EARLY INTERVENTION SERVICES

Attachment A-2

INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
RYAN WHITE HIV/AIDS PROGRAM

This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.

Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

Definition of Service *(HRSA)*

> ***Early intervention services (EIS)*** include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

I. Care and Treatment Goal(s)

The goal of EIS is to decrease the time between the acquisition of HIV and entry into the medical care system, thereby ensuring early access to HAART, decreasing transmission rates, and improving health outcomes.

II. Service Goal

Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support treatment adherence and maintenance in medical care.

A. Service Objectives

1. Identify those that are unaware of their HIV infected status, placing emphasis on those known to be at disproportionate risk for HIV infection and those considered to be at high-risk, and informing them of their status
2. Identify those that are HIV infected that have fallen out of care ("unmet need")
3. Inform unaware and "unmet need" HIV infected individuals of service options
4. Refer unaware and "unmet need" HIV infected individuals to medical services
5. Link unaware and "unmet need" HIV infected individuals to medical services

B. Description of Services

Service Components

1. Conduct in depth, one-on-one encounters that are planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort.
2. Connect/reconnect HIV infected individuals into care utilizing the "*Bridge*" program as the model.
3. Establish and maintain formal linkages with entities that perform effective outreach with persons found to be disproportionately impacted by HIV or with persons who, by virtue of geographic location or circumstance, have disproportionately less access to care (e.g. prisons, homeless shelters, substance abuse treatment centers, counseling and testing sites, and areas of high-risk sexual activity)
4. Establish and maintain formal linkages with entities that do <u>not</u> traditionally target high risk populations (e.g. community centers, faith based locations/organizations, hospitals, clinics, other nontraditional outlets).
5. Link unaware HIV infected individuals to HIV counseling and testing and, if found to be HIV infected, to other services necessary to maintain/improve health outcomes, including Medical/Non Medical Case Management
6. Identify barriers and refer "unmet need" HIV infected individuals to services necessary to maintain/improve health outcomes, including Medical/Non Medical Case Management.
7. Provide education and informative materials regarding the availability of testing and HIV/AIDS care services to individuals in need of HIV/AIDS information such as those at-risk, those who are HIV positive, those affected by HIV, and caregivers.
8. Maintain up-to-date, quantifiable data that will accommodate local effectiveness evaluation and reporting. Evaluation, documentation, and reporting will demonstrate a continuum of client health outcomes improvement from initial encounter and identification to testing and counseling to entry and maintenance in care. Data will include number of encounters by demographics including race/ethnicity,

gender, age, risk category, insurance type(s)(when possible), service area(s), and linkages to care including linkages to programs that provide continued monitoring of client in care.

9. For MAI-funded EIS, develop and implement specific, evidence based outreach strategies proven effective in the identification and linkage to and maintenance in care of individuals from Minority populations who may or may not be aware of their HIV status including individuals who may not perceive themselves to be at risk of HIV.
10. If referred to EIS due to missed appointments, discharge from EIS must be agreed upon by all parties involved. A minimum of two disciplines must "sign off" on the discharge (e.g. EIS worker and Medical/Non Medical Case Manager). Ideally would also include Physician and/or Medical/Non Medical Case Manager in case conference.

C. Limitations

1. MAI EIS funds may only be utilized to serve HIV infected individuals that are Black/African American and/or Hispanic/Latino. See *Common Standards* for additional MAI requirements.
2. Cash payments or the use of cash incentives for clients is prohibited.
3. Activities that exclusively promote HIV prevention education are prohibited.
4. Broad scope awareness activities that address the general public (e.g. poster campaigns for display on public transit, billboards, TV or radio announcements, social marketing electronic media.) may be funded provided that they are targeted and contain HIV information with explicit and clear links to testing and HIV health care services.

III. Service-Specific Staff Qualifications

1. EIS staff must be trained and knowledgeable about HIV/AIDS, current resources, and eligibility requirements.
2. EIS staff may be peer educators. See *Common Standards* for training requirements.
3. EIS staff must have significant experience in at least three of the following six: street based outreach; HIV counseling and testing; prevention case management; psychotherapy or counseling; health education; HIV based case management. General qualifications include the ability to understand HIV transmission and prevention. HIV disease progressions, the basis of HIV medication and treatments (including issues of adherence), sexual behaviors, the dynamics of substance abuse and addiction, and behavior change therapy and interventions. Equally important is the ability to communicate and to educate clients with regards to managing these issues. EIS Staff must be reflective of the community served (i.e. African American and/or Hispanic/Latino for MAI EIS)
4. EIS staff must be reflective of the community served (i.e. Black/African American and/or Hispanic/Latino for MAI EIS)
5. *Please refer to the Common Standards of Care for general staff qualification requirements.*

IV. Exceptions and Urgent Need

Please refer to the Common Standards of Care for guidance concerning exceptions and urgent need.

V. Reportable Units of Service and Financial Eligibility

Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.