|  |  |
| --- | --- |
| **Intervention Encounter Form** | |
| **Date of Contact \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_** | **Staff ID:** |
| **Client ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Encounter made:** | **Location of Encounter(s):** Check all that apply |
| * Yes (with the client or for the client with other provider) | * Streets, parks, open space |
| * No | * Mobile van |
| **If “No,” why?** | * Client house or apartment |
| * + Unable to reach | * Client non-permanent residence (shelter, SRO) |
| * + Cancelled/Rescheduled appointment | * Outreach program office |
| * + No show | * Other social service agency |
| * + Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Medical setting (clinic, hospital) |
|  | * Residential treatment program |
|  | * Correctional setting |
|  | * Other community setting (Bar, Drop-In Ctr) |
|  | * Other (specify): |
| **Total Duration of Encounters: \_\_\_\_\_\_\_\_\_\_\_** | * N/A (not face-to-face) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Contact** | | | |
| Face-to-face (Individual) | 1 | Social network site: Facebook, twitter | 6 |
| Group | 2 | Not face-to –face (finding) | 7 |
| Telephone | 3 | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 8 |
| Email | 4 | Collateral (client not present) | 9 |
| Text message | 5 | Fax | 10 |
|  |  | EMR | 11 |

**Encounter content:**

|  |  |  |
| --- | --- | --- |
| *Mark with a “√” for each encounter that you had with a client in the course of one day. In the column to the right please enter the type and duration of the encounter using the codes above. For example if you took a client to a medical appointment that lasted 1 hour-enter “1” in the “Type” column and “d” in the “duration” column next to the content. Please mark all contacts for the entire day.* | | |
|  | **Type** | **Duration (minutes)** |
| 1. Find client/Outreach |  |  |
| 1. Client needs assessment |  |  |
| **HEALTHCARE-RELATED ACTIVITIES** | | |
| 1. Collect, update, and/or confirm information about HIV specific services for documentation purposes |  |  |
| 1. Collect, update, and/or confirm information about non-HIV medical services for documentation purposes |  |  |
| 1. Linking newly-diagnosed client to first HIV medical appointment |  |  |
| 1. Accompany client to a medical appointment |  |  |
| 1. Discuss medical appointments |  |  |
| 1. Assist with making appointment for health care |  |  |
| 1. Create or update client individualized care plans |  |  |
| 1. Follow up or remind about a healthcare service or referral |  |  |
| 1. Assist client with obtaining medications (HIV or non-HIV) |  |  |
| **MENTAL HEALTH- OR SUBSTANCE USE-RELATED ACTIVITIES** | | |
| 1. Collect, update, and/or confirm information about mental health, substance abuse treatment, or psychosocial support services for documentation purposes |  |  |
| 1. Accompany client to a mental health appointment |  |  |
| 1. Accompany client to a substance use treatment appointment |  |  |
| 1. Assist with making appointment for mental health care |  |  |
| 1. Assist with making appointment substance abuse treatment |  |  |
| 1. Follow up or remind about a mental health or substance use treatment service or referral |  |  |
| **HOUSING-RELATED ACTIVITIES** | | |
| 1. Collect, update, and/or confirm information about housing for documentation purposes |  |  |
| 1. Provide support for maintaining housing |  |  |
| 1. Create or update goal plan for housing services |  |  |
| 1. Accompany client to housing service appointment or other housing-related activity (e.g. to view an apartment) |  |  |
| 1. Assist client with housing application |  |  |
| 1. Discuss housing needs or assist with obtaining housing (i.e. other than housing application) |  |  |
| 1. Follow up or remind about a housing service or referral |  |  |
| **SOCIAL SERVICES-RELATED ACTIVIES** | | |
| 1. Accompany client to social service appointments |  |  |
| 1. Assist with obtaining and arranging transportation services |  |  |
| 1. Assist with obtaining and arranging other support or social services (e.g. childcare) |  |  |
| 1. Follow up or remind about a social service or referral |  |  |
| **EDUCATIONAL AND EMOTIONAL SUPPORT** | | |
| 1. Relationship building (e.g. checking in with client; providing emotional support/counseling) |  |  |
| 1. Talk with a client about disclosure |  |  |
| 1. Coaching on living skills |  |  |
| 1. Provide basic HIV treatment education, support and/or advocacy |  |  |
| 1. Discuss safer sex |  |  |
| 1. Help a client reduce their drug use/educate about harm reduction |  |  |
| 1. Mentoring/coaching on provider interactions |  |  |
| **EMPLOYMENT AND OTHER PRACTICAL & SOCIAL SUPPORT** | | |
| 1. Assist client with finding employment/Provide employment support |  |  |
| 1. Assist client with obtaining cell phone |  |  |
| 1. Assist client with budgeting/financial planning |  |  |
| 1. Assist client in obtaining legal assistance or advocacy |  |  |
| 1. Assist client with obtaining legal documents |  |  |
| 1. Assist client with obtaining benefits |  |  |
| 1. Social networking event (lunch/meal gathering, activity) |  |  |
| 1. Provide practical support |  |  |
| 1. Other 1: (specify): |  |  |
| 1. Other 2: (specify): |  |  |

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for Multiply Diagnosed HIV-Positive Homeless Populations*.  Learn more at* <http://cahpp.org/project/medheart/models-of-care>