

Program Element #74: Tribal HIV Early Intervention Services and Outreach

OHA Program Responsible for Program Element:

Public Health Division/Center for Public Health Practice/HIV, STD and TB (HST) Section

- 1. Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Tribal HIV Early Intervention and Outreach Services as defined and described below. The continuum of HIV Early Intervention Services and Outreach will be referred to as EISO or EISO Services.

Background. EISO is funded by Health Resources and Services Administration (HRSA)'s Ryan White Part B, AIDS Drug Assistance Program (ADAP), 340B Drug Pricing Program. Due to the primary purpose and variability of funds generated by this source, these resources cannot be guaranteed. Beginning January 2023, funds have been allocated to support EISO activities for four and a half years.

HRSA specifically requires that EISO activities are to supplement – not supplant – HIV services funded through other mechanisms. These activities must be planned and implemented in coordination with local HIV prevention and care programs to avoid duplication of effort and to ensure people receive the benefit of the full continuum of services available in Oregon. OHA will provide EISO Standards of Service to help guide program design and implementation. These services are consistent with Oregon's plan to eliminate new HIV infections, End HIV Oregon, which is developed and approved by the End HIV/STI Statewide Planning Group. End HIV Oregon focuses on eliminating new HIV infections through testing, prevention, treatment, and responding to end inequities. This agreement directly addresses the four End HIV Oregon priority areas (Testing, Prevention, Treatment, and Responding to End Inequities). (See <https://www.endhivoregon.org>).

OHA intends to support and build capacity for Tribal communities to develop and expand their HIV EISO capacity, activities, expertise and/or deliver future EISO services. This Program Element directly funds the Siletz tribe as a pilot for the provision of EISO services and continuation of its partnership with regional LPHAs. This is a new partnership between OHA and the NW Indian Health Board to enhance HIV identification strategies, refer to or provide disease intervention and partner services, and assess HIV clinical needs among Tribal members.

Tribe is encouraged to work regionally and with LPHAs to coordinate outreach, testing, disease intervention, partner services, and linkages to HIV care and treatment. Tribe is also encouraged to develop and determine roles and responsibilities for disease investigation, interviewing, and community liaison activities with regional partners through Agreements as is necessary.

Should the Tribe take full responsibility for disease investigation and surveillance activities related to Tribal cases, new systems and training may be required and implemented; OHA will assist and support the Tribe with training or systems development as requested and needed. OHA will provide EISO standards to help guide Tribal program design and implementation.

This Program Element, and all changes to this Program Element, are effective the first day of the month noted in the Issue Date section of Exhibit C of the Financial Assistance Award unless otherwise noted in the Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Tribal HIV Early Intervention Services and Outreach.

- a. Early Intervention Services:** Defined by HRSA/Ryan White Program Guidance, must contain the following four elements: (1) HIV testing; (2) referral services; (3) health literacy/education; and (4) access and linkage to care.
- b. Field-based services:** HIV/STI testing and other complementary services (such as provision of STI treatment) conducted outside a health clinic setting, in environments frequented by target populations and other persons of interest. This may include provision of services at an

individual's place of residence.

- c. **HRSA:** The United States Health Services & Resources Administration, which funds the Ryan White CARE Act and Ryan White HIV/AIDS Programs.
- d. **MSM:** Men who have sex with men.
- e. **Outreach Services:** Defined by HRSA/Ryan White Program Guidance, outreach services “are aimed at identifying persons with HIV who may know or be unaware of their status and are not in care.” Outreach Services cannot be delivered anonymously.
- f. **PLWH:** People living with the human immunodeficiency virus or HIV.
- g. **Pre-exposure prophylaxis (or PrEP):** Medications taken prior to HIV exposure to reduce or prevent infection. PrEP can stop HIV from taking hold and spreading throughout the body. It is highly effective for preventing HIV if used as prescribed, but it is much less effective when not taken consistently. (Source: <https://www.cdc.gov/hiv/basics/prep.html>)
- h. **Priority populations:** Designated in the End HIV/STI Oregon Strategy, 2022-2026 and the focus of status neutral interventions to end HIV/STIs. These will be updated on an at-least annual basis. All EISO Programs must focus on people with STIs as one priority population.
- i. **PWID:** Persons who inject drugs.
- j. **STI:** Sexually Transmitted Infections, such as Syphilis and Gonorrhea. This term may be used synonymously with Sexually Transmitted Diseases (STDs).
- k. **U=U:** Undetectable = Untransmittable is an important prevention and anti-stigma message that means if a person living with HIV has an undetectable HIV viral load, they cannot transmit HIV to others through sexual contact. U=U also refers to the concept of Treatment as Prevention.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Oregon’s Public Health Modernization Manual, http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

- a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program				Foundational Capabilities						
				Access to Clinical Preventive Services							

	CD Control	Prevention and Health Promotion	Environmental Health	Population Health	Direct Services	Leadership and Organizational Competencies	Health Equity and Cultural Responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy and Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>						<i>X = Foundational capabilities that align with each component</i>						
<i>X = Other applicable foundational programs</i>												
Assessment and Referral	X	X		X	*X		X	X				
Health Literacy and Education	*	X		*			X	X				
Linkage to HIV Care	X	X		X	*X		X	X	X			
HIV/STI Partner Services	X	X		X	*X		X	X	X			
Follow-up of PLWH Not-in-Care	X	X			*X		X	X	X			
Recruitment to Services	*							X				
HIV/STI Prevention Education, including PrEP	X	X		X	X		X	X	X			

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:

Not applicable.

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:

EISO supports the workplan reflected in PE51 for Communicable Disease work.

4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Tribe agrees to conduct activities in accordance with the following requirements:

- a. Engage in activities as described in its program plan, which has been approved by OHA.
- b. Engage in activities as described and located in the EISO Standards, developed by OHA.
- c. Use funds for this Program Element in accordance with its local program budget and as allowable by HRSA’s Ryan White Part B. Modification to the local program budget may only

be made with OHA approval.

- d. Outreach.** Outreach, as defined by HRSA/Ryan White Program Guidance, are services “aimed at identifying persons with HIV who may know or be unaware of their status and are not in care.” Identifying persons with HIV who are unaware of their status requires a combination of education, outreach, and service navigation strategies broadly focused on priority populations who are at increased vulnerability to HIV (e.g. people with STI, MSM, PWID). The purpose of Outreach Services is to identify individuals who:

- Do not know their HIV status: these individuals should be referred into testing to help them learn their status and engage in appropriate adjunct services.
- Know their HIV-positive status and are not in care: these individuals should be connected to HIV medical care and supportive services.

Outreach participants must be part of a priority population known through local epidemiology to be at increased vulnerability for HIV. Tribe may focus activities more narrowly based on local epidemiology.

Outreach activities are client engagement strategies delivered in a clinic (e.g., integrated HIV/STI testing and partner services delivered at a set location) or in community-based settings outside of a clinic-based environment (e.g., educational setting, field testing in conjunction with social or educational activities). Outreach may also include targeted awareness activities (e.g., social media directed to a priority population). No broad scope awareness activities (e.g., media to general public) are allowed. Specific activities are to be defined by the Tribe, as described in an EISO workplan.

Outreach activities may include, or leverage the services already in place:

- (1) **Integrated HIV/STI testing:** Ensures integrated HIV and/or STI testing will be for all people newly diagnosed with early syphilis and/or rectal gonorrhea, and pregnant people diagnosed with any stage of syphilis by leveraging or referring to existing HIV/STI testing.
- (2) **HIV/STI partner services:** Partner services ensures that all people with a new diagnosis of HIV, early syphilis, rectal gonorrhea, and pregnant people with syphilis at any stage will receive treatment, be interviewed for names of contacts or partners, and their contacts or partners are found, tested and treated for HIV/STIs. Partner services may be conducted by the Tribe or in collaboration with the LPHA. Highest priority populations for EISO-funded partner services are:
 - (a) People newly diagnosed with HIV.
 - (b) Pregnant people with syphilis of any stage.
 - (c) People with early syphilis.
 - (d) People with rectal gonorrhea.
 - (e) People with known HIV infection with a new early syphilis, rectal gonorrhea diagnosis, or are pregnant with syphilis of any stage.
- (3) **Recruitment to services:** Services shall be focused on priority populations, specifically individuals identified at increased vulnerability for HIV, and delivered in accordance with Tribal outreach and education plans. Education and recruitment may be provided in-person at outreach events or in conjunction with other local services, such as syringe exchange, and/or virtually, using social media and/or geospatial dating/networking apps.

- (4) **HIV/STI prevention education, including PrEP:** Provides comprehensive HIV education, including information about harm reduction, HIV Treatment as Prevention, and U=U. Provide PrEP education and refer HIV-negative individuals to PrEP services, as needed.
 - (5) **Outreach testing:** Ensures testing of priority populations engaged through Outreach Services by leveraging or referring to existing HIV/STI testing.
 - (6) **Linkage to HIV case management and medical care:** For individuals engaging in Outreach Services who test HIV positive or disclose HIV positive status and are not in medical care, provide active referrals/warm hand-offs to Providers or local public health departments. Referrals/warm hand-offs should be expedited for clients who are newly diagnosed with HIV, experiencing homelessness or otherwise in behavioral health crisis. Referral pathways and timelines should be delineated in a referral map or flow chart.
- e. **Early Intervention Services.** Tribal HIV EISO Programs may include the following minimum components or may partner with a local public health department for Early Intervention Services.
- HIV Early Intervention Services (EIS) identify people living with HIV, refer them to services, link them to care and provide health education to assist with navigating HIV care and support services. HIV Early Intervention Services are for individuals with a documented HIV-positive status and Oregon residency. EIS activities include:
- (1) **HIV Testing:** Ensures HIV testing to individuals whose status is HIV-negative or unknown but at increased vulnerability to HIV (e.g. priority populations) by leveraging or referring to existing HIV testing.
 - (2) **Assessment and referral:** Assesses needs related to sexual health, STI testing, HIV prevention, medical and behavioral health care, and basic needs which may interfere with participation in services (e.g., housing, food, alcohol & drug use). Referrals and linkages are made to HIV case management, CAREAssist, tribal services and supports, other medical care, food assistance programs, housing services, behavioral health services, syringe exchange, transportation, STI testing, etc.
 - (3) **Health literacy/education:** Provides comprehensive HIV education, including information about harm reduction, HIV service navigation, HIV Treatment as Prevention, and U=U.
 - (4) **Linkage to care:** Ensures linkage to and engagement with HIV medical care, with a goal of linking HIV+ individuals to care within 30 days of initial referral, and ideally within 0-7 days. Depending on participant needs and local systems, programs may refer HIV+ individuals into existing case management services via active referral OR play a more active role in ensuring linkages to HIV medical care.
- f. **End HIV/STI Oregon Promotion & Support.**-Tribe is invited and encouraged to use any End HIV Oregon initiative materials, such as its messaging, logo or website address.
- g. **Continuing Education, Training and Partner/Systems Coordination.** Tribe is invited and encouraged to participate in community learning and ongoing training opportunities facilitated by OHA and its training contractor, Oregon AIDS Education and Training Center.
- (1) Staff with FTE funded through this Program Element are encouraged to complete OHA's HIV Prevention Essentials training available at:
<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPA>

- (2) Staff with FTE funded through this Program Element for Disease Intervention Services or related services are encouraged to complete HIV/STI Partner Services training or its equivalent prior to providing EISO Services. Training is available at: <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/SEXUALLYTRANSMITTEDDISEASE/Pages/trainings.aspx>
 - (3) Participate in EISO meetings, check in calls, case reviews or meetings with the OHA designated contact as needed. Most meetings are held remotely and non-identifiable EISO case information is shared.
 - (4) Participate at, or provide representation on, the End HIV/STI Oregon Statewide Planning Group.
 - (5) Participate in other training opportunities as needed or suggested by OHA.
 - (6) Attend relevant capacity building or related conferences. Examples include, but are not limited to, Oregon's Meaningful Care Conference, the HIV Continuum of Care Conference, and Oregon Epidemiologists' Meeting.
- h. HRSA funding has minimum activity and reporting requirements. All Tribes providing HIV EISO Services are asked to submit the following to OHA each year:**
- (1) An EISO staffing plan submitted with yearly budgets.
 - (2) An Outreach Services Work Plan, to include the following required elements:
 - (a) Priority populations for outreach services
 - (b) Specific methods for reaching priority population(s) and recruiting into services (e.g., use of social media, events, plans to engage community and public health partners)
 - (c) EISO service policies and procedures (e.g., for Outreach, HIV testing, making referrals, linking HIV positive people into care)
 - (d) A flow chart showing EISO services provided and referral pathways, including expected times for getting HIV positive and HIV negative people into services.
 - (e) A strategy map delineating key activities and how they connect to EISO Program goals
 - (f) Service goals/metrics for each priority population
- i. In addition to the requirements in this Program Element, all EISO Services supported in whole or in part with funds provided under this Agreement must comply with the following confidentiality and reporting requirements:**
- (1) If applies, Centers for Disease Control and Prevention. Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2011. <https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>
 - (2) HIV testing data entry is done in a format that is agreed upon by the Tribe and OHA.

- (3) Additional EISO data required by this funding shall be entered into Orpheus, Oregon's integrated electronic disease surveillance system, either directly by the Tribe(s) or by a local public health department. If done by local public health agencies, an Agreement defining roles and responsibilities is recommended to be in place. An EISO Orpheus Data Entry Guide will be provided by OHA to Tribe, as needed, to assist in accurate and consistent reporting. EISO data will be checked for quality twice yearly by OHA and will provide data back to the Tribe at the end of the second quarter and fourth quarter.

j. Acceptable use of financial awards for Tribal HIV EISO activities include:

- (1) Staffing and structure for programs addressing goals, objectives, strategies and activities described above.
- (2) Collaborative work with other agencies furthering Tribal HIV EISO work.
- (3) Advertising and promotion of activities for priority populations.
- (4) Travel costs.
- (5) Purchase and/or production of program materials.
- (6) Necessary office equipment and/or supplies to conduct EISO activities, excluding furniture unless approved by OHA.
- (7) Training and/or conferences for staff and/or supervisors that is relevant to the intervention and/or working with priority populations. This includes monitoring and evaluation trainings.
- (8) Paperwork, meetings, and preparation related to conducting programs.
- (9) Supervision, data collection and review and quality assurance activities.
- (10) Participation in planning, task force and other workgroups.

k. Tribal EISO funds shall not be used for:

STI or HIV tests or test kits or to pay cash to service clients, pay for PrEP or STI medications. If Tribe can justify funds are unable to be used, or other resources leveraged, for HIV tests, a Tribe can submit a request to use EISO funds for this purpose. This will require OHA approval.

EISO funds may not be used to pay for harm reduction supplies or services, such as Syringe Service Programs, syringes, cookers, cotton, or other drug paraphrenia. FTE must primarily be allocated to EISO primary/core activities but may be delivered in support of other prevention activities.

Funding is designed to enhance existing capacity to deliver and maintain HIV EISO services. Tribes are encouraged to leverage other monies available to support these activities. Funding is variable, so not able to be guaranteed.

- l. Tribal partnerships in the delivery of services.** Tribes are invited and encouraged to partner with local public health authorities or community based organizations for delivery of services and disease investigation.

5. General Requirements Applicable to Ryan White HIV/AIDS Program Services Funding.

a. Payor of Last Resort.

Funds may not be used to cover the costs for any item or service covered by other state, federal or private benefits or service programs and shall be used as dollars of last resort.

- b. **Allowable Services.** Ryan White Part B Services funded must be allowable per [HRSA Ryan White Part B and per the Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds Policy Clarification Notice \(PCN\) #16-02 \(Revised 10/22/2018\)](#).
- c. **Direct Cash Reimbursements to Clients are Prohibited.**
Funding may not be used to provide direct cash reimbursement to a person receiving services under this agreement.
- d. **Specified Services Funding Only.**
Funds may only be used for those serviced detailed in the approved budget unless otherwise approved by OHA.
- e. **Vehicle Purchase.**
Vehicle purchases by a Tribe using funding provided under this agreement are subject to 45 CFR 75.320. Equipment must be used for EISO services as long as needed. When no longer needed for EISO services OHA shall be notified. The vehicle may be used for other activities in the following order of priority:
 - (1) Allowable Ryan White Program activities.
 - (2) Activities allowable under Federal awards from other U.S. Department of Health & Human Services (HHS) awarding programs.
 - (3) Costs associated with use of the vehicle for non-EISO related activities shall not be charged under this agreement.
 - (4) The Tribe is considered the owner and is responsible for management requirements. At the end of this agreement, Tribe shall retain ownership to use, sell, and dispose of the vehicle per federal rule.
- f. **AIDS Drug Assistance Program Funding Priority.**
The OHA is required to ensure AIDS Drug Assistance Program (ADAP) services are available to eligible Oregonians. Funding availability for EISO is not guaranteed. OHA reserves the right to terminate this agreement with 90 days advance written notice to County, if OHA deems it necessary to ensure the stability of ADAP services.
- g. **Aggregate Administrative Costs NTE 10%.** Tribes may use up to 10% of the direct costs listed in the budget to cover costs of administrative services.

6. **General Revenue and Expense Reporting.** Tribe must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	July 31

7. **Reporting Requirements.**

- a. The following HRSA-required data elements must be collected for all clients receiving services: client first name, client last name, complete date of birth, gender, complete zip code, HIV status, and Residency. For purposes of this requirement, client self-reported residency

documentation is permissible.

- b. If a Tribe is conducting HIV testing, a report on HIV testing data must be submitted by Tribe twice yearly, along with demographic, service and clinical data. This information may be entered directly into Orpheus as referenced above in Section 4.i.(3) or in another format agreed upon with OHA with all demographic, service and clinical data fields entered will be completed within 30 days of the date of service. All annual HRSA required data to be entered into Orpheus and EvalWeb by February 1 for the prior calendar year.
- c. Tribes will submit interim and final reports on accomplishments and challenges for each quarter of the year, showing progress toward and completion of activities in their workplan. A report template will be mutually agreed upon by OHA and the Tribe.

8. Performance Measures.

EISO programs are designed to achieve the following performance goals:

- a. All people newly diagnosed with HIV linked to HIV medical care within 30 days, with a goal of being linked to care and starting antiretroviral therapy within 0-7 days.
- b. Initiate contact with all HIV+ individuals referred by OHA Surveillance within 72 hours of referral. Enroll clients in EIS Services or document reasons for non-enrollment.
- c. By March 30th, complete activities referenced in section 4.h..

9. Early Intervention Services and Outreach/Orpheus-Based Outcome Measures.

- a. HIV status and residency are HRSA-required data elements that must be collected for all clients receiving services. For purposes of this requirement, self-reported residency is allowed.
- b. The Tribe(s) or its partner will collect and enter the HRSA- required data elements into Orpheus on an ongoing basis in the EISO interface or develop a mutually agreed upon method for gathering and reporting this information to OHA. An EISO Orpheus Data Entry Guide to assist in correct and consistent reporting will be provided by OHA.

(1) For Persons with HIV /People with an HIV Positive Status:

- (a) HIV case interviewed
- (b) EISO enrolled
- (c) Contacts or partners named and tested for HIV
- (d) EISO services provided:
 - HIV Care
 - Other STI Testing
 - Health Education
 - Case Management
 - CAREAssist
 - Insurance

(2) For persons with syphilis, gonorrhea , or who are pregnant with syphilis at any state, and/or with an unknown HIV status:

- (a) STI case interviewed
- (b) Enrolled in EISO

- (c) Contacts/partners named and tested for HIV
- (3) For persons receiving EISO services:
 - (a) HIV Testing
 - (b) PrEP Referral
 - (c) Other STI Testing
 - (d) Health Education

10. Early Intervention Services and Outreach Close-Out Measures

Tribe must use the following criteria to close out a person from EISO services:

- a. A person with HIV – Newly Diagnosed or Out of Care: Documentation of EISO services offered and provided.
 - b. Persons with HIV with a new Syphilis or Gonorrhea Diagnosis, or Pregnant person with syphilis of any stage: Documentation of EISO services offered and provided and documentation of a visit for HIV medical care (defined as evidence of at least one HIV viral load laboratory test within a year of the new STD diagnosis).
 - c. Persons with unknown HIV status, a person with syphilis or rectal gonorrhea, or, Pregnant person with syphilis of any stage: Documentation of EISO services offered and provided and documentation of an HIV negative test within 30-days (plus or minus) of the syphilis or rectal gonorrhea report date.
 - d. Contacts/partners to the above person(s) listed in Section 9 above: Documentation of EISO services offered and provided and documentation of HIV status. HIV status is defined as either documentation of an HIV negative test within 30-days (plus or minus) of the initiation of the contact investigation or documentation of a visit for HIV medical care defined as evidence of at least one HIV viral load laboratory test within a year of the contact investigation.
- 11.** A person may be enrolled again in EISO if they present with a subsequent STI diagnosis, are a contact/partner to a new EISO enrollee, or have been determined to be out of HIV care by OHA HIV Surveillance.