

**HIV Health Services Planning Council  
Sacramento TGA**

**Policy and Procedure Manual**

**Subject:** Outreach Services Standard                      **No.:** SSC 19  
**Date Approved:** 12/08/10  
**Last Revised:** 06/22/22  
**Date Reviewed:** 06/22/22

**Policy:** The attached document represents the service standards to be utilized when providing outreach to people in the Sacramento TGA with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services. This standard is to be used in conjunction with other service standards for medical, psychosocial and support services as developed and approved by the HIV Health Services Planning Council.

As directed by the HIV Health Services Planning Council priorities, when funded, the following service standards will apply to Ryan White contracted service providers.

1. Ryan White funding is to be used for HIV/AIDS outreach services to identify people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services. As such, any outreach services which are paid for through Ryan White funding shall be related to assisting clients in accessing HIV healthcare or other social support service appointments related to maintaining healthcare (i.e. ADAP, Medi-Cal, etc.).

2. Ryan White (RW) funding is to be expended in a cost effective, equitable manner. Outreach services paid for with Ryan White funds shall be provided in accordance with the allocation priorities and directives adopted by the Sacramento TGA HIV Health Services Planning Council ("HIV Planning Council"), or through an alternative assessment process administered by a RW Agency.

**3. PURPOSE OF OUTREACH SERVICES**

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their 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 4) 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.

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 there is a high probability that PLWH will be identified; and
- 3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

### **Unallowable Activities**

Outreach Services **may not**:

- Be used to pay for HIV counseling or testing
- Be used for outreach activities that exclusively promote HIV prevention education
- Be used for broad outreach activities, such as providing leaflets at a subway stop or posters at bus shelters
- Supplant funding for outreach activities funded by the Centers for Disease Control and Prevention or other federal, state, or local sources

### **GOALS OF OUTREACH SERVICES:**

The goal of outreach services is to promote access to and engagement in appropriate services for people living with HIV who:

- are aware or unaware of their HIV status, but are not currently in care (unmet need);
- have fallen out of care or are at-risk of falling out of care;
- are self-managed or those who don't utilize the continuum of care;
- promote communication and collaboration between the clients and all persons involved in the client's care;
- Educate the client on available resources and assist them in accessing

those resources.

## OUTREACH SERVICES EDUCATION REQUIREMENTS & TRAINING

All agencies shall comply with Health Resources Services Administration (HRSA) standards as well as all federal, state, and local requirements for certification and/or license.

At minimum, all outreach staff will possess the ability to provide linguistically and culturally appropriate services for people living with HIV, and complete documentation as required by their positions. Staff will be sensitive to the needs of persons of diverse life experiences, including substance users, persons with mental illness, transgender individuals and persons with co-occurring disorders and, ideally, will have prior experience working with the target population. It is imperative that outreach workers are well acquainted with the entire HIV service delivery system, and are trained and experienced in outreach, HIV transmission and prevention, the local HIV service delivery system, especially primary medical care and case management services, as well as, motivational interviewing. Programs are urged to utilize outreach workers who demonstrate personal life experience in managing HIV and/or negotiating the local service delivery system.

### ***Staff Orientation and Training***

**Initial:** All staff providing Outreach Services must complete an initial training session related to their job description and serving those with HIV. Training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge, such as HIV transmission, care and prevention
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care including HOPWA and ADAP

**Ongoing:** Staff must also receive ongoing annual HIV training as appropriate for their position. Training may be any combination of (1) in-person, (2) articles, (3) home studies, or (4) webinars, and must be clearly documented and tracked for monitoring purposes.

### **Service Characteristics**

Outreach Services must be offered in a way that addresses barriers to accessing medical care and uses resources to support positive health outcomes for clients.

**Service Coordination:** Services must be planned and delivered in coordination with local HIV prevention programs to avoid duplication of effort. The services paid for by Ryan White under this standard cannot take the place of HIV prevention services offered by other programs.

**Priority Populations:** Services must be focused to populations and communities known to be at disproportionate risk of HIV infection. Broad-scope awareness activities for the general public, such as transit ads, are NOT considered focused services.

**Key Locations:** Services should be conducted at times and places where there is a high probability that people living with HIV will be reached. Examples of this include offering services at specific establishments frequented by people likely to have participated in high-risk behavior and offering services at times outside of normal business hours.

**HIV Education:** Clients should always 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.

**Referral / Linkage:** Clients should be referred for testing as appropriate; those testing 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 as appropriate, using a warm hand off where possible. Documentation of that referral must be in the client file and available upon request.


**Partner Services:** Per the California State Office of AIDS' Management Memo 15-06, Ryan White providers funded for Outreach Services must have a process for Partner Services counseling and referral for clients. Partner Services information should be offered and referrals made for clients according to established processes.

**Quantifiable:** Providers should obtain client information and keep a record of each contact, including information/education provided and any referrals or linkages.

5. Outreach staff at RW Agencies may, at any time, submit to the RW Recipient requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique medical needs of a client or on unique barriers to accessing medical care which may be experienced by a client.

6. Clients shall have the right to request a review of any service denial from the agency that denied the service. The most recent review / grievance policies and procedures for the RW Agency shall be made available to each client upon intake. A copy of the grievance policy, signed by the client, shall

be maintained in the client's file.

Signed:   
Richard Benavidez, Chair

Date: 06/22/22