



ALI FORNEY CENTER (AFC)

DROP-IN CENTER POLICY AND PROCEDURES HANDBOOK

The Ali Forney Drop-In Center was started in February of 2005 in response to the lack of much needed expanded clinical and supportive services to unsheltered LGBTQ youth between the ages of 16 and 24. The Drop-In Center introduces homeless LGBTQ youth to a safe, supportive environment where prevention and treatment services are offered in an effort to reduce risk, stabilize, and connect them to services. Comprehensive services at the Drop-In Center include: overnight crisis shelter, meals, clothing, showers, case management, vocational/educational assistance, legal services, HIV testing & counseling, street outreach & escorts, individual crisis & short term counseling, support group services as well as medical and psychiatric services. The Drop-In Center open Sunday – Saturday 24 hours 7 days per week.

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ALI FORNEY CENTER DROP-IN CENTER/ PROGRAM POLICY AND PROCEDURES

1. Intake Procedure - Intake

Policy: All clients receive intake upon admission to program.

Procedure:

1. Intakes are completed by the following staff: Social Work Interns, Case Managers, Intensive Case Managers, Health Counselors, Mental Health Specialists, Outreach Specialists, Program Coordinator, and Directors.
2. Due to confidential nature of intake, intake should be conducted in private setting. (I.e. staff office).
3. The “Short Intake Form, Rules of Conduct, Declaration of Confidentiality, and Grievance Policy must be entirely completed and signed at time of intake.
4. If client refuses to answer questions or sign forms, this must be noted next to the question(s) and/or on the form that they refused, including any referrals they do not wish to accept on the referral log.
5. During the intake referrals to the Doctor, Medicaid social worker, Health Educator, Emergency Housing Wait List, New Client Orientation Group and any other urgent needs should be made at this time and appointment times and dates communicated to the client and logged on the Referral Log. The client must also receive a copy of the Client Rights Brochure.
6. After completion of intake, the assigned case manager and client must collaborate to co-create a Service Plan within the first 30 days after intake and have it be signed by the client and supervisor. All necessary consents for release should be completed at this time.
7. If client is unable to attend the New Client Orientation group then staff provide a thorough introduction to program, including program description and rules, site tour,

meal policy and introductions to staff. Staff also provides an overview of AFC's Housing Programs.

8. Upon completion of intake, the intake worker prepares a summary to be shared with staff members. The chart is then given to the Program Assistant in order to be entered into our data collection system and assigned a contract in the next scheduled intake assignment meeting.
9. After completion of intake, the assigned case manager must co-create a Service Plan with the client and have it signed by the client and supervisor. All necessary consents for release should be completed at this time.
10. Staff provides a thorough introduction to program, including program description and rules, site tour, meal policy and introductions to staff. Staff also provides an overview of AFC's Housing Programs.
11. Upon completion of intake, the intake worker prepares a summary to be shared with the Treatment Team during the following weekly Treatment Planning Meeting.

Intake Procedure - No Shows

Policy: Intake staff are assigned weekly times to meet with new clients on a "walk-in" basis. Every reasonable attempt should be made to intake new clients with the shortest wait possible.

Procedure: All support staff are responsible for giving new clients the Short Intake to fill out, assessing for eligibility, and notifying the appropriate staff, of the new client. The assigned intake worker must complete the intake during their designated times. Multiple intakes require staff flexibility to complete the intake assessments as promptly as possible. If more than two intakes arrive at the same time, and there is no available staff to complete an intake, the client with the least urgent time restraints will be kindly asked to wait for the next intake time slot.

2. Food – Meals

Policy: AFC provides breakfast, lunch, dinner, late night meals and emergency food bags.

Breakfast procedure:

1. Breakfast begins within the first hour of the Drop-In opening and is available as a self-serve buffet for one hour.
2. Staff in the Community Room can refill breakfast materials as needed; they should keep the serving area tidy and put away all breakfast foods at the end of the hour.
3. Coffee, tea, milk and non-dairy alternatives are available to clients all day. Staff in the community room can refill the beverage station from our supplies in "Olga"

Lunch procedure:

1. Lunch begins promptly at 1:00 pm and ends promptly at 1:45pm
2. Lunch is prepared by the kitchen staff and is served by volunteers or staff member/s on duty (in kitchen):

- Remain in the kitchen/waiting room and supervise lunch for the entire serving hour.
- During lunch, ensure that food is eaten in moderation and that only lunch foods are being eaten, not breakfast foods.
- Enforce all rules.
- Ensure that lunch lasts from 1:00 pm - 1:45 pm and no later.
- Oversee clean up process (All clients that ate lunch MUST participate in the clean up process) by making sure the waiting room and kitchen (tables and floors) are clean.
- Make sure all food is packaged and stored properly.
- Take the garbage out.

Dinner procedure:

1. Dinner begins promptly at 6:00 pm and ends promptly at 7:00pm (5:00pm – 6:00pm on weekends)
2. Dinner is prepared by the kitchen staff and is served by volunteers or staff member/s on duty (in kitchen):
 - Arrange food & drink choices, plates and utensils on one of the kitchen tables.
 - Remain in the kitchen/waiting room and supervise dinner for the entire hour.
 - During lunch, ensure that food is eaten in moderation and that only dinner foods are being eaten, not breakfast or lunch foods.
 - Enforce all rules.
 - Ensure that dinner lasts from 6:00 pm - 7:00 pm and no later (5:00pm – 6:00 respectively on weekends).
 - Oversee clean up process (All clients that ate dinner MUST participate in the clean up process) by making sure the waiting room and kitchen (tables and floors) are clean.
 - Make sure all food is packaged and stored properly.
 - Take the garbage out.

Food - Inventory

Policy: The Meal Coordinator is responsible for conducting inventory and placing food orders.

Procedure: Clients are encouraged and welcome to make special requests. Food orders can be placed any day.

1. Maintenance

Policy: The site is to be kept clean.

Procedure:

Offices: Staff is required to keep their offices/areas clean (no food out, no clutter, must be presentable).

Any files or papers with client information on them must be kept in a locked file cabinet at all times unless they are being used. Under no circumstances can files or papers with confidential client information be left out on desks overnight.

Medical rooms: rooms and equipment will be cleaned and maintained daily twice a week.

Kitchen/Waiting room/Group room/Client bathroom: Each client is in charge of picking up after themselves.

Maintenance person: The maintenance person is available on an as-needed basis and is in charge of: cleaning bathroom(s) that includes sinks, shower, toilets, mirrors and floors; sweeping and mopping all floors; cleaning the kitchen sink, all tables, desks and countertops; as well as disposing of all garbage. The maintenance person is on site Monday through Friday 5pm-9pm and Saturday and Sunday 4pm-7pm.

General Site Maintenance:

Policy: All AFC employees are responsible for general cleanliness of the physical space.

Procedure: Each staff member should check their personal space on a daily basis and take the necessary steps to ensure a clean work environment. Garbage must be disposed of each day at 8:00pm.

Site Repairs and Technology Issues:

When there is a repair needed or there is an issue with computers or technology in the space, any staff can inform a supervisor and a netfacilities request will be submitted. A copy of the netfacilities request should be forwarded to Drop-In Safety Supervisor.

2. Laundry

Laundry is available for drop-in clients each weekday morning from 8am until 10am. Staff should place detergent in the washer. The client is responsible for putting their own clothing into the drier and removing it when cycle is complete. Folding area is available for clients to fold clothing. Unattended and unclaimed laundry will be discarded.

Extenuating circumstances will be handled by supervisor or case manager as needed.

3. Crisis Prevention (Step I)

Policy: All staff members are required to actively prevent and de-escalate crises.

Procedure: Measures to be taken to stop the escalation of an incident to a crisis:

- Be fully engaged with clients and attentive. Crises often occur when one feels unheard, afraid, attacked or misunderstood.
- Listen for verbal cues that things may be escalating (increased volume in voice, dramatic and threatening words).
- Be aware of non-verbal cues that can alert us to a potential crisis (i.e. pacing, agitated hand gestures, posture, body agitation, sweating, closing in on staff's or another client's personal space...)
- Enforce AFC's "No-Shade" policy to ensure that clients are not involved in disrespectful and provocative behavior with each other.

4. Crisis Intervention (Step II)

Policy: All staff must engage in assisting in the event of a crisis to support the young person through the crisis safely and supportively.

Procedure:

- 1 Identify the crisis (i.e. a client becomes escalated, loud or verbally threatening or abusive) and become the lead person.
- 2 As the lead person, make an announcement that you are taking charge and delegate responsibilities to co-workers.
- 3 Attempt to remove client from the situation. If the client cannot be removed from the situation, ask a co-worker(s) to remove the 'audience'.
- 4 Try to calm the client down. In attempting to calm a client, it is helpful to speak calmly (watch your rate of speech and your tone) and ask client to quietly explain what is causing them to be upset. Often, if an escalated client feels that the staff person is listening, it will help them to calm down.

Personal safety

- a Always maintain your access to exits.
- b Make contact with other AFC staff members to alert them of crisis (using intercom or face to face if possible).
- c If you suspect the presence of a weapon, call 911 immediately.

Awareness

- a Environmental: Be aware of the impact of the environment and work to move heightened clients away from other clients (move them to a quiet place without other youth).
- b Self-awareness:

- a Anxiety is infectious and if a worker cannot control their own anxiety, anger or other emotions, they will be less likely to be help and more likely to escalate the crisis.
 - b This is not the time to prove a point or argue. Just listen and reflect that you are hearing them. Avoid power struggles by insisting to have the last word.
 - c During the crisis, do NOT disagree with the lead person or your co-workers. Work together. Process later.
- c Awareness of client

Avoid: preaching, giving unsolicited advice immediately, lecturing, criticizing, blaming, diagnosing, belittling, presuming, interrupting, collecting unimportant information, finger pointing, standing above a sitting client, closing in a client’s personal space.

If staff is unable to calm the client(s) and the client(s) continues to act in a hostile and threatening manner and is not responsive to staff attempts to de-escalate their behavior, the police should be called. Calling police is a last resort since police safety will often decrease safety and increase violence. If the police must be called, the Officer’s name and badge number should be noted in the documentation.

If the police must be called, your supervisor should be called immediately. In the event your supervisor is unavailable, the Deputy Executive Director of Programs should be notified. All police involvement should be reported to the Executive Director in a timely fashion.

5. Restorative Justice (Step III)

In General, there is zero tolerance for disrespectful behavior, shade, name-calling, hate speech bullying, harassment, non-compliance, threatening, hostile or aggressive behavior, vandalizing property, violence, drugs, drug paraphernalia, theft, and loitering in the lobby.

Policy: Disciplinary issues will be handled on a case-by-case basis. Clients are subjected to involuntary discharge at any time (see section on Discharge). Below is more information on our consequence system, using a Restorative Justice framework:

Consequence and Restorative Justice Overview

| Action | Consequence | Additional information |
|---|--|--|
| Hanging out in front of the building, from Sprint to subway entrance | 1. Warning 2. 1 Week BAO 3. 1 Week OPR | <i>If this continues while on BAO/OPR, a day may be added each time</i> |
| Discriminatory Language & Hate Speech | 1. Warning/conversation 2. OFD with HRP/GBA 3. 1 week BAO with HRP/GBA | <i>Determined on case by case basis; can result in immediate BAO/OPR</i> |

| | | |
|--|---|---|
| | 4. 1 week OPR with HRP/GBA | <i>depending on the intent and level of the language</i> |
| Play Threat and/or Play Fighting | 1. Warning/conversation with staff member 2. OFD. Check in with Supervisor before re-entry | <i>Mediation or 1 week BAO may be added if behavior continues</i> |
| Vague/Indirect Threats | 1. Warning/conversation with staff member 2. OFD 3. 1 week BAO and check in with Supervisor before re-entry | <i>If behavior continues, client may be put directly on 1 week BAO. (If threat is towards staff, mediation is required.)</i> |
| Property Destruction <i>Property destruction may be considered physically violent and result in a period of OPR depending on level of severity</i> | 4-8 Conflict and Stress Management Sessions with MHS (one per week) and 2 CM sessions to work on service plan. (+CRP/GBA) | Will only have access to drop in once a week for their scheduled CSM sessions/CM |
| Direct Threats <i>Any threat made directly and/or with intent at a client or staff member</i> | 4-8 Conflict and Stress Management Sessions with MHS (one per week) and 2 CM sessions to work on service plan. (+CRP at end of sessions) | Will only have access to drop in once a week for their scheduled CSM sessions/CM <i>(If threat is towards staff, mediation is required.)</i> |
| Physical Violence <i>*Physical Violence acts against staff may result in a permanent ban</i> | 30 Day OPR. Followed by 4-8 Conflict and Stress Management Sessions with MHS (one per week) and 2 CM sessions to work on service plan. (+CRP at end of sessions) | Will only have access to drop in once a week for their scheduled CSM sessions/CM after initial 30 day OPR |
| Unwanted Sexual Attention and/or Contact <i>Unwanted sexual attention includes both non-physical sexual harassment and unwanted physical sexual touch.</i> | OFD / BAO until SHP is completed. <i>OR</i> 30 Day OPR. Followed by: 4-8 therapy sessions and 2 CM sessions to work on service plan. (+SVP at end of sessions) | Will only have access to drop in once a week for their scheduled therapy sessions/CM |

| | | |
|--|--|--|
| <i>Unwanted sexual attention is an act of violence, and will be treated as such.</i> | | |
|--|--|--|

Consequence: Determined by staff as a response to actions and/or behaviors that violate safety policies. Most often you will be asked to leave the space and get in touch with your case manager on Wednesday for information about the determination.

BAO (By Appointment Only): You are able to come to the drop-in for scheduled appointments only. You should arrive no earlier than 15 minutes before your appointment and must wait for staff to escort you in and out of the building. You can receive to-go meals during designated meal times (1-2 or 6-7).

OPR (Out Pending Re-Admit): You are not eligible for services for a certain period of time.

OFD (Out for Day): You are not allowed to access drop-in services for the rest of the day.

GBA (Give Back Activities): An activity that demonstrates a meaningful contribution to the space. Clients required to complete a GBA will be given a list of options to choose from. If a client would like to propose an alternative idea, this can be approved by a supervisor.

HRP (Hate Speech Resolution Protocol): These are conducted when discriminatory language is used in the space. You will sit with a staff person to complete one of these before being allowed back into the space.

CRP (Conflict Resolution Protocol): These are conducted after a threat or violent incident. You will sit with a staff person to complete one of these before being allowed back into the space.

SHP (Sexual Harassment Protocol): These are conducted after sexual harassment is witnessed or reported. You will sit with a staff person to complete one of these before being allowed back into the space.

CSM (Conflict Stress Management): Therapeutic sessions focusing on emotion management and skill building for responding to stress and conflict. These will be completed with your mental health specialist.

Procedure:

- Depending on the seriousness of the offence, based on the chart below and their discretionary judgment, a staff member may tell a client that they will be ‘out pending re-admit’ (see below) which means, they cannot come back to the Drop-In Center until the staff has met for the weekly Treatment Planning to evaluate the client’s ability to continue in the program and under what circumstances.

‘Out pending re-admit’ (OPR) procedure:

- Step 1: Tell the client they are ‘Out Pending Re-admit.’ and will have updated information about their re-admit plan following the Wednesday Treatment Meeting. Ask client to leave and that they are not invited back until they have completed their Re-admit Plan.
- Step 2: Lead staff writes an incident report. The original incident report goes in the Incident Report Binder and a copy of the report is given to the Supervisor on duty and then emailed to all appropriate staff.
- Step 3: Lead staff informs the Supervisor on duty of the most recent “OPR client” and the Program Assistant edits the Welcome Desk check-in to FALSE access. The staff involved in the incident will add client’s name to the TX Team Meeting Agenda on Google Drive.
- Step 4: During Treatment Team Meeting meeting on Wednesday at 2pm, staff presents the incident to determine culturally competent, fair and trauma-informed consequence. Justice League present to the larger Treatment team during meeting on the same day with an outline of their eligibility to return to the program and under what circumstances, including treatment recommendations and suspension.
- Step 5: The assigned CM/ICM will inform the client of access determination via email or phone. If the client does not have access or a these methods of communication are unavailable the client will be informed by the CM/ICM at the welcome desk. If the CM/ICM is unavailable a member of the client’s care team will inform the client.

Re-admit meeting structure:

- Lead staff describes the incident.
- Assigned staff reminds us of most recent service plan and gives us an update
- Discussion of consequences and clinical considerations.
- Come up with a re-admit plan based on the discussion and the guidelines below.
- Edit Alpha Track as needed to enable client to access drop-in center appropriately.

Re-admit procedure:

1. Clients must call or visit the Drop-In Center after the weekly Treatment Team Meeting. The determined Justice League requirements must be completed and verified before the client is allowed back into the program. If the client is on suspension and attempts to enter the program before the suspension is over the client’s suspension may be lengthened or it may result in a permanent ban from the program.

2. When a client has met ALL of the re-admit requirements, that client may re-admit the program to re-engage with their primary worker and develop an updated service plan.
3. The client will then be presented at the treatment team meeting with any necessary updates.

6. Discharge

Voluntary

Policy: When there has been no contact with a client for 90 days, it is considered a voluntary discharge. If funding contract requires different criteria for voluntary discharge, default to that contract's rules. If there is no discharge criteria stated in the contract this is the policy.

Procedure: If all attempts to engage a client fail and there has been no contact with a client for 90 days, the assigned staff member will fill out a Case Closure Form. Closed files need to have supervisory review and signature to document that every attempt has been made to provide services and to acknowledge approval of the case closure.

Involuntary

Policy: When a client is asked to leave the Drop-In Center because of a serious offense, it is considered an involuntary discharge.

Procedure: A client will be involuntarily discharged from the Drop-In Center only if deemed necessary by the ad-hoc re-entry committee.

Give Back Activity:

A Give Back Activity, or GBA, is an activity that demonstrates a meaningful contribution to the space. Clients required to complete a GBA will be given a list of options to choose from. If a client would like to propose an alternative idea, this can be approved by a supervisor.

7. Progress Notes

Policy: Any staff member that provides a service to a client is required to complete a progress note.

Procedure: All significant interactions with clients must be documented in "Progress Notes" in AWARDS including the following: a) direct services provided b) referrals for other services; b) counseling sessions provided; c) mediation/de-escalation interactions; d) reports from clients regarding progress on goals; e) reports from clients regarding daily activities; f) applications for benefits; g) job interviews, etc.

8. Monthly Reports

Policy: All staff members are responsible for monthly reporting and record keeping.

Procedure: Any service that is documented in the Progress Notes MUST also be documented for various monthly reports to be submitted to funders including – but not limited to – DOH, DYCD, SAMHSA, etc.

In addition to documenting services for funders quarterly board reports are required by each program, to be compiled and submitted by the Directors of each department.

9. Client Confidentiality

All clients sign a “declaration of confidentiality,” attesting that they have been informed of their right to confidentiality. Clients are made aware that information about them may be shared with co-workers and supervisors at AFC to obtain professional guidance and suggestions regarding treatment planning. It informs clients that staff do not have the right to share any information about them with anyone outside the agency without written consent. It also lets the client know that in some cases, outside individuals may be contacted without consent, to ensure their safety and that of others, specifically citing those circumstances which include: their intent to harm themselves or another person or knowledge or cases of a child being abused or harmed.

Policy: All clients of AFC are entitled to protection of their confidentiality. All client records are stored in locked file cabinets that are secured at all times. The chart storage area is accessible to AFC staff with key access.

Clients are asked to sign this agreement upon intake:

Declaration of Confidentiality

As a member of the Ali Forney Day Center, you have the right to confidentiality. This means that staff do not have the right to share any information about you verbally or in writing with anyone outside the agency without your written consent. However, in some cases, we must bring outside individuals into the relationship, without your consent, to ensure your safety and well-being and that of others.

Essentially, everything you say/do/express is confidential EXCEPT:

Intent or plan(s) to harm yourself

Intent or plan(s) to harm another person

Knowledge or case(s) of a child being abused/harmed

Also, please note that information about you may be shared with co-workers and supervisors at Ali Forney Center at large only to obtain professional guidance and suggestions regarding treatment planning. Discretion will be used.

We collect personal information in a computer system called AWARDS. We may be required to collect some personal information by law or by our funding agencies. Other personal information that we collect is to provide appropriate services to our clients and to better understand the needs of our clients. We only collect information that we consider to be appropriate. If you have any questions about this, please ask a staff person.

My signature below means that I have read the above confidentiality policy and that I fully understand my rights as a participant.

Staff: _____ **Date:** _____
Client: _____ **Date:** _____

10. HIV Confidentiality

In accordance with federal HIPAA regulations, no client information is shared with any entity (other providers, family member, teacher, etc.) without prior written consent.

In accordance with NYS Public Health Law 27F, all clients who get tested for HIV must give informed consent. Tests are logged but only for tracking purposes and results are located in private, secure areas. Persons who test positive receive a follow-up appointment with a medical provider, and are informed how to prevent further exposure to infection. AFC notifies the state DOH of positive tests. We use form DOH 2557 if a client wishes to share their positive diagnosis with outside providers or people. For medical treatment, professionals working on the case may discuss HIV related information of a patient, if they have signed a release.

All staff are trained annually on Confidentiality requirements in regards to both federal HIPAA regulations and NYS Public Health Law 27F to ensure the use of proper forms, communication about client health information, and maintain client confidentiality. Adherence to the training requirement is monitored by the Human Resource Department and kept on file at the administrative office. HIPAA forms are kept in the client's physical chart.

Policy and Procedure for Breach of HIV Confidentiality

Public Health Law, Article 27F is the section of New York State Public Health Law that protects the confidentiality and privacy of anyone who has:

- Been tested for HIV;
- Been exposed to HIV;
- HIV infection or HIV/AIDS-related illness; or
- Been treated for HIV/AIDS related illness.

Should a breach of HIV confidentiality occur, the following steps should be followed:

1. Client to be notified;
2. Human Resources notified of which staff person made the breach;
3. Staff person who made the breach will be required to attend another training on Public Health Law, Article 27F.

Should a subsequent breach occur the staff person would be subject to formal discipline procedures up to and including suspension or termination.

11. Referrals

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Program Handbook
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Policy: AFC clients are will be given necessary referrals for services that are not provided within AFC.

Procedure: The assigned staff member will meet with clients on a regular basis to determine their needs and will provide clients with appropriate referrals during those meetings for services that are not provided within AFC. Follow-up will be provided. All referrals must be documented in individual client charts. If the referral is health related the worker must follow all Health Information guidelines. Authorization will be kept in client chart.

12. Charts

Policy: A chart will be kept for every client.

Procedure: After an intake is completed, a chart should be created for the client and all documents (HIPAA Consent Forms, Consent Forms, Referral Log, AIRS Forms) should be signed and placed in chart at the Drop-In Center .

Service Plans, Service Plan Updates, Intake Assessment, Referral Log, Drop-In Center Progress Notes, IUFH Medical Visit Summary, Mental Health Treatment Notes, Vocational/Educational Progress Notes, HIPAA Consent Forms, and Client Correspondence, etc. must be placed in the proper sections of the client charts. Additional information, including Consent Forms, Psychiatric Evaluations, Referrals, etc. is kept in the clients' charts.

Clients who are receiving services under our SAMHSA client also maintain separate files at both sites where all documentation is kept.

13. Client Phone Calls

Policy: Clients may only receive or make calls for vocational/educational reasons or to/from other service providers. Furthermore permission may be granted on a case-by-case basis for clients to talk to family members once verified by a staff member.

Procedure: Clients are only permitted to give out AFC's number to service providers, such as case managers, social workers, medical workers, etc.

Clients are only permitted to make phone calls with the assistance of the assigned staff member in an office.

In the case of a family phone call a staff member must first verbally verify that the person who the client will speak to reports to be said family member.

14. Client Grievance Policy

Policy: Clients have recourse to make formal complaints about the quality of the services provided by AFC staff.

Procedure: Clients are given notice of the Electronic Grievance Policy during the Intake Assessment. If a client cannot complete a grievance form electronically, paper forms are available. Clients can bring any concerns regarding staff conduct to the attention of the Program Director by completing the Electronic Grievance Form. The Program Director, or staff designated by the program director, will acknowledge receipt of the grievance within 72 hours if the client provided contact information. All grievance will be addressed ASAP. If the grievance is related to the Program Director, they may bring their concern to the attention of the Executive Director. Staff who responded to the grievance must document the response and/or outcome to be randomly monitored and audited by the Deputy Executive Director of Programs.

The Director on duty and/or the Executive Director will investigate any allegations brought forth by clients and will respond to the clients as appropriate. Both the client's Grievance Form and the Director's Grievance Response are filed in the Monthly Reporting Binder or stored electronically.

15. Client Advisory Board Meetings

Policy: A Client Advisory Board (CAB) is held weekly. Overnight Client Advisory Board is held once / month.

Procedure: Client Advisory Board will be run by program staff and minutes are submitted to the Senior Director of Drop In Programs, Director of Mental Health Services, and the Deputy Executive Director of Programs. Clients are responsible for bringing issues to the table and offering recommendations.

Additionally, a community based meeting (Harlem Counsel) is facilitated each week, facilitated by the Senior Director of Drop-In Programs or Director of Drop-in Support Services if Senior Director of Programs is absent.

16. Staff Treatment Planning Meetings

Staff Meetings – Intake Assessment Meeting and Staff Meeting

Policy: Intake Assessment meetings are held biweekly. All Staff Meetings are held weekly.

Procedure: Intake Assessment Meeting takes place weekly on Tuesdays and Thursdays from 2:30pm – 4:00pm. The Supervising Drop In Case Manager, Intensive Case Management Coordinator, Health Services Coordinator, and Clinical Coordinator attend this weekly meeting. Intakes are presented and clients are assigned case managers and a health counselor based on their need.

Client Treatment Meeting covers client name & personal gender pronoun updates, treatment planning, restorative justice, housing re-entry, client good news, and agency announcements.

Administrative guidance, training, and debriefing are provided as needed. Treatment meeting minutes are distributed to all staff.

Staff Meetings - Individual Supervision and Group Supervision

Policy: Weekly individual and group supervision meetings are held between supervisors and their staff including social work interns.

Procedure: Supervisors will schedule with their staff a time for weekly individual or group supervision. Attendance at the meetings is mandatory. If either party is unable to make the meeting, it is their responsibility to reschedule the meeting.

Overnight Program:

Policy: Weekly trainings take place on Wednesday from 6:00pm - 8pm. All overnight staff must adhere to the training requirements set forth by funder.

Procedure: Agenda and meeting topics are communicated with the Overnight staff in advance. All Overnight staff are required to sign in for the meeting. Sign in sheets are submitted to HR for training requirement adherence.

17. Service Plan

Policy: Case managers co-create, update, and review Service Plans with with clients on a monthly basis (or otherwise determined by contract).

Procedure: Case managers co-create a Service Plan with their clients. The Service Plan will be focused on housing readiness, HIV testing and prevention, vocational and education goals, medical and psychiatric appointments, and any additional goals identified by the client. The Service Plan will be reviewed and signed by supervisor during supervision. Assigned staff members are responsible for monitoring service plans and completing updates according to the rules established by the funding contract for the services provide.

18. Escorting Clients

Policy: The Drop-In Center will provide escort services for client appointments when appropriate.

Procedure: Staff is expected to be available to clients for necessary escorts to appointments for housing, entitlements, healthcare, and other psychosocial needs. Staff must alert supervisor prior to taking a client on an escort in the community. Escorts may also be coordinated with staff from the Outreach Team. For more information regarding our outreach services see the Outreach Service Policy and Procedure Manual.

19. Security

Client Entrance Policy: Clients are required to sign in to assure a safe and confidential space.

Client Entrance Procedure: Clients are asked to sign in at the Welcome Desk upon entering the the Drop-In Center

Exit Policy: The Drop-In Center must be secured by the last staff person leaving the site.

Exit Procedure: The last staff at the facility must a) turn all the lights out; b) turn off fans, air conditioners, and heaters and c) lock the door behind them.

Supervision of Clients Policy: Clients must be attended by staff at all times

Supervision of Clients Procedure: Staff are expected not leave assigned coverage until relieved by other staff, will not clients unattended on AFC property, and will ensure that all offices and staff spaces are locked behind them as they leave.

Security

Client Entrance Policy: Clients are required to sign in at Welcome Desk to assure a safe and confidential space.

Client Entrance Procedure: Clients are asked to sign in upon entering the main site of the Drop-In Center

Exit Policy: The Drop-In Center must be secured by the last staff person leaving the site.

Exit Procedure: The last staff at the facility must a) turn all the lights out; b) turn off fans, air conditioners, and heaters and c) lock the door behind them.

20. Personal Effects - Clients

Policy: The Ali Forney Center is not responsible for personal property.

Procedure: Clients are not allowed to leave any personal belongings at the Drop-In Center . Any belongings left overnight will be thrown away by staff the following morning.

21. Suicidal/Homicidal Ideation

Policy: All staff members are responsible for assessing suicide/homicide risks with clients, taking suicidal//homicidal threats seriously, and ensuring the safety of suicidal/homicidal clients.

Procedure: If a client indicates that they wish to inflict harm on themselves or others, staff are required to assess the lethality and immediacy of the threat and seek emergency medical services if the threat is imminent. Non immediate threats should be handled first by contracting for safety with a clear follow-up plan that includes access to mental health services. All incidents of suicidal ideation must be communicated directly to the staff person's supervisor who will provide further guidance before the client leaves the facility. All incidents of clients who require emergency medical attention for suicidal ideation or behaviors need to be filed as an incident report and be communicated immediately to the Director on site. (Please refer to the Standards of Care Manual for a comprehensive overview of suicidal ideation). If staff feel that a client has a concrete plan or intent to harm or kill someone else, it is staff's duty to warn that individual of the threat if at all possible.

See Form B for Safety & Prevention Plan

22. Fire

Policy: In the event of a fire, the building must be evacuated.

Procedure:

- 1 Remove any person(s) from immediate danger.
- 2 Page all staff to inform them of the fire.
- 3 Extinguish/Evacuate – use a fire extinguisher if you and/or leave the area.
- 4 Meeting place outside the building: The corner of St. Nicholas Avenue and 126th Street.
- 5 The Director(s) on site are responsible in ensuring that all clients and staff have left the premises
- 6 Once everyone has evacuated, close all doors to contain fire.

To use a fire extinguisher:

- 1 Pull the pin
- 2 Aim the nozzle
- 3 Squeeze the lever
- 4 Spray

The Drop-In Center has two exits. In the event of an emergency, clients and staff in Kitchen, Community Room, Reception, LEAP Lab, Medical Clinic and Front offices should exit through the front door. All other staff and clients should use back staircase door. In the event of a fire or fire drill, all staff and clients will meet at 126th Street and St. Nicholas Ave. Under no circumstance should the elevator be used during a fire or fire drill.

23. Robbery/Theft

Policy: There is zero tolerance for robbery/theft.

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Procedure: While The Ali Forney Center makes every effort to ensure the safety of personal property, The Ali Forney Center and its employees are not responsible for damage or theft to personal property. It is the responsibility of the individual to keep belongings with them at all times. Furthermore, Ali Forney Center staff cannot hold or store items for clients.

24. Safety of employees

Policy: Every precaution is taken to ensure the safety of all staff at the Ali Forney Center. If back-up assistance is needed, staff should alert other staff on site directly or through the Page All button on the telephone.

Procedure: Staff members can use the Page All button, located in the lower left-hand corner for of the phone, to call for additional staff. (Please refer to the Standards of Care Manual for a comprehensive overview of crisis de-escalation). The drop in is equipped with three panic buttons. These buttons will notify the policy in the event of an emergency. The panic buttons are located at the reception desk, welcome desk, and community room. All staff working in these locations have access.

25. Universal Precautions

Policy: AFC is responsible for creating an exposure control plan to minimize the possibility of exposure to bloodborne pathogens and making the plan easily accessible to employees.

Procedure: All AFC staff is to be trained on Universal Precautions during the Standards of Care Training; furthermore, gloves and sharps boxes are to be available at the Drop-In Center.

26. Timeliness

Policy: All Drop-In Center staff are responsible for covering their duties if they are running late or out, including group facilitation and desk coverage.

Employees who are late three (3) times within a calendar month will receive a verbal warning. Verbal warnings are voided three (3) months after the date of the latest tardiness that resulted in the verbal warning being issued.

There will be a 15 minute grace period allowed for employees except for those positions whose shift relieves another employee. The employee must be clocked in at the start of their shift. Employees who report to work late following a verbal warning will receive a write-up. Write-ups are voided after six (6) months after the latest tardiness that resulted in the write up being issued.

Should an employee incur another tardiness after a write-up has been issued, management will need to contact HR to determine what disciplinary action will be taken, up to and including termination.

Final write-ups are voided one (1) year after the incident that resulted in the write-up being issued.

Procedure: If a staff member is running late or out it is the employee's responsibility to coordinate coverage and scheduling with the Director and/or direct supervisor.

27. Case Management, Vocational/Educational Assistance & Health Counseling

Policy: Case Management including general vocational/educational assistance is offered by the Case Management team on a daily basis. Additionally, each client is assigned a Health Counselor upon intake.

Procedure: Clients are assigned a Case Manager in the biweekly Intake Assignment Meeting following their initial intake. Clients can find their Case Manager assignment on the Tuesday following their initial intake meeting. Case Managers follow the Service Plan and work with clients on goals, including housing, healthcare, vocational, and educational needs. Case Managers are responsible for determining new crisis needs as they arise and make adjustments to Service Plans as needed. Health Counselors are responsible for coordinating clients' health care with a strong focus on HIV prevention and treatment.

Partnership for support and or medical, counseling, legal or other support services are made by referral. All referrals will be documented and kept in the client chart. All referrals must have an accompanying HIPPA form for all referrals made outside to community base providers. For a full description please see the attached Health Counseling and HIV Testing Policy and Procedures Manual.

Case closure will occur if the client ages of out AFC or funded program or no longer meets criteria for funded program (change in mental health, substance use, physical health, etc). A case management reassignment will be facilitated and followed by a case conference to ensure continuity of support services. Within one week the case must transfer or closure must be documented in AWARDS or data entry system specific to funder.

28. Showers

Showers are available to drop-in clients between the hours of 8am and 10am. Clients sign up for showers in the community room and are given a 15 minute window to shower.

29. Computer time

Learning lab hours are available two times each day for a period of 1-2 hours. 20 clients are able to utilize those computers during those hours. Additionally, two community room computers are available during times when groups are not running.

32. Overnight Drop-In Services

An AFC client is eligible for Overnight Services if they are “unstably” housed (ie. Street homeless or couch surfing) and NOT currently housed with AFC or any other service provider.

Client Check-In Procedures

Daily:

Clients hoping to access Overnight Services at the Drop-In Center *must physically* be present to check in at **2pm** sharp.

Clients are responsible for showing up on time for check-in daily if they hope to secure a spot on the overnight. Phoning in one’s intention to show up because they are running late or having someone else attempt to secure a spot for them by proxy will not be accepted as legitimate excuses for not physically being present at check-in. Priority goes to those who show up on time.

Please Note: The Overnight program is NOT a shelter or residential program. A client’s ability to gain access on any given night is determined on a day-to-day basis by such factors as:

1. Age
 - a. Minors (under 18) get the highest priority
 - b. Those under 21 years old are prioritized over those 21+
2. The frequency of access to Overnight Services
 - a. Clients new to AFC are prioritized over clients who have been accessing regularly
 - b. Clients who have been accessing the Overnight program for less than a month are prioritized over those who have been accessing for a month or longer
3. Number of Units available vs. Number of clients at check-in (ie. Supply vs. Demand)

When a client is able to secure a spot on the Overnight at 2 pm check-in, they will be responsible for showing up on time for curfew at 8 pm. Failure to make it in time for curfew will result in them losing their spot for the night (and may result in no access for the next 2 consecutive nights)

If a client checks-in for overnight, secures a spot, and then makes other arrangements without showing up or calling to cancel, they will not have access to Overnight Services for the following 2 consecutive nights.

Since the Overnight Program is not a shelter or residential program, clients are routinely reminded to ALWAYS have a backup plan (Plan B) in the event they cannot get a spot on the Overnight any given night.

Referrals to other Drop-in programs are offered as needed and when demand exceeds capacity.

Exceptions to Note

If a client misses Sign-in at 2 pm or curfew at 8 pm due to receiving emergency medical treatment at a hospital or for being detained by law enforcement, **with proper documentation** (ie. Hospital discharge papers or Release papers from jail), the client may be considered for access to the overnight if there is an available spot. If not, a referral will be made elsewhere (if needed).

As a **courtesy** to clients who have and maintain **verifiable** employment or a school schedule that prevents them from checking in at 2pm or making curfew, they will be permitted to phone in a reservation for a spot on the overnight by **no later than 1pm** at **extension #202** (ONLY on days when their work or school schedule conflicts with check-in or curfew). **On days when they are off or their hours do not conflict with check-in or curfew, they are responsible for showing up on time** if they hope to secure a spot on the Overnight.

Verifiable work schedules MUST be submitted first to client's Case Manager in advance by the client (NO EXCEPTIONS). Once the Case Manager has verified the work schedule (or school schedule), that info will be communicated to Overnight supervision in order for the client to begin receiving the courtesy of reserving a spot on the Overnight on the days their schedule conflicts with check-in or curfew. At this time, clients who have employment or a schedule that cannot be verified in advance (ie. On-Call or per diem) are not eligible for this courtesy.

Prospective Overnight Clients (Need to knows)

Once clients have “checked in” to confirm their place for the overnight at 8 pm and are in the space by the designated time, they are essentially **“in for the night”** and are not allowed to leave the space until the following morning after wake up calls (with the exception of “scheduled” smoke breaks that are supervised by staff in front of the building for 5 minutes).

Smoke Breaks/ Store Run

Mondays- Thursdays there will be two breaks scheduled and supervised by staff. Staff will escort clients to the nearest deli shop. Snacks and soft drinks, for ex. is the intended purchase. No hot meals or over-the-deli-counter order are allowed (with the exception of a buffet). Food orders take time and these breaks are only to last little over 5 minutes. No client is to wander off on their own. They must all remain as a group until everyone returns to the Community Room. In regards to smoke breaks itself, **only manufactured cigarettes and cigarillos**; e-cigs and vapes are allowed. If caught smoking a narcotic, that client will forfeit their spot in the overnight for the night. AFC cannot be shown supporting drug or alcohol use in and around our space. The client can try again the following night to access the Overnight.

One break sometime between 9-10 pm and the other sometime between 10 pm-10:45 pm. **The exact time of each break will be determined by staff on duty.**

Fridays, Saturdays & Sundays there will be three breaks scheduled and supervised by staff. They will take place between the hours of 9-10 pm, 10 pm-11 pm, and 11 pm-11: 45 pm. Again, the exact time of each break will be determined by the staff on duty.

Any clients who go off on their own and/or refuses to come back inside with staff automatically gives up their place and will be denied reentry. The client will also give up their overnight spot if they leave the space without authorization. We cannot determine what was brought back into the space be it drugs or weapons or drawing attention to the Drop-In.

Lights Out

means all client activities, conversations and movement cease. Overhead lights are turned off. Clients are in their resting pods either sleeping or laying down.

- Mondays- Thursdays & Sunday nights - Lights Out @ 11pm
- Fridays & Saturdays - Lights Out @ 12am

Wake up Calls

- *Mondays- Fridays* wake up calls start at 6 am.
- *Saturdays & Sundays* wake up calls start at 8 am.

- o Early Wake Up is provided for those that require to get up before the general time.

Bed Bug Prevention Policy

To avoid bed bugs from infesting the drop in. We ask that anyone new to the Overnight/ a walk in, or those that have not utilized the overnight for over a month is asked to shower their first time. After that, it will be your choice as to when you'd like to shower. Any other time we'd ask is if we notice markings resembling welts from bed bug bites.

What is mandatory every night while you utilize the Overnight is wearing AFC pajamas. Our pajamas are constantly washed and kept sanitary. We carry every size. You cannot lay down on our pods and cots with the clothes you wore outside.

If you are assigned a pod. Pods are roll out beds and benches. You'll notice them by the blue, orange, and grey mats. You cannot have bags or bookbags on or by your side. Again, bed bugs may have hitched a ride and can make a home in our pods. You can, however, have your electronics, such as your phone, tablet, or laptop with you.

Expectations while in the Space

You will maintain respectable indoor levels in the community room. Refrain from yelling across the room. Instead walk over to your peers or staff if you need our attention. You will be asked to lower your volume if we find that you are disturbing others. We want to maintain a calm and relaxed environment.

Have headphones on when playing your music or videos. If you don't have one, we will try to provide you with one. No video calls, by the way, we are a confidential site.

From the Beauty Station to the window, no food or beverages are allowed. This is to keep the mice and roaches at bay. The same goes for the computers. Putting your chair a few feet from the computer isn't enough and it blocks the walkway. You will have to decide to give up your time on the computer and eat or drink at the tables or vice versa. There's no compromise.

Computers are shared. If another client wants to get on and it is found that you have been on it the longest. You will be given 5 minutes to wrap it up and log out of your websites. The community room computers shut down 15 minutes prior to Lights Out.

If we find that you are not compliant or abusing your time on the computer. You will be denied the next time you access the Overnight. If you continue to abuse this privilege, we will add additional nights of no computer use. The 1st time is one night, the 2nd time is two nights, and so on.

Office Phone Use

You are allowed between 5 to 10 minutes time on the office phone. It's located by the second desk that monitors the back area of the community room. Dial 9 to call out, then the number you're trying to reach. Staff will signal you when it's time to wrap it up. If we find that you are not compliant or abusing your time on the phone. You can be denied phone access the next time you're in the Overnight. If you continue to abuse this privilege, we will add additional nights of no phone use. The 1st time is one night, the 2nd time is two nights of no access, and so on.

TV and computers shut down 15 minutes prior to Lights Out. No exceptions. That time should be spent preparing to go to sleep.

Keep the community room clutter free. This includes the tables. If you are planning on organizing your belongings please keep it to a minimum and do it as quickly as possible. Do not take all night organizing your items back in your bag[s]. Do not spread out your things over to where your peers are sitting, either. The tables are shared. The best rule of thumb, use a table that has a minimal amount of clients. **If you are forced to spread your items on the floor, organize it in an area where's there's no foot traffic or blocking access to cabinets, sockets, fridge, etc...**

Services

All requests are to be asked at night. The staff has more time to attend to the your needs. Which includes,

- *Showers
- toiletries (Underwear, t-shirts, bathroom products, etc..)
- Donation Closet

Ask for these at night, because these options will be denied to you in the mornings. Understand that it pulls staff away from performing their tasks on time. And you only have an hour and a half before you are asked to leave the drop in for the morning. Follow the daily schedule located above the 1st desk to know when re-entry is allowed.

*The only exception a client can use the showers in the morning, is if a client is menstruating, or may have soiled themselves, or being directed by a doctor to keep a wound clean, etc. We will try to give a client about 15-30 minutes prior to general wake-up to make use of the showers. This is for your discretion and it will not interfere with our morning procedures.

Trash

If you are done with your garbage please throw it out as soon as possible. Let's maintain cleanliness in the space.

You are not allowed to wander outside of the community room without staff being present. This includes the reception area, the donation closet, and Leap Lab. **The lobby, the office side, the records room, the med clinic, and both front & back stairways are off limits.** If you are found wandering in any of these areas you could be denied access the following night. **If the shower-room is closed or the lights are off, you must ask a staff for entry.** Do note, that you can be denied until the shower room is scheduled to be open again.

If you are feeling anxious, down, or overwhelmed. Come to staff and we can offer you time outside of the community to talk or if you need time to collect yourself before heading back in. We even offer time outside to get some air. Staff will have to accompany you. Please be patient with staff if we're caught up with tasks. It is all to better service you.

Please ask staff which pod or cot you are assigned to. Do not settle in any of your choosing. There are a variety of reasons why its established this way; staff or an OvN supervisor can help explain them in detail. We will re-assign sleeping areas for

- when it comes to couples or affectionate friends
- Prior knowledge of a grudge between clients
- medical and mental reasons or
- a client is a no-show

Zero tolerance to the following

- Threats of any kind including
 - Vague or indirect
 - Posturing
 - Attempted use of a chair or an office supply to be used in a way to scare or harm another person

If you or staff could not find a way to level you off from a heightened state, you will be asked to leave. We will explain the reasons before your escorted off the premises. Refusal to do so will leave staff no other choice but to call 911. You will be told that you will not regain further access until AFC staff come together on the following Wednesday. After 4 pm you will be called or emailed of the outcome. Depending on the severity of the threat of violence, you could be looking at 30 days, 60 days, 90 days, or no access to AFC services. Unless you have an appointment, or you're without access to a phone or email, you should not show up at the AFC Drop-In to know your outcome.

- No Hate speech including
 - race
 - sexual orientation
 - gender

We understand that it may be the way you speak amongst your friends and family. It may mean nothing to you. It's a term of endearment, or you may feel you have ownership over certain words. You must refrain and remain sensitive to your peers and staff who don't see it your way.

- Respect each other's PGP and Preferred Names

A personal gender pronoun, or PGP, is simply the pronoun or set of pronouns that an individual would like others to use when talking to or about that individual. Singular pronouns that we use most frequently are I, you, she, her, he, him, they, them

If you cannot respect someone's PGP or shown to misgender or call someone out their 'gov't.' name and it's done with malicious intent. You will be asked to leave and be escorted off the premisses. Like a threat, you will be denied access until the outcome of the Treatment Meeting.

Hot meals and Cup of Noodles

AFC cooks will prepare a meal for the overnight. It is usually served between 9:00 - 9:30 pm. If what is being served is not to your liking or you are allergic to the ingredients. We have a cup of noodles as an alternative. Now it is either one or the other, not both and it's only one cup a night. This is how we are able to stretch out our supply of soups.

Breakfast

We serve cereal, hot coffee, and on occasions, oatmeal packets. It is normally pulled out from 6:45 am 'till 7:20 am.

You can have food delivered to this location. Staff will notify you when they are downstairs, you will head to the lobby door and pay. No delivery person will ever be allowed to enter or head up to the 2nd floor.

30. Drop-In Access

Policy: Clients residing in AFC Housing are allowed access to the Drop-In Center during regular drop-in hours (Monday through Friday 8am – 6pm). Only non-housed client may access the drop-in center during extended hours (including 6:00pm-8:00pm, Monday-Friday, and 10:00am-6:00pm Saturday and Sunday).

Procedure: Clients housed in AFC Housing must make appointments to see a provider or staff person in order to access the Drop-In Center during extended hours. AFC reserves the right to limit individual client access on a as needed basis.

In inclement weather, such as extreme cold, AFC will function in “Code Blue.” Using Weather.com, and the zip code 10027 to determine the current temp., we do not use individual tech devices. The morning Supervisory Team will make the Code Blue Determination and notify staff. We do not account for wind chill, or 'real feel' we make the determination from the actual temperature.

If there are extenuating circumstances, like very low wind chill temp, or high accumulation of snow, supervisor on duty will contact me, or Heather to make a determination of enacting the CODE BLUE protocol.

When CODE BLUE is enacted, we will not restrict access for our BAO times.(clients who are on BAO status remain on BAO status -- this change only impacts the daily schedule.) Coverage for the community room will have to be managed during these times.

Code Blue on Holidays: The Drop In is not required to be open on holidays and is not a DHS funded site. Therefore, we are not required to follow Code Blue procedures set forth by DHS. Drop In holiday hours of operation are 10-6 and we try our best to maximize the number of open access hours by eliminating BAO.

31. Groups

Policy: The Drop-In Center offers group programming throughout day.

Procedure: If the client chooses not to stay for the group, they have to leave the Drop-In Center unless they have a pre-arranged appointment with a staff member. They are encouraged to come back to the program, at the beginning of the next group.

Sign in for groups is required. See Form A: Group Sign-In form.

32. Smoke breaks & loitering

Policy: Clients are allowed to take smoke breaks as they wish. Clients may not smoke or congregate in the proximity of the building.

Procedure: Clients must move away from the proximity of the building to smoke or congregate.

33. Substance Use Policy

Policy: The Ali Forney Center is committed to maintaining a safe space for all residents. Therefore, the possession and/or use of drugs, alcohol and/or related paraphernalia in or around the Drop-In Center is prohibited.

Procedure: We ask that our clients strive to maintain a safe space for one another by not entering the facility under the influence of drugs and/or alcohol. If, while in our program, clients are struggling with AFC's substance policy, staff will work to support individuals in addressing this issue, which may include treatment recommendations. Repeated disregard for AFC's substance use policy may result in an OPR (Out Pending Re-entry) from the program. Clients with substances or paraphernalia on their person will be asked to hand it over immediately and it will be destroyed. If the client refuses they will be asked to leave for the day. Additionally this will be addressed in a future case management session and a substance use assessment may be recommended.

34. Shade-Free Policy

Policy: Ali Forney Center provides services to clients who respect themselves, others, and the space they are in.

During daytime programming hours our policy is to not allow clients to remain on the premises when they are being disrespectful or "shady." The client(s) witnessed being shady will be given a warning. If the client continues to be shady, they will immediately be asked to leave the premises aka take a walk to cool down.

During evening and weekend hours in the housing program, clients will not be asked to leave the residence unless staff feels that they are in danger of hurting themselves or others (if so, a 911 call should be made). If the client is safe to remain in the program, the staff member will give a verbal warning. After the initial warning, any further disrespect and "shady-ness" will result in a write-up.

35. Incident Report Policy

Policy: An Incident Report should be filled out after any incident resulting 911 being called or the use of emergency services, incidents of violence, or situations in which a staff or client is injured, or as directed by a supervisor.

Procedure: The lead staff member involved in the incident will complete the AFC Incident report form (including badge numbers, officer names, ambulance number) and email this report to The Drop-In unless otherwise instructed. This staff will also complete the DYCD EMS report online. DYCD EMS incident report must be forwarded to Drop-In Safety Supervisor who will print and file both reports.

ADDENDUMS

A. Outreach Policy and Procedure Manual

Ali Forney Center

Outreach Program Protocol

(Adapted from Trudee Able-Peterson & Richard A. Hooks Wayman’s
“STREETWORKS: Best Practices and Standards in Outreach Methodology to Homeless Youth”)

Last updated: 03/2015

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I. AFC Outreach Program Overview:

The AFC Outreach Program provides supportive services, and educational programming to homeless, runaway, and street-based LGBTQ youth ages 16-24, youth at risk of becoming

homeless, and service providers working with LGBTQ youth. The AFC Outreach Program delivers these services throughout the five boroughs via mobile outreach, street outreach, and community-based outreach. Additionally, the AFC Outreach Program offers community-based programming through tabling at local social events geared toward youth, as well as providing free workshops and trainings for youth and service providers at schools and community based organizations around homophobia and transphobia and understanding the impact of these on LGBT youth. Finally, the AFC Outreach Program offers training and compensation for AFC clients through the **Peer Outreach Educator Training (POET)** program.

a. Street-based Outreach: The AFC Street-based Outreach program works to identify and support LGBTQ homeless, street-based, and runaway youth throughout the five boroughs. Outreach staff provide a variety of services, including, but not limited to, the distribution safer-sex supplies, harm-reduction focused HIV/STI and Hep C prevention information, and referrals to our drop-in center and other programs and services for homeless, street-based and runaway LGBTQ youth.

b. Mobile Outreach: The AFC Mobile Outreach program operates out of a passenger van and provides services and supplies to LGBTQ homeless, street-based, and runaway youth in the evenings and on the weekends throughout the five boroughs. The supplies we offer include:

- Safer-sex supplies
- Hygiene supplies
- Underwear/socks
- Snacks
- Water

In addition to providing these material supports, the Mobile Outreach program offers:

- Referrals to identified programs and services for, LGBTQ homeless, street-based, and runaway youth in NYC
- Harm-reduction focused HIV/STI and Hep C prevention information
- Escorts to drop-in centers, shelters, public transportation, or emergency health and mental health services
- Preliminary intake assessments for Ali Forney Center housing and case management services

c. Peer-Outreach Educator Trainings/team (P.O.E.T.): The AFC Peer Outreach Educator Internship provides an opportunity for AFC clients who have demonstrated a high level of motivation and responsibility, have strong leadership skills, and a passion for supporting their peers to reach out and provide support to peers. Peer to peer outreach is a model that has been effective in increasing knowledge and behavior with regard to safer sex practices, reducing HIV/STI transmission, supporting healthy relationships, and other areas of significance for LGBTQ homeless, runaway, and street-based youth. Peer Educators are provided with an intensive, week-long training, and receive a stipend upon successful completion of the internship. After completion of training interns work

alongside AFC outreach staff conducting street outreach, facilitating workshops, and tabling at events.

d. Community-based Outreach: The AFC Community-based Outreach program conducts outreach through presentations and workshops in schools, community centers, religious organizations, and other NYC entities engaged with LGBTQ youth. The Community-based Outreach program also represents the Ali Forney Center at local events serving LGBTQ youth, collaborates with other organizations on creating events for LGBTQ homeless, runaway and street-based youth in NYC; and maintains membership on several NYC and NYS based Coalitions and Committees addressing the needs of homeless, runaway, and street-based LGBTQ youth.

II. Geographical Assessment/Neighborhood or Community Assessments:

While many of the contracts covering AFC outreach services are neighborhood or borough specific, we must make every effort to be conducting outreach to youth in the areas where they congregate. The best and safest street outreach work begins with an in-depth and thoughtful assessment or “environmental study” of the area or areas in which an outreach worker will be working. This can occur by:

- Visiting targeted boroughs and neighborhoods at different times
- Observing different patterns of activity in identified neighborhoods (being particularly mindful of areas that are popular for commercial sex work, selling and/or using drugs, and gang activity)
- Checking out community centers, after school programs and getting to know staff and programs therein
- Determining locations where youth go after school
- Determining where youth congregate (parks, subway stations, fast-food restaurants, community centers, etc.)
- Identifying sites where the outreach worker can go in case of an emergency, accompanied by youth or alone.

“Always be friendly and open, and walk through the neighborhood as a guest while you are doing all you can to connect to the community.” – M.J. Mueleners

III. Procedures for Interaction with Law Enforcement:

Many of the youth we may encounter during a street outreach shift will have experience with engaging with law enforcement and the juvenile justice system. As outreach staff you should be prepared to:

- Create relationships with local police precincts in areas where street outreach is conducted

- Provide youth with information about their rights and responsibilities when engaging with the police
- Provide referrals for youth seeking legal support
- Speak with law enforcement and seek advice on how to respond during investigations
- Make contact with juvenile law enforcement as they often have knowledge of where youth are
- Act respectfully and follow directives of police personnel
- Keep in mind that it doesn't help to be resistant
- Calmly do what the officer asks, when he or she is making a request within the parameters of his or her authority.
- If an outreach worker or youth is treated in any illegal manner by police personnel, write down the badge number, ask for their name, or get the squad car number and report it to your Supervisor.

IV. Approach, Engagement and Relationship Building:

a. Approach:

- Always have your AFC staff ID visible (and agency palm card ready to hand out)
- Identify yourself and your affiliation as quickly as possible
- Don't be offended if youth aren't interested in speaking with you
- Always be willing to give the youth another chance if you encounter them again
- Approach youth with sincerity and with clear information about our services
- When leaving the youth, tell him or her to have a safe night and to take care, or another caring and positive parting remark
- Let the youth know you'll be back on a specific day or time
- Give the young person a way to reach you or the agency should they need to (IE Palm Cards or Business Cards)

Some effective approaches may be:

- "Hi, have you got a minute? I'm an outreach worker with the Ali Forney Center."
- "Hey, my name is _____, and I'm an outreach worker with the Ali Forney Center, I just want to give you some information about our program."
- "What's up, my name is _____, and this is my partner _____. We work for the Ali Forney Center, and we'd like to give you some information about services for lesbian, gay, bisexual and transgender youth."

b. Engagement:

- May happen the first time, or it may take several attempts
- Depends on: how the youth is feeling, what the youth may be involved in, his or her personality type, whether the youth feels you are safe at the time
- Try to remember the names of youth you encounter, even if it is a nickname

Some strategies for outreach workers to develop:

- Associating the location where you meet the youth with the name

- Keeping a notepad with names of youth you've met and reviewing it before you return
- Keep small pocket notebooks to take notes about youth and locations
- Wait to write down information until after your encounter with a young person has ended
- Engagement is often achieved by actions rather than words - if you are relaxed and confident this will increase the likelihood of youth feeling comfortable in engaging with you
- If you have the opportunity, offer to help the youth with a project they are working on
- Youth not only listen, they watch you

c. Relationship Building:

The role of outreach staff in this regard is to:

- Aide the youth in making safer choices
- Help youth feel good about themselves
- Support youth in overcoming obstacles
- Begin the healing process
- Be there when you say you will
- Work with youth as partners
- Feed them, listen to them, and respect them

“While walking down the streets looking for young people trying to find their way, I often think, ‘Do I really have an impact?’ or ‘Are youth really hearing what I’m saying?’ Time passes and you meet thousands of faces on the street, then one day comes two years later, you reunite with a youth and they say, ‘Do you remember me?’ Then they tell you when and where they met you, they pull out the card you gave them long ago and say, ‘I really need someone to talk to.’ These stories make your energy level soar and want to continue meeting all those thousand of faces on the street where we are needed.” –Ryan Delaney, outreach worker

V. Outreach Methodology – How Do I Conduct My Work?:

- **Teamwork:** outreach staff should work as a team, making decisions by consensus and communicating clearly and consistently.
- In the event of an **emergency** lead outreach staff should contact Supervisor immediately. If Supervisor cannot be reached staff should attempt to contact Director of Drop-in Services
- All staff shall wear AFC **identification** at all times while conducting street outreach
- Coordinate limited resources to cover a wide area and large range of hours (staff should bring sufficient supplies to cover the outreach shift)
- AFC outreach staff should work to **connect with different communities** in different neighborhoods and boroughs.
- **Provide for basic needs** of youth to the best of your ability.
- **Specialization** can be a good thing: AFC outreach staff reach out to all youth with a special attention to youth who are MSM or LGBT identified.
- **Engage** youth and build trusting, long-term relationship – not long term case management

- **Involve youth** in conversations and decisions
- **Involve community** volunteers where possible
- **Prevention** is worth more than a cure
- Commit to **evaluating your outreach practice**

VI. Harm Reduction as Part of AFC Outreach Methodology:

As an agency AFC operates from a harm reduction philosophy. We recognize that youth who use drugs, and engage in risky sexual behavior, are often in complex circumstances and have varying, and multifaceted needs relating to their drug use and sexual activity. Instead of telling our youth to stop engaging in behaviors, harm reduction focuses on helping them to understand potential harms and minimize their risk. Outreach staff are expected to support youth in making whatever changes they are willing/able to make and encourage and celebrate the small and slow changes youth may make in their lives. Outreach staff utilize harm reduction to:

- Work to minimize effects of drug use, rather than ignore or condemn
- Establish that cessation of all drug use and/or higher risk sexual behavior is not the criteria for successful interventions
- Affirms drug users as the primary agents of reducing the harms of their drug use
- Does not attempt to minimize or ignore the real and tragic harm associated with licit and illicit drug use
- Recognizes that harm reduction methodology can be used in any risky or harming situation

VII. Culture Underlying Outreach Methodology:

Outreach always has a motive. It is important that outreach staff are on the same page about why we are doing outreach and what our purpose is. This will help us to communicate clearly and effectively with people we encounter. As outreach staff:

- We approach and are open about being approached
- We are patient and nonjudgmental
- We abide by the Code of Ethics
- We remain respectful of individual differences
- We are safe people. We do not have a Code of Silence
- We are engaged in a craft that affects human lives in making new choices
- We are agents of Political and Systems Change

VIII. What Should Be Our Goals with Youth in Conducting Outreach?:

Youth Participant-Centered Goals:

1. Assess, approach, and engage youth
2. Respond to immediate crisis for basic needs
3. Practice a harm reduction approach to abusive, violent behavior
4. Develop tolerance
5. Help youth to exit the street

6. The outreach workers themselves are a resource for the youth

Agency/Collaborative-Centered Goals

1. Give all youth immediate or priority assistance in ‘hooking’ up with agencies to meet their needs
2. Locate areas where youth hang out
3. Attempt to ensure non-duplicative outreach services
4. Allow member agencies to remain accessible
5. Allow each agency to reach a larger geographical area
6. Approach all youth from a strength-based approach
7. Strive to achieve outcomes of youth making safer choices

IX. The Role of an Outreach Worker as Relationship Builder and Assessor:

- Ask questions
- Don’t make decisions for youth but with youth
- Don’t label young people
- Youth readiness - be mindful of this
- Follow-up
- Be willing to just listen to young people you encounter if anything else

X. AFC Safety Protocols:

Locations:

- Become familiar with the areas in which you are doing outreach.
- It is a good idea to stick to areas that are more heavily populated (near bus or train stations, busy intersections) and well lit.
- Do not do outreach alone unless this has been approved of by your supervisor
- The single worker should always have base areas where there are other ‘safe’ people

Preparation:

- Dress appropriately for the weather
- Wear comfortable shoes
- Sit down for 15-20 minutes to discuss where you will be working for the afternoon or evening and talk about the area
- Develop a code word that means, “LEAVE THE AREA NOW.”
- Be aware of gang areas/territories, colors, symbols
- Always describe the area to a new partner and let him/her/them know what to expect
- Partners should discuss ANYTHING that might be relevant to their safety
- The Outreach Cell Phone should always be taken with you for your scheduled shift in case you need to make an emergency call

Responding to Unsafe Conditions:

- Drop any backpacks or supply bags and run if in a dangerous situation

- If street fighting is observed, get away from the scene
- DO NOT interrupt the sale of sex or drugs
- Report any unusual incidents or danger zones back to the program supervisor and outreach team

Don't become a target:

- Don't carry a purse-strap handbag on the street
- Keep some cash in your pocket, shoe, etc. in case of an emergency
- Don't be critical of your partner in public
- Avoid wearing expensive and visible jewelry, or expensive, very popular brand name clothing.

XI. Mobile Outreach Protocol:

- The driver assigned for any shift must sign out the garage ticket and gas card prior to an outreach shift and sign in garage ticket and gas card directly after outreach shift.
- The van shall be kept clean and organized.
- Mobile outreach staff is responsible for stocking the van with supplies at the beginning of the weekend, and notifying supervisor when materials are low. .
- All outreach staff must be familiar and compliant with the Operating AFC Vehicles Policy
- Ali Forney Center Vehicle Checklist must be completed at the beginning and end of every mobile outreach shift.
- A supervisor should be notified before any young person is transported in an AFC vehicle.
- Staff may not use hand-held cellphones while operating an AFC vehicle.

XII. Outreach forms and data entry:

- Staff will accurately complete the appropriate Outreach Encounter Forms during the course of any outreach shift.
- Directly following the shift staff will complete:
 - Outreach Materials Distributed Form
 - Total Shift Demographics Form
- Staff will enter data from Outreach Encounter Forms into the appropriate data reporting system completely and accurately following each outreach shift.
- Staff are responsible for making sufficient copies of any necessary forms prior to each outreach shift
- Staff must always carry the following documents on their person during an outreach shift:
 - Outreach Encounter Forms
 - Total Shift Demographic Forms

- o Shelter list
- o Drop-in list
- o NYC LGBT Youth Resource list

B. Health Counseling and HIV Testing Policy and Procedure Manual

AFC HIV/AIDS Policy and Procedure Protocol

1. HIV confidentiality training

- All program staff receive HIV confidentiality training annually, conducted by the AFC health services department. Training materials include NYS Public Health Law Article 27-F, and best practice methods for working with LGBTQ runaway and homeless youth.

2. Security measures of confidential information

- All client charts are stored in a secure area of the Drop-In. Keys are needed to enter both the area, and the cabinet in which client charts are stored. These records are only accessible by AFC “need to know” staff. “Need to know” staff is identified as those who are involved in care coordination, including case managers, health counselors, and mental health specialists. This list of “need to know” staff is maintained and updated bi-weekly.
- Clients also have electronic medical records whenever seen by our community partner (Institute for Family Health). These records are only accessible by IFH staff. Clients have access to their own EMR via the IFH Patient Portal (My Chart, My Health).

3. Authorization for release of confidential information

- Consent forms are signed and updated annually for all active clients who receive care coordination with outside providers. Documentation is filed in client charts. All clients receive counsel on HIPAA law and how it pertains to them.

4. HIV rapid testing and health counseling

- HIV rapid testing (Alere 4th generation HIV test) is conducted on-site by health counselors. Clients receive pre-test counseling on modes of transmission, as well as screening for suicidal/homicidal ideation and domestic violence. Result is provided upon completion of test. Client receives post-test counseling on result literacy and partner notification, as well as screening for PEP/PrEP candidacy. Client also receives STI risk reduction counseling, and STI testing referral to IFH. Client is encouraged to retest in 3 months. Comprehensive health literacy verification in form of teach-back is conducted to assess learning and retention.

5. Reporting requirements

- Provider report form is completed by IFH staff for initial/new HIV diagnosis, new clients with previous diagnosis of HIV infection, initial/new AIDS diagnosis, and new clients with previous diagnosis of AIDS infection.

- Medical Provider HIV/AIDS and Partner/Contact Form is completed by IFH staff, and partner counseling is conducted by IFH staff.
- STD Reporting Form is completed by IFH staff. Patient follow-up for treatment is conducted weekly by both AFC and IFH staff.

6. Medical case management

- New client intake assessments are conducted 7 days a week. Clients who report at intake an HIV diagnosis is assigned to work with the medical case manager. Clients who seroconvert during their membership with AFC is also assigned a medical case manager. The medical case manager coordinates with community-based case managers to provide comprehensive care.
- A monthly HIV case conference is conducted between AFC and IFH staff, for supervisory review of each medical case management client.
- Psychosocial re-assessments are conducted every 6 months. Clients who have not engaged in 6 months will have their case closed. These clients are eligible to re-open their case once they complete a reassessment.

QUALITY ASSURANCE PROTOCOLS for Medical Care for Clients Living with HIV

Alere Determine - HIV ½ Ag/Ab Combo Rapid Finger Stick with Whole Blood

Approved By: InSung Min, MD, The Institute for Family Health

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Part A: Testing Processes and Quality Assurance Prior to Testing

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Appendix A: Amended HIV Testing NYS Public Health Law Chapter 308 of the Laws 2010

http://www.nyhealth.gov/diseases/aids/testing/hiv_testing_law.htm

Appendix A1: NYS Approved Written Informed Consent to Perform HIV Testing

Appendix B: Alere Determine - HIV 1/1 Ag/Ab Combo Rapid Test Consumer Letter/Packaging Insert

Appendix B1: Step-By-Step Instructions for Alere Determine - HIV ½ Ag/Ab Combo Rapid Test

Appendix C: Staff Proficiency Certification Form

Appendix D1: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Blood-borne Pathogens in Health-Care Settings

Appendix D2: Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-Exposure Prophylaxis

Appendix E: Temperature Log

Appendix F: Control Log

Appendix G Alere Determine - HIV 1/2 Ag/Ab Combo Rapid Test with Whole Blood Test Subject Information

Appendix H: Test Result Log

Appendix I: Reading Test Results (Interpreting Positive, Negative and Invalid Results)

Appendix J: Rapid HIV 1/2 Ag/Ab Rapid Test Result Form

Appendix K: Information on Negative HIV Test Results

SECTION 1

PROTOCOL ATTESTATION BY LABORATORY DIRECTOR

I, the site Laboratory Director, am the person responsible for ensuring that all procedures outlined in this protocol are followed, and for directing Ali Forney Center's Quality Assurance program for rapid HIV testing.

4/18/2016

Signature

SECTION 2

ESTABLISHING STAFF PROFICIENCY THROUGH TRAINING

1. REQUIRED TRAINING FOR ALL STAFF MEMBERS:

- Ali Forney Center will ensure that each staff member performing rapid HIV counseling and testing has received training in the following areas:
 1. NYS requirements for informed consent as governed by NYS Public Health Law (Appendices A, A1)
 2. Performance of the rapid HIV test in accordance with the FDA-approved package insert for the test technology being utilized (Appendices B, B1)
 3. Quality Assurance protocols submitted by Ali Forney Center to the NYS Clinical Laboratory Evaluation Program.

1. DOCUMENTATION OF COMPETENCE BY THE LABORATORY DIRECTOR:

- InSung Min, MD, will certify the competence of each staff member performing the rapid HIV test by completing the *Staff Proficiency Certification Form* (Appendix C).

Section 3: Part A

TESTING PROCESSES AND QUALITY ASSURANCE PRIOR TO TESTING

- **SAFETY PRECAUTIONS**

1. Handle blood specimens and materials contacting blood specimens as if capable of transmitting infectious agents.
 2. Do not drink, eat, or smoke in areas where specimens are being handled or testing is being performed.
 3. Wear disposable gloves while handling blood specimens and performing testing of blood specimens. Change gloves and wash hands thoroughly after performing each test. Dispose of used gloves in a biohazard waste container.
 4. Test administrators with breaks in the skin (cuts, abrasions, or dermatitis) should wear gloves when performing oral fluid testing. Wash hands thoroughly after performing each oral fluid test and after contact with oral fluid.
 5. Dispose of all test specimens and materials used in the test procedure in a biohazard waste container. Lancets and venipuncture materials should be placed in a puncture-resistant container prior to disposal. The recommended method of disposal of biohazard waste is autoclaving for a minimum of 1 hour at 121°C, 249.8 Fahrenheit. Disposable materials may be incinerated. Liquid wastes may be mixed with appropriate chemical disinfectants. A freshly prepared solution of 10% bleach (0.5% solution of sodium hypochlorite) is recommended. Allow 60 minutes for effective decontamination.
NOTE: Do not autoclave solutions that contain bleach.
 6. Wipe all spills thoroughly with a solution of 10% bleach or other appropriate disinfectant. Bleach solutions should be made fresh each day.
 7. For additional information on biosafety, refer to Appendices D1, D2,
Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Blood-borne Pathogens in Health-Care Settings and, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-Exposure prophylaxis
1. Use all Specimen Collection Pipettes, Test Devices and Lancets only once and dispose of properly (see Safety Precautions). **Do not reuse any of these test components.**

2. Do not use the test beyond the expiration date printed on the test strip.
Always check expiration date prior to testing.
3. Avoid microbial contamination and exercise care in handling the kit components
4. To ensure accurate results, the Chase Buffer solution must be added to the test strip with the blood sample after a period of 60 seconds.
5. When reading test results, results must be read within 20 - 30 mins of adding blood specimen to test device. Results read after 30 minutes cannot be considered valid.
6. Adequate lighting is required to read a test result.

DISCARD USED PIPETTE, CAPILLARY TUBE, TEST UNITS AND ANY OTHER MATERIALS INTO A BIOHAZARD WASTE CONTAINER.

1. TEMPERATURE CHECK FOR TEST DEVICE STORAGE AREA

Requirement: Staff is required to check the temperature of unused unopened Alere Determine - HIV 1/2 Ag/Ab Combo Rapid Test Kits daily to ensure the temperature is 2° - 27° Celsius, 35° - 80° Fahrenheit. (Ensure that the test kit is brought to operating temperature, 15° - 37° Celsius, 59° - 99° Fahrenheit before opening).

Documentation: Staff will record the temperature every day in the Temperature Log (Appendix E).

Corrective Action: Staff will adjust the environmental conditions (heat/air conditioner). If the storage temperature falls out of range, an external control will be performed on the supply to ensure product quality.

Context: Test devices will be stored in a medical office onsite. Test device storage areas will have a thermometer, which records both the high and low temperature of a space over time in addition to displaying the current temperature.

2. EXTERNAL KIT CONTROL STORAGE AREA

Requirement: Staff is required to check the temperature of the refrigerator storing the *kit controls* daily to ensure it is between 2° - 30° Celsius (36° - 86° Fahrenheit).

Documentation: Staff will record the temperature every day in the Temperature Log (Appendix E).

Corrective Action: Staff will take action as needed to adjust the temperature.

Context: Control specimen refrigerators will have a thermometer which records both the high and low temperature of a space over time in addition to displaying the current temperature.

3. PERFORMING EXTERNAL CONTROLS

Staff will run external positive and negative controls to verify that the rapid HIV test device is appropriately detecting HIV antibodies and antigens. The Kit Controls must give the expected results otherwise the test results are not valid. Run external controls (one reactive HIV 1/2 antigen control, one reactive HIV-1 antibody control, one reactive HIV-2 antibody control and one non-reactive control:

1. For each new operator, to demonstrate competency, prior to performing testing on patient specimen
 2. When opening a new test kit lot
 3. Whenever a new shipment of test kits is received
 4. If the temperature of the storage area falls outside of 2° - 30° Celsius,
36° - 86° Fahrenheit
1. If the temperature of the testing area falls outside of 15° - 30° Celsius,
59° - 86 °Fahrenheit
1. At periodic intervals as dictated by the user facility

ALERE DETERMINE - HIV 1/2 Ag/Ab COMBO RAPID FINGERSTICK WHOLE BLOOD AND VENIPUNCTURE WHOLE BLOOD PROCEDURE

STEP 1: SPECIMEN COLLECTION

The Capillary Tube must be used to collect the fingerstick sample.

STEP 1A: FINGERSTICK WHOLE BLOOD

1. Using an antiseptic wipe, clean the finger of the person being tested. Allow the finger to dry thoroughly or wipe dry with a sterile gauze pad. Using a sterile lancet, puncture the skin just off the center of the finger pad. Hold the finger downward. Apply gentle pressure beside the point of the puncture. Avoid squeezing the finger to make it bleed. Wipe away this first drop of blood with a sterile gauze pad. Allow a new drop of blood to form.

2. Collect the second drop of blood by holding the capillary tube HORIZONTALLY, and, touch the tip of the capillary tube to the blood sample.
*Filling the Capillary Tube is automatic. DO NOT squeeze the bulb while sampling.

TO ADD THE SAMPLE TO THE TEST STRIP:

1. Touch the tip of the capillary tube containing the blood sample to the Sample Pad (marked by the arrow symbol) and gently squeeze the bulb. Avoid air bubbles. Wait until all the blood is transferred from the Capillary Tube to the Sample Pad.
2. When all of the blood is transferred to the Sample Pad, wait one minute to ensure the Chase Buffer does not overflow the Sample Pad.
3. **Add one drop** of Chase Buffer to the Sample Pad
4. Read the test result between 20 - 30 minutes after the addition of the Chase Buffer. Do not read Test Results after 30 minutes.

DISCARD USED PIPETTE, CAPILLARY TUBE, TEST UNITS AND ANY OTHER MATERIALS INTO A BIOHAZARD WASTE CONTAINER.

Section 3: Part C

TESTING PROCESSES AND QUALITY ASSURANCE AFTER TESTING

GENERAL TEST CLEANUP

- Dispose of used test materials in a biohazard water container.
- When using gloves, change gloves between each test to prevent contamination. Throw away the used gloves in a biohazard waste container.
- Use a freshly prepared 10% solution of bleach to clean up any spills.

1. IF THE CLIENT’S RAPID TEST IS NEGATIVE, THE STAFF MEMBER WILL:

- Complete *Rapid HIV Ag/Ab Test Result* (Appendix K) or agency specific form.
- Provide the client with a copy of “*Information on Negative HIV Test Results*” form (Appendix L) or agency specific form.
- Recommend that the client return for testing every 3 months if the client is engaging in high risk behavior.

1. IF THE CLIENT’S RAPID TEST IS INVALID, THE STAFF MEMBER WILL:

- Repeat the test again with a new specimen and a new rapid HIV test device.

- If the result of the second test is invalid contact the LABORATORY DIRECTOR. The Lab Director /Managers may also contact Alere by phone at (201) 512.7000 or by website: [Alere Customer Service](#)

3. IF THE CLIENT’S RAPID TEST IS *PRELIMINARY POSITIVE*, THE STAFF MEMBER WILL:

- If a client has a reactive (positive) initial HIV diagnosis, the client is to be offered and given a confirmatory test. The confirmatory test is administered on site at the Drop In. This test is a blood draw completed by The Institute for Family Health at AFC’s on-site Medical Clinic.
- Obtain a specimen for confirmatory testing using a Western Blot test
- Make a follow-up appointment for the client to receive the results from confirmatory testing.
- Complete fields in the *Confirmatory Log* (Appendix M) up to “*Initials of Staff*” column.

4. CONFIRMATORY RESULTS

4a. IF THE CONFIRMATORY RESULT IS POSITIVE, provider will report HIV case to New York City and New York State Department of Health using *NYS Provider Report Form* (PRF) as required by law (Appendix N).

- The provider will deliver the confirmed positive test result to the client.
- With patient’s agreement, staff will make an appointment for HIV primary care and provide follow-up to ensure the appointment was kept.
- All data on linkage to care will be kept in the *Linkage to Care Log* (Appendix O).

4b. CONFIRMATORY RESULTS FOR NEGATIVE CONFIRMATORY RESULTS

- **FOLLOW-UP TESTING FOR NEGATIVE CONFIRMATORY RESULT**

- Most confirmatory test results will be positive following a reactive rapid test; however, some may be negative. A negative confirmatory test result indicates one of a very few possibilities: specimen mix-up, infection with HIV-2, early seroconversion (too early for antibody detection by Western blot or IFA), or false positive rapid test result.
- **Check logs for documentation errors to rule out specimen mix-up.**

If the initial confirmatory test is negative for blood-based Western Blot or IFA repeat confirmatory test with a new blood specimen.

- Consider early seroconversion. Repeat testing in 1- 3 months. A test for HIV RNA may be performed.
- Refer to section 5 regarding false positives.

4c. CONFIRMATORY RESULTS: IF THE FOLLOW UP TEST RESULTS IS INDETERMINANT

Occasionally confirmatory test results are Indeterminate.

If the confirmatory Western blot or IFA is indeterminate, the patient may be undergoing seroconversion. It is recommended that repeat confirmatory testing via Western blot, IFA, or RNA should be conducted using a blood specimen if the initial confirmatory test was conducted on oral fluid.

If the initial confirmatory test was conducted on blood, the person should be advised to return for repeat confirmatory testing in 1-3 months. A test for HIV RNA may be performed.

5. PROGRAM QUALITY ASSURANCE MONITORING AND TROUBLESHOOTING

- **If there are excessive false positive results, the program QA manager should consider the following actions:**
 - Notify the laboratory director.
 - Evaluate the expiration dates of test kits and temperatures of the storage and testing areas for test kit lots that produced, and did not produce, false positive test results.

- Review records of external control testing for test devices of the same lot and subjected to the same temperature conditions.
- Perform additional troubleshooting procedures in accordance with the manufacturer's instructions.
- Evaluate facility testing procedures and, if appropriate, modify the QA protocol and/or retrain staff on appropriate testing procedures.
- If necessary, inform the manufacturer and appropriate local or state health department HIV test managers.
- If appropriate, consider discontinuation of testing or changing to another waived test vendor.

C. DOH:AI – Adolescent/Young Adult Services Youth Access Program YAP P&P

Definition: Youth Access Programs provide low-threshold clinical services to high risk youth (aged 13-24 years) in targeted and accessible community-based settings to meet their immediate health care and social service needs. The major goals of the YAP are to reach HIV+ adolescents/young adults whose status is unknown or who are not in care and connect them promptly to HIV/AIDS care and to connect high risk youth to ongoing primary health care and to needed psychosocial and supportive services (e.g., child abuse/domestic violence, mental health, substance use treatment, etc.).

Eligibility: Young adults (13-24) with an HIV+ or at risk, whose status is unknown or who are not in care.

Missed appointment follow up: Due to the transient nature of homelessness we attempt to make support staff available at all times. If a YAP enrolled client misses a scheduled appointment a member from the prevention team will outreach via phone, email, or social media. If the missed appointment is related to an urgent medical intervention a stop flag will be placed on the client identification number within AFC's client tracking system (lobby track). This will cause an alert for a member of the prevention team or supervisor to check in with the client prior to entry of the Drop In. The check in from the prevention team will address re-engagement.

Follow up on critical referrals: All referrals made to The Institute for Family Health are tracked in-house by the medical services team. All required follow up related to test results,

treatment, and follow up is done by a member of the medical services team or the prevention coordinator. Follow up will consist of outreach via phone, email, or social media.

Equipment and Materials Review: All equipment purchased with AIDS Institute funds will be logged and accounted for with AFC's IT and fiscal department. These records can be accessed at AFC's Administrative office.

AIDS Institute Reporting System: AIDS Institute data will be entered by before the 10th of the following calendar month. All direct program staff and supervisors will ensure timely data collection and reporting deadlines are met. The monthly AIRS extract is generated on the 15th of the following service month and submitted via Heath Ecommerce as per DOH Instructions. Direct service staff will meet monthly to review all DOH data. This meeting is facilitated by the Director of Program Evaluation, Advocacy, and Training and the Senior Director of Drop In Programs. AIRS annual reporting is facilitated by the Senior Director of Drop In Programs.

Social Media and Technology: Social Media is used to promote AFC's programming and support services. Social media is facilitated by members of the Outreach team in an effort to increase the likelihood of engagement and connection to care. Social Media consists of a Facebook page. Please see additional DOHMH Policy related to texting and maintenance of confidentiality (attached).

FORM 1:Group Sign In

Date: _____

Group Title: _____

Start time: _____ **Facilitator(s):** _____

End time: _____

Group Objective:

Group Description:

Group attendance:

- | | |
|-----------|-----------|
| 1) _____ | 11) _____ |
| 2) _____ | 12) _____ |
| 3) _____ | 13) _____ |
| 4) _____ | 14) _____ |
| 5) _____ | 15) _____ |
| 6) _____ | 16) _____ |
| 7) _____ | 17) _____ |
| 8) _____ | 18) _____ |
| 9) _____ | 19) _____ |
| 10) _____ | 20) _____ |

Staff Signature:

Form 2

Safety and Prevention Plan

This form is to be completed by an AFC staff member and any young person that is in need of a safety and prevention plan. This includes any situation in which a young person is potentially struggling with maintaining safety for themselves and /or others. A copy of the plan (both sides) will be given to the young person and the original will be placed in the client’s chart. A copy should also be forwarded to any staff member identified in the plan.

1. The Situation / Behavior:

2. Actions & Grounding Tools I Will Utilize:

- a. _____
- b. _____
- c. _____
- d. _____

3. Resources & Supports: (These include friends, family, providers, agencies and / or hotlines I feel comfortable calling in a crisis for support (see back for resources))

Name of Support: _____ **Relationship:** _____
Phone Number: _____ **Email:** _____

Name of Support: _____ **Relationship:** _____
Phone Number: _____ **Email:** _____

Name of Support: _____ **Relationship:** _____
Phone Number: _____ **Email:** _____

I agree to use the above safety plan to help protect my safety and the safety of others. If I have utilized the above plan and cannot maintain safety, I will call 911 or go to the nearest local emergency room immediately.

Youth Name, Signature & Date

Staff Name, Signature & Date

Resources & Hotlines

If you cannot maintain safety, call 911 immediately or go to the nearest local emergency room. If you can maintain safety, but need additional support & resources then contact any of the following:

Ø **Trevor Hotline: 1-866-488-7386 (1-866-4-U-TREVOR)** – A 24 hour hotline for crisis & suicide prevention for LGBTQ Youth. www.thetrevorproject.org

Ø **Trans Life Line: 1-877-565-8860** – hotline staffed by transgender people for transgender people.

Ø **Crisis Text Line: #741-741** – Free anonymous support via Text for young people available 24/7.

Ø **Anti-Violence Project (AVP): 212-714-1141**– a 24 hour bilingual hotline offering support for LGBTQH people in crisis regarding intimate partner violence, sexual assault, bias and HIV related violence. www.avp.org

Ø **Day One: 1-800-214- 4150** - Free legal aid for young people experiencing violence. www.dayone.org

Ø **Safe Horizon 1-800-621-4673** – Bilingual hotline. Safe horizon moves victims of violence from crisis to confidence. www.safehorizon.org

Ø **Ali Forney Center 1-212-206-0574 (AFC):** - Housing and assistance to LGBTQ young people who are homeless or at-risk of becoming homeless. www.aliforneycenter.org

