

	Approved By: <u>Manuel J. Jimenez, Jr.</u> <small>(signature)</small> Manuel J. Jimenez, Jr., MA, MFT, Behavioral Health Care Services Director Date: <u>6/30/14</u>
POLICY: HIV Early Intervention Services for Clients with Substance Use Disorders AUTHOR: Tracy Hazelton, MPH, Prevention Coordinator Reviewed by Executive Committee and recommended for approval by BHCS Director: Date <u>6/30/14</u> initials <u>[initials]</u>	Date Revised: _____ Policy No.: _____

POLICY: HIV Early Intervention Services for Clients with Substance Use Disorders

It is the policy of Alameda County Behavioral Health Care Services (ACBHCS) that all clients receiving treatment for a substance use disorder (SUD) from an ACBHCS-contracted agency will be provided access to HIV/AIDS Early Intervention Services (EIS), including: counseling, education, and testing, as well as referrals and access to health care services for those who have tested positive for HIV or AIDS.


In addition, it is the policy of ACBHCS to provide outreach and intervention to substance users deemed at high risk for infection by the HIV virus, and provides education, counseling and resources to minimize their chances of becoming infected. ACBHCS meets this policy goal by contracting with various community-based organizations (CBOs) to provide a range of outreach, intervention, counseling, education, testing and other services to high-risk groups.

Special emphasis is placed on adolescents and transition-aged youth who are at extremely high risk to contract HIV or AIDS, by virtue of their engagement in high-risk behaviors associated with their recreational use of alcohol and other drugs (AOD) and their current lack of readiness to enter treatment and/or recovery.

PROCEDURE:

1. ACBHCS contracts with several CBOs who provide comprehensive HIV/AIDS EIS: as of fiscal year 2013/14, these CBOs are: East Bay Community Recovery Project; Bay Area Consortium for Quality Health Care; and Alameda County Department of Public Health.
2. ACBHCS assures that those CBOs providing HIV/AIDS EIS are kept current on the full range of community resources available to those who are HIV positive, have contracted AIDS, or who are high-risk for infection. The ACBHCS Prevention Coordinator and her staff facilitate quarterly information-sharing meetings, host relevant trainings, distribute information about these community resources, and provide needed training and technical assistance to the HIV/AIDS EIS providers on various aspects of EIS.
3. The ACBHCS Prevention staff establish and maintain HIV/AIDS EIS provider reporting requirements, including: other organizations referred to; specific follow-up measures to assure appropriate linkage between clients and needed services; and public transportation needs of clients and the resources available to assist them in gaining access to needed services.
4. The ACBHCS Network Office staff are responsible for contract development, negotiations and compliance. In this capacity, they monitor compliance with all provisions of the HIV/AIDS EIS contracts through an annual audit and site visit of each provider, using a standardized monitoring tool that captures evidence of compliance with all aspects of the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and other funding and regulatory requirements. This monitoring tool captures each provider's compliance in reporting the items listed in #3, above.

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5. The ACBHCS Prevention staff support that auditing/site visit function by Network Office staff by providing to them the quarterly reporting data described in #3, above, and by consulting with Network Office staff on individual provider contract performance issues.
6. On an annual basis, the ACBHCS Prevention staff and Network Office staff work together to review data collection requirements, contract elements and make revisions as may be necessitated by changes in County, State or Federal policy.
7. As needed and at quarterly meetings, the ACBHCS Prevention staff meet with individual providers to review their overall performance, provide technical assistance and/or access to other training/TA resources, to discuss reporting requirements and data collection, and to review the efficacy of services as they relate to the needs of the target populations.