Program Element #73: HIV Early Intervention Services and Outreach

OHA Program Responsible for Program Element:

Public Health Division/Center for Public Health Practice/HIV, STD and TB 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 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) 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 beyond the current allocation. 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 and state 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. As a coordinated system of public health, OHA will share information with local public health on directly funded contracts with community-based organizations and other entities which receive HIV/STI, harm reduction and sexual health funding from the HST program and other OHA programs.

   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 program element directly addresses the four End HIV Oregon priority areas (Testing, Prevention, Treatment, and Responding to End Inequities). (See https://www.endhivoregon.org).

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

2. **Definitions Specific to 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 local public 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. **Not-in-Care:** Describes a person living with HIV who has never been linked to HIV medical care or was previously in HIV medical care but has not attended an HIV medical care appointment in a specified period of time (out of care).

f. **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.

g. **PLWH:** People living with the human immunodeficiency virus or HIV.

h. **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)

i. **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 at least one priority population—people with STI. LPHAs should add additional populations based on local epidemiology.

j. **PWID:** Persons who inject drugs.

k. **STI:** Sexually Transmitted Infections, such as Syphilis and Gonorrhea. This term may be be used synonymously with STDs or Sexually Transmitted Diseases.

l. **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 that the LPHA has 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						
	CD Control	Prevention and Health Promotion	Environmental Health	Population Health	Direct Services / Access to Clinical Preventive Services	Leadership and Organizational Competencies	Health Equity and Cultural Responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy and Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component *X = Other applicable foundational programs*						*X = Foundational capabilities that align with each component*						
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, LPHA agrees to conduct activities in accordance with the following requirements:

a. Engage in activities as described in its local program plan, which has been approved by and is on file with 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 Ryan White Part B. Modification to the local program budget may only be made with OHA approval. Approved local program budget is on file with OHA.

(1) 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." A primary goal for End HIV Oregon is to identify people who do not know their HIV status, as this group is at highest risk of transmitting HIV and most in need of rapid access to medical care, treatment and supportive services. 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. Priority populations for Oregon are designated in the End HIV/STI Oregon Strategy, 2022-2026; Programs 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 local public health clinic environments (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 County, as described in an EISO workplan.

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

(a) Integrated HIV/STI testing: Ensures HIV and/or STI testing be integrated of 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.

(b) 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. Highest priority populations for EISO-funded partner services are:

(1).b.1 People newly diagnosed with HIV.
(1).b.2 Pregnant people with syphilis of any stage.
(1).b.3 People with early syphilis.
(1).b.4 People with rectal gonorrhea.
(1).b.5 People with known HIV infection with a new early syphilis, rectal gonorrhea diagnosis, or are pregnant with syphilis of any stage.

(c) **Follow-up of PLWH Not-in-Care:** Connects previously diagnosed people with HIV who are out of care into medical care and treatment thereby improving individual health outcomes and reducing transmissibility of HIV. Program may work with local case management systems to reconnect PLWH to medical services who have never been in care or who have fallen out of care.

(d) **Recruitment to services:** Services shall be focused on priority populations, specifically individuals identified at increased vulnerability for HIV, and delivered in accordance with local 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. Services shall reach and be made available to individuals in the LPHA service area, unless otherwise specified (e.g. if priority populations can be best reached in a particular geographic region or through specific, limited methods). LPHAs will delineate one or more specific priority population to focus Outreach Services.

(e) **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.

(f) **Outreach testing:** Ensures testing of priority populations engaged through Outreach Services by leveraging or referring to existing HIV/STI testing.

(g) **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 Ryan White HIV/AIDS Programs, such as to HIV case management services or the local EISO Program, during their appointment. 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.

(2) Early Intervention Services. LPHA's HIV EISO Programs must include the following minimum components:

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. EIS is designed to ensure that all people newly diagnosed with HIV in Oregon are linked to HIV medical care within 30 days, with a goal of being linked to care and starting antiretroviral therapy within seven days, preferably immediately. EIS is particularly important for newly diagnosed people who need extra help getting linked to,

and retained in, HIV medical care, case management, and other services provided by the Ryan White HIV/AIDS Program. A combination of locally-defined methods (e.g., referral networks, community partnerships), systems (e.g., priority appointments for newly diagnosed), and staffing arrangements (e.g., peer navigators, community health workers) should be developed or leveraged to ensure the ability to prioritize service to a person with HIV when newly diagnosed.

HIV Early Intervention Services are for individuals with a documented HIV-positive status and Oregon residency. EIS activities include:

(a) **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.

(b) **Initial contact & enrollment:** 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) **Assessment and referral:** Assesses client 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, medical care, food assistance programs, housing support, behavioral health services, syringe exchange, transportation, STI testing, etc.

(d) **Health literacy/education:** Provides comprehensive HIV education, including information about harm reduction, HIV service navigation, HIV Treatment as Prevention, and U=U.

(e) **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 client needs and local systems, programs may refer HIV+ individuals into existing case management services via active referral <u>OR</u> may play a more active role in ensuring linkage to HIV medical care.

(3) End HIV/STI Oregon Promotion & Support. Support and promote the Oregon Health Authority End HIV/STI Oregon initiative. Required activities include:

(a) Display the End HIV Oregon logo and website link on LPHA website (on pages related to EISO Services).

(b) Provide LPHA logo for inclusion on End HIV Oregon website.

(c) Ensure that any promotional materials developed, related to EISO services and funded by this agreement, includes information about the End HIV Oregon initiative, including the logo and website address.

(d) Actively use the End HIV Oregon Ambassador Kit to promote End HIV Oregon messaging.

(4) Continuing Education, Training and Partner/Systems Coordination. Participate in community learning and ongoing training opportunities facilitated by OHA and its training contractor, Oregon AIDS Education and Training Center.

(a) Staff with FTE funded through this Program Element shall complete OHA's HIV

Prevention Essentials training prior to providing EISO Services. Training is available at:
https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVPREVENTION/Pages/Trainings.aspx

(b) Staff with FTE funded through this Program Element for Disease Intervention Services shall complete HIV/STI Partner Services training or its equivalent prior to providing EISO Services. Training is available at:
https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/SEXUALLYTRANSMITTEDDISEASE/Pages/trainings.aspx

(c) Participate in quarterly EISO meetings convened by OHA.

(d) Participate in monthly EISO check-in calls or meetings with the OHA-designated contact.

(e) Attendance by one or more EISO program staff at the End HIV/STI Oregon Statewide Planning Group meetings, convened virtually three to five times/year.

(f) Participate in other training opportunities as requested by OHA.

(g) Participate in quarterly EISO case reviews convened virtually. Presentation of non-identifiable EISO Services cases are shared and discussed.

(h) Attendance at one additional conference by at least two staff. Suggested conferences include Oregon's Meaningful Care Conference, the HIV Continuum of Care Conference, and Oregon Epidemiologists' Meeting.

(5) HRSA funding has minimum activity and reporting requirements. In addition to the activities and requirements listed above, all providers of HIV EISO Services are required to submit the following each year:

(a) A staffing plan and organizational chart submitted with yearly budgets

(b) Mid-Year Progress Report and Annual Progress Report.

(c) An Outreach Services Work Plan, to include the following required elements:

(5).c.1 Priority populations for outreach services

(5).c.2 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)

(5).c.3 Policies and standard operating procedures (e.g., for HIV testing, referrals, PrEP navigation, and retention/follow-up with HIV-negative clients, linkage to Ryan White HIV/AIDS Program Services for HIV-positive clients)

(5).c.4 A process map/flow chart detailing service and referral pathways, including expected times for getting HIV positive and HIV negative clients into services.

(5).c.5 A strategy map delineating key activities and how they connect to EISO Program goals

(5).c.6 Service goals/metrics for each priority population

(6) 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:

(a) 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

(b) All HIV testing data is entered directly by providers into Evaluation Web, the CDC's database system for HIV testing, or through a pre-approved data export process. Evaluation Web is accessed using two-factor authentication through the CDC Secure Access Management System (SAMS). Providers needing access to SAMS for data entry into Evaluation Web must first request access through OHA.

(c) All EISO data shall be entered into Orpheus, Oregon's integrated electronic disease surveillance system, on an ongoing basis in the EISO interface. An EISO Orpheus Data Entry Guide to assist in correct and consistent reporting will be provided by OHA. All providers of EISO will participate in twice yearly EISO data cleaning and participate in annual evaluation of data. OHA will provide data elements at end of second quarter and end of fourth quarter.

(d) Establish and comply with a written policy and procedure regarding a breach of the confidentiality requirements of this Program Element. Such policy must describe the consequences to any employee, volunteer or subcontractor for a verified breach of the confidentiality requirements as outlined in this Program Element.

(e) Report to the OHA the nature of confirmed breaches by staff, including volunteers and subcontractors, of the confidentiality requirements of this Program Element within 14 days from the date the breach was confirmed.

(7) Acceptable use of financial awards for HIV EISO activities include:

(a) Staffing and structure for programs addressing goals, objectives, strategies and activities described above.

(b) Collaborative work with other agencies furthering HIV EISO work.

(c) Advertising and promotion of activities for priority populations.

(d) Travel costs.

(e) Purchase and/or production of program materials.

(f) Necessary office equipment and/or supplies to conduct EISO activities, excluding furniture unless approved by OHA.

(g) 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.

(h) Documentation, meetings, and preparation related to conducting programs.

(i) Supervision, data collection and review and quality assurance activities.

(j) Participation in planning, task force and other workgroups.

EISO funds shall not be used to pay for actual HIV tests or test kits; PE7 funding allows for HIV tests and test kits and should be used for this purpose. EISO funds are intended as a

resource of last resort; if an LPHA can justify why PE7 funds are unable to be used, or other resources leveraged, for HIV tests, LPHAs can submit a request to use EISO funds for this purpose. This will require OHA approval.

EISO funds may not be used for STI tests or STI test kits or to pay cash to service clients, pay for PrEP or STI medications. 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.

Due to the variability of these funds, LPHAs are encouraged to leverage Ryan White Part A and B monies, as well as insurance and other reimbursement to pay for and support sustainable EISO Services.

(8) Subcontracted Services. LPHAs may use all or some of HIV EISO funding to subcontract with other LPHAs or community-based organizations for delivery of services. LPHA must ensure each Subcontractor adheres to the standards, minimum requirements and reporting responsibilities outlined in this Program Element. LPHA must ensure each Subcontractor:

(a) Completes an OHA approved planning/reporting document.

(b) Submits fiscal and monitoring data in a timely manner.

(c) Meets the standards outlined in this Program Element.

(d) Submits a strategy map delineating key activities and how they connect to EISO Program goals.

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 LPHA 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 HHS awarding agencies.

Costs associated with use of the vehicle for non-EISO related activities shall not be charged under this agreement.

The LPHA is considered the owner and is responsible for management requirements. At the end of this agreement, LPHA 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%.** Contractor 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.** LPHA 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	August 20

a.   Each quarter, OHA will review LPHA expenditures to ensure allocated funds are maximized and used appropriately.

(**1**) If 50 percent of funds are not spent by annually December 31, OHA and LPHA will meet to discuss barriers as well as ideas and plans for spending and use of these monies.

(**2**) If 75 percent of funds are not spent by annually April 30, LPHA will propose a formal action plan to OHA for use of unspent monies no later than May 15. This action plan may include a proposal to use unspent funds for a time limited, special project.

b.   OHA must approve LPHA proposals on use of unspent funds when funds are underspent pursuant to 6aii.

c.   If agreement on approved action plan is not achieved between LPHA and OHA, action plan implementation does not result in timely use of underspent funds, or LPHA continues to underspend funds, OHA may reallocate any unspent EISO monies on allowable statewide special projects throughout the funding cycle.

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. LPHA and Subcontractors must enter data into the Orpheus and Evaluation Web as referenced above (in Section 4 d.6 b. and c) all demographic, service and clinical data fields within 30 days of the date of service. All annual HRSA required data must be entered into Orpheus and Evaluation Web by February 1 for the prior calendar year. If these reporting timelines are not met, OHA HIV EISO Program staff will work with the LPHA or Subcontractor to establish and implement a corrective action plan.

c. Mid-Year Progress Report (due January 31) and Annual Progress Report (due July 31) each year starting 2023.

d. LPHA must provide Quarterly Fiscal Expenditure reports on the amount and percentage of funds used for each HIV EISO activity identified in the work plan. This report in accordance with the General Revenue and Expenditure Report timeline above.

8. **Performance Measures.**

a. LPHA must operate its program in a manner designed to achieve the following performance goals:

(1) 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 seven days.

(2) 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.

(3) By March 30, complete activities referenced in section 4 (5).

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, client self-reported residency documentation is permissible.

b. Program shall enter the following data elements into Orpheus on an ongoing basis in the EISO interface. An EISO Orpheus Data Entry Guide to assist in correct and consistent reporting will be provided by OHA.

c. **For Persons with HIV/People with an HIV Positive Status**

(1) HIV case interviewed

(2) EISO enrolled

(3) Contacts or partners named and tested for HIV

(4) EISO services provided:

> **4a** HIV Care
> **4b** Other STI Testing
> **4c** Health Education
> **4d** Case Management
> **4e** CAREAssist
> **4f** Insurance

(5) Persons with syphilis, gonorrhea , or who are pregnant with syphilis at any state, and/or with an unknown HIV status

(**6**) Persons with syphilis, gonorrhea, or who are pregnant with syphilis at any stage case interviewed

(**7**) Contacts/partners named and tested for HIV

(**8**) Case enrolled in EISO

(**9**) EISO services provided:

> **9a** HIV Testing
> **9b** PrEP Referral
> **9c** Other STI Testing
> **9d** Health Education

d. **Early Intervention Services and Outreach Close-Out Measures**

Use the following criteria to close out a person from EISO services:

(**1**) HIV positive clients – Newly Diagnosed or Out of Care: Documentation of EISO services offered and provided.

(**2**) 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).

(**3**) 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.

(**4**) Contacts/partners to the above clients: Documentation of EISO services offered and provided and documentation of HIV status of contact. 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.

(**5**) A client may be enrolled again in EISO if they present with a subsequent STI diagnosis, are a contact to a new EISO case, or have been determined to be out of HIV care by OHA HIV Surveillance.