AIDS Institute

Legal and Supportive Services for Individuals and Families Living With HIV

2014 – 2015 Supportive Services Work Plan Standards

PROGRAM – SPECIFIC STANDARDS

Supportive Services for Families Living with HIV

Definition: Supportive services are designed to help HIV-affected families cope with the emotional and physical needs of living with HIV/AIDS. Services focus on working with families to make decisions for future care and custody planning. Permanency planning includes assistance with disclosure, identifying a new caregiver, group and family counseling including grief and bereavement activities and transition services to help newly blended families. These services should be coordinated with the family's other medical, supportive and legal service providers.

Standard	
1. Family Supportive Services are provided to help families make decisions for future care and custody plans.	
a. Services are family-centered and strengths-based. b. The scope of services are clearly defined and includes individual and family interventions, such as, support groups, assistance with disclosure, assistance with identifying potential guardians, grief and bereavement services, and services to stabilize newly blended families. c. Services are short term (6 to 12 months).	
2. HIV-affected families with dependent children are assessed to determine their needs for the program's supportive services, as well as for referrals to other service providers.	
a. The client's record documents an initial assessment to identify supportive services and referral needs. b. A written service plan is developed with the client and/or family that includes a care and custody plan development, disclosure, grief and bereavement, and/or transition for blended families. c. The plan includes client/family input and sign-off and builds on a family's identified strengths and abilities to achieve agreed upon goals. d. Family service plans are reviewed every three months or more often if indicated. e. Clients who are unable to achieve service plan goals within the 6-12 month timeframe will be reassessed to determine unmet service needs and referred appropriately. f. Clients receive referrals for identified needs including transportation, case management, legal services, health care, mental health, substance use, domestic violence, partner notification, etc.	
3. Referral agreements are in place to facilitate linkages for services needed by the families served by the program.	

Standard	
a. A collaborative working relationship, documented in a linkage agreement or memorandum of understanding, is in place with at least one legal services provider to identify care and custody plans and/or other legal service needs. b. Linkage agreements or memorandum of understanding are in place for other services that may be needed by the families, including: transportation, health care, case management, substance use, domestic violence, partner notification, etc.	
4. Outreach and technical assistance/education is provided to families with HIV, and to health and human service providers serving people with HIV.	
a. Outreach information to promote the supportive program is provided to families infected/affected by HIV, and to health and human service providers who may refer clients to the supportive service program. b. Technical assistance/education is provided to families infected/affected by HIV, and to health and human services providers about care and custody options, bereavement, disclosure, etc., that impact clients with HIV and their families.	

Supportive Services Performance Indicators

The following performance indicators must be monitored throughout the contract period to evaluate the program's success in implementing the program standards. Additional indicators not listed may also be monitored.

Indicator 1
All families receive an initial assessment to identify service and referral needs. A service plan is developed with the client and or family that contains measurable objective related to care and custody plan development, disclosure, grief and bereavement, and/or transition for blended families.

Indicator 2
All families have their supportive services plan reviewed/updated every three months or more often if indicated.

Indicator 3
Referrals are made as indicated for legal, case management, mental health and other community-based health and human services; follow-up is conducted to ensure the referral was completed.

Indicator 4
All families make decisions in preparation for the future care and custody of their dependent children within a 12 month time frame. 75% of the families are referred to legal services providers.

Indicator 5
All client case closures describe referrals made for unmet service needs and the status of the care and custody plan.

GENERAL STANDARDS

LASSIF SUPPORTIVE SERVICES WORKPLAN STANDARDS

Administration

Definition: Administration refers to the management and executive functions of the agency that support the efficient and effective implementation and ongoing support of program services, including strategic planning, management information systems (MIS), quality improvement (QI), and fiscal systems development and oversight.

Standard	
1. An administrative structure is in place to effectively implement the HIV program goals.	
a. An administrator is responsible for the oversight of the HIV program. b. A current organizational chart delineates the HIV program within the overall agency structure. c. Lines of responsibility and accountability for administrative, program, and fiscal aspects of the program are clear. d. Staffing (including qualifications and number of staff) is consistent with the scope of services and supports the functions of the program.	
2. Agency administration supports the program through resources, leadership and ongoing participation.	
a. HIV program staff have access to policy making, administrative, fiscal, QI and MIS staff support. b. Space, equipment and other resources are adequate to sustain program operations and client services.	
3. The agency promotes and markets the full spectrum of HIV services.	
a. Methods of program promotion include: - Use of written materials, brochures - Establishment of linkage agreements - Collaboration with community agencies and leaders b. Staff participate in regional networks/committees and other community planning bodies.	

Standard	
4. The agency maintains an HIV policy and procedure manual, including a program specific section.	
a. A process is in place to establish and implement program policies and procedures. b. Using staff input, policies and procedures are reviewed, updated/revised as needed (minimally annually). c. Policies and procedures identify dates of revision and administrative signature indicating approval. d. The policy and procedure manual is available to be utilized as a resource by staff.	
5. Client program data is collected and narrative reports are submitted as required.	
a. All AIDS Institute required data are entered into AIRS. b. To ensure accuracy, quality data reviews are conducted by staff/program administrator prior to each report submission to the AIDS Institute. c. AIRS monthly reports and extracts are submitted within thirty days of the end of each month and are complete and accurate. d. Program narratives are submitted within thirty days of the end of each quarter.	

Personnel

Definition: Personnel management consists of the systems needed to ensure effective recruitment, job training, evaluation, retention and ongoing support of employees.

Standard	
1. Personnel files are maintained for all HIV program staff. The content of each file includes:	
a. Job description, including responsibilities and qualifications. b. Resume, which reflects job description. c. HIV Confidentiality training for all new hired staff/volunteers is documented by a signed attestation. Thereafter, HIV confidentiality training for all staff is required if there is a change to NYSPHL, Article 27F and is documented. Annual updates are encouraged and are documented via attendance sign-in. d. Performance evaluations. e. Termination or resignation letter, as applicable.	
2. A system is in place to assess staff performance and development needs and to provide ongoing training.	
a. Orientation to job expectations, agency services and specific HIV program(s) is provided to all new personnel. b. Staff receive on-going training appropriate to their job responsibilities. c. A staff-training log is maintained which identifies attendance at trainings/in-services, including staff names, type and dates of trainings.	
3. Systems are in place to reduce staff turnover, minimize staff vacancies and expedite recruitment.	
a. Strategies are in place that enhance job satisfaction and employee retention. b. Guidelines are in place for efficient recruitment upon identification of a vacancy. c. Mechanisms are in place to ensure prompt hiring for grant-funded positions.	

Policies and Procedures

POLICIES AND PROCEDURES	
Note: The HIV Program has policies and procedures which, minimally, include the components listed below.	
1. Program Eligibility/Enrollment:	
a. Documentation identifying eligibility criteria. b. Enrollment and intake process for new clients.	
2. Client Appointment Follow-up:	
a. Missed appointment procedures (i.e., letter, phone call, home visit). b. Steps taken to re-engage clients who have missed appointments.	
3. Client Referrals and Follow-up:	
a. Establish and maintain a referral directory/library and linkage agreements. b. Referrals for client assessed needs are documented in the client record and in AIRS. c. Follow-up on referral outcomes are documented in the client record and in AIRS to ensure services were received or deferred.	
4. HIV Confidentiality:	
a. Security measures for client records and other confidential information. b. Identification of those within the agency, who "need to know" confidential HIV information. A list is maintained and updated routinely. c. Initial HIV confidentiality training for all staff. Thereafter, annual HIV confidentiality training for all staff is required if there is a change to NYSPHL, Article 27F. Annual updates are encouraged. d. Use of required HIV-related forms: 1. Release of HIV-Related Information using DOH 2557 (2/11), DOH 5032 (4/11).	
5. Case Conferencing:	
a. Description of case conference procedures including, how often they will take place, documentation requirements, and who should participate.	
6. Support Services:	

POLICIES AND PROCEDURES	
a. Process for assessing client eligibility and readiness to work on a care and custody plan. b. Process for monitoring and tracking supportive services. c. Process for supervisory review and approval of the assessment/reassessment, service plans, and case closure.	
7. Crisis Intervention:	
a. Description of process to address available crisis services. b. Process and information that is provided to clients identifying after hours crisis resources.	
8. Client Case Closure:	
a. Process for determining client closure and required documentation in client record.	
9. Equipment:	
a. Process for labeling and tracking equipment purchased with AIDS Institute (AI) funds.	
10. Material Review - AI Materials Review Policy and Procedures:	
a. Guidance for review of materials developed and/or purchased with AI funds.	
11. AIDS Institute Reporting System (AIRS):	
a. Process to establish and maintain data systems to ensure complete, accurate and timely data collection; data entry; client and/or case closure; and data reporting, i.e., AIRS extracts, monthly paper reports, and other required reports generated from AIRS. b. Description of the process to ensure the quality review of data prior to submission to the AI. **c.** Process and frequency to back-up AIRS data	
12. Electronic Communication and Technology:	
a. Description of agency "acceptable use" and procedures pertaining to the various types of media and technologies utilized by the program to promote information exchange and communication with clients. b. Description of process to ensure adherence to Article 27-F of the NYS Public Health Law.	

Cultural Competence

Definition: Cultural competence is an approach to delivering services that is respectful of and responsive to an individual's value and belief systems, cultural background and heritage, and language and linguistic ability. Cultural competence also takes into account demographic factors such as age and gender.

Standard	
1. The agency demonstrates a commitment to develop and implement programs that are reflective of and responsive to the diversity of the communities it serves.	
a. Individuals representing the diversity of the client population are involved in program design, implementation and evaluation. b. Services are provided in a manner compatible with consumers' cultural and linguistic needs. c. Organizations must make available easily understood consumer materials. In addition, programs must post signage in the languages of commonly encountered consumers. d. Program offers and provides language assistance services to consumers with limited English proficiency, including bilingual staff and interpreter services. This must be offered in a timely manner at all points of contact. Unless requested by the client, family and friends should not be used to provide interpretation services.	
2. The agency is committed to ensuring that staff are reflective of the populations being served.	
a. The agency implements strategies to hire, retain and promote a diverse staff. Promotional and leadership opportunities are provided to staff representative of the populations being served, as available.	
3. Cross cultural training is required for all staff.	
a. Staff at all levels receive ongoing education and training in culturally and linguistically appropriate service delivery. b. Training on effective communication is provided for staff that interact with clients.	

Client Recruitment

Definition: Client recruitment is a planned activity with the purpose of locating and engaging HIV-positive individuals.

Standard	
1. Inreach activities are conducted regularly throughout the agency to link people with HIV Legal and Supportive Services for Individuals and Families Living with HIV (LASSIF) Programs.	
a. All agency staff receives information on HIV program services and activities.	
2. Client recruitment activities are designed to link people with HIV to LASSIF Programs.	
a. Outreach activities targeting potential clients and community health and human service providers are established and maintained. b. Program promotional materials are regularly reviewed to ensure that the information is current.	

Consumer Involvement

Definition: Consumer involvement is a guiding principle in New York State Department of Health, AIDS Institute funded programs. Clients provide feedback about services and contribute to program development, quality improvement and strategic planning. Mechanisms to ensure that HIV-infected and affected individuals/families participate include: surveys, community forums, focus groups, designated consumer "team" projects and other opportunities. In particular, programs should work toward the establishment of a Consumer Advisory Board, or similar committee, to act as a liaison between consumers, the community and the HIV program.

Standard	
1. Individuals living with HIV and/or affected family members have input into program design and services.	
a. The HIV program has identified strategies for gathering consumer input.	
2. The program has opportunities for consumers to provide feedback on program development, service planning and delivery.	
a. A written plan on how consumer involvement is utilized is included in the HIV program's annual Quality Improvement Plan. b. Consumer meetings or focus groups are held regularly. Agenda and meeting minutes are documented for consumer meetings or focus groups. c. Consumer groups are representative of the diversity of the client population. d. Consumers are made aware of opportunities to work on specific quality projects e.g., consumer materials, satisfaction surveys, new client orientation packets, etc.	
3. A consumer satisfaction survey is conducted annually, or more often, as determined by the needs of the program.	
a. The survey includes questions on key program services, as well as obtains feedback on program staffing, facility, hours of operation, etc. b. Results of surveys are analyzed and feedback is provided to program staff and consumers. c. Data are summarized and tracked to review trends over time.	
4. Funding and program structures support consumer input.	
a. Appropriate resources such as training, transportation, space, mailing materials/postage, nutritional supplements are provided to enable consumer participation.	

Quality Improvement

Definition: A formal process of identifying problems and areas for improvement and creating action plans to address those areas. Quality Improvement (QI) plans include: client service, program and community indices which result in improved health status, increased access to care, convenience of use and higher satisfaction with services. A QI process is continuous and involves personnel at all levels of the agency. The quality program is formalized and is implemented as part of the HIV service delivery program.

Standard	
1. HIV service programs have an established quality management structure.	
a. The quality management program includes an organization's commitment that supports ongoing quality improvement activities. b. The quality management program has a written plan that is evaluated and updated annually. c. Specific quality improvement activities and outcomes are clearly defined and are communicated to staff and consumers.	
2. Performance indicators guide the development and implementation of quality improvement activities.	
a. Indicators address services and are clearly defined and prioritized. b. Indicators are chosen based on internal program goals and identified concerns, as well as work plan indicators defined by the funder. c. The outcomes of indicators are based on performance data results, staff and consumer feedback. d. Low performance results are reviewed during quality committee meetings and used to direct improvement activities. e. Teams implement short term "plan, do, study, act" (PDSA) cycles on areas requiring improvement as appropriate.	
3. Staff are actively involved in the HIV quality management program and quality improvement activities.	
a. All staff are represented in quality improvement activities. b. Involvement of staff in quality improvement activities is included in job descriptions.	