

***PATERSON-PASSAIC COUNTY – BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL***

***OUTREACH SERVICES
MINIMUM STANDARDS
(Adopted November 12, 2013)***

Goal

The goals of the Paterson-Passaic County – Bergen County Transitional Grant Area (“TGA”) are to:

- Ensure a system of quality services that is consumer centered, efficient, and effective;
- Assist the consumer in gaining access to care and services;
- Increase early and immediate access, engagement and retention in quality care for people living with HIV/AIDS;
- Continue to achieve the highest possible level of care through evaluation, quality improvement and education;
- Strengthen cultural competency in service delivery throughout the TGA;
- Achieve open and meaningful communication among key Ryan White stakeholders;
- Identify and inform the unaware and out-of-care PLWHA for the purpose of engagement in care and reduction of HIV infection.

Outreach Service Definition

Outreach services are programs that have as their principal purpose the identification of people who do not know their HIV status or those that do know their status and are not in care so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing nor HIV prevention education. These services must 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 to track referrals into care.

Components of Outreach Services may include:

- Street outreach,
- Health education,
- Referral to HIV testing with confirmation of completed test,
- Referral to early intervention services as appropriate,
- Referral to case management, and
- Referral to medical care with confirmation of appointments kept.

Level 1 Outreach services are available to anyone at risk for HIV with status unknown (Unaware).

Level 3 Outreach services are available to anyone who is HIV-positive and out-of-care. Services are rendered for the purpose of engagement or re-engagement in medical care.

A1: Eligibility Requirements

Standard A1-1: Persons are eligible for Level 1 Outreach services provided their HIV status is unknown at the point of contact.

Indicator: No known record of HIV-positive status at the point of contact.

Example of evidence: Documentation of unknown HIV status at the time of contact is in the client file.

A2: Provision of Outreach Services

Standard A2-1: Outreach Services

Standard A2-1.1: Level 1 Outreach services include street outreach, health education, risk reduction education, assessment and referral to HIV testing or Level 3 Outreach.

Indicator: Documentation of outreach encounter is maintained in the Outreach logs.

Example of evidence: Entry in the MIS (*eCOMPAS*) system and the Outreach logs.

Standard A2-1.2: Level 3 Outreach services include verification/documentation of positive HIV status and two medical appointments in one year, six months apart.

Indicator: Documentation is maintained in the client file.

Example of evidence: Entry in the MIS (*eCOMPAS*) system

Standard A2-2: Data Entry

Standard A2-2: All providers of outreach services will input consumer data/units of service within five business days.

Indicator: Data in *eCOMPAS* is maintained.

Example of evidence: MIS (*eCOMPAS*) *entry*

Standard A2-3: Documentation

Standard A2-3.1: A valid ID is created for each contact which includes the first three letters of the first name, first three letters of the last name, last four digits of Social Security Number (HRSA required), date of birth, race, and gender, when possible, and location of encounter.

Indicator: A valid *eCOMPAS* ID is created.

Examples of evidence:

- a) Encounter/contact form is completed.
- b) *eCOMPAS* ID is maintained in the MIS system and the Outreach log.

Standard A2-3.2: Service encounters are entered into the MIS (eCOMPAS) system within five business days.

Indicator: Date of encounter occurred within five days of the date of entry into the MIS (eCOMPAS) system.

Example of evidence: MIS (eCOMPAS) entry.

Standard A2-3.3: The outreach agency shall regularly follow-up and collaborate with agencies to which outreach contacts were referred to determine whether the contacts accessed medical care.

Indicator: Follow-up contacts are recorded in the MIS (eCOMPAS) system or the client file.

Example of evidence: MIS entry or documentation in the client file.

Standard A2-3.4: The outreach agency shall maintain documentation of each follow-up and the results thereof.

Indicator: Encounters, referrals and follow-up are recorded in the MIS (eCOMPAS) system or the client file.

Example of evidence: MIS entry or documentation in the client file.

Standard A2-4: Security and Safety

Standard A2-4: Written policies and procedures exist which promote the safety of the contact and ensure security/safety of workers.

Indicator: Written agency policy and procedure exists ensuring the safety/security of workers and promoting the safety of the contact.

Example of evidence: Written policy and procedures are on file in the agency.

Standard A2-5: Information Distribution

Standard A2-5: Information distributed includes current HIV information, other current health related information (clean needle exchange techniques, body fluid barriers, spermicides, sexually transmitted infections), the syringe access program information, and community resource information.

Indicator: Information materials are provided to the client.

Example of evidence: A sample packet on file and documentation is contained in the Outreach log.

Standard A2-6: Referrals

Standard A2-6.1: Written policies and procedures exist outlining appropriate referral/ follow-up.

Indicator: Written policies and procedures exist for referral and follow-up.

Example of evidence: Written policy and procedures are on file in the agency.

Standard A2-6.2: Formal linkages (collaboration agreements and/or memoranda of agreement) exist between outreach agencies, EIS providers and Ryan White primary medical care providers.
Indicator: Collaboration agreements and/or memoranda of agreement are fully executed.
Example of evidence: Collaboration agreements and/or memoranda of agreement on file at the agency.

Standard A2-6.3: The agency will have current resource directories available on the premises.
Indicator: Documentation that resource directories exist within the agency.
Example of evidence: Directories exist at the agency.

A3: Street Outreach Practice Standards

A3-1: Cultural Competency

Standard 3-1: All service providers of the Bergen-Passaic Transitional Grant Area Ryan White Part A Program will adopt a policy and procedures consistent with the New Jersey Cultural and Linguistic Standards that explicitly:

- a. Acknowledges any and all cultures with a universally respectful approach;
- b. Understands and tolerates differing attitudes about health care;
- c. Provides a sharing and confidential environment between provider and client;
- d. Practices effective communication skills and responds to the client's level of understanding, perception and perspective;
- e. Supports and ensures ongoing cultural competency staff education;
- f. Establishes systemic policy to provide reasonable accommodation, adaptability and necessary tools for cultural competency.

Indicator: Written agency policy and procedures exists ensuring culturally competent and proficient services.

Example of evidence: Written policy and procedures are on file in the agency.

Standard A3-2: Rights and Confidentiality

Standard A3-2: Written policies and procedures exist which protect the rights and confidentiality of each client.

Indicator: Written agency policy and procedures exist ensuring client rights and confidentiality.

Examples of evidence:

- a) Written agency policy on client confidentiality is posted within the agency.
- b) Client encounter forms/files are secured and protected.
- c) Client grievance policy/procedure is posted within the agency.
- d) Personnel have signed a confidentiality protection statement.

Standard A 3-3: American Disabilities Act (ADA) Compliance: All agencies must be in compliance with the ADA.

Indicator: Needs of disabled consumers are met.

Examples of evidence: Agency demonstrates that the needs of disabled consumers are met.

Standard A-4: Professional Requirements for Providing Outreach Services

Standard A4-1: Minimum Staffing Requirements

Standard A4-1.1: Staffing protocols for staff and volunteers governing the manner in which outreach services will be provided.

Indicator: Job descriptions for staff and volunteers will be maintained.

Example of evidence: Written job descriptions are on file at the agency.

Standard A4-1.2: Minimum of two people is required during an outreach encounter.

Indicator: Documentation is maintained in the policy and procedures.

Example of evidence: Policy and procedures are on file at the agency.

Standard A4-1.3: Outreach services shall be flexible regarding the hours during which outreach activities are conducted to ensure that appropriate and effective contacts are most likely to be made.

Indicator: Hours of service provision are recorded in the staff weekly schedule.

Example of evidence: Staff time sheets.

Standard A4-1.4: The outreach agency shall maintain written documentation of all outreach encounters and referrals that are made, and any follow-up that is conducted.

Indicator: Encounters, referrals and follow-up are recorded in the MIS (*eCOMPAS*) system or the client file.

Example of evidence: MIS (*eCOMPAS*) entry or documentation in the client file or Outreach log.

Standard A4-1.5: The outreach agency shall plan and deliver outreach services in coordination with State and local HIV prevention outreach activities.

Indicator: Memoranda of agreement indicating coordination with State and local HIV prevention and outreach agencies are recorded in the agency files.

Example of evidence: Documentation/MOA with other prevention and outreach agencies are maintained in the agency file.

Standard A5: Street Outreach Training, Competency and Supervision

Standard A5-1: Each staff member and volunteer working in outreach must be supervised.

Indicator: The supervisor maintains records of direct supervision.

Examples of evidence: Documentation of monthly staff meetings or annual staff performance evaluation is maintained in the employee files.

Standard A5-2: The outreach agency shall provide to its staff and volunteers the following training programs or opportunities, receipt of which shall be documented in individual staff/volunteer files:

- a. Current HIV education and appropriate outreach training and training regarding the process of referring a client to a medical care site in the most appropriate manner;
- b. Ongoing inservice and information about advances in medical care and treatment of those with HIV/AIDS;

- c. Safety protocols for staff and volunteers governing the manner in which outreach services will be provided.

Indicator: Documentation of staff and volunteer training is recorded in the Agency files.

Example of evidence: Documentation in the agency file.

Standard 5-3: All Outreach personnel will attend two documented Grantee Administrative Office sponsored Outreach trainings and/or meetings per year (these hours may be applied to A5-2).

Indicator: Attendance is recorded at Grantee Administrative Office trainings.

Example of evidence: Documentation is maintained at the Grantee Administrative Office.

Standard A5-4: Outreach workers and volunteers will possess knowledge of and ability to effectively utilize interviewing, assessment and presentation skills and techniques in working with a wide variety of people.

Indicator: Documentation of staff and volunteer training is recorded in the agency files.

Example of evidence: Documentation in the employee and volunteer file.

Standard A5-5: Outreach workers and volunteers will have knowledge of community resources available to eligible persons so that appropriate, effective referrals can be made.

Indicator: Documentation is recorded in the employee or volunteer file.

Example of evidence: Documentation in the agency file.

Standard A5-6: Outreach workers will have skills and experience necessary to work with a variety of HIV/AIDS service providers, including other outreach workers, case managers and interdisciplinary personnel.

Indicator: Documentation of staff proficiency staff knowledge is recorded in the employee and volunteer files.

Example of evidence: A completed performance evaluation is on file.

Standard A5-7: Outreach workers and volunteers must have knowledge about and experience working with underserved populations.

Indicator: Documentation of staff and volunteer proficiency is recorded in the personnel files.

Example of evidence: A completed performance evaluation is on file.

Standard A6: Outreach Case Management Practice Standards

See Case Management Minimum Standards – all standards apply.