

SAN FRANCISCO EMA RYAN WHITE HIV 2024 STANDARDS OF CARE UPDATE PROJECT

OUTREACH STANDARDS OF CARE

NOTE: The draft standards below describe only service elements specific to Ryan White-funded outreach services. Overarching standards common to all programs - such as standards related to client eligibility, insurance and benefits screening, facility standards, staff qualifications, evaluation, and use of Ryan White funds as the payor of last resort - will be included in a separate Common Standards document. This document will also be fully formatted in a future version.

OVERVIEW AND PURPOSE OF OUTREACH SERVICES STANDARDS

The purpose of the San Francisco Eligible Metropolitan Area (EMA) Outreach Services Standards of Care is to ensure consistency among the Ryan White-funded mental health services provided as part of the San Francisco EMA's continuum of care for persons living with HIV. The purpose of Outreach Services is to identify persons who are unaware of their HIV-positive status or persons who know their HIV-positive status but have fallen out of care so that they may become aware of and enrolled in HIV medical care and treatment services.

DESCRIPTION OF OUTREACH SERVICES

Outreach services in the context of Ryan White funding include the provision of the following activities:

- 1.** Identifying persons who did not previously know they were living with HIV, and linking those persons to HIV medical care and treatment services;
- 2.** Identifying persons who already know their HIV-positive status but are not in care and linking or re-linking those persons to HIV to HIV medical care and treatment services, including locating agency clients who have been lost to care;
- 3.** Accompanying clients to medical and psychosocial appointments as needed; and
- 4.** Providing information and education on health care coverage and benefits options and social service programs where appropriate.

Outreach programs **must be:**

- Conducted at times and in places where identified priority populations are likely to be present, with priority populations identified through surveillance, continuum of care, and other available data;
- Planned and delivered in coordination with other HIV prevention, outreach, testing, linkage, and care programs in order to avoid duplication of effort;
- Delivered in a manner that is sensitive and responsive to the ethnic and cultural identity of clients, including linguistic preference, sexual identity, gender expression and identity, spiritual identification, and other factors; and

- Delivered in a manner that is respectful of client concerns, preferences, and prior experiences with the medical and/or social service system.

Outreach Services **may not:**

- Be used to pay for HIV counseling or testing;
- Be used for outreach activities that exclusively promote HIV prevention education;
- Be used for broad outreach activities, such as providing leaflets at a metro stop or posters at bus shelters; and
- To supplant funding for outreach activities funded by the Centers for Disease Control and Prevention or other federal, state, or local sources.

UNITS OF SERVICE:

- **An Outreach Unit of Service is defined as:**
 - ✓ 15 minutes of face-to-face, web-based, or telephone contact between a client and an outreach services provider.

OUTREACH SERVICES REQUIREMENTS:

Outreach Services must be offered in a manner that addresses barriers to accessing medical care and uses resources to support positive health outcomes for clients. Outreach workers should 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 must be culturally and linguistically appropriate for the target population. All programs providing outreach services will develop a protocol to ensure worker and client safety. When appropriate, outreach workers may accompany clients to initial visits to primary care and/ or case management services.

Service Coordination: Services must be planned and delivered in coordination with local HIV prevention, outreach, testing, linkage, and care programs to avoid duplication of effort. Outreach services reimbursed through Ryan White CARE Act funding cannot take the place of HIV prevention services offered by other programs.

Priority Populations: Services must be focused on populations and communities known to be at disproportionate risk of HIV infection. Broad-scope awareness activities for the general public, such as transit ads, are not considered focused services, although smaller group-based gatherings and campaigns narrowly focused on reaching a specific underserved or disproportionately impacted population can be considered focused services.

Key Locations: Services should be conducted at times and places where there is a high probability that people living with HIV will be reached. Examples includes offering services at specific establishments, venues, and locations frequented by persons likely to have participated in

high-risk behavior; outreach conducted on the street or in homeless encampments; and services offered at times outside of normal business hours.

HIV Education: Clients should always be provided with HIV risk reduction and prevention education, information about partner services, and referrals to the HIV service delivery system including clear information on how to access those services, as a part of outreach and service linkage efforts.

Referral / Linkage: Clients should be referred for testing as appropriate; those testing positive for HIV should be referred and linked to HIV medical care, case management, benefits counseling, and other services necessary to maintain or improve health outcomes as appropriate, using a warm handoff wherever possible. Documentation of that referral must be in the client file and available upon request.