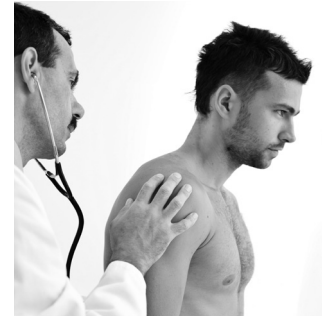


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## OUTREACH SERVICES

### EXECUTIVE SUMMARY

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#### SERVICE INTRODUCTION

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.

The goal of outreach is to assist people newly diagnosed or identified as living with HIV and those lost or returning to treatment engage in medical and psychosocial services. Outreach services will ultimately reduce the number of people living with HIV who are not accessing the service delivery system.

#### SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

At present, outreach services are unlicensed. All outreach services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations.

#### SERVICE CONSIDERATIONS

**General Considerations:** 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.

**Client Identification:** On a monthly basis, outreach workers will implement and update an outreach calendar that includes all planned outreach activities, including 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.

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

**Linked Referral:** 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 to a minimum of three primary medical care providers and any other linked referrals appropriate to their immediate needs. Outreach workers will maintain (or attempt) bimonthly follow-up contact with clients until successful linked referrals have been achieved.

## STAFFING REQUIREMENTS AND QUALIFICATIONS

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. 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. Outreach staff will complete an agency-based orientation before providing services. New outreach workers will attend a 40-hour training. All outreach staff are required to attend a minimum of 24 hours of ongoing annual training.



*Outreach  
promotes  
access to  
appropriate  
service.*

# STANDARDS OF CARE

Los Angeles County Commission on

# HIV



## OUTREACH SERVICES

### SERVICE INTRODUCTION

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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.

All programs will use available standards of care to inform clients of their services and will provide services in accordance with legal and ethical standards. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

The goal of outreach services is to assist people newly diagnosed or identified as living with HIV and those lost or returning to treatment engage in medical and psychosocial services.

Outreach services will ultimately reduce the number of people living with HIV who are not accessing the service delivery system.

Recurring themes in this standard include:

- ◆ Outreach services will respect the dignity and self determination of clients.
- ◆ Services will be delivered to support and enhance a client's self-sufficiency.
- ◆ Outreach may require many contacts to ensure engagement into services.
- ◆ Regular follow-up is a critical component of outreach services.

The Los Angeles County Commission on HIV and the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP)—have developed this standard of care to set minimum quality expectations for service provision and to guarantee clients consistent care, regardless of where they receive services in the County.

This document draft represents a synthesis of published standards and research, including:

- ◆ *Community Based Organization Master Contract & Outreach Scope of Work*, Office of AIDS Administration, Alameda County, 2005
- ◆ *HIV/AIDS Counseling, Testing and Referral Services Agreement Exhibit*, Office of AIDS

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### Programs and Policy

- ◆ Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were Portland, 2005; Baltimore 2004; San Antonio, 2005; and Las Vegas.

## SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

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At present, outreach services are unlicensed. All outreach services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations.

## DEFINITIONS AND DESCRIPTIONS

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**Health Insurance Portability and Accountability Act (HIPAA)** is a federal law that addresses the security, privacy and confidentiality of health data. (See <http://www.cms.hhs.gov/HIPAAGenInfo/> for more information.)

**Linked referral** is any referral that is facilitated by providers and confirmed as met by the referring agency. Linked referrals must include referral information provided in writing and verification regarding a client's access to services.

**Outreach** includes activities that promote access to and continuation of appropriate services at the earliest possible stage of HIV disease. These activities often occur outside the walls of the traditional health care system.

## HOW SERVICE RELATES TO HIV

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At the end of 2013, approximately 60,050 people were estimated to be living with HIV infection in Los Angeles County. Los Angeles County comprises 40% of the total AIDS cases in the State of California (Epidemiologic Profile of HIV in Los Angeles County, 2013).

As the HIV-positive population changes in the United States, many programs struggle with engaging and retaining people living with HIV into treatment and prevention services for persons living with HIV. Especially challenging has been engaging people of color and those living with substance abuse and mental health issues (Molitor et al., 2005). For the multiply diagnosed, treatment barriers include stigma associated with multiple illnesses, separate funding streams, and lack of coordination between medical, mental health, and substance abuse treatment facilities (Calysn, et al., 2004).

Deficiencies in HIV counseling and testing services have been documented in jails, offices of private and HMO physicians, as well as in hospitals and emergency rooms (Rudy, et al., 2003). To successfully engage newly diagnosed clients into care, programs must provide appropriate counseling, convenient access to counseling and make available HIV care facilities and support services (Galvan, Bing & Bluthenthal, 2000).

HIV outreach has been shown to be an effective model for engaging "hard to reach" clients (Tinsman, et al., 2001). A 2002 Boston study reported that outreach services were instrumental in connecting youth to care, including HIV information and referral services,



*Programs may collaborate with family planning centers.*

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prevention and risk assessment, health services, case management and mental health services (Woods et al., 2002).

Outreach is not only important in initially connecting hard-to-reach populations to services, but is also necessary for retaining them in care over time. A 2003 multisite study showed that at least two outreach contacts were necessary to significantly enhance retention (Harris et al., 2003). A California project reports that an average of 3.2 contacts occurred between the outreach worker and client before the first referral was made, further demonstrating the effort needed in engaging and linking hard to reach clients to care (Molitor et al., 2005).

It is important that outreach programs maintain flexible hours that ensure access to the target population. One study found that recruiting and engaging hard-to-reach individuals in treatment requires that comprehensive services be provided on a 24-hour basis in a flexible and culturally competent manner. A team approach is often the most effective way of providing such services (Calysn et al., 2004). Comprehensive networks of care offering a continuum of services and a variety of entry routes and types of care sites are needed to connect underserved youth to health care (Woods et al., 2002).

## SERVICE COMPONENTS

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HIV outreach services include:

- ◆ Client identification
- ◆ Providing information/education
- ◆ Linked referral to primary care and/or case management services

The primary goal of outreach services is to link clients to medical and psychosocial care.

To be considered “successfully linked” to treatment, a client should have attended at least one of the following:

- ◆ Medical appointment
- ◆ Case management visit
- ◆ Adherence counseling visit
- ◆ Mental health appointment
- ◆ Substance abuse treatment appointment
- ◆ Oral health appointment

Outreach workers will maintain a consistent presence in the target community 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 (see Program Requirements and Guidelines in the Standards of Care Introduction). Concern over the loss of confidentiality is a barrier to accessing HIV-related services. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with HIPAA standards for information disclosure.

All staff will be required to follow local guidelines, regulations and recommendations pertaining to HIV outreach services.

## CLIENT IDENTIFICATION

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
- ◆ Basic demographic data
- ◆ Risk assessment
- ◆ Education provided
- ◆ Referrals made

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.

## SAFETY

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

STANDARD	MEASURE
Client identification and outreach activities will occur at hours and sites where targeted populations are likely to be encountered.	Program review and monitoring to confirm. Monthly outreach calendar on file at provider agency.

STANDARD	MEASURE
Programs will demonstrate formal collaboration with sites.	Memoranda of Understanding on file at provider agency.
When possible, outreach workers will complete an outreach encounter form for each potential client or document client refusal.	Outreach Encounter forms or documentation of refusal on file at provider agency.
Programs will develop outreach safety protocols.	Safety protocol on file at provider agency.

**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.

STANDARD	MEASURE
Outreach workers will focus on one-on-one interactions and provide accurate information.	Program review and monitoring to confirm.
Programs will develop appropriate educational materials.	Educational materials on file at provider agency.

**LINKED REFERRAL**

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 to a minimum of three primary medical care providers and any other linked referrals appropriate to the immediate needs of the client, including case management, drug reimbursement or health insurance programs and legal services.

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

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

Outreach workers will maintain (or attempt) bimonthly follow-up contact with clients until successful linked referrals have been achieved or may stop contact efforts when the client:

- ◆ Relocates out of the service area
- ◆ Has had no direct program contact in the past six months
- ◆ Is ineligible for the service
- ◆ No longer needs the service
- ◆ Discontinues the service



- ◆ Is incarcerated long term
- ◆ Uses the service improperly or has not complied with the client services agreement
- ◆ Has died

Programs will document all follow-up activities made on behalf of clients.

STANDARD	MEASURE
Outreach workers will inform and provide linked referrals for medical care and other necessary services.	Program review and monitoring to confirm. Record of linked referrals on file in progress notes in client chart to include: <ul style="list-style-type: none"> <li>• Referral agency</li> <li>• Appointments met by client</li> <li>• Appointments broken by client</li> </ul>
As appropriate outreach workers will make appointments, provide information and accompany clients to appointments.	Record of activities kept in progress notes in client chart to include: <ul style="list-style-type: none"> <li>• Client name, date</li> <li>• Activities on behalf of client</li> <li>• Signature of outreach worker</li> </ul>
Outreach workers will maintain (or attempt) bimonthly contact with clients until linked referrals are complete or when the client: <ul style="list-style-type: none"> <li>• Relocates out of the service area</li> <li>• Has had no direct program contact in the past six months</li> <li>• Is ineligible for the service</li> <li>• No longer needs the service</li> <li>• Discontinues the service</li> <li>• Is incarcerated long term</li> <li>• Uses the service improperly or has not complied with the client services agreement</li> <li>• Has died</li> </ul>	Record of contacts kept in progress notes in client chart. When applicable, the reason for inability to contact documented in client chart.

## STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all outreach services 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.

Outreach services staff will complete an agency-based orientation before providing services. Staff will be trained to provide clear, factual information about HIV and its transmission and prevention.

New outreach workers will attend a 40-hour training session, which includes:

- ◆ Basic 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

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 40-hour training session required of new outreach workers, as noted in this section.

STANDARD	MEASURE
All outreach services staff will be able to provide linguistically and culturally appropriate services to people testing for or living with HIV.	Resume on file at provider agency to confirm.
All outreach services staff will be given orientation prior to providing services.	Orientation curriculum on file at provider agency which includes (but is not limited to): <ul style="list-style-type: none"> <li>• Basic HIV/AIDS education</li> <li>• Client confidentiality and HIPAA regulations</li> <li>• Agency policy and goals</li> <li>• Facility operations</li> <li>• Cultural sensitivity</li> <li>• Resources and referrals</li> <li>• Appropriate client/staff boundaries</li> </ul>

STANDARD	MEASURE
Outreach services staff will complete a 40-hour training session, which includes the following topics: <ul style="list-style-type: none"> <li>• Sexual health</li> <li>• Substance misuse issues</li> <li>• Mental health</li> <li>• Domestic violence</li> <li>• STDs</li> <li>• Partner notification</li> <li>• Bereavement</li> <li>• Cultural/linguistic competence</li> <li>• Gender sensitivity</li> <li>• Nutrition</li> </ul>	Record of training in employee file at provider agency.
All outreach services staff will complete 24 hours of additional ongoing annual training including the philosophies of harm and risk reduction.	Record of training in employee file at provider agency.
Outreach workers will be given at least one hour of client care-related supervision per week.	Record of supervision on file at provider agency.
Outreach supervisor will have two years of related work experience, and be appropriately trained, knowledgeable and highly competent in related areas. Supervisor will complete a 40-hour outreach worker training session.	Resume and documentation of training on file at provider agency in employee record.

## UNITS OF SERVICE

**Unit of service:** Units of service defined as reimbursement for outreach services are based on services provided to eligible clients.

- ◆ **Client outreach/linkage units:** calculated in number of episodes or events provided
- ◆ **Client identification units:** calculated in number of hours provided
- ◆ **Information/education units:** calculated in number of hours provided
- ◆ **Linked referral units:** calculated in number of linked referrals provided

**Number of clients:** Client numbers are documented using the figures for unduplicated clients within a given contract period.

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## ACRONYMS

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AIDS	Acquired Immune Deficiency Syndrome
DHSP	Division of HIV and STD Programs
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
STD	Sexually Transmitted Disease