

Psychosocial Support Services (Peer Support)

Health Resources & Services Administration (HRSA) Definition: Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:

- Bereavement counseling
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian
- Pastoral care/counseling services.

Note: Psychosocial Support Services in the Orlando EMA shall include Peer Mentoring and Support Group services only.

Program Guidance: Funds under this service category may not be used to provide nutritional supplements. RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. Funds may not be used for social/recreational activities or to pay for a client’s gym membership.

Peer Support in the Orlando Service Area is designed to complement, rather than replace, the roles of other professionals. Peers serve as a critical bridge between clients and providers and are pillars to success in a client’s understanding of their treatment needs.

Eligibility: Clients accessing Psychosocial Support Services shall meet the eligibility standards as described in the System Wide Service Standards.

1.0 Agency Policies and Procedures

The Agencies shall have Policy and Procedures to ensure that the services are accessible to all eligible clients. The Agencies’ policy and procedures shall ensure compliance with the following Standards.

1.0 Agency Policies and Procedure

STANDARDS	MEASURES
1.1 Peer mentors shall be self-disclosed individuals living with HIV.	1.1 HIV status documentation (One of the following) <ul style="list-style-type: none"> • Western Blot • Confirmatory HIV Test Result • Detectable viral load • Letter from physician
1.2 Peer Mentors shall complete a Peer Training Program utilizing the CDC Every Day Every Dose eLearning Center @ https://effectiveinterventions.cdc.gov/ele	1.2 Certification of Completion in Personnel file

<p>arning/login/index.php AETC (https://www.seaetc.com/modules/) or equivalent source approved by the Recipient's Office</p>	
<p>1.3 Peer Mentor must meet the following minimum requirements:</p> <ul style="list-style-type: none"> • A high school diploma or General Educational Development (GED) certificate; and • Taking ART medicines and adherent to their treatment 	<p>1.3 Appropriate degrees, licensure and/or certification in personnel file.</p>
<p>1.4 The agency shall maintain information about each Peer's case load, which includes at a minimum:</p> <ul style="list-style-type: none"> • Assigned peer mentor • Number of cases per full time equivalent FTE 	<p>1.4 Documentation in agency records</p>
<p>1.5 Peer Mentors and Supervisors shall receive 15 hours of training annually and topics shall include:</p> <ul style="list-style-type: none"> • Establishing rapport and a professional relationship with the client; • Methods of engaging individuals and families; • Special issues relating to working with the HIV/AIDS affected/infected Population; • Confidentiality/HIPAA and professional ethics; • HIV/AIDS in the News (HIV/AIDS 101/500) within three (3) months of hire; • HIV/AIDS 501 courses within one (1) year of hire; and • The Agency's emergency plan, disaster relief resources, and planning and procedures. <p>Training shall also include, but not be limited to, cultural sensitivity issues, case management issues, bio- psychosocial issues surrounding the HIV disease, and any other training proposed by the Recipient.</p>	<p>1.5 Documentation of the training either by certificate or training record which includes: subject matter, date(s) of attendance, and hours of training. Documentation of training shall be in the personnel file.</p>

<p>1.6 Peer Mentor Supervisors shall have an additional six (6) hours of leadership training. Leadership training topics shall include, but not be limited to, the following:</p> <ul style="list-style-type: none"> • Cultural competency for client and staff; • Ethics in managing staff; • Clinical quality management in developing staff performance improvement plans for client needs. 	<p>1.6 Documentation of the training shall be in the employee training record. Training certificates shall be in the employee file.</p>
<p>1.7 Peer Mentor Supervisors shall, at a minimum, meet the following:</p> <ul style="list-style-type: none"> • Hold a Bachelor’s level professional degree in the field of mental health, social work, counseling, social science, or nursing (Master’s level Degree preferred). <p><i>Note: This requirement may be waived by the Recipient.</i></p>	<p>1.7 Appropriate degree, licensure and/or certification in personnel file.</p>
<p>1.8 Peer Mentor Agencies shall ensure that Peer Mentors receive a copy of the client’s Case Management Care Plan to facilitate needs and service coordination.</p>	<p>1.8 Copies of the client’s Medical Case Management Care Plan is documented in the approved electronic database management system.</p>

2.0 Peer Mentor Supportive Counseling and Support Groups

The purpose of Peer Mentor supportive counseling and/or support group facilitation is to provide client a support system for psychosocial support needs and reduce barriers to access.

2.0 Peer Mentor Supportive Counseling and Support Groups

STANDARDS	MEASURES
<p>2.1 Assessment: Peer Mentors shall assess the client’s knowledge/function within five (5) business days of initial session and provide guidance in the following areas:</p> <ul style="list-style-type: none"> • Adherence/compliance • Education • Support • Navigating the system • Advocacy 	<p>2.1 Documentation in progress notes within 72 hours of client contact in approved electronic database management system.</p>

<p>Monitor and document client’s progress in meeting established goals of care. Progress notes must be completed for each contact with the client within 72 hours of the contact.</p>	
<p>2.2 Supportive Counseling: Peer mentors shall offer support to client through individual counseling on topics to include:</p> <ul style="list-style-type: none"> • Treatment adherence (non-clinical, supportive discussion to reiterate importance of retention in care); • Access and engagement in primary care (attending appointments with client per the client’s request); and • Assess and engagement in Medical Case Management if appropriate. 	<p>2.2 Documentation of individual counseling regarding retention in care, medication adherence, and/or need for MCM services in the approved electronic database management system.</p>
<p>2.3 Support Groups: HIV support groups facilitated by Peer Mentors provide discussion forums for client relevant to the PLWH needs in the community. Group facilitation will include discussions on:</p> <ul style="list-style-type: none"> • Treatment adherence (non-clinical, supportive discussion to reiterate importance of retention in care); • Access and engagement in primary care; and • Access and engagement in MCM services if appropriate. 	<p>2.3 Documentation of HIV support group services with evidence of client attendance, topic discussed at group, date of group session, and name of peer mentor facilitator at the Agency providing Psychosocial Support Services.</p>
<p>2.4 The Agency and the Peer Mentors shall maintain documentation demonstrating the following:</p> <ul style="list-style-type: none"> • Regular participation in case conferences; • Review of Case Manager’s Assessment and notification of any updates/changes to the client’s assessment; • Teaching or practicing self-management skills; • Teaching client about safer sex strategies; • Helping client understand how HIV medications can help them; 	<p>2.4 Documentation in approved electronic database management system.</p>

	<ul style="list-style-type: none"> • Helping client to make decisions about disclosing their HIV status; and • Helping client to talk openly with their doctors. 	
2.5	Support/educational group sessions shall be no less than one (1) hour and shall not exceed two (2) hours.	2.5 Group notes indicate start and ending time of sessions.
2.8	Support/educational group sessions shall consist of three (3) or more client.	2.8 Documentation of client participation and topic discussed in group in each client's file in the approved electronic database management system.
2.9	Providers of support group services shall maintain a sign-in sheet of all participants for each session that is in accordance with HIPAA. Group session date and topic shall be maintained with the group sign in sheet, and documented separately in the client's file.	2.9 Documentation of group participation in each client's file. Sign-in sheet available for review. Documentation in each client's file of the participation in the group attended in the approved electronic database management system.

3.0 Discharge/Graduation from Psychosocial Services

Client who are no longer engaged in Psychosocial Support Services shall have their cases closed based on the criteria and protocol outlined in the agency's Psychosocial Support Policies and Procedures Manual.

3.0 Discharge/Graduation from Psychosocial Services

STANDARDS		MEASURES	
3.1	Upon termination of active Psychosocial Support Services, a client' case shall be closed and the record shall contain a discharge/graduation summary documenting the case disposition and offer of an exit interview.	3.1	Upon discharge clients shall receive a transition plan that outlines available resources and instructions for follow-up. Documentation of discharge shall be in the approved electronic database management system.
3.2	All attempts to contact the client and notification about case closure shall be communicated to the Medical Case Manager. The Peer Mentor Supervisor shall discuss all case closures with the Peer Mentor.	3.2	Documentation of attempts to contact client about case closure, communication to the MCM and discussion with the Peer Mentor Supervisor in approved electronic database management system.

	Supervisor approval is required for all case closures.		Supervisor approval documented in the approved electronic database management system.
3.3	<p>Cases may be closed when the client:</p> <ul style="list-style-type: none"> • Has become ineligible for service; • Is deceased; • Decides to discontinue the service; • The service provider is unable to contact the client thirty (30) days after the expired eligibility or three (3) documented attempted contacts; or • Is found to be improperly utilizing the program. 	3.3	Documentation of reason for case closure in the approved electronic management system.
3.4	<p>Client who have successfully achieved all goals in the MCM care plan shall be graduated from Psychosocial Services. Graduation criteria include:</p> <ul style="list-style-type: none"> • Client completed all MCM care plan goals; or • Client is no longer in need of Psychosocial Services (e.g. client is capable of resolving needs independent of peer mentor assistance). • Client has a sustained viral load suppression for at least two (2) years. 	3.4	Documentation of the client's graduation from Psychosocial services is noted in the approved electronic database management system.
3.5	<p>All discharged or graduated clients shall be offered an exit interview, via one of the following:</p> <ul style="list-style-type: none"> • Face-to-face visit; • Telephone call; or • Written communication. <p><i>Note: When the Peer is not able to conduct an exit interview, reason must be documented in the record.</i></p>	3.5	Documentation that an exit interview was offered shall be recorded in the approved electronic database management system.