

## Outreach Standards

**Definition:** Outreach Services are programs that have as their principal purpose 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 should target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination local HIV prevention outreach programs to avoid duplication of efforts, targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection, conducted at times and in places where there is a high probability of reaching individuals with HIV infection, and designed with quantified program reporting that will accommodate local effectiveness evaluation.<sup>1</sup>

### Objectives:

- Identify patients with high-risk behaviors who are unaware of their HIV status and/or those who are HIV-positive and not in care.
- Facilitate access to primary medical care and support services for patients living with HIV/AIDS.

### Performance Measures:

- Percentage of patients who had a care marker within three months of HIV diagnosis.
- Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a care marker in the last six months of the measurement year.
  - Percentage of outreach patients, regardless of age, with a diagnosis of HIV who did not have a care marker in the last six months of the measurement year.
- Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
  - Percentage of outreach patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

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<sup>1</sup> 2012 Annual Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual (September, 2012),p.12.

## **1.0 Agency Policies & Procedures**

*National Monitoring Standards: Documentation that outreach services are designed to: a) identify individuals who do not know their HIV status and refer them for counseling and testing; and b) individuals who know their status, and are not in care and help them enter or re-enter HIV-related medical care.<sup>2</sup>*

<b>Standard</b>	<b>Measure</b>
1.1 Outreach services provided are targeted to populations known to be at disproportionate risk for HIV infection.	1.1 Documentation of services directed to populations known, through local epidemiologic data or through review of service data, to be at disproportionate risk.
1.2 Outreach services conducted at times and in places where there is a high probability that targeted populations will be reached.	1.2 Documentation of outreach services conducted by location and times. Outreach logs maintained which delineate number of patients reached, gender and race/ethnicity.
1.3 Outreach materials are tailored to target populations such as language, literacy level, culture, gender, risk factors, etc.	1.3 Documentation of outreach materials targeted to various populations.

## **2.0 Service Provision**

*National Monitoring Standards: Outreach programs must be 1) planned and delivered in coordination with local prevention outreach programs to avoid duplication of effort; 2) targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; 3) targeted to communities or local establishments that are frequented by individuals exhibiting high-risk behavior; 4) conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; 5) designed to provide quantified program reporting of activities and results to accommodate local evaluation of effectiveness.<sup>3</sup>*

<b>Standard</b>	<b>Measure</b>
2.1 Refer patients to counseling and testing services for those with unknown HIV status.	2.1 Documentation of patients referred for HIV testing.
2.2 Refer persons who are HIV-positive to an HIV agency for eligibility screening.	2.2 Documentation of patients referred for eligibility screening.
2.3 Refer persons who are HIV-positive to care.	2.3 Documentation of patients referred for medical care.

<sup>2</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 40.

<sup>3</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 39-41.

2.4 Determine if referred patients have engaged in medical care within 3 months of HIV diagnosis.	2.4 Documentation of medical visit in patient's record.
<b>3.0 Personnel</b>	
<b>Standard</b>	<b>Measure</b>
3.1 Outreach staff must have a high school diploma or GED and one year of experience working with patients infected with HIV or additional health care training.	3.1 Documentation of qualifications in personnel file.
3.2 Newly employed outreach staff must complete the following training within 180 calendar days of hire: <ul style="list-style-type: none"> <li>• HIV 101</li> <li>• Outreach and procedures</li> <li>• Infection control/Blood born pathogens</li> <li>• Confidentiality</li> <li>• Cultural competency</li> <li>• How to make a referral</li> <li>• Adherence</li> </ul>	3.2 Documentation of training completed in personnel file.
3.3 Outreach staff must complete 6 hours of continuing education on HIV/AIDS annually.	3.3 Documentation of continuing education credits in personnel file.
<b>4.0 Quality Management</b>	
<i>National Monitoring Standard: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program's approved Standards of Care.<sup>4,5</sup></i>	
<b>Standard</b>	<b>Measure</b>
4.1 Measure and report patient outcomes using outreach measures approved by VDH.	4.1 Performance measurement data on the following indicators: <ul style="list-style-type: none"> <li>• Percentage of patients who had a care marker within 3 months of HIV diagnosis.</li> <li>• Percentage of outreach patients, regardless of age, with a diagnosis of HIV who did not have a care marker in the last 6 months of the</li> </ul>

<sup>4</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 49.

<sup>5</sup> PHS Act 2618(b)(3)(C&E)  
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	<p>measurement year.</p> <ul style="list-style-type: none"><li>• Percentage of outreach patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.</li></ul>
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