Continuum of Prevention
Documenting Referrals for High-Risk HIV-Negative Clients

FOCUS ON **OUTCOMES**

As the HIV prevention and care landscape continues to change, there is increased attention on documenting outcomes. Community-based organizations (CBOs) are experienced in monitoring the services they deliver and tracking clients at their own agency. Many, however, depend on referrals to other agencies to fully meet client needs.

PS15-1502-funded CBOs must develop and implement a process for referring or providing appropriate services to high-risk HIV negative (HRN) clients, which should also include implementing or enhancing systems to confirm that clients accessed the services. For many CBOs, it is challenging to confirm whether HRN clients accessed the additional services.

This resource is intended to help you think through and implement referral processes for your HRN clients.

For additional help reviewing your referral protocols or developing systems for your program, contact **cba@jsi.com**.

SERVICES & DETERMINANTS INFLUENCING THE **CONTINUUM OF PREVENTION**
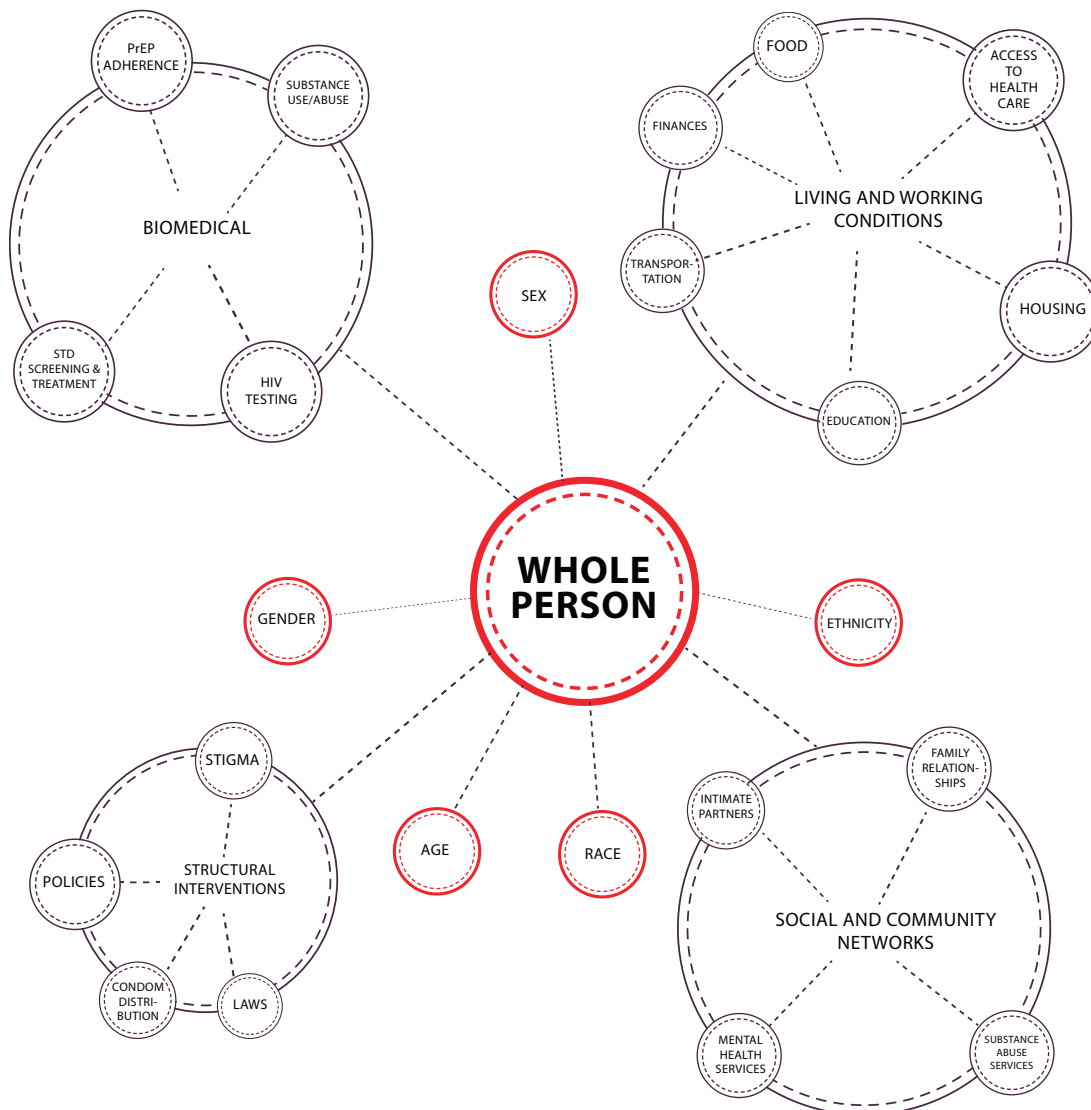
GETTING YOUR AGENCY **READY**

IDENTIFY REFERRAL SOURCES

- ☐ **List** the client services that may require a referral
- ☐ **Identify providers** with whom your agency has an existing relationship and document the following:
  - Internal or external referral
  - Agency name and contact(s) information
  - Any formal agreements that are place.
  - Existing referral protocols
- ☐ **List** services for which you **do not** have an appropriate referral source and seek referrals in those areas
- ☐ **Identify** culturally and linguistically appropriate providers

REVIEW, REVISE, OR DRAFT AGREEMENTS

- ☐ **Review** formal agreements (i.e., MOA, MOU, etc).
  - What information is shared about the client?
  - Is the client's name used or a unique identifier?
  - Who has access to the information?
  - How are referrals confirmed?
  - How is the information communicated?
  - Are referrals confirmed for clients one at a time?
- ☐ **Review** protocols for internal agency referrals
- ☐ **Review** client consent forms
  - Do client consent forms reflect agreements?
  - *For internal referrals,* do client consent forms allow data to be shared across programs?
- ☐ **Revise** or **draft** new agreements

MEETING CLIENTS' **NEEDS**

PROVIDE THE REFERRAL

- ☐ **Assess the client's needs**
  - What prevents the client from adhering to prevention plans? Are services and appropriate linkages available for support services (housing, food, transportation) that can make it more feasible for them to adhere to prevention plans?
  - Incorporate assessment into your intake processes or post HIV test counseling
- ☐ **Explain** referral procedures to client
- ☐ **Obtain** formal consent from client to share information with referral agencies
- ☐ **Document** consent and maintain in client file

FACILITATE THE LINKAGE TO SERVICES

- ☐ **Call** referring agency with client to make appointment

  - OR -
- ☐ **Accompany** client to appointment

  - OR -
- ☐ If clients will follow up on their own, provide:
  - Specific contacts at the referring agencies
  - Current and complete information about the referring agency

FOLLOWING UP

TRACK AND DOCUMENT

- ☐ Collect the following information to help monitor and track referrals
  - Date of referral
  - Service type
  - Agency
  - Contact name, phone number, and email address
- ☐ Document in client record and/or agency data system as appropriate

FOLLOW UP

- ☐ Within 90 days of the referral date,
  - Confirm with **referral agency**
    - Service(s) accessed
    - Date client accessed service(s)
  - Confirm with **client**
    - Services(s) accessed
    - Self-reported date client accessed service
    - Agency documentation provided by client