

**Department of State Health Services (DSHS)
HIV/STD Comprehensive Services Branch**

Prevention Services Review Tool

Date of Visit:

Contractor			
Location			
Period of Contract			
Contract Number			
Name of Contact/Title			
Regional HIV Coordinator			
Field Operations Consultant			
Program Staff Present			
DSHS Prevention Funded Staff	Name	Title	FTE
Scopes of Work		Priority Populations	
Protocol-Based Counseling (PBC)			
Comprehensive Risk Counseling Services (CRCS)			
Evidence Based Interventions (EBI)			

Part One: General Administration

Indicate if program has met identified requirements using the following ratings:

M=Met PM=Partially Met NM=Not Met NE= Not Evaluated NA=Not Applicable

I. Administrative Activities

A. Program Management	
1.	There is evidence (e.g., quarterly reports, correspondence, TA reports, etc.) that the program has identified and addressed barriers/challenges experienced by clients and staff.
2.	There is documentation that the program staff meets at minimum monthly to address core elements, program objectives, workplans, and progress reports.
3.	The program has the following written policies and procedures available for review: (overall rating)
a.	Collection and submission of EBI, PBC, and PCM/CRCS data to include intra-agency methods and timely data entry into DSHS systems (e.g., RECN for PBC; EBI logs for EBI, etc.)
b.	New staff orientation that includes an overview of agency goals, policies, and service delivery systems
c.	Client grievance
d.	Monitoring the performance and contractual compliance of subcontractors, if applicable
e.	Documentation and tracking of the distribution of tangible reinforcements (incentives)
f.	Client referral and follow-up
g.	Confidentiality and transportation of client records, including electronic transmission of information; protections and release of client records; and client review of records
4.	Program has the most recent Request for Proposal (RFP), a finalized and approved current application, prevention contract, budget, process objectives, outcome objectives, and workplans easily accessible for review.
5.	Program is working under the standing delegation order of a licensed practicing physician when providing HIV counseling and testing services, as required by the Texas Health and Safety Code, § 85.085.

Comments:

Requirements:

B. Program Performance		
	1.	Program submits <u>accurate and complete</u> quarterly reports on the required schedule.
	2.	Program submits prevention data to DSHS according to the timeframe identified in the contract.
	3.	Program submits a detailed activity calendar by the 5 th day of every month to appropriate regional staff.

Comments:

Requirements:

C. Evaluation		
	1.	There is a designated staff member responsible for quality assurance activities (e.g., chart audits, staff/client observations).
	2.	Revisions to the workplan are made with DSHS' approval.
	3.	DSHS approval for tailoring is obtained prior to implementation. (EBIs only).
	4.	Consumer/customer satisfaction surveys are conducted at least once a year and are available for review.
	5.	There is evidence that customer satisfaction surveys/feedback have resulted in improvements in care and/or services.
	6.	There is evidence that the program has a process to conduct a community assessment to determine appropriateness of services and access to target populations (e.g., conversations with gate-keepers, community surveys, focus groups, etc.) as an ongoing part of all prevention interventions. The program shows evidence that the community assessment process is followed.

Comments:

Requirements:

D. Personnel Management		
	1.	Program has current organizational chart that shows the lines of responsibility and authority.
	2.	CRCS supervisors or lead staff possess management skills and have experience and educational background in case management, nursing, counseling, psychology or social work. (From DSHS PCM/CRCS Standards pg. 11)
	3.	The agency provides evidence that vacant DSHS-funded positions are filled within 90 days.
	4.	Prevention-funded staff and supervisors complete and document all contractually required prevention trainings.
	5.	Staff observation/file review tools are specific for each intervention.
	6.	Client/Staff interactions are observed and documented at minimum per DSHS requirements (refer to prevention contract language for current DSHS standards).
	7.	Audits of client charts/files are conducted and documented at minimum per DSHS requirements.

D. Personnel Management		
		a. For PBC Files, there is evidence that all HIV-positive files have been reviewed by a supervisor.
	8.	Employee or volunteer folder is maintained and includes: (overall rating)
	a.	Job description, including minimum qualifications and performance standards, for each funded position
	b.	Signed confidentiality statement form
	c.	Employee orientation form
	d.	Signed record security procedure
	e.	Emergency notification form
	f.	Photo of employee
	g.	Description of vehicle and license plate number
	h.	Updates of credentials/licensures, as applicable
	i.	Overall performance evaluation, including a staff development plan (according to agency standards or at minimum annually)

Comments:

Requirements:

II. Client Services

A. Referral		
	1.	Memorandums of Understanding (MOUs) have been established with collaborating agencies and relevant service providers to ensure availability and access to key services. MOUs must be updated annually at minimum at the programmatic level.
	2.	The agency will annually renew and update the written MOU with the local health authority for public health follow-up of HIV/STD positives, partners, and other high-risk individuals.
	3.	The agency provides evidence that client referrals are tracked and documented.
	4.	The agency has established a protocol for providing or referring persons to emergency services (including but not limited to emergency psychological and/or medical services).
	5.	A list of referral agencies is maintained and updated annually.

Comments:

Requirements:

B. Service Delivery		
	1.	The agency or sites where services are delivered is geographically accessible to the target population(s).
	2.	Service delivery hours are convenient for target populations, as reported through client or staff feedback (e.g., client satisfaction surveys or verbal communication).
	3.	Service sites are regularly advertised and promoted so that potential clients will know when and where

B. Service Delivery		
		services are available.
	4.	Settings where services are delivered are conducive to the intervention(s) and assure confidentiality.
	5.	Program's grievance policy is culturally appropriate (e.g., in appropriate language), posted, and made available to clients.
	6.	Prevention supplies (condoms, female condoms, bleach kits, etc.) are provided free of charge with prevention and/or educational messages.
	7.	There is evidence that a local Program Materials Review Panel (PMRP) is in place and that non-CDC and non-DSHS printed materials are approved by the local PMRP.
	8.	Prevention materials, supplies, and tangible reinforcements provided are appropriate for the target population(s).
	9.	There is evidence that the tangible reinforcements are logged and properly distributed.
	10.	Waiting rooms and/or lobbies have appropriate displays of educational materials (i.e., culturally appropriate videos, posters, and brochures).

Comments:

Requirements:

C. Client Consent and Confidentiality Issues		
	1.	Client records are maintained in a locked filing cabinet with access limited to appropriate staff.
	2.	Staff members follow confidentiality and privacy standards when providing services to clients (e.g. - during registration or counseling services).
	3.	There is evidence that the agency follows the DSHS retention schedule for client records.

Comments:

Requirements:

Part Two: Specific Prevention Interventions

I. Comprehensive Risk Counseling and Services (CRCS)

A. CRCS Process Objective Chart		Indicate if program has met identified requirements using the following ratings: 100 - 95% M=Met 94 - 70% PM=Partially Met 69 - 0% NM=Not Met
1.	Program progress in meeting CRCS objectives. (Insert CRCS Process Objective Chart)	

Comments:

Requirements:

B. CRCS Staff Performance Evaluation as Observed by DSHS Staff <i>(Complete the following elements per CRCS Observed)</i>	
CRCS:	Number of Sessions Observed:
1.	Delivery of CRCS includes: (overall rating)
	a. Recruitment and engagement
	b. Intake and screening
	c. Assessment of client risk behaviors and barriers to prevention
	d. Assessment of client psycho/social needs
	e. Assessment of support and health care services
	f. Development of a client-centered HIV/STD/HCV SMART risk reduction plan
	g. HIV/STD/HCV risk-reduction client-centered counseling
	h. Coordination of services with active follow-up
	i. Monitoring and reassessing clients' needs and progress
	j. Termination and/or discharge of client from CRCS services
2.	Referrals are appropriate to the client's needs.
3.	Appropriate client education is documented and available for review (i.e.- Hep A, B, C, STDs, medication adherence, etc.).
4.	Use of counseling elements.

Comments:

Requirements:

C. CRCS Client File Quality Assurance		100 - 95% 94 - 70% 69 - 0%	M=Met PM=Partially Met NM=Not Met	Client Chart ID #										Overall % Met
PREVENTION CONTRACTS: <i>Minimum of 10 files or all files if less than 10. At least 3 of the 10 files should be of positive clients, or all positive files if less than 3.</i>														
	1.	Client identification is listed on all records.												
	2.	Appropriate staff members obtain written voluntary consent for program participation. Consent is signed and dated by the client and staff member.												
	3.	CRCS notes/records are legible and complete. These must reflect interventions to address the FIBs identified in the logic model and the Risk Reduction Plan.												
	4.	Date of client visit or contact, reason for visit/contact, and any activities performed are noted in the client file.												
	5.	Program staff's signature and date is on all entries in the client file.												
	6.	Timely follow-up on CRCS activities, including referrals, is documented in the client file (per DSHS CRCS Standards).												
	7.	There is documentation of a client-centered, SMART HIV/STD/HCV risk reduction plan. The plan is signed by the client and periodically updated to reflect progress/setbacks experienced by the client.												
	8.	An appropriate logic model has been developed to guide the risk-reduction plan.												
	9.	There is evidence of appropriate discharge, including supervisory review, from CRCS services (attainment and maintenance of risk-reduction goals or client non-compliance with program elements).												
	10.	There is documentation that partner elicitation and notification services were discussed with all HIV-positive clients.												

II. Protocol Based Counseling (PBC)

A. PBC Process Objective Chart	This rating system applies to objectives that do not have a set standard. Indicate if program has met identified requirements using the following ratings: 95 - 100% M=Met 94 - 70% PM=Partially Met 69 - 0% NM=Not Met
1.	Program progress in meeting PBC objectives. (Insert PBC Process Objective Chart)

Comments:

Requirements:

B. Counseling Session Elements provided by Risk Reduction Specialist (RRS) as Observed by DSHS Staff.

Note: Below is an overall rating compiled from the PBC observation tool review. The current Risk Reduction Observation tool must be used to complete this overall rating.

RRS:

Number of Initial Sessions Observed:

Number of Follow-Up Sessions Observed:

(Initial Session)

	1.	Introduce and orient client to the session
	2.	Enhance client's self perception of risk
	3.	Explore the specifics of most recent risk incident
	4.	Review previous risk-reduction experiences
	5.	Synthesize risk incident and risk pattern
	6.	Negotiate a risk reduction step (SMART)
	7.	Identify sources of support and provide referrals
	8.	Support test decision
	a.	Offer an unbiased explanation of anonymous and confidential testing
	b.	Introduce partner elicitation and notification services
	c.	Offer Syphilis testing
	9.	Summarize and close the session

(Follow-up Session)

	10.	Orient to session and provide test results
	11.	Review risk reduction step (SMART)
	12.	Revise the risk reduction step
	13.	Identify sources of support and provide referrals
	a.	If positive, discuss partner elicitation
	b.	If positive, link to early intervention
	14.	Summarize and close the session

(Initial and Follow-up Session)

	15.	Use of counseling elements.
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Comments:

Requirements:

C. PBC Client File Quality Assurance (Number of Records Evaluated: _____)		Client Chart ID # →											Overall % Met
PREVENTION CONTRACTS: Minimum of 10 files including at least 3 positive files						100 - 95%	M=Met						
						94 - 70%	PM=Partially Met						
						69 - 0%	NM=Not Met						
Completeness of PBC Record													
1.	Identifying information (client name, code, CDC sticker, etc.) is on each piece of paper in the client file.												
2.	The PBC record includes client's race, sex, ethnicity and DOB.												
3.	Signed consent form is in the file (if anonymous, consent is appropriately signed).												
4.	All activities performed by staff relating to the client are documented and dated in the file.												
5.	Copy of HIV test result is in the file.												
6.	Client has signed a written consent form to receive documentation of his/her test results or to have any information released to a third party, if applicable.												
7.	Copies of other lab results are in the file (if applicable).												
8.	All referrals are documented (including documentation when not applicable).												
9.	Confirmation of referrals is documented.												
10.	Initial Risk Reduction Documentation Form is filled out completely.												
11.	Follow-up Risk Reduction Documentation Form is filled out completely.												
Documentation of Core Elements													
12.	Client's perception of his/her own HIV/STD/HCV risk.												
13.	Pattern of risk behavior/ risk triggers.												
14.	Recent risk incident.												
15.	Past attempts at risk reduction.												

C. PBC Client File Quality Assurance (Number of Records Evaluated: _____)		Client Chart ID # →												Overall % Met
PREVENTION CONTRACTS: Minimum of 10 files including at least 3 positive files						100 - 95%	M=Met							
						94 - 70%	PM=Partially Met							
						69 - 0%	NM=Not Met							
16.	Source of support (including referrals).													
Quality of Risk Reduction Step (Initial)														
17.	Addresses behaviors related to HIV/STD/HCV risk.													
18.	Relates to client's specific risk circumstances.													
19.	SMART step (specific, measurable, appropriate, realistic, time-phased).													
20.	There is evidence that the client was given a copy of the risk reduction step.													
Quality of Risk Reduction Step (Follow-up)														
21.	Addresses behaviors related to HIV/STD/HCV risk.													
22.	Relates to client's specific risk circumstances.													
23.	SMART step (specific, measurable, appropriate, realistic, time-phased).													
24.	There is evidence that the client was given a copy of the risk reduction step.													
COMPLETE THE FOLLOWING TABLE FOR POSITIVE FILES ONLY.														
1.	DSHS spousal elicitation and notification requirements are followed and documented in situations in which the RRS is performing partner elicitation.													
2.	Referrals and follow-up to early intervention programs are tracked and documented.													
3.	There is documentation that a copy of the CDC names reporting form or Form STD-27 (yellow card) were submitted to the health department, or there is documentation of names reporting via telephone to include at minimum date, time, and person called.													
4.	Public Health follow-up referrals (including but not limited to partner services and result notification) are made and documented as negotiated.													

Comments:

Requirements:

III. Evidence Based Interventions (EBI)

A. Objectives		Indicate if program has met identified requirements using the following ratings: 95 - 100% M=Met 94 - 70% PM=Partially Met 69 - 0% NM=Not Met
1.	Program progress in meeting EBI objectives. (Insert EBI Process Objective Chart)	

Comments:

Requirements:

B. Group component requirements		
1.	Assure appropriate group size and fixed group membership.	
2.	Participant attendance is documented.	
3.	Time allotted/used is in agreement with the curriculum.	

Comments:

Requirements:

C. Facilitation skills as observed by DSHS staff		Facilitator:
1.	Able to keep the group focused.	
2.	Aware of group dynamics and able to resolve group challenges.	
3.	Encourage group participation and interaction using positive language and pleasant tone.	
4.	Address or keep outside interruptions and distractions to a minimum.	
5.	Answer questions simply and clearly.	
6.	Demonstrate a non-judgmental concern for participants.	
7.	Provide correct information without biased views.	
8.	Provide clear and concise instruction to participants.	
9.	Processes exercises and videos thoroughly in order to enhance learning and skill acquisition.	
10.	Assure all participants are involved in skill practices (e.g., condom demo) and role-plays (e.g., comm. skills).	
11.	Demonstrate knowledge of the core elements and adhere to the learning objectives and activities in the curriculum.	
12.	Use visual aids (e.g., videos, slides, posters, etc.) appropriately.	

C. Facilitation skills as observed by DSHS staff		Facilitator:
	13.	Provide updated information, facts, and related medical information in reference to the original materials in intervention kit.

Comments:

Requirements:

D. Client Recruitment		
	1.	Client recruitment is conducted by staff in appropriate venues.
	2.	There is evidence that the program utilizes peers according to the intervention (safer sex conversations, delivering role model stories). (CLI only)
	3.	There is evidence that recruitment plans and strategies are developed and adapted as needed to reach the target population(s).

Comments:

Requirements:

IV. Outcome Monitoring

Describe the program's progress towards Outcome Monitoring including the following:

Program has submitted a QA plan for the intervention to Field Operations and the Region.

Data collection plan and instruments have been submitted to and approved by the Program Improvement Group.

Outcome monitoring activities are reported in the quarterly report.

Program correctly implements and documents the pre/post tests and pre/post activities.

Comments:

Requirements: