

# Making the Connection:

## Standards of Care for Client-Centered Services

### Treatment Advocacy

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#### **San Francisco EMA**

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

January 2003

#### **Prepared for**

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

#### **Prepared by**

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San Francisco, CA

## Dedication

The Treatment Advocacy Standards of Care are dedicated to the clients of the HIV Health Services System, to treatment advocates who devote themselves to providing services to others, and to individuals who are both client and treatment advocate in the San Francisco EMA.

## Acknowledgments

Sincere gratitude goes out to all who contributed to the process of developing the Treatment Advocacy Standards of Care. Special thanks goes to the Treatment Advocacy Working Group members and to the consumer focus group participants, who contributed their knowledge and experience to make these standards practical and worthwhile.

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# TREATMENT ADVOCACY

## Standards of Care

January 2003

### I. Introduction

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The Ryan White CARE Act, Title I, provides emergency assistance to Eligible Metropolitan Areas (EMA) most severely affected by the HIV/AIDS epidemic. As it applies to the San Francisco EMA, 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

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Treatment Advocacy Standards of Care are designed to ensure consistency among the Title I treatment advocacy services provided as part of the San Francisco EMAs continuum of care plan for PLWHA. Treatment advocacy strives to improve client knowledge of the most current information on HIV disease, treatment and how HIV causes disease, in order to work effectively with the client's primary treatment provider and to facilitate client readiness for and adherence to complex HIV/AIDS treatments. Treatment advocacy is provided through a diversity of service delivery models, therefore

these standards are not intended to promote a formula approach to the treatment and care of PLWHA. Rather, these minimally acceptable standards for service delivery are established to provide guidance to programs so that they are best equipped to:

- Support client and primary care physician relationship in order to encourage readiness for and adherence to complex HIV/AIDS treatments.
- Help clients learn the complexity of prescribed and available treatments with the goal of communicating with the client's primary care physician.
- Identify and address barriers to services and treatment adherence.
- Document and record client side effects in order to facilitate client's ability to communicate and work with the primary care physician.
- Help clients learn about and inform interested clients of current clinical studies and trials.
- For those clients participating in clinical trials, support client through the informed consent process.
- Meet the specific and varied needs of HIV-positive clients using a multidisciplinary team approach and as appropriate, conduct HIV risk reduction specifically for HIV-positive individuals (prevention for positives).
- Assist in implementing coordinated, client-centered, and effective service delivery.
- Work closely with the multidisciplinary team in facilitating access to adequate primary HIV care.
- Support clients' access to and retention in other social and supportive services.
- Appropriately address issues of consent, confidentiality, and other client rights, for clients enrolled in services.
- Address clients' needs using a multidisciplinary team approach.
- Support clients' adherence to complex treatment and service regimens.
- Provide education about HIV disease progression and treatment.
- Assist clients in presenting and describing symptoms to medical personnel.

### III. Description of Service

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Treatment advocacy encompasses the following activities or services as a part of a multidisciplinary care team:

- Identifying and addressing clients' barriers to adherence to complex HIV/AIDS treatments
- Identifying other barriers that clients may face such as lack of housing, lack of transportation, financial constraints, and language barriers, and referring to appropriate services to address these barriers
- Assisting clients with communicating barriers to treatment adherence to their primary providers
- Advocating for appropriate and realistic treatment options (e.g. list of questions/concerns to present to their primary providers)

- Helping clients learn about their treatment plan, such as understanding prescriptions and treatment options, assisting with the logistics of getting prescription refills or other health supplies
- Providing education about HIV/AIDS and treatment options
- Assisting clients with recording and documenting side effects in order to facilitate communication with the primary care physician, including appropriate scheduling of medications, symptoms to report to their primary care provider, and other issues related to HIV/AIDS treatment
- Providing support and education to clients regarding substance use (i.e. harm reduction and abstinence)
- Checking or conferring with primary care provider/multi-disciplinary team members any concerns regarding client's treatment regimen independent of the client, as long as appropriate client consent is in place
- Providing services and addressing client's needs in a culturally appropriate manner

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#### IV. Unit of Service

A Unit of Service (UOS) is one hour of face-to-face contact between a client and a treatment advocate or one hour contact on behalf of the client.

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#### V. Standards of Care

##### A. Administration

Administrative standards ensure all staff providing treatment advocacy services are properly trained and credentialed, have an understanding of the scope of their job responsibilities, and that all programs funded are adequately staffed.

##### Standard 1: Experience/education

- Strong communication, reading, and writing skills
- High school diploma, GED or equivalent preferred
- Community Health Outreach Worker Certification preferred
- California Statewide Treatment Education Program, CSTEP (Treatment A to C) preferred
- One-year minimum of working and/or volunteering in direct client services within the HIV community or related social service experience preferred
- 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
- Strong knowledge of HIV service providers in the Bay Area or appropriate counties
- Training in peer counseling preferred

- Multilingual preferred
- CPR and First Aid certification preferred

Measure: Completed paperwork on file for all staff.

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Standard 2: Staffing levels.

Contracted agencies will ensure appropriate staffing levels are reached and maintained to provide contracted services.

Measure: Full and part-time positions funded under contract are filled; OR appropriate actions being taken to fill positions.

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Standard 3: Job descriptions.

Staff members will have a clear understanding of their job definition and responsibilities.

Measure: Written job description on file signed by the staff/staff supervisor.

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Standard 4: Policies and procedures.

Each funded agency 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)

Program Policies and Procedures

- Client/client rights and responsibilities, including confidentiality guidelines (with particular discussion of confidentiality issues for PLWHA)
- Client grievance policies and procedures
- Client eligibility and admission requirements
- Nondiscrimination policies for clients with children
- Referral resources and procedures that ensure access to a continuum of services
- All appropriate consent forms (e.g., consent to share information, treatment consent, Reggie consent form for San Francisco only)
- 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.

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Standard 5: Staff training.

Regardless of credentials, all direct service staff members must receive ongoing HIV/AIDS training as appropriate for employee job function. Every effort should be made for trainings to be completed within the first year of employment. It is required that treatment advocates have the following training or are scheduled to complete the following training within the specified time:

- Treatment Education Certification Program (Level I, II, III)
- California Statewide Treatment Education Program, CTEP (Treatment A to C) completed within the first year of employment
- Training in peer counseling
- CPR and First Aid certification completed within the first year of employment
- Continuing education on new emerging and community-specific issues (e.g. treatment side effects, treatment models)
- As necessary, training on Prevention for Positives principles
- Any additional training that provides the development of skills and knowledge that support the implementation of the Standards of Care for Treatment Advocacy

Measure: Documentation of all completed trainings on file.

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## B. Facility Standards

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

Standard 6: 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.

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## C. Service Delivery

Standards to service delivery define the minimum set of activities to be performed and under what parameters by treatment advocates to ensure treatment adherence.

Standard 7: Collaboration with primary care.

Providers should work closely with primary care providers by:

- Accompanying clients to their medical appointments.
- Assisting clients to connect with their medical provider.
- Consulting/conferring with the medical provider regarding concerns with the clients' treatment regimens including environmental barriers.
- Facilitating access to adequate primary HIV care for clients.

Measure: Detailed documentation of information given to clients on available treatment in client charts.

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Standard 8: Coordination with the multidisciplinary team.

- Work closely with clients' case managers, peer advocates, medical providers, or other members of the care team to communicate client service related needs, challenges and barriers.
- Participate in the development of individualized service plan with the clients in consultation with case managers/care coordinators and/or other service team members as appropriate.
- Participate in regularly scheduled case conferences within the multidisciplinary team.

Measure: Detailed documentation in client charts.

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Standard 9: Treatment information and support.

Providers should help clients learn about treatment options and support clients' treatment decisions by:

- Providing culturally sensitive education to clients in the latest treatments and accurate interpretation of scientific information for HIV and its related complications.
- Sharing with clients availability of holistic, alternative, and complementary treatments, and provide more information if requested by the client and the multidisciplinary team.
- Discussing ongoing review of treatment options with clients on an ongoing basis.

- Assisting clients with developing written lists of questions and concerns to present to primary care providers.
- Supporting clients in making treatment decisions.

Measure: Detailed documentation in client charts.

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Standard 10: Treatment plan implementation.

Providers should assist clients with carrying out their treatment plan by:

- Helping clients learn about the complexities of their treatment plan including understanding their prescriptions.
- Helping clients learn about their treatment adherence options.
- Assisting with the logistics of getting prescription refills or other health supplies.
- Identifying and address barriers to taking medications.
- Explaining side effects of medication, appropriate scheduling of medications,
- Assisting clients in documenting and recording side effects and symptoms to report to their primary care provider, and other issues related to HIV/AIDS treatment.
- Assisting and supporting clients with the emotional aspect of taking medication.

Measure: Detailed documentation in client charts of client's progress in adherence to medication.

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Standard 11: Medication reminders.

Provide medication reminders appropriate to the lifestyles and abilities of the clients (e.g. phone calls, MediSets, Medication Delivery, home visits, charting, and timers with visual and auditory reminders).

Measure: Detailed documentation in client charts of reminder strategies used and how well they work.

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Standard 12: Addressing barriers.

Providers should identify and address clients' barriers to medication regimens and services in the following ways:

- Identify clients' barriers to adherence to medication regimens, diagnostic follow-up, and health promotion interventions.
- Assess clients' other needs with respect to housing, substance use, mental health, transportation, finance, and language barriers.

- Address clients' resistance to treatment.
- Assist clients with using treatment adherence alternatives.
- Assist clients with communicating these barriers to their primary providers.
- Record clients' issues with treatment adherence and inform multi-disciplinary team.

**Measure:** Detailed documentation in client charts of clients' barriers and progress in adherence to medication.

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**Standard 13:** Information on clinical studies and trials.

- Provide clients with information on current clinical trials.
- Assist interested clients with connecting with current clinical trials.
- Support clients interested in participating in clinical trials with the informed consent process.

**Measure:** Detailed documentation in client charts of client's participation in clinical trials.

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**Standard 14:** Provider HIV knowledge.

Providers should remain knowledgeable about the most current information around HIV disease, treatment, and how HIV causes disease.

- Regularly review current written materials on treatment options, potential treatment side effects, adherence modalities and strategies, alternative and concurrent health promotion interventions (such as stress reduction strategies, nutritional interventions, exercise regimens).
- Developing a binder containing these materials for access by staff and clients is recommended.
- Attend conferences, workshops, and in-service trainings.
- Update multidisciplinary team on an on-going basis.

**Measure:** Detailed documentation maintained by the supervisor (e.g. staff training logs, staff development files, or supervisor logs).

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**Standard 15:** Harm reduction.

In conjunction with the multidisciplinary team, providers should offer support and education to clients regarding substance use by employing harm reduction strategies.

- Help clients learn about harm reduction strategies.

- Inform client about harm reduction strategies related to their pattern use.
- Explore whether other aspects of clients' lives are impacting their use or use pattern (e.g. pain, medication side effects)

Measure: Detailed documentation in client charts of client's progress in adherence to medication and harm reduction strategies.

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#### D. Cultural sensitivity and competency

##### Standard 16: Cultural sensitivity and competency.

- Agency/clinic 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/clinic 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.
- Services provide opportunities for clients to assist in identifying issues related to culture that may affect how they respond to services (e.g., primary language, spirituality needs, sexual orientation, community identification, family needs, and customs).
- Service providers should have referral relationships that can address gaps in culturally competent services (e.g., if agency does not have Spanish-speaking staff, Spanish-speaking clients can be referred).
- 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 programs in San Mateo County and Marin County.

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## E. Coordination and Referral

The objectives of coordination and referral are to address the client's spectrum of needs in a comprehensive way, while minimizing duplication of services.

Standard 17: Coordination and referral.

- Coordination and referrals include identification of other service providers or staff members with whom the client may be working.

The agency will:

- Ensure that services for clients will be provided in cooperation and in collaboration with other agency services and other community HIV service providers to avoid duplication of efforts and encouraging client access to integrated health care.

Measure: Documentation in client's record of referrals made; up-to-date treatment plan in client's chart documenting necessity of specialty referral, follow-up required, and desired outcome.

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## E. Quality Assurance and Service Maintenance

The objectives of quality assurance and service maintenance are related to periodic evaluations of client treatment plans, service delivery, and client satisfaction with service provision, the results of which lead to service improvement.

Standard 18: Client satisfaction survey.

**Providers will conduct client satisfaction surveys (or other client satisfaction activity) at least annually.**

Measure: Annual written summary and analysis of the program's client satisfaction activity.

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Standard 19: Quality assurance.

**The agency must have an active Continuous Quality Improvement (CQI) program to monitor care provided and identify means of improving care and services.**

Measure: Written policies on CQI in place, including how data will be used to improve programs; one report per contract period on improvements made through CQI.

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TABLE 1: Summary of Standards of Care Measures

Standard	Measure
1. Experience/education.	1. Completed paperwork on file for all staff.
2. Staffing levels.	2. Full and part-time positions funded under contract are filled; OR appropriate actions being taken to fill positions.
3. Job descriptions.	3. Written job description on file signed by the staff/staff supervisor.
4. Policies and procedures.	4. Written policies and procedures manual.
5. Staff training.	5. Documentation of all completed trainings on file.
6. Standard safety requirements.	6. Compliance with all appropriate regulatory agencies, including ADA compliance; written policy describing plan for accommodating individuals with disabilities.
7. Collaboration with primary care.	7. Detailed documentation of information given to clients on available treatment in client charts.
8. Coordination with the multidisciplinary team.	8. Detailed documentation in charts.
9. Treatment information and support.	9. Detailed documentation in client charts.
10. Treatment plan implementation.	10. Detailed documentation in client charts of client's progress in adherence to medication.
11. Medication reminders.	11. Detailed documentation in client charts of reminder strategies used and how well they work.
12. Addressing barriers.	12. Detailed documentation in client charts of client's barriers and progress in adherence to medication.
13. Information on clinical studies and trials.	13. Detailed documentation in client charts of client's participation in clinical trials.
14. Provider HIV knowledge.	14. Detailed documentation maintained by the supervisor (e.g. staff training logs, staff development files, or supervisor logs).
15. Harm reduction.	15. Detailed documentation in client charts



	of client's progress in adherence to medication and harm reduction strategies.
16. Cultural sensitivity and competency.	16. 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 programs in San Mateo County and Marin County.
17. Coordination and referral.	17. Documentation in client's record of referrals made; up-to-date treatment plan in client's chart documenting necessity of specialty referral, follow-up required, and desired outcome.
18. Client satisfaction survey.	18. Annual written summary and analysis of the program's client satisfaction activity.
19. Quality assurance.	19. Written policies on CQI in place, including how data will be used to improve programs; one report per contract period on improvements made through CQI.