

LASSIF LEGAL SERVICES WORKPLAN STANDARDS

AIDS Institute

**Legal and Supportive Services for
Individuals and Families Living with HIV**

2014 – 2015 Legal Services Work Plan Standards

**PROGRAM-
SPECIFIC
STANDARDS**

LASSIF LEGAL SERVICES WORKPLAN STANDARDS

Legal Services

Definition: Comprehensive legal services include legal counsel and advice in such matters as discrimination, domestic violence, housing, education, consumer finance, preparation of wills and living wills, immigration, and health proxies. Family legal services focus on the future care and custody of minor children, guardianship and stand-by guardianship, as well as other issues pertaining to family law. Additionally, information, referral and education about legal services for individuals and families affected by HIV are made available to the community and other service providers.

| Standard | |
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| <i>1. Comprehensive legal assistance is provided to individuals and families living with HIV.</i> | |
| <ul style="list-style-type: none"> a. Client needs are assessed and legal cases are opened appropriately. b. Client’s legal needs are re-assessed every six months and at case closing and legal cases are opened appropriately. c. Legal assistance is tailored to the client's specific needs. d. Consistent representation is maintained. e. When a legal case is closed, the client receives a letter indicating the final outcome of the legal matter. | |
| <i>2. Legal assistance is provided to support families and promote family stability.</i> | |
| <ul style="list-style-type: none"> a. Current custodial arrangements are reviewed with the family. b. Efforts to identify future caregiver(s) are documented. c. Service coordination and collaboration including case conferencing with a family supportive services provider(s) occurs as needed. | |
| <i>3. Legal Services are coordinated with other service providers for a client(s).</i> | |
| <ul style="list-style-type: none"> a. Linkages are established with health care providers, case management and mental health programs and other services needed by clients. | |
| <i>4. Outreach and technical assistance is provided to individuals and families infected/affected by HIV, and to health and human service providers serving people with HIV.</i> | |
| <ul style="list-style-type: none"> a. Outreach information to promote the legal services program is provided to individuals and families infected/affected by HIV, and to health and human services providers who refer clients to the legal services program. b. Technical assistance/education is provided to individuals and families infected/affected by HIV, and to health and human service providers about legal issues and/or options that impact clients and families with HIV. | |

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Legal 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 individuals and families receive an initial intake and assessment to identify legal needs.

Indicator 2

The number of unduplicated clients and cases as defined in the work plan projections are met.

Indicator 3

Active clients receive a reassessment every six months to assess status of case(s), and identification of additional needs or case closure(s).

Indicator 4

Referrals are made to other providers to address non-legal needs that are related to the resolution of the legal case; follow-up is conducted to ensure that the referral resulted in a service linkage.

Indicator 5

90% of all cases closed in AIRS resulted in an outcome selection other than lost to follow-up or case closed after service.

Indicator 6

Cases are closed upon completion.

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Legal Services Projections for Individuals Living with HIV

GENERAL STANDARDS

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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 system development and oversight.

| Standard | |
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| <i>1. An administrative structure is in place to effectively implement the HIV program goals.</i> | |
| <ul style="list-style-type: none"> 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. | |
| <i>2. Agency administration supports the program through resources, leadership and ongoing participation.</i> | |
| <ul style="list-style-type: none"> 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. | |
| <i>3. The agency promotes and markets the full spectrum of HIV services.</i> | |
| <ul style="list-style-type: none"> a. Methods of program promotion include: <ul style="list-style-type: none"> -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. | |
| <i>4. The agency maintains an HIV policy and procedure manual, including a program specific section.</i> | |
| <ul style="list-style-type: none"> 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. | |

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| Standard | |
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| 5. <i>Client/program data is collected and narrative reports are submitted as required.</i> | |
| 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. | |

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Personnel

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

| Standard | |
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| <i>1. Personnel files are maintained for all HIV program staff. The content of each file includes:</i> | |
| <ul style="list-style-type: none"> 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. | |
| <i>2. A system is in place to assess staff performance and development needs and to provide ongoing training.</i> | |
| <ul style="list-style-type: none"> 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, types and dates of trainings. | |
| <i>3. Systems are in place to reduce staff turnover, minimize staff vacancies and expedite recruitment.</i> | |
| <ul style="list-style-type: none"> a. Strategies are in place that enhances 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. | |

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Policies and Procedures

| POLICIES AND PROCEDURES | |
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| <i>Note: The HIV Program has policies and procedures which, minimally, include the components listed below.</i> | |
| 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 service coordination which includes case conference procedures they will take place with a family supportive service provider. | |
| 6. Assessment and Reassessment: | |
| a. Description of the assessment and reassessment process to assess case status and identify and additional legal needs. | |
| 7. Client Case Closure and/or Legal Case Closure: | |
| a. Process for determining client closure and required documentation in client record. | |

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| POLICIES AND PROCEDURES | |
| b. Process for determining legal case closure and required documentation in client record. | |
| 8. Equipment: | |
| a. Process for labeling and tracking equipment purchased with AIDS Institute (AI) funds. | |
| 9. Material Review - AI Materials Review Policy and Procedures: | |
| a. Guidance for review of materials developed and/or purchased with AI funds. | |
| 10. 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. | |
| 11. 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. | |

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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 | |
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| <i>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.</i> | |
| <ul style="list-style-type: none"> 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. | |
| <i>2. The agency is committed to ensuring that staff are reflective of the populations being served.</i> | |
| <ul style="list-style-type: none"> 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. | |
| <i>3. Cross cultural training is required for all staff.</i> | |
| <ul style="list-style-type: none"> 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. | |

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Client Recruitment

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

| Standard | |
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| <i>1. Inreach activities are conducted regularly throughout the agency to link people with HIV to the Legal and Supportive Services Program for Individuals and Families Living with HIV (LASSIF) program.</i> | |
| a. All agency staff receives information on HIV program services and activities. | |
| <i>2. Client recruitment activities are designed to link people with HIV to the LASSIF program.</i> | |
| 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. | |

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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 | |
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| <i>1. Individuals living with HIV and/or affected family members have input into program design and services.</i> | |
| a. The HIV program has identified strategies for gathering consumer input. | |
| <i>2. The program has opportunities for consumers to provide feedback on program development, service planning, and delivery.</i> | |
| 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. | |
| 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. | |
| <i>3. A consumer satisfaction survey is conducted annually, or more often, as determined by the needs of the program.</i> | |
| 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. | |
| <i>4. Funding and program structures support consumer input.</i> | |
| a. Appropriate resources such as training, transportation, space, mailing materials/postage, nutritional supplements are provided to enable consumer participation. | |

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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 | |
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| <i>1. HIV service programs have an established quality management structure.</i> | |
| <ul style="list-style-type: none"> 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. | |
| <i>2. Performance indicators guide the development and implementation of quality improvement activities.</i> | |
| <ul style="list-style-type: none"> 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. | |
| <i>3. Staff are actively involved in the HIV quality management program and quality improvement activities.</i> | |
| <ul style="list-style-type: none"> a. All staff are represented in quality improvement activities. b. Involvement of staff in quality improvement activities is included in job descriptions. | |