STANDARDS OF CARE

Los Angeles County Commission on HIV

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STANDARDS OF CARE

Los Angeles County Commission on HIV

PEER SUPPORT SERVICES

EXECUTIVE SUMMARY

SERVICE INTRODUCTION

Peer support services improve access to and retention in primary health care and supportive services for hard-to-reach persons living with HIV through the utilization of specially trained peers.

Peer support includes:

- Individual-level peer-based orientation sessions
- Individual-level peer-based support sessions
- Interactive educational/informational group sessions
- Newsletters

The goals of peer support or people living with HIV include: greater sense of empowerment, greater self advocacy, greater medical self-management, enhanced overall health status and greater awareness of resources.

SERVICE ORGANIZATIONAL/LICENSURE CATEGORY

At present, peer support services are unlicensed. All peer support services will be provided in accordance with Commission on HIV guidelines and procedures and local laws and regulations.

SERVICE CONSIDERATIONS

General Considerations: Peer support services will respect the inherent dignity of each person living with HIV they serve. Services will be client -driven, aiming to increase a client's sense of empowerment, self-advocacy and medical self-management, and enhance the overall health status of people living with HIV. These services will focus on clients who are newly diagnosed, newly identified as HIV-positive or who require additional support to engage in and maintain HIV medical care and supportive services. All HIV peer services will be culturally and linguistically appropriate to the target population.

Outreach: Programs providing peer support activities will conduct outreach activities to potential clients and HIV service providers to promote the availability of and access to HIV peer support activities.

Intake: Client intake is required for all patients who request or are referred to peer support services. The intake process determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client.

Client Action Plan: A client action plan will be developed in conjunction with all clients who

receive individual peer-based orientation and support sessions, which includes goals to be reached as a result of receiving HIV peer support services.

Individual Level Peer-Based Support: Individual level peer-based support is divided into two distinct services, requiring different support focus: orientation sessions for clients who are newly diagnosed or newly identified; or support sessions for clients who have difficulty managing and adhering to care and treatment regimes.

Maintaining Ongoing Client Contact: Peer support services staff and/or volunteers will attempt ongoing face-to-face or voice-to-voice contact with all clients receiving individual orientation and support services as dictated by the client action plan in order to implement plans, make referrals and monitor progress.

Peer-Based Interactive Group Sessions: Interactive educational and informational group sessions will convey a peer perspective on subjects that relate to improving empowerment, self-advocacy, medical self-management and health in people living with HIV.

Newsletters: Newsletters designed by and for people living with HIV may be distributed to clients, primary health care and supportive service providers and HIV testing sites.

Client Retention: Programs shall strive to retain patients in peer support services. A broken appointment policy and procedure to ensure continuity of service and retention of patients is required.

Triage/Referral/Coordination: Programs providing HIV peer support services will demonstrate active collaboration other agencies to provide referral to the full spectrum of HIV-related services.

Case Closure: Peer support programs will develop criteria and procedures for case closure. All attempts to contact the client and notifications about case closure will be documented in the client file, along with the reason for case closure.

Services promote a sense of empower-ment.

STAFFING REQUIREMENTS AND QUALIFICATIONS

Peer support staff members are non-licensed, para-professional persons living with HIV who are (or have been former) consumers of HIV health care services. At minimum, all peer support staff will be able to provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their positions.

Peer support volunteers who have client contact are people living with HIV who are (or have been former) consumers of HIV health care services. At minimum, all peer support staff will be able to provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their function.

Peer support staff and volunteers who have client contact will complete an agency-based orientation before providing services. In addition, all peer support staff and volunteers who have client contact will successfully complete an HIV Peer Support Training Program, approved by the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP)—within six months of being hired. All staff and volunteers will be supervised by a Master's degree-level mental health clinician.

PEER SUPPORT SERVICES

SERVICE INTRODUCTION

Peer support services improve access to and retention in primary health care and supportive services for hard-to-reach persons living with HIV through the utilization of specially trained peers. Peers bring valuable life experience to their work as support services staff. Organizations and programs sometimes struggle with fully integrating peers into their programs. Successful programs hire peers for the perspectives and talents they have, and not just to meet funding requirements. Programs using peers as staff members are directed to the HIV/AIDS Bureau's *Organizations that Care: A Toolkit for Employing Consumers in Ryan White CARE Act Programs*, 2004 to use as a guide to help support and develop their peer staff members.

Peer support includes:

- Individual-level peer-based orientation sessions
- Individual-level peer-based support sessions
- Interactive educational/informational group sessions
- Newsletters

All programs will use available standards of care to inform clients of their services and will provide services in accordance with legal and ethical standards. Maintaining confidentiality is critical, and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

The goals of peer support for people living with HIV include:

- Greater sense of empowerment
- Greater self-advocacy
- Greater medical self-management
- Enhanced overall health status
- Greater awareness of resources

Recurring themes in this standard include:

- Peer services will respect the dignity and self-determination of clients.

- Peer services promote community through social/emotional support networks.
- In many cases, peer support services are the most effective way of engaging clients into treatment.
- Peer services require specialized training.
- Peer services staff require supervision by a mental health professional.

The Los Angeles County Commission on HIV and the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Program and Policy (OAPP)—have developed this standard of care to set minimum quality expectations for service provision and to guarantee clients consistent care, regardless of where they receive services in the County.

This document represents a synthesis of published standards and research, including:

- *HIV Peer Support Services Contract Exhibit*, Office of AIDS Programs and Policy
- HIV Peer Support Training Services Contract Exhibit, Office of AIDS Programs and Policy
- *California Peer Educator Project*, Level 1 Participant Manual, Shanti National Training Institute, 2003
- Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were Atlanta, 2004; Orlando, 2002; Boston 2004; and Denver 2004

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

Peer support services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations.

All peer support staff will successfully complete the HIV Peer Support Training Program and participate in all required refresher activities and trainings. A Master's degree-level or Doctoral candidate mental health professional in social work, counseling, nursing with specialized mental health training, psychology will provide clinical supervision for each HIV peer support staff providing individual-level peer-based orientation and support sessions. In addition, volunteers who have client contact will participate in group supervision facilitated by a Master's degree-level mental health professional on a quarterly basis, at minimum.

Any medical information contained in HIV peer support newsletters will be reviewed and approved by a licensed medical provider prior to submission to the DHSP.

DEFINITIONS AND DESCRIPTIONS

Assessment for peer support services evaluates a client's level of knowledge and understanding about HIV, health care and supportive service needs, and awareness of resources and support system.

HIV peer support services improve access to and retention in primary health care and supportive services for hard-to-reach people living with HIV through the utilization of specially trained peers.

Individual-level peer-based support includes orientation sessions for clients who are newly

diagnosed and support sessions for clients who have difficulty managing and adhering to care and treatment regimes.
Intake is a process that determines a person's eligibility for HIV peer support services.

Outreach promotes the availability of and access to HIV peer support activities to potential clients and service providers.

Peer-based interactive group sessions convey a peer perspective on subjects that relate to improving empowerment, self-advocacy, medical self-management and health in people living with HIV.

HOW SERVICE RELATES TO HIV

At the end of 2013, approximatel 60,050 people were estimated to be living with HIV infection in Los Angeles County. Los Angeles County comprises 40% of the total AIDS cases in the State of California (Epidemiologic Profile of HIV in Los Angeles County, 2013).

Peer programs have developed from evidence that clients already receive a great deal of information from their peers, and respond well to people of similar age, background, and interests. The cultural similarity of peers helps to ensure that the language and messages used in treatment are relevant and appropriate (Flanagan, Williams & Mahler, 1996; Fee & Youssef, 1993).

Recent studies have determined that very high levels of medication adherence are required to achieve maximum benefit from highly active antiretroviral therapy (HAART). The development of intervention strategies that target cognitive, behavioral, emotional and social aspects of adherence is critical to success (Tuldra & Wu, 2002).

Peer counseling and assistance has been used successfully in helping clients with medical adherence issues, especially in drug abusing populations (Broadhead, et al, 2002). Peer counselors have proven invaluable in promoting adherence in clinics and community agencies (Martin, et al., 2001).

Peer intervention in case management functions has demonstrated improvement in outreach efforts, monitoring and outcomes in hard-to-reach populations (Albrecht & Peters, 1997).

SERVICE COMPONENTS

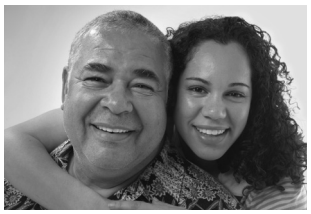
Peer support services will respect the inherent dignity of each person living with HIV they serve. Services will be client-driven, aiming to increase a client's sense of empowerment, self-advocacy and medical self-management, and enhance the overall health status of people living with HIV. Additionally, peer support can serve to reduce social isolation and promote community by facilitating the development of social and emotional support networks by and for people living with HIV.
Services will be provided by hired staff, with trained volunteers used to expand program capacity. Services will be offered to medically indigent (uninsured or unable to get insurance) people living in Los Angeles County. Services are intended for populations that are typically "hard to reach" and who may respond better to peers than to other modes

of intervention. These services will focus on clients who are newly diagnosed, newly identified as HIV-positive or who require additional support to engage in and maintain HIV medical care and supportive services. All peer services will be culturally and linguistically appropriate to the target population (see Program Requirements and Guidelines in the Standards of Care Introduction). HIV peer support services shall follow peer counseling principles set forth in published guidelines such as the California Peer Educator Project (2003).

Peer support services in Los Angeles County are comprised of one or more of the following components:

- Individual-level peer-based orientation
- Individual-level peer-based support sessions
- Interactive educational/informational group session
- Newsletters designed by people living with HIV

STANDARD	MEASURE
HIV peer support services will respect inherent dignity of clients and will be client-driven, aiming to increase empowerment, self-advocacy and medical self-management.	Program review to confirm.
Programs will follow counseling principles set forth in published guidelines.	Program review to confirm.



Peer support helps reduce social isolation.

OUTREACH

Programs providing peer support activities will conduct outreach activities to potential clients and HIV service providers to promote the availability of and access to HIV peer support activities. Programs will work in collaboration with HIV primary health care and support services providers, as well as HIV testing sites. The purpose of outreach activities will be to identify appropriate clients from difficult-to-reach populations for HIV peer support services who may respond better to peers than other modes of intervention.

STANDARD	MEASURE
Peer support programs will outreach to potential clients and providers.	Outreach plan on file at provider agency.
Programs will collaborate with primary health care and supportive service providers.	Memoranda of Understanding on file at the provider agency.

INTAKE

Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client. Programs will assess individuals in crisis to determine what other interventions are appropriate, either within the agency, or by immediate referral.

In the intake process and throughout peer support services, client confidentiality will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, Release of Information forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for

individuals not listed on the most current Release of Information (specification should indicate the type of information that can be released).

As part of the intake process, the client file will include the following information (at minimum):

- Written documentation of HIV status
- Proof of Los Angeles County residency
- Verification of financial eligibility for services
- Date of intake
- Client name, home address, mailing address and telephone number
- Emergency and/or next of kin contract name, home address and telephone number

Required Forms: Programs must develop the following forms in accordance with State and local guidelines.

Completed forms are required for each client:

- Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released).
- Limits of Confidentiality (confidentiality policy)
- Consent to Receive Services
- Client Rights and Responsibilities
- Client Grievance Procedures

In addition to eligibility screening, intake for peer support services will include (at minimum) an evaluation of the client's:

- Level of knowledge and understanding about HIV
- Primary health care and supportive service needs (including access, maintenance and adherence issues
- Awareness of available resources and services to include (at minimum):
  - Medical, mental health and substance treatments and coverage
  - Financial coverage and resources
  - Housing
  - Eligibility requirements for any programs discussed
  - Legal/immigration resources
- Current psychosocial support system
- HIV prevention and risk reduction issues
- Issues and concerns regarding coping with HIV
- Ability to access alternate HIV peer support services
- Substance use/abuse and history
- Mental health history

Assessments for HIV peer services will be updated as necessary, but once a year, at minimum.

STANDARD	MEASURE
Intake process will begin during first contact with client.	Intake tool in client file to include (at minimum): • Documentation of HIV status • Proof of LA County residency • Verification of financial eligibility • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contract name, home address and telephone number

STANDARD	MEASURE
Confidentiality policy and Release of Information will be discussed and completed.	Release of Information signed and dated by client on file and updated annually.
Consent for Services will be completed.	Signed and dated Consent in client file.
Client will be informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.
Peer programs will evaluate (at minimum) the client's: • Level of knowledge and understanding about HIV • Primary health care and supportive service needs • Awareness of available resources and services • Current psychosocial support system • HIV prevention and risk reduction issues • Issues and concerns regarding coping with HIV • Ability to access alternate HIV peer support services • Substance use/abuse and history • Mental health history Assessments will be updated as necessary, but once per year (at minimum).	Assessment maintained in client file and signed and dated by peer support staff completing assessment.

CLIENT ACTION PLAN

A client action plan will be developed for all clients who receive individual peer-based orientation and support sessions. Client action plans will include goals to be reached as a result of receiving HIV peer support services. Action plans will be developed in conjunction with the client and will be updated in three months. After that time, action plans will be updated based on client need, but once every six months (at minimum). Peer support services staff will address and document existing and newly identified action plan goals. These activities will be documented in the client chart.

STANDARD	MEASURE
Peer support staff will complete a client action plan in conjunction with the client.	Client action plan including description of client goals, steps and timeframe to accomplish goals, and disposition of each goal on file in client chart, signed and dated by peer support staff.
Action plans will be developed in conjunction with the client and will be updated in three months. After that time, action plans will be updated based on client need, once every six months (at minimum).	Signed, dated updated action plans on file in client chart.

INDIVIDUAL LEVEL PEER-BASED SUPPORT

Staff and volunteers will practice basic peer counseling techniques when providing individual level peer-based support services, to include:

- Active listening
- Using open-ended questions
- Using non-verbal communication
- Using furthering responses, repetition and validation
- Mirroring and affirming clients' feelings

Individual-level peer-based support is divided into two distinct services, requiring different support focus:

- **Orientation sessions for clients who are newly diagnosed or newly identified:** This

service will assist clients in learning about and navigating the HIV care services system.

- **Support sessions for clients who have difficulty managing and adhering to care and treatment regimens:** This service will assist clients in identifying and addressing challenges and barriers to consistent adherence with HIV primary health care and supportive services.

All individual-level peer-based support activities will be documented in client files.

STANDARD	MEASURE
Peer support staff and volunteers will follow peer counseling principles in their work with clients	Clinical supervision to confirm and document
Peer support staff and volunteers will provide orientation sessions for newly diagnosed and/or newly identified clients	Orientation sessions will be documented in client file with the following (at minimum): • Date, time spent • What occurred during the contact • Date, signature and title of person providing the service
Peer support staff and volunteers will provide support sessions for clients who have difficulty managing and adhering to care and treatment regimes	Support sessions will be documented in client file with the following (at minimum): • Date, time spent • What occurred during the contact • Date, signature and title of person providing the service

MAINTAINING ONGOING CLIENT CONTACT

Peer support services staff and/or volunteers will attempt ongoing face-to-face or voice-to-voice contact with all clients receiving individual orientation and support services as dictated by the client action plan, but once every month, at minimum, to:

- Implement client action plans
- Provide referrals and interventions programs will use the DHSP's service utilization data management system to facilitate, connect, access, track and document referrals to and from organizations
- Monitor client action plan progress and follow-up activities
- Assist clients to resolve challenges and barriers to accessing, maintaining and adhering to primary health care, supportive services and referrals

When appropriate, peer support services staff and/or volunteers will monitor and confirm clients' completion of referrals, service acquisition and adherence to services with HIV primary health care and supportive service providers. Documentation of ongoing client contact activities will be maintained in the client file.

Peer support services staff will also provide referrals and support to clients for abstaining from or reducing harm related to engaging in risk behaviors associated with HIV disease progression and/or HIV transmission.

It is especially important that peer support services staff ensure that clients are linked to HIV primary health care services. Every effort will be made to assist clients in accessing, maintaining and adhering to primary health care and other supportive services. Documentation of health care information and services will be updated whenever there is a change in primary health care provider.

STANDARD	MEASURE
Peer support services staff and/or volunteers will attempt contact with all clients receiving individual services once every month (at minimum) to: • Implement client action plans • Provide referrals and interventions • Monitor client action plan progress and follow-up activities • Assist clients in accessing, maintaining and adhering to primary health care, supportive services and referrals	All client contacts will be detailed in signed, dated progress notes to be maintained in the client file. Notes will include, at minimum: • Date and time spent • What occurred during the contact • Signature and title of person providing the contact
Referrals will be made and monitored with HIV primary health care, harm reduction and supportive service providers.	All referrals and interventions made on behalf of the client, along with the results of these referrals and interventions will be detailed in signed, dated progress notes in the client file
Peer support staff and/or volunteers will track their clients' progress toward goals set forth in client action plans, along with barriers and steps taken to resolve these barriers.	Progress notes to detail barriers to and progress toward action plan goals. Steps taken to resolve barriers will also be maintained in progress notes in client file.
Peer support staff and/or volunteers will assist clients in accessing, maintaining and adhering to primary health care and other supportive services.	Signed and dated progress notes in client chart will document health care information and services, and will be updated on an ongoing basis whenever there is a change in primary health care provider.

PEER-BASED INTERACTIVE GROUP SESSIONS

Interactive educational and informational group sessions will convey a peer perspective on subjects that relate to improving empowerment, self-advocacy, medical self-management and health in people living with HIV, including (but not limited to):

- Coping with HIV
- Making healthy lifestyle choices
- Accessing and maintaining consistent care
- Treatment adherence

Peer group sessions will be facilitated or co-facilitated by HIV peer support staff. Sessions will be at least one hour long.

STANDARD	MEASURE
Programs will provide group sessions facilitated by HIV peer support staff to convey peer perspective on selected topics. Groups will be at least one hour long	Programs will maintain group records which contain the following documentation, at minimum: • Dated sign-in sheets • Number of participants attended • Name and title of group facilitator • Location of group • Copies of materials or handouts • Summary of the topics discussed and activities conducted • Goals and objectives achieved during group sessions

NEWSLETTERS

Newsletters designed by and for people living with HIV may be distributed to clients, primary health care and supportive service providers and HIV testing sites.

Newsletters topics will stress the importance of:

- Making healthy lifestyle choices
- Accessing and maintaining primary health care and supportive services
- Treatment adherence
- Empowerment, self-advocacy and self-management

Any medical information included in newsletters must be reviewed and approved by a licensed medical provider.

STANDARD	MEASURE
Peer support programs may develop newsletters by people with HIV for people living with HIV that include topics applicable to the target population and focus on empowerment, self-advocacy and medical self-management. Medical information included in newsletters must be reviewed and approved by a licensed medical provider	Programs will maintain the following required documentation for newsletters: • Copies of newsletters produced and distributed • Verification of licensed medical provider approval (where applicable) • DHSP approval letters • Distribution list

CLIENT RETENTION

Programs shall strive to retain patients in peer support services. To ensure continuity of service and retention of patients, programs will be required to establish a broken appointment policy. Follow-up can include telephone calls, written correspondence and/or direct contact, and strives to maintain a patient's participation in care. Such efforts shall be documented in the progress notes within the patient record.

STANDARD	MEASURE
Programs will develop a broken appointment policy to ensure continuity of service and retention of patients.	Written policy on file at provider agency.
Programs will provide regular follow-up procedures to encourage and help maintain a patient in peer support services.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: • Telephone calls • Written correspondence • Direct contact

TRIAGE/REFERRAL/COORDINATION

Programs providing HIV peer support services will demonstrate active collaboration other agencies to provide referral to the full spectrum of HIV-related services.

Because resource referral and coordination is such a vital component of peer support services, programs must maintain a comprehensive list of target providers (both internal and external), including, but not limited to, the HIV LA Resources Directory, for the full spectrum of HIV-related services. Referrals to services—including medical care, mental health treatment, case management, treatment advocacy, peer support, and dental treatment—will also be made as indicated. Formal relationships with mental health and substance abuse providers are especially important for assistance in crisis management or psychiatric emergencies.

STANDARD	MEASURE
Peer support programs will maintain a comprehensive list of providers for full spectrum HIV-related service referrals.	Referral list on file at provider agency.

STANDARD	MEASURE
Peer support programs will collaborate with other agencies and providers to provide effective, appropriate referrals.	Memoranda of Understanding detailing collaborations on file at provider agency, especially with mental health and substance abuse providers for crisis management or psychiatric emergencies.

CASE CLOSURE

Case closure is a systematic process for disenrolling clients from peer support services. Peer support programs will develop criteria and procedures for case closure. All attempts to contact the client and notifications about case closure will be documented in the client file, along with the reason for case closure.

Cases may be closed when the client:

- Is engaged in and maintaining HIV medical care
- Has achieved the goals listed on the client action plan
- Relocates out of the service area
- Has had no direct program contact in the past six months
- Is ineligible for the service
- No longer needs the service
- Discontinues the service
- Is incarcerated long term
- Uses the service improperly or has not complied with the client services agreement
- Has died

STANDARD	MEASURE
Peer support programs will develop case closure criteria and procedures.	Case closure criteria and procedures on file at provider agency. Cases may be closed when the client: • Is engaged in and maintaining HIV medical care • Has achieved the goals listed on the client action plan • Relocates out of the service area • Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Uses the service improperly or has not complied with the client services agreement • Has died
Programs will attempt to notify clients about case closure.	Client chart will include attempts at notification and reason for case closure.

STAFFING REQUIREMENTS AND QUALIFICATIONS

Peer support staff members are non-licensed, para-professional persons living with HIV who are (or have been former) consumers of HIV health care services. At minimum, all peer support staff will be able to provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their positions.

Peer support volunteers who have client contact are people living with HIV who are or have

been consumers of HIV health care services. At minimum, all peer support staff will be able to provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their function.

Peer support staff and volunteers who have client contact will complete an agency-based orientation before providing services. In addition, all peer support staff and volunteers who have client contact will successfully complete the DHSP-approved HIV Peer Support Training Program within six months of being hired.

Training will include (but not be limited to):

- Basic HIV/AIDS education
- Client confidentiality and HIPAA regulations
- Benefits of peer support
- Peer modeling approaches
- Basic counseling techniques
- Personal boundaries (physical, emotional, spiritual and financial)
- Crisis intervention procedures
- Cultural competency
- Local HIV-related resources
- Navigation of the HIV care system
- Access, maintenance and adherence to primary health care and other supportive services
- Special populations (e.g., recognizing the needs of people with mental health and/or substance abuse diagnoses)
- Management of challenging client situations
- Prevention and risk reduction activities
- Outreach to and assisting hard-to-reach populations
- Performance and documentation of services

Refresher activities and other trainings will be completed as required by DHSP. At minimum, all peer support staff and volunteers who have client contact will participate in at least eight hours of job-related education or training annually. Documentation of participation in all trainings and refresher activities will be kept within each staff or volunteer record.

Volunteers may be used in peer support programs to expand program capacity. All volunteers will be supervised by peer support staff, ensuring that services provided are appropriate and consistent with this standard of care. In addition, volunteers who have client contact will participate in group supervision facilitated by a Master's degree-level mental health professional on a quarterly basis, at minimum.

Clinical supervision will be provided for all HIV peer support staff members who provide individual peer-based orientation and support sessions at a minimum of two hours per month. Supervision will be provided by a Master's degree-level mental health professional (social work, counseling, nursing with specialized mental health training, psychology, or doctoral candidate in any of these fields).

Clinical supervision will address clients' psychosocial issues and concerns, provide general clinical guidance and follow-up plans for HIV peer support staff. Documentation of clinical supervision on individual cases will be kept in those client files. Clinical supervision will also include monitoring of documentation of assessments, client contacts, referrals and follow-up activities within the client files.

STANDARD	MEASURE
Peer support programs will hire staff and locate volunteers who be able to provide age and culturally appropriate care to clients infected with and affected by HIV. Peer support staff and volunteers who have client contact will be people living with HIV who are (or have been former) consumers of HIV health care services.	Resume on file at provider agency to confirm.
All staff and volunteers who have client contact will be given orientation prior to providing services.	Orientation curriculum on file at provider agency which includes, but is not limited to: • Basic HIV/AIDS education • Client confidentiality and HIPAA regulations • Agency policy and goals • Facility operations • Cultural sensitivity • Resources and referrals • Appropriate client/staff boundaries
Peer support staff and volunteers who have client contact will undergo DHSP-approved specialized peer support training that includes (but is not limited to): • Basic HIV/AIDS education • Client confidentiality and HIPAA regulations • Benefits of peer support • Peer modeling approaches • Basic counseling techniques • Personal boundaries crisis intervention procedures • Cultural competency • Local HIV-related resources • Navigation of the HIV care system • Access, maintenance and adherence to primary health care and other supportive services • Clients with special needs • Management of challenging client situations • Prevention and risk reduction activities • Outreach to and assisting hard-to-reach populations • Performance and documentation of services	Documentation of DHSP-approved specialized peer support training maintained in employee or volunteer file.
Staff and volunteers who have client contact will participate in refresher trainings as required by DHSP and in at least eight hours of continuing education annually.	Documentation of training maintained in employee or volunteer files.
Volunteers may be used to expand peer program capacity. They will be supervised by peer support staff	Programs will maintain volunteer files which contain, at minimum: • Volunteer applications • Signed and dated time records • Written confirmations of receiving agency/program policies • Documentation of tuberculosis screenings
Volunteers who have client contact will attend group supervision facilitated by a Master's degree-level mental health professional at least on a quarterly basis.	Volunteer group clinical supervision will be documented as follows (at minimum): • Date of supervision • Name and title of participants • Issues and concerns discussed • Description of clinical guidance provided and follow up plan • Clinical supervisor's name, professional title and signature
Peer support staff will receive a minimum of one hour of clinical supervision every two weeks from a Master's degree-level mental health professional	All clinical supervision will be documented as follows (at minimum): • Date of supervision • Name and title of participants • Issues and concerns discussed • Description of clinical guidance provided and follow-up plan • Clinical supervisor's name, professional title and signature

STANDARD	MEASURE
Clinical supervision will provide general clinical guidance and follow-up plans for HIV peer support staff, as well as monitoring assessments, client contacts, referrals and follow-up activities within the client files.	Documentation of clinical supervision for individual clients will be maintained in the client's individual file.

UNITS OF SERVICE

Unit of service: Units of service defined as reimbursement for peer support services are based on services provided to eligible clients.

- ***Individual peer support units:*** calculated in number of hours provided
- ***Educational peer group units:*** calculated in number of hours provided

Number of clients: Client numbers are documented using the figures for unduplicated clients within a given contract period.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
DHSP	Division of HIV and STD Programs
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
STD	Sexually Transmitted Disease