

Section 5

Policies and Procedures

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Introduction to Section 5

SECTION DESCRIPTION

Most HIV supportive housing programs operate within the framework of numerous policies and procedures. Frequently new staff and residents do not absorb all of the detailed information conveyed to them about the program in their initial contacts with the housing provider. This and other information may be captured in a program handbook that can be conveniently consulted at any time by staff, residents, as well as relatives and friends of residents. Since program handbooks are referenced by such a broad audience, they tend to be most useful when written in a friendly and easy to read tone. Finally, when an organization's operational procedures and policies are deliberately formulated and written down, it facilitates consistency and clarity for all involved.

The Standards of Care recommends that a housing program develop two handbooks; one for line-staff and the other for residents. Examples of what might form the content of the handbooks follow this introduction.

The Standards of Care also recommend that all programs develop a mission statement. A mission statement puts the goals, objectives, and anticipated outcomes of a program into writing. It should be realistic, achievable, and may even be brief. A well-conceived mission statement can improve the focus of a program and enhance relationships with all stakeholders connected to it. A mission statement can help to coordinate the decisions and actions of an organization. It can also promote acting with a common purpose and understanding. Mission

statements are intended to focus attention on essentials, and to summarize the specific core values and capabilities of an organization.

Typically, a short mission statement is developed with the intent of making it public to anyone interested in the program. Some providers frame the statement and hang it in a public space. Others use it in writing grant proposals, press releases, and program brochures.

A set of programmatic goals or guiding principles or core values can also be developed to detail the standards and practices that are most important to the mandate of a given agency. Developing these documents represents a unique opportunity for involving tenants of a housing program in decision-making. It is helpful to review and refresh the mission periodically.

MORE INFORMATION ABOUT KEY ELEMENTS OF THE STANDARDS OF CARE:

The Standards of Care are recommended best practices that have been established in every area of the provision of housing and supportive services. Standards that are particularly relevant to the topics in this section are identified and explained below.

STANDARDS: **Community Living**

- The provider must look for creative ways to promote a safe, healthy, and harmonious community for residents and staff.
- The provider develops guidelines that articulate which activities are voluntary and which are mandatory.

- ☑ Residents are made aware of these guidelines during the intake process and have access to these guidelines at all times.
- ☑ The provider establishes a regular schedule of community meetings or other forums so that residents may participate in decisions that affect the housing community.

STANDARD: Staff Hiring, Orientation, and Training

- ☑ The standards set out in *Achieving Excellence* suggest that programs create clear and detailed job descriptions for every staff position which describe:
 - Required qualifications
 - Number of weekly work hours
 - Salary range
 - Persons to whom the staff will report
 - A supervision plan
 - A list of specific job duties
- ☑ Programs are encouraged to share with all staff and residents an organizational chart which schematically depicts the role of each staff person as well as supervisory relationships, the full-time/part-time time status of each position, and the ultimate decision maker.
- ☑ The standards encourage programs to use channels for recruitment of new staff that are likely to attract employees who reflect the diversity of the program’s residents. Most importantly, interviews with potential employees consist only of questions that are directly relevant to the job.

- ☑ Staff will receive training upon being hired to orient them to the responsibilities of their jobs and subsequently on an ongoing basis to promote skill building, and growth of responsibility.

STANDARD: Supervision and Effective Management

- ☑ The provider offers the resources necessary for staff to increase their effectiveness on the job.
- ☑ Systems of supervision are in place to support staff in developing their knowledge, effectiveness, and creativity.
- ☑ Supervision will be provided on a consistent basis, with the frequency varying from one model of housing to the next.
- ☑ Staff is evaluated annually according to the criteria required to function in their roles. The written evaluation report will be signed by both supervisor and supervisee.

STANDARDS: Occupational Safety and Universal Precautions

- ☑ The term “universal precautions” refers to the simple but essential practices which all public institutions use to prevent disease transmission. These procedures are implemented under the presumption that blood and body fluids from any source are to be considered potentially infectious.
- ☑ The provider must learn and implement occupational safety and universal precaution protocols that make sense for their programs.

- ☑ The provider has written policies and procedures for compliance with universal precautions that are made available to staff and residents.
- ☑ All staff and residents receive training in universal precautions that is linguistically and culturally accessible.
- ☑ Protective barriers are used for all tasks where occupational exposure may occur and hazardous materials are disposed of properly.
- ☑ The housing program has materials to assist residents and staff in reducing the spread of germs and disposing of potentially hazardous materials.

**STANDARD: Medication
Protocols and Adherence Support**

- ☑ The program has a policy for medication protocols that is made known to residents during the admissions process.
- ☑ The provider develops and follows medication protocols that encourage residents to use all medications consistently and safely. If staff assist residents with medication management, this service is provided in partnership with the residents and their medical providers.
- ☑ Narcotics are stored in a locked cabinet, box, or safe.

RESIDENT PROGRAM HANDBOOK

The following is a list of topics to include in a program handbook:

PROGRAM OVERVIEW

- Mission statement
- Description of program philosophy
- Supportive services available
- Governance
- Basic responsibilities of service provider
- Property manager contact information

STAFFING

- Brief job descriptions
- Contact Numbers (staff, maintenance, property management offices, emergency services)

OBTAINING AND MAINTAINING HOUSING

- Processing your Housing Application
- Waiting for an Apartment
- If you are Not Offered Housing
- Resident's Contribution Towards Rent
- Moving In
- Leaves of Absence

RESIDENT POLICIES

- Your Lease and Program Agreements
- Confidentiality
- Individual Service Plans
- Advanced Directives
- Case Management
- Medical Emergencies

- Substance Use
- Client Advisory Board
- Community Meetings
- Community Space
- Guests
- Repairs and Upkeep of Apartment
- Supportive Services in Your Home
- Safety, Health, and Well Being
- Keys and Strangers
- Tuberculosis (TB)
- Hazardous Waste
- Medications
- Health Care Proxy and Living Wills
- Grievances
- Leadership

RECORDS

- Emergency Contact Form
- Lease
- Release of Information
- Tuberculosis Screening

FACILITY

- Fire Safety Procedures
- Emergency Call System
- Furnishings
- Maintenance
- Security

STAFF PROGRAM HANDBOOK

The following is a list of topics to include in a staff handbook:

PROGRAM OVERVIEW

- Mission statement
- Description of program philosophy
- Supportive services available
- Governance
- Basic responsibilities of service provider
- Property manager contact information

PERSONNEL POLICIES

STAFF POLICIES

- Time Sheets
- Sick and Vacation Staff Coverage
- Snow and Emergency Staffing Procedure
- Staff Training
- Sexual Harassment
- Staff Support
- Internal Communication Systems
- Confidentiality Procedures
- Change-of-Shift Procedures
- Emergency Beeper Service
- Protecting Residents' General Health and Well Being
- Care and Protection
- Community Life
- In the Event of an Expected Death
- Hazardous Waste Universal Precautions
- Managing Stress and Grief on the Job

RECORD KEEPING

- Incident Reports
- Emergency Contact Form

- Lease
- Record Review
- Release of Information
- Dispensing Medications
- Advance Directives
- TB Prevention Procedures

FACILITY ISSUES

- Fire Safety Procedures
- Emergency Call System
- Furnishings
- Maintenance
- Cleaning Supplies
- Security
- Unit Transfer

HIV/AIDS SUPPORT SERVICES

- Case Management
- Medical Emergencies
- Individual Service Plans
- Substance Use

OTHER HOUSE POLICIES

- Client Missing
- Entering Resident's Unit
- Media and Press Policy

OTHER SAMPLE FORMS

- Blank forms used in day to day operations
- Samples of properly completed paperwork
- An organizational chart

AN EXPLANATION OF PERFORMANCE REVIEW ROUTINES

Residents' Handbook: Program Procedures You Should Know

This guide is shared with all applicants to the housing program and other interested parties.

PROGRAM OVERVIEW

TIP: Provider should include mission statement, description of program philosophy and purpose, supportive services available, governance, and basic responsibilities of service provider, property manager, etc.

STAFFING

TIP: Provider should include brief job descriptions, telephone numbers for the staff, maintenance, and property management offices. Include numbers for emergency services (fire, police, ambulance, emergency maintenance, etc.)

OBTAINING AND MAINTAINING HOUSING

TIP: Provider should include step by step description of application process and eligibility requirements. These will primarily depend upon funding sources and contracts.

This program provides subsidized supportive housing to persons living with HIV disease. To qualify, you must be:

- low income
- homeless or at risk of homelessness (this will depend on the subsidy paying for the unit)
- HIV+
- Require supportive services

To apply for housing, you can either call the program directly to arrange for an introductory visit or have a social worker or other helping professional submit an initial referral on your behalf. The program coordinator will review the basic information provided by your social worker and contact you directly to tell you if your income and other circumstances qualify you for an intake appointment.

Applicants will have to provide the following documentation before the initial intake appointment:

- Income verification (within last 90 days)
- Verification of homelessness (letter from shelter, social worker, etc)
- Verification of HIV status (signed and dated by physician)

It is important for you to know that many people will participate in intake appointments, but this program is only able to provide housing to a limited number of applicants. If you are found eligible for the program, but there isn't a unit available, your name will be put on the wait list. We strongly encourage you to explore other housing options because

we will not be able to tell you how long your name may stay on the wait list. Even if you are invited to an intake appointment, you should continue to explore other housing options with other affordable housing resources because there are no guarantees that the program will have housing for you.

Processing Your Housing Application

After you meet with the program coordinator for the intake appointment, she will need to gather several pieces of documentation from you and other service providers with whom you have a relationship. She will write down the list of documents needed and assist you in collecting them over the next several weeks. Sometimes, this process feels frustrating to applicants because it takes longer than they would like or had expected. You can help by staying in touch with the program coordinator. If the intake process suggests that the program would be the right match for your housing needs, then this program will invite you to live in an apartment as soon as one is available for you.

Non-Discrimination

This housing program demonstrates a commitment to equal opportunity in its admission practices. Efforts are made to affirmatively market the housing and housing service component to individuals who might have difficulty learning about it through traditional channels. The spirit and practice of fair housing laws are integrated into our admission procedures.

Waitlist

A chronological waitlist will be maintained for applicants when there are no vacancies.

Waiting for an Apartment

If the intake process has determined that you are eligible for an apartment through this program but there is no opening immediately available, your name will be put onto the Waiting List. It may take a few weeks or several months for your name to come to the top of the waiting list. During this period, the program coordinator may contact you to find out if any of your circumstances have changed. You should feel free to contact staff at the program to find out your status on our Waiting List.

If You Are Not Offered Housing

***TIP:** Describe denial process, including description of recourse for appeal.*

This program has many more applicants than it is able to serve. Some of those applicants may not be eligible for this program. If you are not offered housing through the program, you have a right to know why. The program director will provide an explanation to you over the telephone or in writing if she/he is not able to reach you by phone. If you want to contest these reason(s), you can request an Appeal Hearing. The Appeal Hearing will be scheduled within 3 weeks of your request. You can bring any letters or persons with you whom you believe should be present for the Appeal Hearing. The Community Housing Options will guarantee that two staff persons will be present at the Appeal to hear you out. They will inform you of the final determination

within 2 weeks - either in writing or over the phone. If you believe you were denied entry to the program due to a disability, you may request a reasonable accommodation.

If you feel that your rights have been violated, you should contact the following:

- Local Fair Housing Office, 555-xxx-xxxx
- Local Legal Aid Office, 555-xxx-xxxx
- HUD Fair Housing Discrimination Hotline, 800-669-9777

Residents' Contribution Towards Rent

***TIP:** Describe how rent will be determined, how often collected, by whom and how often reviewed*

This program receives funding from several government organizations to cover the costs of operating the building and providing supportive services to residents. As a result, a portion of each resident's rent is paid by these government grants. Residents themselves are responsible for paying 30% of their adjusted income towards rent. This means that a little bit less than a third of your paycheck, SSI check, or other source of income will be paid to the building owner at the beginning of each month. We will also go through a list of adjustments that you might be eligible for in reducing your rent portion. If your income goes down or up while you are a resident, your rent will change accordingly. You can always be sure that the apartment will remain affordable to you. If you feel you might have any trouble with paying rent regularly, staff can help you make special arrangements for a "payee" to take responsibility for paying your rent.

Your rent is due to the program director by the 5th of each month. Payment should be made by money order. A receipt for payment will be given to you by the director.

Moving In

***TIP:** What residents need to know to move in—what will be provided, what they need to provide*

The apartment assigned to you will be your own home. You can furnish and decorate it to suit your tastes. Sometimes, residents do not have furniture or household items, such as kitchen supplies or sheets and blankets, to set up their home. If you would like help in finding the belongings you will need, the staff can assist you. Sometimes they will find household items that you can consider your own property even if you should leave the apartment. At other times, they will provide items that must remain in the apartment should you decide to leave. In this case, you and the staff will fill out an inventory of items in the apartment that will need to stay behind should you decide to leave. You will be given a copy of this inventory.

If you have a friend or family member who has a car or truck and can assist you in moving into your new apartment, you should arrange to get help from them before your move-in date. If this is not possible, the staff will find a way to provide move-in assistance for you. Welcome to your new home.

Moving Out / Leaves of Absence

TIP: *Include maximum time away allowed by program*

There will be times when residents of this program may need to leave their homes for extended periods of time. Should this happen, you can be secure in knowing that your apartment will be held for you during your absence. However, your contribution of rent will need to be paid even while you are not living in the apartment; staff can assist you in making these arrangements if necessary. If your absence is for greater than one month, a meeting will be held with you and any other interested parties to determine how much longer you need to be away and whether the apartment can continue to stay open. The maximum time away allowed by program is _____ months. If your absence becomes too long for the apartment to remain open, you may be asked to move out. In these cases, we will continue to work with you on your housing needs, including adding your name to the waitlist for when another unit becomes available. In situations where someone leaves their apartment without telling members of the community where they will be, and no arrangements are made for rent to be paid in their absence, the apartment will be considered “abandoned.” In this case, we will store/not store your belongings for up to 90 days. After that, the contents will be donated and/or disposed. We will also attempt to contact the family/friends on your contact forms to collect your belongings.

Upon permanently moving out of an apartment, all residents will be asked to participate in an exit interview which will serve as part of the program’s ongoing effort to improve overall quality and efficacy.

RESIDENT POLICIES

Your Lease and Program Agreements

When you move into this program, you will have all aspects of the lease agreement and program agreement explained to you.

- The *lease* is a contract between the resident and the landlord that explains the rights and responsibilities of each party.
- The *program agreement* explains the resident’s rights and responsibilities regarding his/her participation in the program.

You will also have an opportunity to ask questions about each of these agreements. The purpose of the lease and program agreement is to protect the safety and well being of the building residents, the building’s owners, and the staff who work there. You will receive a copy of the agreements that you have signed to keep for your own records.

Confidentiality

All human service professionals are required, by law, to protect the confidentiality of the people whom they serve. Staff at the program follow these laws carefully. This means that any records pertaining to you are kept in a safe, locked place and are not shared with anyone not associated directly with the program. It also means that staff will get

written permission from you before they talk about your situation with any other professional person or share any items from your record. Before signing a release of information, staff will explain the exception to this rule: behaviors indicating that you are a danger to yourself or to others. In addition, you should know that this program does not use “HIV” or “AIDS” on the envelopes of mailings or in any interactions with persons to whom you have not revealed your status.

Individual Service Plans (ISPs)

Each client will complete a service plan prior to the lease signing. Initial service needs will be identified during the needs assessment process. Additional needs may be identified as the service plan is being developed. The ISP is a document in which client needs are articulated, goals are set and action steps are created to meet goals. It is expected that the ISP may need to be revised as client’s needs evolve (change in health status, recovery status, financial status). The ISP will be reviewed periodically with the client and program manager, but not less than twice/year. A copy of the ISP will be given to the client and a copy will be kept in the client file.

Advance Directives

The staff is committed to helping residents make their own choices about the kind of medical care and “intervention” they receive either in their home or elsewhere. Our housing program works with clients to complete a grouping of certain legal documents called “Advance Directives” to insure timely legal and medical decision making in times of emergency or death. Copies of these documents or information concerning access to these documents must be in the resident’s file. The documents include: Durable Power of Attorney, Health Care Proxy, Living Will, and Last Will and Testament. Additional documents may include: Do Not Resuscitate Order (DNR), Declaration as to Remains, Guardianship, and Stand-by Guardianship.

Case Management

Case management is available to clients living in the program and is coordinated by the program manager. The following services are provided: individual support; one-on-one assistance with establishing an individual service plan; information and referral to other agencies’ services; ongoing emotional and practical support as you resolve problems, work with your social and medical providers, and as you accomplish your goals.

Medical Emergencies

Medical emergencies involving injury and/or illness may arise and should be addressed appropriately and with the necessary urgency.

In all cases, the extent and nature of the injury/illness should be determined and first aid applied, as needed. The next step is determining what type of transportation is needed. When necessary, an ambulance will be called (911).

There might be some situations in which a staff member becomes involved in a medical emergency, such as helping with first aid, calling 911, making sure the ambulance attendant takes the resident to the facility listed on his/her emergency fact sheet, and

providing releases of information as relevant to appropriate medical personnel. In an emergency, staff will notify the appropriate persons on the emergency fact sheet. Staff will also log the details of the event, including the date, time, persons involved,

In other situations, a resident and the resident's family would handle a medical emergency by conferring with the personal physician or by contacting 911 directly.

Substance Use

***TIP:** Programs will take very different approaches to alcohol or illicit substance use. Policies should be clear regarding requirements and responses. The sample policy below follows a 'harm reduction' model.*

This housing program recognizes relapse, or a return to unsafe practices, as part of the recovery process, not as a "failure of treatment". Case managers will assure the resident that his/her housing is not tied to his/her ability to stay clean and attempt to discuss openly the resident's use of drugs and/or alcohol. Information gathered might include how often the resident uses, what amount, location chosen for use, whether it is social or solitary, and other pertinent topics. This information will be used to assist the resident in determining what changes can be made to move toward reducing harm associated with substance use.

Each resident's service plan will address the individual's need for support and services related to addiction and recovery. These may include education regarding relapse prevention, assistance in building support networks, money management assistance and referrals for substance use counseling and treatment.

The program will seek to improve the quality of life for all residents through improved nutrition, emotional support, social and recreational outlets, and appropriate and consistent medical care and mental health treatment.

If an individual experiences a relapse, the case manager will work with the individual to seek the treatment and/or support which will best assist the individual in moving back toward recovery.

If an individual is exhibiting behaviors related to substance abuse that are detrimental to the program or other residents, or that impair the individual's ability to meet the terms of his lease, the individual will be required to develop a program contract. This contract will outline the terms and conditions that the participant is required to fulfill as well as the consequences for failing to meet those terms and conditions.

Any resident found using illegal drugs on the premises will be terminated from the program, following the program's due process procedure.

Consumer Advisory Board

The Consumer Advisory Board (CAB) is a voluntary group that invites resident participation on program operations and policy. It is open to any client. The CAB works with the program staff on issues such as policy and community development.

Community Meetings

The program will hold monthly Community Meetings. The purpose of the Community Meeting is to disseminate information, plan community events, and discuss and problem-solve issues that arise in community living. Residents are encouraged to share agenda items with the program manager at least 24 hours before the meeting. Community Meetings will be held on the fourth Thursday of each month unless otherwise scheduled. The meetings will be held in the community room and take place from 5pm – 6pm. The Community Meetings are voluntary and are facilitated by the program manager and members of the Client Advisory Board.

Supportive Services in Your Home

This program is a “supportive housing” program. This means we provide more than just a place to stay with a roof, walls, and floors. We also provide many different kinds of human services that will be available to you if you want or need them. These services include advocacy to help you get the care and assistance you and your family need, practical support with everything from managing personal finances to accessing transportation, one-on-one emotional support, relapse prevention and substance use counseling, emergency response, and group and social activities.

Sometimes all it takes to be independent is the assistance of someone who will lend a hand or an ear in the times you need it most. In general, staff members are here to help you live as independent a life as possible. When you first enter the program, staff will interview you to determine what needs you might have that our staff or an outside referral could help to meet. You will also fill out a questionnaire about your personal interests that will help staff know what kind of activities would be most enjoyable for you. After these meetings, staff will arrange for regular contacts with you that suit your needs.

SAFETY, HEALTH, AND WELL BEING

This program is concerned about your safety and well being as well as all other persons associated with the community. Following the procedures below will help us guarantee that all residents are ensured this kind of environment.

Keys and Strangers

An important way to guarantee safety is to refrain from giving copies of the key to your apartment to friends or acquaintances; the staff will keep a copy of your key in a safe place should you lose it or if an emergency arises. In addition, if someone is seen to be staying in the property who is not on the lease agreement, it will be brought to the attention of staff.

Tuberculosis

Everyone affiliated with this program will be screened for contagious TB before entering the program and on an ongoing basis to prevent TB transmission from occurring on the premises. When an individual is diagnosed with active TB, program staff will work with the TB clinic to direct the course of treatment. They will also discuss the feasibility of a resident remaining at home and the vulnerability of other residents to such a plan. When a resident or staff member is known to have active TB, efforts are made to identify all staff and residents who may have been exposed. Re-testing will be done, as indicated, immediately.

Hazardous Waste

Any hazardous waste (e.g. used syringes or dressings) will be disposed of by professionals who visit the housing setting and who follow national guidelines for safe disposal.

Medications

Any resident who needs assistance in complying with their use of medications can receive day-to-day assistance from staff. Staff will work with the resident's medical provider to insure that medications are taken safely and appropriately.

Grievances

This program has a procedure for responding to grievances raised by residents or disputes that arise between residents. The first step is to obtain a Grievance Form from a staff member and fill it out or dictate your concern to someone who can fill it out for you. You will then be offered the option of using the Human Rights Officer to help resolve the problem. The Human Rights Officer is a resident or staff member who has been trained in strategies for resolving conflicts. If you do not choose the Officer, the program coordinator will read your complaint, interview you in person, interview any other persons involved, and then meet with everyone together to determine how to resolve the problem.

Leadership

This program needs your help in making decisions about how things get done in the program. Residents are active in many areas of operating the program. Some serve on the Consumer Advisory Board that assists in making decisions about rules and operations. Others are trained as "mediators" who help resolve differences that arise between residents themselves or between residents and staff. You can make a real difference in this program by becoming active in one of these forums.

RECORDS

Emergency Contact Form

An emergency contact form will be completed by each resident upon moving into the residence. This form will be kept in the resident file.

Lease

Each resident is given a copy of her/his lease. The property management office also keeps a copy of the lease on file.

Income Verification

Each resident should notify the program director if his/her income either goes up or down, so that their rent contribution can be properly re-calculated. At minimum, the program will verify resident income annually.

Release of Information

Throughout the admission process residents will sign releases of information. The releases allow the program to share information with others only when it is necessary to obtain, provide, or monitor services available to registered clients, or to advocate for clients with other individuals, organizations and agencies. Clients may limit this permission by listing individuals, organizations or agencies with whom clients do not want us to exchange information.

Tuberculosis Screening

Each resident must have a doctor's letter confirming non-contagious status for tuberculosis prior to acceptance into the program. The letters will be kept in the client file and must be updated every six months following policies established by the Massachusetts Department of Public Health.

FACILITY**Fire Safety Procedures**

If there is a fire and the fire alarm has not yet sounded, set off the alarm at one of the red fire boxes. If there is a fire in your apartment, leave your apartment immediately and close the door behind you (and sound the alarm if it has not already sounded). If your smoke detector goes off due to smoke in your apartment and you are certain that there is no fire, you should (1) turn on the fans in the kitchen and bathroom, (2) open a window, and (3) leave your apartment door closed (since opening the apartment door will set off the building's central fire alarm and the fire department will needlessly respond).

When the central fire alarm goes off, you are to leave the building immediately. Anyone who is disabled or unable to walk down stairs should remain in their apartment unless the fire is in their apartment. If you stay in your apartment, keep the apartment door closed. Staff will inform the fire department of anyone who did not evacuate the building. Do not use the elevator in case of a fire. If you leave the building, go down the nearest stairwell.

Emergency Call System

Emergency pull cords are located in bathrooms and bedrooms of each apartment. When pulled, an alarm sounds in the residence program staff office. Please note staff will be able to respond only when the building is staffed and staff are in the office.

Furnishings

Any furnishings belonging to the program should remain where they are located (in the apartment or common area) for everyone's use and enjoyment. An inventory of the furnishings will be made at the time of the lease signing. Any changes during occupancy should be reported to the property manager. At the time of vacating an apartment, all furnishings in the inventory list must remain behind.

Maintenance

Residents are asked to promptly notify property management of all maintenance problems: plumbing, fixtures, appliances, heating and cooling equipment or any other part of the unit or related facilities.

Security

Everyone is responsible for maintaining a secure building. Residents are not to give out building keys. Immediately report any lost or stolen keys to property management. Doors should be checked to assure that they are locked upon entering or leaving apartments and the building. Do not prop open doors. The main entry is the only door which is to be used for entering or exiting the building (except in cases of emergency). Residents should only let their invited guests into the building.

Community Space

Community space is open for use by all residents, 24 hours a day. When using the community areas, please be aware of the following guidelines: share the use of the audio visual equipment (such as TV, VCR, DVD player, and stereo equipment); clean up after yourself, and do not leave trash or personal items in the common areas; keep the noise to a minimum; and, wash all dishes, counters, and stove after using the common kitchen.

Guests

Residents are responsible for the actions of their guests at all times. All guests must sign the guest book as they enter and leave. Guests are to use the common areas only when they are with the resident they are visiting.

Repair and Upkeep of Apartment

All apartments sometimes need to be fixed by a professional repair person. When you have a problem in your apartment that needs to be repaired, the first thing is to ask yourself is, “is this an emergency?”

- An emergency is a problem that creates a dangerous living environment to you and/or your neighbors. Examples of emergencies include the smell of gas in your apartment, no heat on a cold day, flooding in some part of the apartment, or any other problem that jeopardizes your safety.
- Examples of problems that are probably not emergencies include a clogged sink, a leaking ceiling, or a broken air conditioner.

If you determine the maintenance problem IS an emergency, you should contact the emergency repair number posted in your apartment. After making this call, you should also contact the on-call staff person to notify them that you placed this call so that they can help you follow up to make sure the problem is corrected. If the problem is NOT an emergency, you should report your concern to the first staff person with whom you come in contact. In these situations, the staff will take responsibility for arranging for repairs. If you have any further problems, it is important to work with staff to figure out what went wrong and why a repair was not made.

Statement of Residents' Rights

Resident receives a copy of this list. It can also be posted in a common space.

1. You have a right to full and complete confidentiality as guaranteed to you under Federal Law. Program staff must obtain a written consent signed by you prior to discussing your medical status or other personal information with other providers. Program staff will refrain from discussing information pertaining to your status in any public or common space and will only share information that is needed to enhance your personal safety and well being.
2. You have the right to make informed choices pertaining to the care and treatment you receive in your home and from outside providers. Project staff are responsible for working on your behalf to assist in accessing and securing the most appropriate services and interventions for your particular needs.
3. You have the right to receive courteous, ethical, professional, prompt, and dignified treatment from all agency staff.
4. You have a right to non-discrimination and to the protection of your civil rights.
5. You have the right to have your grievances heard if at any time you feel your rights have been violated. Express your concerns first to the designated Human Rights Officer, program staff, or the program director. Unresolved grievances will be brought before administrators of the agency.
6. You have the right to review any and all records pertinent to your individual case with 24 hours notice.
7. You have a right to have visitors in your home.
8. You have the right to manage your personal finances independently and, upon request, to receive assistance in budgeting should you have difficulty meeting your financial obligations.
9. You have a right to understand and participate in the management and oversight of the daily operations of this program.
10. You have the right to privacy of your records and of information pertaining to your health and other status. All relevant documents and records will be kept under lock and key 24 hours a day and will only be accessible to staff members and yourself.
11. You have a right to privacy and respect of the personal space in your apartment and in your residence. You have a right to personalize your housing to the extent that you are within the confines of the lease.

PROGRAM OVERVIEW

TIP: [Include mission statement, description of program philosophy and purpose, supportive services available, governance, and basic responsibilities of service provider, property manager, etc.]

PERSONNEL POLICIES

As part of initial training, each staff person should receive information specific to your organization in regards to the following subjects:

- **Employment Classification:** definition of full-time, part-time, etc.
- **Recruitment and Selection Process**
- **General Compensation Policies:** general, salary reviews
- **Fair Labor Standards Act:** exempt and non-exempt
- **Equal Employment Opportunity**
- **Sexual Harassment:** definition, complaint process, disciplinary action
- **Personnel Records:** access to files, personal status changes
- **Payroll Procedures:** initial paperwork, time sheets, pay periods, salary advances
- **Employee Reimbursement:** travel, other
- **Benefits:** medical, dental, life, disability
- **Vacation:** eligibility, benefit calculation, new employees, approval and use, payment at termination, prorated vacation schedule
- **Holidays:** which ones observed, eligibility, religious holiday observance
- **Sick Time:** use, accrual, utilization, payment when employment ends
- **Work Week**
- **Overtime**
- **Compensatory time:** purpose, eligibility, accrual, accumulation, utilization
- **403(b) Savings Plan:** enrollment, matching funds if applicable
- **Family and Medical Leave Act:** summary, eligibility, notice, documentation, accrual of benefits during absence, use of benefits during absence
- **Personal Leave of Absence:** notice, accrual and use of benefits during leave
- **Jury Duty**
- **COBRA:** eligibility, guidelines, premiums
- **Worker's Compensation**
- **Tuition Reimbursement**
- **Performance Reviews:** salary increases, frequency, process for evaluation

- **Resignation:** policy, process
- **Grievance Resolution Procedure**
- **Political Activity**
- **Drug and Alcohol Use**
- **Involuntary Termination**

STAFF POLICIES

Time Sheets

Time sheets are due to the Residence Program Manager by 11:00 am on alternating Wednesdays (please refer to the staff schedule for due dates). The time sheet must be filled out completely and signed by contract / relief staff. Blank copies of the time sheet are located in the file in the Residence Program staff office.

Salaried staff time sheets are due to the Residence Program Manager by 11:00 am on alternating Thursdays (please refer to the staff schedule for due dates). The time sheets must be filled out completely and signed. Copies of the time sheet will be placed in your office mailbox.

Sick and Vacation Staff Coverage

Due to the nature of residential care, it is important that appropriate steps are taken to assure staff coverage during sick and vacation time.

Sick Time

- Staff should notify the supervisor as early as possible when requesting sick time in order to ensure coverage of the program.

Vacation Time

- When requesting vacation time, two weeks notice is required. The request for vacation time must be submitted to your supervisor in writing.
- Your supervisor will determine if your shift needs to be covered.

Snow Emergency Staffing Procedure

Due to the nature of residential care, all attempts will be put forth to retain staffing during snow emergencies.

1. Staff who are unable to report to work should call the Residence Program Office
2. If staff leaves a message and there is no response in one hour or it is after office hours, staff should page the supervisor on-call.
3. The supervisor on call will attempt to find coverage using the phone numbers provided to them.

4. Split shifts may be considered if it is not possible to cover the regular staffing pattern.

Staff Training

As a permanent staff member, you will receive orientation information and training in several areas as you begin your employment. At these trainings you will have an opportunity to ask questions and get clarification on your specific role in the organization. The content of these trainings, as well as subsequent trainings, will focus on the following themes:

- Policies and Procedures
- Professional Benefits
- Relevant Subject Matter: (HIV/AIDS; Addiction and Relapse Prevention; Counseling Skills, Advocacy Skills, Death and Dying, Family Systems, Psycho-pharmacology, Mental Illness, Sexual Harassment; CPR/First Aid; Care Giving; Universal Precautions; etc.)
- Roles and Responsibilities of Your Specific Position

The expectation of the agency is not that you will be an expert in any one field, but that the trainings will help you develop your particular talents and interests in some of the many human service fields that intersect in the arena of supportive housing for persons with HIV disease. In addition, the agency will continue to provide in-service trainings throughout your employment to heighten your skills and awareness in a host of different fields.

Sexual Harassment

As part of the initial and ongoing staff training, the program educates and trains staff on the definition of sexual harassment as well as the process for filing a complaint. In general, sexual harassment is unacceptable and not tolerated within the environment of the program.

Physical Safety and Behavior Management

All staff members are expected to address concerns related to the physical safety of residents. Staff persons are trained on how to respond to physical fights, verbal threats, or other forms of abuse or harassment; staff are also trained to respond to the needs of residents in emergencies. Incident reports should serve as proof of the provider's responsiveness to problems by documenting all calls to the police, calls for an ambulance, the filing of restraining orders, etc.

Staff Support

All members of the staff team will receive supervision from a senior staff member on a regular basis. Supervision in this context is a "give and take" process where you will share updates with the supervisor about the nature of your work as well as concerns, anxieties, and frustrations that are encountered on the job. The supervisor's job is to provide practical and emotional assistance to the staff or, in cases where his/her own expertise is limited, find outside resources that address the needs of staff. This may take the form of a staff support group facilitated by an outside expert or a special training on a particular subject of interest to staff.

Internal Communication Systems

The staff will utilize a variety of mechanisms for internal communication which will include, but not be limited to: bulletin boards, change of shift, client contact sheets, client progress notes, communication log, incident reporting, mail, telephone messages, communication sheets (with physicians and nurses).

Confidentiality Procedures

Staff persons are trained in the professional standards of confidentiality for human service professionals before beginning work in the housing program. As described in your training, all records pertaining to individual clients are kept in a file cabinet that will be locked after hours and at any time that staff are not occupying the office. It is essential not to leave case notes or any other materials pertaining to residents outside of the file cabinet after hours or in places that will be visible to someone not on staff with the agency. When speaking about a resident with any other collaborating agency or individual connected with the resident, it is mandatory that there is a signed Release of Information in the file. Should a family member, friend, or other person call and begin speaking with you about the circumstances of the resident, you need to take responsibility for ensuring that the resident has consented to such a discussion before any information is shared. In addition, staff will not speak about a resident by name in any public place such as a restaurant or on a subway. You will be trained as to the two exceptions (when there is danger to the client or to others) that apply to the confidentiality practices described above. Whenever in doubt, it is always wise to consult with a supervisor on these matters.

Change-of-Shift Procedures

Change-of-Shift procedures are designed to insure communication between staff members about important information pertaining to the needs and status of residents. This closed door meeting takes place between outgoing and incoming staff persons. For approximately 15 minutes, outgoing staff review the status of all residents and make note of any outstanding needs, concerns, or possible problems that may arise during the next shift. Outgoing staff also pass on the key chain to incoming staff together with the Residents' Log Book and the Back-up Beeper List.

Emergency Beeper/Cell Phone Service

After regular business hours, this program maintains an emergency back-up contact service. If you are on staff after-hours and an emergency which you are not certain how to address, arises you should contact the Back-up contact staff person to discuss the best plan of action. The name of the designated staff person, the beeper phone number, and other emergency phone numbers are maintained in the Emergency Contact Book. The book also provides emergency contacts, for each individual resident, who should be called when a resident experiences a serious medical problem or other crisis. The on-duty staff person is responsible for placing these calls. In assessing the danger of a particular problem arising with a sick resident, you are not expected to clinically evaluate the potential danger of a situation. In any situation in which a resident is concerned about their well-being and/or feels unsafe or in which you are concerned about a change in their condition, a call should be placed to their medical provider. You can either assist the resident in placing this call or call on the resident's behalf. The provider will make a professional assessment as to whether the resident needs immediate medical attention.

Protecting Residents' General Health and Well Being

Many of our residents have a weakened immune system that cannot fight off illnesses that pose no serious threat to healthy people. If you are sick with a cold, flu, or other potential contagious illness, you should not come to work. Even when you are feeling healthy, it is always a good idea to wash your hands several times a day to be sure not to pass on any germs to residents who are immuno-compromised. Staff persons are also expected to model a high level of hygiene when using the kitchen or other common areas of the residence. For those residents who are interested, you can assist them in obtaining the information on health-promoting practices of good-hygiene, good nutrition, regular sleep, substance-use reduction, and stress reduction.

Care and Protection

TIP: Program Directors should research the specific responsibilities and requirements/obligations of program staff to report child abuse or neglect in their state.

All human service professionals are mandated reporters of any suspicion or evidence of child abuse or neglect in the state of Massachusetts. You will receive training pertaining to how these problems are detected and under what circumstances a report will need to be filed with the state's Department of Social Services. The agency's procedure is to first alert a supervisor of your concerns. The supervisor will review the case with you and consult the agency's Executive Director. If there is consensus, the agency will file a report. A designated staff person will share this information with the person suspected of abuse or neglect before the report is filed. A report can be filed at any time of the day or night by contacting the Care and Protection Hotline. Your supervisor may request that you perform the follow-up paperwork.

Community Life

The program tries to maintain a home-like atmosphere rather than an institutional environment. Staff are most helpful when conducting themselves in a respectful manner and model a positive and healthy attitude. Residents may participate in the community through participation in community meetings, the Consumer Advisory Board, and interaction in the community space. Residents' religion, personal beliefs, and willingness to participate in religious activities are not factors in admitting or denying applicants or a factor in the delivery of services to clients.

In the Event of a Death

Some residents of the program will make arrangements to die in their own homes if they reach the end-stage of their illness. Our agency will support this choice if the necessary services and supports are available to keep the resident safe and well cared for through this last stage of the resident's life. As a staff person, your role is to provide only non-medical support and practical help. Specialists will be called upon to meet the other needs of the resident. In the event that a death occurs while the resident is at home, the program has procedures that must be followed. If a resident dies in the absence of Hospice professionals, staff should refrain from touching or disturbing anything in the resident's home, close the door, and make a note in the resident's file of the first time death was observed. On-duty staff will immediately contact the on-call supervisor and the resident's physician, listed in the resident's Case Record. It is not necessary to contact emergency personnel (911) in the case of a death.

The resident's personal emergency contacts should be contacted by phone by the Program Coordinator or, if the Coordinator is not available, the next senior staff person. The hospice provider, clinic, or physician associated with the resident will make all other arrangements concerning certifying the death and removing the body. The body will be removed to a funeral home designated by the resident or family member. All procedures and actions related to the resident's passing will be noted in the case file. A report will be submitted to the agency's Executive Director describing the circumstances surrounding the resident's death. It is important that staff focus attention on other residents who may be scared and will certainly have questions about the circumstances surrounding the death.

Hazardous Waste

Your role as a provider of practical and emotional support to residents of the program is not medical or clinical in nature. Residents who need medical care in their homes will receive these services from a visiting, trained professional. Although you may be called upon to provide assistance to these professionals when an extra pair of hands is needed, the skilled provider will have the leadership role in this arena. These professionals follow national standards for the disposal of hazardous waste - in particular for individuals receiving infusions or those who need intravenous needles for administering medication. Furthermore, sheets and towels that might be considered 'hazardous' are the responsibility of trained home-care workers who provide services to those residents. Therefore, managing hazardous waste is not a responsibility associated with your job.

Universal Precautions

This program practices 'universal precautions' with all residents, staff, and any visitor to the housing program. As a staff person, you will be trained in the practices of universal precautions, and you will have the procedures posted in the office should you ever need to consult them. Our agency stocks rubber gloves and plastic, zip-lock bags (for glove disposal) in the office should you ever need to assist someone who has an open skin wound or handle any household items for which a precaution needs to be taken. We also maintain a Chlorine Bleach Solution (1 part chlorine to 9 parts water) in a spray bottle. The Chlorine Bleach Solution bottle is marked with the date and time that it was last filled. You need to use a solution that was mixed no more than 12 hours before being used. In a situation where a precaution is warranted and where you have any uncertainty as to how to respond, you should always consult a senior staff person.

Managing Stress and Grief on the Job

For all its rewards, working on the staff of the program may be stressful and upsetting for everyone at certain times. A resident's passing is an extremely upsetting event to all members of the community and particularly to those who worked closely with the resident during the last stages of his or her life. If you experience a death or multiple deaths on the job, you can expect to feel overwhelmed or overloaded with grief. It is important to talk to coworkers about your feelings related to losing a resident. In some cases, it may be helpful to put some closure on a resident's life by attending the funeral or memorial service. Some caregivers visit the graves of special residents to say good-bye. It is also important to focus on what you did to make a resident comfortable or secure as his/her life came to a close. Finally, but probably most importantly, take care of yourself. Professionals working high stress jobs need to eat right, get plenty of sleep, and exercise regularly. This also means taking a break from work and colleagues on a regular basis

and spending time with people who will not talk about your experiences at work. If you remain upset or continually lose sleep because of work-related stress, it is important to share your difficulties with a supervisor and, in some cases, to seek professional help.

RECORD KEEPING

TIP: Records required on file will vary according to funding sources and contract requirements.

All permanent staff maintain regular, up-to-date records on the status of the residents to whom they are assigned. This means making regular (3 x week minimum) entries in the Case notes pertaining to significant interactions between you and a resident, events in a resident's life, or highs and lows of a resident's status. Case notes are recorded in neat, legible handwriting and are written in language that omits "lingo" or slang. Staff persons should also avoid noting assumptions about residents (e.g. "Mary was high today") but rather should make more objective observations (e.g. "Mary was slurring her speech and seemed disoriented throughout lunch"). The resident's file is also kept up to date with information pertaining to new or changing collateral contacts and regularly updated Individualized Service Plans. In addition, all staff participate in completing the Residents' Log Book at the end of each shift. The Residents' Log Book contains brief summaries of the status and particular needs of residents at the time of a change-of-shift meeting. There are also Log Books that must be used for residents who receive monitoring for medications and nutrition. In writing all records, staff should bear in mind that residents themselves have access to their personal records and that initials and a date should be recorded with every note. For more information on writing case notes, training is available to staff.

Each resident file should also include the following information:

- Client's lease
- Income verification
- HIV verification
- Homeless verification / housing verification
- TB results
- Substance abuse history
- Documentation of clean time
- Needs assessment
- Emergency contacts
- Medical information and contacts
- Case notes
- Individual service plan
- Updated ISP
- Program agreement
- Releases of information
- Advanced directives.

Incident Reports

All incidents involving clients should be documented in their files. If there is an incident of significance that involves a number of residents, the community, and/or the facility, staff should write a detailed incident report in the form of a memo and place it in the Program Manager's box. The memo should be completed as soon as possible, before the next shift, with names, dates, and details concerning the incident. In most cases, if there is an incident of significance that is not resolved by the end of the shift, or could recur, the staff should page the on-call supervisor.

Emergency Contact Form

An emergency contact form will be completed by each client upon moving into the program. This form will be kept in the client file.

Lease

Each client is given a copy of his/her lease. The property management office also keeps a copy of the lease on file.

Income Verification

Each client file will contain verification, obtained upon acceptance into the program and updated at least annually.

Record Review

Clients may request, in writing, a review of his/her case management records at a time agreed upon with the Program Manager. Clients should be able to review records within a reasonable amount of time from the request. Clients may also request a photocopy of their record at any time.

Release of Information

Upon admission into the program, each client signs a release of information form. A copy of this form will be kept in the client's file in the program office. The release of information allows staff to share information with others *only when it is necessary* to obtain, provide, or monitor services available to registered clients, or to advocate for clients with other individuals, organizations and agencies. The release form will have a specific timeframe for which it is valid and will specify with whom staff can talk and regarding what. Clients may limit this permission by listing individuals, organizations or agencies with whom clients do not want us to exchange information. If it is unclear that you have permission to speak with someone regarding a resident, consult your supervisor or consult the resident directly.

Dispensing Medications

TIP: Programs should be aware of any laws or regulations in their state that might govern the holding or dispensing of medications by staff in residential housing settings. States might require, for example, that staff members receive particular certifications before they can hold or dispense medications.

One useful benefit of the program is monitoring of medications for residents who request this service. If a resident is signed up for this service, their name and all the information pertaining to their prescriptions will be in the Medications Record Book. In addition, each time medication is monitored, staff will make a record in the Medication Tracking Log. In situations where a resident is taking a narcotic, staff must actually watch the resident take the drug and make a more detailed record. All narcotics (particularly pain medications and sleep medications) are stored in a locked cabinet. Residents shall work with the housing staff to set up individualized plans so that medications are taken at the appropriate times. If a resident is not taking their medications as the prescription indicates, and is therefore endangering his/her health, staff will discuss it with the resident and the program supervisor.

The program monitors when new medications are prescribed, old prescriptions are renewed, and over-the-counter medications are used. This includes monitoring the pick-up of prescriptions at the pharmacy. Medications being managed by the program that require refrigeration are held in a locked box in the refrigerator located in the staff office.

Advance Directives

Our housing program works with clients to develop certain legal documents named “Advance Directives” to insure timely legal and medical decision making in an emergency or death. Copies of these documents or information concerning access to these documents must be in the resident’s file. The documents include: Durable Power of Attorney, Health Care Proxy, Living Will, and Last Will and Testament. Additional documents may include: Do Not Resuscitate Order (DNR), Declaration as to Remains, Guardianship, and Stand-by Guardianship.

TB Prevention Procedures

This program follows the specific standards published by the MA Department of Public Health pertaining to TB control in a residential setting. As a result of these measures, the risk of exposure to TB for residents and staff is minimized. These measures involve regular testing of all staff and residents as well as interventions when a medical professional finds evidence of a problem.

The specific guidelines issued by the MA Department of Public Health for TB control are available and accessible to you in the staff office. These guidelines are intended for the prevention of TB outbreaks among persons particularly susceptible to infection such as those with HIV and AIDS.

1. Every resident should be screened for TB as part of the admission process and every six months thereafter.
2. All staff should be tested for TB upon entry to the workplace and every six months thereafter.
3. Building ventilation should meet current standards of comfort.
4. Consideration should be given to temporarily removing residents and/or staff from a group living setting if pulmonary TB disease is suspected by an evaluating physician.
5. Facilities are encouraged to develop a close working relationship with local health departments in their city to ensure successful transfer of information and support throughout the phases of TB control (prevention, diagnosis, and treatment).
6. For further information, contact Local or State Boards of Health.

FACILITY ISSUES

Fire Safety Procedures

Staff should be familiar and trained on the written fire safety policies and procedures established for this program. Staff should be prepared to act quickly in an emergency. Forming the core of the policies and procedures is the following:

- The program maintains an up-to-date fire drill/evacuation plan and staff are familiar with it.
- Smoke detection systems are in place and operational.
- Fire extinguishers are appropriately positioned around the building and staff are trained to use them.

This program has established an evacuation meeting place outside of this building at _____ . All staff members and residents should be informed of this meeting place upon starting work or moving into this building. This should be the first destination of all staff members and residents upon leaving the building in an emergency. Once at the meeting place, staff members should determine who may still be in the building. It is your responsibility to communicate this information immediately to safety workers on the scene.

Emergency Call System

Emergency pull cords are located in bathrooms and bedrooms in each apartment. When pulled, an alarm sounds and a red light blinks on the control panel in the residence program staff office indicating the origin of the alarm. Respond immediately by going to the apartment where the alarm has sounded. Knock first. If no one answers, use the apartment passkey to enter the apartment, calling to the resident to warn them that you are entering their apartment. Assist the resident as needed. Call 911 if necessary.

Furnishings

Any furnishings belonging to the program should remain where they are located (in the apartment or common area) for everyone's use and enjoyment. An inventory of the furnishings will be made at the time of the lease signing. Any changes during occupancy should be reported to the property manager. At the time of vacating an apartment, all furnishings in the inventory list must remain behind.

Maintenance

Promptly notify property management of all maintenance problems: plumbing, fixtures, appliances, heating and cooling equipment or any other part of the unit or related facilities.

Cleaning Supplies

A stock of cleaning supplies is kept in the kitchen. If you need supplies please request them from the maintenance staff on duty. If they do not furnish the supplies you are requesting, ask the Program Manager. At no time is staff to remove cleaning supplies from the maintenance closet or cleaning cart.

Security

Everyone is responsible for maintaining a secure building. Staff and residents are not to give out building keys. Immediately report any lost or stolen keys to property management. Doors should

be checked to assure that they are locked upon entering or leaving apartments and the building. Do not prop open doors. The main entry is the only door which is to be used for entering or exiting the building (except in cases of emergency). Residents should only let their invited guests into the building.

Unit Transfer

Residents' requests for unit transfers will be considered by the property management only when there is a medical necessity or there is a change in the household composition. Staff cannot reassign units without consulting the property management.

HIV/AIDS SUPPORT SERVICES

Case Management

TIP: Staff handbook and training should clarify the scope of supportive and case management services that will be provided to residents, including information about external resources for services that exceed the scope of your program.

On-site case management is available to clients living in the program and is coordinated by the program manager. The following services are provided: individual support; one-on-one assistance with establishing an individual service plan; information and referral to other agencies' services; ongoing emotional and practical support as clients resolve problems, work with social and medical providers, and accomplish clients' goals.

Individual Service Plans (ISP)

Each client will complete a ISP prior to the lease signing. Initial service needs will be identified during the needs assessment process. Additional needs may be identified as the service plan is being developed. The ISP is a document in which client needs are articulated, goals set and action steps are created to meet goals. The ISP is a fluid document. It is expected that the ISP may need to be revised as client's needs evolve (change in health status, recovery status, financial status). The ISP will be reviewed periodically with the client and program manager. A copy of the ISP will be given to the client and a copy will be kept in the client file.

Medical Emergencies

When residence staff is present in the case of a medical emergency, the staff will attempt to determine the extent and nature of the injury / illness and apply first aid as needed. If additional medical care is required, staff will help make the necessary arrangements. Staff will call an ambulance (911) as needed. Staff will make sure the ambulance attendant takes the resident to the primary care facility listed on their emergency fact sheet. They will also notify the appropriate persons on the emergency fact sheet. Staff will log the details of the event, including the date, time, persons involved and procedures followed.

Whenever possible the staff will respect when a resident decides to handle the situation independently or within a family unit.

Substance Use

TIP: The staff handbook should clearly explain policies and procedures regarding resident substance use, thereby minimizing potential confusion and guiding consistent staff responses. The sample policies and procedures below reflect a 'harm reduction' philosophy.

The program employs a harm reduction philosophy for serving substance users which is non-judgmental and rich in support. We believe people with addictions are competent and capable of making positive changes in their lives. We invite clients to participate in an environment of openness and mutual support, and we expect clients to be making concerted efforts to reduce the harm associated with their use, and to be moving toward recovery. The goal of each staff member is to support the efforts of each resident in leading a healthier life.

The use of drugs or alcohol by staff, residents, or volunteers on the premises of the housing program is strictly prohibited.

If an individual experiences a relapse, the case manager will work with the individual to seek the treatment and/or support which will best assist the individual in moving back toward recovery. If an individual is exhibiting behaviors related to substance abuse that are detrimental to the program or other residents, or that impair the individual's ability to meet the terms of his lease, the individual will be required to develop a program contract. This contract will outline the terms and conditions that the participant is required to fulfill as well as the consequences for failing to meet those terms and conditions.

OTHER HOUSE POLICIES

Client Missing

Although the program is independent housing, there are times during which a significant amount of time will pass when staff do not have contact with a client. Staff encourage but do not require clients to check in if they will be gone from the residence for an extended period of time. If a staff member is concerned that a client has not been seen for at least 72 hours, and staff has reason to suspect that it may be related to an emergency, then the staff should follow the procedures below:

1. Check the client contact sheet to verify the client has not been seen for 72 hours.
2. Leave a phone message and knock on apartment door to see if the client is home.
3. If you believe it is imperative to enter the client's unit, obtain permission from supervisor. (see **Entering Resident's Unit** below)
4. If you have entered the unit and believe it is necessary to call a person in the client's support network, obtain permission from supervisor.
5. Document all actions including: date, time, reason for intervention, supervisor permission, and events that took place.

Moving Out / Leaves of Absence

TIP: For a variety of reasons, including medical and even temporary incarceration, residents might need to leave their unit temporarily. Leave policies should include maximum time away allowed by program and description of how your program will handle leaves of absence.

There will be times when residents of this program may need to leave their homes for extended periods of time. Should this happen, the program will work to insure that the resident can retain the unit. During any leave of absence, residents will still be responsible for his/her portion of the rent.

If a resident will be absent for more than one month, a meeting will be held with the resident to determine how much longer s/he will need to be away and whether the apartment can continue to be held. If there is no reasonable expectation that the resident will be able to return to the unit within six months, then the process of identifying more appropriate housing will begin. If the resident is unavailable to meet with program staff for this review, every effort will be made to discuss the situation with resident or a representative appointed by the resident. Status of the leave will be reviewed monthly for a maximum of six months; at which time it will be determined that the current program is not appropriate housing for the resident and termination procedures will begin.

In situations where someone leaves their apartment without telling members of the community where s/he will be, and no arrangements are made for rent to be paid in his/her absence, the apartment will be categorized as “abandoned.”

Upon permanently moving out of an apartment, all residents will be asked to participate in an exit interview which will serve as part of the program’s ongoing effort to improve overall quality and efficacy.

Entering Resident’s Unit

TIP: Programs should have detailed policies regarding the limitations on staff entry into resident units, in order to safeguard and respect the privacy of the residents.

Except in cases of a known or suspected emergency, staff will **not** enter a resident’s apartment when a resident is not at home without authorization from the resident. In the event of a known or suspected emergency, residence program staff will adhere to the following guidelines:

1. Call on the telephone or knock loudly on the resident’s door.
2. If there is still no answer, staff will enter the unit using staff key.
3. If possible two staff will enter together.
4. Upon entering staff will knock by announcing self by name with a loud voice.
5. Staff will respond to emergency situation as appropriate.
6. Staff will leave the apartment as it was found (if any items are removed or moved, staff will note this in detail in the shift log).
7. If the resident was not at home, staff will leave a note in the resident’s apartment, informing him/her of the entrance into the apartment.

8. Staff will enter all details of the incident in the Shift Log.

Media and Press Policy

To protect the confidentiality and safety of the clients and the community, no member of the press or media is allowed to access the program or its grounds without prior knowledge and permission of the property management and/or the Program Manager. However, residents are free to speak with the media at any time. Residents are responsible to uphold the confidentiality of others who live at the residence.

Universal Precautions

These precautions are published by the MA Department of Public Health

Some people worry about getting AIDS or hepatitis if they help someone who is bleeding. AIDS, hepatitis and other illnesses are called “blood borne diseases” because the viruses that cause them (HIV and HCV) are spread by blood and certain other body fluids. The Centers for Disease Control designed methods to protect health care workers from their patients’ blood and body fluids and likewise the patients from their health care workers’ blood and bodily fluids. These methods are called “universal precautions”.

Universal Precautions cover:

blood products	blood	amniotic fluid
peritoneal fluid	semen	joint fluid
spinal fluid	vaginal fluid	saliva (only during dental work)

Universal Precautions do not cover:

saliva	tears	sweat
urine	feces (stool)	mucus
phlegm	breast milk	unless you can see blood in them

Universal precautions are based on one simple fact: There is no way to be sure a person is not infected so it is safest to handle everyone’s blood and body fluids as if they carried HIV and HCV.

The basic methods:

Avoid contact. This is easy if you think before you act. If there’s blood on the floor, use a mop instead of a sponge to clean it up. Use a shovel, dust pan and brush, or tongs to pick up broken glass. Someone might have cut themselves on it.

Protect Yourself. Latex or plastic gloves will keep blood and other body fluids off your hands when you help someone who is bleeding. Have latex gloves on hand.

Wash with soap and water. If you get someone else’s blood or body fluids on your skin, wash with soap and water as soon as you can. If you get splashed in the eye, nose or mouth, rinse with plenty of water.

Keep it sterile. When you bandage a cut or scrape, don’t let anything touch the part of the gauze that will cover the cut.

Discard or decontaminate. Throw away used gauze, bloody tissues, paper towels, etc. Wash bloody clothes in hot water with detergent. Use a mixture of one part bleach and ten parts water to clean up spills or splashes of blood or body fluids. The best method is to pour a ring of the mixture around the spill, then mop toward the center. If you use a sponge, wear gloves.

Want to know more? Call the MA Department of Public Health at (617) 522-3700 x 420

Source: Commonwealth of Massachusetts, Executive Office of Health and Human Services, Department of Public Health, Executive Office of Consumer Affairs, May 1993

Mission Statement and Goals

*Mission Statements are used in planning, marketing, evaluating, and generating funds for program.
Programs should develop their own mission statements relative to their individual program philosophies and housing model.*

Sample Mission Statement

The mission of (name of program) is to facilitate independence, dignity, and well being through a complement of safe, affordable, appropriate housing and day-to-day support services provided to formerly homeless persons living with HIV disease and the affected persons in their lives.

Include information on goal and objective development

- Goal 1: to enhance the housing permanency and regularity of daily life routines amongst individuals with histories of housing instability, transience, and alienation from sources of help.
- Goal 2: to cultivate in residents a spectrum of personal coping mechanisms to mitigate the stresses associated with serious illness, addiction, isolation, and traumatic personal histories.
- Goal 3: to increase the quality of life, health, well being, and commitment to self-care of residents through practical and emotional support and interventions.
- Goal 4: to match programmatic resources with homeless individuals who are most likely to advantage from the particular residential environment of the program.