

# **HIV Health Services Planning Council Sacramento TGA Policy and Procedure Manual**

**Subject:** Health Education and Risk Reduction Services Standard

**No.:** SSC 20

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**Policy:** The attached document represents the service standards to be utilized when providing Health Education and Risk Reduction services to people in the Sacramento TGA. This standard is to be used in conjunction with other service standards for medical, psychosocial and support services as developed and approved by the HIV Health Services Planning Council.

## **HRSA Service Definition**

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes counseling and sharing information about medical and support services with clients living with HIV to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., ADAP, qualified health plans through Covered California, Medi-Cal coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

As directed by the HIV Health Services Planning Council priorities, when funded, the following service standards will apply to Ryan White contracted service providers.

1. Ryan White funding is to be used for HIV/AIDS medical services and for psychosocial and support services, which significantly improve access and adherence to such medical services. As such, any Health Education and Risk Reduction services, which are paid for through Ryan White (RW) funding

shall be related to HIV healthcare or other social support service appointments related to maintaining healthcare (i.e. ADAP, Medi-Cal, etc.).

The provision of Health Education and Risk Reduction Services shall be consistent with Service Standards 05 (SSC05) Eligibility & Fees for Ryan White Part A and Part B Services and consistent with the Health Education and Risk Reduction Services program as outlined herein:

2. Ryan White funding is to be expended in a cost effective, equitable manner, which is based upon verified client need and encourages self-empowerment of clients. Health Education and Risk Reduction services paid for with Ryan White funds shall be provided in accordance with the allocation priorities and directives adopted by the Sacramento TGA HIV Health Services Planning Council ("HIV Planning Council"), or through an alternative assessment process administered by a RW Agency.

3. The purpose of Health Education and Risk Reduction services is to reach HIV+ persons and/or their sex and/or needle-sharing partners that reside in the Sacramento TGA. The primary focus is on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s) and is intended to reduce HIV transmission by providing clients living with HIV with knowledge of risk factors for HIV transmission and actions they can take to reduce risk of transmission.

4. The goal of Health Education and Risk Reduction services is to assist HIV+ clients in Partner Services including but not limited to notifying, either directly or through provider-assisted methods, their past or current sex and/or needle-sharing partners of their potential risk for HIV infection. Partner Services (PS) assures that notified partners are offered appropriate counseling, referrals, medical follow-up (such as HIV antibody testing), and if positive, subsequent medical evaluation, treatment, counseling, and referral to other services as needed.

Health Education/Risk Reduction may be provided in individual and group settings. These programs should be delivered only to clients; affected individuals (partners and family members not living with HIV) are not eligible unless receiving services concurrently with the client. Health Education/Risk Reduction may NOT be delivered anonymously.

Activities should:

- address the prevention and risk reduction needs of *specific* populations at risk for HIV infection due to their sexual and drug related high risk behavior

- be culturally and linguistically appropriate for the targeted populations
- focus on enhancing the skills and capacities needed to implement personal risk reduction strategies

5. Contracted Service Providers requirements:

**Provider Qualifications**

***Education/Experience/Supervision***

There are no minimum educational standards for Health Education/Risk Reduction staff. All Health Education/Risk Reduction staff must be trained and knowledgeable about HIV and familiar with available HIV resources in the area. They should have good communication skills and be culturally competent.

Regardless of education/training, staff should be experienced in all of the following:

- Health education/risk reduction strategies and best practices
- HIV transmission and prevention
- Local HIV service delivery system, especially medical and support services and counseling

Individual supervision and guidance must be available to Health Education/Risk Reduction staff as needed.

***Staff Orientation and Training***

**Initial:** All staff providing Health Education/Risk Reduction must complete an initial training session related to their job description and serving those with HIV. Training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge, such as HIV transmission, care and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care including ADAP
- Completion of the Passport to Partner Services training national curriculum, Tracks A and B.  
<https://www.cdc.gov/std/training/passport-partner-services.htm> or  
[https://www.train.org/cdctrain/training\\_plan/4299](https://www.train.org/cdctrain/training_plan/4299)
- Completion of the Introduction to Telephone Interviewing for DIS (Course ID 1090632):  
<https://www.train.org/cdctrain/course/1090632/>

**Ongoing:** Staff must also receive ongoing annual HIV training as appropriate for their position. Training may be any combination of (1) in-

person, (2) articles, (3) home studies, or (4) webinars, and must be clearly documented and tracked for monitoring purposes.

### **Service Characteristics**

Health Education/Risk Reduction must be offered in a way that addresses barriers to accessing medical care and uses resources to support positive health outcomes for clients.

**HIV education:** Clients should always be provided with HIV risk reduction and prevention education, partner services information, and an overview of the HIV service delivery system including clear information on how to access those services. Clients must also be provided with counseling about how to improve their health status and reduce the risk of HIV transmission to others.

**Referral / Linkage:** Clients should be referred for medical and support services as appropriate; documentation of that referral must be in the client file and available upon request.

**Partner Services:** Per the California Department of Public Health's, State Office of AIDS, Management Memo 15-06, Ryan White providers funded for Health Education/Risk Reduction must have a process for Partner Services referral and counseling for clients. Partner Services information should be offered and referrals made for clients according to established processes.

Additionally:

- A. Offer Partner Services on a routine basis to all HIV positive clients, inform each client that receiving assistance in the referral of partners is voluntary and confidential and will be offered periodically, and Partner Services intervention can play an important role in their own health as well as their partner's.
- B. Establish and implement policies and procedures which :
  1. Ensure that referred clients receive timely, effective, and quality Partner Services that meets his/her special needs.
  2. Incorporate and ensure compliance with ethical standards as established for all health care providers and legal standards as defined by federal and state governments regulating confidentiality (Civil Codes 38.1, 38.2, 38.3, Evidence Code I 012).

3. Ensure that Partner Services Counselors are trained in Partner Services Basic I "HIV Disclosure and Partner Services Training for Partner Services" conducted by the County of Sacramento, Division of Public Health.
  4. Ensure that Partner Services Counselors use the procedures outlined in "Guidance for Completing the Partner Information Form (PIF)" published by the California Department of Public Health, Office of AIDS, when conducting a Partner Services session.
  5. Incorporate and ensure, to the extent possible, adherence to established *HIV Partner Services Standards and Recommendations* published by the California Department of Public Health, Office of AIDS, HIV Education and Prevention Services Branch.
- C. Perform an intake process for each client meeting eligibility criteria for Ryan White services and shall reassess each client's eligibility for Ryan White funds annually as required by HRSA. The intake process shall include determining the client's eligibility for Ryan White funded services, completing the Ryan White Intake Form, and providing the client with an orientation to services. The intake process shall be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of lack of funding or available staff. Clients placed on a waiting list shall be provided with referrals to alternate Ryan White agencies if alternatives exist, and all waiting lists shall be reported to the Service Performance Monitor at the mandatory Service Provider Caucus meetings. Once funding or staff becomes available, clients placed on the waiting list shall be seen in order of need.
- D. Maintain an individualized file for each client that contains documentation of all services provided, appropriate signed release of information forms, documentation of referrals to the COUNTY's Partner Services, when appropriate, and case notes documenting client contact and resource and referral follow-up.
- E. Comply with "SSC 05 Eligibility & Fees for Ryan White Funded Services", "HIV Health Services Planning Council Current General

Directives and Service Directives”, and all other applicable Service Standards found in CONTRACTOR's *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual*.

F. Document and track all:

1. Service provision to clients through the SHARE web-based database.
2. Referrals to outside County Partner Services.
3. Referrals and activities taken to follow-up with high-risk HIV-negative and HIV-positive clients.
4. Service provision to clients within two weeks of client encounter in the AIDS Regional Information and Evaluation System (ARIES) web-based database.
5. Current signed ARIES Share form.
6. Current signed Ryan White Release of Information Authorization

6. If available funding levels are anticipated to be less than the total need, agencies shall ensure that funds are distributed among the maximum possible number of clients living with HIV/AIDS who rely on RW funded services. Agencies shall assure that no client receives any RW funded services unless such client is found to be eligible for services under such Eligibility Standards as may be adopted by the Planning Council.

7. Ryan White Agencies may, at any time, submit to the RW Fiscal Agent requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique medical needs of a client or on unique barriers to accessing medical care which may be experienced by a client.

8. RW Agencies shall provide a means by which their staff can obtain in-servicing and on-call advice related to interpreting client medical needs.

9. Clients shall have the right to request a review of any service denials from the agency that denied the service. The most recent review / grievance policies and procedures for the RW Agency shall be made available to each client upon intake. A copy of the grievance policy, signed by the client, shall be maintained in the client's file.

Adopted:



Richard Benavidez, Chair

Date: 05/25/22