



## POLICY AND PROCEDURE NOTICE: PPPN-073 INTEGRATION OF PEERS INTO SERVICE DELIVERY

**Summary and Purpose of PPN:** To guide the administration of the Ryan White Part A Program in ensuring peers are integrated in program design and service delivery.

### Authority:

- PHS ACT 2602(b)(6)
- PHS ACT 2605 (a)(7)(B)
- PHS ACT 2616 (c)(4)
- PHS ACT 2617(b)(7)(A)
- HAB National Monitoring Standards - Universal – Part A and B
- Fulton County Ryan White Contract/Agreement

### Background:

#### Peers

Peers are defined as individuals living with HIV possessing knowledge, experiences, and cultural competencies that enable them to relate to the prioritized population(s) of others living with HIV. Peer positions should be sustainable. The use of peers as paid psychosocial support staff (part-time or **full-time**) to reach others living with HIV is one strategy embraced by HRSA and one that the Department for HIV Elimination will continue to utilize with RWHAP funds.

Peers may be employed as Community Health Workers (CHWs) acting as important members of the primary health care workforce who can effectively improve chronic disease outcomes. A CHW is defined as the following (emphasis added):

*“A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/ social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.”*

CHWs are trained laypeople who often share similar socio-economic, cultural, linguistic, and other identities as the people they serve, and have been shown to improve self-management and health outcomes for people living with a variety of chronic conditions and play a crucial role in helping low-income people living with chronic conditions access preventive services and cost-effective treatment.

For more information related to Community Health Workers, review Community Health Worker resources at: <https://targethiv.org/chw>

### **Atlanta EMA Quality Management Standards**

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is rendered. Funded peer staff roles typically fall under Non-medical Case Management, Referral for Health Care and Support Services, or Psychosocial Support Service Categories. These standards set forth the minimal acceptable levels of quality in service delivery and to provide measurement of the effectiveness of services. EMA Standards of Care may be found on the Ryan White Part A website at [www.ryanwhiteatl.org](http://www.ryanwhiteatl.org).

### **Policy and Procedures:**

1. Subrecipient must have policies and procedures related to client-centered services, care coordination and navigation of services. The utilization of peer staff should be incorporated into policies and procedures.
2. Peer roles and responsibilities should be clearly defined. Peer staff must routinely meet with supervisor and be integrated as part of the client care team. Peer roles may include but not limited to;
  - Peer Counselor
  - Peer Educator
  - Community Health Worker
  - Peer Navigator
  - Linkage Coordinator
  - Non-medical Case Manager
3. Peer Counselor primarily leads group or individual peer counseling sessions to promote self-advocacy, foster a social/emotional support network and equip clients with skills to manage health.

4. Peer Educator primarily leads group or individual sessions to improve adherence to treatment by providing structured educational sessions on topics such as HIV, viral life cycle, treatment, and side effects.
5. Community Health Workers primarily work in the community actively interviewing and counseling clients by conducting field/home visits to link and reengage clients into care and reduce barriers to care. Core activities should be:
  - Follow up with clients who have fallen out of care to try to re-engage them back into care
  - Facilitate linkages and referrals to HIV medical care providers
  - Provide coaching/mentoring to clients
  - Coordinate client service needs
6. Peer Navigators primarily work in a healthcare setting actively linking clients to medical care by assisting in obtaining documents needed for services or accompanying clients to services and medical visits. Navigators aid in client retention by routinely assessing client's wellbeing and needs via phone, in person, or virtually. Core activities should be:
  - Assess client readiness for care
  - Facilitate linkages and referrals to HIV medical care providers
  - Provide coaching/mentoring to clients
  - Coordinate service needs of clients presenting to the clinic
  - Provide education about living with HIV and how to navigate the system of care
7. Subrecipient must ensure peer staff receive routine training.
8. Peer staff must document patient encounters and aid client in meeting goals.

**Verification:**

- Review of personnel files
- Desk audit of e2Fulton
- Site Visits

Approved: April 2021