



# Early Identification of Individuals with HIV/AIDS

Where Care Meets Prevention

Administrative Overview Ryan White Part A  
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# Definitions

- Early Identification of Individuals with HIV/AIDS (EIIHA):
  - Identifying, counseling, testing, informing, and referring of diagnosed and undiagnosed individuals to appropriate services, as well as linking newly diagnosed HIV positive individuals to care.



# Definitions

## □ Unaware of HIV Status:

- Any individual who has NOT been tested for HIV in the past 12-months, any individual who has NOT been informed of their HIV result (HIV positive or HIV negative), and any HIV positive individual who has NOT been informed of their confirmatory HIV result.



# Definitions

## □ Identification of Individuals Unaware of Their HIV Status:

- The categorical breakdown of the overall unaware population into subgroups, which allow for the overall EIIHA strategy to be customized based on the needs of each subgroup, for the purposes of identifying, counseling, testing, informing, referring, and linking these individuals into care.



# Definitions

- Informing individuals of their HIV status:
  - Informing an HIV negative individual, post-test, of their appropriate HIV screening result.
  - Informing an HIV positive individual, post-test, of their confirmatory HIV result.



# Definitions

- Referral to care/services:
  - The provision of timely, appropriate, and pre-established guidance to an individual that is designed to refer him/her to a specific care/service provider for the purpose of accessing care/services after the individual has been informed of their HIV status (positive or negative).



# Definitions

## □ Linkage to care:

■ The post-referral verification that care/ services were accessed by an HIV positive individual being referred into care.

■ Example: Confirmation first scheduled care appointment occurred.



# EIIHA: 3 Basic Components





# Strategy



## □ “Blueprint” for Implementation:

- Goals
- Coordination with other RW Parts
- Coordination with Prevention Programs
- Coordination with other Community Efforts
- Incorporation in to RFP's
- Consideration of ADAP Services
- Role of Early Intervention Services (EIS)
- Addressing Disparities in Access



# Plan



## □ Activities, Methods & Means:

- Identify

- Inform

- Refer

- Link



# Plan



- Identifying Unaware by Groups:
  - “Within the overall unaware population that encompasses any individual who is unaware of their HIV status, develop a matrix listing the sub-groups, which will allow the applicant’s overall strategy to be customized to meet the needs of each subgroup.”



# Plan



## □ Strategy/Plan Customization:

- “For each subgroup in the EIIHA Matrix, describe how the strategy will be customized to address their respective needs specific to identifying, informing, and referring HIV positive individuals who are unaware of their status.”

# Plan

**Informing Unaware:**  
*“...educate providers regarding  
 resources available whenever a  
 client does not return for their HIV  
 results...”*

3.A. Individuals Not Post-Test Counseled (HIV positive & HIV negative)		Received Preliminary HIV Positive Result Only – No Confirmatory Test	High Risk Individuals				Moderate & Low Risk Individuals	
4.A. Tested Confidentially	4.B. Tested Anonymously		4.C. I V D U	4.D. M S M	4.E. Infants Of Infected Mothers	4.F. Partners of HIV+ Individuals	4.G. Not Tested in Past 24 Month	4.H. Not Tested in Past 48 Month



# Plan



## □ Challenges:

- “For each subgroup in the EIIHA Matrix, describe the respective challenges (including any local legislation or policies) associated with identifying, informing, and referring individuals who are unaware of their HIV status.”



# Plan



## □ Activities:

■ “For each subgroup in the EIIHA Matrix, describe the respective activities essential for identifying, informing, and referring HIV positive individuals who are unaware of their status.”

### ■ Establishing a Baseline

■ Activities implemented immediately

■ Activities not implemented immediately



# Plan



## □ Linkage To Care:

- “Describe the activities essential to ensuring access to care regardless of where any newly identified HIV positive individual enters into the continuum of care.”



# Plan



## □ Linkage To Care:

- “For any newly identified HIV positive individual referred into a Ryan White funded program, describe the activities undertaken post-referral to verify that care/services were accessed.”



# Plan



## □ Linkage to care:

- “Describe the activities undertaken to form and maintain relationships with private HIV care providers for the purpose of verifying that individuals referred into private care have accessed care post-referral.”



# Data



## ■ Total Number of Individuals Tested

### ■ Number Informed of Status

#### ■ Number Positive

#### ■ Number Referred into Care

#### ■ Number Linked to Care \*\*\*asked in future years\*\*\*

### ■ Number NOT informed of Status

#### ■ Number Positive



# Part A VS. Part B



## Part A

### ■ EIIHA Requirement Included in Supplemental Grant

- 34 points (Need)
- 33 Points (EIIHA)
- 10 points (Admin)
- 8 points (Access)
- 5 points (Planning)
- 5 points (Budget)
- 5 points (CQM)

## Part B

### ■ EIIHA Requirement Included in Formula Grant



# Scoring

- ❑ Scoring will be **based on** the **comprehensiveness, strength, and feasibility** of the strategy, plan, and data provided.
- ❑ Scoring will **NOT** be affected by the **amount of RW funds committed to EIIHA** efforts as long as the strategy, plan, and data can be effectively carried out via collaborative efforts.
- ❑ Scoring will **NOT** be affected by the **estimated number of individuals unaware** of their HIV positive status.
- ❑ Scoring will **NOT** be affected by the **number** of unaware HIV positive individuals **identified, informed, referred, and linked** to care.
- ❑ Scoring will **NOT** be affected by the number of activities that are able to be **implemented immediately VS.** the number of activities that are **NOT able to be implemented immediately.**



# PC Vs. Grantee Duties



## Planning Council Duties

- ☐ Determines size and demographics of estimated HIV+ unaware population
- ☐ Determines the needs of the HIV+ unaware population
- ☐ Develops a plan for organization and delivery of health and support services to HIV+ unaware population

## Grantee Duties

- ☐ Development & Implementation of EIIHA Strategy
- ☐ Development & Implementation of EIIHA Plan to Identify, Inform, Refer, and Link Unaware Population to Care
- ☐ Report Outcomes & Data associated with EIIHA Strategy & Plan



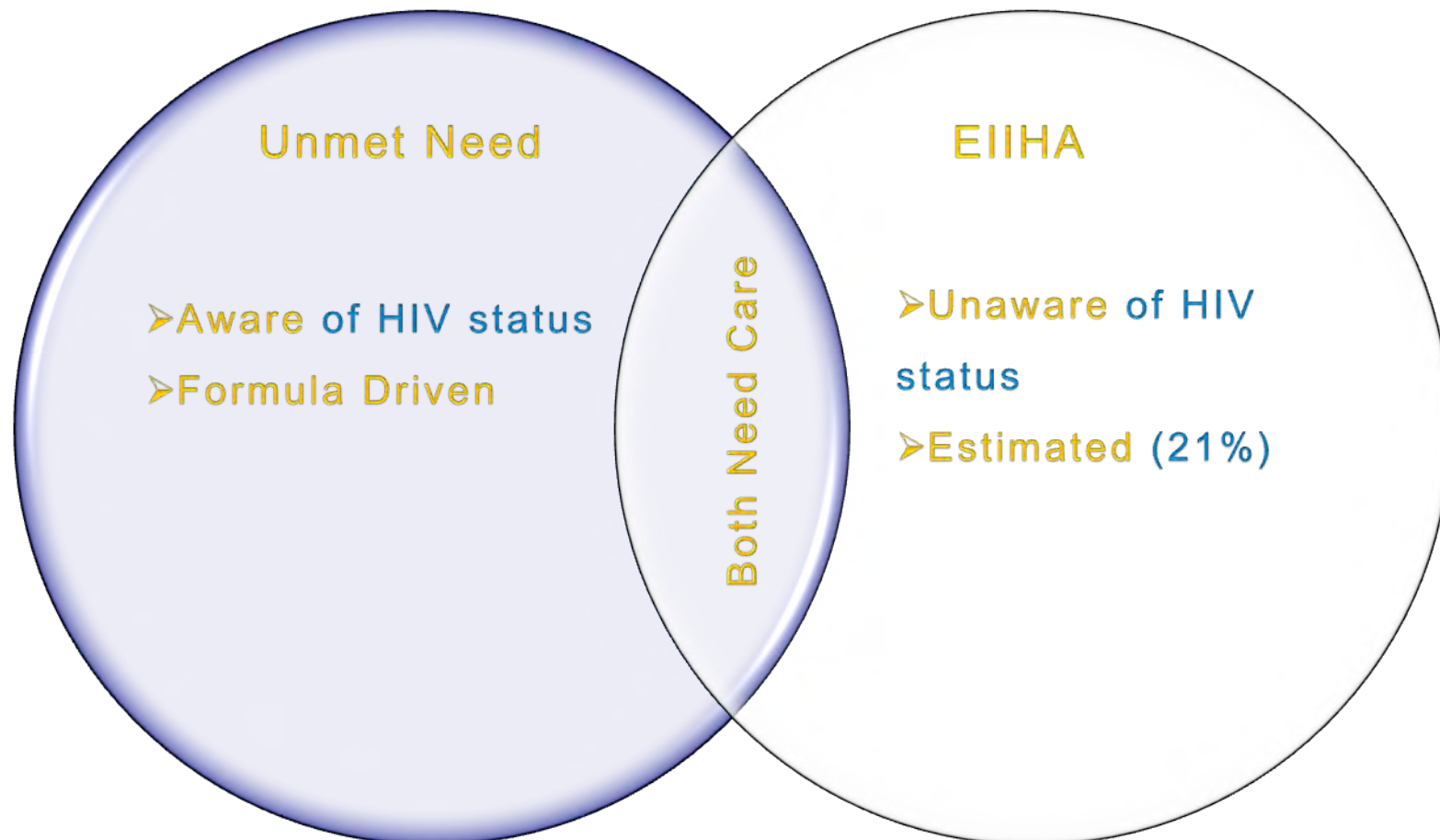
# EIIHA Vs. Unmet Need



## ■ Definition Comparison

- Unmet Need Definition: HIV+ individuals who are AWARE of their HIV status but not in primary medical care.
- EIIHA Definition: HIV+ individuals who are UNAWARE of their HIV status and therefore not in primary medical care.

# EIIHA VS. Unmet Need





# Q & A SESSION



# Agenda



- Introductions
- Legislative References
- National Strategy Relevancy
- Definitions
- EIIHA: 3 Basic Components
  - Strategy
  - Plan
  - Data
- Part A VS. Part B
- Scoring
- Planning Council VS. Grantee Duties
- EIIHA VS. Unmet Need
- Q& A Session



# Legislative References



## ■ Part A Grant

- “...shall determine *size and demographics of the estimated population of individuals with HIV/AIDS who are unaware of their HIV status*”
- “determine the needs of...*individuals with HIV/AIDS who do not know their HIV status*”
- “develop a comprehensive plan...that *includes – “*
  - *“a strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services”*



# National Strategy Relevancy



## ■ Factors Contributing to the Current Epidemic:

1. Too Many People Living with HIV Are Unaware of Their Status
2. Access to HIV Prevention is Too Limited
3. Insufficient Access to Care
4. Diminished Public Attention



# Legislative References



## ■ Part B Grant

- “develop a comprehensive plan – ”
  - *“describing the estimated number of individuals within the State with HIV/AIDS who do not know their status”*
  - *“describing activities undertaken by the State to find the individuals described in subparagraph (A) and to make such individuals aware of their status”*
  - *“describing the manner in which the State will provide undiagnosed individuals who are made aware of their status with access to medical treatment for their HIV/AIDS”*
  - *“describing efforts to remove legal barriers, including State laws and regulations, to routine testing”*



# Data



## ☐ Unaware Estimate Considerations:

- ☐ National proportions may not reflect local epidemic
- ☐ Maturity of HIV reporting system a factor affecting most methods
- ☐ Completeness and accuracy of surveillance data vary by state
- ☐ Impact of interstate migration unknown
- ☐ CDC currently reviewing issues related to local application and piloting use of EBC methods



# **EARLY INTERVENTION SERVICES**

Implementing “Aware and In-care” Strategies



# Agenda



- EIS, Outreach, & Care
- EIS Legislative References
- EIS Definition
- EIS Goals
- EIS Components
- Key Points of Entry
- Uses of EIS
- EIS Vs. Outreach



# EIS: Legislative Definition



Section 2651(2) – The early intervention services referred to in paragraph (1) are-

(a) *counseling* individuals with respect to HIV disease in accordance with Section 2662;

(b) *testing* individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune systems and for preventing and treating conditions arising from the disease;

(C) *Referrals* described in paragraph (3)

(D) *Other clinical and diagnostic services* regarding HIV disease, and periodic medical evaluations of individuals with the disease

(E) Providing the therapeutic measures described in subparagraph (B)



# EIS: Service Category Definition



- **HRSA Service Category Definition:** For Parts A and B, includes *counseling* individuals with respect to HIV/AIDS; *testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, and 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 provision of therapeutic measures.



# EIS Goals



- Increases opportunities for preventive care
- Increased entry into care
- Enhanced linkages to care  
*(appointments are made and kept)*
- Improved client self-management of disease
- Improved health outcomes
- Reduced healthcare costs



# Components of EIS



- Counseling
- Testing
- Referral Services
- Linkage to Care



# Counseling



- Counseling includes pre-test *HIV/AIDS & STD education*
- Counseling includes post-test *prevention education*
- Counseling includes *partner services counseling*



# Testing



- Testing includes:
  - HIV screening
  - Diagnostic tests
  - Therapeutic testing



# Referral Services



- Organizational Assessment
- Referral Agreements  
*(MOA/MOU)*
- Information Dissemination



## Duplication & Supplanting

- Counseling & Testing efforts must be coordinated with other testing programs, especially HIV prevention programs
- RW funds are used to supplement current C&T efforts
- C&T efforts must NOT be duplicated or supplanted



# Linkage to Care



- Linkage Agreements (*MOU/MOA*)
- Create connections between services
- Create connections between and funding streams
- Routine provider meetings
- HRSA's definition of "Linkage to Care" should be reflected in contract language and scopes of work.



# Key Points of Entry



- Health Departments
- Emergency Rooms
- Substance Abuse Programs
- Mental Health Programs
- Detention Facilities
- STD Clinics
- Homeless Shelters
- Counseling and Testing Sites
- Federally Qualified Health Centers
- Healthcare Points of Entry Specified by Eligible Areas
- Entities that Maintain Referral Relationships



# Uses of EIS



- Used to implement EIIHA (unaware) strategies and plans
- Used to implement Unmet Need strategies



# EIS Vs. Outreach



## EARLY INTERVENTION SERVICES

Core Service

Can include HIV Testing

Works with key points of entry

Combination of services

Can assist in addressing unmet need and the unaware

## OUTREACH

Support Service

Does not include testing

Directs individuals to key points of entry

Only one service

Can assist in addressing unmet need and bring unaware to testing



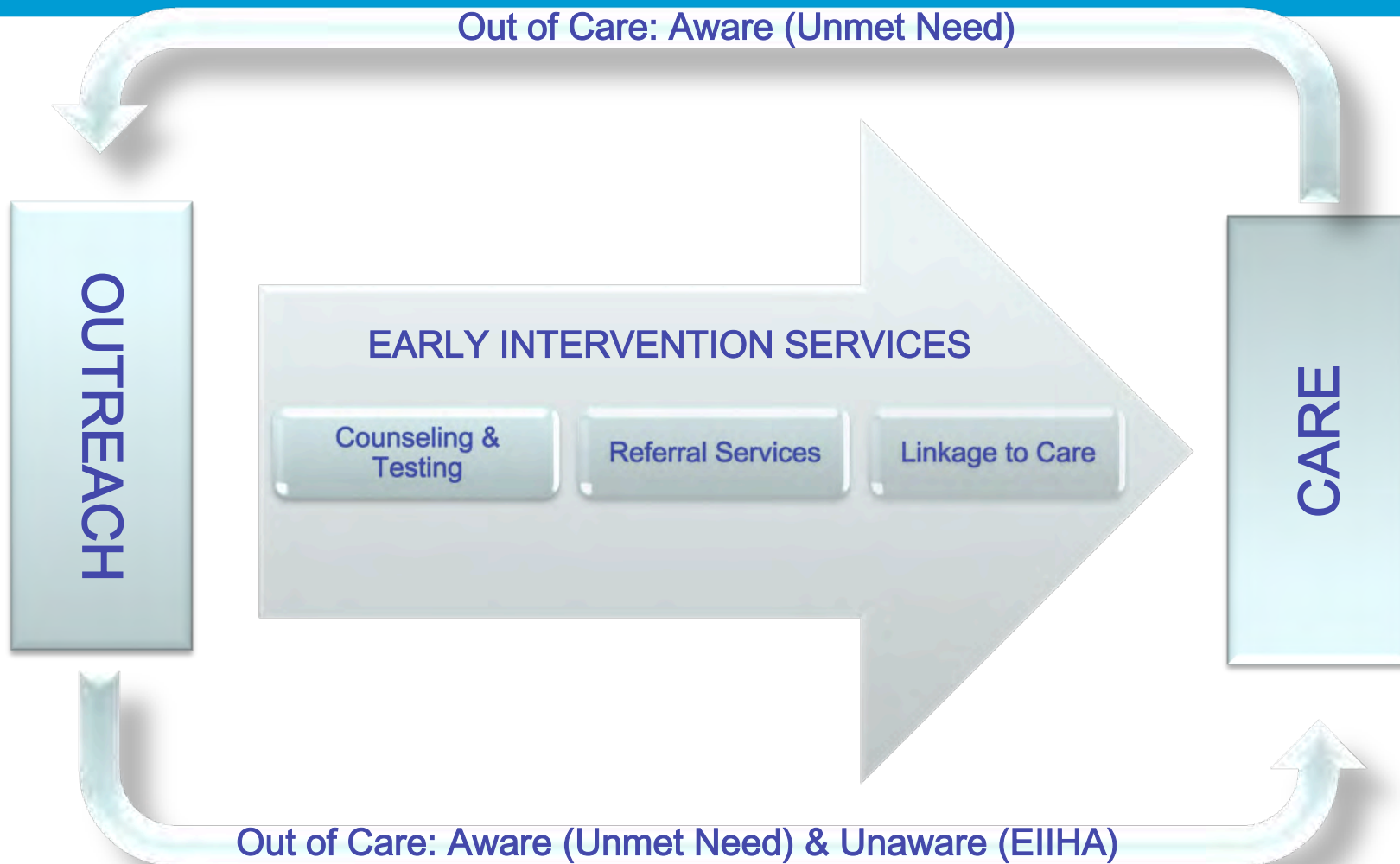
# Service Category Definition: Outreach Services



Programs that have as their principal purpose *identification* of people with *unknown HIV disease OR* those *who know their status* (ie., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services *do not include* HIV *counseling and testing OR HIV prevention education*. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.



# Outreach, EIS, and Care





# Contact Information



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