

SERVICE STANDARDS FOR OUTREACH SERVICES

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The Ryan White HIV/AIDS Program (RWHAP) is funded by the Ryan White HIV/AIDS Treatment Extension Act of 2009 and is administered by the U.S. Department of Health and Human Services (HHS) in the Health Resources and Services Administration (HRSA) within the HIV/AIDS Bureau (HAB).

I. PURPOSE OF SERVICE STANDARDS

The purpose of these service standards is to outline the elements and expectations all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC EMA such that clients of this service category receive the same quality of service regardless of where or by whom the service is provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all clients and will be used as contract requirements, in program monitoring, and in quality management.

II. GOAL

The goal of outreach services is to assist people newly diagnosed or identified as living with HIV and those lost or returning to care engage in treatment, medical and supportive services. Outreach services will ultimately reduce the number of people living with HIV who are not accessing the service delivery system therefore resulting in ongoing primary care and increased adherence to medication regimens.

III. SERVICE DESCRIPTION

Outreach Services include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Program Guidance:

Outreach programs must be:

- Conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior.
- Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness.
- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.
- Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection.

Funds may not be used to pay for HIV counseling or testing under this service category.

Please reference PCN 12-01 "The Use of Ryan White HIV/AIDS Program Funds for Outreach Services" Outreach services cannot be delivered anonymously as personally identifiable information is needed from clients for program reporting.

IV. SERVICE CONSIDERATIONS

Outreach services promote access to and engagement in appropriate services for people newly diagnosed or identified as living with HIV and those lost or returning to treatment. Services include identification, providing information/education and linked referral. When appropriate, outreach workers may accompany clients to initial visits to primary care and/or case management services.

Outreach programs must be:

- Targeted to communities or local establishments that are frequented by individuals exhibiting high-risk behavior.
- Conducted at times and in places where there is a high probability that individuals with HIV infection will be reached.

Outreach programs are designed to:

- Establish and maintain an association with entities that have effective contact with persons found to be disproportionately impacted by HIV or disproportionately differ in local access to care, e.g., prisons, homeless shelters, substance abuse treatment centers, etc.
- Direct individuals to Early Intervention Services (EIS) or primary care (HIV counseling and testing, diagnostic, and clinical ongoing prevention counseling services with appropriate providers of health and support services).
- Include appropriately trained and experienced workers to deliver the access to care message when applicable.
- Provide quantifiable outcome measures (tracking and data collection) such as the number of individuals reached of previously unknown HIV status who now know they are positive, and/or the number of HIV positive individuals not in care who are now in care.

Outreach workers will maintain a consistent presence in the target community in order to find newly diagnosed or identified people living with HIV and help link them to necessary services. All outreach services will be culturally and linguistically appropriate to the target population. All programs providing outreach services will develop a protocol to ensure worker and client safety.

V. HRSA NATIONAL MONITORING STANDARDS AND PERFORMANCE MEASURE/METHOD

The National Monitoring Standards are designed to ensure that Ryan White service providers meet federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness. Ryan White service providers will work with the recipient/administrative agent in their respective jurisdiction to further discuss the implementation of the National Monitoring Standards and the required performance measures. For this service category, the following performance measures are required:

Documentation that outreach services are designed to identify:

- Individuals who do not know their HIV status and refer them for counseling and testing
- Individuals who know their status and are not in care and help them enter or re- enter HIV-related medical care

Documentation that outreach services:

- Are planned and delivered in coordination with local HIV prevention outreach programs and avoid duplication of effort
- Target populations known to be at disproportionate risk for HIV infection
- Target communities whose residents have disproportionate risk or establishments frequented by individuals exhibiting high-risk behaviors
- Are designed so that activities and results can be quantified for program reporting and evaluation of effectiveness

Documentation and assurance that outreach funds are not being used:

- For HIV counseling and testing
- To support broad-scope awareness activities that target the general public rather than specific populations and/or communities with high rates of HIV infection
- To duplicate HIV prevention outreach efforts

VI. PROVIDER AGENCY POLICIES & PROCEDURES

- A. Agency must be licensed and/or accredited by the appropriate city/county/state/federal agency, **if required**.
- B. Staff must meet minimum qualifications detailed in the job description and service standards.
- C. Services will be provided through the facility or through a written affiliation agreement.
- D. **Records Retention** – Policies must exist for the production, maintenance and retention of client clinical records. The agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years.
- E. **Confidentiality Policy** - All providers must assure the client that information provided by the client or information obtained on behalf of the client is confidential. All written and verbal communications regarding the client will be maintained with strict confidentiality according to the policy of the agency and in accordance to HIPAA (Health Insurance Portability and Accountability Act) requirements.
- F. There will be a private confidential office space for seeing clients.
- G. **Cultural and Linguistic Appropriateness** – The agency will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Further information on the National CLAS Standards are located at www.thinkculturalhealth.hhs.gov . Agencies are to ensure that culturally sensitive and linguistically appropriate services are available in the client's preferred language or arrange for a certified interpreter. When providing medical services, the agency will arrange for a certified medical interpreter.
- H. **Americans with Disabilities Act Compliance** – The agency must demonstrate that the needs of disabled clients are met.
- I. **Client Consent** – Signed consent must be obtained from client prior to initiating services.
- J. **Release of Information** - Written consent must be obtained to release/exchange client information. The consent must be specific as to type of information, agency to which the information will be shared, and length of time during which the consent is valid.
- K. **Grievance Policy**- All providers must review the policy with the client and provide a copy in a language and format the client can understand.
- L. The Agency must have a written **Emergency Continuity of Operation Plan (COOP)** that includes procedures for service provision during a wide range of emergencies, including localized acts of nature, fire, bomb threat, evacuation, accidents, technological or attack-related emergencies and natural disasters.
- M. Service providers must receive training/education annually in relationship to HIV, substance abuse, mental health, co-occurring disorders, health and related subjects such as "Prevention with Positives".
- N. A **Quality Management Plan** shall be developed for HIV-specific patient care. This plan must be updated annually.
- O. Agencies must maintain linkages via detailed Memoranda of Understanding/Agreement (MOUs/MOAs) among other agencies to enhance the coordination of service provision.
- P. The agency must demonstrate input from clients via a client satisfaction survey or similar method at least annually.
- Q. **Continuity of Care** - Agencies must ensure that service provision occurs regardless of staffing changes, shortages and closures. Clients must also be made fully aware of business operating hours and any changes, as needed.

VII. ACCESSIBILITY IN SERVICE DELIVERY

- A. There will be no barriers due to client disability. The Agency must comply with ADA requirements for the provision of reasonable accommodations to address clients with special needs.
- B. The agency must demonstrate a commitment to provide services that are culturally sensitive and linguistically appropriate in accordance to the National Standards for Culturally and Linguistically Appropriate Services (CLAS).
- C. There will be no barriers due to language differences between the provider and clients. Agencies must have the ability to provide native language speakers for services when twenty percent (20%) or more of their clients prefer another language or arrange for a certified interpreter. When providing medical services, the agency will arrange for a certified medical interpreter.
- D. Eighty percent (80%) of all persons initially seeking services will be established into the care system of the provider within five (5) working days of initial contact. If this is not possible, the reason must be documented in the client's file.

/VIII. RIGHTS AND RESPONSIBILITIES

AGENCY/PROVIDER

- A. Agencies funded for Ryan White services shall have the ability to provide service in non-English languages when twenty percent (20%) or more of the clients speak a specifically identified language and must provide information for clients in that language or arrange for a certified interpreter.
- B. All written materials must be printed in a language that is understandable to the client and must be written at no higher than a 5th grade reading level.
- C. The agency will have a Clients Rights Statement posted and available to the client upon request.
- D. The agency will have a Consent for Services Form, which is dated and signed by the client or person legally able to give consent. This form will be signed by the client upon initial intake, and at least annually thereafter.
- E. The agency will have a Release of Information Form that is specific to the type of information released/exchanged, the agency to which the information will be shared, and the length of time during which the consent is valid. This form is used as needed and is signed by the client or person legally able to give consent.
- F. The agency will have a written policy related to Client Grievance Procedures which is reviewed with the client in a language and format the client can understand as stated in A.
- G. The agency will have a written Client Confidentiality Policy in conformance with State and Federal Laws.
- H. Agencies must provide clients with complete and accurate information about services provided.

CLIENT

- I. Clients have the right to be treated with dignity and respect. Clients have the responsibility to treat other clients and agency staff/volunteers with dignity and respect.
- J. Clients have the right to refuse services and receive a full explanation of the consequences of refusing services.
- K. Clients must be an active participant in the development, implementation, coordination and monitoring of their individual service plans. Clients must be provided with complete and accurate information about services received.
- L. Clients are responsible for providing complete and accurate insurance, medical, financial and other eligibility information.
- M. Clients are responsible for respecting the confidentiality of other clients receiving services.
- N. Clients have the right to file a grievance if they feel their rights are being violated. Clients are responsible for following the proper procedures as outlined for grievances against any services, organization, or employee of organization.
- O. Clients have the responsibility to keep illegal drugs, alcohol and weapons off agency property.

SERVICES MAY BE DISCONTINUED OR DENIED WHEN:

- P. The client refuses to sign a Consent for Services and Release of Information Form.
- Q. The client violates the rights of other clients or staff/volunteers
- R. The client is involved in illegal activities on agency property
- S. The client does not provide accurate insurance, medical, financial or benefits information
- T. The client is receiving duplicate services from multiple providers.
- U. The client is no longer eligible for Ryan White Services.

IX. SERVICE DELIVERY COMPONENTS AND ACTIVITIES

A. INDIVIDUAL OUTREACH ENCOUNTERS

On a monthly basis, outreach workers will implement and update an outreach calendar that includes all planned outreach activities, such as meetings with other agencies, community leaders and local business leaders, and client identification and outreach activities. Client identification and outreach activities will occur at hours and sites where targeted populations are likely to be encountered.

Programs providing outreach services will demonstrate formal collaborations with such sites, which may include:

- Correctional facilities
- Substance abuse treatment centers
- Counseling and testing sites
- Syringe exchange venues (if appropriate)

- Early intervention programs
- Homeless centers
- Family planning services
- Correctional and substance abuse transitional housing
- Soup kitchens
- Bars
- Social clubs
- Emergency rooms
- Commercial sex venues
- Outpatient medical facilities
- Dental clinics

Once identified, outreach workers will complete an **Outreach Encounter Form** for each potential client that includes:

- Name and contact information, including address and phone number
- Basic demographic data (sex at birth, current gender, date of birth, race and ethnic origin)
- Education provided
- Referral source, if appropriate
- Referrals made
- Any other data required for the CareWare system
- Any other service-specific data.

It should be noted that clients may not be willing to provide contact information in initial contacts. In such cases, the attempt to complete an encounter form should be documented.

B. PROVIDING INFORMATION/EDUCATION

Outreach workers will focus on one-on-one interactions with potential clients and provide clear, factual information about HIV transmission and prevention, and the HIV service delivery system. Workers will be able to provide clients with concrete information on how to access such services.

Programs will develop and/or distribute materials that have been prepared for non-English speakers and clients with sixth grade reading skills.

C. REFERRALS & LINKAGES

A primary goal of outreach services is to ensure that newly diagnosed or identified people living with HIV have been linked to services, especially medical care and case management. Clients will be provided written referrals appropriate to the immediate needs of the client, including primary medical care, medical and supportive case management, and supportive services that enable them to remain in care.

In addition, when indicated, referrals to the following services will be made

- HIV risk reduction and prevention services
- Partner elicitation or partner counseling services
- Sexually transmitted disease screening
- Tuberculosis screening services
- Drug and alcohol treatment
- Mental health services or crisis line
- Legal services

When appropriate, outreach workers will help make appointments, provide information about what to expect at appointments, and may even accompany clients to appointments.

D. SAFETY PROTOCOLS

All programs providing outreach services will develop a protocol to ensure worker and client safety that includes:

- Supervisor availability
- Team approach—never work alone after hours or in potentially dangerous venues
- Crisis intervention protocol
- Protocol for physical threats

E. DOCUMENTATION

Documentation must be kept for each client, which includes:

1. Outreach Encounter Form or documentation of refusal
2. Client's name and contact information, including address and phone number
3. demographic information (sex at birth, current gender, date of birth, race and ethnic origin)
4. Copies of all written referrals provided.
5. Consent for services.
6. Progress notes detailing each contact with or on behalf of the client. These notes must include date of contact and names of person providing the service.
7. Documentation that the client received rights and responsibilities information.
8. Signed "Consent to Release Information" form, as needed. This form must be specific and time limited.

X. PERSONNEL QUALIFICATIONS

Each agency is responsible for establishing comprehensive job descriptions that outline the duties and responsibilities for each of the positions proposed in their program. All staff must be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance.

At minimum, all outreach staff will be able 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, transgendered 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, especially primary medical care and case management services. Programs are urged to use outreach workers who demonstrate personal life experience in managing HIV and/or negotiating the local service delivery system.

New outreach workers will receive, within the 1st year, training from a program approved by the recipient/administrative agent, which includes:

- HIV 101, including treatment basics
- HIV counseling and testing
- HIV care system, resources and access
- Motivational interviewing
- Information and techniques for working with substance misuse
- Sexual health and risk
- Gender competency
- Names reporting
- Consent laws
- Confidentiality and HIPAA (Health Insurance Portability and Accountability Act)

In addition to attending the above, all outreach services staff are required to attend a minimum of 24 hours of ongoing annual training. The philosophies of harm reduction for substance use and risk reduction for sexual behavior should be embedded in the training of outreach workers.

Topics for ongoing trainings should include:

- Sexual health
- Substance misuse, sensitivity and cultural approaches and related issues
- Mental health
- Domestic violence
- Sexually transmitted diseases (STDs)
- Partner notification
- Bereavement
- Cultural and linguistic competence
- Gender sensitivity
- Nutrition

Outreach workers will be provided at least one hour of client care-related supervision per week, in either an individual or group format. Client care-related supervision is designed to provide support to outreach workers and to tailor the educational and development needs of these workers.

The outreach supervisor will be appropriately trained, knowledgeable and highly competent in the areas of HIV/AIDS, substance abuse, community referrals, educational services, general computer skills and the areas of competence and training expected of outreach workers. Supervisors will have at least two years of work experience with related populations or issues. Supervisors will also complete the training sessions required of new outreach workers, as noted in this section.