

Ryan White Program Standards of Care – Outreach Services

County of Santa Clara Public Health Department
Sexual Health and Harm Reduction Program



Santa Clara County HIV Commission



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Introduction

This document describes the “Outreach Services” category of supportive services under the Ryan White HIV/AIDS Program (RWHAP). It serves as a supplement to the Universal Standards of Care released by the Santa Clara County HIV Commission and County of Santa Clara Public Health Department. This document highlights each of the requirements and standards that apply to Outreach Services and must be followed by any provider receiving RWHAP funding for this service category. All service providers are responsible for understanding and maintaining compliance with the USOC, which apply to every RWHAP service category.

How This Document is Organized

Within this document, the Standards of Care are described in terms of (1) Service Definition and (2) Requirements.

Service Definition


The Outreach Services category has as its principal purpose identifying people living with HIV (PLWH) who either do not know their HIV status, or who know their HIV status but are not currently in care. As such, Outreach services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Key Activities

Outreach Services must:

1. Use data to target populations and places that have a high probability of reaching PLWH who:
 - a. Have never been tested and are undiagnosed,
 - b. Have been tested, diagnosed as HIV positive, but have not received their test results, or
 - c. Have been tested, know their HIV positive status, but are not in medical care.
2. Be conducted at times and in places where identified priority populations are likely to be present. Priority populations should be identified by using surveillance and continuum of care data.

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3. Be planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV, or radio announcements) that meet the requirements above and include explicit and clear links to information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care. Outreach services must not include outreach activities that exclusively promote HIV prevention education.

Requirements

In addition to complying with all the standards, measures, and monitoring criteria identified in the USOC, service providers shall adhere to the specifications for providing Outreach services as updated below.

1.0 ARIES: AIDS Regional Information & Evaluation System

Standards, Measures, and Monitoring criteria identified in USOC 1.0

2.0 Intake: Client/Eligibility

Standards, Measures, and Monitoring criteria identified in USOC 2.0

3.0 Recertification

Standards, Measures, and Monitoring criteria identified in USOC 3.0

4.0 Care and Treatment

4.1 Service Characteristics

Additional Standards, Measures, and Monitoring criteria identified in USOC 4.0

#	Standard	Measure
4.1.1	<p>Service Coordination: Providers should establish and maintain contacts with HIV testing sites, hospitals, substance abuse centers, case management agencies, and other points of entry into the HIV care system, as well as with other sources for the discovery of new clients.</p>	Monitored via discussion during site visit along with review of policies and procedures and formal agreements (e.g., memorandum of understandings) with partnering agencies.
4.1.2	<p>Screening Assessment: Each client will receive a screening assessment to determine their risk behaviors, knowledge of HIV status, care status, and immediate needs. If needed, screening will include a plan for referral and follow-up.</p>	Documentation in client files and monitored via discussion during site visit
4.1.3	<p>HIV Education: Upon assessment, and if needed, clients should be provided with HIV risk reduction and prevention education, information about partner services, and referrals to the HIV service delivery system, including clear information on how to access those services.</p>	Monitored via discussion during site visit
4.1.4	<p>Referral/Linkage: If testing is not available through Outreach Services, clients who do not know their HIV status should be referred for testing and people who test positive for HIV should be referred and linked to HIV medical care, case management, benefits counseling, and other services necessary to maintain or improve health outcomes, using a warm hand off where possible. Client barriers to care must be addressed in coordination of referrals. Documentation of all referrals must be documented in client files and available upon request. When a referral has been made, the outreach provider should follow-up directly with clients to ensure the referral was successful.</p>	Documentation of referrals in client charts
4.1.5	<p>Partner Services: Providers must have a process to offer and, if accepted, conduct Partner Services counseling and referrals.</p>	Documentation of process for providing Partner Services. Review of charts to ensure process is followed.



4.1.6	Documentation: Providers should obtain client information and keep a record of each contact, including information/education provided and any referrals or linkages.	Client records will be monitored via ARIES
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5.0 Service Access, Management, and Closure

Standards, Measures, and Monitoring criteria identified in USOC 5.0

6.0 Grievances

Standards, Measures, and Monitoring criteria identified in USOC 6.0

7.0 Client Rights, Responsibilities, and Confidentiality

Standards, Measures, and Monitoring criteria identified in USOC 7.0

8.0 Staff Requirements and Qualifications

Additional Standards, Measures, and Monitoring criteria identified in USOC 8.0

8.1 Education & License

#	Standard	Measure
8.1.1	<p>Education/Experience: There are no minimum educational standards for Outreach Services staff. All Outreach Services staff must be knowledgeable about HIV and familiar with available HIV resources in the area. They should have good communication skills and ideally be culturally and linguistically competent and able to meet the needs of the community served. Ideally, staff may share lived experiences of the community they served.</p> <p>Regardless of education/training, staff should be aware of the demographics in the service area, and trained and experienced in the following:</p> <ul style="list-style-type: none"> • Outreach practices • HIV transmission and prevention • Local HIV service delivery system, especially primary medical care and case management services • Motivational interviewing 	Documentation of staff experience in personnel files

8.4 Orientation/In-Service

#	Standard	Measure
8.4.1	<p>Initial Training: All staff providing Outreach Services must complete an initial training session related to their job description. Training should be completed within 15 days of hire. Topics must include:</p> <ul style="list-style-type: none"> • General HIV knowledge, such as transmission, care, and prevention • Privacy requirements and HIPAA regulations • Navigation of the local HIV system of care, including the Ryan White HIV/AIDS Program (RWHAP) and AIDS Drug Assistance Program (ADAP) 	Documentation of initial training in personnel files
8.4.2	<p>Ongoing training: Outreach Services staff must receive ongoing annual training as appropriate for their position. Training may be any combination of in-person, articles, home studies, or webinar, and must be clearly documented and tracked for monitoring purposes.</p>	Documentation of ongoing training in personnel files

9.0 Cultural and Linguistic Competency

Standards, Measures, and Monitoring criteria identified in USOC 9.0

10.0 Fiscal Responsibility

Standards, Measures, and Monitoring criteria identified in USOC 9.0

11.0 Licensure and Quality Assurance

Standards, Measures, and Monitoring criteria identified in USOC 11.0

12.0 Continuous Quality Improvement

Standards, Measures, and Monitoring criteria identified in USOC 12.0

References and Published Guidelines

California Department of Public Health, Office of AIDS (2020). *HIV Care Program Standards of Care*, 1-179

Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB). (2018) *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*. <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>

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