

Making the Connection:

Standards of Care for Client-Centered Services

Peer Advocacy

San Francisco EMA

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

January 2003

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Dedication

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

Acknowledgments

Sincere gratitude goes out to all who contributed to the process of developing the Peer Advocacy Standards of Care. Special thanks go to the Peer 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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PEER ADVOCACY 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

Peer Advocacy Standards of Care are designed to ensure consistency among the Title I peer advocacy services provided as part of the San Francisco EMAs continuum of care plan for PLWHA. Under the direction of the Case Manager or Care Coordinator, peer advocacy is intended to build a bridge between the client and the provider and to

help navigate care, treatment, and social support networks. Peer advocacy attempts to reduce fragmentation in the provision of care and to serve as a facilitator of access to care. These minimally acceptable standards for service delivery are not intended to promote a formula approach to the treatment and care of PLWHA but rather to provide guidance so that programs are best equipped to:

- Reach out to PLWHA in need of agency services.
- 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 identifying clients' needs for supportive services, such as health, social services, housing, and vocational services.
- Support clients' access to and ongoing follow-up with primary and other supportive services.
- Participate in coordinated, client-centered, and effective service delivery networks.
- Identify and address barriers to services.
- Appropriately address issues of consent, confidentiality, and other client rights, for clients enrolled in services.
- Address clients' needs using a multidisciplinary team approach.

III. Description of Service

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

- Under the direction of case managers/care coordinators and/or other service team members, assisting clients in developing a service plan
- Assisting clients' in identifying their services needs on an on-going basis as part of a multidisciplinary team
- Assisting clients in identifying and overcoming barriers to accessing services (i.e. homelessness or marginally housed, addiction patterns, cognitive disorders, financial constraints, transportation problems, language barriers, mental illness, or resistance to treatment)
- Providing information and referrals to needed and desired services according to the care plan
- Providing practical support to ensure access to a continuum of care services (i.e. accompanying to appointments, appointment reminders, and arranging transportation)
- Communicating client service related needs, challenges, and barriers to case managers and/or other service team members.
- Providing practical support (i.e. housekeeping, shopping, laundry, and pharmacy pick-up)
- Acting as a contact person for client and liaison to other service providers
- Providing peer emotional support to clients

- Reporting and updating the case management team on an on-going basis

IV. Unit of Service

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

V. Standards of Care

A. Administration

Administrative standards ensure all staff providing peer 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. As part of their administrative hiring procedures, programs are encouraged to recruit and hire individuals who reflect the diversity of the client target population.

Standard 1: Experience/education

- Strong communication, reading, and writing skills
- 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
- Multilingual helpful
- One-year minimum of working and/or volunteering in direct client services within the HIV community or related social service experience
- Preferred: Training in peer counseling
- Preferred: Community Health Outreach Worker Certification completed within one year of hiring date
- Preferred: California Statewide Treatment Education Program, CSTEP (Treatment A) completed within one year of hiring date
- Preferred: Strong knowledge of HIV service providers in the appropriate Bay Area County
- Preferred: Willingness to work evenings and weekends

Measure: Completed paperwork on file for all staff.

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.

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.

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.

Standard 5: Staff training.

Regardless of credentials, all direct service staff members must receive ongoing HIV/AIDS training as appropriate for employee job function. It is required that peer advocates have the following training:

- **Community Health Outreach Worker Certification completed within one year of hiring date required, unless already certified**
- **California Statewide Treatment Education Program, CSTEP (Treatment A) completed within one year of hiring date required, unless already certified**
- **Treatment Education Certification Program (Level I, II, III)**
- **Training in peer counseling**
- **As necessary, training in Prevention for Positives principles**
- **Any additional training that provides the development of skills and knowledge to support the implementation of the Peer Advocacy Standards**

Measure: Documentation of all completed trainings on file.

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.

C. Service Delivery

Standards related to service delivery define the minimum set of activities to be performed and under what parameters.

Standard 7: Outreach.

- Conduct outreach activities in various venues and sites in the community to new and existing clients who may be absent from services, especially primary care, for a period of time. Venues and sites may include hospitals, clinics, food services, and community events.
- Identify those populations in need of HIV services who may reside in the County being served by the program and are currently not connected to services.
- Provide and disseminate program information to HIV/AIDS service organizations.
- Provide and disseminate information to prospective clients on HIV/AIDS services in the County being serviced by the program (San Francisco, Marin, San Mateo), including contact numbers, referrals, and education.
- Conduct a preliminary needs assessment, which includes services needed, perceived barriers to accessing services and/or medical care.

Measure: Presence of most up-to-date protocols for provision of outreach strategies.

Standard 8: Needs assessment.

- Gather client information to gain information on clients' limitations in daily activities.
- Obtain information on daily activities, for example, information on how the client is feeling that day, what daily activities the client participated in that day, what social contacts have been made during the week, location of their medical/social service appointments and whether they attended these, and any significant physical signs.
- Communicate information to primary case manager/care coordinator or other appropriate person as required by provider.

Measure: Detailed documentation in client charts.

Standard 9: Information and referral.

- Provide clients with accurate information on available resources in the County served by the program.

- Consult with case managers/care coordinators in order to facilitate appropriate referrals to programs and services that can successfully meet the client's needs.
- Assist clients in making informed decisions on choices of available service providers and resources.

Measure: Frequently updated inventories of services provided in-house and through referrals.

Standard 10: Practical support.

- Provide practical support to clients in accessing and maintaining continuum of medical care, including accompanying them to appointments, appointment reminders, and arranging transportation.
- When appropriate, provide practical assistance such as housekeeping, shopping, laundry, and pharmacy pick-up.

Measure: Documentation of practical support provided to clients in their case files.

Standard 11: Emotional support.

- Provide peer counseling using peer support and active listening tools.
- Following established agency protocols, provide appropriate interventions and/or referrals if client is in crisis.

Measure: Detailed documentation in client charts of crisis intervention provided to clients, and problems discussed through one-on-one interaction with clients.

Standard 12: Coordination with the multidisciplinary team.

- Work closely with clients' case managers, treatment advocates, medical providers, or other members of care team to communicate client service related needs, challenges and barriers.
- Participate in the development of individualized service plan with the client under the direction of case managers (program coordinators) and/or other service team members as appropriate.

Measure: Detailed documentation in client charts.

Standard 13: Assistance in the development of education, employment, and social programs.

- Facilitate clients' access to requested educational, employment and social programs such as vocational classes, community college, support groups, and recreational programs.

Measure: Detailed documentation in client charts.

D. Cultural sensitivity and competency

Standard 14: 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.
- 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 services in San Mateo or Marin County.

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. Peer advocacy is a core component of the multi-disciplinary team and functions under the direction of the case manager/care coordinator in facilitating coordination of and referral to a continuum of care services throughout the community of HIV and other service providers.

Standard 15: 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:
- Make sure 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.
- Consistently report referral and coordination updates to the multi-disciplinary team.

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.

F. 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 16: 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.

Standard 17: 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.

TABLE 1: Summary of Standards of Care Measures

Standard	Measure
1. Experience and education.	1. Completed paperwork on file for all staff.
2. Staffing levels.	2. Full and part-time position 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. Outreach.	7. Presence of most up-to-date protocols for provision outreach strategies.
8. Needs assessment.	8. Detailed documentation in client charts.
9. Information and referral.	9. Frequently updated inventories of services provided in-house and through referrals.
10. Practical support.	10. Documentation of practical support provided to clients in their case files.

11. Emotional support.	11. Detailed documentation in client charts of crisis intervention provided to clients, and problems one-on-one interaction with clients.
12. Coordination with the multidisciplinary team	12. Detailed documentation in client charts.
13. Assistance in the development of education, employment, and social programs.	13. Detailed documentation in client charts.
14. Cultural sensitivity and competency.	14. 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 agency and service in San Mateo County or Marin County.
15. Coordination and referral.	15. 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.
16. Client satisfaction survey.	16. Annual written summary and analysis of the program's client satisfaction activity.
17. Quality assurance.	17. 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.