Oakland TGA Collaborative Community Planning Council

HOW BEST TO DELIVER SERVICES DIRECTIVES

Program Year 2017-2018

The Ryan White Part A Planning Council Primer, 2008

The Planning Council has the right to provide "directives" to the grantee on how best to meet the service priorities it has identified. It may

- direct the grantee to fund services in particular parts of the TGA (such as outlying communities) or to use specific service models.
- tell the grantee to take specific steps to increase access to care (for example, require that Medical Case Management providers have bilingual staff or that primary care facilities be open one evening or weekend a month).
- require that services be appropriate for particular populations—for example, it may specify funding for primary care services that target gay men of color.

However, the Planning Council cannot pick specific agencies to fund, or make its directives so narrow that only one agency will qualify. The Planning Council cannot be involved in any aspect of contractor selection (procurement) or in managing or monitoring Part A contracts. The Planning Council is not permitted to be directly involved in selecting particular entities to receive Ryan White funding for services, but can be involved in selecting entities and people to carryout activities directly related to Planning Council functioning and responsibilities.

2017-2021 Integrated HIV Prevention and Care Plan

1. Maintain a commitment to ending all disparities in regard to HIV prevention and care;
2. Provide client-centered and coordinated services;
3. Integrate prevention and care;
4. Maintain and require collaborative partnerships among service providers;
5. Encourage early and meaningful involvement of persons living with HIV (PLWH) in the design, development and evaluation of services, including creating opportunities for PLWH to serve in staff and leadership capacities;
6. Offer continuous training, capacity building, and leadership development opportunities to staff and volunteers;
7. Provide culturally and linguistically appropriate services to high-risk populations and PLWH, and publicize the availability of culturally appropriate services to the community;
8. Ensure adoption of emerging HIV prevention and care interventions wherever appropriate, including enhanced HIV testing protocols, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP); and
9. Provide access to the How Best to Deliver Services document to the community at large.

Other Major Documents Consulted for Alameda & Contra Costa Counties:
Other materials consulted for guidance were: HRSA Planning Council Primer 2008 Integrated HIV Care and Prevention Plan 2017-2021; OAA 2016-2017 Program Requirements; OAA 2016 Standards of Care and the TGA Quality Management Plan 2016 and the 2013 HRSA National Monitoring Standards and the Client Satisfaction Survey.

All Services: All Ryan White funded agencies should have written documents for LEP (Limited English Proficient) clients that include but not limited to those listed.

1. Service providers should demonstrate how they will comply with the Transitional Grant Area (TGA) Standards of Care.
2. Service providers should provide clients with written information about their services, program policies and procedures in English and LEP and post them as appropriate.
3. Service provides should demonstrate full participation in OAA Quality Improvement activities.
4. Service providers should post and provide clients with information about the *Grievance Protocol.*
5. Service providers should advertise the availability of interpretation services to their (LEP) clients.
6. OAA and Service providers should train existing staff and new staff to use linguistic services.
7. Service providers should consider having at least one bilingual staff person who is proficient in languages commonly used by its LEP clients. All moved from linguistic category.
8. Service providers should demonstrate their procedure of linking clients to primary care that ensures timely and durable connection of clients to medical care.
9. Service providers should have resource guides and other tools to support appropriate referrals for formerly incarcerated individuals re-entering community throughout the TGA.
10. Service providers should provide appropriate information regarding the Affordable Care Act, insurance and ADAP enrollment.
11. Service providers should screen and refer Intimate Partner Violence (IPV).
12. Service providers should honor clients' privacy and confidentiality in accordance with the ethical, legal and HIPAA guidelines of their profession.
13. Service providers should provide culturally appropriate services to people of all ages, gender, sexual orientation, race and ethnicity.

Core Services

Outpatient/Ambulatory Care

1. Service providers should have a documented care and treatment plan of communication and coordination between primary care providers and all mental health and substance abuse treatment providers as agreed upon by both client and service provider that include list of diagnoses, medications, allergies and provider contact. The plan should also include:
    - utilization of standardized mental health substance abuse screening tools to screen all new clients at intake.
    - a warm handoff (referral) of clients to mental health providers and substance abuse treatment providers and document no show rates of clients.
    - a method of tracking and documenting the no show rates of clients.
    - a method for making and tracking referrals as agreed upon by both the client and service provider.
    - a method for ongoing communication between primary care provider, mental health/substance abuse providers and the client.
2. Service providers should have a documented plan to follow up with clients who miss initial appointments.
3. Service providers should have a documented plan to follow up and re-link out of care clients to primary care services.
4. Service providers should provide all clients with information about vision screening resources, oral health services, substance abuse, lab results and community based psychosocial support groups.
5. Service providers should have a documented plan to provide and document prevention with positives education and sexually transmitted infections screening at least annually for all sexually active clients.
6. Service providers should utilize standardized "new client" information packets that include, patient rights and responsibilities, grievance procedures (institution specific), availability of off site mediation services (reference PLWH/A grievance protocol), ADAP, OA-HIP, Alameda County "Positive Resources", risk reduction information, resources and partner disclosure assistance.

Medical Case Management

1. Service providers should demonstrate their procedure of linking clients to primary care within 30 days.
2. Service Providers should coordination and follow up on the medical care of the client.

3. Service providers should ensure an initial assessment of the following service needs:
   - Healthcare/Mental Health
   - Psychosocial support
   - Housing
   - Transportation
   - Risk reduction
   - Partner notification & disclosure assistance
   - Legal assistance
   - Benefits counseling/entitlements and insurance coverage
   - Substance abuse

4. Service providers activities should include:
   Development of a comprehensive individualized care plan.
   - Coordination of services required to implement the plan.
   - Continuous client monitoring to assess the efficacy of the plan.
   - Re-evaluation and adaptation of the plan at least every 6 months as necessary with re-certification.
5. Service providers should provide a comprehensive orientation to all new clients, which includes written information in the appropriate language about agency services, grievance/mediation services, Alameda and Contra Costa County resources, risk reduction information and disclosure assistance resources.
6. Service providers should ensure that their services are available to Limited English Proficient clients, either through bilingual staff or through knowledge and use of interpretation services.

Substance Abuse Services

1. Service providers should improve knowledge, linkages and coordination with the Alameda County Behavioral Health Care Services ACCESS program.
2. Service providers should ensure access to group counseling through direct services or referrals.
3. Service providers should inform and / or refer clients, when appropriate, to psycho-social support groups.
4. Service providers' interventions should be evidence based.
5. Service providers should utilize current standardized mental health and substance abuse assessment tools with all new clients.

Home & Community Based Health Services

The Grantee will ensure that these services are provided only to individuals who need assistance with one or more Activities of Daily Living ADLs) based on an assessment by a Registered Nurse (RN).

1. The initial referral is made by the case manager to Home Health Care Services agency.

2. Service providers should receive the initial referral from the case manager who will request a prescription from the primary care doctor regarding a Plan Of Treatment (POT).
3. Service providers should request and keep on file a prescription from the physician in order to develop a treatment plan.
4. Service providers will ensure that clients are monitored by a registered nurse once or twice a month. Ongoing assessments are completed every 30-60 days in collaboration with the primary care doctor, until such services are no longer needed.

Mental Health Services

1. Service providers should improve knowledge, linkages and coordination with the Alameda County Behavioral Health Care Services ACCESS program.
2. Service providers should ensure and provide access and referrals to group counseling, psycho-social support groups, family therapy and one on one mental health counseling when desired.
3. Service providers' interventions should be evidence based.
4. Service providers should utilize current standardized mental health and assessment tools with all new clients.
5. Service providers must be licensed or interns working under supervision of a licensed provider.

Medical Nutrition Therapy

1. Service providers should assess the health history and lifestyle.
2. Service providers should provide nutrition counseling and education.
3. Service providers should develop a nutrition care plan.
4. Service providers should implement and have a periodic re-assessment as needed.

Oral Health

1. Service providers should assess prior dental and medical history.
2. Service providers should obtain the contact information of the client's medical care provider.
3. Service providers should conduct an annual oral examination and periodontal exam.
4. Service providers should develop an oral health treatment plan.

Early Intervention Services (EIS)

1. Service providers staff should have a strong understanding of the barriers to care and possible strategies for reducing barriers among the highest risk clients.
2. Service providers should develop a standardized protocol for engaging and retaining clients during outreach and testing activities.

3. Service providers should facilitate the initial medical care visit and treatment of those newly diagnosed with HIV.
4. Service providers should coordinate referrals and linkages to other clinical and support services.

Support Services
Child Care

1. Service providers should advertise so that consumers know that it is available
2. Service providers should inform consumers about the eligibility guidelines for this service.

EFA (Emergency Food & Utilities) / EHA (Emergency Housing Assistance)

Service providers should create intake policies and procedures that allow them to respond to the urgent nature of EFA and EHA requests within 3-5 business days.

1. Service providers distributing benefits of EFA and EHA should ensure that protocols for distribution are standardized within and across service providers.

Food Services

1. Service providers should be accessible to public transportation or medical van.
2. Service providers should be staffed with individual(s) trained in safe food handling practices.
3.. Food service providers should develop an application procedure that ensures those with the greatest need can access food services and congregate meals.
4. Service providers should have a list of alternate food service resources and referrals.
5. Service providers should provide healthy and balanced meals according to US Dietary Guidelines and healthy food items for grocery bags.

Medical Transportation

1. Service providers should advertise their services and the protocols for accessing services, particularly to newly-diagnosed patients.
2. Service providers of medical transportation services should publicize to other agencies the type of services available and any changes to the routes or schedule.
3. Service providers should operate a vehicle/van transportation system with specific routes connecting clients to services such as primary care, congregate meal sites, and food bank services.

Psycho-social Support Services

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1. Service providers should refer clients to appropriate services as necessary and target populations including PLWH/A.
2. Service providers should actively recruit and train qualified PLWH/A as staff.