

Field Report HIV Early Intervention Services (EIS)

Part I: Activity Log (Revised 10/18/2008)

Center Name _____ City/Town _____

CSB/Organization (if different from Center name) _____

Submitted by _____ 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*

Total number of consumers who received Pre Test Counseling after they agreed to the test	
Number of consumers offered OraSure	
Of those who were offered OraSure, how many were tested?	
Of those who took the OraSure test, how many received Post Test Counseling?	
Number of HIV positive test results from OraSure testing	
Number of consumers offered Rapid HIV Testing	
Of those who were offered Rapid testing, how many were tested?	
Of those who took the Rapid test, how many received Post Test Counseling?	
Number of HIV positive test results from Rapid Testing	
Number of consumers offered Blood Drawn Test	
Of those who were offered blood drawn testing, how many were tested?	
Of those who took blood drawn test, how many received Post Test Counseling?	
Number of HIV positive test results from Blood Drawn Testing	
<i>Total</i> Number of consumers newly diagnosed HIV-positive.	
Number of self-identified HIV-positive new admissions this quarter.	
<i>Total</i> number of HIV-positive consumers served this quarter.	
No. of positives that you linked to services (please explain in narrative – next page).	
Number of HIV Test Report Forms sent to Judi Duffy	

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 Program Manager, Marie Sutton at 404-874-4040 or Program Specialist, Winona Holloway at 678-752-9571.

Part II: Narrative

The numbers you provided on page one do not tell the whole story.
We are also interested in *why* your numbers are the way they are.

You are *not* required to answer any particular question each quarter – with one exception.
The one thing you *must* report on every quarter is your interaction with HIV+ consumers.

Otherwise, just tell us what's new or talk about what's important to you.
Below are some questions that may help.

Explain in detail how you responded to each HIV+ consumer this quarter, whether self-identified positive or newly diagnosed. What services did you link them to? If you did *not* link them to services, please explain why not. This is the only mandatory question.

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 – in detail.

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.

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