strong communication, reading, and writing, as applicable.
- Staff providing direct services possess skill and comfort working with men who have sex with men, women, transgender, people of color, substance users, homeless and/or individuals with mental illness, when required by responsibilities.

Measure: Documentation of completed training, job descriptions, resumes and other documentation on file.

Standard 2: Policies and procedures.

Each funded agency, as applicable, will have a written policies and procedures manual that contains both personnel and program policies and procedures for the following areas:

Personnel Policies and Procedures

- Annual performance reviews
- Staff training and other personnel policies (e.g., behavioral standards)
- As required by San Francisco DPH policy: Recommend TB testing every six months and require every twelve months for agencies that provide direct services

Program Policies and Procedures

- Client rights and responsibilities, including confidentiality guidelines (with particular discussion of confidentiality issues for PLWHA), for direct service programs
- Client and/or member agency grievance policies and procedures
- Client and/or member agency eligibility and admission requirements
- All appropriate consent forms for direct service programs (e.g., consent to share information, treatment consent, shared client data/registration system¹ consent form for San Francisco only, HIPAA requirements)
- Data collection procedures and forms, including data reporting
- Quality assurance/quality improvement
- Guidelines for language accessibility
- Plans for accommodating people with disabilities (plans should adhere to Americans with Disabilities Act (ADA) standards to the extent possible)

Measure: Written policies and procedures manual as applicable.

Standard 3: Staff training.

Regardless of credentials, all direct service staff members are encouraged to receive ongoing HIV/AIDS training as appropriate for employee job function.

- Direct service staff members should receive food safety training as appropriate for employee job function.

¹ The system-wide database is maintained by the San Francisco Department of Public Health HIV Health Services and is currently referred to as REGGIE.

- Agencies that utilize volunteers should plan for training, supervision, retention, and recognition of volunteers.
- A minimum of one food service staff member will obtain and maintain food safety certification (for direct services programs).

Measure: Documentation of all completed trainings on file.

B. Facility Standards

Facility standards are intended to ensure program safety and accessibility for both clients and staff.

Standard 4: Standard safety requirements.

The program is located in a physical facility that:

- Meets fire safety requirements
- Meets criteria for ADA compliance
- Is clean and comfortable
- Complies with Occupational Safety and Health Administration (OSHA) infection control practices
- Has emergency protocols for health- and safety-related incidents posted
- Is free from anticipated hazards

Measure: Compliance with all appropriate regulatory agencies, including ADA compliance; written policy describing plan for accommodating individuals with disabilities.

Standard 5: Food safety requirements.

- All programs (e.g., congregate and home-delivered meal programs, food bank, food pantry, grocery) shall comply with all applicable State and Local health, sanitation, and safety regulations
- Programs meet all requirements of the Local health department for food preparation (for direct service programs)
- Programs have obtained a kitchen license from the Department of Public Health (for direct service programs in San Francisco)

Measure: Compliance with all appropriate regulatory agencies; records of applicable local health department food handling/food safety inspection are maintained on file.

C. Direct Service Delivery

Standards related to service delivery define the minimum set of activities to be performed and under what parameters. The following standards apply to all direct service programs receiving Ryan White Title I funding except for Standard 7.

Standard 6: Intake.

- Services are made available to any individual who meets program eligibility requirements.
- Clients must provide certification of eligibility from a primary care provider within a reasonable period of time.
- Procedures for screening, intake, and assessment of client's needs and eligibility for food and nutrition services should be established by the agency.
- Clients are informed of services available and what client can expect if s/he enrolls in services.
- Client information is collected to facilitate client identification, client follow-up, and referrals as necessary.

Measure: Documentation of intake procedure.

Standard 7: Nutrition counseling and support.

The goal of nutrition counseling and support is to slow or reverse weight loss or wasting syndrome among clients and to assist clients in receiving and maintaining adequate nutrients to promote a healthy immune system.

Individual dietary assessment, evaluation, and counseling are provided by a Registered Dietitian. Because programs may not be funded to provide this service on-site, this standard may not apply to all programs. Whenever possible, programs are encouraged to coordinate with a Registered Dietitian and primary care provider in order to develop a thorough assessment of clients' nutritional needs.

- It is recommended that each client who is identified in need of nutritional counseling receives a nutrition counseling plan developed by a Registered Dietitian and the client, in coordination with the client's primary health care providers and other support service providers as appropriate.

The nutritional counseling plan, as developed by a Registered Dietitian and primary care provider, may include:

- Assessment of client's nutrition and dietary intake
- Bioelectrical Impedance Analysis (BIA, used to assess client's muscle mass)

- Individual and cultural food preferences
- Client’s weight, height, medications, allergy history, and history of other chronic diseases (e.g., hypertension and diabetes)
- Use of appetite enhancers, supplements, complementary therapies, and vitamin and mineral supplements
- Use of medications to combat weight loss and wasting
- Assessment of client’s nutrition-related symptoms such as patterns of chewing, swallowing, nausea, vomiting, diarrhea, and constipation
- Assessment of drug-drug, drug-nutrient, and drug-herbal supplement interactions and side effects experienced by medications
- Assessment of the need for nutritional supplements and/or fluid/hydration
- Socio-economic factors associated with nutrition (e.g., availability and access to food and appliances)
- Nutritional goals based on comprehensive assessment
- Reassessment of nutritional plan as necessary and agreed on by the client and provider

Measure: Documentation in client records.

Standard 8: Linkage with primary care.

Programs are encouraged to coordinate with their clients’ primary care providers so that they may better serve the food and nutrition needs of clients.

Measure: Documentation in program records.

Standard 9: Nutritional requirements.

- Planning for meals and grocery bags/food boxes shall include consultation with and approval by a Registered Dietitian in accordance with nutrition guidelines for PLWHA such as those developed by the Association of Nutritional Services Agencies (ANSA) (www.aidsnutrition.org).²
- When possible, the special dietary needs and practices of clients shall be considered in menu planning and food preparation (e.g., dietary restrictions, religious, and cultural dietary practices)

Measure: Documentation in program records of menu planning.

² “*Nutrition Guidelines for Agencies Providing Food to People Living with HIV Disease*”, 2nd ed., published by ANSA, can be found at <http://www.aidsnutrition.org/ANSANutritionGuidelines.pdf>.

D. Cultural Sensitivity and Competency

The objective of cultural sensitivity and competency standards is to ensure that direct service food and nutrition programs are prepared to effectively serve a culturally diverse client population.

Standard 10: Cultural sensitivity and competency

- Agency must have a non-discrimination policy in place regarding hiring and client treatment that addresses issues of race/ethnicity, gender identity, sexual orientation, disability, and other relevant issues.
- Agency must show experience with the target population(s) or have a plan for developing staff sensitivity to the target population(s).
- Staff should be ethnically, culturally, and linguistically diverse or reflect the diversity of the population they serve.
- Services are provided using language and methods sensitive to the communities served.
- Food service programs should provide culturally-competent menu planning.
- Agency must have a cultural competency plan on file with the San Francisco Department of Public Health (for agencies in San Francisco).

Measure: Adherence to the San Francisco DPH cultural competency requirements for agencies and services in San Francisco; adherence to relevant local county/city cultural competency plan for agencies and services in San Mateo or Marin County.

E. Coordination and Referral

The objective of coordination and referral is to link whenever possible food and nutrition services to existing care plan services and to provide linkages to the continuum of services available that address the client's spectrum of needs.

Standard 11: Coordination and referral.

Coordination and referral includes identification of other service providers or staff members with whom the client may be working and identification of other services that the client may need or want, whenever possible.

- Direct service food programs are aware of the continuum of services available to clients.
- Direct service food programs are able to make appropriate referrals and provide resources that link clients to other services.

- As appropriate, direct service providers (e.g., Registered Dietitians) participate in case conferences that involve the multidisciplinary team and other service providers.

Measure: Documentation in program records.

F. Quality Improvement, Monitoring, and Evaluation

The objective of quality improvement, monitoring, and evaluation is to continually improve services based on assessments of the process and outcomes of the program, as well as client and/or member agency satisfaction with service provision.

Standard 12: Quality improvement, monitoring, and evaluation.

A process for quality improvement, monitoring, and evaluation is in place that adheres to quality management plans and addresses:

- Evaluation and monitoring of linkages with primary care
- Collection and monitoring of critical incident reports
- Monitoring of units of service
- Staff performance evaluations
- Responsibility and accountability for implementation of quality improvement strategies
- Staff training on quality improvement
- Client involvement and active participation in the quality development/improvement of services
- Annual implementation of client and/or member agency satisfaction surveys and use of findings to improve programs
- Client grievance procedures

Measure: Quality improvement plan in place; ongoing documentation and reporting of program and provider performance; client and/or member agency satisfaction surveys conducted at least annually.

TABLE 1: Summary of Standards of Care Measures

Standard	Measure
1. Program staff.	1. Documentation of completed training, job descriptions, resumes and other documentation on file.
2. Policies and procedures.	2. Written policies and procedures manual as applicable.
3. Staff training.	3. Documentation of all completed trainings on file.
4. Standard safety requirements.	4. Compliance with all appropriate regulatory agencies, including ADA compliance; written policy describing plan for accommodating individuals with disabilities.
5. Food safety requirements.	5. Compliance with all appropriate, applicable regulatory agencies; records of applicable local health department food handling/food safety inspection are maintained on file.
6. Intake.	6. Documentation of intake procedure.
7. Nutrition counseling and support.	7. Documentation in client records.
8. Linkage with primary care.	8. Documentation in program records.
9. Nutritional requirements.	9. Documentation in program records of menu planning.
10. Cultural sensitivity and competency.	10. Adherence to the San Francisco DPH cultural competency requirements for agencies and services in San Francisco; adherence to relevant local county/city cultural competency plan for agencies and services in San Mateo or Marin County.
11. Coordination and referral.	11. Documentation in program records.
12. Quality improvement, monitoring, and evaluation.	12. Quality improvement plan in place; ongoing documentation and reporting of program and provider performance; client and/or member agency satisfaction surveys conducted at least annually.