

**DSHS STATE SERVICES  
0910 HOUSTON HSDA STANDARDS OF CARE  
FOOD BANK SERVICES – NON-TARGETED AND RURAL**

**I. PURPOSE**

The purpose of the DSHS State Services Standards for Care is to determine the minimal acceptable levels of quality in service delivery and to provide a measurement of the effectiveness of services.

**II. PROCESS STANDARDS**

#	STANDARD	MEASURE
<b>1.0</b>	<b>Services are offered in such a way as to overcome barriers to access and utilization. Service is easily accessible to persons with HIV/AIDS.</b>	
1.1	<p><u>Client Eligibility</u> In order to be eligible for services, individuals must meet the following:</p> <ul style="list-style-type: none"> <li>• Residence in the Houston HSDA</li> <li>• For Food Bank Services – Rural, resident of Rural Houston HSDA (excluding Harris County)</li> <li>• Income no greater than 125% of the Federal poverty level</li> <li>• Proof of identification</li> <li>• Symptomatic HIV or AIDS diagnosis as certified by a medical provider</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of HIV status, residence, identification and income in the client record.</li> <li>• Documentation in compliance with TRG Policies for Documentation of Client Eligibility and Documentation of HIV Status</li> <li>• Medical certification present in client file at initiation of service and renewed annually.</li> </ul>
1.2	<p><u>Program Information</u> Broad-based dissemination of information regarding the availability of services must occur. This must include marketing to HIV-infected PLWH/A of color (e.g. African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently accessing this service.</p>	<ul style="list-style-type: none"> <li>• Agency has a written annual dissemination plan, that includes methods for marketing to HIV-infected PLWH/A of color and women not currently accessing the service.</li> <li>• Zip code data show provider is reaching clients throughout service area or only serving rural residents.</li> </ul>

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<b>1.0</b>	<b>Services are offered in such a way as to overcome barriers to access and utilization. Service is easily accessible to persons with HIV/AIDS.</b>	
1.3	<u>Intake</u> Intake process is flexible and responsive, accommodating disabilities and health conditions.	<ul style="list-style-type: none"> <li>• Staff is present to answer incoming calls during agency's operating hours.</li> <li>• When necessary, client is provided alternatives to office visits, such as conducting business by mail.</li> <li>• Agency has procedures for communicating with people with hearing impairments.</li> </ul>
1.4	<u>Cultural Competence</u> Program is competent at delivering services to culturally and linguistically diverse populations.	<ul style="list-style-type: none"> <li>• Agency has procedures for obtaining translation services.</li> <li>• Client satisfaction survey indicates compliance.</li> <li>• Policies and procedures demonstrate commitment to the community and culture of the clients.</li> </ul>
1.5	<u>Special Service Needs</u> Agency demonstrates a commitment to assisting individuals with special needs.	<ul style="list-style-type: none"> <li>• Agency compliance with the Americans with Disabilities Act (ADA).</li> <li>• Review of Policies and Procedures manual indicates compliance.</li> <li>• Environmental Review</li> </ul>
1.6	<u>Service Information</u> Responses to requests for services and information should be provided within two (2) business days.	<ul style="list-style-type: none"> <li>• Significant information regarding program operation which may include but not be limited to operating hours, location (street address), directions to the location, required documentation to be eligible for services, are made available via telephone recordings.</li> <li>• Staff is present to answer incoming calls during agency's operating hours.</li> <li>• Clients are notified of the food distribution schedule and any scheduled changes at least fourteen (14) calendar days ahead of the new date, except under emergency situations.</li> </ul>

#	STANDARD	MEASURE
<b>2.0</b>	<b>Services are part of the coordinated continuum of HIV/AIDS services.</b>	
2.1	Agency receives referrals from a broad range of HIV/AIDS service providers and makes appropriate referrals out when necessary.	<ul style="list-style-type: none"> <li>• Documentation of referrals received.</li> <li>• Documentation of referrals out.</li> <li>• Staff reports indicate compliance.</li> </ul>
<b>3.0</b>	<b>Staff HIV/AIDS knowledge is based on documented training.</b>	
3.1	<u>Orientation</u> Initial orientation includes 12 hours of HIV/AIDS basics, confidentiality issues, role of new staff and agency-specific information within sixty (60) days of contract start date or hire date.	<ul style="list-style-type: none"> <li>• Review of training curriculum indicates compliance.</li> <li>• Documentation of all training in personnel file.</li> <li>• Specific training requirements are specified in the staff guidelines.</li> </ul>
3.2	<u>Ongoing Training</u> 8 hours annually of continuing education in HIV/AIDS related or other specific topics is required.	<ul style="list-style-type: none"> <li>• Materials for staff training and continuing education are on file.</li> <li>• Staff interviews indicate compliance.</li> </ul>
3.3	<u>Cultural Competence Training</u> Food pantry staff must receive four (4) hours of cultural sensitivity training annually.	<ul style="list-style-type: none"> <li>• Documentation of training is maintained by the agency in each counselor's personnel file.</li> </ul>
3.4	<u>Staff Experience</u> A minimum of one year documented HIV/AIDS work experience is preferred.	<ul style="list-style-type: none"> <li>• Documentation of work experience in personnel file.</li> </ul>
3.5	<u>Service Specific Training</u> Staff and volunteers are trained on food handling and food storage procedures.	<ul style="list-style-type: none"> <li>• Documentation of training in each employee's file</li> </ul>

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<b>4.0</b>	<b>Service providers are knowledgeable, accepting and respectful of the needs of individuals with HIV/AIDS. Staff efforts are compassionate and sensitive to client needs.</b>	
4.1	<p><u>Staff Screening</u> Staff providing service to clients shall be screened for appropriateness as follows:</p> <ul style="list-style-type: none"> <li>• Personal references</li> <li>• Personal interview</li> <li>• Written application</li> </ul> <p>Policies and Procedures exist for obtaining criminal background checks, if required by Agency Policy, on staff and/or volunteers.</p>	<ul style="list-style-type: none"> <li>• Documentation of staff applications</li> <li>• Documentation of communication with personnel references</li> <li>• Staff interviews indicate compliance</li> <li>• Review of Policies and Procedures Manual indicates compliance.</li> <li>• Review of personnel and/or volunteer files indicates compliance</li> </ul>
4.2	<p><u>Client Feedback</u> Feedback from clients (or from client caregivers, in cases where clients are unable to give feedback) is obtained about quality of services annually.</p>	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures manual indicates compliance.</li> <li>• Documentation of clients' evaluation of services is maintained</li> </ul>
4.3	<p><u>Client Confidentiality</u> There is a written policy statement regarding client confidentiality signed by each employee and included in the personnel file.</p>	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures manual indicates compliance.</li> <li>• Review of personnel files indicates compliance.</li> </ul>
4.4	<p><u>Volunteer Feedback</u> If volunteers are used, mechanism is in place for obtaining volunteer perspectives annually about observations of client satisfaction.</p>	<ul style="list-style-type: none"> <li>• Mechanism for gaining appropriate volunteer feedback is documented and implemented annually.</li> </ul>
4.5	<p><u>Assessment of Need</u> There is a mechanism for ongoing assessment of need, including cultural and dietary restrictions. The agency received a consultation from a licensed dietician regarding the nutrition/caloric needs and dietary issues of persons with HIV infection and has incorporated this guidance into service delivery.</p>	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures manual indicates compliance.</li> <li>• Documentation of consult with registered dietician.</li> <li>• Agency list of nutritional/healthy products.</li> <li>• Client satisfaction survey.</li> </ul>

#	STANDARD	MEASURE
<b>4.0</b>	<b>Services are individualized and tailored to client needs such as economic need, functional ability and disease progression.</b>	
4.6	<p><u>Up to date Release of Information Consent Form</u></p> <p>Agency obtains an informed written consent of the client or legally responsible person prior to the disclosure or exchange of certain information about client's case to another party (including family members) in accordance with the HIV Services Site Visit Guidelines, local, state and federal laws.</p> <p>The release/exchange consent form must contain:</p> <ul style="list-style-type: none"> <li>• Name of the person or entity permitted to make the disclosure</li> <li>• Name of the client</li> <li>• The purpose of the disclosure,</li> <li>• The types of information to be disclosed,</li> <li>• Entities to disclose to</li> <li>• Date on which the consent is signed</li> <li>• The expiration date of client authorization (no longer than two years).</li> <li>• Signature of the client/or parent, guardian or person authorized to sign in lieu of the client.</li> <li>• Description of the <i>Release of Information</i>, its components, and ways the client can nullify it.</li> </ul>	<ul style="list-style-type: none"> <li>• Current Release of Information form with all the required elements signed by client in client's record</li> </ul>
4.7	<p><u>Grievance Procedure</u></p> <p>Agency has Policy and Procedure regarding client grievances that is reviewed with each client in a language and format the client can understand and a written copy of which is provided to each client.</p>	<ul style="list-style-type: none"> <li>• Signed receipt of agency Grievance Procedure, filed in client chart.</li> <li>• Review of Policies and Procedures manual indicates compliance.</li> </ul>

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<b>4.0</b>	<b>Services are individualized and tailored to client needs such as economic need, functional ability and disease progression.</b>	
4.7	<p><u>Grievance Procedure (cont'd)</u>  Grievance procedure includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• to whom complaints can be made</li> <li>• steps necessary to complain</li> <li>• form of grievance, if any</li> <li>• time lines and steps taken by the agency to resolve the grievance</li> <li>• documentation by the agency of the process</li> <li>• confidentiality of grievance</li> <li>• addresses and phone numbers of licensing authorities and funding sources</li> </ul>	<ul style="list-style-type: none"> <li>• Signed receipt of agency Grievance Procedure, filed in client chart.</li> <li>• Review of Policies and Procedures manual indicates compliance.</li> </ul>
4.8	<p><u>Clients Rights</u>  Agency will provide client with written copy of client rights and responsibilities, including:</p> <ul style="list-style-type: none"> <li>• Informed consent</li> <li>• Confidentiality</li> <li>• Grievance procedures</li> <li>• Duty to warn or report certain behaviors</li> <li>• Scope of service</li> <li>• Criteria for end of services</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation in client's record</li> </ul>
4.9	<p><u>Client Options</u>  There is opportunity for clients to make selections of foods necessary due to health conditions.</p>	<ul style="list-style-type: none"> <li>• Relevant information is part of client file/database; client file/database includes intake and update information.</li> <li>• Review of Policies and Procedures manual indicates compliance.</li> <li>• Agency list of nutritional/healthy products.</li> <li>• Client satisfaction survey.</li> </ul>

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<b>4.0</b>	<b>Services are individualized and tailored to client needs such as economic need, functional ability and disease progression.</b>	
4.10	<u>Delivery Options</u> There is a mechanism for alternative ways of accessing food stuff and/or vouchers.	<ul style="list-style-type: none"> <li>• Relevant information is part of client file/database; client file/database includes intake and update information.</li> <li>• Review of Policies and Procedures manual indicates compliance.</li> <li>• Agency list of nutritional/healthy products.</li> <li>• Client satisfaction survey.</li> </ul>
<b>5.0</b>	<b>Services utilize effective management practices such as cost effectiveness, human resources and quality improvement.</b>	
5.1	<u>Service Evaluation</u> Agency has a process in place for the evaluation of client services.	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures Manual includes policies for Quality Management process.</li> <li>• Review of Quality Management Manual indicates compliance with established policies.</li> <li>• Staff interviews indicate compliance.</li> </ul>
5.2	<u>Accountability</u> There is a system in place to document staff work time associated with the service category.	<ul style="list-style-type: none"> <li>• Documentation of staff time spent in support of the service category.</li> </ul>
5.3	<u>Staff Guidelines</u> Agency develops written guidelines for staff, which include, at a minimum, agency-specific policies and procedures (staff selection, resignation and termination process, job descriptions); client confidentiality; health and safety requirements; complaint and grievance procedures; emergency procedures; and statement of client rights.	<ul style="list-style-type: none"> <li>• Personnel file contains a signed statement acknowledging that staff guidelines were reviewed and that the employee understands agency policies and procedures.</li> </ul>
5.4	<u>Staff Supervision</u> Staff services are supervised by a paid coordinator or manager.	<ul style="list-style-type: none"> <li>• Review of personnel files indicates compliance.</li> <li>• Review of Policies and Procedures manual indicates compliance.</li> </ul>

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<b>5.0</b>	<b>Services utilize effective management practices such as cost effectiveness, human resources and quality improvement.</b>	
5.5	<u>Communication</u> There are procedures in place regarding regular communication with staff about the program and general agency issues.	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures manual indicates compliance.</li> <li>• Documentation of regular staff meetings.</li> <li>• Staff interviews indicate compliance.</li> </ul>
<b>6.0</b>	<b>Services adhere to professional standards and regulations. Providers store, prepare, serve and/or deliver/dispense food consistent with applicable food safety standards and laws.</b>	
6.1	<u>Temperature</u> Proper temperature is maintained at point of delivery and during storage, based on food products provided and applicable laws as designated by the appropriate local government agency. Foods are kept at their proper temperature. Refrigerator and freezer temperatures are regularly monitored.	<ul style="list-style-type: none"> <li>• Agency has Policies and Procedures to document proper temperatures.</li> <li>• Review of temperature log indicates compliance.</li> <li>• Documentation of appropriate external compliance is in file.</li> </ul>
6.2	<u>Inventory</u> Food inventory is updated and rotated as appropriate on a first-in, first-out basis, and shelf-life standards and applicable laws are observed. Perishable foods are disposed of by their expiration dates or earlier if any indication of spoilage is evident. Non-perishable foods are disposed of if there is any indication of spoilage, damage, or package tampering.	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures manual indicates compliance.</li> <li>• Staff interviews.</li> </ul>
6.3	<u>Equipment</u> Facilities providing refrigerated/frozen food products have working equipment for proper storage and safe handling.	<ul style="list-style-type: none"> <li>• Review of temperature logs indicates compliance.</li> <li>• Policies and Procedures Manual documents methods for proper food handling and storage.</li> </ul>

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<b>6.0</b>	<b>Services adhere to professional standards and regulations. Providers store, prepare, serve and/or deliver/dispense food consistent with applicable food safety standards and laws.</b>	
6.4	<p><u>Food Safety</u> Agency is in compliance with the following items:</p> <ul style="list-style-type: none"> <li>• A procedure for rejecting/discarding unsafe and expired foods exists and is posted.</li> <li>• There is posted notice in restrooms to remind food handlers that they must wash their hands.</li> <li>• There is posted notice in restrooms to alert food handlers to wear disposable gloves before handling unpackaged foods.</li> <li>• If bulk foods are repackaged, there are procedures that ensure safe food handling and storage.</li> <li>• Food storage and handling areas are clean and free from rodents and insects. The agency maintains proof of use of periodic exterminator services.</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and Procedures manual documents procedure for rejecting/discarding unsafe food.</li> <li>• Staff training and knowledge is documented in file.</li> <li>• Staff interviews.</li> <li>• Inspection of facilities (including food storage and handling areas and restrooms) indicate compliance.</li> </ul>
6.5	<p><u>Licensure, Permits and Certification</u> Providers/vendors must maintain proper licensure. Food pantry locations must have the following permits: Food Dealer's Permit, Occupancy Permit and Fire Marshall's Permit (if pantry is located in a jurisdiction that issues such permits). Food pantry provider must have at least one City of Houston-certified Food Pantry Manager on staff. Records of local health department food handling/food safety inspection are maintained on file.</p>	<ul style="list-style-type: none"> <li>• Documentation of current licensure, permits, certifications and inspections.</li> </ul>
6.6	<p><u>Food Distribution</u> The agency has a written schedule for distribution of food bank. Clients are notified of the food distribution schedule and any schedule changes at least three days ahead of the distribution date. Provision is made to provide food on an emergency basis outside of regular distribution times but within business hours.</p>	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures manual indicates compliance.</li> <li>• Review of client files indicates compliance.</li> </ul>

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<b>6.0</b>	<b>Services adhere to professional standards and regulations. Providers store, prepare, serve and/or deliver/dispense food consistent with applicable food safety standards and laws.</b>	
6.7	<u>Access</u> Access to food bank (including storage and handling areas) is controlled/limited. Food bank is locked when food distribution is not taking place.	<ul style="list-style-type: none"> <li>• Review of Policies and Procedures manual indicates compliance.</li> <li>• Inspection of facilities (including food storage and handling areas and restrooms) indicate compliance.</li> </ul>
6.9	<u>Client-Specific Assessment and Planning</u> Each client’s assessment includes determination any special dietary needs in consultation with medical provider. There is a plan to address the needs of clients with special dietary requirements.	<ul style="list-style-type: none"> <li>• Review of client files indicates compliance.</li> </ul>
6.10	<u>Documentation of Compliance with Client Plan</u> There is recorded evidence that attempts are made on a regular basis to provide choices on food items that meet individual nutritional needs in accordance with client’s individual plan.	<ul style="list-style-type: none"> <li>• Review of client files indicates compliance.</li> </ul>

**III. THRESHOLDS**

The measurement thresholds will be set at 100%.

**IV. IMPLEMENTATION & REPORTING**

Agencies will be required to adhere to the QA guidelines provided by The Resource Group, as applicable.