

Psychosocial Support

Introduction

HRSA Definition:

Psychosocial Support Services are the provision of group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. Such services may include child abuse and neglect counseling, HIV support groups, pastoral care and counseling, bereavement counseling and nutrition counseling provided by a non-registered dietitian.

Local Exceptions: Nutrition Counseling provided by a non-registered dietitian are not part of San Jose, TGA's Psychosocial Support services. Further, child abuse counseling is limited to counseling for victims of child abuse.

Affected individuals are immediate family members (mother, father, sister, brother, son or daughter, spouse/domestic partner) and/or unpaid caregivers providing services to the client.

Goals: The Goal of Psychosocial Support services is to provide support and counseling regarding the emotional and psychological issues related to living with HIV to those affected directly and indirectly by HIV; to encourage problem solving, service access and steps towards disease self-management; and promote emotional wellbeing, improve health outcomes and ensure retention in medical care

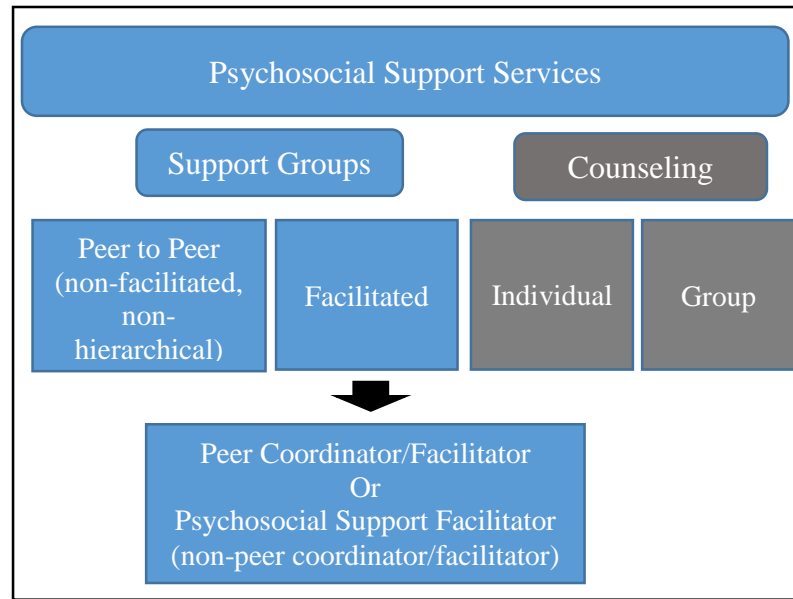
Key activities include:

- Planning for continuity of primary medical care for clients who are currently receiving medical care and other Ryan White services
- Facilitated or peer led support groups, which can include drop-in sessions
- Individual and group counseling for abuse and neglect, caregiver support, bereavement counseling, and associated HIV problems. Abuse and/neglect counseling activities are limited to victims of neglect only
- Individual and/or group counseling, which can include drop-in sessions, must be structured, with an agenda and a plan designed to move clients towards identified goals
- Group counseling can include sessions with HIV-infected and/or HIV affected individuals

Ryan White Standards of Care: Psychosocial Support

- Each client receiving individual and group counseling must have a service plan developed and monitored
- Facilitated support groups are less structured than the counseling services and includes pastoral care and support groups lead by peer coordinators/facilitators. These facilitated groups should be purposeful with clear agendas and move the group toward identified goals

- Self-guided support groups can be led with a group leader who is HIV infected or affected, selected from within the support group *or* by a peer facilitator who is an HIV positive individual and/or has similar life experiences and is knowledgeable about HIV



- Self-guided support groups are the lowest tier of support groups with unlimited and open to HIV infected and affected individuals. The group leader must have training in facilitating group meetings and cultural sensitivity. These self-guided groups should always maintain sign-in sheets, meeting agendas and minutes and help the group identify solutions to identified problems
- HIV affected individuals are eligible to receive facilitated or self-guided support services in a *group setting* only. An HIV-affected individual will describe the nature of the relationship with an HIV-infected individual and meet Ryan White eligibility criteria (with the exception of HIV-positive test results). Providers must document the established relationship

Psychosocial support service providers are expected to comply with the Universal Standards of Care, as well as these additional standards

1. Standard of Care: Psychosocial Support Process

Service Provision

The Intake/Assessment is the initial meeting with the client during which the assigned psychosocial support staff gathers information to address the client's immediate needs to encourage his/her engagement and retention in services.

Agency will receive referrals from a broad range of HIV/AIDS service providers or by self-referral. Eligibility information will be obtained from the referral source or directly from the client before billing services to Ryan White.

If an HIV positive person is attending support group sessions and has not entered into care, every effort should be made to link them to care. If the client is RW eligible, but not enrolled, effort should be made to get the client enrolled so he/she can access Ryan White services, including care and treatment.

Individualized one-on-one counseling sessions or group counseling sessions should help improve client quality of life. Client should receive support concerning access to health and other benefits, developing coping skills, reducing feelings of social isolation and increasing self-determination and self-advocacy.

1.1.SOC: Intake/Assessment: Collect key information, including patient demographics, eligibility for services, patients support system, and history of accessing primary care and other services, and barriers to care. Intake/assessment should be completed for all clients receiving support or counseling services

Time requirement: Due within 15 days of initial contact with client

Criteria
1.1.1. Completion of agency required intake forms 1.1.2. Documentation that the client is RW eligible or, if not, is directly affected by HIV (such definition to include household family members or caregivers of those who are HIV infected). If the client is HIV-affected, documentation must be provided that demonstrates the affected client's relationship to an HIV-positive individual

**Ryan White Standards of Care:
Psychosocial Support**

Criteria

- 1.1.3. Review of services offered and discussion with the client of his or her needs and determination of those appropriate psychosocial support services.
- 1.1.4. Documentation of the discussion and the services provided must be maintained by the agency
- 1.1.5. Referrals are provided to clients when necessary psychosocial support services are not available
- 1.1.6. Referrals to other resources and information are provided, as appropriate, and documented
- 1.1.7. Documentation of intake/assessment and referrals must be maintained in client files

SOC: Service Plan: After the psychosocial intake/assessment of the patient's needs is completed, a support plan should be developed for each eligible patient receiving counseling services. Time requirement: Due within 15 days of initial assessment.

Criteria

Counseling: Individual or Group

- 1.2.1 Service plan will be developed for each eligible patient
 - Identified problem(s)
 - Goal(s) to address the problem
 - Target date for completion
 - Offer appropriate resources
- 1.2.2 Documentation of services, goals and progress. For group sessions, documentation of topic/focus, participant's names and HIV status, group duration, group type (open/closed) and group goals
- 1.2.3 Provide allowable, needed services to affected members in the client's support system, with the goal of developing and strengthening the client's support system to help maintain their connection to medical care
- 1.2.4 Facilitate successful case conference sessions through direct participation and the provision of appropriate information
- 1.2.5 Coordinate with and make referrals to mental health professionals for clients with acute mental needs that fall outside the scope of the funded services or competency of the counselor
- 1.2.6 Coordinate with medical case manager or make referrals to a medical care provider for clients who are not linked to medical care
- 1.2.7 Evidence of client progress toward meeting established goals through documentation of activity including sign-in sheets, progress notes, group curricula, length of session, etc.

**Ryan White Standards of Care:
Psychosocial Support**

Criteria

- 1.2.8 Provide counseling related to victim abuse, neglect & bereavement counseling
- 1.2.9 Topics covered in individual counseling sessions by non-professionals staff can include but not limited to treatment adherence, access and engagement in primary care & access and coordination with case management services

Support Groups

- 1.2.10 In lieu of service plan, support services can use meeting minutes to document progress towards goals identified by the support groups
- 1.2.11 **Self-guided or facilitated Support Groups**
 - 1.2.11...1 HIV support groups include but not limited to caregiver support & HIV support
 - 1.2.11...2 Staff or volunteers providing group facilitation will include discussions on Treatment adherence, Access and engagement in primary care , Access and coordination with case management staff and other topics as necessary
- 1.2.12 **Pastoral Counseling/Care**
 - 1.2.12...1 Pastoral care may be provided by the agency either: 1) Directly or 2) Through referral to HIV interfaith networks, separately incorporated pastoral care and counseling center
 - 1.2.12...2 Must be available either directly or through referral to all individuals eligible to receive Ryan White services regardless of their religious denomination/affiliation
- 1.2.13 **Peer Coordination/Facilitation**
 - 1.2.13...1 Peer coordinators/facilitators shall be self-disclosed HIV+ individuals. HIV+ documentation on file
 - 1.2.13...2 Peer coordinators/Facilitators should complete a Peer Training Program

Counseling or Support Services

- 1.2.14 Refer clients to other services as appropriate, through coordination with client's case manager or medical or mental health provider e.g. mental health, substance abuse treatment. Documentation of referrals made and status of outcome in clients' record
- 1.2.15 Develop discharge plan once goals have been met. Discharge plan is signed and dated by client and counselor

**Ryan White Standards of Care:
Psychosocial Support**

Reassessment

Reassessment provides an opportunity to review a client's progress, consider successes and barriers, and evaluate the previous period of psychosocial services. In conjunction with updating the Service Plan, Reassessment is a useful time to determine if the current level of service is appropriate, or if the client should be offered a change or if case needs to be closed.

For clients receiving individual and/or group counseling a case conference with case managers before or during the reassessment process can augment and verify reassessment information and bring all parties into the service planning process.

1.2.SOC: A reassessment is performed which re-evaluates client functioning, health and psychosocial status; identifies changes since the initial or most recent assessment; and determines new or ongoing needs. For clients in support groups, meeting minutes will be used to monitor changes to client status and progress towards identified goals for the group

Criteria
1.2.1. Service Plan is reassessed every 90 days to assess progress and identify emerging needs <ul style="list-style-type: none">○ Monitor and document clients progress towards established goals of care○ Documentation of review and update of the plan as appropriate signed and dated by patient and service manager or counselor○ Documentation of any reassessment must be maintained in client files

Case Closure

Clients receiving individual or group counseling and are no longer engaged in psychosocial support services should be closed based on the criteria and protocol outlined in a program's Policies and Procedures. A closure summary usually outlines the progress toward meeting identified goals and case disposition. Common reasons for case closure include:

- Client lost to care or does not engage in service
- Client expires
- Client chooses to terminate service

**Ryan White Standards of Care:
Psychosocial Support**

- Client relocates outside of service area
- Agency terminates as described in Policies and Procedures
- Mutual agreement
- Client is no longer in need of service
- Client completed goals established in the service plan
- Client no longer eligible
- Client has needs outside the purview of the agency and hence is referred to a another agency

When services are terminated for clients receiving counseling services, an exit interview is conducted if appropriate.

For clients receiving support group services (peer to peer or facilitated) and are no longer requiring psychosocial support services clearly documented evidence of support group activities and outcomes, such as meeting agenda, meetings/sessions completed and sign-in sheets, will suffice as documentation of case closure.

Psychosocial support staff attempt to secure releases from all clients that will enable them to share pertinent information with a new provider.

A management review is completed in situations where an agency intends to terminate any services related to a client who threatens, harasses or harms staff.

1.4. SOC: Upon termination of psychosocial services, a client case is closed and contains a closure summary documenting the case disposition.

Criteria
1.4.1 Closed cases include documentation stating the reason for closure and a closure summary
1.4.2 Supervisor signs off on closure summary indicating approval
1.4.3 Policies and Procedures outline the criteria and protocol for case closures.

**Ryan White Standards of Care:
Psychosocial Support**

2. Standard of Care: Knowledge, Skill, and Experience

Agencies shall document in either employee/volunteer records or agency policies, regarding knowledge, skill and experience levels. All staff and volunteers providing psychosocial support will be trained in core competencies:

- 1 HIV experience/training preferred
- 2 Active listening and other one on one support skills
- 3 Group facilitation
- 4 Conflict de-escalation/resolution
- 5 Roles and responsibilities of peer support including emotional support
- 6 Client assessment skills
- 7 HIV co-morbidities, symptoms, medications, interactions, treatment adherence and side effects
- 8 Cultural sensitivity, culturally and linguistically competent
- 9 Annual staff evaluation review
- 10 Local system of care

Additional Standards identified in Universal Standards of Care (USOC 2)

2.1 SOC Staff Qualifications - description of qualifications required for all psychosocial support staff positions.

Criteria	
Psychosocial Support Services Care Managers (Psychosocial/Pastoral Care Managers)	<p>2.1.1 All psychosocial support care managers must have minimum of Master’s degree in Psychology, Theology, Social Work or related field and one year experience working with patients infected with HIV. Psychosocial support care managers overseeing Counseling services (individual or group) must have appropriate licensure where applicable</p> <p>2.1.2 Psychosocial/pastoral care managers will have supervisory oversight of staff providing support services or counseling services</p> <p>2.1.3 Documentation of qualifications in personnel file</p> <p>2.1.4 <i>Waiver for meeting requirement for Psychosocial Care Manager qualification:</i> The qualification required for the psychosocial/pastoral care</p>

**Ryan White Standards of Care:
Psychosocial Support**

Criteria

manager may be waived on a case-by-case basis with the approval of the Ryan White recipient

Individual/Group Counselors (Psychosocial/Pastoral Care Counselors)

2.1.5 All individual/group care counselors must have minimum of Bachelor's degree in Psychology, Theology, Social Work or related field and one year experience working with patients infected with HIV.

2.1.6 Documentation of qualifications in personnel file

2.1.7 *Waiver for meeting requirement for individual/group Care counselor qualification:* The qualification required for the psychosocial/pastoral care counselor may be waived on a case-by-case basis with the approval of the Ryan White recipient

Psychosocial Support Facilitators (non-peer coordinators/facilitators)

2.1.8 All psychosocial support facilitators must have Bachelor's level professional degree in the field of mental health, social work, counseling, social science, or nursing and one year of experience working with patients infected with HIV or additional health care training

2.1.9 Documentation of qualifications in personnel file

2.1.10 *Waiver for meeting requirement for non-Peer coordinators/facilitators qualification:* The qualification required for the non-peer coordinators/facilitators may be waived on a case-by-case basis with approval of the Ryan White recipient.

Peer Coordinators/Facilitators

2.1.11 Peer Coordinators/facilitators must have a high school diploma or GED and 5 years' experience working with HIV infected individuals.

2.1.12 *Waiver for meeting requirement for Peer coordinators/facilitators qualification:* The qualification required for the Peer coordinators/facilitators may be waived on a case-by-case basis with approval of the Ryan White recipient.

2.1.13 Peer coordinators/managers facilitators shall be self-disclosed HIV+ individuals

**Ryan White Standards of Care:
Psychosocial Support**

Criteria

2.1.14 Documentation of HIV+ status of peer coordinator/facilitators on file

2.1.15 Documentation of qualifications in personnel file

3. Standard of Care: Licensure or Assurance

Standards identified above and in Universal Standards of Care (USOC 1)

4. Standard of Care: Staff Training

4.1. SOC: Description of how staff will be trained, including orientation, required training topics, and frequency of training. Describe the process for assessing staff training needs, monitoring and documenting all training, including where training records are located. Training must include annual confidentiality training, with an attestation signed by each staff person agreeing to abide by confidentiality requirements.

Criteria

4.1.1 Staff and volunteers providing psychosocial support will be trained in core competencies:

- Active listening and other one on one support skills
- Group facilitation
- Conflict de-escalation/resolution
- Roles and responsibilities of peer emotional support
- Client assessment skills
- Cultural sensitivity, Cultural Competence and Linguistic Competence
- HIV co-morbidities, symptoms, medications, interactions, treatment adherence and side effects

4.1.2 Documentation that staff and volunteers received training within 3 months of starting with program

4.1.3 Staff and volunteers providing psychosocial support will receive continuous education in the following areas:

- Current treatment modalities
- Co-morbidities
- Treatment adherence

**Ryan White Standards of Care:
Psychosocial Support**

Additional Standards identified in Universal Standards of Care (USOC 8)

5. Standard of Care: Client Rights, Responsibilities, Confidentiality

Standards identified in Universal Standards of Care (USOC 3)

6. Standard of Care: Access to Services

Standards identified in Universal Standards of Care (USOC 4)

7. Standard of Care: Outreach and Provider Continuity

Standards identified in Universal Standards of Care (USOC 6)

8. Standard of Care: Continuous Quality Improvement

Criteria
8.1.1 Measure and report client outcomes using psychosocial support services measures as approved by the recipient

Standards identified in Universal Standards of Care (USOC 7)

References and Published Guidelines:

1. Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds. Policy Clarification Notice (PCN)#16-02;
https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
2. HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and Part B (Covers Both Fiscal and Program Requirements)
<https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf>
3. HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A
<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>
4. HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part B
<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>

**Ryan White Standards of Care:
Psychosocial Support**

5. For a comprehensive overview of references, guidelines and resources please see the official website for Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) at <http://hab.hrsa.gov>
6. <https://careacttarget.org/library/service-standards-guidance-ryan-white-hivaids-program-granteesplanning-bodies>
7. **Ryan White Title I Standards of Care for Case Management Services.**
Approved by the Santa Clara County HIV Health Services Planning Council
March 12, 2013.
8. <http://www.newarkema.org/pdf/reports/FINAL%20Psychosocial%20Support%20Service%20Standards%202016.pdf>
9. <http://www.vdh.virginia.gov/content/uploads/sites/10/2016/09/Psychosocial-Support-Services-Standards.pdf>
10. http://hivmemphis.org/wp-content/uploads/2015/02/psychosocial_support_services.pdf
11. <http://www.baltimorepc.org/v2/files/pdf/Psychosocial%20Support%20Services.pdf>
12. <http://www.kingcounty.gov/healthservices/health/communicable/hiv/~//media/health/publichealth/documents/hiv/PsychSocialSupportStandards2014.ashx>
13. <http://dshs.texas.gov/hivstd/taxonomy/psychosocial.shtm>
14. http://www.hivnetwork.org/pdf/doc_links_care/pps_soc.pdf
15. <http://www.ccbh.net/ryan-white-provider-resources/>
16. http://www.iehpc.org/images/DOWNLOADS/ABOUT_US/STANDARDS_OF_CARE/Psychosocial%20Support%20Services.pdf
17. <http://ryanwhitehartford.org/wp-content/uploads/2016/06/Psychosocial-Support-Services-Standard-of-Care.pdf>