

## Outreach Services

### HRSA Definition (2-1-2016)

*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

### Key Service Component

The principal purpose of Outreach is the identification of people with unknown HIV disease or those 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. Activities that can be part of the service include:

- identification;
- providing information/education;
- maintaining contact;
- linked referral;
- engagement and retention activities; and
- When appropriate, outreach workers should accompany clients to initial visits to primary care and/or case management services for access to medications.

The outreach activities needs to be structured to target specific at risk population to increase: the number of individuals who are aware of their HIV status; who are in medical care and receiving HIV treatment; and the number of HIV negative individuals referred to services that contribute to keeping them HIV negative. Main goal of the targeted activities is to identify those with undiagnosed HIV disease and link them to care.

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



See [Policy Notice 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.

## Qualifications

Staff Qualification	Expected Documentation
Staff has appropriate skills, relevant experience, cultural and linguistic competency, and relevant licensure to provide services and/or care to people living with HIV.	Written description of staffing requirements by position; Staff resumes in personnel files; Personnel and training records.
<p>Staff is trained and knowledgeable about HIV/AIDS, the affected communities, and available resources. Training specific to outreach activities should include (but not limited to) the following:</p> <ul style="list-style-type: none"> <li>• HIV/AIDS Counseling (and testing when applicable);</li> <li>• Problem-solving to increase access and engagement to care</li> <li>• Referral to medical care;</li> <li>• Personal safety;</li> <li>• Adherence counseling;</li> <li>• Non-violent crisis intervention;</li> <li>• Cultural diversity; and</li> <li>• Psychosocial issues specific to HIV/AIDS.</li> </ul>	Documentation of training on these topics; Documentation of participation of all staff involved in delivering Part A services;

## Quality

### Units of service

1. Outreach Linkage Units – Number of single events or activities to link a client to care;
2. Client Identification Units – Number of hours at an outreach event held to identify those out of care and/or those that do not know their status;
3. Information/Education Units - Number of educational hours provided;
4. Linked Referral Units - Number of referral provided to link client to medical care.

### Outcome

- Engagement in Medical and Psychosocial Care;
- Satisfaction with Care;

### Indicators



- Percent of clients who are successfully linked to medical care within 90 days of initial contact with outreach services;
- Average number of encounters required to link a client to medical care or case management;
- Percent of clients who report satisfaction with outreach services they received.

<i>Quality Standard</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/ Benchmark</i>
All clients identified through Outreach Services who are out of medical care or newly diagnosed will be referred to a Medical Case Manager to initiate or re-initiate medical care.	Engagement in medical and psychosocial services;	Those escorted or having proof of attendance at a medical appointment and/or receiving medication;	Those contacted in outreach session;	Medical appointment; Outreach log;	60% of those contacted will make an appointment with a medical and/or psychosocial provider;
Outreach staff will make strong effort to follow up with all clients referred to a medical care manager. Follow up should happen within 2 weeks of initial referral.	Those out of care or newly diagnosed are linked to care;	All receiving follow- up by call, visit, transported, or escorted to care;	All those link into care;	Client logs or file; ECompas	60% of those linked to care will have follow up by outreach worker;
Client satisfaction surveys are conducted on a regular basis, at least annually, and the results of customer surveys are incorporated into the provider's plans and objectives.	Those receiving outreach are satisfied with outreach services;	Client expressed satisfaction with services	Completed surveys;	Client satisfaction surveys; Survey results; and client recommendations.	75% of those engaged into care through outreach report satisfaction with the service.

