



Early Intervention Services

2012 Service Area Review Summary

HRSA Core Medical Service

Essential Service—Continuum of Care

Comprehensive Plan—YES

Early Intervention Services - Defined as a mix of services limited to 1) targeted testing and counseling of individuals with respect to HIV/AIDS (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); 2) linkages with key points of entry that facilitate follow-up; 3) referral services providing care, and 4) health education and literacy training enabling clients to navigate the HIV system of care. **NOTE:** All 4 program components must be present for a program to be considered an early intervention services program.

There is currently 1 contract with metro providers and 1 contract with greater MN providers to serve 47 and 5 clients respectively.

DATA SUMMARY HIGHLIGHTS

This service area was previously prioritized as a service activity within the Outpatient/Ambulatory Medical Care Service Area and was first prioritized in the 2011-2012 prioritization cycle. Likewise, the decision to separate this service activity into its own separate service area was made after the web-based needs assessment was launched which did not ask consumers to prioritize Early Intervention Services because the nature of the services does not typically allow consumers to know who funded the services or when such services begin and end as compared to primary medical care.

The 2009 reauthorization of the Ryan White CARE Act (the Ryan White HIV/AIDS Treatment Extension Act of 2009) requires Part A grantees and the Planning Council to develop a plan to reach persons who are unaware of their HIV-positive status and get them into care. Early Intervention Services is one of the few service areas that will allow for the types of activities to find those who are unaware of their HIV status, test them, and get them into care if they are positive.

In the Path to Care Study, 12% of the 63 respondents reported that it was “a year or longer” between their initial diagnosis and when they first sought HIV medical care.

The metro provider conducting Early Intervention Services is conducting a pilot project to identify, test, and efficiently link individuals to care with the emphasis around enhanced targeted outreach and the elimination of barriers to accessing treatment. The first strategy involves scaled up targeted testing for young gay/bi men and incarcerated individuals at County corrections and work houses. The second approach is improving testing by providing CTR training to Healthcare for the Homeless staff and increasing routine testing. The number of HIV tests provided by Healthcare for the Homeless increased from 258 in 2010 to 582 in 2011. This effort led to two confirmed positive test results. According to MDH, finding 1 positive individual with 1,000 tests is considered a programmatic success. Costs of late diagnosis and life-time treatment and evidence-based research showing individuals in care are less likely to transmit HIV are factors in this evaluation of success. The third method involves reciprocal agreements with HIV clinics to “fast track” clients into care. The objective is early treatment of HIV to improve health outcomes for patients and reduce transmission rates and community viral loads. Eighteen out of 20 newly diagnosed patients accepted the fast track and 85% of newly diagnosed individuals made their second appointment. This is an increase from the previous year’s 45%.

CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
12 out of 26 service areas	Not ranked by consumers in 2010

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011	\$42,000	0%		
2010	\$42,000	11%	\$33,961	81%
2009	\$37,700	41%	\$29,959	79%

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010	56	<1% (n=6,814)	1% (n=4,131)
2009	45	<1% (n=6,552)	1% (n=3,700)
2008	37	<1% (n=6,221)	<1% (n=4,713)

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=518)		
Accessed Service in last 12 Months - n=118 - 23%	Did NOT Access Service in last 12 months - n=400 or 77%	
	Did not Need service n=393	Needed service, but unable to access n=7
	98%	2%



Service Area Review Summary—Legend

The HRSA definition for the service area/activity is listed in this box. The Planning and Priorities Committee reviews and revises these definitions every two years to reflect the HRSA definition and the current local practice.

This box indicates whether the service area is a **core medical** or **support** service on HRSA list of allowable services

HRSA Support Service

Essential Care Service—
Continuum of Care

Comprehensive Plan—
YES

This box indicates the number of metro and Greater MN contracts for FY 2011 and the number of clients to be served by those contracts. The number of contract reflects the funding source (Part A, Part B or both and not the number of agencies providing this service.

This box indicates the type of service as described in the Continuum of Prevention and Care Services.

This box indicates whether or not the service area is a part of a goal or activity within the current Strategic Plan.

DATA SUMMARY HIGHLIGHTS

Data Summary Highlights are drafted by the Needs Assessment & Evaluation Committee and are derived from various reports including the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, the Path to Care Study, the Study of Oral and Behavioral Health Services, the 2006 Brief Assessment of Client Need, the 2010 Minnesota Dept. of Health HIV Surveillance Report, Utilization Data, and other reports.

Data in this table is from the Planning Council Allocations tables.

Data in this table is from the Client Level Data Reporting System maintained by the Minnesota Department of

Data in this table is from the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease. The number of respondents varies based on the question.

CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
Ranking from 2010 Prioritization	Ranking from 2010 Needs Assessment

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011				
2012				
2009				

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010			
2009			
2008			

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=)		
Accessed Service in last 12 months - n=XXX - XX%	Did NOT Access Service in last 12 months - n=XXX or XX%	
	Did not Need service n=XXX	Needed service, but unable to access n=XX
	XX%	XX%