



Outreach Services

2012 Service Area Review Summary

HRSA Support Service

Essential Access Service—
Continuum of Care

Comprehensive Plan—YES

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.

There are currently 4 contracts with metro providers and 0 contracts with greater MN providers to serve 830 clients.

DATA SUMMARY HIGHLIGHTS

In FY 2010, \$104,459 in Minority AIDS Initiative funding was set aside for culturally appropriate outreach services.

In 2009, the Ryan White HIV/AIDS Treatment Extension Act of 2009 added a new requirement to planning council responsibilities. Planning councils are now required to determine not only the size and demographics of HIV/AIDS infected individuals but also those individuals who are unaware of their HIV status. One-third of Part A supplemental grant scores are to be based on the area's ability to demonstrate its success in identifying individuals with HIV/AIDS who are unaware of their status and bringing attention to their status.

Part A and B grantees must develop comprehensive plans that include a strategy for identifying individuals with HIV/AIDS who do not know their status and helping them seek medical services. The strategy must focus on reducing barriers to routine testing and disparities in access to services for minorities and underserved populations.

Although this service area was not fully utilized in FY2010, the FY2011 allocation was not reduced because this service area is one of the few areas where resources may be allocated to address the recommendations from the Early Identification of Individuals with HIV/AIDS (EIIHA) work group.

The Comprehensive Needs Assessment of Minnesotans Living with HIV Disease did not ask consumers about the need for outreach services or their access of this service area because the very nature of outreach services is that it is not typically a service that is sought out by individuals. Rather, it is a service that seeks out those individuals who do not know their status or they know their status but are not in care or have dropped out of care.

CURRENT RANKINGS

COUNCIL (2008)	CONSUMERS (2010)
22 out of 24 service areas	19 out of 25 service areas

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011	\$269,700	0%		
2010	\$269,474	(15%)	\$223,253	83%
2009	\$318,700	53%	\$318,367	99%

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010	111	2% (=6,814)	5% (n=3,700)
2009	171	3% (n=6,552)	5% (n=3,700)
2008	106	<2% (n=6,221)	2% (n=4,713)



Service Area Review Summary—Legend

The HRSA definition for the service area/activity is listed in this box. The Planning and Priorities Committee reviews and revises these definitions every two years to reflect the HRSA definition and the current local practice.

This box indicates whether the service area is a **core medical** or **support** service on HRSA list of allowable services

HRSA Support Service

Essential Care Service—
Continuum of Care

Comprehensive Plan—
YES

This box indicates the number of metro and Greater MN contracts for FY 2011 and the number of clients to be served by those contracts. The number of contract reflects the funding source (Part A, Part B or both and not the number of agencies providing this service.

This box indicates the type of service as described in the Continuum of Prevention and Care Services.

This box indicates whether or not the service area is a part of a goal or activity within the current Strategic Plan.

DATA SUMMARY HIGHLIGHTS

Data Summary Highlights are drafted by the Needs Assessment & Evaluation Committee and are derived from various reports including the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, the Path to Care Study, the Study of Oral and Behavioral Health Services, the 2006 Brief Assessment of Client Need, the 2010 Minnesota Dept. of Health HIV Surveillance Report, Utilization Data, and other reports.

Data in this table is from the Planning Council Allocations tables.

Data in this table is from the Client Level Data Reporting System maintained by the Minnesota Department of

Data in this table is from the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease. The number of respondents varies based on the question.

CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
Ranking from 2010 Prioritization	Ranking from 2010 Needs Assessment

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011				
2012				
2009				

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010			
2009			
2008			

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=)		
Accessed Service in last 12 months - n=XXX - XX%	Did NOT Access Service in last 12 months - n=XXX or XX%	
	Did not Need service n=XXX	Needed service, but unable to access n=XX
	XX%	XX%