FOCUS ON OUTCOMES

As the HIV prevention and care landscape continues to change, there is increased attention on addressing clients’ comprehensive needs and 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.

The figure to the right reflects a range of social determinants and services that contribute to a client's ability to successfully navigate HIV prevention activities. CBOs must ensure they have a process in place to assess the needs of clients who are at high risk for HIV infection, and then either provide appropriate services or refer clients to those services.

For many CBOs, it is challenging to confirm whether clients accessed the additional services. This resource is intended to help you implement referral and tracking processes for your clients.

For additional help reviewing your referral protocols or developing systems for your program, contact cba@jsi.com.
## GET YOUR AGENCY READY

### IDENTIFY AVAILABLE 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 in place
    - Existing referral protocols
  - List services for which you do not have an appropriate referral source and seek providers in those areas
  - Identify culturally and linguistically appropriate providers

### REVIEW, REVISE, OR DRAFT AGREEMENTS
- Review formal agreements (i.e., memoranda of agreement and/or understanding, data sharing and confidentiality agreements, 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

## MEET YOUR CLIENT’S NEEDS

### PROVIDE THE REFERRAL
- Assess the client’s needs
  - Incorporate an assessment into your intake processes or post-HIV test counseling
  - Identify barriers. What prevents the client from adhering to prevention plans?
  - Identify resources to address barriers. Does the client require support services (e.g., housing, food, transportation, etc.) that can make it more feasible to adhere to prevention plans?
- Explain referral procedures to client
- Obtain formal consent from client to share information with referral agencies
- Document consent and maintain in client file

### FACILITATE 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

## CONFIRM & DOCUMENT SERVICES

### 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 (time frame based on agency’s protocols)
  - Confirm with referral agency
    - Service(s) accessed
    - Date client accessed service(s)
    - OR -
  - Confirm with client
    - Services(s) accessed
    - Self-reported date client accessed service
    - Agency documentation provided by client
- Document services in the client record.
- Maintain relationships with referral agencies
  - Regularly share programmatic updates
  - Formally acknowledge contributions of partners
  - Connect with new staff

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