



## **Shanti HIV Services**

### **Care Navigation Referral Process**

1. Complete and submit forms to Shanti's Intake Coordinator, Katy Copeland ([kcopeland@shanti.org](mailto:kcopeland@shanti.org)) or fax to (415) 674-4730.
2. The Intake Coordinator will contact the referring party to discuss the referral and assess the best way to resolve any questions.
3. If referral meets the criteria, client will be contacted three times to schedule an intake. If client declines or does not respond, referrer will be notified.
4. After the intake, client will be contacted three times by an assigned care navigator. If client declines or does not respond, referrer will be notified.

## SHANTI'S CARE NAVIGATION PROGRAM

### Guiding Principles:

- Our work with clients is non-directional. We work alongside clients to support them in identifying their own personal goals.
- Care navigators have limited ability to respond to one-off or time-sensitive crises for new client referrals.
- Determine client engagement based on acuity and CN capacity.
- We offer longitudinal support and do not discharge clients.

### Our Services:

- 1-on-1 navigation support and client advocacy.
- Appointment reminders and accompaniment to medical and social service appointments, as available.
- Referrals, application support and coordination of collaborative services.
- Psychosocial support.
- Emotional support.
- Drop-in services and support groups.
- Access to activities program.
- Access to peer support volunteer program (subject to assessment).
- Services in Spanish, as available.

Please consult this checklist before referring clients. Shanti's care navigation is not a replacement for intensive ICM services. Before making a referral, please consider whether the client's acuity level is appropriate for Shanti's services.

- Has the client been made aware of all the services that are offered at Shanti?
- Has the client expressed an active interest in one or more of the services listed above?

## Shanti HIV Services Referral

### Referring Agency Information

Agency: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

### New client Information

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

DOB: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Current identified gender: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Primary language: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address (if available):  
\_\_\_\_\_

How long have you worked with the client? \_\_\_\_\_

- Pending linkage to Shanti, will client be discharged from your program? \_\_\_\_\_

1. Please describe the nature of the current challenges the client is facing.

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2. What is the client's current HIV health status?

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3. What are other non-HIV related medical conditions the client is experiencing?

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4. Does the client need accompaniment to medical and/or social services appointments?

- All of them
- Some
- None

- Does the client need appointment reminders? \_\_\_\_\_
- Has the client missed two or more appointments in the last six months? \_\_\_\_\_

5. Does the client need assistance with transportation to appointments?

- Client has reliable access to transportation and can arrange rides on their own.
- Client occasionally needs assistance arranging rides.
- Limited or no access to transportation impacts engagement in care.

If yes, please provide details.

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6. Does the client experience any challenges that impact adherence to medication?

- Significant challenges
- Occasional challenges
- No concerns related to medication adherence

If yes, please provide details.

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7. Has the client been hospitalized or visited the ER in the last

- 90 days
- 3-12 months
- No history of hospitalizations or visits to the ER in last 12 months

If yes, please provide details.

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8. Please list all providers the client works actively with.

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○ Has the client worked with different providers in the last 6 months? \_\_\_\_\_

If yes, please list them.

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○ Has the client been linked with case management in the past? \_\_\_\_\_

If yes, please provide details.

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9. Is there indication of need for mental health support?

- No history/ evidence of mental illness.
- Already receiving mental health services or pending referral.
- Client needs referral for mental health services.
- Client not interested in receiving mental health support.

If yes, please provide details.

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10. Does the client use substances?

- Current or recent drug or alcohol use interferes with daily living activities.
- Current or recent drug or alcohol use does not interfere with daily living activities.
- Client would benefit from support in maintenance of sobriety.
- No current or recent issues with drug or alcohol use.

If yes, please provide details.

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11. Please describe the client's current housing situation.

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12. Which types of family and/or community-based support does the client receive (if any)?

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13. What makes Shanti your choice for referral?

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