## SCOPE OF WORK – Ending the HIV Epidemic: A Plan for America Use a separate Scope of Work for each proposed service category

<b>Contract Number:</b>	Leave Blank
Contractor:	Desert AIDS Project
Grant Period:	March 01, 2022 – February 28, 2023
Service Category:	Outpatient/Ambulatory Health Services
Service Goal:	To maintain and/or improve the health status of persons living with HIV/AIDS.

Service Health Outcomes: Link newly diagnosed HIV+ to medical care in 30 days or less; Improve retention in care (at least 1 medical visit within 90 days and each 6-month period); Engagement of ART and/or increase rate of ART adherence; Improve viral suppression rate.

	<b>SA1</b> West Riv	<b>SA2</b> Mid Riv	SA. East I	2 iv	<b>SA4</b> San B West	<b>SA5</b> San B East	<b>SA6</b> San B Desert	FY 22/23 TOTAL
Proposed Number of Clients			72				8	80
Proposed Number of Visits = Regardless of number of transactions or number of units			72				8	80
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)			144	1			16	160
PLANNED SERVICE DELIVERY AND IMPLEMENTATI Element #4: Receipt of ART Activities: 1. clinicians maintain open appointment = 2. EIS provides warm-hand off to clinician. 3. Clinicians reassess for readiness for rapid start AR 4. Clinicians provide ART prescription; dispense AR starter packs. 5. Data collection in patients' electronic health recor- surveys.	slots. T. T from stock	and/or	AREA 3,6	TIMELI 03/01/22 02/28/23	2- •	10 re-engaş 30 newly d	iagnosed receive	
Element #5: Viral Suppression Activities: 1. Clinicians provide orders for lab tests. 2. Review patients/clients EHR records for follow up 3. Track lab test results in patients' EHR.		s/clients.	3,6	03/01/22		<200 copie	engaging in care	ll obtain viral load test of will obtain viral load test o

## **SCOPE OF WORK – Ending the HIV Epidemic: A Plan for America** USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

<b>Contract Number:</b>	Leave Blank
Contractor:	Desert AIDS Project
Grant Period:	March 01, 2022 – February 28, 2023
Service Category:	Early Intervention Services
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. Decrease the time between acquisition of HIV and entry into care and decrease instances of out-of-care to facilitate access to medications, decrease transmission rates, and improve health outcomes
Service Health Outo	comes: Maintain 1% positivity rate or higher (targeted testing); Link newly diagnosed HIV+ to medical care in 30 days or less

Improve retention in care (at least 1 medical visit within 90 days and each 6-month period); Improve viral suppression rate.

		SA West		S <b>A2</b> id Riv	<b>SA3</b> East Riv	Sa	nB S		SA6 San B Desert	FY 22/23 TOTAL
Proposed Number of Clients					4,075				453	4,528
Proposed Number of V = Regardless of number of the number of units					4,075				453	4,528
Proposed Number of V = Transactions or 15 min energy (See Attachment P)					4,502				500	5,002
roup Name and escription nust be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expec Avg. At per Se	ttend. Le	ssion ength ours)	Sessions per Week	Group Duration		Outcome Measures
N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	

Page 1 of 2

## ATTACHMENT A1

			ATTACHWENTAT
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<ul> <li>Element #1: HIV Diagnosis.</li> <li>Activities: 1. Conduct HIV testing on-site.</li> <li>2. Deploy HIV testing mobile unit in Service Areas 3 &amp; 6 to venues accessible to target populations to include neighborhoods, homeless shelters, homeless encampments; community centers; substance use disorder recovery centers; and establishments catering to at-risk populations.</li> <li>3. Conducting advertising and promotion to targeted populations to make them aware of HIV testing services and HIV educational information digitally and in print tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status, homeless, substance use.</li> <li>4. Testing data collection. Client surveys. Testing outcomes assessments</li> </ul>	3,6	03/01/22- 02/28/23	<ul> <li>Administer 4,000 HIV tests.</li> <li>Identify 40 newly HIV positive people.</li> <li>Identify 40 re-engaging in care.</li> </ul>
<ul> <li>Element #2: Linkage to Care</li> <li>Activities: 1. EIS receives referrals from Testing Counselors.</li> <li>2. EIS meets with newly diagnosed and re-engaging in care, provides counseling about diagnosis; conducts needs assessment; determines insurance and medical assistance needs, provides benefits navigation and enrollment services; assess clients' readiness for rapid start ART; provide warm-hand off to DAP Central Registration for client intake; warm-hand off to clinician for same day appointments.</li> <li>3. Central Registration client intake services to include client eligibility and other sources of funding for services; schedules clinician appointment.</li> <li>4. Data collection</li> </ul>	3,6	03/01/22- 02/28/23	<ul> <li>Link 32 newly diagnosed and re-to care within 1-4 days.</li> <li>Link 15 re-engaging in care to care within 1-4 days.</li> <li>Link 101 newly diagnosed HIV+ and re-engaging to medical care in 30 days or less.</li> </ul>
<ul> <li>Element #3: Retention in Care</li> <li>Activities: 1. Track missed appointments and other indicators of poor treatment adherence such as behavioral health concerns in shared electronic health records (EHR)</li> <li>2. Communication with patients who miss appointments to include phone calls, home visits, contacting emergency contacts and assistance from patients' colleagues.</li> <li>3. Assess needs; identify and problem-solve barriers to care; treatment adherence counseling.</li> <li>4. Referrals to medical care, behavioral health, dental care, and support services to include housing placement assistance; grocery voucher and food distribution; medical transportation; job placement assistance; psychosocial support groups; client wellness services.</li> </ul>		03/01/22- 02/28/23	<ul> <li>37 newly diagnosed will complete a second medical visit within 90 days.</li> <li>105 re-engaging in care will complete a second medical visit within 90 days.</li> <li>38 newly diagnosed will complete a second medical visit within 6 months.</li> <li>110 re-engaging in care will complete a second medical visit within 6 months.</li> </ul>