

**Minority AIDS Initiatives
Outreach Services
Standards of Care**

IX. DEFINITION

Outreach Services are programs that have as their principal purpose identification of PLWHA who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

X. PURPOSE

The purpose of Outreach Services is to identify Persons Living with HIV/AIDS (PLWHA) to become aware of, and enrolled in, care and treatment services. These services are planned to reach communities of color in a proactive way to:

- 1) Identify newly diagnosed individuals to engage in medical care
- 2) Identify individuals who are “lost to care”, re-engage them in medical care and provide access to other services as necessary. Services will include referral of consenting clients to Primary Medical Care/Centers of Excellence and Medical Care Management Services.

These services are intended to establish and maintain relationships through outreach services to service providers, including but not limited to: medical providers, community health centers, jails or prisons, substance abuse treatment facilities, youth facilities, colleges and universities (specifically historically black colleges and universities), homeless shelters, etc.

XI. ELIGIBILITY

Service providers must have written policies and procedures regarding eligibility.

XII. SERVICE COMPONENTS

Services may include:

1. Establish and maintain formal referral and linkage relationships through outreach services with service providers, including but not limited to: medical providers, community health centers, jails or prisons, substance abuse treatment facilities, youth facilities, colleges and universities (specifically historically black colleges and universities), homeless shelters, etc.
2. Implement consistent community outreach to educate PLWHA about HIV and the availability of services with the intent of ensuring client-access to care and treatment services.
3. Identify HIV positive clients who may have fallen out of care or are recently diagnosed and refer those consenting clients to Primary Medical Care/Centers of Excellence and Medical Care Management services.

XIII. DOCUMENTATION

Service provider will collect data to document the following:

1. The number of formal relationships established and maintained with service providers.
2. The number of outreach activities conducted to educate PLWHA about HIV and the availability of HIV-related services.
3. The number of PLWHA identified as being lost to care and consenting clients referred to Primary Medical Care/Centers of Excellence and Medical Care Management services.

XIV. STAFF QUALIFICATIONS

Service providers will employ staff that are knowledgeable and experienced regarding HIV, community outreach, and HIV care and services. In addition, services shall ensure that staff is knowledgeable about:

1. Cultural competence with respect to diverse populations (including people of color; gay, lesbian, bisexual, transgender, and questioning (GLBTQ) persons, adolescents, women of childbearing age, injection drug users and their partners, commercial sex workers, and other groups that are at high risk for HIV infection).

2. Accessing venues of high risk minority populations (family-planning clinics, substance abuse treatment programs, penal and drug treatment transition houses, shelters, soup kitchens, bars, social clubs, etc.).

XV. ADDITIONAL REQUIREMENTS

Service providers shall provide programmatic supervision.

XVI. UNITS OF SERVICE FOR REPORTING

1. Community Outreach:

i. Service providers – units of service will be reported in encounters for outreach activities (including establishment and maintenance of formal relationships).

ii. Community venues – units of service will be reported in:

1. Encounters for outreach activities in venues for high risk minority populations.

2. Number of clients successfully enrolled and active in RWES.

iii. Outreach for PLWHAs – units of service will be reported in encounters for linkage to care of consenting clients to Primary Medical Care/Centers of Excellence and Medical Care Management services.