

INFECTIOUS DISEASE BUREAU
EDUCATION & OUTREACH OFFICE

INTERVENTION SPECIFIC
STANDARDS



Introduction

The following standards were developed for use by agencies who receive funding to provide Education and Outreach services from the Boston Public Health Commission's (BPHC) Infectious Disease Bureau. They are intended to help ensure high quality services by funded agencies and to help BPHC accomplish its mandate "to protect, preserve, and promote the health and well-being of all Boston residents, particularly those who are most vulnerable."

Intervention Specific Standards

Providers must meet standards that are specific to certain interventions. This section contains standards specific to the following interventions:

- Individual Level Interventions
- Group Level Interventions
- Community Level Interventions

Group Level Intervention (GLI)

Group Level Intervention Definition

Health education and risk-reduction skills-building sessions ranging from three to fifteen individuals that are intended to support behavior change. Group interventions are structured curriculum-based education sessions that incorporate HIV, hepatitis C, and/or STIs education, depending upon the services the agency is funded for. Such interventions are ideally conducted in the context of a time-limited series (a three-week session, eight-week session, etc.). These interventions must have linkages in place to refer clients to other needed services including medical care, counseling, testing, vaccination, and appropriate mental health services and should be provided in settings and at times that are most convenient for the target population including, but not limited to, locations within neighborhoods served.

The service specific standards for **Group Level Interventions** provide additional requirements around the following components of service provision:

- A. Program Requirements
- B. Staffing Requirements

A. Program Requirements

The objectives of the Program Requirement standards for **Group Level Interventions** are to ensure that:

- 90% of contacts are with members of the target population;
- programs are curriculum driven;
- program content is reflective of the program goals and objectives as outlined in the scope of service;
- programs are consistent with selected behavioral change theories;
- programs are documenting participation and collecting appropriate data;
- programs are measuring the effectiveness of the intervention and modifying as appropriate

A. Program Requirements		Group Level Interventions	
Standard		Measure	
A.1	Workshops must be based on evidence based curricula. The content should reflect the goals of the program as outlined in the scope of service and be reflective of the behavioral change theory the agency has proposed.	A.1	Copy of the curriculum and an overview and description of the workshop including date, time and location must be on file.
A.2	Group educators must refer and link participants into other services as needed, such as medical care, counseling, testing, vaccination, and mental health services as appropriate.	A.2	Referrals must be documented and logged on file.
A.3	Group educators must conduct a basic risk assessment at the start and the completion of the group cycle in order to gauge the needs of the participant prior to the start of the cycle and measure the unmet needs of the participant at the completion of the cycle.	A.3	A completed basic risk assessments must be documented and on file.
A.4	Workshops should be promoted within the targeted community as a means of recruiting participants. In addition, participants should be encouraged to complete the cycle; incentives may be considered to assist with adherence.	A.4	Copy of all promotional materials used and description of any participant incentives must be on file.
A.5	Group educators must document participation in the sessions.	A.5	Session sign in sheets must be completed and on file.
A.6	All staff involved in the workshop must meet the requirements listed in section B.	A.6	All workshop staff must be documented on file.
A.7	Group educators must measure the effectiveness of the workshop by evaluating the participants through pre/post tests or other evaluation tools.	A.7	Completed pre/post tests or other evaluation tools must be on file.

B. Staffing Competencies Requirements

The objectives of the staffing competencies standards for **Group Level Interventions** are to ensure that:

- participants have access to the highest quality services through experienced and trained staff; and
- group educators are able to provide culturally and linguistically appropriate services.

B. Competencies		Group Level Interventions	
Standard		Measure	
B.1	<p>Group educators must have the following skills sets:</p> <ul style="list-style-type: none"> • Group facilitation • Demonstrated public speaking • Ability to foster a healthy group dynamic • Curriculum development (i.e., the ability to incorporate new information into an intervention as needed) • Conflict resolution • Ability to apply learning and behavior change theory in a group setting • Awareness of the target population's risk behaviors • Comfort in discussing risk behaviors in a group setting • Active listening skills 	B.1	A resume for each educator must be on file.
B.2	Group educators must have working knowledge of the applicable behavioral change theory and of HIV, hepatitis C, and/or STIs depending upon which service the agency is funded to provide.	B.2	Completion must be documented in the staff member's personnel file.
B.3	Group educators must have documented knowledge and training to provide services to the target population.	B.3	Resume and relevant education documented in personnel file.

Individual Level Intervention (ILI)

Individual Level Intervention Definition

Health education, harm-reduction, and risk-reduction support provided to one individual at a time on a time-limited basis. ILI are conducted according to a mutually agreed upon plan between the client and the provider that addresses the client's objectives, needs and stage of change. Such interventions must have a skills development component included in at least one session within the intervention series and should not solely educate the client or share information. The initial ILI encounter should provide the client with an orientation to the agency, including all services offered.

The service specific standards for **Individual Level Interventions** provide additional requirements around the following components of service provision:

- A. Program Requirements
- B. Staffing Requirements

A. Program Requirements

The objectives of the Program Requirement standards for **Individual Level Interventions** are to ensure that:

- 90% of contacts are with members of the target population;
- clients are made aware of their rights and responsibilities, especially as it pertains to confidentiality;
- programs are curriculum driven;
- program content reflects the goals and objectives as outlined in the scope of service;
- programs are client centered, utilizing input from clients in the development of individual goals, objectives and service plan;
- programs are consistent with selected behavioral change theories;
- programs link clients to other relevant services;
- client participation and progress in achieving goals and objectives is monitored and tracked;
- programs measure the effectiveness of the intervention and modify as appropriate

A. Program Requirements		Individual Level Interventions	
Standard		Measure	
A.1	Interventions must be based on the agency's approved, evidence based curriculum, and the content should reflect the project goals as outlined in the scope of service.	A.1	A copy of curriculum and an overview and description of the intervention including date, time and location must be on file.
A.2	Interventions must link participants into other services such as medical care, counseling, testing, vaccination, and mental health services.	A.2	Referrals must be documented and logged on file.
A.3	Individual educators must conduct a basic risk assessment at the beginning and the end of service to assess effectiveness and identify unmet need.	A.3	Completed risk assessments must be on file.
A.4	Individual educators must utilize information from the risk assessment and the client to develop an Individual Service Plan based on the client's needs.	A.4	A copy of the Individual Service Plan signed by the staff and dated must be on file.
A.5	Individual educators must monitor client progress in meeting goals and objectives outlined in the Individual Service Plan.	A.5	Progress notes must be completed and on file.
A.6	All staff involved in the intervention must meet the requirements listed in section B.	A.6	Individual educators and other relevant staff involved in the intervention must be documented on file.
A.7	Individual educators must measure the effectiveness of the intervention by assessing the knowledge gained and comprehended by the client.	A.7	Completed assessment tools on file.

B. Staffing Competencies Requirements

The objectives of the Staffing Competencies standards for **Individual Level Interventions** are to ensure that:

- participants have access to the highest quality services through experienced and trained staff; and
- individual educators are able to provide culturally and linguistically appropriate services.

B. Competencies		Individual Level Interventions	
Standard		Measure	
B.1	Individual educators must have the following interpersonal communication skill sets: <ul style="list-style-type: none"> • Dialogue facilitation • Ability to foster a healthy one-on-one interaction dynamic • Ability to adapt and work with a client to modify goals and timelines as needed. • Individual level intervention curriculum development (i.e., the ability to incorporate new information into an individual intervention as needed) • One-on-one conflict resolution • Ability to appropriately make referrals to necessary clinical and support services • Ability to apply learning and behavior change theory in a one-on-one setting • Awareness of the individual's risk behaviors • Comfort in discussing risk behaviors in a one-on-one setting • Active listening skills 	B.1	A resume for each educator must be on file.
B.2	Individual educators must have working knowledge of the applicable behavioral change theory and of HIV, hepatitis C, and/or STIs depending upon which service the agency is funded to provide.	B.2	Completion must be documented in the staff member's personnel file.
B.3	Individual educators must have documented knowledge and training to provide services to the target population.	B.3	Resume and relevant education documented in personnel file.

Community Level Interventions

Community Level Interventions engage members of the target population through short term, limited encounters either one-on-one as part of a traditional “outreach” encounter, or through brief encounters at large scale events. Community Level Interventions are designed to raise overall awareness, both of specified diseases and risk factors as well as services provided by the funded agencies and other agencies in the area. CLI should assist in recruiting members of the at risk target population into more intensive prevention interventions and services. Community Level Interventions should always be conducted as a component of a full, broad-scale continuum of prevention services. Community Level Interventions have two main components, Mobile Encounters and Community Events, both defined and outlined below:

Mobile Encounters Definition

Individual or small group educational encounters conducted in community settings to provide limited educational information. In some instances, this initial intervention may lead to engaging the individuals in other prevention related activities (e.g., Group or Individual Level Interventions) through repeat contacts with an outreach worker. Such interventions are conducted in a targeted and consistent manner by peers or paraprofessional educators face-to-face with individuals known or presumed to be at high-risk in the target group. Interventions are designed to connect individuals in the target population to necessary services such as medical care, counseling, testing, vaccination, mental health services as appropriate and other support services.

Community Events Definition

The delivery of planned HIV, hepatitis C, and/or STIs prevention messages through one or more mechanisms that are designed to build support for safe behavior, support personal risk-reduction efforts, educate persons at risk how to obtain specific services, and influence social norms and attitudes related to risk reduction and health promotion behaviors. Community Events take two forms: One-Time Prevention Interventions and Recruitment/Community Events.

One-Time Prevention Interventions (also called one-time presentations):

Interventions offered in a group setting with a goal of providing knowledge, enhancing behavior change and linking individuals to more intensive behavior change interventions. These activities are generally conducted in a presentation or workshop format. The information presented is designed to raise awareness and increase knowledge, which are critical first steps in the behavior change process.

A primary purpose of One-Time Presentations is to recruit members of the target group for more intensive interventions. Clients may use one-time presentations as an entry point into care as they can access referral information at these events.

The curriculum for One-Time Presentations must demonstrate a clear connection to the agency’s scope of service objectives and activities

Recruitment/Community Events:

Education and outreach provided to large numbers of the target population in order to encourage individuals at high risk to obtain more intensive interventions offered in the agency sponsoring the event or another appropriate provider. This includes (but is not limited to) events such as health fairs and forums. Recruitment/community events include the following activities:

- Distribution of information and educational materials;
- Recruitment of individuals at high-risk for infection to engage them in intensive prevention activities;
- Development of opportunities for community involvement in prevention activities

The service specific standards for **Community Level Interventions** provide additional requirements regarding the following components of service provision:

- A. Program Requirements**
- B. Staffing Requirements**

A. Program Requirements

The objectives of the Program Requirement standards for **Community Level Interventions** are to ensure that:

- 90% of contacts are members of the target population;
- all materials distributed through the interventions are consistent with the goals of the BPHC funded project;
- participants are linked to other services as needed, such as medical care, counseling, testing, and vaccination;
- interventions are conducted at times and locations likely to be most effective in reaching the target group

A. Program Requirements		Community Level Interventions	
Standard		Measure	
A.1	Agency must develop and implement outreach worker protocols and safety plans	A.1	Outreach worker protocols, safety plan, and an overview of the intervention activity must be documented in program files.
A.2	Interventions must be based on program's approved, evidence based curriculum, and the content should reflect the goals of the project's scope of service and incorporate the appropriate behavioral change theory.	A.2	A copy of the curriculum and an overview and description of the intervention including date, time and location must be on file.
A.3	Agencies must submit to BPHC for review and approval any proposed project materials prior to their dissemination. Written materials must be provided in appropriate languages and reading level for the target population.	A.3	BPHC approval information must be documented and on file.
A.4	Interventions must be planned in advance.	A.4	The dates, times, locations and staff conducting interventions must be on file.
A.5	Programs must ensure cultural relevance and effectiveness of their intervention and ensure sensitivity to group norms.	A.5	Process notes must be documented and on file.
A.6	Interventions must link participants into other services such as medical care, counseling, testing, vaccination, mental health services as appropriate, and other support services.	A.6	Referrals must be documented and logged on file.
A.7	Health educators must document community members' attendance at presentations.	A.7	Completed sign in sheets must be documented and on file.
A.8	Health educators must evaluate the effectiveness of the intervention through pre/post tests or other appropriate methods.	A.8	Completed pre/post tests or other evaluation tools must be on file.
A.9	Health educators involved in the presentation must meet the requirements listed in section B.	A.9	Health educators and other relevant staff involved in the workshop must be documented on file.

B. Staffing Competency Requirements

The objectives of the Staffing Competencies standards for **Community Level Interventions** are to ensure that:

- participants have access to the highest quality services through experienced and trained staff;
- outreach staff are working under safe conditions and within the rules appropriate for the relevant setting;
- outreach staff are able to provide culturally and linguistically appropriate services

B. Competencies		Community Level Interventions	
Standard		Measure	
B.1	Outreach workers must have the following skills sets: <ul style="list-style-type: none"> • Awareness of the target population’s high risk behaviors • Ability to discuss high risk behaviors in settings where the clients typically congregate and where they may engage in high-risk behavior • Ability to conduct a brief risk assessment in outreach settings in an appropriate, confidential, non-judgmental and respectful manner that embraces harm reduction • Ability to facilitate supported referrals • Conflict resolution skills • Active listening skills • Ability to apply learning and behavior change theory in an outreach setting 	B.1	A resume for each educator must be on file.
B.2	Outreach Workers must be trained in the protocols & safety plan within 30 days of hire.	B.2	Completion must be documented and on file.
B.3	Project staff including Outreach Workers and Health educators must have working knowledge of the applicable behavioral change theory and of HIV, hepatitis C, and/or STIs depending upon which service the agency is funded to provide.	B.3	Completion of relevant training and competency must be documented in personnel files.
B.4	Outreach staff have the demonstrated skills, experience, and training necessary to provide services to the target population	B.4	Resume and relevant training documented in personnel file.

B.5	<p>Health educators must have the following skills sets:</p> <ul style="list-style-type: none"> • Group facilitation • Demonstrated public speaking • Ability to foster a healthy group dynamic • Curriculum development (i.e., the ability to incorporate new information into an intervention) • Conflict resolution • Ability to apply learning and behavior change theory in a group setting • Awareness of priority population high risk behaviors • Comfort in discussing high risk behaviors in a group setting • Active listening skills 	B.5	A resume for each educator must be on file.
B.7	<p>Health educators must have working knowledge of the applicable behavioral change theory and of HIV, hepatitis C, and/or STIs depending upon which service the agency is funded to provide.</p>	B.7	Resume, including relevant education must be on file.
B.8	<p>Health educators have the demonstrated skills, experience & training necessary to provide services to the target population</p>	B.8	Resume and relevant education documented in personnel file.