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Introduction

This document describes the "Early Intervention Services" service category of HCP, funded through the Ryan White HIV/AIDS Program (RWHAP) Part B. It serves as a supplement to the Common Standards of Care document also released by HCP. This document highlights each of the requirements and standards that apply to Early Intervention Services (EIS), and must be followed by any provider receiving HCP (Ryan White Part B) funding for this service category.

How This Document is Organized

Within this document, the Standards of Care are described in terms of (1) Service Definition, and (2) Requirements.

Service Definition

HRSA Definition

Early Intervention Services (EIS) for Part B is designed to identify individuals who are living with HIV and link them into care as quickly as possible. This is done through: outreach, counseling and testing, and information and referral. The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service.

Key Activities

EIS *must* include all of the following four components. All of these components must be available in the service area, even if not directly provided by the HCP contractor or provider:

- **Targeted HIV testing** to help persons who are unaware of their HIV infection status learn of their HIV status and receive referral to HIV care and treatment services if found to living with HIV, or to HIV prevention services, including PrEP if appropriate based on ongoing risk, for those found to be HIV negative

    o Services must be coordinated with other HIV prevention and testing programs to avoid duplication

    o Testing paid for by EIS cannot take the place of testing efforts that could be paid for by other sources

- **Referral services** to improve HIV care and treatment services at key points of entry

- **Access and linkage** to HIV care and treatment services such as HIV Outpatient/ Ambulatory Health Services, Medical Case Management, and Substance Abuse Care

- **Outreach Services and Health Education/Risk Reduction** related to HIV diagnosis

Objective

EIS is intended to identify people at the earliest point possible in the course of their HIV infection, and to quickly link them to medical and support services necessary to support treatment adherence and maintenance in medical care.

All EIS activities must be geared to priority populations which should be identified by using surveillance and continuum of care data.

Requirements

Provider Qualifications

Education/Experience/Supervision

There are no minimum educational standards for EIS staff. Regardless of education/training, staff should be experienced in some or all of the following:

- Outreach
- HIV counseling and testing
- Prevention case management
- HIV case management
- Health education

All EIS staff must be trained and knowledgeable about HIV, and familiar with available HIV resources in the area. They should have good communication skills and ideally be culturally and linguistically competent for the community served. Staff providing HIV testing must comply with all State of California rules and regulations, including:

- Meeting state requirements for qualifications and/or certification
- Obtaining informed consent
- Appropriate test kit training and proficiency testing
- Case reporting
- Documentation

Individual supervision and clinical guidance must be available to EIS staff as needed.

Staff Orientation and Training

Initial: All staff providing EIS must complete an initial training session related to their job description and serving those with HIV. Training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge, including HIV transmission, care, and prevention

- HIV counseling and testing

- Privacy requirements and HIPAA regulations

- Navigation of the local HIV system of care, including access to PEP and PrEP

- Cultural sensitivity/competency trainings related to the delivery of HIV services

Ongoing: Staff must also receive ongoing annual HIV training as appropriate for their position. Training may be any combination of (1) in-person, (2) articles, (3) home studies, or (4) webinars, and must be clearly documented and tracked for monitoring purposes.

Service Characteristics

EIS must be offered in a way that addresses barriers to accessing medical care and uses resources to support positive health outcomes for clients.

Eligibility Screening: Unlike all other categories of HCP services, some EIS may be provided without eligibility screening. These include:

- HIV testing

- Outreach services

- Initial referral services

EIS can be provided on a one-time-only or short-term basis only; longer-term services should be provided through other service categories. If EIS staff continue to have contact

with the client following these initial services, the client must be screened for eligibility as described in the Common Standards of Care and transitioned to a different service category.

HIV testing: HIV testing may be provided in a variety of settings. Regardless of setting, testing must comply with State of California standards and regulations. Testing should be coordinated with local HIV prevention programs to avoid duplication of effort and ensure priority populations are being served. HCP will only fund HIV testing that is in compliance with OA Prevention Branch guidance.

Referral / Linkage: Refer clients identified through EIS as living with HIV to medical care, case management, benefits counseling, and other services necessary to maintain or improve health outcomes using a warm hand off where possible. Documentation of that referral must be in the client file and available upon request.

Outreach: Outreach is intended to identify people with unknown HIV status or those who know their status but have fallen out of care, so that they may become aware of and be enrolled in care and treatment services. Outreach should:

- Utilize local HIV surveillance data to locate individuals who have not yet been linked to care

- Utilize ARIES data or local medical data to identify clients with missed appointments or who have fallen out of care;

- Be coordinated with HIV prevention programs to avoid duplication of effort;

- Focus on priority populations known to be at disproportionate risk based on local epidemiologic data, including partners of people living with HIV; and

- Be conducted when/where people at high risk for HIV infection will be reached.

Health Education / Risk Reduction: The purpose of health education and risk reduction services is to educate clients living with HIV about how to reduce the risk of transmitting HIV to others. EIS staff should provide education and informative materials about these and related topics, including testing and the availability of related HIV services.

Partner Services: Per CDPH Management Memo 15-06, HCP providers funded for EIS must have a process for Partner Services counseling and referral for clients. Partner Services information should be offered and referrals made for clients according to established processes.

HIV Testing - HIV testing must be performed in compliance with State of California standards and regulations; this will be monitored via submission of the staffing budget for this service category. Coordination with local outreach/prevention programs will be monitored via desk audit of program budget forms.

Referral / Linkage – Refer to Client Monitoring below.

Outreach - Utilization of local HIV surveillance data for outreach, coordination with local outreach programs, focusing on priority populations for outreach, scheduling of outreach to occur where/when people at high risk for HIV are present, and the availability and distribution of educational/informational materials will be monitored through observation and discussion during site visits.

Partner Services - Existence of a protocol and process for Partner Services referral and counseling will be monitored by submission of policy/protocol documentation to HCP. Implementation of the protocol (i.e. that clients are actually offered Partner Services information and referrals) will be monitored through observation and chart review during site visits.

Client Monitoring

While EIS is intended to be short-term, staff should follow-up on referrals and linkages within 10 days to verify the client has been established in that service. At least three attempts should be made to verify linkage to the service before considering the client lost to follow up. Once successful linkage is verified, future follow-up should be conducted by other providers or under a different service category. These efforts must documented.

Monitoring

Client Monitoring - Information about referrals and related follow-up will be monitored through ACE or ARIES; data must be recorded in the Referral tab of either location in the *Referral Date, Outcome*, and *Outcome Date* fields.

Food Bank / Home-Delivered Meals

Version #	Implemented By	Revision Date	Approved By	Approval Date	Reason
1.0	*OA Workgroup*	*6/10/2018*	*Marjorie Katz*	*6/10/2018*	*First public working draft*