# SCOPE OF WORK – MAI
### USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

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| **Contract Number:** | |
| **Contractor:** | Desert AIDS Project |
| **Grant & Period:** | Part A Contract March 1, 2019 – February 29, 2020 |
| | Part B Contract April 1, 2019 – March 31, 2020 |
| **Service Category:** | Early Intervention Services (MAI) |
| **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 Outcomes:** | If RW-funded testing: maintain 1.1% 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 in each 6-month period); Improve viral suppression rate. |

## BLACK / AFRICAN AMERICAN

| | SA1 West Riv | SA2 Mid Riv | SA3 East Riv | SA4 San B West | SA5 San B East | SA6 San B Desert | FY 19/20 TOTAL | FY 18/19 TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Number of Clients** | 1 | 3 | 15 | 0 | 2 | 0 | **21** | **21** |
| **Number of Visits** = Regardless of number of transactions or number of units | 9 | 12 | 67 | 0 | 2 | 0 | **90** | **90** |
| **Number of Units** = Transactions or 15 min encounters | 18 | 15 | 179 | 0 | 4 | 0 | **216** | **216** |

## HISPANIC / LATINO

| | SA1 West Riv | SA2 Mid Riv | SA3 East Riv | SA4 San B West | SA5 San B East | SA6 San B Desert | FY 19/20 TOTAL | FY 18/19 TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Number of Clients** | 4 | 3 | 92 | 0 | 9 | 2 | **110** | **110** |
| **Number of Visits** = Regardless of number of transactions or number of units | 7 | 19 | 479 | 0 | 12 | 2 | **519** | **519** |
| **Number of Units** = Transactions or 15 min encounters | 11 | 32 | 965 | 0 | 30 | 6 | **1044** | **1044** |

## TOTAL MAI  (sum of two tables above)

| | SA1 West Riv | SA2 Mid Riv | SA3 East Riv | SA4 San B West | SA5 San B East | SA6 San B Desert | FY 19/20 TOTAL | FY 18/19 TOTAL |
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| **Number of Clients** | 5 | 6 | 107 | 0 | 11 | 2 | **131** | 131 |
| **Number of Visits**<br>= Regardless of number of transactions or number of units | 16 | 31 | 546 | 0 | 14 | 2 | **609** | 609 |
| **Number of Units**<br>= Transactions or 15 min encounters | 29 | 47 | 1144 | 0 | 34 | 6 | **1260** | 1260 |

| **Briefly explain any significant changes in service delivery between the two fiscal years:** |
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| N/A.  Desert AIDS Project (DAP) is committed to providing quality program and service delivery to community consumers. |

| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES: | SERVICE AREA | TIMELINE | PROCESS OUTCOMES |
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| **Element #1:**  Identify/locate HIV+ unware and HIV+ that have fallen out of care;<br>**Element #4:**  Coordination with local HIV prevention programs;<br>**Element #9:**  Utilize the "Bridge" model to reconnect those that have fallen out of care; and<br>**Element #10:**  Establish and maintain formal linkages with traditional (prisons, homeless shelters, treatment centers, etc.) AND non-traditional (faith-based organizations, community centers, hospitals, etc.) entry points.<br>**Activities:**  Employing educated staff who are offered training to remain informed about epidemiology and target populations trends revealing characteristics of high risk individuals so that efforts to identify/locate | All | 03/01/19-02/29/20 | • Resumes of staff and staff training records.<br>• Advertising/Promotion collateral.<br>• No-Show reports and other functions of the EMR.<br>• Case Conference logs.<br>• MOU/Letters of Support/Contracts/Agreements with County of Riverside and State of California.<br>• List of active EIS partners showing mix of traditional and non-traditional sites and schedule of partner activities (e.g. hosting our team to conduct regular testing and education, coordinating services with our mobile testing van, etc.). |

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| can be focused; Conducting advertising and promotion to those groups to make them aware of services;  Tracking missed appointments and other indicators of poor treatment adherence such as declining mental health in shared electronic medical records (EMR) so that reports can be generated of those who have fallen out of care and case manager can be aware of those at high risk; Case Conferencing; Establishing regular contact with local HIV prevention programs to avoid duplication of services, coordinating training opportunities, linking clients to partner counseling and referral services, implementing data-to-care efforts and conducting mandated disease reporting; Training new staff and updating current staff on The Bridge and similar interventions that can be adapted to our service area; and Employing Community Partner Liaison to support EIS team and Leadership Team to maintain relationships with diverse group of both traditional and non-traditional collaborating partners who can provide access to high risk populations. | | | • Service deliveries in ARIES and documentation in EIS Logs and electronic databases.<br>• Progress notes in ARIES.<br>• EIS Enrollment Forms and Counseling Information Forms.<br>• EIS logs showing documentation, when available, of the profile of individuals served as evidence of targeting efforts at high risk populations. |
| **Element #2:**  Provide testing services and/or refer high-risk unaware to testing; and<br>**Element #6:**  Provide education/information regarding availability of testing and HIV care services to HIV+, those at-risk, those affected by HIV, and caregivers.  Activities that are exclusively HIV prevention education are prohibited.<br>**Activities:**  Conducting HIV testing on-site, at stationary sites throughout the community, via mobile testing unit and at special events; Delivering education/information in conjunction with testing tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status, addiction history, etc.; Maintaining partnership with on-site laboratory for confirmatory testing; Hosting State of California HIV testing training program for certification of new test counselors; Recruiting and retaining volunteer test counselors; and Maintaining walk-in STD Clinic on-site at D.A.P. | All | 03/01/19-02/29/20 | • EIS logs and Counseling Information Forms.<br>• Records showing positivity rate of 1.1% or higher for targeted testing.<br>• EIS Schedule showing education sessions utilizing Ryan White Part A funds were accompanied by testing.<br>• List of partners welcoming D.A.P. to provide testing and education services to the populations they serve.<br>• Lease with LabCorp and evidence of interface between EMR and LabCorp.<br>• Staff training logs.<br>• Volunteer files.<br>• Record of testing services provide through The Dock. |
| **Element #3:**  One-on-one, in-depth encounters;<br>**Element #5:**  Identify and problem-solve barriers to care;<br>**Element #7:**  Referrals to testing, medical care, and support services;<br>**Element #8:**  Follow-up activities to ensure linkage;<br>**Element #11:**  Utilize standardized, required documentation to record encounters, progress; and<br>**Element #12:**  Maintain up-to-date, quantifiable data to accommodate reporting and evaluation.<br>**Activities:**  Through one-on-one sessions, working collaboratively with the client to identify greatest barriers that if addressed will expedite linkage to medical care (e.g. insurance status, income, transportation, fear and concern, etc.); Case Conferencing; Co-locating medical clinic, dental | All | 03/01/19-02/29/20 | • EIS data showing rate of linkage to medical within 30 days.<br>• Past and present medical appointment history and most recent lab results in on-site EMR or in ARIES.<br>• EIS Enrollment Forms.<br>• Needs assessments as appropriate documented in ARIES or client chart.<br>• Case Conference logs.<br>• Referrals and outcomes recorded in ARIES.<br>• Progress notes in ARIES documenting encounters as well as reduced incidence of falling out of care after EIS discharge. |

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| clinic, behavioral health, home health programs and other social services such as housing, food assistance and case management; Ensuring shared medical records review health indicators to include medical visits and viral load; Maintaining network of community clinic referral options to ensure client can link to care at most convenient and preferred provider; Documenting follow-up efforts such as phone calls, emails, social media connections, in-person sessions, mail or communication with collaborating partners per client consent; Adhering to using Inland Empire HIV Planning Council and local Ryan White Program published Standards of Care and EIS policies, procedures and forms; and Maintaining Ryan White Program-approved spreadsheets and support ongoing data entry in electronic databases. | | | • Functions of Quickbase and EpicCare customized to record required data and generate reports. |
| **Element #13:** N/A | | | |
| **Element #14:** Services are provided based on Cultural and Linguistic (C&L) Competency Standards.<br>**Activities:** Enroll staff in annual C&L Competency training; Provide care compatible with client culture, health beliefs, practices, preferred language and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retain additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish. | All | 03/01/19-02/29/20 | • Staff development documentation and personnel files.<br>• Client Satisfaction Survey results.<br>• Staff race/ethnicity/gender/sexual orientation survey results.<br>• C&L Competency Plan and All-Staff Meeting agenda.<br>• C&L Competency Self-Assessment and plan to address deficiencies.<br>• Race, ethnicity and language proficiency recorded in ARIES.<br>• Staff language proficiency survey results.<br>• "Interpreter Needed" alert in EMR as well as accounting of payment to interpretive service vendors.<br>• Spanish versions of most common forms and signage. |