

Health Education Risk Reduction Services Standards of Care

I. DEFINITION

Health education/risk reduction is the provision of services that educate clients about HIV transmission and how to reduce the risk of HIV transmissions. It also includes the provision of information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.

II. PURPOSE

The purpose of Health education/risk reduction Services is to educate communities of color/minority populations about HIV disease, the importance of HIV treatment, and increase awareness of care and treatment services.

III. ELIGIBILITY

Service providers must have written policies and procedures regarding eligibility.

IV. SERVICE COMPONENTS

Services may include:

1. Implementation of consistent community outreach to educate the community about HIV and the availability of services with the intent of ensuring client access to care and treatment services.
2. Referral of clients with unknown HIV status for testing.
3. Referral of consenting PLWHA to care and treatment services identified as being lost to care or newly diagnosed with HIV/AIDS.

V. DOCUMENTATION

Service providers will collect data to document the following:

1. The number of outreach activities conducted to educate the community about HIV and the availability of HIV/AIDS-related services.
2. The number of referrals made for HIV testing for those with unknown HIV status.

3. The number of consenting PLWHA identified as being lost to care or newly diagnosed and referred to Primary Medical Care/Centers of Excellence and Medical Care Management services.

VI. STAFF QUALIFICATIONS

Service providers will employ staff that are knowledgeable and experienced regarding HIV/AIDS education, community outreach, and HIV/AIDS care and services resources. In addition, service providers shall ensure that staff is knowledgeable about:

1. Cultural competence with respect to diverse populations (including people of color; gay, lesbian, bisexual, transgender, and questioning (GLBTQ) persons, adolescents, women of childbearing age, injection drug users and their partners, commercial sex workers, and other groups that are at high risk for HIV infection).
2. Accessing venues of at-risk populations (family-planning clinics, substance abuse treatment programs, penal and drug treatment transition houses, shelters, soup kitchens, bars, social clubs, etc.).

VII. ADDITIONAL REQUIREMENTS

Service providers shall provide programmatic supervision.

VIII. UNITS OF SERVICE FOR REPORTING

1. Community Outreach:
 - i. Community venues – units of service will be reported in
 1. 15 minutes increments for educational outreach activities in venues for at-risk populations (presentations, health fairs, etc.)
 2. Actual number of educational materials distributed (brochures, distribution materials, etc.).
 - ii. Referrals for HIV testing – units of services will be reported in 15 minute increments for referrals to HIV testing sites.
 - iii. Referral for PLWHAS – units of service will be reported in 15 minute increments for referrals of consenting clients to Primary Medical Care/Centers of Excellence and Medical Care Management services.

**Minority AIDS Initiatives
Outreach Services
Standards of Care**

IX. 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 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.

X. PURPOSE:

The purpose of Outreach Services is to identify Persons Living with HIV/AIDS (PLWHA) or those who are unaware of their positive status to become aware of, and enrolled in, care and treatment services.

These services are planned to reach communities of color in a proactive way to 1) identify newly diagnosed individuals to engage in medical care or 2) to identify individuals who are “lost to care”, re-engage them in medical care and provide access to other services as necessary. Services will include referral of consenting clients to Primary Medical Care/Centers of Excellence and Medical Care Management Services.

These services are intended to establish and maintain referral relationships through outreach services to service providers, including but not limited to: medical providers, community health centers, jails or prisons, substance abuse treatment facilities, youth facilities, colleges and universities (specifically historically black colleges and universities), homeless shelters, etc.

XI. ELIGIBILITY:

Service providers must have written policies and procedures regarding eligibility.

XII. SERVICE COMPONENTS:

Services may include:

1. Establish and maintain formal referral and linkage relationship through outreach services with service providers, including but not limited to: medical providers, community health centers, jails or prisons, substance abuse treatment facilities, youth facilities, colleges and universities (specifically historically black colleges and universities), homeless shelters, etc.
2. Implement consistent community outreach to educate the community about HIV and the availability of services with the intent of ensuring client access to care and treatment services.
3. Refer clients with unknown HIV status for testing.
4. Identify HIV positive clients who a) may have fallen out of care or b) who are recently diagnosed and refer those consenting clients to Primary Medical Care/Centers of Excellence and Medical Care Management services.

XIII. DOCUMENTATION:

Service provider will collect data to document the following:

1. The number of formal referral relationship established and maintained with service providers.
2. The number of outreach activities conducted to educate the community about HIV and the availability of HIV-related services.
3. The number of PLWHA identified and contacted as being lost to care and consenting clients referred include referral of consenting clients to Primary Medical Care/Centers of Excellence and Medical Care Management services
4. The number of referrals made for HIV testing for those with unknown HIV status.

XIV. STAFF QUALIFICATIONS:

Service providers will employ staff that are knowledgeable and experienced regarding HIV, community outreach, and HIV care and services resources. In addition, service shall ensure that staff is knowledgeable about:

1. Cultural competence with respect to diverse populations (including people of color; gay, lesbian, bisexual, transgender, and questioning (GLBTQ) persons, adolescents, women of childbearing age, injection drug users and their partners, commercial sex workers, and other groups that are at high risk for HIV infection).
2. Accessing venues of at-risk populations (family-planning clinics, substance abuse treatment programs, penal and drug treatment transition houses, shelters, soup kitchens, bars, social clubs, etc.).

XV. ADDITIONAL REQUIREMENTS

Service providers shall provide programmatic supervision.

XVI. UNITS OF SERVICE FOR REPORTING

1. Community Outreach:
 - i. Service providers – units of service will be reported in 15 minute increments for educational outreach activities (including establishment and maintenance of formal referral relationships).
 - ii. Community venues – units of service will be reported in
 1. 15 minutes increments for educational outreach activities in venues for at-risk populations
 2. Number of educational materials distributed (brochures, distribution materials, etc.).
 - iii. Referral for PLWHAs – units of service will be reported in 15 minute increments for referrals of consenting clients to Primary Medical Care/Centers of Excellence and Medical Care Management services.
 - iv. Referrals for HIV testing – units of services will be reported in 15 minute increments for referrals to HIV testing sites.