

**Standards of HIV/AIDS Care & Services  
and HIV/AIDS Prevention & Education  
Pennsylvania Department of Health  
Division of HIV/AIDS**

**Prevention Intervention Service Standards**

**INTRODUCTION**

The following are Standards of HIV/AIDS Prevention Intervention Services. These standards, to be implemented beginning July 1, 2005, are specifically applicable to HIV-related Prevention Intervention efforts. General Standards, found in Appendix I, are applicable to most agencies and/or providers of HIV care and services. Therefore, providers should use the standards in this Appendix L in conjunction with the General Standards.

**Standards of HIV Prevention Services  
Pennsylvania Department of Health**

**A. General Prevention Standards**

Planning

**Standard A1: Providers identify individuals within the specific populations and sub-populations they are contracted to serve who are at highest risk for HIV acquisition or transmission and target HIV prevention services which have been proven to be effective with these populations to them.**

Indicator A1.1: Providers use needs assessments to understand the underlying causes of risk for HIV acquisition or transmission among the populations and subpopulations whom they are contracted to serve.

*Examples of evidence:*

- *Written documentation exists, specifically noting data sources (including PA State HIV Prevention Plan) and identifying targeted populations in defined service area.*
- *Documentation giving evidence that provider understands underlying causes of risk behaviors of populations.*

Indicator A1.2: Providers develop prevention services that are most relevant for helping to change the identified risk behaviors and meet specific prevention needs of service recipients.

*Example of evidence:*

- *Documentation exists that targeted HIV prevention services were evaluated as, or determined to be, effective for these populations.*

**Standard A2: The populations identified for targeted prevention services are included in needs assessment, planning, delivery, and evaluation of HIV prevention services.**

Indicator A2.1: Providers have developed and implemented a systematic approach to obtain identified populations' involvement in all aspects of service delivery.

*Examples of evidence:*

- *Documentation of identified populations' representation on administrative planning groups (documentation maintains confidentiality).*
- *Needs assessments include perspective of members of identified populations.*

- *Documentation of involvement in planning services and delivery of selected services, such as educational programs and outreach efforts.*
- *Documentation of consumer satisfaction indicators on file for each HIV prevention service provided.*

**Standard A3: Each provider functions as a part of a coordinated continuum of HIV/AIDS services.**

Indicator A3.1: Linkages exist among providers.

*Examples of evidence:*

- *Letters of cooperation/collaboration among providers are on file.*
- *Written policy exists for choosing providers for a referral list.*
- *Case management notes show evidence of linkages among providers.*
- *Meeting notes or other written documentation gives evidence that providers have met to exchange information, coordinate planning, etc.*
- *Cross-training among providers occurs.*
- *Mechanisms exist for community-wide provider meetings.*
- *Evidence of collaboration in public relations and fund-raising exists.*

Indicator A3.2: Each provider is aware of other services in the continuum of care, which are available to consumers and their families.

*Examples of evidence:*

- *Brochures or other written documents are on file listing available services.*
- *Consumer satisfaction surveys give evidence that the provider was aware of other services.*

Indicator A3.3: Each provider has and maintains a policy regarding referrals (case management, clinical, and other prevention and care services) to be made when the provider lacks the capacity to offer services due to limitations of time, staffing, funding, and/or scope of services provided.

*Examples of evidence:*

- *Provider has policy on file regarding referrals to other services when the provider cannot supply services.*
- *Consumer records indicate no breaches of policy regarding referrals.*

**Standard A4: Providers develop a planning process based on the identification of and response to local needs. Planning documents are used to determine the projected outcomes of services, strategies to provide services, and methods to evaluate the effectiveness of services.**

Indicator A4.1: Long-range planning (at least every 3 years) is an integral part of the agency development. Essential elements of a long-range plan include:

- Mission statement.
- Consumer/community needs.
- Goals and objectives for meeting needs.
- Identification of broad-based participation (see Glossary) in the planning process.
- Resource allocation and development needs/activities.

Other common elements may include:

- Current epidemiological data.
- General principles of services.
- Barriers to services and strategies to address these barriers.  
(NOTE: Above information may be available through HIV Prevention Plan.)

*Example of evidence:*

- *A long-range planning document is available for review.*

Indicator A4.2: Annual planning, based on long-range plan and mission statement, is done prior to the start of the upcoming year. The annual plan includes:

- Current needs.
- An assessment of barriers to service access and utilization.
- Outcome-driven goals and objectives.
- Methods of evaluating goals and objectives (including data collection, data entry, data analysis).

*Example of evidence:*

- *A written annual plan, including all components listed above, is available for review.*

Indicator A4.3: An annual budget, taking into consideration all projected funding and projected administrative and service expenses, is developed prior to the start of the upcoming year.

*Example of evidence:*

- *A written budget is available for review.*

Indicator A4.4: Measurable components of the annual plan are monitored and evaluated on a regular basis.

*Example of evidence:*

- *Written evaluation of plan is available during designated periods of the year.*

Indicator A4.5: Feedback from evaluation of plan is looped back to personnel, consumers, funding sources, and upcoming long-range plan update and annual plan.

*Examples of evidence:*

- *Annual plan and long-range updates, as well as documentation of staff meetings with consumers, include feedback from evaluations/surveys.*
- *Feedback presented in newsletter to consumers and other interested parties.*

### Service Delivery

**Standard A5: Consumers of prevention intervention services receive HIV prevention services and materials, which are:**

- **Culturally sensitive and competent.**
- **Appropriate to the age, education level, language and other needs of consumers.**
- **Accurate and up-to-date.**
- **In the case of materials, in formats which are most appropriate for reaching populations served.**

Indicator A5.1: Staff education, training and experience enable staff to present services sensitive to:

- Consumers' abilities to understand prevention messages due to age, educational levels, and other developmental levels.
- Issues of gender, sexual orientation, race, ethnicity, socio-economic background, and community background.
- Cultural differences and similarities within, among, and between groups.

*Examples of evidence:*

- *Training on various developmental levels of individuals and their effects on consumers' abilities to understand prevention messages is offered to personnel, personnel participate in such training, and training syllabi include developmental issues.*
- *Training in cultural competence is offered to personnel, personnel participate in such training, and training syllabi include cultural*

- diversity issues relevant to communities in provider's service areas (e.g., racial/ethnic diversity and gender and lifestyle issues).*
- *An assessment of appropriate service delivery to the ages, educational levels, developmental levels, and gender of consumers in the context of community-based values, traditions and customs is part of personnel performance reviews.*

**Indicator A5.2:** Prevention services and materials are available in English and other languages as necessary.

*Examples of evidence:*

- *Consumer satisfaction surveys document efficiency and effectiveness of providers' or translators' fluency in language of consumers.*
- *Review of prevention materials reflects language appropriate for consumers.*

**Indicator A5.3:** Prevention services and materials include resources for people living with various challenges. These challenges may include, but are not limited to, hearing impairments, vision impairments, low literacy, developmental delays, and mental health challenges.

*Examples of evidence:*

- *Review of materials reflects availability of adequate resources to reach people living with challenges.*
- *Written documentation exists reflecting outcomes of meetings occurring between HIV prevention providers and community agencies that serve people living with challenges.*

**Indicator A5.4:** Formats for delivery of prevention services have been chosen based on information (consumer opinion, needs assessment, published studies/evaluations) which documents that the formats are effective in reaching intended populations.

*Example of evidence:*

- *Written documentation exists that provides the rationale for the chosen format(s).*

**Standard A6: Each Provider develops and implements protocols regarding staff and consumer safety, including response to crisis situations.**

**Indicator A6.1:** Protocols covering staff and consumer safety issues appropriate to the physical facilities and services provided exist and are consistently maintained.

*Examples of evidence:*

- *Protocols regarding staff and consumer safety are on file and easily accessible to personnel.*
- *Documentation of staff training on safety issues is found in personnel files.*

Indicator A6.2: Protocols also cover staff response to consumers' crisis situations, including ways that providers discern between crises which need *immediate* attention and those which are urgent but do not need attention at the moment the provider learns about the crisis. Protocols include a requirement that all staff working off-site carry identification with them.

*Examples of evidence:*

- *Protocols include clear guidelines for discerning the crises which need immediate attention and those which do not*
- *Documentation about handling consumer crises provides evidence that protocol is consistently maintained.*

**Standard A7: When services are terminated by the consumer or provider, the respective provider ensures appropriate referral and transfer of the consumer to other provider(s).**

Indicator A7.1: A protocol is maintained which addresses referral and appropriate transfer to other providers when a consumer *chooses* to terminate services. This protocol includes assurance that the provider does:

- Not obstruct the consumer from terminating service and/or accessing services from other providers.
- Offer the consumer information about other available providers.
- Provide the AIDS Hotline telephone number.
- Ensure transfer of appropriate records when another provider is chosen by the consumer.
- Obtain consent from the consumer for the transfer of records.

*Examples of evidence:*

- *Provider has protocol on file regarding referral and appropriate transfer when a consumer chooses to terminate services.*
- *Consumer records indicate that protocol regarding referrals and transfers was followed.*
- *Consumer records indicate consumer's consent regarding transfer of records.*

Indicator A7.2: A protocol is maintained which addresses situations in which a consumer is inappropriate and the provider chooses to terminate services. This protocol outlines potential situations that would result in a

consumer being asked to leave and appropriate steps staff should take in these situations.

*Examples of evidence:*

- *Provider has protocol on file regarding situations in which the provider might choose to terminate services.*
- *Consumer records indicate that protocol was followed.*

### Evaluation

**Standard A8: Each Provider uses evaluation findings to make timely adjustments to its programs in order to better meet the needs of the target population(s).**

Indicator A8.1: Provider establishes process and outcome objectives for each of its programs. Process objectives describe what interventions will occur, how they will be delivered, and who will be served. Outcome objectives describe what is expected to change for the consumer. All objectives should be specific, measurable, appropriate, realistic, and time-based.

*Example of evidence:*

- *Written process and outcome objectives are on file for each program.*

Indicator A8.2: Provider develops and implements mechanisms to monitor and measure process objectives.

*Example of evidence:*

- *Completed instruments which collect data describing the characteristics of the population served, the services provided, and the resources used to deliver those services are on file.*

Indicator A8.3: Provider develops and implements a mechanism to monitor outcome objectives, as appropriate to the intervention type.

*Example of evidence:*

- *Completed instruments that collect data about client outcomes before and after the intervention, such as knowledge, attitudes, skills, or behaviors are on file.*

Indicator A8.4: Providers of Interventions Delivered to Groups and Presentations develop and implement a mechanism to measure learning objectives for each session (which are related to the overall program objectives).

*Example of evidence:*

- *Completed instruments that collect data from consumers about the stated learning objectives before and after the program are on file.*

## **Outreach**

### **Staffing**

**Standard A9: Outreach workers possess the following attributes:**

- **Experience working with and the ability to speak the same language as the target population(s).**
- **Possession of knowledge about available resources and the ability to refer consumers to those resources**
- **The capacity to maintain appropriate documentation.**
- **Possession of knowledge about issues related to safety, consumer engagement, and professionalism.**
- **Completion of Certified HIV 101, to include confidentiality and Act 148 training and Department of Health Counseling and Testing training. (Staff completes training within 6 months of hire).**

**Indicator A9.1:** A personnel file for each outreach worker indicates that all qualifications are met by each outreach worker.

*Examples of evidence:*

- *Resume indicates appropriate experience.*
- *Written curriculum used with new Outreach Workers to teach them about resources, safety, consumer engagement, and professionalism in the field.*
- *Certification of HIV 101 training and Counseling and Testing training in personnel record.*

**Standard A10: Each Outreach Worker receives appropriate supervision and oversight.**

**Indicator A10.1:** Each agency providing Outreach establishes qualifications for supervisors of Outreach Workers.

*Example of evidence:*

- *Written job descriptions for supervisors.*

**Indicator A10.2:** A process exists by which each Outreach Worker is assigned to, and receives supervision from, a qualified supervisor.

*Examples of evidence:*

- *Organizational chart.*

- *Written performance evaluation of outreach worker, signed by the supervisor, in personnel record.*

Indicator A10.3: Each Provider establishes and implements a plan for supervising Outreach Workers that:

- Is appropriate to the Provider's staffing pattern and outreach schedule.
- Provides opportunities for both announced and unannounced observations of Outreach Workers, including observation of new hires within 30 days of hire and of other staff at least quarterly, and more frequently as necessary.
- Provides opportunities for face-to-face individual and/or group supervision at least monthly.
- Includes a process for performance evaluation and improvement as identified and understood by supervisors and outreach workers.

*Examples of evidence:*

- *Written schedule of supervisory meetings and observations.*
- *Completed tools used during observations.*
- *Documentation of content of group supervision meetings.*
- *Documentation of individual supervision meetings.*
- *Written performance evaluations in personnel records.*

**Standard A11: Each Provider develops and implements policies and procedures to ensure the safety of its Outreach Workers, which includes a requirement that Outreach Workers carry identification with them.**

Indicator A11.1: Outreach Workers show an understanding of and follow safety policies and procedures.

*Examples of evidence:*

- *Observation demonstrates that outreach workers follow policies and procedures.*

Indicator A11.2: Written policies and procedures exist that ensures safety for outreach workers.

### Service Delivery

**Standard A12: Each Provider delivers Outreach Services that access at-risk individuals in settings where members of the target population are likely to be located and at times when members of the target population are likely to be present.**

Indicator A12.1: Each Provider maintains a written outreach schedule which lists which Outreach Workers will be working in which geographic

areas and at what times as well as describing planned outreach activities.

*Example of evidence:*

- *Written outreach schedules.*

**Standard A13: Each Provider delivers Outreach based on sound prevention theory that is appropriate to their target population and outcome objectives. Outreach services strive to help consumers develop skills and motivation to adopt and maintain safer behaviors over time.**

Indicator A13.1: The outreach approach incorporates theoretical principles.

*Example of evidence:*

- *Observation of outreach workers demonstrates that they incorporate principles from prevention theory.*

Indicator A13.2: Outreach workers tailor their interactions with consumers to the behavior, circumstances and special needs of the person.

*Example of evidence:*

- *Observation of outreach workers demonstrates that they tailor their interactions based on the behavior, circumstance and needs of the consumer.*

Indicator A13.3: Outreach workers disseminate information which is accurate, up-to-date, culturally appropriate, and non-judgmental.

*Examples of evidence:*

- *Observation of outreach workers demonstrates they disseminate accurate, up-to-date, culturally appropriate, and non-judgmental information.*
- *Brochures and other written information, along with a description of which populations receive which brochures or other written information.*

Indicator A13.4: Outreach workers distribute materials which are of good quality/effective, current/non-expired, and appropriate to the consumer's need.

*Example of evidence:*

- *Materials outreach workers distribute.*

Indicator A13.5: Outreach workers make referrals to appropriate services.

*Examples of evidence:*

- *Observation of outreach demonstrates that appropriate referrals are made.*
- *Documentation of consumer need and resulting referrals.*

Indicator A13.6: All brochures will contain STOPHIV.com website and AIDS Factline phone number.

*Examples of evidence:*

- *All brochures will have STOPHIV.com and 1-800-662-6080 on them.*

## **B. Standards for Interventions Delivered to Individuals (IDI)**

### Staffing

**Standard B1: Each IDI counselor meets the following minimum qualification requirements:**

- **Possess interpersonal skills which allow effective interaction with individuals from the target population(s) and the capacity to maintain appropriate documentation.**
- **Completion of Certified HIV 101 training, to include confidentiality and Act 148 and Department of Health Counseling and Testing training. (Staff completes training within 6 months of hire).**

Indicator B1.1: A personnel file for each counselor indicates that all qualifications are met by each counselor.

*Examples of evidence:*

- *Resume indicates appropriate experience.*
- *Certification of HIV 101 training and Counseling and Testing training in personnel record.*

**Standard B2: Each year following the first, each IDI counselor must participate in a minimum of 8 hours of training annually, which enhances job-related skills and/or knowledge and includes information about primary prevention, secondary prevention, and changes in the epidemiology of HIV.**

Indicator B2.1: A personnel file for each counselor indicates that all training requirements have been or are being met by each counselor.

*Example of evidence:*

- *Completion certificates or other documentation of completion of trainings in personnel record.*

Indicator B2.2: Counselors receive at least an annual training on primary prevention, secondary prevention, and changes in the epidemiology of HIV.

*Example of evidence:*

- *Documentation of training content, such as outline of content or syllabi, demonstrates that primary and secondary prevention were addressed and epidemiology was updated.*

**Standard B3: Each IDI counselor receives appropriate clinical supervision and oversight.**

Indicator B3.1: Each agency providing IDI services establishes qualifications for supervisors of counselors. Supervisors may be contracted employees, if necessary.

*Example of evidence:*

- *Written job descriptions for supervisors.*

Indicator B3.2: A process exists whereby each IDI counselor is assigned to, and receives clinical supervision from, a qualified supervisor.

*Examples of evidence:*

- *Organizational chart.*
- *Written performance evaluation of counselor, signed by the supervisor, in personnel record.*
- *Written evidence that supervision occurred is signed and dated.*
- *Supervisory meeting schedule*

Indicator B3.3: Each Provider establishes and implements a plan for supervising IDI counselors that:

- *Is appropriate to the Provider's staffing pattern and caseload.*
- *Provides opportunities for individual and, where appropriate, group supervision.*
- *Includes at least bi-weekly face-to-face individual supervision.*
- *Includes regular review of consumer charts.*
- *Includes a process for performance evaluation and improvement as identified and understood by supervisors and counselors.*

*Examples of evidence:*

- *Written schedule of supervisory meetings and documentation reviews.*
- *Documentation of content of group supervision meetings.*
- *Documentation of individual supervision meetings.*
- *Documentation reviews on file.*
- *Written performance evaluations in personnel records.*

Delivery of Service

**Standard B4: Each Provider develops and implements a protocol for client recruitment.**

**Indicator B4.1:** The protocol for client recruitment includes a description of the target population(s) for this intervention, strategies for recruitment, protocols for accepting/refusing referrals, and strategies for working with other facets of the prevention care continuum to get appropriate consumers into service.

*Example of evidence:*

- *Written protocols are on file.*

**Standard B5: Each Provider develops and implements procedures for screening to identify persons at risk for either acquiring or transmitting HIV and determine appropriateness of clients for IDI services.**

**Indicator B5.1:** The screening procedures include an assessment of the consumer's risk behaviors, risk reduction behavior (e.g., risk of transmitting or acquiring HIV, sexual risk behavior, domestic violence), and readiness to make changes.

*Examples of evidence:*

- *Consumer records include documentation of completed screenings.*
- *Written screening protocols.*

**Indicator B5.2:** The screening procedures include an assessment of consumer need for risk reduction counseling and/or linkages to medical and/or psychosocial services that affect health as well as ability to change HIV related risk-taking behavior.

*Examples of evidence:*

- *Consumer records include documentation of completed screenings.*
- *Written screening protocols.*

**Standard B6: At the completion of the screening, each consumer and his/her respective counselor develop an Individual Prevention Plan (IPP) which:**

- **Includes realistic, measurable and mutually acceptable goals that are based on information from the screening.**
- **Identifies a projected number and frequency of sessions.**
- **Identifies the action step(s) needed to achieve each goal, including target date(s) for accomplishment of stated goals.**
- **Includes a space for signatures by the consumer and counselor.**

**Indicator B6.1:** Each established consumer has an IPP.

*Example of evidence:*

- *IPP kept on file.*

**Standard B7: Each consumer is provided with information on what receiving IDI services entail and the process for filing a grievance.**

Indicator B7.1: Each consumer receives an explanation of IDI services, including what they should expect from the services, the limitations of the services, and what is expected from them.

*Examples of evidence:*

- *Written "script" for counselors to use when explaining IDI services.*
- *Completed consumer satisfaction surveys indicate the counselor has clearly explained what the consumer should expect from the IDI. (See example following standards).*
- *Written Service Agreement which outlines attendance requirements, etc.*

**Standard B8: Written documentation is kept for each consumer which includes:**

- **The counselor's name.**
- **Completed screening tool.**
- **Individual Prevention Plan(s).**
- **Referrals made to other services.**

Indicator B8.1: Documentation listed above on file.

*Example of evidence:*

- *Documentation is in consumer file.*

**Standard B9: Each IDI consumer receives multiple session risk-reduction counseling aimed at, but not limited to:**

- **Meeting identified behavioral objectives.**
- **Providing education on the potential benefits of a client knowing his/her HIV serostatus, if his/her status is unknown.**
- **Providing education on the increased risk of HIV transmission associated with other STDs and about the prevention of these other STDs.**

Indicator B9.1: IDI counselor provides risk-reduction counseling during each session.

*Example of evidence:*

- *IPP with consumer signature indicate risk-reduction counseling was provided.*

**Standard B10: IDI consumers are discharged when:**

- **The consumer has successfully completed the IPP goals.**

- **The consumer, in consultation with the IDI counselor, indicates services are no longer needed or may be met better by another agency/service.**
- **The consumer needs more intensive services than those provided through IDI and an appropriate referral is made.**
- **The consumer otherwise chooses to terminate services with agency.**

Indicator B10-1: A protocol exists and is maintained which addresses discharge, including provision of appropriate referrals when the consumer *chooses* to terminate services.

*Example of evidence:*  
*Written protocol is on file.*

## **C. Standards for Interventions Delivered to Groups (IDG)**

### Staffing

**Standard C1: Each Instructor meets the following minimum qualification requirements:**

- **Experience working with groups and/or providing trainings specific to HIV.**
- **Possess the capacity to maintain appropriate documentation.**
- **Completion of Certified HIV 101 training to include confidentiality And Act 148 and Department of Health Counseling and Testing training. (Staff completes training within 6 months of hire).**

Indicator C1.1: A personnel file for each instructor indicates that all qualifications are met by each instructor.

*Examples of evidence:*

- *Resume indicates appropriate experience.*
- *Certification of HIV 101 training and Counseling and Testing training in personnel record.*

**Standard C2: Each year following the first, each Instructor participates in a minimum of 8 hours of training annually, which enhances job-related skills and/or knowledge and includes information about primary prevention, secondary prevention, and changes in the epidemiology of HIV.**

Indicator C2.1: A personnel file for each instructor indicates that all training requirements are being met by each instructor.

*Example of evidence:*

- *Completion certificates or other documentation of completion of trainings in personnel record.*

Indicator C2.2: IDG instructors receive at least an annual training on primary prevention, secondary prevention, and changes in the epidemiology of HIV.

*Example of evidence:*

- *Documentation of training content, such as outline of content or syllabi, demonstrates that primary and secondary prevention were addressed and epidemiology was updated.*

**Standard C3: Each Instructor receives appropriate supervision and oversight.**

Indicator C3.1: Each agency providing Interventions Delivered to Groups establishes qualifications for supervisors of IDG Instructors

*Example of evidence:*

- *Written job descriptions for supervisors.*

Indicator C3.2: A process exists whereby each Instructor is assigned to, and receives supervision from, a qualified supervisor.

*Examples of evidence:*

- *Organizational chart.*
- *Written performance evaluation of instructor, signed by the supervisor, in personnel record.*

Indicator C3.3: Each Provider establishes and implements a plan for supervising Instructors that:

- *Is appropriate to the Provider's staffing pattern and number of planned presentations.*
- *Provides opportunities for both announced and unannounced observations of Instructors, including observation of new hires within 90 days of hire and of other staff at least twice a year, and more frequently as necessary. Supervisors should observe each instructor conducting all sessions of each IDG curriculum at least twice a year; one round of these should be observations of consecutive sessions with the same group.*
- *Provides opportunities for face-to-face individual and/or group supervision at least monthly.*
- *Includes regular review of documentation related to IDGs.*
- *Includes a process for performance evaluation and improvement as identified and understood by supervisors and instructors.*

*Examples of evidence:*

- *Written schedule of supervisory meetings, observations and documentation reviews.*
- *Completed tools used during observations.*
- *Documentation of content of group supervision meetings.*
- *Documentation of individual supervision meetings.*
- *Written evidence of documentation reviews.*
- *Written performance evaluations in personnel records.*

Delivery of Service

**Standard C4: Interventions Delivered to Groups consist of sessions with a maximum of 15 participants that build on each other and that include skill-building components.**

Indicator C4.1: Each IDG has no more than 15 participants.

*Example of evidence:*

- *Documentation of IDG indicates no more than 15 participants during IDG session*

Indicator C4.2: Each IDG consists of sessions that build on each other.

*Example of evidence:*

- *Curriculum outlines content of sessions and provides evidence that the sessions build on each other.*

Indicator C4.3: Each IDG includes skill-building components.

*Example of evidence:*

- *Curriculum provides evidence that the IDG includes at least one skill-building component.*

**Standard C5: Each Provider develops and implements procedures for screening to identify persons at risk for either acquiring or transmitting HIV and determine appropriateness of clients for IDG services.**

Indicator C5.1: The screening procedures include an assessment of the consumer's risk behaviors, risk reduction behavior (e.g., risk of transmitting or acquiring HIV, sexual risk behavior, domestic violence), and readiness to make changes.

*Examples of evidence:*

- *Consumer records include documentation of completed screenings.*
- *Written screening protocols.*

Indicator C5.2: The screening procedures include an assessment of consumer need for risk reduction counseling and/or linkages to medical and/or psychosocial services that affect health as well as ability to change HIV related risk-taking behavior.

*Examples of evidence:*

- *Consumer records include documentation of completed screenings.*
- *Written screening protocols.*

**Standard C6: Each Provider uses IDG curricula that are based on social and behavioral theories and/or that are interventions that have been evaluated and proven to be effective with the target population.**

Indicator C6.1: IDG curricula indicate which theory (ies) they are based on and with which target populations they are effective.

*Examples of evidence:*

- *IDG curricula list the theory (ies) they are based on.*
- *IDG curricula describe the evaluation methodology used and results which proved that they were effective.*
- *IDG curricula describe which target population(s) they can be used with effectively.*

**Standard C7: The provider enhances the curriculum based on the needs of the participants.**

Indicator C7.1: IDG instructors determine the needs of each group prior to the first session, to the extent possible.

*Example of evidence:*

- *Documentation of IDGs includes notes about participant needs based on discussions with contact person.*

Indicator C7.2: IDG instructors formally and informally assess the needs of each group throughout the program.

*Example of evidence:*

- *Documentation of IDGs includes notes about participant needs based on results of evaluation tools and observations from sessions.*

Indicator C7.3: IDG instructors provide additional information and/or clarification and/or skill-building activities when needed, based on their assessment of participant needs.

*Example of evidence:*

- *Documentation of IDGs reflects changes in the curricula based on needs of specific groups of participants.*

**Standard C8: Interventions Delivered to Groups include a mix of didactic, experiential and interactive teaching methods.**

**Indicator C8.1:** Instruction methods chosen are appropriate for the information presented.

*Examples of evidence:*

- *Curricula reflect which teaching methods are used to get across each content area.*
- *Observation of IDG sessions gives evidence that instructors use appropriate methods.*

**Indicator C8.2:** Ample question-and-answer component is included in each session.

*Example of evidence:*

- *Observation of IDG sessions gives evidence that an ample amount of time is spent on questions and answers.*

**Standard C9: Each Provider defines clear learning objectives for each session for each IDG, which are related to the overall program objectives.**

**Indicator C9.1:** Measurable objectives for each session are clearly defined prior to the IDG, and are communicated to the participants at the beginning of each session. Objectives always include what the participant will be able to do at the end of the session and/or IDG (e.g., the participant will be able to demonstrate one method s/he will use to prevent HIV infection).

*Examples of evidence:*

- *Curricula and/or IDG outlines state learning objectives for each session.*
- *Observation of IDG sessions gives evidence that instructors communicate learning objectives.*

**Standard C10: Each Provider documents the following for each IDG:**

- **Times and dates of sessions.**
- **Projected number in group and demographics and risk behaviors of group.**
- **Setting and contact person, if appropriate.**
- **Learning objectives for each session.**
- **Brief summary of content areas covered in each session (“progress notes”).**
- **Materials (e.g., brochures, condoms) distributed.**
- **Referrals made to other services.**
- **Evaluation tools used.**

Indicator 10.1: Providers keep documentation for each IDG as listed above.

*Example of evidence:*

- *Documentation of each IDG is on file.*

**Standard C11: Each Provider presents accurate and current information.**

Indicator C11.1: Each Instructor presents accurate and current information, clearly stating when s/he is offering a personal opinion and when conflicting knowledge about a topic exists.

*Examples of evidence:*

- *IDG outline indicates information to be presented is accurate and current.*
- *Observation of the IDG demonstrates that the Instructor gives accurate and current information.*
- *Completed participant satisfaction tools indicate that the instructor presented the material in an objective manner and differentiated between fact and opinion.*

Indicator C11.2: Each Instructor indicates if s/he does not know an answer and either offers to obtain the answer or refers the questioner to a resource to have the question answered.

*Examples of evidence:*

- *Observation of the IDG demonstrates that the Instructor gives accurate and current information.*
- *Completed participant satisfaction tools indicate that the instructor indicates when s/he does not know an answer.*

## D. HC/PI – Presentations Standards

### Staffing

**Standard D1: Each Presenter meets the following minimum qualification requirements:**

- Possession of appropriate knowledge of and experience with the target audience(s), to the extent possible, and the capacity to maintain appropriate documentation.
- Completion of Certified HIV 101 training and Department of Health Counseling and Testing training. (Staff completes training within 6 months of hire).

Indicator D1.1: A personnel file for each presenter indicates that all qualifications are met by each presenter.

*Examples of evidence:*

- *Resume indicates appropriate experience.*
- *Certification of HIV 101 training and Counseling and Testing training in Personnel record.*

**Standard D2: Each year following the first, each Presenter participates in a minimum of 8 hours of training annually, which enhances job-related skills and/or knowledge and includes information about primary prevention, secondary prevention, and changes in the epidemiology of HIV.**

Indicator D2.1: A personnel file for each presenter indicates that all training requirements are being met by each presenter.

*Example of evidence:*

- *Completion certificates or other documentation of completion of trainings in personnel record.*

Indicator D2.2: Presenters receive at least an annual training on primary prevention, secondary prevention, and changes in the epidemiology of HIV.

*Example of evidence:*

- *Documentation of training content, such as outline of content or syllabi, demonstrates that primary and secondary prevention were addressed and epidemiology was updated.*

**Standard D3: Each Presenter receives appropriate supervision and oversight.**

Indicator D3.1: Each agency providing Presentations establishes qualifications for supervisors of HCPI Presenters.

*Example of evidence:*

- *Written job descriptions for supervisors.*

Indicator D3.2: A process exists by which each Presenter is assigned to, and receives supervision from, a qualified supervisor.

*Examples of evidence:*

- *Organizational chart.*
- *Written performance evaluation of presenter, signed by the supervisor, in personnel record.*

Indicator D3.3: Each Provider establishes and implements a plan for supervising Presenters that:

- *Is appropriate to the Provider's staffing pattern and number of planned presentations*
- *Provides opportunities for both announced and unannounced observations of Presenters, including observation of new hires within 90 days of hire and of other staff at least twice a year, and more frequently as necessary.*
- *Provides opportunities for individual and/or group supervision.*
- *Includes regular review of documentation related to presentations.*
- *Includes a process for performance evaluation and improvement as identified and understood by supervisors and presenters.*

*Examples of evidence:*

- *Written schedule of supervisory meetings and documentation reviews.*
- *Documentation of content of group supervision meetings.*
- *Documentation of individual supervision meetings.*
- *Documentation of documentation reviews.*
- *Written performance evaluations in personnel records.*

Delivery of Service

**Standard D4: Each Provider develops an outline for each presentation which includes the following elements:**

- **Target audience.**
- **Learning objectives.**
- **Content areas (including those listed in Standard 2).**

- **Amount of time devoted to questions and answers.**
- **Identification of any audio-visual materials that will be used.**
- **Contact person and information for organization where presentation is occurring.**
- **Date, time and location of presentation.**

Indicator D4.1: Outlines containing the above elements exist for each Presentation.

*Example of evidence:*

- *Written outlines are on file.*

**Standard D5: Providers include the following content areas in each Presentation:**

- **Definitions of HIV and AIDS.**
- **Modes of transmission and transmission myths (i.e., how HIV is not transmitted).**
- **An understanding of risk and personalizing risk.**
- **Symptoms of HIV and AIDS.**
- **Information about HIV testing and counseling.**
- **Prevention strategies, including demonstration of skills appropriate to the audience.**
- **HIV timeline**
- **HIV epidemiological data**
- **Resources for referral and information related to HIV prevention and care, as well as other topics as appropriate to target audience.**

Indicator D5.1: Presentations include all content areas listed above.

*Examples of evidence:*

- *Written outlines on file.*
- *Observations of Presentations.*

**Standard D6: Each Provider defines clear learning objectives for each Presentation, which are related to the overall program objectives.**

Indicator D6.1: Measurable objectives for each Presentation are clearly defined prior to the presentation, and are communicated to the participants at the beginning of the presentation. Objectives always include what the participant will be able to do at the end of the Presentation (e.g., the participant will be able to list three methods for preventing sexual transmission of HIV).

*Examples of evidence:*

- *Curricula and/or Presentation outlines state learning objectives.*

- *Observation of Presentations gives evidence that Presenters communicate learning objectives.*

**Standard D7: The provider chooses a curriculum appropriate to the participants, updates it, and enhances it based on the needs of the participants.**

Indicator D7.1: Presenters determine the needs of each group prior to Presentation, to the extent possible.

*Example of evidence:*

- *Documentation of Presentations includes notes about participant needs based on discussions with contact person.*

Indicator D7.2: Presenters formally and informally assess the needs of each group throughout the program, when feasible.

*Example of evidence:*

- *Documentation of Presentations includes notes about participant needs based on results of evaluation tools and participants' questions.*

Indicator D7.3: Presenters provide additional information and/or clarification when needed, based on their assessment of participant needs.

*Example of evidence:*

- *Documentation of Presentations reflects changes in the curriculum based on participant needs.*

**Standard D8: Each Provider includes an ample question-and-answer component in each presentation. Questions may be asked either verbally or in a written format.**

Indicator D8.1: Ample question-and-answer component is included in each Presentation.

*Example of evidence:*

- *Observation of Presentations gives evidence that an ample amount of time is spent on questions and answers.*
- *Completed satisfaction tools indicate that participants had their questions answered.*

## **E. Health Communication/Public Information – Electronic and Print Media Standards**

### Planning

**Standard E1: Each Provider’s public information activities support other components of the community’s HIV prevention continuum of services.**

Indicator E1.1: Messages provide linkages to HIV antibody counseling and testing for those who are HIV negative and to primary care for those who are HIV positive.

*Example of evidence:*

- *Materials and messages used in media campaigns include phone numbers or other contact information for counseling and testing sites and primary care providers.*

**Standard E2: Each media project is grounded in sound health communication practice, which is based on a combination of behavioral and communication sciences, health education, and social marketing.**

Indicator E2.1: Each media project extends beyond information dissemination and includes a variety of proactive strategies which address both individual and societal change.

*Example of evidence:*

- *Written plan of media campaign which describes all components, how they fit together, and how they affect change.*

**Standard E3: Each Provider develops media projects which meet the needs of the targeted population(s).**

Indicator E3.1: Projects are based on targeted needs assessment/market research data. Providers use existing data when possible.

*Example of evidence:*

- *Written needs assessments or market research reports.*

Indicator E3.2: Providers determine the knowledge/comforts/needs/values/interests and mediums of choice of the target audience(s) when developing the message and its delivery method.

*Example of evidence:*

- *Written needs assessments which describe methodology, sources of information, and target population.*

**Indicator E3.3:** Providers pre-test messages and materials to help determine whether they are: understandable, relevant, attention-getting, memorable, appealing, credible, and acceptable to the target audience.

*Example of evidence:*

- *Written documentation of methodology for and results of pre-tests, including a description of the audience the message(s) was pre-tested with.*

**Indicator E3.4:** Providers use mediums that have been proven to be appropriate and effective communication channel(s) for reaching and having an impact on the target population and its sub-populations.

*Example of evidence:*

- *Written needs assessments or market research reports.*

**Indicator E3.5:** Providers employ messages that are culturally, linguistically and literacy appropriate for the target audience.

*Example of evidence:*

- *Written needs assessments or market research reports.*

**Indicator E3.6:** Providers air messages during times that are appropriate for the target audience.

*Example of evidence:*

- *Written needs assessments or market research reports and schedule of when messages will be aired.*

**Standard E4: Each Provider includes members of the targeted subpopulations in the design, delivery and assessment of media projects.**

**Indicator E4.1:** Members of the targeted subpopulations provide on-going input in the design, delivery and assessment of media projects.

*Example of evidence:*

- *Minutes from meetings where target population members provided feedback, including a list of participants.*

**Standard E5: Each Provider develops and implements a time schedule for each of its media projects.**

**Indicator E5.1:** Providers develop time schedules for their media projects.

*Example of evidence:*

- *Written time schedule for media project is available for review.*

Indicator E5.2: Providers track the progress of their media projects vis-à-vis their time schedules.

*Example of evidence:*

- *Written records of accomplishment of major activities, with dates.*

### Staffing

**Standard E6: Each Provider designates an individual who is responsible for managing the project.**

Indicator E6.1: A specific individual is responsible for managing each media project.

*Example of evidence:*

- *Written job description for project manager.*

### Service Delivery

**Standard E7: Each Provider presents accurate and current information.**

Indicator E7.1: Information included in print and electronic media is accurate and current.

*Example of evidence:*

- *Reviews of print and electronic messages demonstrate that they are accurate and current.*