

**Department of Public Health
AIDS & Chronic Diseases Section
Prevention Services**

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Early Referral & Linkage Initiative Protocol (ERLI)

MISSION STATEMENT

The mission of the Early Linkage & Referral Initiative (ELRI) is to reduce the spread of HIV infection and to increase early access to treatment for infected individuals. One way programs can accomplish this is by having HIV Counselors, Comprehensive Risk Counseling Services Providers, and HIV Medical Case Managers collaborate by providing culturally competent, psychologically and developmentally appropriate, and linguistically specific client referrals. Our goal is for clients to obtain timely and comprehensive HIV/AIDS secondary prevention and care services, which match their needs.

OBJECTIVES

1. To increase the number of HIV+ individuals who receive additional HIV counseling sessions (secondary prevention & comprehensive risk counseling services), which include risk reduction/behavior, change counseling and supportive psychosocial counseling.
2. To provide HIV+ individuals receiving Ryan White services with the opportunity to access HIV counseling services, risk reduction information, partner notification services and referrals to early intervention, i.e. TB & STD services.
3. To have the HIV counselor and CRCS counselors provide a necessary link to Ryan White services for clients testing HIV+ at local sites.
4. To assure HIV infected individuals are linked earlier to treatment services and provided with assistance to access entitlements, medical transportation, the state prescription program, etc.

GUIDING PRINCIPLES

- Client willingness and readiness to be referred should be respected.
- Client language of comfort, cultural norms, communication styles and sexual orientation etc. Should be part of the referral needs assessment.
- Client can/will be co-managed by the prevention counselor/CRCS counselor and the medical case manager.
- Client preference on how the referral takes place should be respected.
- Providers will maintain client confidentiality standards as contained in CT General Statutes 19a-581-590 and 592.

- Providers will obtain written consent from clients prior to exchanging HIV-related information and will complete Releases of Information (ROI) forms.
- Providers should establish explicit written service agreements.
- Providers should document referrals and follow up to see if services were provided.
- Providers should periodically set up meetings to discuss referral processes.

PROCESS

- The HIV counselor will refer clients who are HIV seropositive *to* an HIV Case Manager
- The Comprehensive Risk Counseling Services (CRCS) counselor will refer clients who are HIV seropositive *to* an HIV Case Manager
- The HIV Medical Case Manager (MCM) will assess and refer clients for risk reduction counseling, individualized behavior change, and partner notification services *to* an HIV Counselor or to a CRCS counselor for intensive risk reduction counseling services

HIV COUNSELOR RESPONSIBILITIES

Counselors will refer HIV seropositive clients to a medical case manager during the initial post test session or at a follow-up session. The counselor should:

- assign a unique client code #
- assess client medical case management needs
- complete the 2-sided assessment and referral form and,
 - ✓ send a copy of the form to the medical case manager
 - ✓ give a copy to the client
 - ✓ keep a copy on file
- notify the medical case manager of the referral by phone or by escorting the client to the medical case manager.
- document the outcome of the referral, either by filing a copy of the MCM treatment plan in client chart or HIV primary care appointment copy of the Lab Report – both which can be retrieved by MCM. Additional information regarding the appointment can and should be documented in the progress notes section of the charts.

Counselors will refer HIV seropositive clients to a HIV primary care provider if client refuses linkage to a Ryan White medical case manager during the initial post test session or at a follow-up session. The counselor should:

- assign a unique client code #
- assess client medical needs
- complete the 2-sided assessment and referral form and,
 - ✓ send a copy of the form to the HIV Primary Care Provider

- ✓ give a copy to the client
- ✓ keep a copy on file
- notify the HIV Primary Care Provider of the referral by phone or by escorting the client to the Primary Care Clinic/Hospital.
- document the outcome of the referral by filing a copy of the HIV primary care appointment copy of the Lab Report. Additional information regarding the appointment can and should be documented in the progress notes section of the charts.

HIV MEDICAL CASE MANAGER RESPONSIBILITIES

Medical Case managers will refer a new client at or near time of intake (or at 6-month update) unless more pressing client concerns arise. The Medical Case Manager should:

- conduct a mini-assessment of the client needs for additional information, risk reduction/behavior change counseling and partner notification and,
- complete the two-sided assessment and referral form and,
 - ✓ send a copy to the Prevention Counselor or CRCS Counselor
 - ✓ give a copy to the client
 - ✓ keep a copy in file
- notify the counselor by phone of the referral or escort the client to the counselor.
- document the outcome of the referral by filing a copy of the HIV primary care appointment copy of the Lab Report. Additional information regarding the appointment can and should be documented in the progress notes section of the charts.

COMPREHENSIVE RISK COUNSELING SERVICES RESPONSIBILITIES

CRCS counselors will refer HIV seropositive clients to a medical case manager in during the course of the multi-counseling sessions if the client seroconvert's or is ready to enter into HIV Medical Case Management services. The CRCS counselor should:

- assign a unique client code #
- assess client medical case management needs or prevention (counseling & testing) needs
- complete the 2-sided assessment and referral form and,
 - ✓ send a copy of the form to the medical case manager or HIV prevention counselor
 - ✓ give a copy to the client
 - ✓ keep a copy on file
- notify the medical case manager or prevention counselor of the referral by phone or by escorting the client to the medical case manager.

- document the outcome of the referral, either by filing a copy of the MCM treatment plan in client chart or a copy of HIV counseling and testing results, which can be retrieved by MCM and or the HIV Prevention Counselor. Additional information regarding the appointment can and should be documented in the progress notes section of the charts.

CRCS counselors will refer HIV seropositive clients to a HIV primary care provider if a client refuses linkage to a Ryan White medical case manager during the initial screening, intake, or follow- up sessions. The counselor should:

- assign a unique client code #
- assess client medical needs
- complete the 2-sided assessment and referral form and,
 - ✓ send a copy of the form to the HIV Primary Care Provider
 - ✓ give a copy to the client
 - ✓ keep a copy on file
- notify the HIV Primary Care Provider of the referral by phone or by escorting the client to the Primary Care Clinic/Hospital.
- document the outcome of the referral by filing a copy of the HIV primary care appointment copy of the Lab Report. Additional information regarding the appointment can and should be documented in the progress notes section of the charts.

ADMINISTRATIVE REPORTING

Quarterly: Counseling, Testing and Referral (CTR) funded programs must conduct quarterly reviews of referrals made and the outcomes of the referrals and submit together with the required quarterly programmatic report to DPH a one page report with unique client code number (see attached aggregate log) for clients referred to prevention and care services. In addition, CTR programs must have a written protocol/policy outlining the referral mechanism process and it should be updated on a regular basis.

Every 6 months: Counseling and Testing Programs (CTR) are encouraged to provide a narrative to the HIV/AIDS Prevention Programs and share comments regarding strengths, barriers and issues that have come up during this initiative.

GLOSSARY of REFERRAL TERMS

Referral: A process by which an individual or client who has a need is *connected* with a provider who can serve that need and provide documented follow up. Referrals should take into consideration the individual's cultural norms, sexual orientation and mental capability as well as communication styles. This is especially important when giving mental and psychological health and substance abuse treatment referrals. Referrals are provided to those individuals in need of additional health, social services and/or counseling assistance.

The referral site may be the same location.

Proactive referral: A process by which an individual who has a need is connected with a provider who can serve that need. Phone calls or face-to-face are the preferred methods of referral.

Medical Case Manager: An individual who has the skills to provide a range of client centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through on-going assessment of the client's and other key family members' needs and person support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to complex HIV/AIDS treatments. Examples of skills needed to perform these duties may include, but are not limited to: negotiating skills, ability to prioritize, ability to identify client's (family's/significant other's) strengths and limitations and to create and maintain resources/referral networks.

HIV Counselor: An individual who has earned an HIV counselor certificate after successful completion of a State training program and works in one or more of Connecticut's HIV CTS sites. The counselor uses a client-centered approach and tailors an incremental risk reduction plan negotiated with the client.

Comprehensive Risk Counseling Services Provider (CRCS): An individual who has undergone training to provide intensive one on one counseling to reduce the transmission and acquisition of HIV infection through a series of multiple risk-reduction counseling sessions. CRCS is goal-oriented and fact-oriented, and counselors work with the client to develop goals, objectives, and action steps.

Early Intervention: Actions taken by the counselor, or the medical case manager to obtain HIV support services in a prompt and timely manner. These actions include referrals to: emergency needs, financial and medical entitlements, social services, vocational and spiritual help, treatment for tuberculosis and STDs, partner notification, drug treatment, etc.

Secondary Prevention: An activity or intervention, which is designed to prevent disease progression or death. This encompasses a wide range of activities targeted to keeping

HIV positive individuals healthy ranging from nutrition and wellness programs to accessing drug treatment services and primary medical care.

HIV Counseling & Testing Services: These services provide confidential testing to persons at risk for HIV infection. Individualized prevention information is provided. Counseling should be culturally competent, conducted in the client's language of comfort, accessible, client-centered, appropriate and integrated with other services.

HIV Medical Case Management Services: Services necessary to ensure the effective and efficient organization of medical care and resources that are appropriate to meet the individual's needs. It includes a process of empowering, negotiating, facilitating, and advocating for the delivery of services included in the treatment care plan.

Follow-Up Activities: Both counselor and case manager are responsible for following up to see that clients have received their respective identified services.

Service Agreements: Written agreements should be established to formalize referral relationships and enhance the coordination of service delivery. These will assist in a smooth transition of a client from one service to the other. They help to reduce the need for the client to sign multiple forms for the release of records, and extra paperwork such as verification of HIV serostatus.

Confidentiality Standards: Client informed consent and consent for release of information to another agency should be obtained in all cases. The client should also sign the bottom of the assessment form.



Early Referral & Linkage Initiative Referral Form
For Medical Case Management Services (MCM), Comprehensive Risk
Counseling Services Provider (CRCS) and HIV Prevention Counselor
(HPC)

*(Forms must be completed and attached with a Release of HIV Information Form when making
referral)*

Date of Referral: _____ **Unique Client Code #** _____

Referred to: **Medical Case Manager**

Name: _____

Agency: _____

Agency Telephone: _____

Referred to: **Prevention Counselor**

Name: _____

Agency: _____

Agency Telephone: _____

Referred to: **CRCS Provider**

Name: _____

Agency: _____

Agency Telephone: _____

Comments/Other:

How Referred: Called Escorted Client Other:

Client has already been referred to the following: (*Check all that apply*)

- STD Date: _____
- TB Date: _____
- Partner Notification Date: _____
- Needle Exchange
- Drug Treatment Advocate/Treatment
- Support Group
- Other: _____ (Please specify)

Comments:

Referred from:

Provider Name: _____

Agency Name: _____

If Prevention Counseling & Testing Site#: _____

Bubble Form #: _____

HIV Test Date: _____ If orasure/venipuncture testing, date of HIV Post test _____

Agency Telephone: _____

Counselor Client Assessment

(Forms must be completed and attached with a Release of HIV Information Form when making referral)

Unique Client Code #: _____ Today's Date: _____

Counselor Doing Assessment: _____

HIV COUNSELOR'S ASSESSMENT OF MEDICAL CASE MANAGEMENT NEEDS OR PREVENTION NEEDS

Client Language of Comfort:

Is Client Deaf or Hard of Hearing? Yes No

Needs: Interpreter Reads Lips Other: Please describe:

CLIENT NEEDS:

- | | |
|---|---|
| <input type="checkbox"/> Medical Case Management* | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Health Services/Primary Care | <input type="checkbox"/> Medical Coverage |
| <input type="checkbox"/> Psychosocial Support | <input type="checkbox"/> Supportive Services* <i>Includes: Emergency Funds, Transportation, Housing, and Food</i> |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Drug Treatment Advocate/Treatment |
| <input type="checkbox"/> Legal Support | <input type="checkbox"/> Sexual Assault Services |
| <input type="checkbox"/> Domestic Violence Services | <input type="checkbox"/> Comprehensive Risk Counseling Services |
| <input type="checkbox"/> Other (specify): | |

Referral Outcome: Referral Met Referral Not Met

* Referral to MCM for HIV (+) clients only

MCM Client Assessment

(Forms must be completed and attached with a Release of HIV Information Form when making referral)

Unique Client Code #: _____ Today's Date: _____

Counselor Doing Assessment: _____

MCM 'S ASSESSMENT OF PREVENTION NEEDS

Client Language of Comfort:

Is Client Deaf or Hard of Hearing? Yes No

Needs: Interpreter Reads Lips Other: Please describe:

CLIENT NEEDS:

Prevention Counseling (Secondary prevention)

Comprehensive Risk Counseling Services (CRCS)

Drug Treatment Advocacy/Treatment

Sexually Transmitted Disease Screening

Other (specify):

Referral Outcome: Referral Met Referral Not Met

CRCS Client Assessment

(Forms must be completed and attached with a Release of HIV Information Form when making referral)

Unique Client Code #: _____ Today's Date: _____

CRCS Provider Doing Assessment: _____

CRCS'S ASSESSMENT OF MEDICAL CASE MANAGEMENT* NEEDS OR PREVENTION NEEDS

Client Language of Comfort:

Is Client Deaf or Hard of Hearing? Yes No

Needs: Interpreter Reads Lips Other: Please describe:

CLIENT NEEDS:

- | | |
|---|---|
| <input type="checkbox"/> Medical Case Management* | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Health Services/Primary Care | <input type="checkbox"/> Medical Coverage |
| <input type="checkbox"/> Psychosocial Support | <input type="checkbox"/> Supportive Services** |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Drug Treatment Advocacy/Treatment |
| <input type="checkbox"/> Legal Support | <input type="checkbox"/> Sexual Assault Services |
| <input type="checkbox"/> Domestic Violence Services | <input type="checkbox"/> Sexually Transmitted Disease Screening |
| <input type="checkbox"/> Other (specify): | |

* Referral to MCM for HIV (+) clients only

** Includes: Emergency Funds, Transportation, Housing, and Food

LEFT INTENTIONALLY BLANK

AIDS & Chronic Diseases Section - Early Referral & Linkage Initiative Report

Name of Counselor/MCM/CRCS Provider: _____ Contractor: _____ Quarter: _____

DATE client was referred	UNIQUE CLIENT IDENTIFIER**	REFERRAL TO <i>Specify Name of Provider & Agency</i>	REFERRAL FROM <i>Specify Name of Provider & Agency</i>	DATE client referral completed	Outcome of referral Comments
/ /				/ / <input type="checkbox"/> No Show	
/ /				/ / <input type="checkbox"/> No Show	
/ /				/ / <input type="checkbox"/> No Show	
/ /				/ / <input type="checkbox"/> No Show	
/ /				/ / <input type="checkbox"/> No Show	
/ /				/ / <input type="checkbox"/> No Show	
/ /				/ / <input type="checkbox"/> No Show	
/ /				/ / <input type="checkbox"/> No Show	
/ /				/ / <input type="checkbox"/> No Show	
/ /				/ / <input type="checkbox"/> No Show	

****Unique Client Identifier = 6 Digits DOB + first 2 letters of first name + first 2 letters of last name ie: Jim Smith born 01/11/61 = 011161JJSM**