Understanding Service Delivery

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While emotional support and risk reduction counseling may form the core of the relationship between HIV antibody test counselors and their clients, test counselors also serve a critical role in helping clients gain access to other services. These services—including food, shelter, transportation, medical care, and financial assistance—are important not only to the general welfare of clients but also in terms of their susceptibility to engage in HIV-related behaviors and their abilities to take care of themselves if they are infected.

Without help accessing these services, however, clients may become confused about or overwhelmed by the options available to them. As a result, they may fail to seek services or they may use inappropriate services. This is exacerbated by funding shortages: in response to the scarcity of services, clients may attempt to access services from programs not designed to serve them, and this may tax existing resources.

Help may take several forms: assessment of services needed, education about the range of services, and support in accessing and coordinating services. Help may be provided through a variety of service delivery mechanisms ranging from information and referral-giving, through client outreach and advocacy, to case management. It is important for counselors to understand these mechanisms for service delivery in order to help clients understand which of these services they may need and what their options are after test counseling. This article describes the mechanisms for service delivery and explores the test counselor’s role in assessing client service needs and facilitating access to services.

Service Delivery

Information and referral-giving, client advocacy, and case management represent a continuum of service delivery methods. Information and referral-giving is the process by which clients obtain basic information about services that are available and referrals to service providers.

Advocacy involves either assisting clients in building the skills they need to seek services on their own or actively advocating on their behalf. Case management is the most comprehensive form of service delivery. It includes components of information and referral-giving and client advocacy, and can extend beyond these to a highly structured relationship that involves hands-on management of a person’s daily activities and service needs.

Information and Referral. Of these services, test counselors most often fill the role of information and referral providers. In addition, information and referral services are perhaps the most frequently provided form of support from HIV-related service organizations. This method may include providing a client with resource materials, informational hand-outs and brochures, telephone lists of resources, or names of contact people for specific services. In making referrals, test counselors should explain the nature and extent of services available and any requirements for accessing services, such as presenting a letter of diagnosis of AIDS or symptomatic HIV infection, proof of income, or proof that clients have exhausted other options.

In some cases, clients may obtain information and referral services only after a provider has completed an intake interview, an assessment, and a treatment plan for the client. This is generally part of the client registration process. In others, information and referral is more casual and may be provided anonymously over the telephone. Information and referral recommendations are usually not tracked and can be provided by a range of staff, including receptionists, volunteers, hot line staff, and computer- or telephone-based information operators.

Client Advocacy. Client advocacy goes beyond information and referral by actually facilitating initial contact between a client and other service providers. Typically, client advocates respond only to problems that can be resolved without lengthy intervention. Advocates can assist with housing needs, finances, medical care, and treatment for mental health or substance abuse issues. Advocacy is especially helpful for clients who are able to refer themselves or for clients who may require temporary assistance in adequately utilizing services. In this context, antibody test counselors may work with clients to prepare them to advocate for themselves.

Unlike information and referral, however, advocacy is usually provided by professionals or volunteers who are trained to understand access and service utilization issues. Client advocacy can be especially beneficial for clients who are seeking HIV-related early intervention or pre-disability planning services.

Case Management. Case management, the most formal and tightly managed of the client-centered support services, includes advocacy; supervision and oversight of the client’s plans, goals, and needs; support; information and referral; and linkage, that is, providing specifics such as contact names and agency hours. Case management might be the most appropriate service in light of the number or severity of issues facing a client. It may also be most appropriate for clients who cannot complete simple tasks because of illness or cognitive impairment. Clients who have been diagnosed with two or more disorders such as substance abuse and depression, are especially good candidates for case management.

The objective of case management is twofold: first, to make life more manageable for clients; and second, to make the system work better by helping disorganized or crisis-ridden clients sort out the multitude of needs and approaches for facing them. The strength of case management is its consistency of interaction, helping clients to more easily respond to their own changing needs and for providers to have the luxury of planning services in an organized way. The case manager becomes a pivotal contact between the client and other service providers and is sometimes responsible for helping the client manage and coordinate various aspects of his or her care.

Case management may be a valuable short-term measure to assist a client in responding to a particularly difficult course of events or dealing
with specific but complicated needs such as receiving medical insurance, applying for benefits, enrolling in HIV-related drug treatment trials, and navigating government bureaucracy. For some of these reasons, a counselor, social worker, or client advocate may organize a meeting that includes all the service providers who are involved with a client. Such a meeting may focus on when or why case management is indicated, what might be accomplished by encouraging the client to participate in this process, and how providers can identify and work together toward specific goals.

Clients may obtain support services from more than one person and simultaneously at each point along the service delivery continuum. Interactions may involve one-time telephone contact with providers not necessarily known to the client; occasional contact with an outreach worker or counselor; or oversight and supervision of a client’s daily affairs by a social worker in a case management relationship—when a provider acts as a broker or coordinator of services—often involve the most interaction. However, even in these relationships, clients may not have ongoing contact until or unless changes in the client’s situation make it necessary. Case management may be time- or task-limited. Time-limited services may, for instance, extend for a period of three to six months from the date case management services begin. Task-limited services are centered around the number of needs identified; case management ceases when tasks have been met.

**When Are Services Needed?**

Clients require support services when they or their service providers identify or anticipate “unmet” needs. This can occur when clients are unable to access services or follow through to the point of resolving their needs. A client’s need for services is influenced by the existence of other support in his or her life. A relatively high-functioning client with a partner or supportive family members may need outside direction infrequently. People without intact support systems may rely more heavily on outside direction and guidance as to how and when services are needed. When clients relate significant issues—such as substance abuse, homelessness, or lack of health care—that may contribute to possible HIV infection, counselors should acknowledge the seriousness of these concerns and briefly assess clients’ prior or current efforts to respond. Counselors might then present referrals, detail the process of seeking services, and negotiate through self-referral or through more formal channels, and further explore clients’ intentions or abilities to pursue assistance. Throughout the process, it is important for counselors to recognize that clients may be influenced by what has worked or not worked for their friends and for counselors to respect these experiences.

Encourage clients to learn about support services before they actually need them. For people receiving positive test results, present the option, when available, of a group orientation meeting in which they can receive a broad amount of information, ask further questions, meet others with HIV infection, and perhaps make initial appointments for services.

In addition to assessing the seriousness of clients’ concerns, counselors might assess clients’ abilities to seek help on their own, and then provide them with a framework of options. Counselors can ask clients if they are willing to speak to an intake worker or social worker about the prospect of receiving case management until their more serious issues have been addressed or resolved. Counselors might also suggest that clients may simply need a consistent source of information.

In making referrals, counselors should provide direction and guidance as to how and when clients might access services. This is especially true when counselors are addressing longstanding issues such as mental health, chronic health concerns, substance abuse, homelessness, and financial instability. Near the end of the test counseling session, it is important that counselors provide a final opportunity for clients to ask for help and for counselors to clarify the information they have presented.

**Conclusion**

Because their focus is often on providing emotional support and helping clients develop risk reduction strategies, test counselors are limited in the range of services they are able to provide clients. By having a clear idea of the mechanisms for service delivery and the range of support that clients can receive, counselors can be better prepared to help clients move beyond the session.
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