

Title: Outreach service standards	
Program: Ryan White Part B (RWB)	
Section: Support services	
Department: Health and Human Services	Last review: 2024.02.12
Owner: Ryan White Part B administrator	Next review: 2025.02.01
Approved by: HEART program manager	Origination: 2024.02.01

Service category definition

The outreach service's principal purpose is to identify people living with HIV (PLWH) who either do not know their HIV status, or who know their status, but are not currently in care or have barriers to engaging in care.

Services provide:

- Identification of people who do not know their HIV status.
- Linkage or re-engagement of PLWH who know their status.

The Ryan White Part B Program (RWB) implemented a Peer Navigator (PN) position to provide outreach services for PLWH in the community.

Peer navigator (PN)

A PN is a person who is living with HIV and follows medical recommendations for care. A PN is a role model and mentor, who knows the community, resources, and how to remove barriers to care.

Service delivery

The focus of the PN is to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care. The PN works with the case manager to help individuals who have new HIV diagnoses, with detectable viral loads, and who are at risk of falling out of medical care. The PN helps resolve medical concerns and needs through referrals and assisting the case manager as needed.

Education

Role	Requirements
PN	Current peer navigator certificate
PN supervisor	One year of experience as: <ul style="list-style-type: none"> • supervisor • professional providing social or health-associated services for PLWH.

Training

Requirements

- Complete training within 6 months of hire, then as specified or as needed.
- Other training opportunities approved through the RWB administrator.

Training expectations			
Frequency	Topic	Responsibility	
As needed	Peer navigator certification	Outreach agency	
One-time	HIV testing and counseling		
	Harm reduction navigator		
	HIV medication 101		
	Motivational interviewing		
Every 2 years	Question, persuade, refer (QPR)		
	Suicide prevention		
Annual	Antiretroviral therapy (ART)		RWB
	Self-care		
	Trauma-informed care		
	Clienttrack		
	RWB eligibility		
	Clinical management plan		
RWB manual			
	RWB service standards		

Measure

Documentation of:
 Staff training (this can be demonstrated through certification or attendance roster/sign-in sheets).
 Training in the employee personnel file.

Peer navigator role

Standard	Activity	Measure
Use data to target populations and places that have a high probability of reaching PLWH who have never been tested and are undiagnosed or have been tested and:	Review: <ul style="list-style-type: none"> • RWB generated a list to identify clients. • Referrals from 	ClientTrack

<ul style="list-style-type: none"> • Diagnosed as HIV positive, but have not received their test results. • Know their HIV-positive status, but are not in medical care. 	<p>internal and external agencies for re-engagement to care and maintaining care.</p>	
<p>Use DAP format for case note documentation pertaining to the client including activities and interactions (in-person, emails, or phone conversations) with client, providers, or community agencies.</p>	<p>DAP format <i>Data:</i></p> <ul style="list-style-type: none"> • What did the client say? • What did you observe? <p><i>Assessment:</i> What is the present situation?</p> <p><i>Plan:</i></p> <ul style="list-style-type: none"> • Intervention in the overall client situation. • Identify the next visit date. • What is your plan of action? 	<ul style="list-style-type: none"> • Universal service standards compliance • ClientTrack documentation within 24 business hours of client interactions, information, correspondence, or activities.
<p>In collaboration with the case manager:</p> <ul style="list-style-type: none"> • Determine treatment adherence goal(s) • Identify needs and barriers 	<p>The client assigned to the PN caseload</p>	<p>ClientTrack</p>
<p>Obtain release of information (ROI)</p>	<p>ROI in ClientTrack</p>	<p>ClientTrack</p>
<p>Educate the client on the importance of viral suppression, medication adherence, and retention in care.</p>	<p>Education documented</p>	<p>ClientTrack</p>
<p>Referral initiated when client needs and barriers are identified and follow-up within 14 business days.</p>	<p>Referrals documented</p>	<p>ClientTrack</p>

Applicable universal service standards

- Access to care
- Record management
- Billing
- Staff requirements/personnel qualifications
- Client retention
- Re-engagement
- Transition
- Client-related policies
 - Rights and responsibilities
 - Grievance
 - Privacy and confidentiality
- Fiscal
- Quality management
- Client satisfaction
- Monitoring

Appendix A: Self-care

The work environment for PN can be stressful. The PN recognizes stress and implements effective coping mechanisms and practices physical, emotional, and social self-care to prevent burnout. The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends the following coping mechanisms to consider when you experience burnout.

Time management:

- Make a daily plan of tasks.
- Prioritize the list. Identify tasks that have to be done today (As), from those that could be done tomorrow (Bs), and tasks that are not that important (Cs). You may need to adjust and revise your list. There may be times when reviewing your list with your supervisor is beneficial.
- Be sure to do your “A” tasks first.
- Keep your list simple and realistic.
- Carry your list with you—consult it often.
- Let your list be your guide.
- Set appointments with clients to provide CM services and stick with it. If they are not there for the appointment, reschedule. They will learn they can rely on you and they are responsible to be there on time.
- Be on time.
- Treat clients the way you want to be treated.
- Always ask, “what is the best use of my time right now?”
- Do not always work on other people’s “A” tasks at the expense of your own.

Stress management:

- Talk with staff and your supervisor about your experience and feelings.
- Share with others to reduce the tension and find humor in difficult situations.
- Learn how to use relaxation exercises.
- Use humor appropriately.

Recognize the burnout stages:

- Stage I—Early warning signs: vague anxiety, constant fatigue, feelings of depression, boredom with one’s job, apathy.
- Stage II—Initial burnout: Lowered emotional control, increased anxiety, sleep disturbances, headaches, diffuse back and muscle aches, loss of energy, hyperactivity, excessive fatigue, and moderate withdrawal from social contact.
- Stage III—Burnout: skin rashes, generalized physical weakness, strong feelings of depression, increased alcohol intake, increased smoking, high blood pressure, ulcers, migraines, severe withdrawal, loss of appetite, loss of sexual

appetite, excessive irritability, emotional outbursts, irrational fears (phobias), rigid thinking.

- Stage IV—Burnout: asthma, coronary artery disease, diabetes, cancer, heart attacks, severe depression, lowered self-esteem, inability to function on the job and personally, severe withdrawal, uncontrolled crying spells, suicidal thoughts, muscle tremors, severe fatigue, over-reaction to emotional stimuli, agitation, constant tension, accident proneness, and carelessness, feelings of hostility.
- Take action to deal with your burnout if you recognize it.
- Talk to your supervisor for help.
- Take time-outs. These can be mini time-outs, such as taking the afternoon off, or longer vacations.
- It is okay to say you are having a difficult time. We all do at times. It is not okay to ignore the stress symptoms and do nothing about them.
- Cultivate pleasurable activities and hobbies that offer you balance and peace.
- Develop a positive, nurturing support system.
- Set limits with yourself and others. Know your own boundaries.
- Exercise regularly.

Appendix B: Chronic disease management

Chronic disease management is an approach to health care which supports clients in maintaining independence and optimum health through early detection and effective management of chronic conditions. This approach prevents deterioration, reduces risk of complications, prevents associated illnesses, and enables people living with chronic conditions to have the best possible quality of life. A client's ability to follow medical advice, accommodate lifestyle changes, and access appropriate support are all factors that influence successful management of an ongoing illness. PLWH need support and information to become effective managers of their own health. Chronic conditions require both medical and behavioral interventions. Clients play a large role in managing chronic conditions such as HIV. Each client is unique, and appropriate interventions are customized to influence the client's desired outcomes. The following are essential to meet the needs of the client:

- Early access to and maintenance of comprehensive health care and social service.
- Involvement in and optimal use of the health and social service systems.
- Integration of services provided across a variety of settings.
- Enhanced continuity of care.
- Agreement on medical treatment goals for effective adherence.
- Basic information about HIV and treatment.
- Prevention of HIV transmission.
- Understanding the importance of following medicine directions to control HIV and sustain viral suppression.
- Understanding of, and assistance with, self-management skill-building.
- Ongoing support from members of the health care/CM team, family, friends, and the community.
- Personal empowerment.

Resources

HRSA RW Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02

https://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf

[Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part B Recipients](https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part-b-rt-b.pdf)

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Revised	Title	Change description or location
2023.12.12	RWB administrator	Create Outreach service standards
2023.12.28	Quality consultant and coordinator	Multiple changes to formatting and order of content.
2024.01.04	RWB administrator	Update the changes made by the Quality consultant and coordinator.
2024.01.04	RWB administrator	Add appendices.
2024.01.30	RWB administrator	Edit section, service delivery and training.
2024.02.05	RWB fiscal analyst	Add link to national monitoring standards.
2024.02.12	RWB administrator	Convert service standard from word to google doc.

Approval Group	Date
RWB Part B administrator: Seyha Ros	2024.01.12
RWB quality coordinator: Marcee Mortensen	2023.12.28
RWB senior RN quality consultant: Vinnie Watkins	2024.01.31
RWB fiscal analyst III: Anna Packer	2024.02.05
RWB financial manager I: Derrick Blomquist	2024.02.05
HEART Program manager: Tyler Fisher	2024.01.12
PAE Representative: Charla Haley	2024.02.14
Office of Communicable Diseases director: Jeff Eason	2024.02.13