OUTREACH SERVICES
STANDARDS OF CARE

FOR

HIV SERVICES IN ORANGE COUNTY

Approved by Planning Council 04/09/25

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SECTION 1: INTRODUCTION

People living with HIV (PLWH) are able to live long and healthy lives when they have access to appropriate treatment and care. It is important that individuals living with HIV receive care necessary for them to manage their diagnosis. Outreach Services target individuals that have not linked to care or who have fallen out care. These services are designed to engage PLWH in treatment by addressing the barriers they may be experiencing.

GOALS OF THE STANDARDS

These standards of care are provided to ensure that Orange County's Outreach Services:

- Conduct outreach to PLWH who have not engaged in medical care
- Promote access and linkage to HIV care for those who are out of care
- Provide referrals that address barriers to medical care
- Provide information for health education and medical care coverage options

SECTION 2: DEFINITION OF OUTREACH SERVICES

The Outreach Services category's principal purpose is identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) services, including provision of information about health care coverage options.

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Outreach Services must:

1) Use data to target populations and places that have a high probability of reaching PLWH who:
   a) Have never been tested and are undiagnosed **or**
   b) Have been tested, diagnosed as HIV positive, but have not received their test results, **or**
   c) Have been tested, know their HIV positive status, but are not in medical care;
2) Be conducted at times and in places where there is a high probability that PLWH will be identified; and
3) Be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort

In Orange County, Outreach Services are conducted by employees of the OC Health Care Agency (including Mental Health Specialist and Disease Intervention Specialist (DIS)/Public Health Investigator) who act under the authority of the following Health and Safety Codes:

- 120575: Local Health Departments shall proactively investigate cases of disease and take all available measures to prevent the spread of the disease or additional cases.
- 121025: Local public health staff can use HIV surveillance data to contact an HIV-infected person or their HIV provider for the purpose of proactively offering and coordinating care and treatment services to them.

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Outreach Services start with well-prepared and qualified staff. To ensure quality services are provided, staff must meet all the following requirements and qualifications:

- **HIV Knowledge.** Staff shall have training and experience with HIV related issues and concerns. At a minimum, staff providing services to PLWH should possess knowledge about the following:
  - HIV disease process and current medical treatments
  - Psychosocial issues related to HIV
  - Cultural issues related to communities affected by HIV
  - Adherence to medication regimens
  - Diagnosis and assessment of HIV-related health issues
  - Prevention issues and strategies specific to HIV-positive individuals (“prevention with positives”)
  - Harm reduction strategies
  - Trauma-informed care
  - Health education

- **Licensure.** All staff must hold the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation as required by Federal, State, County or municipal authorities. Staff performing outreach based on surveillance data (Data to Care) must comply with State of California rules and regulations governing HIV testing (if they are conducting testing)and DIS training , which include:
  - Obtaining informed consent
  - Certification in test kit training and proficiency testing
  - Case reporting
  - Documentation
  - Confidentiality
- **Legal and Ethical Obligations.** Service providers must be aware of and able to practice under the legal and ethical obligations set forth by California state law. Obligations include the following:
  - **Duty to treat**: Service providers have an ethical obligation not to refuse treatment because of fear or lack of knowledge about HIV.
  - **Confidentiality:** Maintenance of confidentiality is a primary legal and ethical responsibility of the service provider. Limits of confidentiality include danger to self or others, grave disability, child/elder/dependent adult abuse. Domestic Violence must be reported based on the requirements of the service provider's professional standards.
  - **Duty to warn:** Serious threats of violence (including physical violence, serious bodily harm, death, and terrorist threats) against a reasonably identifiable victim must be reported to authorities. However, at present, in California, a PLWH engaging in behaviors that may put others at risk for HIV infection is not a circumstance that warrants breaking of confidentiality. Staff should follow their agency's policies and procedures in relation to duty to warn.

Standard	Measure
Staff agree to maintain standards set forth in Code of Conduct	Documentation of staff signature on file
Staff will have a clear understanding of job responsibilities	Written job description on file
Staff receive initial trainings (including administrative staff) within 60 days of hire and annual education regarding HIV related issues/concerns	Documentation of training/education on file

SECTION 4: CULTURAL AND LINGUISTIC AWARENESS

Staff must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all PLWH. Although an individual's ethnicity is generally central to their identity, it is not the only factor that makes up a person's culture. Other relevant factors include gender, language, religious beliefs, disability, sexual orientation, beliefs, and institutions. When providing culturally and linguistically competent services, it is important to acknowledge one's personal limits and treat one's client as the expert on their culture.

Based on the Health and Human Services' National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards), culturally and linguistically appropriate services and skills include:

Culturally and linguistically appropriate services and skills include:

- Effective, equitable, understandable, and respectful services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- The ability to respect, relate, and respond to a client's culture in a non-judgmental, respectful manner.
- Meeting the needs and providing services unique to our clients in line with theculture and language of the clients being served, including providing written materials in a language accessible to all clients.
- Recognizing the significant power differential between provider and client and work toward developing a collaborative relationship.
- Considering each client as an individual, not making assumptions based on perceived memberships in any specific group or class.
- Translation and/or interpretation services to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all services.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Being non-judgmental in regards to people's sexual practices.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

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Standard	Measure
Service providers will recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Service provider shall have a written strategy on file
All staff (including administrative staff) will receive initial trainings within 60 days of hire and annual trainings to build cultural and linguistic awareness	Documentation of training/education documentation on file
Service provider shall have posted and written materials in appropriate languages for the clients served	Site visit will ensure
Service provider will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Service provider complies with American Disabilities Act (ADA) criteria	Completed form/certification on file
Services are accessible to community served	Site visit to review hours of operation, location, accessibility with public transportation

SECTION 5: CLIENT REGISTRATION

Client registration is not required for clients contacted through Outreach Services. Clients without a valid HCC certificate shall be entered into the ACE portion of HCC .

- **Eligibility and Qualification Determination.** The service provider shall obtain the necessary information to establish that the client is living with HIV and not engaged in medical care.

- **Provision of Information.** Staff shall provide the following to clients:
  1) Information regarding the importance of being in HIV Care;
  2) Information regarding resources available to assist clients in staying in care;
  3) Information regarding how to re-engage in care; and
  4) Information regarding partner notification assistance.

  Staff shall also provide the client with information about resources, care, and treatment (this may include the county-wide HIV Client Handbook) available in Orange County.

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- **Confidentiality and Release of Information/Authorization to Disclose:** A Release of Information (ROI)/Authorization to Disclose (ATD) form describes the situations under which a client's information can be released and includes the name of the agency and/or person with whom information will be shared, the specific information to be shared, duration of the release consent, and the client's signature. ROI/ATDs may be cancelled or modified by the client at any time. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), the ROI/ATD must be a HIPAA-compliant disclosure.

Standard	Measure
Outreach referral documents eligibility for outreach initiation	Documentation in client file
Provision of information is documented	Documentation in client file
Clients who have a valid HCC Consent Form on file may be entered in HCC . Clients without a valid consent may be entered in HCC as an ACE entry to maintain anonymity.	Signed and dated by client and in client record
ROI/ATD is discussed and completed as needed	Signed and dated by client and in client record as needed

SECTION 6: IMPLEMENTATION AND EVALUATION

The following shall be provided by the Outreach Services program:

- **Service Coordination:** Services must be planned and delivered in coordination with local HIV providers to avoid duplication of effort.

- **Targeted Services:** Services must be targeted to populations and communities known to be out of HIV care or at risk of falling out of care. Broad-scope awareness activities targeting the general public, such as transit ads, are **NOT** considered targeted services.

- **Key Locations:** Services should be conducted based on referrals received and data gathered in order to outreach to potential locations where client may be found.

- **HIV Education:** Clients should always be provided with HIV risk reduction and prevention education, information about Partner Services, and referrals within the HIV service delivery system, including clear information on how to access those services.

- **Quantifiable:** Services should be designed so that activities and results can be quantified for program reporting and evaluation of effectiveness. Client information should be obtained and a record of each contact including information/education provided and any referrals or linkages, should be kept.

- **Service Timeframe:** Outreach Services shall be initiated within five (5) days of referral receipt or Data to Care list generation. Services are initiated after the following situations and timeframes:
  - **Lost to Care:** The client has:
    - 1) Two (2) consecutive missed medical appointments and two (2) unsuccessful phone attempts **or**
    - 2) Rescheduled three (3) medical appointments but has not come in for care.
  - **Newly Diagnosed:** The client is newly diagnosed, and has:
    - 1) Missed their initial lab appointment **or**
    - 2) Missed their initial medical appointment and does not respond to attempts to be contacted or contact information is missing or inaccurate.
  - **Jail Follow Up:** The client was released from jail and has:
    - 1) Missed their medical appointment **or**
    - 2) Not made contact with Jail Case Manager within two (2) weeks of their known release.
  - **Data to Care-Newly Diagnosed:** A newly diagnosed individual who :
    - 1) Never had their confirmatory HIV result disclosed to them **or**
    - 2) Does not have a verified medical visit within 30 days of HIV diagnosis or Linkage to Care referral **or**
    - 3) Has not been successfully linked to a Linkage to Care Coordinator.
  - **Data to Care-Lost to Care:**
    - 1) All newly diagnosed individuals that did not link to care in 30 days **or**
    - 2) Individuals with a detectable viral load co-infected with an STI **or**
    - 3) Individuals hospitalized or referred by provider as "out of care"

- **Medical Findings:** Medical finding referrals must be initiated within 72 hours of receipt in response to a medical condition (such as an abnormal lab result) that requires immediate medical attention.

Standard	Measure
Attempts to find the client are documented	Documentation in client file
Referrals to services and outcomes are documented, as appropriate	Documentation in client file
Client information with record of contact, information provided, and linkages are documented	Documentation in client file

SECTION 7: CONFIRMATION OF CARE

It is recommended that the Outreach Service provider follow up to confirm linkage to HIV care. Follow-up includes:

- Contact with the HIV Care Service Provider to verify a medical visit appointment has been made or attended.
- Review of HIV surveillance data to confirm medical visits.

Standard	Measure
Documentation of verified medical visit or reason why confirmation of care is not documented, if appropriate	Documentation in client file

SECTION 8: OUTREACH SERVICES CLOSURE

Receiving Outreach Services can be critical to a client's health and decreasing the spread of HIV.

A client may be discharged from Outreach Services due to the following conditions:

- The client has successfully attained goals
- The client chooses to terminate or declines services
- The client demonstrates unacceptable behavior
- The client cannot be located after documented multiple and extensive attempts
- The client has died

The following describe components of discharge planning:

- **Closure Due to Unacceptable Behavior.** If closure is due to unacceptable behavior, the service provider shall notify the client that their services are being terminated and the reason for termination.

- **Outreach Services Closure Summary.** Service documentation occurs after any and all services provided. A service closure summary shall be documented in the client's record identifying the date the client was closed and the reason for the closure.

- **Data Collection Closeout.** The provider shall close out the client in the data collection system (HCC) as soon as possible, but no later than thirty (30) days after service closure, unless the client is receiving other services at the agency.

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Standard	Measure
Notify client regarding closure if due to unacceptable behavior	Copy of notification in client file. If client has no known address or is unable to receive mail, documentation of other types of notification or attempt at notification in client file.
A service closure summary shall be completed for each client shall include: • Circumstances and reasons for closure • Summary of service provided Referrals and linkages provided at closure	Client file will include signed and dated service closure summary
Closeout of data collection shall be completed for each client who has been closed from all Ryan White services at that provider agency	Data collection system (HCC) will indicate client's closure no later than thirty (30) days of service closure

SECTION 9: QUALITY MANAGEMENT

Providers shall have at least one (1) member on the Health Care Agency's Quality Management (QM) Committee. The QM Committee will oversee quality management activities for all providers under Ryan White Part A. Providers may continue to have their own QM committee if they desire and/or are required to do so under other funding streams. The intent of a centralized QM committee with representation from all providers is to ensure information between agencies is consistent, quality initiatives are undertaken by the entire Ryan White system, and service delivery issues can be addressed system wide.

As providers participate in the centralized QM committee, the intent is for all providers to actively participate in and provide feedback on the following items:

- Providers shall participate in community-wide Quality Improvement initiatives as developed by the QM committee.
- Providers will implement strategies that may lead to improvements in health outcomes as outlined in annual Performance Outcome Goals.
- Providers will implement quality assurance strategies that improve the delivery of services.

Standard	Measure
Providers shall participate in annual quality initiatives	Documentation of efforts to participate in quality initiatives

Appendix A: Glossary of Terms

ACE: A function in the HCC database that allows for the collection of service data and basic demographic details for individuals who either have an expired HCC Consent Form or have not been previously entered into HCC.

ACE Client: A client who has never been entered in HCC or has previously been entered in HCC, but does not have the full set of six (6) client identifiers (first name, last name, date of birth, sex at birth, county of residence, and gender) in HCC , the HCC Consent Form is expired, and/or the client is no longer an "active" HCC client. These clients are considered anonymous.

Client: A client is an individual who is diagnosed with HIV that has fallen out of HIV care, is at risk of falling out of care, or is identified via HIV surveillance data as being out of HIV care.

Data to Care: The use of HIV surveillance data to initiate Outreach Services. Surveillance data, viral load or CD 4 lab information reported for Orange County, is utilized to 1) identify individuals who have never linked to care and 2) identify individuals who have not received HIV care in 18 months.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): The US federal legislation that provides data privacy and security provisions for safeguarding medical information. Additional information can be found: https://www.hhs.gov/hipaa/index.html

HIV Care Connect (HCC): A centralized client management system that allows coordination of services, provides comprehensive data for program reporting and monitoring. HCC is used by Ryan White funded service providers to plan, manage, and report client data.

HCC Client: A client who is currently in HCC with all six (6) client identifiers, a valid HCC Consent Form, and is active in HCC.

Linkage to Care: Program funded to assist newly diagnosed individuals or individuals who have fallen out of care and are being re-engaged in care to help ensure linkage to HIV care. The program utilizes the Anti-Retroviral Treatment and Access Services (ARTAS) strength based model to support linkage and retention in care.

Outreach Worker: An employee of the Orange County Health Care Agency who is trained to conduct Outreach Services (e.g., search for clients, refers to HIV care, and addresses barriers to care).

Verified Medical Visit: Verification that an individual has engaged or re-engaged in medical care. Verification may be based on the individual's self-report, confirmation from the Linkage to Care Coordinator, or confirmation via HIV surveillance data.