

# OUTREACH SERVICES

(Approved by Planning Council 8/27/07)

## **I. DEFINITION/OVERVIEW**

Outreach services are intended to identify individuals who know their status or those of unknown status so that they may become aware of the availability of Part A services and access care and treatment.

Activities must be planned and delivered in coordination with State and local HIV prevention outreach activities to avoid duplication of effort and to address a specific service need category identified through State and local needs assessment processes.

Individual outreach is defined as activities aimed at locating individuals who are aware of their HIV status so that they may be successfully linked into Primary Medical Care. Individuals who are not aware of their HIV status should be linked to Early Intervention Services (EIS) or a collaborative prevention program. Activities should be conducted in such a manner as to reach those known to have delayed seeking care.

## **II. SERVICES**

Outreach services may include both case finding and consumer recruitment through street outreach. Street outreach activities should be designed to find individuals who are at high risk of HIV and to refer those individuals into care and treatment services (such as Early Intervention Services (EIS), Primary Medical Care (PMC) and Medical Case Management (MCM)). Case finding activities should also be targeted to reach populations known to be at disproportionate risk for HIV infection, as demonstrated through local epidemiologic data.

Outreach services should be continually reviewed and evaluated in order to maximize the probability of reaching individuals who know their HIV status but are not actively in treatment. Quantified program reporting is required to assist local planning and evaluation efforts. Broad activities that market the availability of health-care services for PLWH are not considered appropriate Part A outreach services. HIV prevention education, counseling and testing are not allowable activities under this service category. Outreach providers are required to collaborate with State and local prevention programs.

## **III. ELIGIBILITY**

Outreach services pertain to linking HIV positive individuals or non-HIV positive individuals into care. This shall only require that the individual being served is a resident of the EMA. (See Universal Standards, Verification of Eligibility sections 1.1 and 1.3) Financial eligibility verification shall not apply.

#### IV. SECTIONS

In this document you will find:

- Personnel
- Referral to Part A services
- Coordination and Referral
- Discharge/Transition

#### V. STANDARDS OF CARE AND MEASURES

#	Standard	Measure
<b>1.0</b>	<b>PERSONNEL</b>	
<b>1.1</b>	<b>Staff Qualification</b>	
1.11	Service providers will employ staff who are knowledgeable and experienced regarding HIV outreach and the HIV continuum of care (i.e. care and clinical resources).	Documentation in employee’s file.
<b>1.2</b>	<b>Orientation</b>	
1.21	<p>Service providers shall have an established, detailed staff orientation process. Orientation must be provided to all staff providing direct services to clients within ten (10) working days of employment. Primary areas to be covered, as applicable to position held, must include at a minimum:</p> <ul style="list-style-type: none"> <li>A. HIV Basic Science and Psychological Issues</li> <li>B. HIV Outreach techniques and procedures</li> <li>C. Infection Control</li> <li>D. Client rights and responsibilities</li> <li>E. Confidentiality</li> <li>F. Client relations</li> <li>G. Cultural competency/sensitivity</li> </ul>	<ol style="list-style-type: none"> <li>1. Presence of an orientation program that educates staff on above described required subject matter.</li> <li>2. Personnel file reflects completion of orientation and signed job description.</li> <li>3. OHP will monitor compliance with training and continuing education requirements.</li> <li>4. Failure to comply with training</li> </ol>

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	<ul style="list-style-type: none"> <li>H. Safety in the workplace</li> <li>I. Professional ethics</li> <li>J. Employee rights and responsibilities</li> <li>K. Programmatic requirements including applicable Standards of Care</li> <li>L. General understanding of available resources</li> <li>M. List of current resources.</li> <li>N. Centers for Disease Control and Prevention (CDC) and United States Public Health Service (USPHS) guidelines</li> </ul>	<p>components may result in suspension and could result in subsequent loss of funding.</p> <ul style="list-style-type: none"> <li>5. A signed confidentiality agreement is in all staff files.</li> <li>6. Presence of CDC and USPHS regulations and guidelines on HIV counseling, testing and referral will be kept on file at site</li> </ul>
1.22	Staff participating in the direct provision of services to clients must satisfactorily complete a minimum of eight (8) hours of job-related education programs/in-services annually, as determined by the agency personnel policy.	Personnel files reflect eight (8) hours of training annually.
<b>1.3</b>	<b>Training</b>	
1.31	Training in HIV outreach and counseling is required for all staff funded under this initiative. Training services are offered through Louisiana Office of Public Health HIV/STD Program.	Documentation in personnel file or training log
1.32	Ongoing training for staff must be provided to appropriate staff to maintain current knowledge about outreach.	Documentation in personnel file or training log
<b>2.0</b>	<b>REFERRAL TO PART A SERVICES</b>	
2.1	Identified HIV positive individuals will be referred to a Part A Early Intervention Services or Medical Case Management provider or directly to a Primary Medical Care provider to facilitate transition to Primary Medical Care. Outreach providers shall follow-up with agencies to which clients were referred.	A written referral process (such as a referral log or client specific documentation) and documentation of follow-up to agencies to which clients were referred, as well as follow-up with

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		clients. Written client consent must be obtained and kept on file in order to follow-up with referral. A good faith effort to obtain such consent must be documented.
<b>3.0</b>	<b>COORDINATION AND REFERRAL</b>	
3.1	<p>Providers must establish formal referral relationships and linkages to HIV primary care, case management, and other services in the HIV continuum of care as appropriate. Outreach should work to expand the provider network to include relationships with local points of entry, both short and long term.</p> <p>Outreach providers will partner with community-based access points to identify and refer HIV positive clients not in care into the health care system.</p>	MOU and other formal documentation of linkages between primary care, case management and Outreach sites will be kept on file with appropriate updates and signatures.
<b>4.0</b>	<b>DISCHARGE/TRANSITION</b>	
4.1	Client will be considered discharged upon successful referral to EIS or case management provider or primary care provider	<ol style="list-style-type: none"> <li>1. With client consent, documentation of client contact with EIS or case management or primary medical care.</li> <li style="text-align: center;">OR</li> <li>2. Written note indicating that client expressly refused referral services</li> <li style="text-align: center;">OR</li> <li>3. Documented attempts at multiple follow-up attempts</li> </ol>

#	Standard	Measure
		through data management system