**Health Promotion Case Management**

The Health Promotion Case Management program uses an intensive case management approach to work collaboratively with clients. Case managers work with clients to decrease vulnerability of acquiring HIV and they work to support client resiliency and self-efficacy. Using a variety of strategies, Health Promotion Case Managers will:

* Address social determinants of health that can impact individual vulnerability of acquiring HIV
* Support development of self-efficacy and personal skills that can increase access to wellness.

**Scope:**

The Health Promotion Case Management team’s mandate is to support people in Vancouver from communities who experience marginalization and higher risk of HIV acquisition due to structural & institutional barriers.

Some of these communities are:

* People who use drugs
* Gay, Bi & MSM
* Indigenous peoples
* Newcomers and refugees
* Vulnerable women (cis & trans)

**Clients that the HPCM serve will have experienced:**

* A recent diagnosis/treatment of sexually transmitted or blood-borne infections
* Being part of a sero-discordant relationship
* Engagement in sex work
* Having unprotected sex with multiple and/or anonymous partners
* Mental health and/or problematic substance use
* A recent or current course of nPEP

**\*\* Please note, the referral must be fully completed and all referral source info should be clear. Otherwise, we cannot process the referral.\*\***

**Thank you!**

**Health Promotion Case Management Referral Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REFERRAL ORGANIZATION** | **REFERRAL CONTACT NAME** | | | **REFERRAL CONTACT #** | | | |
| **Client information** | **Referral date:** (dd/mmm/yyyy) | | | **Client aware of referral?** ❒Y ❒N | | | |
| **Legal last name:** | **Legal first name:** | | **Chosen name or alias:** | | | **Pronouns:** | | |
| **Gender:**  ❒ **F** ❒ **T** ❒ **M** ❒ **NB** ❒ **Other** | **Date of Birth:**  (dd/mmm/yyyy) | | **Ethnicity & first language:** | | | **PHN:** | |
| **Legal involvement/court dates:** | | | **Client phone #** | | | **Income source:** | |
| **Current housing status, address and/or hangouts:** | | | | | | | |
| **Case manager gender preference:** | | | | | | | |
| **Client status (Canadian citizen, permanent resident, visa, etc.):** | | | | | | | |
| **Primary Care**  **Provider:** | | Date of last visit | **Health conditions/diagnoses:** | | | | |
| **Eligibility factors:**  ❒ Injection Drug Use ❒Unprotected sex ❒ Recent STBBI diagnosis ❒PrEP  ❒Serodiscordant relationship ❒Multiple partners ❒ Sex work ❒ Mental health issues  ❒Problematic alcohol/substance use ❒Hepatitis C ❒nPEP **If yes, diagnosis:**    **Populations:**  ❒ Newcomer/refugee ❒ Vulnerable woman (cis or trans) ❒Gay, Bi, MSM ❒ Vulnerable Indigenous | | | | | | | |
| Current substance use: | | | **On OAT or safe supply?** ❒ N ❒ Y | | Pharmacy | | |
| **Teams & community supports** | **Nature of involvement/services** | | | | | | **Contact number:** |
|  |  | | | | | |  |
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| **Case management services required & additional details:** | | | | | | | |
| **For Office Use Only:**  Accepted Not Accepted / Referred to: Date: Initials: | | | | | | | |

**Fax referrals to** **604-893-2205** or by phone as well **call 604-696-4677**