

Field Report HIV Early Intervention Services (EIS)

Part I: Activity Log (Revised 3/28/2010)

Center Name _____ City/Town _____

Submitted by _____ Phone _____

Cell Phone _____

Check Quarter: First July 1 – September 30 Year _____ *Due October 15*
 Second October 1 – December 31 Year _____ *Due January 15*
 Third January 1 – March 31 Year _____ *Due April 15*
 Fourth April 1 – June 30 Year _____ *Due July 15*

Number of consumers who agreed to the OraSure test	
Of those who took the OraSure test, how many received Post Test Counseling?	
No. of HIV positive test results from OraSure testing (<i>do not count rapid confirmatory tests</i>)	
Number of consumers who agreed to the Rapid HIV Test	
Of those who took the rapid test, how many received Post Test Counseling?	
How many had a preliminary positive result?	
No. of preliminary positive results that were confirmed (count here - not under OraSure)	
Number of consumers who agreed to a Blood Drawn HIV Test	
Of those who took blood drawn test, how many received Post Test Counseling?	
Number of HIV positive test results from blood drawn testing	
Total number of consumers that you have newly diagnosed HIV-positive this quarter.*	
Number of self-identified HIV-positive consumers you worked with this quarter.*	
Total number of HIV-positive consumers served this quarter.	
Number of new positives that you referred to services	
Number of self-identified HIV-positive consumers that you linked to services	
Number of HIV Test Report Forms (aka bubble sheets) sent to Judi Duffy	

*** Fill out the confidential form *HIV-positive Consumer Served Today (one time only)* for each HIV-positive consumer that you serve.**

For a copy, email Winona@ImagineHope.com.

Send report to Katherine Bever by fax 404-704-0699 or email alphabever@mindspring.com

Opioid Tx Providers, please copy Ali McCorkle by fax 706-552-0608

QUESTIONS?

Call Imagine Hope President Marie Sutton at 404-874-4040 or Vice President Winona Holloway at 678-752-9571.

Part II: Narrative

The one thing you *must* report every quarter is your interaction with HIV+ consumers.
Please fill out one confidential *HIV-Positive Consumer Served Today* form for each HIV+ consumer that you serve, preferably the first time you serve them.
For a copy of the form, email Winona@ImagineHope.com.

The numbers you provided on page one do not tell the whole story.
Here are some topics that may give you ideas about how to describe your program:

If you're testing less than 40% of the consumers entering your facility, talk about why.

If you're testing *over* 40% of the consumers who enter your facility, talk about how.

If you're post-test counseling less than 100% of those who test, please explain.

Describe any difficulties or successes this quarter – please be detailed, give examples.

If you are not identifying HIV-positive consumers, what plans do you have to reach those at higher risk?

In what ways does the staff at your organization support your efforts?

What kind of HIV training do you provide to staff members?

Describe the network you have established for referral of consumers who test positive.

Talk about how you collaborate - and with whom - to leverage your HIV prevention efforts.

Discuss changes, if any, you made this quarter and why.

NOTE: Be sure to follow up on those changes in your next report.

Send report to Katherine Bever by fax 404-704-0699 or email alphabeaver@mindspring.com

Opioid Treatment Providers, please also copy Ali McCorkle by fax 706-552-0608