

# **LINKAGE FROM HIV TESTING TO HIV CARE**

## **Standards of Care**

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# LINKAGE FROM HIV TESTING TO HIV CARE

## Standards of Care

*Note: HIV testing technology and HIV testing algorithms are ever-evolving. The point in the testing process at which a client is referred to medical care (at the time of confirmation by a complex lab or following two rapid HIV tests from different manufacturers) will be determined by federal, state and local authorities. As changes in testing standards occur, addenda to the Standards of Care for linkage from HIV testing to HIV care will be developed or this document will be revised. To verify that this is the most recent version, see [www.sfhivcare.com](http://www.sfhivcare.com).*

### I. Overview

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**These Standards of Care apply to government-funded HIV counseling and testing programs within the San Francisco Eligible Metropolitan Area (EMA), which includes San Francisco, San Mateo and Marin counties.**

#### Definitions

**Linkage:** The process of connecting a client from one service system to another, in this case from HIV testing to HIV care.

**Referral:** The act of one provider/agency directing a client to another provider/agency for appropriate services or treatment.

Effective linkage from HIV testing to HIV care ensures that people living with HIV/AIDS receive the services they need to improve their health and enhance their quality of life. Linkage from HIV testing to HIV care is important in:

- Connecting more people living with HIV/AIDS with HIV-related medical and support services to improve their health and overall well-being;
- Reducing HIV transmission by connecting newly diagnosed individuals to medical and mental health care as soon as possible after diagnosis; and
- Ensuring a coordinated system of services from HIV prevention and testing to HIV care.

For clients, linkages help to ensure that they can access HIV care that is seamless and client-centered. Referrals from HIV testing agencies to HIV medical and support services help newly diagnosed HIV positive individuals:

- Meet with a medical care provider for a comprehensive physical and medical history including baseline lab testing for CD4 count and viral load;

- Receive appropriate medical care;
- Access emotional and other support services; and
- Receive partner services.

For HIV prevention, testing, care, and support service providers, linkages facilitate the referral process and help ensure that a coordinated system of care is in place for clients. Linkages between providers can:

- Establish and maintain a successful referral process;
- Ensure that clients are linked to HIV care and receive ongoing support, thereby reducing the number of clients lost to follow-up;
- Foster system-wide service coordination; and
- Generate new relationships and partnerships among organizations.

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## **II. Description of Models and Services**

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### **A. Systems Involved in Providing Linkage**

Linkage from HIV testing to HIV care involves both prevention and care agencies/systems, as illustrated below. This document outlines roles for each agency/system.

| <b>Prevention</b> |  | <b>Care</b>       |   |
|-------------------|--|-------------------|---|
| HIV testing sites | San Francisco Department of Public Health (DPH) HIV Prevention Section (HPS) | HIV care agencies | San Francisco Department of Public Health (DPH) HIV Health Services (HHS) |

### **B. Linkage Activities and Services**

Linkage from HIV testing to HIV care encompasses the following activities:

- Assessment, education and planning following identification of HIV infection (see “Client-Centered Approach” below);
- Referral by testing agency to HIV medical care;
- Assessment for HIV support services (e.g., emergency housing, case management, food services) and referral to these services as needed; and
- Follow-up with client to ensure successful linkage.

## **C. Client-Centered Approach to Linkage**

Agencies/systems should use a client-centered approach. While counseling, linkage, partner services, and follow-up must be offered, accepting these services is always the client's choice. If at any time a client indicates that s/he does not wish to be contacted by an HIV testing, linkage or care provider, the provider must respect the client's wishes. At that time the provider should ask permission to follow up with the client at a later point (e.g., 30 days, three months, six months or one year) to find out if the provider may be of any assistance.

### **Client-Centered Counseling at HIV Test Site**

Once a client has provided informed consent, s/he shall receive individualized counseling to assist her/him in determining risk factors and developing behavior change goals. Client-centered counseling at the test site includes demonstration of the following skills and knowledge:<sup>1</sup>

#### **Counseling skill set**

- A non-judgmental and open stance, and flexibility in counseling approach;
- Respect for the choices a client has made and will make;
- Ability to actively listen to what the client is saying;
- Comfort with discussing explicit risk behaviors (i.e., sexual and drug using behaviors) with terminology that is comfortable for the client;
- Discussion of client's support system after receiving HIV test results;
- Assessment of imminent danger, including domestic violence, partner violence, and/or violence to self or others;
- Identification of barriers and supports to behavior change;
- Ability to help the client build skills related to HIV risk reduction for her/himself and others;
- Development of an individualized HIV risk assessment that includes:
  - Helping the client develop an accurate perception of transmission risk;
  - Acknowledging, understanding and processing the details and context of the client's risk, including all relevant co-factors for HIV risk, such as psychosocial, socioeconomic, substance use, and relationship considerations;
- Provision of support by the counselor for positive steps that the client has made or plans to make toward reducing transmission risk;
- Development of an incremental risk reduction plan

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<sup>1</sup> Client-centered approach taken from *San Francisco HIV Counseling, Testing and Linkages Protocols, Procedures, and Continuous Quality Improvement Plan Template*. [http://sfhiv.org/testing\\_coordinator\\_resources.php](http://sfhiv.org/testing_coordinator_resources.php)

### **Knowledge set**

- Understanding of harm reduction, Stages of Change, and the continuum of HIV transmission risk;
- Clarification of misconceptions about HIV transmission;
- Discussion of STDs when relevant to the client's HIV transmission risk;
- Provision of referrals and linkages to services that meet the client's needs;
- Assessment of risk for violence and crisis intervention techniques.

### **D. Guidelines for testing sites that do not routinely offer pre-test counseling**

Some HIV testing sites may not offer pre-test counseling, but must offer result counseling if someone receives a preliminary positive rapid test and/or a confirmed positive test result. Additionally, testing sites in medical settings that do not offer pre-test counseling must obtain consent prior to testing. If a client tests positive in these settings, client-centered counseling skills are critical and should be provided. Referral should be offered during counseling for preliminary positive and/or confirmed positive results.

If a client is receiving a preliminary positive test result, counseling should focus on (1) encouraging the client to return for his/her confirmatory result, (2) helping the client cope with the preliminary result, including making sure the client has a plan for getting support and protecting his/her partner(s) during the interim period until confirmatory test result is given, and (3) if applicable, orientation to and/or assistance in notifying partner(s) that they may have been exposed to HIV.

### **E. Measure of Successful Linkage**

Linkage from HIV testing to HIV care should occur within two months of testing, if not sooner. Successful linkage from testing to medical care is defined by the following three outcomes:

1. Client attends initial visit at medical setting with HIV care provider.
2. Client has blood work done (CD4 count and viral load).
3. Client attends follow-up visit with HIV care provider.

**If the client is not ready to make a medical appointment, the linkage goal then becomes to get the client “as close to comprehensive medical care as possible” through one or more of the following referrals:**

1. Linkage to:
  - a. Case manager at medically-linked site; or
  - b. Case manager at non-medically linked site.
2. Linkage to other support services, such as substance use or mental health services, including an HIV positive support group.

The HIV Prevention Section’s recommended objective for linkage from HIV testing to HIV care is that 100 percent of persons testing HIV positive will be offered linkage to HIV care, and 80 percent will be linked to medical care within six months of testing positive. Linkage will be verified by the DPH HIV/AIDS Statistics and Epidemiology HIV/AIDS Reporting System (HARS) database.

*Note: For individuals with acute HIV infection (e.g., HIV viral load detected through pooled RNA testing), linkage from HIV testing to HIV care is critical. The client must be contacted by the testing agency within 48 hours of a positive test and should be engaged in a discussion about partner services and linkage to medical care.*

## **F. Roles and Responsibilities**

**Linkage from HIV testing to HIV care involves three primary roles:**

### **1. TEST COUNSELOR, HIV TESTING COORDINATOR, OR LINKAGE COORDINATOR AT TESTING AGENCY**

#### **When client receives confirmed positive HIV test result<sup>2</sup>:**

- a. Provide confirmed positive HIV test result to client.
- b. Client-centered emotional support, assessment, education and short-term planning
- c. The testing agency must also provide the following:
  - Referral to HIV medical care and/or other support services.
    - i. Testing staff will determine if client has an appropriate medical care provider.

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<sup>2</sup> Future HIV testing algorithms may not require a lab confirmation in order to refer client to medical care.

- ii. Staff will discuss the importance of making an appointment as soon as possible for additional tests and medical care.
- iii. Staff should offer to make that appointment, if appropriate.
- iv. Staff will also assess client for eligibility and referral to other support services.
  - Discussion about partner services options and the value to the client and partners for each option (self-disclosure, dual-disclosure, 3<sup>rd</sup>-party disclosure, inSpot)
  - Document linkage and partner services on the Client Information Form (CIF) or in PalmIT.
  - Offer the client an agency designed or approved positive packet.
  - Offer the client the HPS Linkage and Partner Service Coordinator's card and describe how she can help (with medical linkage, partner services, information about other support services).
- d. Inform the client that the agency or the HPS Linkage and Partner Services Coordinator (HPS L/P Coordinator) would like to follow up with them in two weeks. If client accepts, obtain contact information for follow-up. Whenever possible, conduct follow-up with clients who test anonymously.
- e. Follow up at a minimum three times within 30 days by phone, e-mail, mail, or in person to see if the client scheduled and kept medical appointment and discussed HIV status with partners. (Obtain signed release to identified clinic to confirm that client attended medical appointment.)
- f. If unable to reach client, inform HPS L/P Coordinator, who will make up to three more attempts within 30 days to contact client. If unsuccessful, client's case may be determined lost to follow-up and closed by DPH.

**If client does not return for confirmed or conventional positive HIV test result:**

- a. Call, e-mail, and/or send letter to client within 24 hours to reschedule appointment.
- b. If the client does not return for result make two more attempts within 30 days to reach the client by phone, e-mail, mail, or in person.
- c. If still unable to reach client, inform HPS L/P Coordinator, who will make up to three more attempts within 30 days to contact client. If unsuccessful, client's case may be determined lost to follow-up and closed.

**If agency lacks capacity to conduct client follow-up:**

If the testing agency does not provide the above services in full and three attempts to follow up do not occur, the HPS L/P Coordinator will negotiate the time frame

with the testing agency to complete client contact attempts or transfer responsibility to the HPS L/P Coordinator. HIV testing agencies that do not have the capacity to conduct client follow-up must contact the HPS L/P Coordinator for assistance with linkage to HIV care at any point after preliminary or confirmed positive test result.

## **2. HIV PREVENTION SECTION LINKAGE AND PARTNER SERVICES COORDINATOR (HPS L/P Coordinator)**

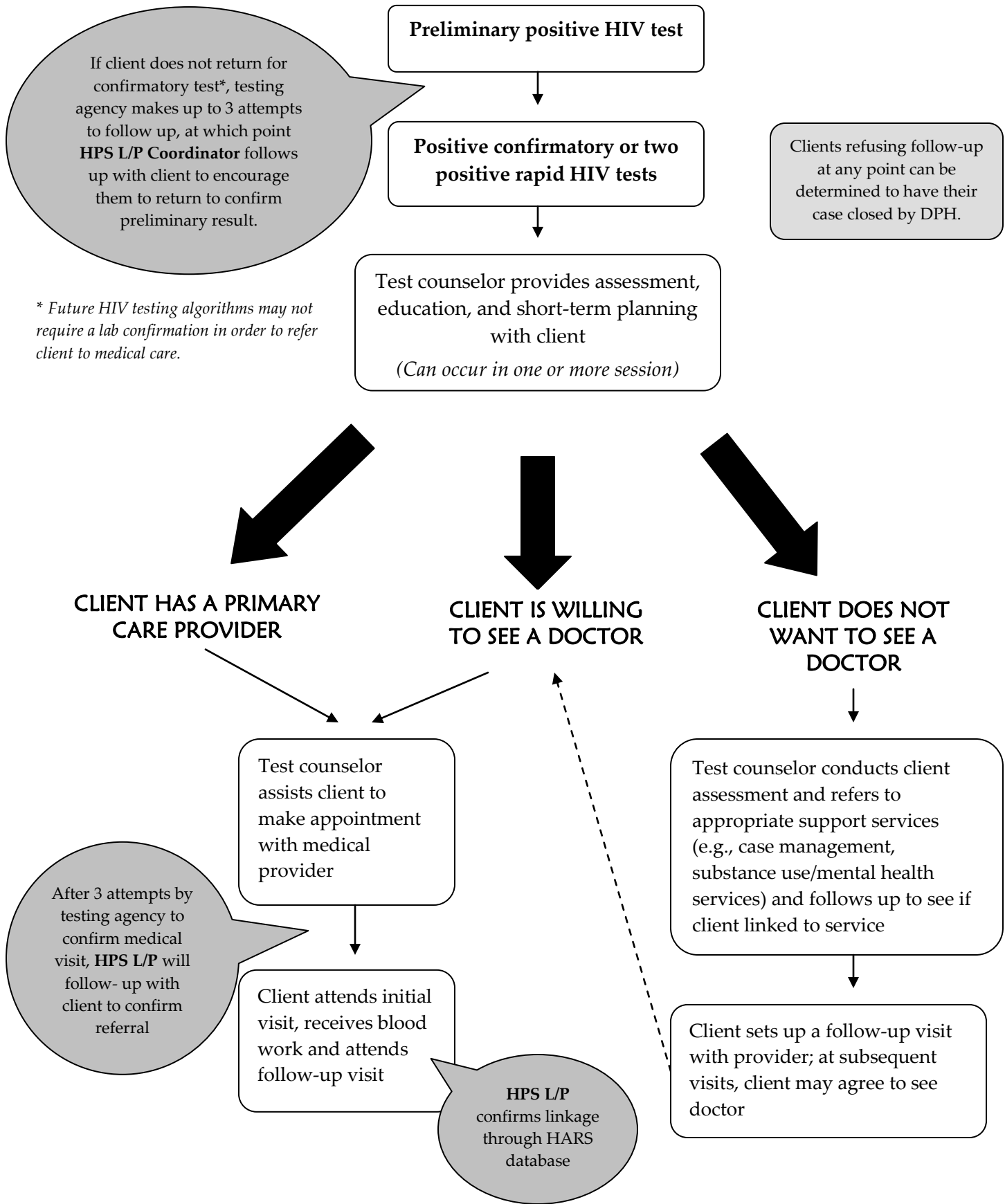
- a. The HPS L/P Coordinator follows up with testing agency to determine what type of linkage support is needed.
- b. If agencies are unable to perform the following steps, the HPS L/P Coordinator should follow up with client for any or all of the following three testing and linkage activities:
  - i. To ensure client returned for confirmatory HIV positive test result;
  - ii. To confirm client attended first medical visit; and/or
  - iii. To confirm HIV positive client attended follow up medical visit.
- c. The HPS L/P Coordinator confirms successful linkages using the HARS database. Four times a year, HPS sends the name, date of birth, date of test result and lab number for all those who tested positive to the HIV Surveillance Unit. The surveillance unit uses the HARS database to provide HPS with the percentage of clients who received a CD4 count and viral load.

## **3. STAFF AT HIV CARE AGENCY**

- a. Once client attends first medical visit and has blood drawn for CD4 count and viral load, responsibility for follow-up is transferred from the HIV testing agency to the HIV care agency. The HIV care agency follows up with the client to make sure the client attends return visit for an appropriate care plan.



# Linkage from HIV Testing to HIV Care: Scenarios and Responsibilities



### III. Unit of Service

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**San Francisco Department of Public Health, HIV Prevention Services, Counseling, Testing and Linkage:** TBD. Currently a Unit of Service (UOS) is reimbursed through a bundled rate that includes HIV test counseling, an HIV test, provision of HIV test result, and linkage and partner services.

**San Francisco Department of Public Health, HIV Health Services:** A UOS is an in-person contact between a client and a provider or a contact on behalf of the client of varying duration depending on the service provided.

### IV. Standards of Care

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#### A. Administration

Administrative standards ensure that all staff providing HIV testing and linkage services are qualified and have an understanding of the scope of their job responsibilities, and that all programs funded are adequately staffed as allowed by current funding.

#### Standard 1: Experience/education

*Special requirements for linkage from HIV testing to HIV care:* A testing provider must be a certified HIV test counselor in California or an HIV test counselor with HPS-approved training to provide HIV test results, partner services and linkage services.

- Strong communication, reading and writing skills
- High school diploma, GED or equivalent preferred
- One-year minimum of working and/or volunteering in direct client services within the HIV community or related social service experience preferred
- Skill and comfort working with diverse populations, including men who have sex with men, women, transgender individuals, people of color, substance users, homeless and/or individuals with mental health issues
- In-depth knowledge of the HIV service system in the Bay Area

**Measure:** Completed documentation on file for all staff.

## **Standard 2: Staffing levels**

Agencies will make every effort to ensure appropriate staffing levels are reached and maintained to provide contracted services.

**Measure:** Full and part-time positions funded under contract are filled OR appropriate and sufficient action is being taken to fill vacant positions.

## **Standard 3: Job descriptions**

Staff members will have a clear understanding of their job definition and responsibilities.

**Measure:** Written job descriptions on file signed by the staff member and supervisor.

## **Standard 4: Policies and procedures**

Each funded agency will have a written policies and procedures manual that contains both personnel and program policies and procedures for the following areas:

### Personnel Policies and Procedures

- Annual performance reviews
- Staff training and other personnel policies

### Program Policies and Procedures

- Client rights and responsibilities, including confidentiality guidelines (with particular discussion of confidentiality issues for people living with HIV/AIDS)
- HIPAA compliance with emphasis on sending and receiving data
- Client grievance policies and procedures
- Client eligibility and admission requirements
- Referral resources and procedures that ensure access to a continuum of services
- All appropriate consent forms
- Quality assurance/quality improvement plan
- Guidelines for language accessibility
- Plans for accommodating people with disabilities
- Harm reduction policy compliance

### Linkage Policies and Procedures

- All agencies providing linkage services must have written policies and procedures approved by the San Francisco Department of Public Health.

**Measure:** Written policies and procedures manual.

### **Standard 5: Staff training**

*Special requirements for linkage from HIV testing to HIV care:* Certified HIV test counselors are required to attend Basic I and Basic II training provided by UCSF AIDS Health Project, a one-day Disclosure Assistance and Partner Services (DAPS) training provided by DPH, and annual approved Continuing Education Training provided by AIDS Health Project, the CA HIV/STD Prevention Training Center, or DPH.

Regardless of credentials, all direct service staff must receive ongoing HIV/AIDS training as appropriate for employee job function.

- All direct service staff are required by DPH to receive harm reduction training.
- Staff should receive in-service trainings on cultural competency, infection control, and legal issues related to health access.
- Staff should receive training on Prevention with Positives interventions including assessment, counseling, referrals, and related legal issues.
- Staff should receive in-service training on population-specific issues including transgender individuals, homeless individuals, individuals with disabilities, substance users, individuals with mental health issues, and individuals recently released from incarceration.
- Staff should receive training on the use of client data collection system(s).

**Measure:** Documentation of all completed trainings on file.

## **B. Facility Standards**

Facility standards are intended to ensure program safety and accessibility for both clients and staff.

### **Standard 6: Standard accessibility and safety requirements**

Each testing site is located in a physical facility that:

- Meets fire safety requirements;
- Meets criteria for Americans with Disabilities Act (ADA) compliance;
- Is clean and comfortable;
- Complies with Occupational Safety and Health Administration (OSHA) infection control practices;
- Has emergency protocols for health- and safety-related incidents posted;
- Is free of preventable hazards;
- Ensures privacy during provision of HIV test results; and
- Preferably ensures access to a telephone or computer so that clients may make appointments with a medical provider as soon as possible.

**Measure:** Compliance with all appropriate regulatory agencies, including ADA compliance plan; written policy describing plan for accommodating individuals with disabilities.

## C. Service Delivery

Standards for service delivery define the minimum set of activities to be performed and under what parameters.

| Linkage level   | Type of Service   | Responsible Staff                         | Measure of Completion   |
|---|---|---|---|
| <b>1. Pre-linkage orientation at HIV test site when client tests positive</b> | a. Assessment (e.g., assess client's immediate needs and emergency planning; discuss importance of medical follow-up and explore client options)<br>b. HIV/health education<br>c. Short-term planning<br>d. Linkage to one or more of the options below<br>e. Give client medical care/provider handout and HPS L/P Coordinator's contact information | Test counselor/agency linkage coordinator | Client receives all pre-linkage services  |
| <b>2. Linkage to HIV medical care</b>   | a. If client <u>has an appropriate medical care provider</u> , assist client in setting up an appointment with medical provider<br>b. If client <u>does not have a medical care provider</u> , refer client to medical provider (or case manager in a setting that offers medical care) and assist client in setting up an appointment                | Test counselor/agency linkage coordinator | Within 2 months: <ol style="list-style-type: none"> <li>1. Client attends initial visit with medical provider</li> <li>2. Client gets CD4 count and viral load lab work</li> <li>3. Client attends follow-up visit with medical provider for appropriate HIV care</li> </ol>  |
| <b>3. Linkage to case manager at medically-linked site</b>                    | If client does not want to see a medical provider, refer client to case manager at a site that also provides medical care   | Test counselor/agency linkage coordinator | <i>Testing agency follows up with client up to three times to encourage client to see a medical provider. After three attempts, the HPS Linkage and Partner Services Coordinator will negotiate time frame with testing agency to complete attempts or assume follow-up responsibility. The HPS L/P Coordinator follows up three additional times. If no contact is made, case can be determined lost to follow up and closed by DPH.</i> |
| <b>4a. Linkage to case manager at non-medically-linked site</b>               | If client does not want to go to a site that provides medical care, refer client to case management at a non-medically-linked site  | Test counselor/agency linkage coordinator |   |
| <b>4b. Linkage to other support services</b>                                  | Referral to substance use services, mental health services such as counseling or support group, HIV education, housing, peer advocate   | Test counselor/agency linkage coordinator |   |

## **D. Cultural sensitivity and competency**

### **Standard 7: Cultural sensitivity and competency**

- Agency/clinic must have a non-discrimination policy in place that addresses issues of race/ethnicity, gender identity, sexual orientation, disability, and other relevant issues affecting hiring and client treatment.
- Agency/clinic must show experience with the priority population(s) or have a plan for developing staff sensitivity to the priority population(s).
- Staff should be ethnically, culturally, and linguistically diverse and reflect the diversity of the population(s) served.
- Services should be provided using language and methods appropriate to the communities served.
- Services should provide opportunities for clients to assist in identifying culture-related issues that may affect how they respond to services (e.g., primary language, sexual orientation, gender identity, community identification, family needs, immigration status, spirituality needs, and other customs).
- Service providers should have referral relationships that can address gaps in culturally competent services (e.g., if agency does not have Spanish-speaking staff, Spanish-speaking clients can be referred).
- Agency must have a cultural competency plan and a yearly update on file with DPH (for agencies funded by DPH in San Francisco).

**Measure:** Adherence to the DPH cultural competency requirements for agencies and services in San Francisco; adherence to relevant local county/city cultural competency plan for agencies and services in San Mateo or Marin counties.

## **E. Quality Assurance and Service Maintenance**

Quality assurance and service maintenance objectives are assessed by periodic evaluations of client treatment plans, service delivery, and client satisfaction with service provision, the results of which lead to service improvement(s).

### **Standard 8: Quality assurance**

The agency must have an active Quality Assurance (QA) program to monitor HIV services provided and identify means of improving care and services.

**Measure:** Written QA policies in place, including how data will be used to improve programs; annual update provided to DPH on QA plans, processes and activities.



## V. Appendices

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### Appendix A. Glossary of Testing Terminology

*Anonymous testing* – Anonymous testing refers to services in which personal identifiers are neither recorded nor associated with HIV counseling paperwork or HIV test results. Written results cannot be provided to the client under any circumstances. Positive results are not reported to state, county or local health departments. Clients who test positive and wish to enter into medical care will eventually need to be retested with a confidential test to demonstrate proof of HIV positive status.

*Confidential testing* – Confidential testing refers to services in which the person testing for HIV provides his/her name and other identifying information at the test site. This information is recorded and associated with counseling paperwork and test results. Positive results are reported to the San Francisco Department of Public Health in accordance with state names reporting requirements. The strictest standards are in place to ensure confidentiality of this information. One of the major benefits of confidential testing is the ability to directly link test clients to medical care and other support services because identifying information has already been collected. Written results can be provided to a client if requested. It is also possible to follow up with the client at a later date if he/she wishes, because a medical chart can be started at the time of the first test.

*Conventional testing* – Conventional testing refers to HIV antibody testing using venipuncture (drawing blood) or OraSure™ test (a collection wand that sits in the mouth for about four minutes, then is sent to an off-site lab for processing). With conventional testing, a specimen is collected at the test site and then sent to another lab for testing. Results are available in one to two weeks, and are disclosed in person at a second appointment.

*Rapid testing* – Rapid testing refers to HIV antibody testing using either whole blood or oral fluid (quick swab of the top and bottom gums). With rapid testing, a specimen is collected at the start of the test session. This test takes twenty minutes to develop a result, and normally the client sits and talks with a counselor during that twenty minute timeframe. Results are available after those twenty minutes. If the test reacts, the result is *preliminary positive* and at that point blood must be drawn and sent to an off-site lab to confirm the result. If the initial rapid test was done with oral fluid, the test will also be repeated with a whole blood sample at the time the blood is drawn for confirmation.

*Rapid Test Algorithm* – Uses a variety of rapid HIV tests by different manufacturers. Depending on the results of the algorithm, clients may be referred to medical care with or without a confirmatory test being performed. The Centers for Disease Control and the Association for Public Health Laboratories are assessing the use of rapid test algorithms as a screen for detecting HIV. The use of algorithms may become the standard for HIV testing in the future.

*Pooled RNA testing* – RNA testing is another form of HIV testing that looks for the virus, instead of antibodies to the virus. For this reason, the window period is much shorter (the test will be positive two to four weeks after infection with HIV). This is a more elaborate and expensive test than an antibody test and can take up to two weeks to produce a result. Currently, this test is available through City Clinic, AIDS Health Project, and Magnet although more sites in San Francisco may offer this testing option in the future.

**Note:** HIV testing technology is ever-evolving. It is important that agencies are well-informed about changes in technologies so that testing sites can take advantage of the most up-to-date standards for HIV testing. You may check the following websites for updates:

- Centers for Disease Control: <http://www.cdc.gov/hiv/>
- Association for Public Health Laboratories:  
<http://www.aphl.org/aphlprograms/infectious/hiv/pages/default.aspx>
- SF HIV Prevention Section: <http://sfhiv.org>

## **Appendix B. Relevant web links**

SAN FRANCISCO DPH, HIV PREVENTION SECTION – <http://sfhiv.org>

- **Testing Resources:** <http://sfhiv.org/testing.php> (See left-hand menu under TESTING heading for counselor, coordinator and training resources)
- **Testing Locations:** [http://sfhiv.org/testing\\_locations.php](http://sfhiv.org/testing_locations.php)

SAN FRANCISCO DPH, HIV HEALTH SERVICES: <http://www.sfhivcare.com>

- **Funded care agencies and contact information:**  
[http://sfhivcare.com/index.php?option=com\\_content&task=view&id=39&Itemid=67](http://sfhivcare.com/index.php?option=com_content&task=view&id=39&Itemid=67)
- **Centers of Excellence:**  
[http://sfhivcare.com/index.php?option=com\\_content&task=view&id=13&Itemid=46](http://sfhivcare.com/index.php?option=com_content&task=view&id=13&Itemid=46)
- **Standards of Care and Best Practices documents:** <http://www.sfhivcare.com> (see PROVIDER RESOURCES tab)

## **Appendix C. HIV testing venues in San Francisco**

### [AIDS Health Project](#)

UCSF AIDS Health Project

1930 Market Street

San Francisco, CA 94102

415-502-TEST

Priority populations: Gay and bisexual men

### [Asian and Pacific Islander Wellness Center](#)

730 Polk St., 4th Floor

San Francisco, CA 94109

415-292-3400

Priority populations: Asian & Pacific Islanders

### [Bay Area Addiction Research & Treatment \(BAART\)](#)

433 Turk St.

San Francisco, CA 94109

415-928-7800

### [City Clinic](#)

SFDPH - STD Prevention and Control Services

356 7th Street

San Francisco, CA 94103

415-487-5500

Priority populations: San Franciscans at risk for HIV

### [Day Laborer Program](#)

Mission Neighborhood Health Center

2258 Cesar Chavez Street

San Francisco, CA 94110

415-252-5375

Priority populations: Latinos at risk for HIV and men who have sex with men, transgenders and their partners

### [Dimension Queer Youth Clinic](#)

Larkin Street Youth Services

3850 17th Street

San Francisco, CA 94114

415-487-7500

Priority populations: Male and transgender youth who have sex with men and are under 25 years of age

### [Excelsior Clinic](#)

Mission Neighborhood Health Center

4434 Mission Street

San Francisco, CA 94112

415-406-1353

Priority populations: Latinos at risk for HIV and men who have sex with men, transgenders and their partners

Forensic AIDS Project (FAP)

798 Brannan St., 2nd Flr.  
San Francisco, CA 94103  
415-581-3100

[Glide Health Services](#)

Glide Health Services, C & T Unit  
330 Ellis Street, Suite 519  
San Francisco, CA 94102  
415-674-6140

Priority populations: Men who have sex with men, men who have sex with both men and women, people of color, injection drug users, and those marginally housed

[Haight Ashbury Free Clinic](#)

1735 Mission Street  
San Francisco, CA 94103  
415-746-1967

Priority populations: Sex workers and substance users

[Huckleberry Cole Street Clinic](#)

Larkin Street Youth Services  
555 Cole St.  
San Francisco, CA 94117  
415-751-8181

Priority population: Youth aged 12-24

[Instituto Familiar de la Raza](#)

2919 Mission Street  
San Francisco, CA 94110  
415-229-0500

Priority populations: Latinos at risk for HIV and men who have sex with men, transgenders, and their partners

[Larkin Street Medical Clinic](#)

Larkin Street Youth Services  
1138 Sutter Street  
San Francisco, CA 94109  
415-673-0911 x259

Priority population: Youth aged 12-24

[Lyon Martin Women's Health Services](#)

1748 Market Street, #201  
San Francisco, CA 94102  
415-565-7667

Priority populations: Women and transgenders

[Magnet](#)

Magnet. UCSF Stonewall Project

4122 18th Street

San Francisco, CA 94114

415-581-1600

Priority population: Gay and bisexual men

[Mission Neighborhood Health Center](#)

240 Shotwell Street

San Francisco, CA 94110

415-431-3212

Priority population: Latinos at risk for HIV and men who have sex with men, transgenders, and their partners

[Mission Neighborhood Resource Center](#)

Mission Neighborhood Health Center

165 Capp Street

San Francisco, CA 94110

415-869-7977 x1001

Priority population: Latinos at risk for HIV and men who have sex with men, transgenders and their partners

[Native American Health Center](#)

160 Capp Street

San Francisco, CA 94110

415-621-8051

Calling prior to coming in for an HIV test is highly recommended. Also, screening beyond HIV is available to center clients only

[PEP Program at City Clinic](#)

SFDPH - STD Prevention and Control Services

356 7th St.

San Francisco, CA 94103

415-487-5538

Priority population: People with significant exposure to HIV within the last 72 hours

[San Francisco State University](#)

1600 Holloway Ave.

San Francisco, CA 94132

415-338-2191

[St. Anthony Free Medical Clinic](#)

105 Golden Gate Avenue

San Francisco, CA 94102

415-241-8320

Priority population: Uninsured San Franciscans

[St. James Infirmary Health Center](#)

SFDPH - STD Prevention and Control Services

1372 Mission Street

San Francisco, CA 94103

415-554-8494

Priority populations: Female, transgender, and male sex workers

[Tenderloin Health](#)

187 Golden Gate Ave.

San Francisco, CA 94102

415-431-7476

Priority populations: Homeless or marginally housed, and injection drug users

[Third Street Youth Clinic](#)

Larkin Street Youth Services

5190 Third Street

San Francisco, CA 94124

415-822-1707

Priority population: Youth aged 12-24

[Tom Waddell Health Center](#)

50 Ivy St.

San Francisco, CA 94102

415-355-0311

[Westside Integrated Services](#)

245 11th Street

San Francisco, CA 94103

415-355-0311

Priority populations: Men who have sex with men, men who have sex with both men and women, and injection drug users.

[Women's Community Clinic](#)

2166 Hayes Street, Suite 104

San Francisco, CA 94117

415-379-7800

Priority populations: Uninsured/underinsured women and girls ages 12 and above

## **Appendix D. HIV Medical Care Resources**

### **▪ Community Based Clinics**

See the San Francisco DPH HIV Health Services website for a list of community based clinics: [www.sfhivcare.com](http://www.sfhivcare.com)

### **▪ Private Physicians**

The following websites allow users to search for medical care providers.

*Note: Providers listed on these websites are neither approved nor evaluated by DPH for the quality of HIV services they provide. Clients with medical care providers are encouraged to speak with them for their HIV care planning. Those with insurance but without medical care providers may choose to contact their insurance carrier's provider lists to see which medical practitioners self identify as having expertise in HIV care.*

Gay and Lesbian Medical Association:

<http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=533>

American Academy of HIV Medicine:

[http://www.aahivm.org/index.php?option=com\\_comprofiler&task=usersList](http://www.aahivm.org/index.php?option=com_comprofiler&task=usersList)

HIV Medicine Association:

[http://www.hivma.org/CVWeb/cgibin/memberdll.dll/OpenPage?WRP=hivma\\_membersearch.htm](http://www.hivma.org/CVWeb/cgibin/memberdll.dll/OpenPage?WRP=hivma_membersearch.htm)

San Francisco AIDS Foundation, HIV/STD Referral Database and Hotline:

<http://www.aidshotline.org/>



**Appendix E. SF DPH HIV Prevention Services Protocol for Linkage to Care and Partner Services  
(updated 12/8/08)**

*Objective: Ensure that those persons testing HIV positive in the CTL Network are linked to medical care and receive partner services*

**\*Any agency may contact the L/P Coordinator for assistance with linkage to care and partner services prior to the timelines listed below.**

| <b>HIV Prevention Section (HPS), CTL Unit, L/P Coordinator's Tasks:</b>  | <b>Time Frame</b>   |
|--|---|
| Check MLAB database to identify individuals testing HIV positive at CTL Network agencies   | Weekly  |
| <p>Contact the agency linkage coordinator to check on the progress of the following:</p> <ul style="list-style-type: none"> <li>• Client received confirmed HIV positive test result</li> <li>• Client made and kept a medical appointment and kept the appt.</li> <li>• Client received partner services information and notified their partner(s) (how many) or steps (dual, elicitation for 3<sup>rd</sup> party) were developed for partner services.</li> </ul> <p>Collect additional information that is not listed in PalmIT or on the Client Identification Form (CIF)/Partner Identification Form (PIF) (review the information on the CIF or in PalmIT – sent to CTL Unit 7 days after provision of test result) to make sure it is complete and accurate, amend the CIF or inform HPS of update to PalmIT entry if not current or up-to-date.</p> | Within 30 days of the person testing HIV positive.  |
| Include CTL Network TA Leads on all correspondence with agencies.  |   |
| Negotiate time frame for agency to complete follow-up attempts or transfer responsibility to L/P Coordinator, if the agency did not provide the above in full and three attempts to follow up did not occur  | Within a month of taking on follow-up responsibility from the agency, three additional attempts occur. At this time, the case may be determined to be lost to follow-up/closed. |

| <b>Agency Tasks:</b>  | <b>Time Frame</b>   |
|---|---|
| <p>Disclose confirmed positive HIV test result to client. In addition to client centered emotional support and other support service referrals, the agency must attempt to provide the following:</p> <ul style="list-style-type: none"> <li>• Referral to medical care and a discussion about the importance of this referral (client’s own MD, or other medical provider)</li> <li>• Attempt to set up an appointment with new medical provider, if needed at the time of provision of HIV test result.</li> <li>• Have a full discussion about partner services options and the value to the client and partners for EACH option (see * below): <ul style="list-style-type: none"> <li>○ Self-disclosure</li> <li>○ Dual-disclosure</li> <li>○ 3<sup>rd</sup>-party disclosure including elicitation (collect partner information on the PIF and for forward copies to appropriate agencies)</li> <li>○ inSpot</li> </ul> </li> <li>• Document linkage and partner services on the CIF or in PalmIT.</li> <li>• Give the client an agency designed or approved positive packet.</li> <li>• Give the client the HPS Linkage and Partner Service Coordinator’s card and describe how she can help (with medical linkage, partner services, information about other support services).</li> <li>• Inform the client that agency or the L/P Coordinator would like to follow up in two weeks and how best to do that. Make sure you have a way to contact the client before ending the session. Attempt this even with anonymous clients when possible.</li> </ul> | <p>At the time of a confirmed positive result provision.</p>  |
| <p>Follow up by phone call, e-mail, mail, in person to see if the client (three attempts required):</p> <ul style="list-style-type: none"> <li>• Made and kept medical appointment</li> <li>• Discussed HIV status with partners. If not in full or in part, discuss next steps and discuss the value of 3<sup>rd</sup> party notification. Elicit partner information if appropriate.</li> <li>• Update the CIF or contact HPS to update PalmIT entry as needed.</li> </ul>  | <p>Within 30 days of provision of result. If no contact is made by the end of the 4<sup>th</sup> week, inform the L/P Coordinator and negotiate more time or provide client identifying information to L/P Coord to f/up.</p> |

***Objective: Ensure that those persons who do not return for their HIV positive confirmatory test result have an opportunity to know their status.***

| <b>Agency Tasks</b>   | <b>Time Frame</b>                                      |
|---|--|
| Call, e-mail, and/or send letter to client to reschedule appointment.   | 24 hours   |
| If client does not return for his/her test result, make <u>two more</u> attempts to reach the client: call, e-mail, regular mail, in person. Document all attempts by date and type of attempt. | Within 3 weeks   |
| Fax to the L/P Coordinator the following: consent form, all locator information, attempts.  | At the end of 3 <sup>rd</sup> week                     |
| <b>HIV Prevention Section (HPS), CTL Unit, L/P Coordinator's Tasks:</b>   | <b>Time Frame</b>                                      |
| Contact the agency to let them know information was received and provide follow-up.   | Within 24 hours after receiving faxed information.     |
| Make three additional attempts.   | Within three weeks of receiving the faxed information. |

**While counseling, linkage, partner services and follow-up must be offered, accepting these services is always the client's choice.**

\*After a client tests HIV positive, it is the responsibility of the counselor to provide information about the four options for Disclosure Assistance and Partner Services (DAPS) available to them. The four options are:

- 1) **Self-Disclosure:** The client will disclose his/her status to partners independently. The counselor will offer coaching or other assistance as appropriate and desired to facilitate self-disclosure to current, past, and future partners.
  - During the follow-up, the counselor/CTL Coordinator should determine how many of the planned partner disclosures have actually happened.
- 2) **Dual-Disclosure:** The client will disclose his/her status to partners in the presence of the counselor or another third party. Although the counselor will never be the one to disclose the client's status, s/he will be present to offer support and information to both the client and his/her partner(s).
  - Counselor/CTL Coordinator completes Partner Information Form (PIF version 7/08) for each partner the client wants to dual disclose to and forwards the form to the HPS Coordinator for HIV CTL Evaluation and QA.
- 3) **Anonymous 3<sup>rd</sup>-Party Notification:** The client wishes his/her partners to know that they may have been infected with HIV, but wants to remain anonymous. In this case, trained field staff at City Clinic will provide anonymous notification to partners. The counselor works with the client to help client understand the benefits of this option and elicit partner information, such as name, address, telephone number, email address, age, physical description, etc. This written information is provided by the counselor to the 3<sup>rd</sup> Party Coordinator at City Clinic using a secure phone number (415-487-5516), fax number (415-431-4628), or email address (Giuliano.Nieri@sfdph.org). Field staff will then notify partners and offer CTL services. The HIV positive person who named the partner(s) will never be identified, nor will information linking the partner to the original client be revealed to City Clinic or to partners.
- 4) **inSpot:** The client will go online to <http://www.inspot.org> and send e-postcards to his or her partners, either anonymously or by identifying him or herself. These postcards alert the recipient that they may have been exposed to HIV or STDs and should be tested.

**DATA COLLECTION:** In addition to the linkage and partner services data collected on the CIF (or in PalmIT) and the PIF, the following data must be tracked and reported to the Linkage and Partner Services Coordinator. The data can be provided over the phone, e-mail, fax (415-934-4868) – whichever method is most convenient.

**Agency:**

- Agency staff person completes all required data in the PalmIT or on the CIF regarding linkage and partner services
- Agency staff person completes the PIF for each partner elicited and for dual disclosure and sends copies
- Provide the L/P Coordinator with the following data upon follow-up (generally over the phone):

*Follow-up w/ clients*

- Three follow-up attempts (Date and outcome)
- How was client contacted (via e-mail, phone, contact)

*Medical Linkage*

- To what organizations/hospitals/clinics did the client get referred?
- What was the actual date of the medical visit and was the appt. kept?
- What materials were provided to the client? (Resource list, pamphlets, L/P Coordinator card, agency card, etc....)

*Partner Services*

- Did you address partner services and explain all disclosure options thoroughly?
- To how many partners did the client actually disclose?
- Did the client find out if partners did test or already knew their status?

**12/8/08**

**Appendix F: Checklist for Notification of RNA-Positive Clients Within the CTL Network (updated 12/8/08)**

|   |
|---|
| <b>Test ID# of RNA+ clients:</b> _____ <b>Date original specimen drawn:</b> _____<br><b>Agency:</b> _____ |
|---|

(The HPS Linkage and Partner Services Coordinator (L/P) tracks process and outcomes via this form. Agencies record information electronically (SFCIF data) and on the PIF, and communicate dates/times and other information to L/P as they occur.)

| Protocol Step  | Date | Time | Initials | Notes |
|--|------|------|----------|-------|
| <b>NOTIFICATION BY THE LAB OF POSITIVE POOL</b>  |      |      |          |       |
| Lab e-mails HIV Prevention (HPS Linkage and Partner Services Coordinator (L/P) and HPS Coordinator for HIV CTL Evaluation and QA) and City Clinic staff when there is a positive pool. Magnet/AHP are not notified if positive pool. |      |      |          |       |
| If a Friday, L/P will contact Magnet staff regarding the potential positive for Monday follow-up. [N.A. _____]   |      |      |          |       |
| <b>NOTIFICATION BY THE LAB OF IDENTIFIED ACUTE INFECTION</b>   |      |      |          |       |
| City Clinic notified by e-mail if identified infection is their patient. HIV Prevention (L/P and HPS Coordinator for HIV CTL Evaluation and QA) is cc'ed on the e-mail.  |      |      |          |       |
| HIV Prevention notified by cell phone (L/P - 510-388-7929 and HPS Coordinator for HIV CTL Evaluation and QA as back-up - 415-999-1310) if RNA positive client is from AHP or Magnet.   |      |      |          |       |
| L/P contacts HPS Coordinator for HIV CTL Evaluation and QA (554-9136) immediately as an FYI.   |      |      |          |       |
| L/P (HPS Coordinator for HIV CTL Evaluation and QA) immediately contacts RNA contact person at Magnet or AHP if positive is from their agency.   |      |      |          |       |

| Protocol Step   | Date | Time | Initials | Notes |
|---|------|------|----------|-------|
| <b>AGENCY EFFORTS TO NOTIFY CLIENT [<u>within 8 hours of notification by the Lab</u>]</b>   |      |      |          |       |
| <p>Agency person immediately attempts to contact the client to disclose the result and have him/her come in for another blood draw (purple top tube) for follow-up RNA and antibody testing. (<u>check all that apply</u>)</p> <p>Notified by:</p> <ul style="list-style-type: none"> <li>• Phone ____<br/>Left message _____ Spoke to client _____</li> <li>• E-mail ____<br/>Left message _____ Spoke to client _____</li> <li>• In-person ____<br/>Left message _____ Spoke to client _____</li> <li>• Other _____<br/>_____</li> </ul> <p>Not notified (contact not made) within 8 hours. List plan of action:</p> <p>_____</p> <p>_____</p> <p>_____</p> |      |      |          |       |
| <p>If a Monday, L/P provides the above on behalf of Magnet and makes an appt for 11 am Tuesday at Magnet. [N.A. _____]</p>  |      |      |          |       |
| <p>L/P contacts the RNA point person at the agency (City Clinic/AHP/Magnet) to offer support and assess status of contact attempts.</p>   |      |      |          |       |

| Protocol Step   | Date | Time | Initials | Notes |
|---|------|------|----------|-------|
| <b>CLIENT RETURNS TO AGENCY FOR RESULT AND LINKAGE/PARTNER SERVICES [<u>Within 48 hours of notification by the Lab</u>]</b>   |      |      |          |       |
| Client arrives for visit, blood is drawn and specimen sent to the DPH lab.  |      |      |          |       |
| <p>Offer made to link client to medical care - <u>check and complete</u> :</p> <ul style="list-style-type: none"> <li>• Client has their own medical provider _____<br/> Provider _____<br/> Appt Date: _____<br/> Location of appt: _____</li> <li>• Client has no provider, given an appt _____<br/> Provider _____<br/> Appt Date: _____<br/> Location of appt: _____</li> <li>• Client declines linkage _____</li> </ul>  |      |      |          |       |
| <p>Partner Services options discussed with client. If 3<sup>rd</sup> party notification is chosen, elicit partner information, complete PIF and send to City Clinic fax 495-6463 (send copy to HIV Prevention via mail or fax 415-934-4868). Options chosen (details on SFCIF/PIF) – <u>check all that apply</u>:</p> <ul style="list-style-type: none"> <li>• No discussion of PS options _____</li> <li>• Will notify own partners _____</li> <li>• Wants dual-disclosure _____</li> <li>• Wants 3<sup>rd</sup>-party, partners elicited _____</li> </ul> |      |      |          |       |
| L/P contacts the RNA point person at the agency to offer support and assess status of services delivered  |      |      |          |       |



| Protocol Step  | Date | Time | Initials | Notes |
|--|------|------|----------|-------|
| <b><u>FOLLOW-UP AND RESOLUTION (after 48 hours of notification by the Lab)</u></b>   |      |      |          |       |
| If client is <u>not successfully contacted and seen within 48 hours</u> of agency notification of the RNA positive, contact information is provided to L/P, who will work with City Clinic to outreach to this client. [ N.A. _____ ]  |      |      |          |       |
| <p>Agency will follow up with the client within 5 working days to determine the following (<u>check all that apply and complete</u>):</p> <ul style="list-style-type: none"> <li>• <u>Medical Appointment:</u> <ul style="list-style-type: none"> <li>○ Was appt kept:<br/>yes____ no____ If no, next steps<br/>_____</li> </ul> </li> <li>• <u>Partner Notification:</u> <ul style="list-style-type: none"> <li>○ <u>Self-Disclosure Partners notified:</u><br/>yes__ no __ some not all_____ If no or some, what support is needed, including 3<sup>rd</sup> party:<br/>_____</li> <li>○ <u>Dual-Disclosure:</u><br/>Already provided _____ would like_____</li> <li>○ <u>3<sup>rd</sup>-Party:</u> (Are there other partners that could be notified via 3<sup>rd</sup> party?)<br/>yes____ no____</li> </ul> </li> </ul> <p><u>Other Support Requested:</u><br/>_____<br/>_____</p> |      |      |          |       |

| Protocol Step     | Date | Time | Initials | Notes |
|-------------------|------|------|----------|-------|
| Additional Notes: |      |      |          |       |

12/8/08