

LOS ANGELES COUNTY COMMISSION ON HIV UNIVERSAL SERVICE STANDARDS FOR HIV CARE



Approved by the Commission on HIV on 4/13/2017

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UNIVERSAL STANDARDS OF CARE

INTRODUCTION

These Standards of Care updates reflect current guidelines from federal and national agencies on a broad array of HIV/AIDS care and treatment services. These revised standards build upon the Los Angeles County Commission on HIV 2005 *Standards of Care for HIV/AIDS Services*.

Furthermore, the Commission on HIV supports activities and initiatives that facilitate viral suppression in among people living with HIV/AIDS (PLWHA), and more importantly, recognizes the important role that community partnerships play in achieving the goals of the National HIV/AIDS Strategy (NHAS). The Universal Standards of Care seek to establish a set of minimum standards aimed achieving optimal health among PLWHA.

The development of these revised and expanded standards of care included the input and feedback of service providers, consumers and members of the Standards and Best Practices Committee (SBP). All comments were thoroughly reviewed by the SBP Committee resulting in some recommended revisions.

UNIVERSAL SERVICE STANDARDS

Standards of Care (SoC) are the minimum requirements that programs are expected to meet when providing HIV/AIDS care and support services funded by Ryan White Part A through the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP). The SoC establish the minimum standards intended to help agencies meet the needs of their clients. Providers may exceed these standards.

The objectives of the universal service standards are to help achieve the goals of each service type by ensuring that programs:

- have policies and procedures in place to protect clients' rights and ensure quality of care;
- provide clients with access to the highest quality services through experienced, trained and, when appropriate, licensed staff;
- provide services that are culturally and linguistically appropriate;
- meet federal, state, and county requirements regarding safety, sanitation, access, public health, and infection control;
- guarantee client confidentiality, protect client autonomy, and ensure a fair process of grievance review and advocacy;
- comprehensively inform clients of services, establish client eligibility, and collect client information through an intake process;
- effectively assess client needs and encourage informed and active client participation;

- address client needs effectively through coordination of care with appropriate providers and referrals to needed services; and
- are accessible to all people living with HIV in Los Angeles County

1. AGENCY POLICIES AND PROCEDURES

The objectives of the standards for agency policies and procedures are to:

- guarantee client confidentiality, ensure quality care, and provide a fair process to address clients’ grievances;
- ensure client and staff safety and well-being;
- facilitate communication and service delivery; and
- ensure that agencies comply with appropriate county, state and federal regulations.

All provider agencies offering services must have written policies that address client confidentiality, release of information, client grievance procedures, and eligibility.

Confidentiality assures protection of release of information regarding HIV status, behavioral risk factors, or use of services. Each agency will have a client confidentiality policy that is in accordance with state and federal laws. As part of the confidentiality policy, all agencies will provide a *Release of Information Form* describing under what circumstances client information can be released (name of agency/individual with whom information will be shared, information to be shared, duration of the release consent, and client signature). Clients shall be informed that permission for release of information can be rescinded at any time either verbally or in writing. Releases must be dated and are considered no longer binding after one year. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), the release of information form must be a HIPAA-compliant disclosure authorization.

A service provider must have a current grievance procedures that conform to the requirements set forth by DHSP. A provider agency grievance procedure ensures that clients have recourse if they feel they are being treated in an unfair manner or do not feel they are receiving quality services. Each agency will have a policy identifying the steps a client should follow to file a grievance and how the grievance will be handled. All agencies must inform clients of the DHSP Grievance Line and procedures (<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>).

1.0 AGENCY POLICIES AND PROCEDURES	
Standard	Measure
1.1 Client confidentiality policy exists.	1.1 Written policy on file at provider agency.
1.2 Grievance procedure exists.	1.2 Written procedure on file at provider agency.
1.3 Agency has eligibility requirements for services, in written form, available upon request. Eligibility requirements must	1.3 Written policy on file at provider agency.

follow guidance from HRSA under PCN #16-02.	
1.4 A complete file for each client exists. All client files are stored in a secure and confidential location, and electronic client files are protected from unauthorized use.	1.4 Files stored in a locked file or cabinet with access limited to appropriate personnel. Electronic files are password protected with access limited to appropriate personnel. Paper copies of all required forms that must be signed by the client and/or provider are in every client's file.
1.5 Client's consent for release of information is determined.	1.5 An up-to-date <i>Release of Information Form</i> exists for each specific request for information and each request is signed and dated by the client. Each release form indicates the destination of the client's information or from whom information is being requested before the client signs the release.
1.6 Client's consent for on-site file review by funders is determined.	1.6 Signed and dated <i>File Review Consent Form</i> in client's record. Consent forms have an expiration date of one year. In event of refusal of consent, file is coded to remove identifying information in accordance with federal, state, and local laws.
1.7 Agency maintains progress notes of all communication between provider and client. Progress notes indicate service provided and referrals that link clients to needed services. Notes are dated, legible, and in chronological order.	1.7 Progress notes maintained in individual client files.
1.8 Crisis management policy exists that addresses, at a minimum, infection control (e.g., needle sticks), mental health crises, and dangerous behaviors by clients or staff.	1.8 Written policy on file at provider agency.
1.9 Policy on universal precautions exists; staff members are trained in universal precautions.	1.9 Written policy on file at provider agency. Documentation of staff training in personnel file.
1.10 Policy and procedures exist for handling medical emergencies.	1.10 Policy and procedures on file and posted in visible location at site.

1.11 Agency complies with ADA criteria for programmatic accessibility. In the case of programs with multiple sites offering identical services, all sites must be compliant with relevant ADA criteria.	1.11 Site visit conducted by funder.
1.12 Agency complies with all applicable state and federal workplace and safety laws and regulations, including fire safety.	1.12 Signed confirmation of compliance with applicable regulations on file.

2. CLIENT RIGHTS AND RESPONSIBILITIES

The objectives of establishing minimum standards for client rights and responsibilities are to:

- ensure that services are available to all eligible clients;
- ensure that services are accessible for clients;
- involve consumers of HIV/AIDS services in the design and evaluation of services; and
- inform clients of their rights and responsibilities as consumers of HIV/AIDS services.

HIV/AIDS services funded by DHSP must be available to all clients who meet eligibility requirements and must be easily accessible.

A key component of HIV/AIDS service delivery is the historic and continued involvement of consumers in the design and evaluation of services. Substantive client input and feedback must be incorporated into the design and evaluation of HIV/AIDS services funded by DHSP; this can be accomplished through a range of mechanisms including consumer advisory boards, participation of consumers in HIV program committees or other planning bodies, and/or other methods that collect information from consumers to help guide and evaluate service delivery (e.g., needs assessments, focus groups, or satisfaction surveys).

The quality of care and quality of life for people living with HIV/AIDS is maximized when consumers are active participants in their own health care and share in health care decisions with their providers. This can be facilitated by ensuring that clients are aware of and understand their rights and responsibilities as consumers of HIV/AIDS services. Providers of HIV/AIDS services funded by DHSP must provide all clients with a *Client Rights and Responsibilities* document that includes, at a minimum, the agency’s confidentiality policy, the agency’s expectations of the client, the client’s right to file a grievance, the client’s right to receive no-cost interpreter services, and the reasons for which a client may be discharged from services, including a due process for involuntary discharge. “Due process” refers to an established, step-by-step process for notifying and warning a client about unacceptable or inappropriate behaviors or actions and allowing the client to respond before discharging them

from services. Some behaviors may result in immediate discharge.

Clients are entitled to access their files with some exceptions: agencies are not required to release psychotherapy notes, and if there is information in the file that could adversely affect the client (as determined by a clinician) the agency may withhold that information but should make a summary available to the client. Agencies must provide clients with their policy for file access. The policy must at a minimum address how the client should request a copy of the file (in writing or in person), the timeframe for providing a copy of the file (cannot be longer than 30 days), and what information if any can be withheld.

2.0 CLIENT RIGHTS AND RESPONSIBILITIES	
Standard	Measure
2.1 Services are available to any individual who meets program eligibility requirements.	2.1 Written eligibility requirements on file; client utilization data made available to funder.
2.2 Programs include input from consumers (and as appropriate, caregivers) in the design and evaluation of service delivery.	2.2 Documentation of meetings of consumer advisory board, or other mechanisms for involving consumers in service planning and evaluation (e.g., satisfaction surveys, needs assessments) in regular reports to funder(s).
2.3 Services are accessible to clients.	2.3 Site visit conducted by funder that includes, but is not limited to, review of hours of operation, location, proximity to transportation, availability of bilingual staff or language interpretation service, and other accessibility factors.
2.4 Program provides each client a copy of a <i>Client Rights and Responsibilities</i> document that informs him/her of the following: <ul style="list-style-type: none"> • the agency’s client confidentiality policy; • the agency’s expectations of the client as a consumer of services; • the client’s right to file a grievance; • the client’s right to receive no-cost interpreter services; • the reasons for which a client may be discharged from services, including a due process for involuntary discharge. 	2.4 Copy of <i>Clients Rights and Responsibilities</i> document is given to client; a copy of the form (or a signature/acknowledgement page) is signed by client and kept in client file.

2.5 Clients have the right to access their file.	2.5 Copy of agency's Client File Access policy is signed by client and kept in client file.
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3. PERSONNEL

The objectives of the standards of care for personnel are to:

- provide clients with access to the highest quality of care through qualified staff;
- inform staff of their job responsibilities; and
- support staff with training and supervision to enable them to perform their jobs well.

All staff and supervisors will be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance. At a minimum, all staff should be able to provide appropriate care to clients infected/affected by HIV/AIDS, be able to complete all documentation required by their position, and have previous experience (or a plan for acquiring experience) in the appropriate service/treatment modality (for clinical staff). Clinical staff must be licensed or registered as required for the services they provide.

3.0 PERSONNEL	
Standard	Measure
3.1 Staff members have the minimum qualifications expected for their job position, as well as other experience related to the position and the communities served.	3.1 Résumé in personnel file meeting the minimum requirements of the job description.
3.2 Staff members are licensed as necessary to provide services.	3.2 Copy of license or other documentation in personnel file.
3.3 Staff and supervisors know the requirements of their job description and the service elements of the program.	3.3 Documentation in personnel file that each staff members received job description.
3.4 Newly hired staff are oriented within 6 weeks, and begin initial training within 3 months of being hired. Ongoing training continues throughout staff's tenure.	3.4 Documentation in personnel file of completed orientation within 6 weeks of date of hire; (b) commencement of initial training within 3 months of date of hire; and (c) ongoing trainings.

4. CULTURAL AND LINGUISTIC COMPETENCE

The objective for establishing standards of care for cultural and linguistic competence is to provide services that are culturally and linguistically appropriate.

Culture is the integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, and values of individuals and groups, all which may be influenced by race, ethnicity, religion, class, age, gender, gender identity, disability, sexual orientation, and other aspects of life upon which people construct their identities. In our work with people living with HIV, culture may also include past or current substance use, homelessness, mental health, and/or incarceration, among others.

Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency, or among individuals that enables effective delivery of services. Linguistic competence is the ability to communicate effectively with clients, including those whose preferred language is not the same as the provider's, those who have low literacy skills, and/or those with disabilities. Cultural and linguistic competence is a goal toward which all providers must aspire, but one that may never be completely achieved given the diversity of languages and cultures throughout our communities. However, all providers should be involved in a continual process of learning, personal growth, experience, education, and training that increases cultural and linguistic competence and enhances the ability to provide culturally and linguistically appropriate services to all individuals living with HIV/AIDS. Culturally and linguistically appropriate services are services that:

- respect, relate, and respond to a client's culture, in a non-judgmental, respectful, and supportive manner;
- are affirming and humane, and rely on staffing patterns that match the needs and reflect the culture and language of the communities being served;
- recognize the power differential that exists between the provider and the client and seek to create a more equal field of interaction; and
- are based on individualized assessment and stated client preferences rather than assumptions based on perceived or actual membership in any group or class.

As part of the on-going process of building cultural and linguistic competence, providers should strive to develop:

- a comfort with and appreciation of cultural and linguistic difference;
- interpersonal behaviors that demonstrate and convey concern and respect for all cultures;
- the comfort and ability to acknowledge the limits of personal cultural and linguistic competence and the skills to elicit, learn from, and respond constructively to relevant personal and cultural issues during service interactions; and
- a commitment to increasing personal knowledge about the impact of culture on health and specific knowledge about the communities being served.

Ongoing trainings that help build cultural and linguistic competence may include traditional cultural and linguistic competency trainings, as well as a range of trainings that help build specific skills and knowledge to work and communicate more effectively with the communities we serve.

NOTE: Interpretation refers to verbal communication that translates speech from a speaker to a receiver in a language that the receiver can understand. Translation refers to the conversion of written material from one language to another.

4.0 CULTURAL AND LINGUISTIC COMPETENCE	
Standard	Measure
4.1 Programs recruit, retain, and promote a diverse staff that reflects the cultural and linguistic diversity of the community.	4.1 Programs have a strategy on file to recruit, retain and promote qualified, diverse, and linguistically and culturally competent administrative, clinical, and support staff who are trained and qualified to address the needs of people living with HIV/AIDS.
4.2 All staff receive ongoing training and education to build cultural and linguistic competence and/or deliver culturally and linguistically appropriate services.	4.2 All staff members receive appropriate training within the first year of employment and periodically thereafter as needed. Copies of training verification in personnel file.
4.3 Programs assess the cultural and linguistic needs, resources, and assets of its service area and target population(s).	4.3 Programs collect and use demographic, epidemiological, and service utilization data in service planning for target population(s).
4.4 Programs' physical environment and facilities are welcoming and comfortable for the populations served.	4.4 Funder site visit. Physical facilities are clean and safe.
4.5 All programs ensure access to services for clients with limited English skills in one of the following ways (listed in order of preference): <ul style="list-style-type: none"> • Bilingual staff who can communicate directly with clients in preferred language; • Face-to face interpretation provided by • Qualified staff, contract interpreters, or volunteer interpreters; • Telephone interpreter services (for 	4.5 Programs document access to services for clients with limited English skills through the following: <ul style="list-style-type: none"> • For bilingual staff, résumés on file demonstrating bilingual proficiency and documentation on file of training on the skills and ethics of interpreting; • Copy of certifications on file for contract or volunteer interpreters; • Listings/directories on file for telephone interpreter services; or

<p>emergency needs or for infrequently encountered languages); or</p> <ul style="list-style-type: none"> • Referral to programs with bilingual/bicultural clinical, administrative and support staff and/or interpretation services by a qualified bilingual/bicultural interpreter. 	<ul style="list-style-type: none"> • Listings/directories on file for referring clients to programs with bilingual/bicultural clinical, administrative and support staff, and/or interpretation services by a qualified bilingual/bicultural interpreter.
<p>4.6 Clients are informed of their right to obtain no-cost interpreter services in their preferred language, including American Sign Language (ASL).</p>	<p>4.6 <i>Client Rights and Responsibilities</i> document includes notice of right to obtain no-cost interpreter services.</p>
<p>4.7 Family and friends are not considered adequate substitutes for interpreters because of privacy, confidentiality, and medical terminology issues. If a client chooses to have a family member or friend as their interpreter, the provider obtains a written and signed consent in the client’s language. Family member or friend must be over the age of 18.</p>	<p>4.7 Family/friend interpretation consent form signed by client and maintained in client file.</p>
<p>4.8 Clients have access to linguistically appropriate signage and educational materials.</p>	<p>4.8 Programs provide commonly used educational materials and other required documents (e.g., grievance procedures, release of information, rights and responsibilities, consent forms, etc.) in the threshold language of all threshold populations.</p> <p>Programs that do not have threshold populations have a documented plan for explaining appropriate documents and conveying information to those with limited English proficiency.</p>
<p>4.9 Programs conduct ongoing assessments of the program and staff’s cultural and linguistic competence.</p>	<p>4.9 Programs integrate cultural competence measures into program and staff assessments (e.g., internal audits, performance improvement programs, patient satisfaction surveys, personnel evaluations, and/or outcome evaluations).</p>

5. INTAKE AND ELIGIBILITY

The objectives of the standards for the intake process are to:

- assess client's immediate needs;
- inform the client of the services available and what the client can expect if s/he were to enroll;
- establish the client's eligibility for services, including HIV status and other criteria;
- establish whether the client wishes to enroll in a range of services or is interested only in a discrete service offered by the provider agency;
- explain the agency policies and procedures;
- collect required county, state, federal client data for reporting purposes;
- collect basic client information to facilitate client identification and client follow-up; and
- begin to establish a trusting client relationship.

Intake Process: All clients who request or are referred to HIV services will participate in the intake process. Intake is conducted by an appropriately trained program staff or intake worker. The intake worker will review client rights and responsibilities, explain the program and services to the client, explain the agency's confidentiality and grievance policies to the client, assess the client's immediate service needs, and secure permission from the client to release information (if there is an immediate need to release information).

Intake is considered complete if the following have been accomplished: (1) the client's HIV positive status has been verified and documented; (2) all required forms have been completed, and (3) the information below (at a minimum) has been obtained from the client:

- name, address, phone, and email (if available);
- preferred method of communication (e.g., phone, email, or mail);
- emergency contact information;
- preferred language of communication;
- enrollment in other HIV/AIDS services;
- primary reasons and need for seeking services at agency.

A client who chooses to enroll in services and who is eligible will be assigned a staff member who is responsible for making contact with the client to set up a time for a more thorough assessment, if necessary, to determine appropriate services. Referrals for other appropriate services will be made if ineligible. The intake process will **begin within five days** of the first client contact with the agency. Ideally, the client intake process should be completed as quickly as possible; however, recognizing that clients may not have on hand the required documentation (e.g., documentation of HIV status), the intake process should be completed within 30 days of beginning intake.

5.0 INTAKE AND ELIGIBILITY

Standard	Measure
5.1 Intake process is completed within 30 days of initial contact with client and documents client's contact information (including his/her emergency contact's name and phone number) and assesses his/her immediate service needs and connection to primary care and other services.	5.1 Completed intake, dated no more than 30 days after initial contact, in client's file.
5.2 To determine minimum eligibility for services, client's HIV-positive status is verified if client chooses to enroll.	5.2 Physician's note or laboratory test in client's file documenting that client is HIV-positive.

6. Assessment and Service Plan

The objectives of the standards for assessment and service plan are to:

- gather information to determine the client's needs;
- identify the client's goals and develop action steps to meet them;
- identify a timeline and responsible parties for meeting the client's goals; and
- ensure coordination of care with appropriate providers and referral to needed services.

Assessment

All providers must assess the client's needs to develop an appropriate service plan. Service assessments include an assessment of all issues that may affect the need for the provider service. The assessment is a cooperative and interactive endeavor between the staff and the client. The client will be the primary source of information. However, with client consent, assessments may include additional information from case manager(s), medical or psychosocial providers, caregivers, family members, and other sources of information, if the client grants permission to access these sources. The assessment should be conducted face-to-face within 30 days of intake, with accommodations for clients who are too sick to attend the appointment at the provider agency.

It is the responsibility of the staff to reassess the client's needs with the client as his/her needs change. The reassessment should be done as needed, but no less than once every six (6) months. If a client's income, housing status, or insurance status/resource has changed since assessment or the most recent reassessment, agencies must ensure that the data on the Client Information Form is updated accordingly. The staff member is encouraged to contact other service providers/care givers involved with the client or family system in support of the client's well-being. Staff members must comply with established agency confidentiality policies (see Standard 1.1) when engaging in information and coordination activities.

Individual Service Plan (ISP)

The purpose of the individual service plan (ISP) is to guide the provider and client in their collaborative effort to deliver high quality care corresponding to the client’s level of need. It should include short-term and long-term goals, based upon the needs identified in the assessment, and action steps needed to address each goal. The ISP should include specific services needed and referrals to be made, including clear time frames and an agreed upon plan for follow up.

As with the assessment process, service planning is an on-going process. It is the responsibility of the staff to review and revise a client’s ISP as needed, but not less than once every six (6) months.

As part of the ISP, programs must ensure the coordination of services. Coordination of services requires identification of other staff or service providers with whom the client may be working. As appropriate and with client consent, program staff will act as a liaison among clients, caregivers, and other service providers to obtain and share information that supports optimal care and service provision. If a program is unable to provide a specific service, it must be able to make immediate and effective referrals. In case of referrals, staff must facilitate the scheduling of appointments, transportation, and the transfer of related information.

6.0 ASSESSMENT AND SERVICE PLAN	
Standard	Measure
6.1 Within 30 days of client contact, assessment is conducted of client’s need for particular service.	6.1 Completed assessment form in the client file.
6.2 Within 30 days of client contact, ISP is developed collaboratively with the client that identifies goals and objectives, resources to address client’s needs, and a timeline.	6.2 Completed ISP in client file signed by the client and staff person.
6.3 Reassessment of the client’s needs is conducted as needed, but not less than once every six months.	6.3 Documentation of reassessment in the client files (e.g., progress notes, update notes on the initial assessment, or new assessment form).
6.4 Service plan is reviewed and revised as needed, but not less than once every six months.	6.4 Documentation of ISP review/revision in client’s file (e.g., progress notes, update notes on initial ISP, or new ISP). Updated ISP shall be signed by client, staff person, and supervisor.
6.5 Program staff identify and communicate as appropriate (with documented consent of	6.5 Documentation in client file of other staff within the agency or at another agency with

client) with other service providers to support coordination and delivery of high quality care and to prevent duplication of services.	whom the client may be working.
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7. TRANSITION AND DISCHARGE

The objectives of the standards for transition and discharge are to:

- ensure a smooth transition for clients who no longer want or need services at the provider agency;
- maintain contact with active clients and identify inactive clients;
- assist provider agencies in more easily monitoring caseload; and
- plan after-care and re-entry into service.

A client may be discharged from any service through a systematic process that includes a discharge summary in the client’s record. The discharge summary will include a reason for the discharge and a transition plan to other services or other provider agencies, if applicable. Agencies should maintain a list of resources available for the client for referral purposes. If the client does not agree with the reason for discharge, (s)he should be referred to the provider agency’s and DHSP’s grievance procedure.

A client may be discharged from any service for any of the following reasons:

- client dies;
- client requests a discharge;
- client’s needs change and (s)he would be better served through services at another provider agency;
- client’s actions put the agency, service provider, or other clients at risk;
- client sells or exchanges emergency assistance, child care, or transportation vouchers for cash or other resource for which the assistance is not intended;
- client moves/relocates out of the service area; or
- the agency is unable to reach a client, after repeated attempts, for a period of 12 months.

7.0 TRANSITION AND DISCHARGE	
Standard	Measure
7.1 Agency has a transition and discharge procedure in place that is implemented for clients leaving or discharged from services for any of the reasons listed in the narrative above.	7.1 Completed transition/discharge summary form on file, signed by client and supervisor (if possible). Summary form should include: reason for discharge; and a plan for transition to other services, if applicable, with confirmation of communication between referring and referral agencies, or between client and agency.
7.2 Agency has a due process policy in place for involuntary discharge of clients from services; policy includes a series of verbal and written warnings before final notice and discharge.	7.2 Due process policy on file as part of transition and discharge procedure; due process policy described in the <i>Client Rights and Responsibilities</i> document.
7.3 Agency has a process for maintaining communication with clients who are active and identifying those who are inactive.	7.3 Documentation of agency process for maintaining communication with active clients and identifying inactive clients.
7.4 Agency provides clients with referral information to other services, as appropriate.	7.4 HIV/ STD prevention and treatment, and other health and social service referrals are documented in client's chart. Resource directories are available for clients.

ACKNOWLEDGEMENTS

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