

SERVICE AREA:
OUTREACH SERVICES

Outreach Services - programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status 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 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.

SERVICE ACTIVITY:
OUTREACH SERVICES

**SERVICE AREA: OUTREACH SERVICES
SERVICE AREA REVIEW SUMMARY**

1.	Relationship to HRSA Allowable Services:	HRSA Support Service (T)
2.	Relationship to Continuum of Prevention and Care:	Essential Care Services and HIV Additional Service
3.	Relationship to Comprehensive Plan:	<u>Goal 2: Keep PLWH/A adherent to care and treatment.</u> Activity 2C: Fund services that help PLWH/A stay in care.
4.	2006 Planning Council Prioritization Ranking:	15 out of 23
5.	Funding	

2006-7 Allocation	2006-7 Expenditure	Activity	2007-8 Post Award Allocation
\$168,766	\$167,566	Outreach	\$216,180

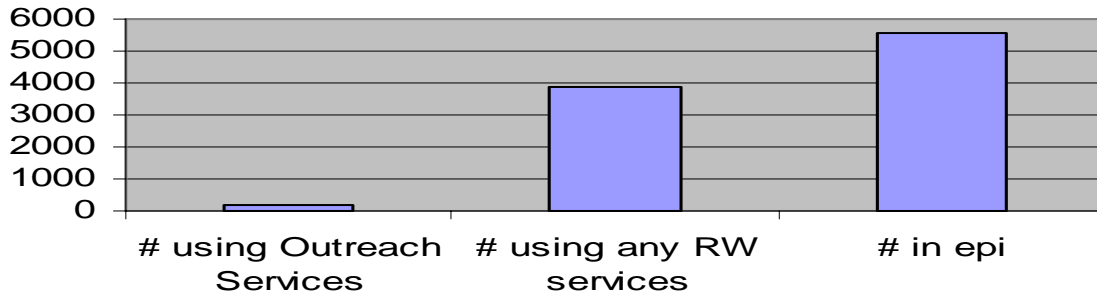
SERVICE AREA DEFINITION:

Outreach Services - programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status 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 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.

SERVICE ACTIVITY UTILIZATION OUTREACH:

Year	# using Outreach	Total Epi	Percent of Epi	Total in RW Services	Percent of those in services
2006	164	5,566	2.9%	3,888	4.2%
2005	92	5,233	1.7%	3,752	2.5%
2004	285	5,002	5.7%	3,838	7.4%
2003	189	4,895	3.9%	3,399	5.6%

NUMBER USING OUTREACH SERVICES IN 2006 COMPARED TO ALL USING RW SERVICES AND NUMBER IN EPI



CONSUMER RANKING OF SERVICES:

From the 2003 Needs Assessment, based on interviews with 242 HIV+ Minnesotans:

Service Activity	1999 Ranking (of 23 services)	2003 Ranking (of 25 services)
Outreach	NA	24

KEY POINTS FOR OUTREACH SERVICES

[Key points are created for and approved by the Needs Assessment and Evaluation Committee of the MHSPC, based on their review of a service area (SAR), which includes utilization data, outcome data where available, and detailed information from past Needs Assessments.]

BACKGROUND INFORMATION:

There are currently one clinic and two community based agencies funded for outreach; one of the community based agencies has Minority AIDS Initiative/MAI funding for Outreach services.

According to HRSA, the goal of outreach services "continues to be to link individuals into care that would ultimately result in ongoing primary care and increased adherence to medication regimens.....Broad activities such as providing 'leaflets at a subway stop' or 'a poster at a bus shelter' would not meet the intent of the law." HRSA prohibits use of Ryan White funds for "outreach activities that exclusively promote HIV prevention education. Broad scope awareness activities that address the general public may be funded provided that they are targeted and contain HIV information with explicit and clear links to health care activities."

The HRSA policy requires that outreach activities supported by Ryan White be:

- A. Planned and delivered in coordination with State and local HIV prevention outreach activities to avoid duplication of efforts and to address a specific service need category identified through State and local needs assessment processes;
- B. Directed to populations known, through local epidemiological data or through review of service data, to be at disproportionate risk for HIV infection;
- C. Conducted in such a manner (i.e., time of day, month, events, sites, method, cultural appropriateness) among those known to have delayed seeking care relative to other populations, etc. and continually reviewed and evaluated in order to maximize the probability of reaching individuals infected with HIV who do not know their serostatus, or know their status but are not actively in treatment.

This service involves Part A and B funding for people who are aware of their HIV diagnosis but not in medical care (defined as not having seen an HIV physician for medical care in the prior 12 months) Coordination of funding and reporting with MDH/Prevention and Testing Services is important; there is joint funding of at least one clinic for prevention/testing and outreach services.

This service is focused on reaching people who are "out of care," according to the HRSA definition: people living with HIV and aware of their diagnosis who have not received HIV medical care in the prior twelve months. The Out of Care estimate required for the Ryan White program application for this Transitional Grant Area (TGA) has varied around 30% (38% in the initial report in 2002; in the fall 2007 application, based on 2006 data, this figure was 26%.)

Outreach can include efforts to reach people who are out of care (whether that is people who have never accessed care or people who have "lapsed" in not seeing their physician) and to provide services to remove barriers to care. It is complementary to efforts by medical clinics, formerly known as inreach but now known as *clinical retention*, to reach and work *with* their patients who have not kept their medical appointments.

SAR DATA:

- The Committee notes that the available utilization data probably do not reflect the much larger number of contacts required to reach people who are HIV positive, but not in care. The annual utilization data reflects the "case finding" or smaller number of people who are aware of their HIV status but not in care. The NA&E Committee would appreciate if future reporting could identify the larger number of contacts made under outreach.
- The NA&E Committee also acknowledge that outreach is a challenging service, as it requires clients to self identify in order to receive the service. The presence of stigma in many communities makes this difficult.
- The available data don't point to a single "magic bullet" that would move people out of care into care; the available data suggest that access to health insurance and doctors can be very important in getting into care, when someone has decided to seek care.

Developed by NA&E 4.22.08, revised 5.20.08