

State of Connecticut
Department of Public Health
AIDS & Chronic Diseases Section (ACD)

Protocol for
HIV Prevention Counseling, Testing, and
Referral Services (HIV CTR)

2008

Table of Contents

Protocol for DPH HIV Counseling and Testing Sites

Introduction	
MMWR Recommendations for HIV Counseling and Testing	6
CDC Principles, Goals Objectives.....	6
State of Connecticut DPH Objectives.....	7
Overview of DPH Counseling and Testing	
Settings.....	8
Integration of Services.....	8
Risk Screening.....	8
Testing of Minors.....	8
Deaf and Hard of Hearing.....	9
Sexual Assault Survivors Protocol.....	9
Domestic Violence	13
Overview of Counseling and Testing Essential Components	
Privacy and Confidentiality.....	14
Confidential and Anonymous Testing.....	14
Informed Consent.....	15
Counseling.....	16
Basic Communication Skills.....	16
Client-Centered Counseling.....	16
Test Decision Counseling.....	16
Post Test Appointments.....	17
Prevention Counseling: General Principles.....	17
Six Steps of HIV Prevention Counseling (Step 1-6)	
Step 1: Introduce and orient the client to session.....	20
Step 2: Identify client risk behaviors and circumstances.....	20

Step 3: Identify client safer goals.....	21
Step 4: Develop an Action Plan (Risk Reduction Plan).....	22
Step 4a: HIV Test Decision Counseling.....	23
Partner Notification Contract Between HIV Counselors and the C.A.R.E. Program.	24
Integration of Hepatitis C.	26
Step 5: Make referrals and provide support.....	29
Protocol for ensuring effective referrals.....	30
Step 6: Summarize and close the session.....	33
Post-Test Counseling.....	33
Seronegative Result.....	34
Seropositive Result.....	35
Giving Indeterminate Results.....	39
Giving Negative Test Results by Telephone	
Protocol for Providing HIV Negative Test Results by Telephone.....	39
Procedure for Telephone Notification.....	40
Giving Test Results by Telephone.	41
Protocol for No-shows.....	41
HIV Testing Services for Counseling and Testing Sites	
Setting up a new C & T Site	42
Phlebotomy.....	42
Orasure	42
Waived Rapid HIV Testing:	43
CT DPH Laboratory Forms	43
Specimen Collection, Storage and Transport Procedures.....	44
How to obtain a CLIA Waiver.....	44
When to Repeat a Test.....	45
Counseling and Testing of Repeat Testers.....	47
HIV Incidence Surveillance Program.....	
Secondary Prevention Services	48

Early Intervention Services.....	49
Early Referral and Linkage Initiative Protocol.....	
Record Keeping	49
Access to records.....	50
Documentation of HIV Pre & Posttest Sessions.....	50
Pretest Record Information (CDC Six Steps of HIV Prevention Counseling).....	50
Post Test Record Information.....	
Quality Improvement	51
Data collection and analysis.....	52
Clinic flow.....	52
Chart Review.....	52
Counselor Observation.....	53
Feedback and Strategizing.....	
Training Requirements	53
Phlebotomy Training.....	53
Orasure Training.....	53
Oraquick Training.....	53
HIV Prevention Counselor Training Certificate Program.....	54
HIV Certificate Process.....	55
HIV Prevention Counselor Certificate of Training Protocol.....	60
References	
Attachments	61
Attachment 1: Tips for Working with Sexual Assault Victims	63
Attachment 1A: Statewide CONNSACS Member Programs	65
Attachment 1B: Required Sexual Assault Forms JD-CR-105	66
Attachment 1C: JD-CR-139	67
Attachment 1D: JD-CR-140	68
Attachment 1E: JD -CR-141	70

Attachment 2A: Informed Consent Form — English	71
Attachment 2B: Informed Consent Form — Spanish	72
Attachment 3: Letter to No Shows	73
Attachment 4: Counselor Protocol Checklist	80
Attachment 5A: Partner Notification Contract-English	81
Attachment 5B: Partner Notification Contract-Spanish	82
Attachment 6: HCV Information for Clients who Indicate Risk Factors for HCV	84
Attachment 7: Outreach Protocol Guidelines	87
Attachment 8A: Release of Information-Disclosure Form-English	88
Attachment 8B: Release of Information-Disclosure Form-Spanish	90
Attachment 9: Required Information for Notifying at Risk Partners	91
Attachment 10: Documentation of HIV Positive No-Show Follow-Up	92
Attachment 11A: CTDPH Site Establishment Form	94
Attachment 11B: CTDPH Physician of Record (POR) Form	95
Attachment 12A: CTDPH Specimen, Collection, and Transport Procedures	96
Attachment 12B: CTDPH Laboratory Microbiology Testing Services Form	97
Attachment 13: Certificate of Consent for HIV Related Test Form	98
Attachment 14A: Waived Rapid HIV Testing Guidelines: Oraquick	106
Attachment 14B: Waived Rapid HIV Testing Guidelines: Clearview	108
Attachment 14C: CLIA Application for Certification	109
Attachment 15A: Instructions for HIV Counselors – Adult HIV Confidential Case Report	110
Attachment 15B: Connecticut Department of Public Health Adult HIV Confidential Case Report Form	111
Attachment 16: Early Referral and Linkage Initiative Protocol and Form	118
Attachment 17A: Sample 1 HIV Counseling Intake Form	121
Attachment 17B: Sample 2 HIV Counseling Intake Form	122
Attachment 18: Post-test Session	125

Attachment 19A: Quality Improvement (QI) Checklist	126
Attachment 19B: Quality Improvement (QI) Site Visit Audit Tool	127
Attachment 19C: HIV Counseling Skill Inventory	140
Attachment 20: Glossary of Terms	144
Attachment 21: Resources	

INTRODUCTION

The purpose of this protocol is to provide a comprehensive overview of Human Immunodeficiency Virus (HIV) prevention counseling and testing components and partner referral services. The protocol is intended for new and seasoned HIV prevention counselors. It may also provide assistance to others who may want an overview of HIV counseling and testing services funded by the Connecticut Department of Public Health (DPH) programs. HIV counseling is a continuing process of change and the ultimate goal is to provide quality services to the client.

The protocol presents standardized policy and procedure, user friendly information in order to help the counselor be effective in providing HIV prevention counseling. The protocol is the foundation of HIV prevention counseling in Connecticut and should be used as a road map to other Department of Public Health (DPH) guidelines and protocols specific to HIV prevention counseling (CARE, ERLI, TB/HIV, Integration of HCV, and referral protocol). It is a companion to the HIV prevention counselor training. This is a procedures manual not a document for continuing orientation.

It would also be useful for you to familiarize yourself with the Morbidity and Mortality Weekly Report (MMWR) Recommendations for HIV Counseling and Testing, and the objectives of the State of Connecticut Department of Public Health, which appear below:

1993 MMWR RECOMMENDATIONS FOR HIV COUNSELING AND TESTING

- HIV Counseling should be client-centered, that is, tailored to the behaviors, circumstances, and special needs of the person being served.
- HIV Counseling should include a personalized client risk assessment.
- HIV Counseling should result in a personalized plan for the client to reduce the risk of HIV infection / transmission.

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH (CT DPH) PRINCIPLES

Effective HIV counseling, testing, and referral is based on the following principles:

- Client confidentiality should be strictly protected.
- Informed consent should be obtained prior to HIV testing. Written informed consent is preferable.
- Confidential testing is the standards method of testing, however, counselors will refer out to anonymous testing sites when requested.
- Information about the HIV test should be provided to all who request or accept HIV testing, regardless of whether prevention counseling is provided.
- CTR services should be provided in a manner consistent with applicable local, state and federal guidelines, policies and statutes.

- CTR services should be provided in a manner that is responsive to community needs and priorities (e.g. is available and accessible).
- CTR services should be appropriate to clients' culture, language, sex, sexual orientation, age and developmental level.
- Providers of CTR services should develop and implement written protocols for CTR services.
- Providers of CTR services should develop and implement written quality assurance and evaluation protocol and procedures.

The CT DPH, AIDS & Chronic Diseases Section's programmatic goals are:

- To reduce the number of new HIV infections in Connecticut.
- To reduce HIV risk behaviors in populations identified by the Connecticut HIV Planning Consortia (CHPC).
- To ensure access to HIV prevention services such as: education, counseling and testing, partner notification, comprehensive risk counseling services, medical case management, and referral services.
- To improve integration of services across health and human service programs serving the CHPC priority populations.
- To incorporate evaluation and behavioral science into HIV program planning, development, and implementation.

In alignment with the Centers for Disease Control and Prevention (CDC) for HIV Counseling, Testing, Partner Notification, and Referral Services, the CT DPH objectives are to:

Ensure that HIV-infected persons and persons at increased risk for HIV

- Have access to HIV testing to promote early knowledge of their HIV status.
- Receive high-quality HIV prevention counseling to reduce their risk for transmitting or acquiring HIV.
- Have access to appropriate medical, preventive, and psychosocial support services.
- Promote early knowledge of HIV status through HIV testing and ensure that all persons either recommended or receiving HIV testing is provided information regarding transmission, prevention, and the meaning of HIV test results.

The protocols contained in this manual will assist you in meeting these objectives and recommendations.

OVERVIEW

Settings

The Connecticut Department of Public Health (DPH) contracts with local health departments, community health centers, hospitals, community based organizations and the Department of Correction (DOC) to provide HIV prevention counseling and testing services throughout the state. These contractors may offer culturally appropriate HIV prevention counseling and testing in the traditional office setting as well as in a variety of off-site locations such as school based health centers, drug treatment centers, needle exchange or health vans, prisons, alternative to incarceration programs, homeless shelters, soup kitchens, truck stops, and other outreach settings. Contracted programs planning to provide HIV prevention counseling and testing in settings other than their primary agency site are asked to submit an outreach HIV counseling and testing protocol to the AIDS & Chronic Diseases Section of DPH.

Integration of Services

DPH encourages the integration of HIV counseling and testing services into medical settings such as community health centers, hospital outpatient departments, STD clinics, substance abuse treatment programs, tuberculosis (TB) clinics, and family planning and women's health clinics. DPH funded HIV counseling and testing services provided in these settings should still remain focused on identification of behavioral risk, HIV risk reduction, and referral to appropriate medical, mental health, social service, substance abuse, and HIV prevention resources.

HIV Risk Screening

Funding for HIV testing provided by DPH is reserved for individuals at high risk for HIV infection and for those who have no other resources to pay for testing. **Therefore, those requesting HIV counseling and testing at a DPH contracted HIV counseling and testing site should be screened to determine that there is a sufficient risk for HIV or lack of health insurance or other means to pay for testing.** Those who are not eligible to receive testing at a DPH contracted site due to low risk should be referred to another resource such as Planned Parenthood, private physician, or an over-the-counter HIV Test Collection Kit. Ultimately, no one should be turned away without exploring other testing options. Contracted programs may actually wish to purchase the Home Collection Kits for low risk individuals who request testing. HIV testing performed at DPH contracted HIV counseling and testing sites is based on behavioral risk and not on medical diagnostic criteria. Therefore, those who present with symptoms should also be referred to a health care provider.

Testing of Minors

In 1996, Section 19a-952 of the AIDS Confidentiality Law was amended to include the testing and treatment of minors for HIV or AIDS. The section is summarized as follows:

Counseling, testing and treatment of a minor for HIV requires the consent of a parent or guardian, except:

- a) If notification would result in denial of treatment
- b) If fear of the result of notification would lead the minor not to seek or continue treatment

To treat the minor without notification, the minor must make such a request, and the counselor must fully document his/her reasons for the request. The minor must sign the documentation and it must be included in the client record.

Once confidential treatment is promised:

- a) No relevant information can be divulged unless the minor consents
- b) Bills should not be sent to the parents' or guardian residence unless the minor agrees in advance
- c) The minor is responsible for all costs and expenses

All HIV prevention funds for publicly funded counseling and testing sites should be targeted to the voluntary HIV testing of adults and adolescents whose personal behavior puts them at risk for HIV or AIDS. Especially for those whom are uninsured, under-insured and low-income individuals who cannot pay for HIV testing.

Under no circumstances should counseling and testing sites provide HIV testing for individuals under the age of 13 years. Youth 12 years and under should be referred to their pediatrician or comprehensive health care facility.

Deaf and Hard of Hearing

As part of a cultural competent risk assessment, counselors should evaluate the appropriate interpretation needs of the deaf or hearing-impaired such as American Sign Language (ASL) or TTY equipment. Currently TTY equipment is located in the following health departments: Hartford, Bridgeport, New Britain, and New Haven. Appropriate arrangements should be made by the agency to accommodate the needs of deaf and hearing-impaired clients.

Sexual Assault Victims

HIV is a concern for rape victims and sexual assault needs to be considered a risk factor for contracting HIV/AIDS. Although the risk for one-time sexual assault is considered to be low, the benefit of effective HIV Prevention Counseling and Testing can greatly help sexual assault victims in the long run. The State of Connecticut collaborates with local Sexual Assault Crisis Service (SACS) providers across the State to ensure that support and services for sexual assault victims is readily accessible and culturally appropriate. Legislation has been introduced which would allow for HIV testing of the alleged perpetrator upon request of the victim of sexual assault.

The following information will provide counselors and program supervisors with the current state statute and policy on disclosing offender HIV test results to the victim.

Disclosures

- Individuals that come for testing may or may not disclose a history of sexual abuse even if they have been sexually assaulted and referred to a testing site by a sexual assault counselor/advocate.
- In certain cases, sexual assault survivors may seek the services of the HIV counseling/testing site to have the testing results of the person charged with assaulting them disclosed. (Please see special consideration).
- If in the course of Counseling & Testing someone does disclose that they were raped or assaulted, the HIV Counselor's supportive and non-judgmental response can have a positive impact in the healing of the client and empowers clients' to understand that information and support are available to them if needed.

Counselors must not attempt to counsel on sexual assault, but should provide assistance to victims and make referrals to a trained Sexual Assault Crisis Counselor, as appropriate. Included in this protocol, is a handout on "**Tips for Working with Sexual Assault Victims**" which can serve as a guide for HIV Prevention Counselors when counseling & testing sexual assault victims (*See Attachment 1*). In addition, counselors are encouraged to build connections with the local SACS programs in order to provide these services more effectively. A copy of SACS Member Programs is included in the Attachments section of this protocol (*See Attachment 1A*). SACS programs provide the following free and confidential services:

- 24 hotline (English and Spanish) with immediate access to certified counselor/advocates
- Individual Counseling
- Accompaniment and advocacy throughout the medical and police system
- Preparation, accompaniment, and advocacy throughout the court system
- Information and referral for other needs
- Support groups
- SACC do not release names or information about a client without the expressed consent of the individual. *

OVERVIEW OF COURT ORDERED TESTING

The [CT AIDS Confidentiality Law Section 19a-582e8](#) was amended to allow for the HIV testing of individuals' accused of a Sexual Assault. A summary of the law is as follows:

A defendant accused of a sexual assault may be tested for HIV without consent if a:

1. Sexual assault victim requests that the Connecticut criminal court or juvenile court order such tests or
2. Judge orders such testing at his/her discretion before final sentencing.

The results will be disclosed to the victim (by the court or their designee) if the test was at the victim's request and only after the offender has received the result. All other aspects of the AIDS confidentiality Law must be followed. The testing of victims of sexual assault should be done as a standard of practice.

Special Consideration's by Statute

I. Offender Testing

When an offender is accused of a violation of section 53a-70 (Sexual Assault, 1st degree), the rape victim may request that the offender test for HIV. The victim will then complete the Request by Victim of Sexual Act to Test Defendant for AIDS/HIV Form, JD-CR-105 (*See Attachment 1B*). Offenders will be tested and the results will disseminated at a location selected by the victim.

Gives Information to Victims

When a court orders an HIV test at the request of a person charged with a sexual assault crime, the court shall provide the victim with the Notice to and Information for Victim Re: Court ordered HIV /AIDS Test of Defendant Form, JD-CR-139 (*See Attachment 1C*) which includes the following:

1. Educational materials about human immunodeficiency virus and acquired immune deficiency syndrome developed by the Department of Public Health.
2. Information about and referral to HIV testing and counseling for victims of sexual assault.
3. Referrals and information regarding SACS programs.

Victim Retrieval of Court Ordered HIV Test Results

Choice of Health Care Provider- The victim may designate a health care provider chosen by the victim or an HIV testing and counseling site funded by the DPH to receive the results of such test on behalf of the victim. At that the time, the victim will complete the Victim's Designation of Receiver For Defendant's HIV/AIDS Test Results Form, JD-CR 140 (*See Attachment 1D*).

1. Health Care Provider- If the victim has designated a Health Care Provider not currently funded by the State of CT Department of Public Health, the designated health care provider shall disclose the test results to the victim.

2. DPH funded HIV Counseling and Testing Discloses Test Results- If the victim has designated a DPH funded HIV Counseling and Testing site for the retrieval of their court ordered HIV test results, they must complete Notice to Victim's Designee to Receive Defendant's HIV/AIDS Test Results Form, JD-CR-141 (See *Attachment 1E*). The court will send a copy of the offender result to the funded DPH Counseling and Testing site. The victim will then be instructed to by the court to contact the site for the retrieval of their results and will make arrangements with the site for an appointment. At that time, a professionally trained counselor will provide counseling about HIV and acquired immune deficiency syndrome, risk reduction counseling, and offer referrals if appropriate.

PROTOCOL FOR COURT ORDERED HIV TESTING:

The DPH in cooperation with the Judicial Department will test individuals sent with a court order for HIV testing under this law. The policy for HIV testing individuals accused of sexual assault are as follows:

Outreach educators should not be doing any court ordered HIV Testing: All court ordered HIV Testing should be referred to a funded HIV Counseling & Testing site for service.

1. **Ask the client for the court order:** If a client comes to your site and states that they have been sent by the court, by their attorney, by a judge or other legal entity **DO NOT TEST WITHOUT THE PAPER WORK.**
2. **Court orders should site the Connecticut general statutes for sexual assault HIV Testing:** See attached Law. Courts may use a generic court order or one specifically developed for HIV Testing of defendants' accused of sexual assault.
3. **Court orders must be signed by a judge:** The request may have been initiated by someone other than the judge, e.g. an attorney, probation officer, victim advocate, etc. However a judge must sign it.
4. **Fill out the required DPH Data forms:** Provide Pre-Test Counseling and HIV Testing just as you would for any other client.
5. **Schedule client for posttest counseling:** Client will return to you for their post test result and follow -up.
6. **Send court order in a sealed envelope with blood specimen to the lab:** Write "Court Order" on the envelope. Do not keep a copy of the court order. You have the bubble form and other assessment information about the client.

7. **It is the court's responsibility to notify the victim or others regarding the result:** The Counseling & Testing site responsibility is as usual to the client being tested.
8. **The lab will send the HIV result and the court order back to the judge:** The site has no responsibility to the court. The laboratory is responsible to get the result back to the judge, and keep a copy for their files.
9. **If STD screening is also ordered, the STD clinic needs the original:** Make a copy and forward to the lab as mentioned above. Write on the envelope where you sent client for STD Testing; i.e., Hill Health Center.
10. **Make it easy for the client:** All Planned Parenthood sites can do both HIV Testing and STD court ordered Cultures for screening. (STD Clinics in the Health Departments do not do cultures). Other federally funded HIV programs that can do both HIV testing and STD screening are the local hospitals and community health centers (see attached lists). You should consider sending the client to one of these locations if both tests are ordered.

Resource information:

Connecticut Sexual Assault Crisis Services ([CONNSACS](#))

96 Pitkin Street

East Hartford, CT 06108

860.282.9881

Toll Free Hotline: 1.888.999.5545 English 1.888.568.8332 Spanish

Domestic Violence and Intimate Partner Violence (IPV)

Domestic/intimate partner violence can happen to anyone. Tragically, one in four women will be abused during her lifetime. While most domestic violence involves men assaulting women, it can also involve men assaulting their male partners, or women assaulting their male or female partners. Domestic violence is more common in the lesbian community than formerly believed (Trisdale, 2005).

What constitutes domestic/intimate partner violence?

Violence perpetrated by an intimate partner is widespread globally. It includes:

- Physical violence (e.g. slaps, punches, kicks, assaults with a weapon, homicide);
- Sexual violence (e.g. rape, coercion and abuse includes use of physical force, verbal threats, and harassment to have sex, unwanted touching or physical advances, forced participation in pornography or other degrading acts that often persist over time and are accompanied by threats on part of the perpetrator);
- Psychological violence (e.g. belittling the woman, preventing her from seeing family and friends, intimidation, withholding resources, preventing her from working or confiscating her earnings).

Screening for Domestic/intimate partner violence

If a person is a victim of abuse, he or she may be reluctant to share that information therefore screening must take place during the initial risk assessment. The core of the domestic violence screening is a simple straightforward question: “What response would you anticipate from your partner if he or she were notified of possible exposure to HIV?” If the patient identifies concerns about the partner’s reaction, a series of follow-up questions should be asked, such as:

Have you ever felt afraid of your partner?

Has your partner ever pushed, grabbed, slapped, choked or kicked you?

Based on what you have told me, do you think that notification of a positive HIV result to this partner will have a severe negative effect on your physical health and safety or that of your children or someone close to you?

Communication is necessary to ensure that the client’s safety continues to be the priority in decisions about proceeding with HIV testing and partner notification.

If there is a risk of any form of domestic violence, you as the counselor should refer the client for [domestic violence](#) services and partner notification should be deferred.

Overview of Counseling and Testing Essential Components

Privacy and Confidentiality

Ensuring clients’ privacy and confidentiality during CTR is essential, but could present unique challenges in some nontraditional settings. Confidentiality can more easily be breached in settings where clients and providers can be seen or heard by others.

Suggested strategies for maintaining privacy and confidentiality in nontraditional settings include the following:

- Use a separated area in a mobile van.
- Use rooms with locking doors.
- Mark a specific room with a “do not disturb” or “occupied” sign.
- Designate an area in the setting that provides physical privacy.
- In parks and similar locations, seek areas with as much privacy as possible.
- Provide counseling and testing services in the client’s home or other secure setting.
- Have clients return to the setting to receive test results and counseling and referral.

Confidential and Anonymous Testing

All HIV prevention activities will be conducted in a manner that protects the identities of all clients and their partners. The counselor will ensure that no test result, counseling record, or medical document is disclosed other than to those allowed access under the

state AIDS confidentiality law or those who may be informed based on the client's written consent. (Connecticut General Statutes 19a-581-590 and 592 Disclosure)

Confidential HIV testing is the standard method of testing at state-funded sites. Therefore, we believe that it is reasonable to expect that at least each program should confidentially test 90% of the clients. With confidential testing, the counselor will have identifying information such as the client's name, address, and telephone number.

In confidential testing, the counselor will explain to the client how the HIV test records will be secured. The counselor must summarize the Connecticut AIDS Confidentiality Law, noting that access to counseling and testing records is limited.

Confidential testing permits counselor follow up and ensures that the client will receive their HIV test results. The confidential option also allows the counselor to follow up with the client regarding additional counseling sessions and medical or social service referrals. It should be noted that clients are cared for confidentially in medical settings and health providers are more likely to use a confidential test than an anonymous one that often prevents retesting. However, if a third party pays for medical services, confidential testing may increase the chance that the information could be given to the client's insurance company if results are recorded in their medical chart.

Anonymous HIV testing must be available to the client either through referral or on-site. Anonymous testing involves no possible link between a person's name and their test result. In fact, their name is never taken at the test site.

A chief disadvantage of *anonymous testing* is that the client cannot be reached for follow up if he or she does not return for posttest counseling. This is a major problem if the client is seropositive or a high risk seronegative. Also, if an error occurs (a *very* rare event, but still possible), there is no way to reach the client to correct the problem. The chief advantage of anonymous testing is that it decreases the likelihood of the loss of confidentiality or of secondary discrimination. Nevertheless, discrimination is still possible with the anonymous testing if the client tells someone who then inappropriately discloses the information.

Neither confidential nor anonymous HIV testing method involves having the client's name sent to the laboratory.

Informed consent is required before testing, in general (but, for example, not for sex offenders or accused sex offenders when ordered by court). For consent to be *informed*, the client must know what the test is for and the risks and benefits of testing. Opportunity to refuse testing must be made available.

Before the test is ordered, the client must read (or have read to them) the Informed Consent Form for HIV testing (*See Attachment 2A & 2B*). Those individuals that chose Confidentiality testing must sign and date the form. If the testing is anonymous, the client must read the form and agree to the test, the counselor then signs and dates the form. The client's ID number should be put in the space provided for "signature."

Whether confidential or anonymous, the counseling and testing provided must comply with Connecticut General Statutes that cover [AIDS Confidentiality \(C.G.S. 19a 581 to 590\)](#). This requires informed consent before testing and includes restrictions on the disclosure of test results. Clients who refuse to be tested confidentially should be offered anonymous testing, either on-site or by referral.

Counseling

Counseling should be given in a style and format respectful of cultural norms, values, and traditions that are accepted by the target population. It must include awareness of differences in sexual identity and sexual orientation, and counselors should be aware that clients may be or may have been sexually or physically abused. The counseling must be clear to the client and adapted to the client's learning style, psychological development, and style of communication. If the client does not speak or understand English well, the counseling should be in the client's language.

Basic Communication Skills- Client-Centered Counseling

DPH funded counseling and testing sites use the HIV prevention counseling approach called "client-centered counseling." CDC has recommended this approach since 1993. The term "client centered" is used in HIV prevention counseling to mean that the counseling sessions are focused on the client's own unique circumstances, behaviors, and prevention needs. *This should not be confused with the client-centered approach advocated by psychologist Carl Rogers.* In client centered counseling, risk reduction is brought about through an in-depth, personalized risk assessment and negotiation of a risk reduction step that is specific, acceptable and achievable for the client.

Although the term "HIV counseling" may encompass a range of activities which include providing information about ways in which HIV is transmitted and the meaning of the HIV test, HIV prevention counseling is a process aimed at *personal HIV risk reduction*. It is counseling with the explicit aim of helping the client identify and commit to an explicit behavior change goal that will help prevent acquisition or transmission of HIV. HIV prevention counseling is usually a relatively brief interaction, which may require one or more sessions with a counselor. In DPH counseling and testing sites, the sessions usually last from 20 to 60 minutes and are most often but not always accompanied by HIV testing.

Test Decision Counseling

Because most clients served through DPH contracted counseling and testing programs request testing, the DPH protocol combines The CDC's Six Steps of **HIV Prevention Counseling and Test Decision Counseling (Step 4a)**. *Test decision counseling* is part of the pretest counseling session focusing on providing information about the HIV antibody test and testing procedures, the meaning of the test result, and exploring the potential impact of the test result on the client. Test decision counseling is important to the process of obtaining informed consent for testing.

Posttest Appointments

Counseling and testing sites must make posttest-counseling appointments at the pretest visit. Procedures must be in place to ensure that clients who do not return for posttest counseling are called back for posttest counseling and have access to the results. This is particularly true for seropositive and high-risk seronegative clients. A nonspecific letter to No Shows (*See Attachment #3*) should be mailed to confidentially tested clients within 5 working days after the missed appointment. The letter should be followed by a telephone call 7 days after the letter is sent. If the counseling and testing site is part of a medical service setting, the client's medical chart should be flagged so the providers will alert the HIV counselor when the client returns. The counselor should meet the client immediately to give them posttest counseling or to arrange for a new appointment.

If there is no response to the letter within 14 days of mailing, an outreach worker may be sent to remind the client that the test results are available. Sites may use outreach staff already employed by their agency or they must contact the Department of Public Health Companion Awareness Risk Education (C.A.R.E.) Program for follow-up and notification of HIV test results.

The possibility of referral to an outreach worker or C.A.R.E. Program staff should be addressed in the informed consent process and is mentioned in the attached informed consent forms.

Prevention Counseling: General Principles

The following are elements that should be applied *whenever* HIV prevention counseling is offered:

- **Keep the session focused on HIV risk reduction.** Each counseling session should be tailored to address the *personal HIV risk* of the client being counseled rather than providing a predetermined set of information. The use of counseling skills including open-ended questions, attentive listening, maintaining a non-judgmental and supportive approach, and role-play scenarios can encourage client participation. However, these or other components should never overshadow the goal of HIV risk reduction.
- **Include an in-depth, personalized risk assessment.** The personalized risk assessment allows the counselor and client to identify, acknowledge, and understand the specific details of their own HIV risks and the context in which risk occurs. Keeping the risk assessment *personal*, as opposed to *global* is critical in helping the client identify explicit and acceptable protective measures that they can take to reduce HIV risk. For example, in a personal risk assessment, simply asking the client about condom use is vague; rather, the counselor could use open-ended questions to help the client identify specific situations in which he or she does and does not use condoms.

Some factors that have been associated with continued risk behavior that may be important to explore include basic lack of information about HIV prevention and

transmission, negative attitudes toward prevention, alcohol or substance abuse preceding sexual activity, underestimation of personal risk, perception that precautionary changes in behavior (e.g., condom or clean needle use) are not an acceptable peer norm, limited perceived self-efficacy of success in change efforts, high reinforcement value associated with frequent unsafe practices and a perception that vulnerability to HIV is associated with luck or fate and not one's personal actions.

Many of the above factors reflect client deficits (or weaknesses) in HIV prevention information, motivation, or behavioral skills. In general, any factor, which causes information, motivation, or behavioral skills deficits in a client, will facilitate their risk. When factors such as those described in the previous paragraph, or others that reflect a client's information, motivation, or behavioral skills deficits are identified in the risk assessment, the counselor should attempt to address them. This should lower the client's subsequent risk behavior.

- **Clarify important misconceptions about HIV transmission risks.** In general, the counselor should avoid spending a great deal of time discussing modes of HIV transmission. Many clients already know this information, and it can be efficiently provided in other ways, such as brochures, pamphlets, and videos. If such information is presented, it can be done briefly, because the “facts” are relatively simple. However, any misconceptions about HIV transmission that relate to the client's personal risk (e.g., that oral sex is a risk-free behavior) should be addressed.
- **Negotiate an explicit, achievable behavior change step that will reduce HIV risk.** Such a step must be acceptable to the client and appropriate to reducing risk in their situation. Studies suggest that few people are able to *entirely* eliminate risk behaviors after one or even a few counseling sessions. Focusing on reducing important risks is the goal of HIV prevention counseling. Successfully reaching a behavior change step requires that the step be explicit and achievable. Some studies have found that identifying the barriers to achieving the step, through interactive discussion, role-play modeling, or other methods, is useful. This should be followed by discussions between the client and the counselor on how to reduce these barriers. Role-playing and rehearsal are critical components used to increase a client's preventive behavior skills. In addition, identifying positive social supports for the specific behavior change steps, and writing down the agreed upon behavior change step, can enhance the likelihood that the step can be achieved. For people with ongoing risk behaviors that are unlikely to respond to HIV prevention counseling, referral to additional HIV prevention services (e.g., Comprehensive Risk Counseling Services, drug treatment) is strongly suggested.
- **Seek flexibility in the counseling process and prevention approach.** Counselors should avoid a “one size fits all” prevention message. Specific behaviors that are safe for one person may be risky for another (e.g., unprotected vaginal intercourse is safe for uninfected people in a monogamous relationship, but may be unsafe with anonymous partners whose HIV antibody status is unknown). The length of counseling sessions will also vary depending on client risk. Counseling sessions with high-risk clients typically will be longer, however, sessions may be shorter for clients not at increased risk.

- **Address a client’s information and motivational weaknesses.** The HIV counselor should address any weakness in a client’s information about HIV transmission and prevention, or motivation (e.g., negative attitudes toward prevention, non-supportive social norms toward prevention, or feelings of invulnerability to HIV). Identifying weaknesses in the clients information can be done simply by asking how is HIV transmitted and prevented, and addressing any inaccuracies. Weaknesses in motivation involving negative attitudes can be addressed by asking the client “how do you feel about _____” (e.g., using condoms or clean needles?). If there is a negative response, ask why. To increase preventive attitudes, the counselor should work with the client on why the client has negative attitudes. For example, if it is because he thinks condoms don’t feel good, suggest using a thin latex condom with lubrication or the inside. To measure the clients normative support for safer behaviors — another component of motivation — ask the client if people important to him or her support his or her use of safe behaviors. If the answer is no, identify supports (including the counselor) who can “be there for them”. Finally, feeling vulnerable to HIV is a third critical component of motivation. To assess this, ask the client “how likely do you think that you or your partner(s) could be infected with HIV”? If the probability given is low, demonstrate how their behavioral practices correspond to those that transmit HIV.
- **Provide skills building exercises.** Skills modeled either by the counselor or the client could include demonstrations on proper use of the female condom, demonstrations of male latex condoms using different condom brands with a penis model, demonstrations about how to clean needles and syringes, assertiveness training to communicate safer sex commitments with new sex partners, or problem solving strategies. Skills training that focuses on disclosure of HIV status (whether infected or uninfected) may be important to address and should be accomplished by facts about the potential costs and benefits of such disclosure for the individual who discloses. Role-playing and rehearsal may be very useful in increasing skills necessary to practice safe behaviors.
 - **Acknowledge and provide support for positive steps that have already been made.** Support for positive steps taken increases clients’ beliefs that they can successfully perform further HIV risk reduction steps. For many clients, simply agreeing to have an HIV test is an important step in reducing risk.

The CDC’s Six Steps of HIV Prevention Counseling Standards

In addition to the HIV prevention counseling principles, the CDC has developed basic standards for the provision of HIV prevention counseling. The CDC’s recommended Six Steps of Prevention Counseling for the use during pre and posttest counseling. (See Attachment # 4 Counselor Protocol Checklist).

Pretest Counseling

Step 1 Introduce and orient client to session

The HIV counselor should introduce him or herself and explain his or her role. The counselor should describe the purpose of the session, expected duration, and achievement goals. The counselor should make sure the client understands the session is for HIV prevention counseling with optional testing and partner notification if needed. The HIV counselor should seek consensus from the client as to the objectives of the session and maintain focused throughout the session.

During the session, the HIV counselor should be polite, professional, and display respect, empathy, and sincerity to the client. He or she should become involved and interested in the process and convey an appropriate sense of concern and urgency about the client's risk behaviors. The counselor should seek to deal effectively with the client's concerns.

Suggested open-ended introductory questions:

- What brings you in today?
- What would you like to know before you leave here today?
- What have you heard about HIV and AIDS?
- How did you decide to take the HIV test today?

Step 2 Identify Client's Personal Risk Behavior(s) and Circumstances

With the client, the HIV counselor should identify the specific behaviors that place the client at risk for HIV. He or she should focus the client on specific behaviors, situations, and partner encounters that contribute to his or her risks. Attempt to build from the problem (symptoms, referral, etc.) and reasons that brought the client to the counseling and testing site. Establish an atmosphere that conveys a collaborative and creative exploration of the relevant issues.

- Assess the client's motivation for coming. If the client is coming in for testing, ask the client why they want to be tested at this time. Ask whether the client has been tested before and explore previous testing experiences. If the client has been tested before, assess the impact of testing on subsequent risk behaviors. Determine whether the client has been testing repeatedly instead of adopting risk reduction behaviors. Also assess whether past seronegative tests have reinforced denial of risk and feelings of immunity to HIV. Clients who continue to be at risk despite counseling and testing are high priority for services such as HIV prevention case management.
- Do an HIV knowledge assessment. Identify what the client has heard or knows about HIV/AIDS, HIV transmission, HIV prevention, and HIV disease natural history. Fill in client knowledge gaps and correct misconceptions.
- Complete an HIV risk assessment. Identify the client's personal risk behaviors and circumstances. Explore the following areas: client's self identified risk,

sexual risks, history of sexually transmitted diseases, injection drug use, alcohol and other non-injection drug use, piercing or tattooing with unsterile equipment, and HIV test history. For those who indicate that they have this risk and/or injection drug use risk, an HCV knowledge assessment should be done and information regarding HCV should be given as well as a referral for HCV testing.

Suggested open-ended risk assessment questions:

- What makes you believe that you might be at risk for HIV?
- What are you doing in your life that might be putting you at risk for HIV?
- What is it that brought you in for HIV testing today?
- When was the last time that you had unprotected sex? Shared needles?
- If your test result shows that you are positive for HIV antibodies, how do you think you may have been infected?
- What is your experience with shooting up drugs? How often do you do this?
- When is the last time that you put yourself at risk for HIV?
- What was happening then?
- Are there times that you have sex without a condom? If so under what circumstances.
- What are the situations in which you are most likely to be putting yourself at risk for HIV?
- How often do you use drugs or alcohol? How does this influence your HIV risk behaviors?

Step 3 Identify Safer Goal Behaviors

Reinforce the client's previous risk-reduction efforts. Identify specific safer goal behaviors that the client is willing to try or adopt.

Suggested open-ended questions to explore client HIV risk reduction attempts and safer goal behaviors:

- Tell me about a specific time you remember where you were able to practice safer sex (use needles safely)? What did you do? What made it possible for you to do it? How was that for you?
- What are you presently doing to protect yourself?
- What would you like to do to reduce your risk of HIV?

Suggested statements reinforcing positive change already made:

- It's great that you are here!
- You've taken the first step; you're doing a great job; keep it up!

- The fact that you are concerned about HIV is important.
- It is important that you recognize that you've really been thinking about reducing your HIV risk.
- Look at how much you've already done to protect yourself (*be specific*).

Step 4 Develop a Personalized Action Plan

Help the client establish a personal plan to reduce their risk of HIV. The plan should be realistic, yet challenging, and should address the specific behaviors identified by the client during the risk assessment phase of the session. It should incorporate the client's previous attempts, perceived personal barriers, and perceived personal benefits to reducing HIV risk.

Discuss barriers and benefits to adopting the new behavior. Identify concrete, incremental steps the client can start to take to achieve their goal. Discuss how the client will put the plan into operation, using specific and concrete steps. Establish a back-up plan. Confirm this plan is personalized and acceptable to the client. Solicit questions and reinforce the client's initiative in agreeing to try to negotiate a risk reduction plan.

Suggested open-ended questions to explore client HIV risk reduction attempts and questions to explore personal barriers and benefits to adopting safer behaviors:

- What do you see as advantages or good things about adopting _____ (the safer behavior)?
- What do you see as disadvantages or bad things about adopting _____ (the safer behavior)?
- What makes it easy (what situations make it easier for you) to _____ (the safer behavior)?
- What makes it difficult (what situations make it difficult for you) to _____ (the safer behavior)?
- Who (individuals or groups) would approve or support you in adopting _____ (the safer behavior)?
- Who (individuals or groups) would disapprove or object to you adopting _____ (the safer behavior)?

Suggested open-ended questions to use when assisting the client to develop a personal risk reduction plan:

- What one thing can you do to reduce your risk right now?
- What can you do that would work for you?
- What could you do differently?
- How would your sexual practices (drug use practices) have to change for you to stay safe?

- Now that you have identified some steps you could take, how can you go about making this happen?
- What could you do to make it easier to take these steps?
- How could I support you in taking these steps?
- Who would help to support you in taking these steps?
- When do you think you will have the opportunity to first try this (behavior, discussion, etc.)?
- How realistic is this plan for you?
- What will be the most difficult part for you?
- Who can help you?
- What might be a good thing about changing this?
- What will you need to do differently?
- How will things be better for you if...?
- How will your life be easier or safer if you change...?
- How would your drug practices have to change to stay safe?

Suggested statements supporting and reinforcing the client:

- You have really done something good for yourself in putting this plan into place.
- You've taken very positive steps today to help meet some important personal goals.

Step 4a. HIV Test Decision Counseling

Following the risk reduction plan, the counselor should engage in HIV test decision counseling with the client. The counselor should: Explain the meaning of an HIV positive (+) and an HIV negative (-) test result. The client should be asked to describe the meaning and significance of a seropositive and of a seronegative test result. Misunderstandings should be corrected. Emphasize the accuracy of the test and its excellent correlation to HIV infection after the 6 month "window period". Do not get lost in minutiae about sensitivity/specificity/predictive value of the test unless the client specifically requests this information. *Clarify that "positive" does not mean "good" rather that it means that the antibodies are present for HIV.* Explain the window period and ascertain whether the client is in the window period. Explain the meaning of the **six-month** "window period" in terms of its significance to the meaning of a negative test result. The "window period" is the time it takes for a person who has been infected with HIV to react to the virus by creating HIV antibodies. This is called *seroconversion*. During the window period, people infected with HIV have no antibodies in their blood that can be detected by an HIV test, even though the person may already have high levels of HIV in their blood, sexual fluids, or breast milk.

Ask the client when their last risk behavior(s) occurred in order to determine whether they are in the window period. Give a simple explanation of the window period and emphasize the need to practice safer behavior during this period of time in order to obtain an accurate test result. **A documented exposure to HIV may result in the early identification of infected persons at the 3-month period. However, very rare instances of sero-conversion between 6 months and 12 months after exposure have been reported. Therefore, DPH recommends that counselors use the 6-month window to be more inclusive.**

Explore the potential impact of the test results;

“What would you do if the test came back HIV positive (+)?”

“What would you do if the result came back HIV negative (-)?”

“What changes in behavior would you make if any?”

“What support systems do you have?”

Explore the client’s thoughts about what it would be like to live with HIV, experiences with others that have HIV, etc. The counselor should assess how the client normally copes with stressful situations. The counselor should explore previous history of depression, mental health concerns and whether the client is suicidal or homicidal. Look for specific and well-developed plans for carrying out a suicide or homicide. Does the client have a past or family history of suicide, suicide attempts, homicide or other forms of violence?

Plan for coping during the waiting period, ask the client;

“How will you handle waiting for your results?”

Explore the client’s supports (family, friends, social services, mental health, etc.). Offer support and refer the client to support or mental health services, if necessary.

Explore client’s feelings regarding partner notification.

Partner referral is best broached during the pretest counseling session. The client is often more emotionally available and less stressed than during a seropositive posttest counseling session. Explain that partner notification is a vital part of curtailing the HIV epidemic. Ask the client what sexual and needle sharing partners they would need to notify if they were positive and how comfortable they would feel telling them. The Connecticut Department of Public Health has a Companion Awareness Risk Education (C.A.R.E.) program that has highly trained Disease Intervention Specialist (D.I.S.) who can help the client make the notification or do the notification anonymously for the client. Offer the C.A.R.E. program as an option for partner notification and describe its services. C.A.R.E. will assist HIV infected persons with notification of their partners on an anonymous and voluntary basis.

Partner Notification Contract Between HIV Counselors and the C.A.R.E. Program (Step 4a)

In order to continue the commitment of assisting persons living with HIV and their sex and needle-sharing partners, the C.A.R.E. Program has developed and implemented a

contractual system. The objective of the partner notification system (PNS) contract is to address issues to ascertain which partners have been informed and whether or not notification assistance is needed. The PNS contract will allow the C.A.R.E. Program to ensure, in a systematic manner, that clients are aware of all available partner counseling and referral options and that all partners are managed appropriately. The notification contract provides the client with three options, listed as follows:

- a) **Self-Referral:** The client agrees to refer their partners in for counseling and testing by an agreed date. The client is also informed that if the self referred partners do not make or show up for an appointment for counseling and testing by the scheduled date, the locating information on the partners will be forwarded to the C.A.R.E. Program's staff for additional follow-up. If the client agrees to this option, the counselor must collect all identifying and locating information on all partners, in the event that the C.A.R.E. Program must become involved in locating partners who did not make or keep an appointment with the counselor.
- b) **C.A.R.E. Referral for Interview:** The client agrees to allow the C.A.R.E. Program to conduct PNS. Before the session with the counselor is completed, an appointment will be scheduled with the DNS.
- c) **C.A.R.E. Referral:** Lastly, the client may decline a partner notification interview. However, the client agrees to provide specific locating information for partners at risk to the counselor whom will then forward this information to a DIS for follow-up.

Note: All client interactions may be conducted anonymously.

The HIV counselor must enter a partner notification contract with all HIV positive clients which will outline how partners will be informed, confirm that partners were notified, and what follow-up is required for situations when partner counseling and referral services do not take place. Signatures and dates are required at the end of the contract to assure all parties are in agreement with the contract. (See Attachment # 5A and #5B Partner Notification Contract)

Following the discussion of partner notification:

- Explain the testing procedure: Explain the process for obtaining the sample (venipuncture, orasure, and oraquick etc.).
- Determine whether the client wishes to be tested: If the client wishes to be tested explain confidential and anonymous testing, review the informed consent form and obtain the client's signature or identification number.

Integration Hepatitis C (Step 4a)

Due to the fact that [Hepatitis C \(HCV\)](#) can be transmitted in the same way as HIV and the high prevalence of HCV among injecting drug users, DPH has established protocol for incorporating HCV prevention counseling into the HIV prevention counseling session. In order to integrate Hepatitis C (HCV) counseling into the pretest counseling session questions should also be asked regarding transfusions, blood product receipt and organ transplant prior to 1992 as well as receipt of clotting factor concentrates prior to 1987. This is included in the HIV Prevention Counseling Guidelines, outlined below.

Counseling Session

1. Introduce self and orient client to session
 - Assure confidentiality
 - Describe purpose of session
 - Explain that the session will focus on HIV as well as related infectious diseases such as HCV and STD's
2. Identify client's personal risk behaviors and circumstances
 - Assess client's motivation for coming in
 - Knowledge assessment- identify what the client has heard or knows about:
 - ✓ HIV/AIDS
 - ✓ HIV transmission
 - ✓ HIV prevention
 - ✓ HIV Disease natural history
 - Fill in informational gaps and correct misconceptions
 - Risk assessment- identify HIV risk behaviors and circumstances
 - ✓ Client's self identified risk
 - ✓ Sexual risk
 - ✓ Sexually Transmitted Diseases
 - ✓ Injection drug use*
 - ✓ Alcohol and other non injection drug use
 - ✓ Transfusions, blood product recipient, or organ transplant prior to 1992*
 - ✓ Clotting factor concentrates prior to 1987*
 - ✓ Piercing or tattooing with unsterile equipment
 - ✓ HIV test history
 - ✓ HCV test history

* For those who indicate these risk factors do knowledge assessment and provide information regarding HCV (See Attachment # 6). Recommend referral for testing, if client has never been tested for HCV.

3. Identify safer goal behaviors

- Reinforce previous risk reduction efforts.
- Work with client to identify behaviors that prevent or reduce HIV/HCV-transmission that the client is willing to adopt.

4. Develop client action plan

- Help the client to establish a realistic personal plan to reduce his or her risk for HIV/HCV.
- Address the specific behaviors identified by the client during the risk assessment. Incorporate the client's previous attempts, perceived personal barriers and perceived personal benefits to reducing risk.
- Identify concrete, incremental steps.
- Discuss how the client will put the plan into action.
- Establish a back-up plan.
- Confirm that the plan is personalized and acceptable to the client.
- Solicit questions and reinforce the client's initiative in agreeing to try to negotiate a risk reduction plan.

4a. HIV Test Decision Counseling

- Explain the meaning of a (+) and (-) test result.
- Explain the window period and ascertain whether the client is in the window period.
- Explore the potential impact of the test results (+) and (-).
- Explore client's thoughts about what it would be like to live with HIV, experiences with other's that have HIV, etc.
- Assess coping skills (previous history of depression, mental health concerns, suicide/homicide attempts, etc.).
- Assess support systems.
- Explore how test result would impact behavior change.
- Assess support system.
- Explore client's feelings regarding partner notification.
- Explain the partner notification program (C.A.R.E.).

- Explain the testing procedure.
 - Determine whether client wishes to be tested, if so:
 - ✓ Explain confidential and anonymous testing.
 - ✓ Review the informed consent form and obtain signature.
5. Make Referrals and Provide Support
- Identify peer and community support for HIV/HCV risk reduction.
 - Provide referral to professional services the client may have identified. This may include but is not limited to: drug treatment, needle exchange, support groups, mental health services, STD clinic, family planning, medical services, etc.
6. Summarize and Close Session
- Briefly summarize issues and plans discussed
 - Identify next steps
 - Assist with follow-up appointments
 - Encourage and support client in progress

All HIV Posttest sessions should review and update the client's personalized risk reduction plan. An assessment of how risk reduction efforts outlined in the client's plan are working should be made. Adjustments to the plan should be made as necessary. This also includes checking on the status of referrals made at the last visit. *It is important to ensure that clients who have been referred for HCV testing or HCV medical care kept those appointments and received care.*

HCV Information for Those Who Indicate Risk Factors for HCV

Statistics & Trends

- The number of new infections per year has declined from an average of 240,000 in the 1980's to about 26,000 in 2004.
- Most infections are due to illegal injection drug use.
- Transfusion-associated cases occurred prior to blood donor screening; now occurs in less than one per 2 million transfused units of blood.
- Estimated 4.1 million (1.6%) of Americans have been infected with HCV, of whom 3.2 million are chronically infected.
- The risk for perinatal HCV transmission is about 4%.
- If coinfecting with HIV the risk for perinatal infection is about 19%.

Transmission

- Occurs when blood from an infected person enters the body of a person who is not infected.

- HCV is spread through sharing needles or “works” when “shooting” drugs, through needlesticks or sharps exposures on the job or from an infected mother to her baby during birth.

Signs & Symptoms

- 80% of persons have no signs or symptoms, therefore individuals should be encouraged to screen for HCV.
- Jaundice, fatigue, dark urine, abdominal pain, loss of appetite and nausea are all signs of HCV infection.

Long-Term Effects

- Chronic infection: 55%-85% of infected persons.
- Chronic liver disease: 70% of chronically infected persons.
- Deaths from chronic liver disease: 1%-5%.
- Leading indication for liver transplant.

Prevention

- There is no vaccine to prevent hepatitis C.
- Do not shoot drugs; never share needles, syringes, water, or cooker, and get vaccinated against hepatitis A & B.
- Do not share personal care items that might have blood on them such as razors and toothbrushes.
- HCV can be spread by sex, but this is rare. If you are having sex with more than one steady sex partner, use latex condoms correctly and every time to prevent the spread of sexually transmitted diseases.
- Obtain medical care if infected.
- Avoid drinking alcohol; it can make your liver disease worse.

Step 5 Make Referrals and Provide Support

Definition of Referral

In the context of HIV prevention counseling and testing, referral is the process by which immediate client needs for care and supportive services are assessed and prioritized and clients are provided with assistance (e.g., setting up appointments, providing transportation) in accessing services. Referral should also include follow-up efforts necessary to facilitate initial contact with care and support service providers. In this context, referral does not include ongoing support or management of the referral or case management. Case management is generally characterized by an ongoing relationship with a client that includes comprehensive assessment of medical and psychosocial support needs, development of a formal plan to address needs, substantial assistance in accessing referral services, and monitoring of service delivery.

Referrals should be made based on the client assessment and risk reduction plan. Some referrals can be made during the pretest session. The success of these referrals

can be assessed at the posttest session. Try to assist the client in identifying peer and community support for HIV risk reduction. Provide referral to professional services that the client may have identified. This may include but is not limited to: drug treatment, needle exchange, support groups, mental health services, STD clinic, family planning, medical services, etc.

Protocol for Ensuring Successful Referrals

Clients should be referred to services that are responsive to their priority needs and appropriate to their culture, language, sexual identity, age, sex and developmental level.

1. **Help client define priorities:** Counselors should engage in an interactive process with clients to ascertain referral needs and establish priorities for referral services. Typical referral needs include:
 - Medical evaluation, care and treatment.
 - Partner counseling and referral.
 - Reproductive health services.
 - Medical case management.
 - Drug/alcohol prevention and treatment.
 - Mental health services.
 - Legal services.
 - STD/TB screening and care.
 - Screening and treatment for viral hepatitis.
 - Comprehensive Risk Counseling Services (CRCS).
 - Psychosocial support services.
 - Domestic violence/sexual assault counseling and services.
 - Other services as needed: Clients might have multiple needs that can be addressed through other HIV prevention and support services (e.g., assistance with housing, food, employment, transportation, child care, domestic violence, and legal services). Addressing these needs can help clients access and accept medical services and adopt and maintain behaviors to reduce risk for HIV transmission and acquisition.

*For HIV infected clients, priority should be placed on referral for medical evaluation, care and treatment that addresses their HIV infection.

2. **Discuss and offer options:** Engage clients to determine their own need for referrals, and when appropriate, counselors should offer options related to risk assessment.
3. **Offer referrals:** Staff providing referrals should receive training and education that addresses referral planning and management. Staff providing referrals should have the authority to accomplish referrals. Cross-training among referral agencies should be conducted to ensure that agency staff understand client needs, are aware of referral resources and can identify gaps in referral resources

- Community resources.
- Policies and procedures associated with referral (inter and intra-agency).
- Advocacy skills.

4. **Refer to known and trusted services:** Providers should develop and maintain strong working relationships with other providers that are able to provide needed referral services. Memoranda of agreement or other formal agreements should be used to describe roles and responsibilities of inter-agency collaborative relationships. Agreements should be reviewed regularly and modified as appropriate. Agencies providing CTR services should prepare and regularly update a referral resource guide of community agencies providing services appropriate to clients receiving CTR services.

The resource guide should include:

- Name of provider/agency.
- Range of services provided.
- Populations served.
- Service area.
- Contact information.
- Hours of operation.
- Facility location(s).
- Cultural competence.
- Costs.
- Client eligibility requirements.

5. **Assess client response to referral:** Before sharing identifying information necessary to complete the referral with another provider, the counselor should obtain consent from the client.

6. **Facilitate active referral:** When appropriate, counselors should be able to accommodate clients by making the call, walking them to the provider if on site, offering assistance with transportation needs if available (Counselors should adhere to agency specific protocols for transportation services).

7. **Develop a follow-up plan:** Referral services should be documented and completion of referrals should be verified. DPH funded CTR sites are required to have a mechanism in place to track and trend referrals received, offered, and successfully completed.

8. **Quality Improvement:** Providers should assess and document whether the client accessed the referral services. If the client did not, the provider should determine why; if the client did, the provider should determine the client's degree of satisfaction. If the services were unsatisfactory, the provider should offer

additional or different referrals. Documentation of referrals made, the status of those referrals, and client satisfaction with referrals should help providers better meet the needs of clients. Information obtained through follow-up of referrals can identify barriers to completing the referral, responsiveness of referral services in addressing client needs, and gaps in the referral system. Providers of referral services should know and understand the service needs of their clients, be aware of available community resources, and be able to provide services in a manner appropriate to the clients' culture, language, sex, sexual orientation, age, and developmental level, given local service system limitations.

- **Education and Support of Staff Members**

Staff members providing referral services must understand client needs, have skills and resources to address these needs, have authority to help the client procure services, and be able to advocate for clients.

- **Training and Education.** Providers should ensure that staff members receive adequate training and continuing education to implement and manage referrals. Training and education should address resources available and methods for managing referrals, as well as promote understanding of factors likely to influence the client's ability and willingness to use a referral service (e.g., readiness to accept the service, competing priorities, financial resources). Referrals are more likely to be completed when a provider is able to correctly evaluate a client's readiness to adopt risk-reducing behaviors.

- **Authority.** Staff members providing referrals must have the authority necessary to accomplish a referral. Supervisors must ensure that staff members understand referral policy and protocol and have the necessary support to provide referrals. This requires the authority of one provider to refer to another (e.g., through memoranda of agreement) or to obtain client consent for release of medical or other personal information.

- **Advocacy.** Staff members who negotiate referrals must possess knowledge and skills to advocate for clients. Such advocacy can help clients obtain services by mediating barriers to access to services and promoting an environment in which providers are better informed regarding the needs and priorities of their clients.

- **Provider Coordination and Collaboration**

Providers should develop and maintain strong working relationships with other providers and agencies that might be able to provide needed services. Providers who offer HIV prevention counseling and testing but not a full range of medical and psychosocial support services should develop direct, clearly delineated arrangements with other providers who can offer needed services. Coordination and collaboration promotes a shared understanding of the specific medical and psychosocial needs of clients requiring services, current resources available to address these needs, and gaps in resources. Memoranda of agreement or other forms of formal agreement are useful in outlining provider/agency relationships and delineating roles and responsibilities of collaborating providers in managing

referrals. When confidential client information is shared between coordinating providers, such formal agreements are essential. These agreements should be reviewed periodically and modified as appropriate.

Step 6 Summarize and Close Session

Briefly summarize issues and plans that have been discussed and identify the next steps that the client has agreed to take. Assist with any necessary follow-up appointments. Encourage and support the client in his/her progress.

- Review action plan with client
- Confidential testing standard
- Explained/anonymous pros & cons
- Informed consent, signature
- Paperwork/counseling & test form
- HIV counseling & testing closure-reinforcements

Posttest Counseling

All HIV Posttest sessions should include a review and updating of the client's personalized risk reduction plan. An assessment should be made of how risk reduction efforts outlined in the client's plan are working. Adjustments to the plan should be made as necessary. This also includes checking on the status of referrals made at last visit. When the client receives HIV test results, the primary public health purposes of post-test HIV counseling are:

- To reinforce perception of risk for those who are unaware or uninformed
- To help uninfected persons initiate and sustain behavior changes that reduce their risk of becoming infected
- To arrange access to necessary medical, prevention, and case management or prevention care management services for persons with a positive result
- To assist those who may be infected to avoid infecting others and remain healthy
- To support and/or assist infected clients to ensure the referral of as many sex or needle sharing partners as possible

The risk assessment and risk reduction plan developed during counseling prior to HIV testing provide a framework for strengthening efforts the client has already made toward healthier behaviors and for recommending modifications based upon the HIV test result. Sites may use outreach staff already employed by their agency or they must contact the Department of Public Health Companion Awareness Risk Education (C.A.R.E.) Program for follow-up and notification of HIV test results (See Attachment # 7).

The following standards exist for giving HIV test results:

- Review available documentation including the risk assessment, prior to meeting with the client.
- Assure the client that the test results and other information that he or she provides will remain confidential (or anonymous).
- Provide counseling at the time results are given to:
 - ✓ Assess the client's readiness to receive HIV test results.
 - ✓ Interpret the result for the client, based on his/her risk for HIV infection.
 - ✓ Ensure that the client understands what the result means and address immediate emotional concerns.
 - ✓ Renegotiate or reinforce the existing plan for reducing risk considering the client's HIV status.
- Discuss with the client the need to appropriately disclose HIV status.
- Assess the client's need for subsequent counseling or medical services.
- Develop a plan to access necessary resources and appropriate referrals.
- Document test results, risk reduction plan, and identify need for any resources and referrals in the client's chart, for use during subsequent clinical care.
- Ensure that confidentially tested HIV infected clients who do not return for results and counseling are provided appropriate follow-up. Document the follow-up that occurs. Exhaustive efforts should be made to ensure confidentially tested HIV clients are offered their HIV test results and counseling.

Specifics of a Posttest Counseling Session for a Seronegative Result

1. Define the purpose of the session.

Greet the client in a friendly manner. Based on the client's body language, consider shaking hands. State to the client that this is a posttest session during which test results will be given and risk reduction plans reviewed.

2. Give test results.

Carefully match the results with the client's identification number. After giving the results, wait and be silent. Give the client time to react. Ask the client to explain the meaning of the test result (e.g., what does this mean to you?). Listen carefully and allow the client to finish. Then stress that a negative test result does not imply immunity to HIV infection and that it is important to continue to practice safer behaviors. ***If the test was done during the window period, advise the client to be retested six months after the last risk activity.***

3. Risk reduction plans and referrals.

Check on the status of the client's personal risk reduction plan. Revise the plan to overcome obstacles or to build on successes. Ask whether referrals were successfully made. Make plans to overcome obstacles to referrals and make new referrals, if needed. These plans may include referral to secondary prevention services for clients at high risk for HIV infection. Determine one or two behavioral changes the client may be willing to make to reduce risk. Assist the client in building skills to negotiate risk reduction activities with current or potential partners through discussion and role-plays. When the client leaves the session, she or he should have a specific plan to reduce and, preferably, to avoid risk in the future. Seronegative clients at risk for HIV should be given as much attention as a seropositive. Advise any person with risk behaviors not to donate blood, plasma, tissue, or sperm, despite the negative test.

4. Conclusion of session.

The counselor should answer any remaining questions. Handouts, condoms and/or bleach should be provided. ***Make a follow-up appointment for re-testing if the client was tested in the window period or for further work on behavior change.***

Posttest Counseling Sessions for a Seropositive Result

Some HIV positive clients may be better prepared than others to receive positive test results. Counseling of patients with positive results must be directed to the client's specific circumstances and may require more than one session. *Counselors should recognize that the emotional impact of learning about an HIV positive test result often prevents clients from absorbing other information during this encounter (e.g., concerning necessary preventive behavior).* Counselors may need to arrange additional sessions or provide appropriate referrals to meet the client's needs and accomplish the goals of counseling persons who are HIV positive.

1. Define the purpose of the session

Greet the client in a friendly manner. Based on the client's body language, consider shaking hands. Indicate to the client that this is a posttest session during which test results will be given and risk reduction plans reviewed.

2. Give test result.

Confirm with the client that he/she is ready to hear the test result; then give the test result promptly. After giving the result, be silent. Give the client time to react; allow the client time for ventilation and expression of his or her feelings.

3. Assess the emotional impact of hearing the test result.

The most important part of the session is to process the client's reactions to receiving a positive test result. Explore the client's feelings regarding receiving the test result. Ask the client what he/she is experiencing at this time. Use active listening skills to help the

client sort out his/her feelings. Help the client move from shock to verbalizing his/her feelings. Assess the potential for suicide or violence. Have mental health resources available for immediate referral should it be necessary. Help the client to prioritize his/her concerns and what issues he/she feels are most important. Try to address the client's most urgent concern before moving on to other issues.

4. Clarify the meaning of the test result.

Once the main emotions are verbalized and validated, ask the client to explain the meaning of an HIV-positive antibody test result (e.g., what does it mean to you?). Listen carefully; let the client finish. Correct any misconceptions. Go over the spectrum of HIV infection, and discuss briefly what the client can do to maintain health. Try to maintain an optimistic attitude without denying the seriousness of the situation.

5. Review risk reduction plans

Check the status of the client's personal risk reduction plan. Reassess the client's risk for transmitting HIV infection. Revise the plan to overcome obstacles or to build on successes. Additional risk reduction guidelines for seropositive clients may include:

- Inform client that they should not donate blood, plasma, organs, other tissues, or sperm.
- For women of childbearing age, discuss with your medical provider your options regarding pregnancy.
- Do not breastfeed.
- Do not share needles or works, use new or clean needles.
- Protect yourself and your partners by using latex condoms correctly and consistently.

6. Referrals

Assess the client's immediate needs for medical, preventive, and psychosocial support. (e.g., financial, personal, and other)

Ask whether referrals from pretest counseling were successfully made. Make plans to overcome obstacles to referrals and make new referrals if needed. Once the client agrees to posttest referrals, the counselor must obtain a Release of Information (ROI) Disclosure Form for every referral made out to services (See Attachment # 8A & 8B).

Refer the client to secondary prevention services and make initial appointments. Clients should be encouraged to contact their health care provider, if they do not have one then refer to an infectious disease specialist in their area. Clients should be encouraged to share their HIV status with health care providers for the purpose of appropriate medical and dental care. It is *vital* that HIV seropositive clients be evaluated by a medical provider for co-infection with STD's (genital ulcer diseases in particular) and with TB. Co-infected persons can have severe complications from syphilis or TB.

Consider referral to social and mental health services. This is particularly important if the client may be suicidal or homicidal. Danger signs include a family or personal history of violence, suicide, or homicide; drug or alcohol abuse; specific and clearly defined plans; an available weapon; and lack of emotional support. If the client appears acutely homicidal or suicidal immediately contact your local crisis mental health intervention service and help the client get to the service; do not let the client leave alone. If necessary, in an emergency, call the police for assistance.

A plan for continuing medical care and psychological support should be established with the client. This may include subsequent sessions with the HIV Counselor if necessary. As part of the plan the counselor should identify necessary referrals and assist the client with contacting them, and provide the client with written referral information.

7. Partner Elicitations and Notification

If a client, who tests anonymously, does not return for posttest counseling and their HIV test result is positive, the Partner Notification program or the testing site is unable to provide follow-up. This is one reason why confidential testing is the standard for DPH. During the pretest counseling assessment process HIV counselors should determine the individual risk of the client and the necessity of having the ability to follow-up with the client for posttest counseling and test results.

The counselor must assess the client's plan for notifying persons who have had sex or shared needles with the client over at least the last 7-10 years, not just current partners. Offer another clear explanation of the partner notification process. The benefits of partner notification programs must be fully and objectively explained. Note that using C.A.R.E. is an expression of care and concern by the client on behalf of the partner. With firmness and tact, diffuse or confront resistance to notifying partners or to calling C.A.R.E. program staff. Make every reasonable effort--persuade the client that it is to everyone's best for interest either the client or the C.A.R.E. Program to notify sexual or needle sharing companions. Strongly promote the C.A.R.E. Program as an important resource and an excellent option to meet the needs of both the client and partner. C.A.R.E. can offer additional education and coaching to the client on partner notification techniques.

8. Follow up with C.A.R.E. contract during posttest session

For those sites that opt to use the C.A.R.E. Program's contract, during the post-test session, the HIV counselor should refer back to the option chosen by the client during the pre-test session. The client should be reminded about the contract and the specific option selected from below:

- a. Self-Referral:** The client has agreed to refer partners to the counseling and testing site by a specific date. This date should be confirmed with the client during the post-test session. The client should understand that if referral of all partners does not occur within one month after scheduled appointment, partner information will be provided to the C.A.R.E. Program for follow-up and notification of partners.

- b. C.A.R.E. Referral for Interview.** The client has agreed to have an appointment scheduled at the counseling and testing site for the C.A.R.E. interview. The date will be scheduled during the post-test session, preferably during the next follow-up visit with the HIV counselor. This option also allows the counselor to schedule off site interviews at a time and location that is at the client's convenience. This information needs to be documented in the client's record.
- c. C.A.R.E. Referral for Follow-Up.** The client has agreed to provide the counselor with locating information for partners at risk. The HIV counselor should refer to the form entitled Required Information For Notifying At Risk Partners. (*See Attachment # 9*). This form can be used as a guide for collection of information on partners. Once this information is collected it should then be forwarded to the C.A.R.E. Program for follow-up of partners at risk.

Clients should have a clear understanding that any option used can be done anonymously. The outcome of follow-up can also be given to HIV counselor if the client is interested in knowing if partners were located.

What Other Things the Counselor Can Do

If desired, a C.A.R.E. worker also can accompany the client when making a partner notification. Tell the client that C.A.R.E. can help the client by taking away the burden of partner notification. The C.A.R.E. worker can notify the partner in client's stead. Partners will be given counseling and, if they want, testing. All information is confidential and anonymous.

The expertise and experience of the C.A.R.E. staff (and sexual assault/domestic violence services staff) is particularly important for clients in abusive relationships. Offer to dial the C.A.R.E. Program number for the client and give the client the C.A.R.E. Program number for future reference. If the client elects to have the C.A.R.E. Program notify the sex or needle-sharing partners, the counselor should ensure that the client either talks to C.A.R.E. Program staff over the telephone or meets with them. If the C.A.R.E. worker cannot come right away, gather as much information on the partner(s) as you can (e.g., physical description, hangouts, etc.) and set up another session to meet both the client and the CARE worker.

What the Client Can Do

Establish a specific (i.e., time and place) contract to meet with and counsel any sex or needle-sharing partner whom the client insists on notifying him or herself. Coach the client using role-plays about when and how to speak about HIV to any partners that he or she plans to notify.

For any known partner with whom sex or needle sharing is denied within the last 1-2 years and the client does not want that individual notified, the counselor should question the client in depth, using open ended questions, to determine all relevant details concerning when the client has had sex or needle sharing and why he or she has not had sex or needle sharing since. Identify why the client does not want the partner notified (e.g., abusive relationship, estrangement, fear of retaliation). Thoroughly

document the facts of the case, the counselor's assessment of the completeness and accuracy of the information from the client, and recommendations on whether or not the partner should be notified, either by the client or (if the client is willing) by the C.A.R.E. Program. Bring up the issue at intervals while giving secondary prevention services to the client.

9. Discrimination

Discuss concerns regarding discrimination as it relates to HIV status. Mention legal resources, such as the AIDS Legal Network and the Connecticut Commission on Human Rights and Opportunities.

10. Conclusion of Session

The counselor should answer all remaining questions. Arrange for the client to get to medical, secondary prevention and support services. Give handouts and condoms.

Giving Indeterminate Results

Blood samples sent to the State Virology Laboratory for HIV testing is tested for HIV specific antibodies. The ELISA (enzyme-linked immunosorbent assay) testing method is used as a screening test for HIV antibodies. A Western Blot is then performed to detect specific antibodies of the HIV virus. If the ELISA is reactive and the Western Blot is non-reactive it could mean that non-specific (non-HIV) antibodies or insufficient antibodies are present. This is called an inconclusive or indeterminate test result.

In the case of a positive (+) ELISA and a negative (-) Western Blot, most times the individual is in the process of seroconversion. Therefore, the individual should be retested within one month. Persons with continued indeterminate Western blot results after 1 month are unlikely to be HIV infected and should be counseled as though they are not infected unless recent HIV exposure is suspected.

Giving Negative Test Results by Telephone

Protocol for Providing HIV Negative Test Results by Telephone

Below are guidelines for providing and HIV negative test result by telephone.

1. All clients are eligible to receive HIV test results by telephone providing they DO NOT fall into the following categories:
 - They used injection drugs within the past 12 months.
 - They had three or more sexual partners in the past three months (regardless of sexual orientation).
 - They have been tested for HIV three or more times within the last 12 months.

- Anyone who the HIV counselor or DIS has assessed and feels should be excluded due to the clients personal risk assessment.
2. Ineligible clients will only be able to receive their HIV test results in a face-to-face posttest counseling session.
 3. Clients who do not return for their test result will be followed up as stated in the DPH HIV counseling and testing and partner notification protocol.
 4. All eligible clients have the option of returning to the counseling and testing site to receive their HIV test result.
 5. All sites should randomly select at least 6 clients to return to the clinic for their test result. Clients should not assume they will be asked to return to the testing site only if their test result is HIV positive. If risk assessments are conducted and eligibility guidelines are followed this would generally not be the case. Therefore, as a quality assurance measure, clients should randomly be chosen to return to the site for HIV post counseling and HIV test results.

Procedure for Telephone Notification

1. The DPH HIV Counseling and Testing and Partner Notification Protocol procedures should be followed at all times.
2. After a personal risk assessment is completed, a determination is made as to whether the client is eligible to receive their test result by telephone. The client is made aware of this option and also the option to change their mind and come back to the site to receive their test result.
3. All clients eligible for HIV test results telephone must be tested CONFIDENTIALLY.
4. Counseling and testing sites must set-up FIXED hours for clients to call in for their HIV test results.
5. A standard code will be used to determine the identity of the person calling in for HIV results.
6. Clients should be informed that they will not receive their test result without the above information and that no one else can get their test result for them.
7. Provide client with all necessary information, counselor name, and times to call to receive HIV result, unique identifier number, and other necessary information.
8. No HIV test result should be given out after a three (3) week period because antibodies may have developed during this time. The client should be rescheduled for a repeat test.
9. Clients should be told that as part of this pilot they will be asked a few questions when they call in for their HIV test result.

Giving Test Results by Telephone

1. When client calls in they must be referred to the appropriate HIV counselor, if the counselor is not available a back-up plan should be in place.
2. The client's HIV file and related information should be with the counselor during the post-test counseling sessions. Information must be verified before the result is given. If client cannot provide this information, the session should be discontinued. Client must return to the test site for results.
3. Once the information is verified, the result can be provided. The post-test session should proceed in the same manner as if the client were physically present.
4. HIV post-test counseling sessions by telephone should normally not exceed 15 to 20 minutes in duration. If you feel the client needs additional information/counseling ask them to return to the site for an appointment to speak with you. This option should be offered to all clients.
5. All HIV+ clients, other individuals, and other individuals who are non-eligible must return to the site to receive their test result. **NO HIV+ RESULT CAN BE GIVEN OVER THE TELEPHONE.**
6. If a client has been determined eligible for results by telephone and the test result is HIV positive, give them the appropriate hours for counseling and testing and have them return to the site. You should then remind them that the consent form stated they might have to return to the site for their test result based upon a random selection of clients.

Protocol for No Shows

Post-test return rates include consistent monitoring of the rate of return. Low rates (less than 80% to of seropositives and 60% of seronegatives) may suggest inadequate emphasis on return for results of ineffective follow-up of no shows. Make sure waiting periods between pre and posttest counseling are no longer than 2 weeks. Counselors should check the rate of confidential (as opposed to anonymous) testing. Confidential testing provides for better follow-up with clients. Become more aggressive with follow-up if the rate is low. Poor rapport between counselor and the clients may cause low rates. Additionally, poor rapport between the counselor and the clients may cause low return rates. A sample Posttest No Show letter is included in this protocol (See Attachment # 3).

The following are guidelines for No Shows:

1. A letter should be sent to the client within 5 working days of a no show.
2. If no response, a follow-up letter 1 week later.
3. Followed by an outreach visit 2 weeks later.
4. Posttest session no-show should also be documented in the client chart. (See Attachment # 10) Documentation should include what attempts (letter sent, outreach visit) have been made to contact the client including the dates of those attempts.

HIV Testing Services for Counseling and Testing Sites

The Connecticut Department of Public Health (CTDPH) Laboratory, Serology Unit, performs HIV-1 antibody testing using approved testing methodology for screening and confirmatory testing. Staff is available for consultation and questions Monday through Friday, 8:00 AM to 4:00 PM (Serology Laboratory: Ph: (860) 509-8567; Fax: (860) 509-8659). Newly funded and or DMHAS funded organizations wishing to provide HIV Counseling and Testing must complete the Contractor's Site Establishment/Site Closing Form and the Physician of Record Form (*See Attachments #11A & #11B*). The forms can be retrieved by calling DPH HIV Prevention Unit contact, Pamela Foster at 860-509-7838.

Setting up a new C & T Site

The following steps should be completed for contractors who are establishing new HIV counseling and testing sites or plan to provide testing services in new satellite offices:

1. Complete the DPH "Contractor's Site Establishment/Site Closing Form" and submit to DPH. (*See Attachment # 11A*)
2. Also complete the DPH "Physician of Record" form and include copies of the physician's current license. (*See Attachment # 11B*)
3. After these forms are reviewed by DPH and if no additional changes/corrections are necessary, a site number will be issued to the contractor for each new site.
4. DPH will notify the State Lab when there is a newly funded HIV counseling and testing site; the site will then be informed by DPH to contact the State Lab to set up an account for the submission of HIV test specimens.

Phlebotomy

Phlebotomy should be immediately available at the counseling site. If the client must leave the counseling room to have blood drawn, she or he should be accompanied to the blood drawing station. Universal precautions for infection control, in compliance with the OSHA standard must be followed. HIV counselors should check with their agency regarding OSHA standards and mandatory training if they are collecting specimens for HIV testing.

OraSure

The oral fluid method known as OraSure has been used in Connecticut since 1998. The collection device looks like a small flat toothbrush and is placed in the mouth for 2 to 5 minutes between the cheek and the gums. Oral mucosal transudate (not saliva) is absorbed from the cheek onto the specially treated absorbent cotton device, then placed in a special medium (like a toothbrush holder) and sent to the laboratory for testing. DPH provides training on this method in collaboration with the manufacturer Orasure Technologies.

In all instances an ELISA screening test is performed on each specimen and if reactive a Western blot confirmatory test is done. All methods have been licensed for the testing of HIV-1 antibodies.

Waived Rapid Test

The development of rapid testing technology to detect HIV infection has created new opportunities for funded providers and community-based organizations currently offering HIV counseling and testing. The DPH currently uses OraQuick ADVANCED, which is manufactured by OraSure Technologies, Inc. and Clearview Complete and Clearview Stat Pak. The waived rapid tests HIV-1/2 Antibody Tests are a single-use, qualitative, immunoassay to detect antibodies to Human Immunodeficiency Virus Type 1 (HIV-1) and Type 2 (HIV2) in oral fluid, fingerstick whole blood, and venipuncture whole blood and plasma specimens.

A Non-Reactive test result means that HIV 1 and HIV 2 antibodies were not detected in the specimen therefore the test result is negative (-) for HIV. A Reactive test result means that HIV-1 or HIV-2 antibodies have been detected in the specimen. The test result is interpreted as PRELIMINARY POSITIVE for HIV-1 and /or HIV-2*. All reactive (preliminary positive) rapid test results must be confirmed. A new specimen must be obtained, either orasure or venipuncture. Specimens sent to the CTDPH laboratory for confirmation should be identified as testing reactive with a rapid HIV antibody test. The CTDPH laboratory will confirm the reactive result with a Western Blot. The CTDPH will screen for HIV-2. If the specimen is reactive, the lab will perform a Western Blot that will confirm only an HIV 1 reactive result; then the specimen will need to be confirmed for HIV-2, which is sent to the Centers for Disease Control (CDC) laboratory in Atlanta, GA.

State of CT Laboratory guidance for HIV Testing Services for Counseling and testing Sites:

Specimen Collection, Storage and Transport Procedures

The CTDPH Laboratory will provide the following supplies free of charge to sites funded by DPH. (See *Attachment #12A*). Contact the CTDPH Laboratory Scientific and Support Services Section, Outfit Area (Ph: (860) 509-8501; Fax: (860) 509-8697).

Associated Testing Forms:

- CTDPH Laboratory *MICROBIOLOGY TESTING SERVICES* test requisition (See *Attachment # 12B*)
- Certification of Consent for HIV related test (See *Attachment # 13*)
- DPH Lab submitter address/account labels

Specimen Collection and Transport Outfits:

- For blood collection by fingerstick (dried blood spots): Blotter paper, zip-lock baggie, and white business envelope with lab address affixed.
- For serum or plasma specimens: Vacutainer tube, plastic zip-lock baggie, silver inner sleeve, outside mailer sleeve, brown envelope.
- Mucosal Transudate specimens (Orasure): Plastic zip-lock baggie, brown envelope.

PLEASE NOTE: The CTDPH Lab does not supply Orasure collection kits. Call the Community Distribution Center at (800) 322-3222 or contact the CTDPH HIV Prevention Program at (860) 509-7801.

Specimen Storage and Holding Times:

Orasure specimens; after collection, store refrigerated. Specimens may be transported to the laboratory at ambient temperature and **must be received by the laboratory within 21 days of collection.**

Serum or plasma specimens; after collection, store refrigerated. Specimens may be transported to the laboratory at ambient temperature and **must be received by the laboratory within 21 days of collection.**

Dried Blood Spots; after the specimen has been collected and dried, refrigerate the dried blood spot up to two months. Specimens may be transported to the laboratory at ambient temperature and must **be received by the laboratory within 60 days of collection.**

Reporting Results

- Currently the CTDPH laboratory is faxing results to HIV Counseling and Testing Sites the same day the testing is completed (Results may also be phoned and then mailed if requested).
- Unless other arrangements have been made, results will be faxed to the main site.

Please see the *Waived Rapid HIV Testing Guidelines: Oraquick (Attachment #14A) and Clearview (finger stick) (Attachment # 14B)***

How to obtain a CLIA certificate

All sites planning to offer waived rapid HIV testing not already CLIA-certified, must obtain a Certificate of Waiver or be included under a multiple site exception, such as limited public health testing or mobile testing. The CLIA form must be completed by completing information on the facility type (select from a list), hours of operation, estimated annual number of waived tests to be performed, the type of control (nonprofit, for profit or government control) and the total number of individuals involved in performing testing (*See Attachment 14C*). The facility owner or laboratory director must sign the form. CLIA waiver applications can be obtained by contacting John Murphy, at the State Department of Public Health. Mail the completed form to John Murphy at the State Department of Public Health, Facility Licensing and Investigation Section, 410

Capitol Avenue, MS# 12HSR, P.O. Box 340308, Hartford, CT 06134. For more information on obtaining a CLIA certificate, click on the website at <http://www.cms.hhs.gov/CLIA>. After the completed form is processed by the State agency, a fee of \$150 will be assessed for a Certificate of Waiver. The certificate is valid for two years.

WHEN TO REPEAT A TEST

DPH and the State Virology laboratory in the early 1980 “s established the HIV testing system used by community-based agencies. The system was designed to provide a screening mechanism for individuals at risk of HIV. Specifically those uninsured, under-insured, low-income individuals who cannot pay for HIV testing services and would otherwise not seek testing because of their lack of access to services.

This system was not designed for:

- diagnostic testing of individuals who present with medical issues
- retesting of HIV positive persons who are looking to confirm testing in order to access other services. (proof of seropositivity) There are acceptable options to confirm HIV status to determine eligibility for Ryan White services.
- retesting of individuals who were unable to receive their HIV result in a prior location (a release of confidential information may be needed)

The DPH AIDS & Chronic Diseases Section has developed a system whereby community based agencies have access to all HIV counselors in funded sites in order to obtain a clients test result for them if it is within the system. The State’s CARE program can also access HIV test results from out of state.

COUNSELING AND TESTING OF REPEAT TESTERS

In some cases repeat HIV testing may be a good thing, while in other cases it may not be. We will describe both types of repeat testing below, and initiate a discussion on how each might be addressed by the testing and counseling system.

More Optimal HIV Repeat Testing. Repeat testers are often individuals with long- term, continuing HIV risk behaviors, for who repeat testing is optimal. Research indicates that individuals who repeat test generally have much higher levels of HIV risk, and are more likely to ultimately test HIV positive, than people who test once or infrequently.

Individuals with a chronic HIV risk history who have been unable to change behavior through HIV Prevention Counseling and Testing, including those with complicating conditions (e.g., injection drug use, mental health problems, lack of housing or food), should be referred by the HIV Prevention Counselor to HIV Comprehensive Risk Counseling & Services (CRCS) for intensive behavior change counseling (CDC, 1997). Where Comprehensive Risk Counseling & Services (CRCS) is not available, HIV Prevention Counselors should attempt to engage in the types of more intensive behavior change interactions with clients that are done in CRCS interventions. In

addition to behavior change counseling, the CRCS provider or HIV Prevention Counselor may make referrals for other problems these individuals may have, which may impact on their HIV risk behavior (e.g., mental health problems, substance abuse). The CRCS provider or Prevention Counselor can also provide assistance with clients' other pressing needs (e.g., housing and food).

People whose behavior is relatively safe who need to repeat test because they were first tested during their "window period," and people wanting a "second opinion" on a previous test result, are also optimal candidates for repeat testing. The Prevention Counselor should not refer these people to a CRCS provider. The same is true for relatively safe individuals for whom occasional repeat testing may provide reasonable reassurance or be a prudent response to valid concerns about real risk (e.g., those with serodiscordant partners, or partners likely to be seropositive). For those types of people, repeat testing outside of the context of a counseling test site, testing may sometimes be an option: For some, providing a home test kit may be all that is necessary.

Less Optimal HIV Repeat Testing. There are several groups of less optimal repeat testers, one group being the "worried well," who do not have high levels of HIV risk, but do have very high levels of HIV-related anxiety. While for some "worried well," "simple reassurance" from an HIV prevention counselor may curb anxiety and reduce repeat testing, often the neurotic "worried well" have complex psychological problems, and need referrals for more extensive mental health services. At the test site, they should only receive a repeat HIV test if denying the test would cause them further psychological harm, or if giving them the test could be viewed as psychologically beneficial. The nature of their underlying psychological problems makes the "worried well" less optimal for further treatment by a Prevention Counselor or a CRCS provider, who are not trained to address deep psychological issues. These individuals should be relatively easy for the Prevention Counselor or CRCS provider to recognize and to refer out to mental health professionals, due to their high levels of HIV related anxiety, unrealistic HIV-related concerns, and/or obsessive preoccupations about contracting HIV.

A second group of less optimal repeat testers is comprised of individuals at low objective HIV risk, who may attempt to be repeat tested due to a critical lack of knowledge in one or more areas. People with knowledge deficits prompting retesting attempts may have incorrect knowledge of which behaviors truly put one at risk for HIV, and/or misinformation about HIV symptoms, either of which may cause individuals to mistakenly believe that they could be HIV infected. Other types of misinformation that may prompt repeat testing involve inaccurate knowledge about the meaning of previous HIV test results, about the meaning of the "window period," or the belief that HIV testing should be performed routinely, like other blood tests done at physical exams. Generally, those with misinformation leading to retesting attempts will simply not have received or understood proper HIV-related information, but in some cases, they may have serious communication barriers or learning problems. Most of these people will be "screened out" from repeat testing during their pretest counseling. At that time, their knowledge deficits should be rectified, which should make future retesting less likely.

Care must be taken to distinguish individuals with a lack of knowledge (or misinformed individuals) from the “worried well,” who should be referred out to mental health practitioners as described above. Generally, people who repeat test due to misinformation can be easily identified and distinguished from the “worried well” by the informational as opposed to psychological reasons causing retesting. If an individual does lack appropriate HIV information they should be not to be classified as the “worried well”. Once identified, a person’s informational needs may be addressed through HIV prevention counseling, possibly with an added, targeted, session to ensure that all misinformation that could cause future repeat testing has been corrected.

A third group of less optimal repeat testers are those who come to Prevention Counseling primarily for social or material forms of support (e.g., individuals seeking an understanding person to talk to, or to ask for material support), but who are felt to be without significant HIV risk. If it is decided with some certainty that their risk behavior is relatively low, and that they are not experiencing the types of psychological problems described as characterizing the “worried well,” they should not be tested, but should be referred to a social support group, or to other more appropriate forms of assistance.

HIV INCIDENCE SURVEILLANCE PROGRAM

Newly diagnosed cases of HIV infection are required to be reported to the Department of Public Health, [HIV/AIDS Surveillance Program](#). HIV cases are reported using the *Instructions for HIV Counselors and the Adult HIV Confidential Case report Form (CRF)* (See Attachments # 15A & Attachment #15B) – designed specifically for use by HIV Counselors. HIV/AIDS Surveillance Program staff will mail a CRF to the counselor based on results received by the DPH laboratory but you can report a case at any time.

Important! The HIV Testing History (Section 10 of the CRF) needs to be completed for all clients who test positive for HIV.

SECONDARY PREVENTION SERVICES/PREVENTION FOR POSITIVES

Secondary prevention services help HIV infected or high-risk seronegative clients make short and long term behavior changes to stop HIV transmission. Secondary prevention services are distinct from early intervention services. It is clear that one pretest and one posttest counseling session are rarely sufficient to establish and maintain the long-term changes in behavior needed to reduce HIV risk. Secondary prevention services are designed to reinforce pre and posttest HIV counseling and to be a bridge to other services needed to establish long-term risk reduction behaviors.

Examples of secondary prevention services:

- Extended risk reduction counseling beyond the post test session (usually up to four sessions, sometimes more)
- Behavior change groups, such as enrollment into Diffusion of Effective Behavioral Interventions (DEBIs)
- Wellness groups

- Individual level intervention services geared towards risk reduction such as Comprehensive Risk Counseling Services (CRCS)

During the risk reduction counseling sessions the client's personal risk reduction plan is bolstered. More time can be expended on the plan than is available during the pre and posttest counseling. New goals are made to build on successes. The client's successes can be recognized and praised, building self-esteem. Obstacles (like resistance) are worked on and problems are solved.

Clients can deal with the stress of HIV with the help of support groups. Wellness groups can move the client to change behaviors. Groups can help the client establish friendships with peers committed to HIV risk reduction and healthy living.

Referrals can be made during one-on-one counseling or during groups. Success of referrals should be proven. Success can be documented either by client report or by information from the referral services (e.g., a count of referral cards).

These referrals can include:

- Early intervention services
- Partner notification services (C.A.R.E.)
- Social services, medical case management (including Ryan White CARE Act Services)
- Sexual assault and domestic violence services
- Financial assistance programs
- Legal services
- CRCS, Drug Treatment Advocate Programs (DTA), Needle Exchange Programs (NEP), and Effective Behavioral Interventions (EBI's) in the community (SISTA, Healthy Relationships, etc).

Secondary prevention services can be given by the counselor who does pre and posttest counseling or by other skilled and trained staff.

EARLY INTERVENTION SERVICES

Early intervention services include:

- Immune system monitoring (e.g., CD4 cell testing and viral load testing over time)

- Highly active antiretroviral therapy (HAART) is the combination of several antiretroviral medications used to slow the rate at which HIV makes copies of itself (multiplies) in the body. When medically indicated
- Antiviral therapy (e.g., AZT, ddI, ddC) when medically indicated
- Prophylaxis against opportunistic infections (e.g., PCP prophylaxis), when needed
- Diagnosis and treatment of common co-infections, such as syphilis and tuberculosis
- Immunizations
- Nutrition counseling
- Mental health services, when needed
- Ryan White medical case management

All Department of Public Health funded counseling and testing sites must refer seropositive clients to early medical intervention. These referrals **must be documented**. You must show that the clients got to the services for (at least) a first visit. Where counseling and testing is in existing medical settings, many of these services will be available on site. Formal linkages should be made to the early intervention services not available on site through letters of agreement. Agreements should say which provider would offer what early intervention services.

EARLY REFERRAL AND LINKAGE INITIATIVE

The AIDS & Chronic Diseases Section developed a referral system in which all programs must participate in the Early Referral & Linkage Initiative (ERLI). This was designed to reduce the spread of HIV/AIDS and increase access to treatment of infected individuals.

ERLI Objectives:

1. To increase the number of HIV+ individuals who receive additional HIV posttest counseling sessions that includes risk reduction/behavior change and supportive psychosocial counseling.
2. To provide HIV+ individuals receiving Ryan White services with the opportunity to access HIV counseling services, risk reduction information, partner notification and referrals to early intervention i.e. Primary Care services, TB and STD services.
3. To have the HIV counselor provide a necessary link to Ryan White services for clients testing HIV+ at local sites.

4. To assure HIV infected individuals are linked earlier to medical care and treatment services and provided with assistance to access entitlements, medical transportation, the state prescription program and other available services.

A unique identifier system is used by all HIV counselors and Ryan White medical case managers in order to track HIV+ persons from HIV prevention counseling to HIV case management services. The ERLI protocol can be obtained through the DPH AIDS & Chronic Diseases Section (See *Attachment # 16*).

RECORD KEEPING

Access to records

Access to records must follow the AIDS Confidentiality Law requirements. HIV test results should be fully integrated into the medical record in clinical settings. Counseling information should also be integrated into the medical record if appropriate. Records must be kept for 7 years after the client is last seen.

DOCUMENTATION OF HIV PRE AND POSTTEST SESSIONS

The following information should be reflected in the client's record. It may be captured through the use of either an intake form or other prepared forms or by documenting in the client's record.

Intake Sheet (See *Attachments #17A & #17B for samples*):

- Flow chart
- Client Demographics

Pretest Record Information: (Based on the Six Steps of HPC)

- **Assessment:** Needs to include information regarding risk behaviors, psychosocial status and supports, history of previous testing, date of last risk exposure, knowledge/information needs, etc.
- **Partner Information:** Document information regarding numbers and types of partners (sexual, needle sharing, etc.) that the client has had in the last 5-7 years. Comment as to how the client wishes to handle notification of partners (i.e., notify partners himself, utilize the C.A.R.E. Program, or have an HIV counselor collect the information on partners at risk, etc.) (See *Attachments # 5A & 5B - Partner Notification Contract*)
- **Counselor's Intervention:** Should include a synopsis of information given, risk reduction counseling, demonstrations, referrals, handouts, plan for follow-up, etc.

- **Risk Reduction Plan:** Document a plan for reducing HIV risks that was jointly arrived at by the client and counselor. If no plan was arrived at document the attempt to do so.

Posttest Record Information (See Attachment #18):

- **Assessment:** Should include information regarding client's decision to receive test results at this time, documentation that the client was shown hi/her test results at this time, client's understanding of the meaning of the test results, client's emotional reaction to the test results, psychosocial status and supports, etc.
- **Plan:** Should include risk reduction, partner notification, medication follow-up, support services and other referrals, and need for further testing or other HIV counseling and testing site follow-up, etc.

*Posttest session **no-show should also be documented** (Refer to Attachment #10) as well as what attempts have been made to contact the client including the dates of those attempts.*

QUALITY IMPROVEMENT

Supervisors of counselors should systematically monitor the quality of the counseling and testing services offered by their programs (See Attachment # 19A).

1. Data collection and analysis.

Data reports from the Department of Public Health should be used to evaluate the effectiveness of the counseling and testing programs as a whole and the performance of individual counselors. Particular parameters should be monitored on at least a quarterly basis:

- Aggregate data collection of the following indicators:
 - The number # of pre and post test sessions;
 - The number # of secondary prevention sessions (any session after the Pre & Post test counseling session);
 - The number of HIV negative (-) results;
 - The number of HIV positive (+) results;
 - The number of Indeterminate results;
 - The number of referrals out to services, such as Medical Case Management, Primary Care, HIV Specialty Care, PCRS, CRCS; and
 - The number of successful linkages to Care and Supportive Services if results are HIV (+).

- Coverage of the eligible client population. The number of clients eligible for HIV counseling and testing should be compared to the number of sessions and tests done per quarter by site. In most settings, less than 70% coverage is not acceptable.
- Rate of testing after pretest counseling. A low rate (less than 80% acceptance) suggests either ineffective pretest counseling or a problematic site.
- Demographics and risk categories. These should match the demographics of the service population and match contractual goals – Connecticut HIV Planning Consortia (CHPC) Plan.
- No assessed risk. Seropositive without assessed risk can indicate poor pretest counsel or lack of trust.
- Referrals. Clients should be referred, as appropriate, for psychological services and early intervention services. The success of referrals must be documented. See if appropriate referrals were given to the clients and check on the rate of success.
- Seropositivity rate. This indicates the balance between over-targeting and under-targeting. Some sites (Family Planning Clinics) have low rates in general. The rate generally should be 5-10%.

2. **Clinic Flow.**

The best way to assess flow is to “play patient / client”. Call to make an appointment or approach an outreach worker and assess your experience going through the service.

3. **Chart review.**

Check charts for completeness, neatness, and orderliness. Are records accessible? Can they be called up efficiently? Does each client have a separate file? Are records secured? Random chart reviews are recommended on a regular basis. At least ten charts should be pulled each quarter for review. Charts should be checked to make sure they contain the following completed components:

- Informed consent
- Intake Form
- Adherence to the CDC’s Six Step Protocol
 - Pretest Risk and Psychosocial Assessment
 - Risk Reduction Action Plan
 - C.A.R.E. Program Contract
- E.R.L.I. Assessment Form (for HIV positive post-test records)
- E.R.L.I. Referral Form (for HIV positive post-test records)
- Releases of Information when applicable
- Documentation of HIV positive no-show follow-up

- Documentation of C.A.R.E. Program referral (for HIV positive post test records)
- Post -test session Progress Notes
- Documentation of referrals & follow up of the outcome of the referral
- Overall adherence to the CDC's Six Steps of HIV Prevention Counseling via the DPH Site Visit Audit Tool (See *Attachment # 19B*).

4. **Counselor observation.**

A supervisor should routinely observe each and every counselor at least once a year no matter how experienced the counselor may be. Peer observations and role-plays are encouraged. New counselors should be provided with appropriate on-site training that includes orientation to procedures and the opportunity to observe other counselors and to be observed frequently. New counselors should be observed and critiqued by their supervisors at least once a quarter during their first year of employment. The counselor's performance should be judged against the HIV counseling session protocol (CDC's Six Steps of Prevention Counseling), using the relevant section of the HIV Counseling Skills Inventory (See *Attachment # 19C*). Observations should be made of pre test counseling and of posttest counseling of seropositive and seronegative clients. If the observation will be of an actual counseling and testing session, clients should be asked if they would allow an observer in the room. Assurances of confidentiality should be made. The client's decision should be respected.

5. **Feedback and strategizing.**

Frank but affirming feedback and the opportunity for the HIV Counselor to identify and implement alternative approaches to problem areas should accompany quality assurance. The HIV Counselor should be given the opportunity for self-assessment before being given feedback by the supervisor. **Feedback should be given in a professional and collegial manner**, pointing out both strengths and weaknesses. Specific written plans should be made for correction of weaknesses and a plan for reassessment agreed upon.

TRAINING REQUIREMENTS

Phlebotomy Training The AIDS & Chronic Diseases Section does not provide phlebotomy training. Contracted agencies should make arrangements for phlebotomy training for HIV counseling and testing staff who require it. This may be done in-house or through local hospitals or community college programs.

Clearview Training DPH requires new sites that will utilize the Clearview method of testing coordinate training requests through their designated DPH Contract Manager. DPH request that contracted agencies that attended those trainings provide training to their own staff on the Fingerstick and/or Clearview methods for those staff that require it. Those agencies, which do not have a staff member who is able to provide the training, are asked to make arrangements with other contracted agencies for training.

Orasure Training All new counselors who attend the five-day HIV Prevention Counselor Training are trained on the Orasure method. DPH request that contracted agencies that attended those trainings provide training to their own staff on the Fingerstick and/or Orasure methods for those staff that require it. Those agencies, which do not have a staff member who is able to provide the training or who have missed the HIV Prevention Counselor Training, are asked to make arrangements with other contracted agencies for training. DPH has a video that demonstrates the Orasure method that contracted agencies may borrow to assist with training.

Oraquick Training The AIDS & Chronic Diseases Section has sponsored Oraquick training in the past and will offer Oraquick Training on a regular basis as needed. HIV Prevention Counselors funded by DPH are required to attend Oraquick Training sponsored by the DPH or CDC.

HIV Prevention Counselor Certificate of Training Program The AIDS & Chronic Diseases Section of the Connecticut Department of Public Health (DPH) offers a training program based on the CDC's Six Steps of HIV Prevention Counseling. The program is primarily intended for those persons working in counseling and testing sites in positions that are directly supported by funds from DPH. However, when resources permit, other (non-funded) HIV counselors are also admitted to the program.

The end point of the programs is the HIV Prevention Counselor Certificate of Training, certifying that the holder has met the training and experience standards and demonstrated the HIV prevention counseling skills that DPH requires for state-funded HIV prevention counselors.

The following persons are required to hold a current HIV Prevention Counselor Certificate of Training:

Those working as HIV prevention counselors in counseling and testing programs, in positions funded by the AIDS & Chronic Diseases Section of DPH. This includes state employees working as HIV Prevention counselors in places such as correctional facilities and substance-abuse treatment programs. All those with authorization (usually referred to as a counselor number) to submit test samples to the Connecticut State Laboratory, even if they are not in state-funded positions.

HIV Prevention Counselor Certificates of Training expire at the end of each state fiscal year (June 30), and are renewed if the holder has attended the required number of continuing education workshops during the year. Each certificate holder is notified each year as to the number of workshop credits he or she is required to accumulate for the next certificate renewal.

HIV Certificate of Training Process

There are a number of steps in the program leading to the HIV Prevention Counselor Certificate of Training:

- Completion of HIV Prevention Counselor Training (currently a eight day workshop offered two or three times a year.)
- An "experience period" of approximately six months, during which the certificate candidate is expected to accumulate actual HIV pre and posttest counseling experience at their funded site.
- Individual "coaching" sessions in HIV prevention counseling techniques offered by the Department of Public Health (DPH) Training Staff during the "experience period" (See HIV Certification Protocol below).
- A meeting with the HIV Prevention Counselor Certificate Review Committee, for an evaluation of the candidate's grasp of the principles and applications of HIV prevention counseling techniques. The meeting consists primarily of role-play of a pre-test and post-test counseling situation. The Review Committee then takes one of these actions:
 1. Award the HIV Prevention Counselor Certificate of Training
 2. Ask the candidate to undertake further experience in HIV prevention counseling prior to receive the certificate.

If a state-funded counseling and testing site hires an HIV prevention counselor who does not have the HIV Prevention Counselor Certificate, the agency is required to arrange for the counselor to obtain the certificate at the earliest opportunity. The DPH - AIDS & Chronic Diseases Section should be contacted to obtain an application. DPH funded agencies are also encouraged to provide HIV counseling and testing staff with opportunities to participate in conferences, workshops, and educational events that are sponsored by other institutions and organizations.

HIV Prevention Counselor Certificate of Training Protocol

The purpose of the protocol is to outline the HIV Prevention Counseling Certification process for newly hired and potential HIV Prevention Counselors within the State of Connecticut. The Department of Public Health (DPH) HIV Prevention staff will work closely with the counselor using role-plays and observation to ensure that required skills are mastered to complete the certification process.

Length of Process:

Maximum of twelve (12) months

Coaching:

Within three (3) months after the completion of the State of CT Fundamentals of HIV Prevention Counseling training, the potential counselor will be required to attend a minimum of three (3) coaching sessions and five (5) sessions maximum. Coaching sessions may occur at the Department of Pubic Health (DPH) or may be coordinated on-site, which allows the counselor to perform the session at their workplace.

Potential counselors must commit to getting as much experience and practice with performing HIV Prevention Counseling using the CDC's recommended Six Steps of Prevention Counseling. This may be done with staff or with the support from the Program Supervisor. A written policy is required for funded agencies and should be included in the agencies policy and procedure manual.

Observation:

At hire or at the completion of the State of CT Fundamentals of HIV Prevention Counseling training, the potential counselor will be required to observe a minimum of six sessions before they perform a solo counseling session. The Program Supervisor must commit to the provision of adequate support and development in the counselor certificate process. This may be done during clinical supervision via the skill inventory assessment, quality improvement processes, and or through case conferences.

Video Taped Session: (optional)

Potential counselors have the option to videotape a "mock " counseling session with a colleague or supervisor and submit to the Department of Public Health (DPH) for review. Counselor will receive a feedback summary detailing where improvement is needed and the outcome of the session.

- I. **Review Committee Process:** Counselors who successfully meet the requirements of the DPH & CDC Standards of HIV Prevention Counseling via the above mentioned methods sessions are required to meet with the HIV Prevention Counseling Review Committee to complete the certification process. A maximum of two (2) review committee meetings will be allowed.

- a. **Review Committee Outcomes:**

- i. **First Review Committee Meeting-** A counselor can either receive
 - a: **Provisional Certificate-** is temporary on the basis that the counselor addresses deficiencies in the corrective action plan & recommendation per the Review Committee. The counselor has up to six (6) months to address deficiencies and return to Review Committee for second Review Committee meeting.
 - b. **Active Certificate-**is an active certification, which is awarded to counselors who successfully meet the Standards the HIV Prevention Counseling per the requirement of the Department of Public Health (DPH) and CDC. The certificate is valid for one year and must be maintain by taking required continuing education

courses. A minimum of 12 continuing education (CE) credit hours per year must be met in order to keep certificate status current.

- ii. **Second Review Committee Meeting**-At this second meeting, if the counselor successfully meets the standards of HIV Prevention counseling, they will receive an **Active Certificate**. If the counselor does not successfully meet the required standards for HIV Prevention Counseling, the Review Committee **will not recommend the counselor for a certificate**. It is the responsibility of the funded contractor to make a final decision regarding the status of the employee based on the Review Committee's recommendations.

HIV Counselor Responsibilities:

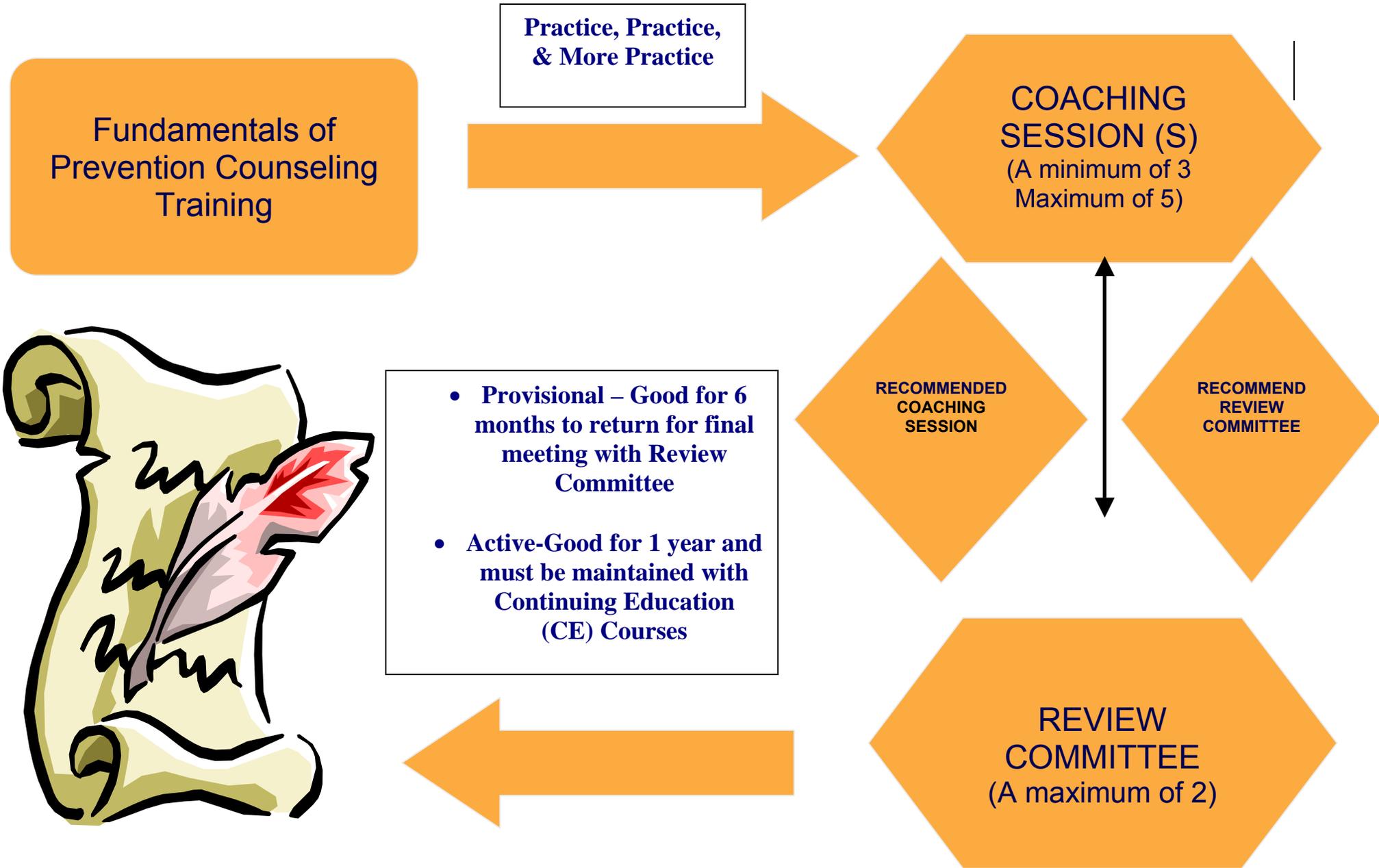
- Maintain a record of documentation of any coaching and observations
- Commit to role-play (coaching) and observational session.
- Serve as resource to other HIV Prevention Counselors in the form of role-playing, networking, and support during the HIV Prevention Counseling process.

Review Committee Responsibilities:

- Commit to 5-10 Review Committee Meetings a year (the more members the less time commitment) Maximum 20 hours per year.
- Provide verbal and written objective/ constructive feedback to prospective Counselors.
- Advise, consult with, and make recommendations to the Integration of Care & Prevention Training Coordinator, and others involved in quality HIV Prevention Counseling regarding the Prevention Counseling Certificate Process.

LEFT INTENTIONALLY BLANK

HIV Prevention Counseling Certificate Process



REFERENCES

Cordes, L (2006). HIV & Sexual Assault: Considerations for Case Managers: Responding to disclosures of sexual assault. Case Manager Training. September 29, 2006.

Fisher, J.D., Fisher, W.A., Bryan, A.D. & Misovich, S.J. (2002). Information-Motivation-Behavioral Skills Model-Based HIV Risk Behavior Change Intervention for Inner-City High School Youth.

Fundamentals of HIV Prevention Counseling/Trainer's Manual, U.S. Department of Health and Human Services

HIV Counselor Training Manual, State of Connecticut Department of Public Health, AIDS & Chronic Diseases Section, June 30, 1995

HIV Testing Service for Counseling and testing Sites, Connecticut Department of Public health Laboratory-Specimen, Collection, Storage and Transport Guidelines. February, 2006.

HIV Counseling, Testing and Referral Standards and Guidelines, CDC, U.S. Department of Health and Human Services.

HIV Counseling, Testing, and Referral Services, Self-assessment tool for state and territorial health department. NASTAD.

Revised Guidelines for HIV Counseling, Testing and Referral, October 17, 2000, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Trisdale, S.K. (2005). Domestic Violence and HIV. Retrieved on July 29, 2008 from http://www.thewellproject.org/en_US/Womens_Center/Domestic_Violence_and_HIV.jsp

ATTACHMENT 1: Tips for working with and supporting sexual assault survivors

Tips for working with and supporting sexual assault survivors

Remember sexual assault victim's face many barriers in discussing abuse and may have had a poor response by others.

If the client was assaulted within the last 3 days, encourage additional health care and sexual assault forensic exam.

Remember that victims who come to have the assailant testing results shared, may not have considered being tested themselves. Explore the option with them.

Be prepared for emotional reactions associated with crime/trauma.

Be gentle: touching may be difficult to tolerate

Be aware of additional barriers that may make it hard for someone from a different culture, community or population to discuss.

Get to know your local SACS program so you can explain the services and make a referral.

CONSIDER

Allowing support people into the office during counseling

Holding the hand of the survivor IF he asks you to

Writing down important instructions if someone seems spacey/ unable to concentrate

Be willing to postpone things if necessary- sometimes just knowing this is an option is enough to help someone get through it

Respond With C.A.R.E.

C Confidentiality

A Acknowledgement

R Respect

E Empowerment

C.A.R.E.

Confidentiality

Important in building relationships when a disclosure is made

"I'm glad you told me. This conversation will remain between you and me."

Acknowledgement

Listen

Believe and acknowledge the victim:
"I'm sorry this happened to you."
"It's not your fault."
"What s/he did to you was wrong. It is a crime."
Be conscious of body language
Provide options

Respect

Respect victims needs and respect decisions she makes even if they are different from your own
Work to make sure bias or judgment is kept in check- Victims are sensitive to statements or questions that convey blame

Empowerment

Explain process, give information, explain options and support

Discuss risk reduction

Offer information and referral to local SACS

For further information or questions regarding working with Sexual Assault Victims, please call:

Connecticut Sexual Assault Crisis Services
96 Pitkin Street
East Hartford, CT 06108
860.282.9881
Laura@connsacs.org

ATTACHMENT 1A: Statewide Member SAC Programs

Member Sexual Assault Crisis Programs

Center for Women and Families of Eastern Fairfield County, Inc.

Rape Crisis Services
753 Fairfield Avenue
Bridgeport, CT 06604
Office: 203-334-6154
Hotline: 203-333-2233
Email: CWFServices@cwfeffc.org

Women's Center of Greater Danbury Sexual Assault Crisis Services

2 West Street
Danbury, CT 06810
Office: 203-731-5200
Hotline: 203-731-5204
Email: womens.cntr@snet.net
Women and Families Center

Meriden office

169 Colony Street
Meriden, CT 06451
Office: 203-235-9297
Hotline: 860-235-4444

Middletown office

29 Crescent Street
Middletown, CT 06457
Office: 860-344-1474
Hotline: 860-635-4424

New Haven Office

357 Whitney Avenue
New Haven, CT 06511
Office: 203-624-4576

Rape Crisis Center of Milford

70 West River Street
Milford, CT 06460
Office: 203-874-8712
Hotline: 203-878-1212

YWCA of New Britain Sexual Assault Crisis Services

New Britain office
22 Glen Street
P.O. Box 2545
New Britain, CT 06050
Office: 860-225-4681
Hotline: 860-223-1787
Email: nbsacs@snet.net

Hartford Office
163 Murphy Road
Hartford, CT 06114
Office: 860-241-9217
Hotline: 860-547-1022

Sexual Assault Crisis and Education Center

One Dock Street
Suite 320
Stamford, CT 06902
Office: 203-348-9346
Hotline: 203-329-2929

Email: info@sacec-ct.org

Susan B. Anthony Project

P.O. Box 846
Torrington, CT 06790
Office: 860-489-3798
Hotline: 860-482-7133

Safe Haven of Greater Waterbury

29 Central Avenue
P.O. Box 1503
Waterbury, CT 06721
Office: 203-753-3613
Hotline: 203-753-3613

Sexual Assault Crisis Center of Eastern Connecticut

Willimantic Office
PO Box 24
90 South Park Street
Willimantic, CT 06226
Office: 860-456-3595 and 860-423-7673
Hotline: 860-456-2789
Email: weconnect@snet.net

New London Office
165 State Street
Suite 405
New London, CT 06320
Office: 860-442-0604
Hotline: 860-437-7766

Each Center Provides:

- * Hotline Services 24 hours/day 7 days/week
- * 24 hour crisis counseling
- * Information & referral
- * Advocacy for children and non-abusing parent
- * Short-term counseling for victims and their family and/or friends
- * Support groups and more
- * Community education programs dealing with sexual assault issues
- * Community prevention programs dealing with safety concerns, etc.

ATTACHMENT 1B: JD-CR-105

**REQUEST BY VICTIM OF
SEXUAL ACT TO TEST
DEFENDANT FOR AIDS/HIV**

JD-CR-105 Rev. 10-06
C.G.S. §§ 19a-581 to 19a-585, 54-102a, 54-102b

**STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov**

*INSTRUCTIONS TO VICTIM: Forward completed original and three copies to the clerk of court. Retain a copy for your records.
INSTRUCTIONS TO CLERK: Pursuant to C.G.S. § 54-86e, the name and address of the victims of sexual assaults, or attempts, are confidential and only disclosable on order of the court, except it is available to the accused. Place in a sealed envelope and maintain with the court file. Send one copy to the State's Attorney and one copy to the defendant's attorney.*

TO: The Superior Court of the State of Connecticut

JUDICIAL DISTRICT OR G.A. NO.	ADDRESS OF COURT (No., street, town and zip code)	DOCKET NO.
NAME OF DEFENDANT	CRIME(S) CHARGED AGAINST DEFENDANT	
NAME OF VICTIM	ADDRESS TO WHICH NOTICE TO VICTIM IS TO BE SENT	
REQUEST THAT THE DEFENDANT BE TESTED FOR AIDS/HIV		

I, the undersigned victim, hereby make the following statements and request:

1. The above-named defendant is accused of a violation of section 53a-70 (sexual assault, 1st degree), 53a-70a (aggravated sexual assault, 1st degree), 53a-70b (sexual assault in a spousal or cohabiting relationship) or 53a-71 (sexual assault, 2nd degree) of the general statutes or a violation of section 53-21 (injury or risk of injury to a child), 53a-72a (sexual assault, 3rd degree), 53a-72b (sexual assault, 3rd degree with a firearm), or 53a-73a (sexual assault, 4th degree) of the general statutes involving a sexual act, as that term is defined in general statutes section 54-102b.
2. I am the victim of such crime.
3. I hereby request that above-named defendant be tested: ("X" one or both)

- AS SOON AS POSSIBLE
 UPON THE COURT ENTERING A JUDGMENT OF CONVICTION

for the presence of the etiologic agent for acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV) and that the results be disclosed to me.

I have read the above and understand it. I agree to the foregoing statements.	SIGNED (Victim/Consented to by Parent or Guardian of minor Victim/Attorney for Victim)	DATE SIGNED
--	--	-------------

ORDER OF THE COURT

It is hereby ORDERED by the court:

- Request DENIED.
- Request GRANTED. (C.G.S. § 54-102b requires granting request if the defendant is convicted or adjudicated delinquent.)
- If the defendant is incarcerated, convicted or adjudicated delinquent, the Commissioner of Correction is hereby ordered to have the above-named defendant tested for the presence of the etiologic agent for acquired immune deficiency syndrome or human immunodeficiency virus. Said test shall be performed by or at the direction of the Department of Correction in consultation with the Department of Public Health. The provisions of sections 19a-581 to 19a-585, inclusive, and section 19a-590 of the general statutes, except the requirement that the subject of an HIV-related test provide informed consent prior to the performance of such test and except any provision that would prohibit or limit disclosure of the results of such test to the victim, the court or the Department of Public Health if so ordered below, shall apply to the test ordered and the disclosure of the results of such test.
- If the defendant is not incarcerated, convicted or adjudicated delinquent, the defendant shall forthwith select a Department of Public Health testing site from a list provided by the clerk of the court and the testing site is hereby ordered to have the above-named defendant tested for the presence of the etiologic agent for acquired immune deficiency syndrome or human immunodeficiency virus. The provisions of sections 19a-581 to 19a-585, inclusive, and section 19a-590 of the general statutes, except the requirement that the subject of an HIV-related test provide informed consent prior to the performance of such test and except any provision that would prohibit or limit disclosure of the results of such test to the victim, the court or the Department of Public Health if so ordered below, shall apply to the test ordered and the disclosure of the results of such test.
- The results of such test SHALL SHALL NOT be disclosed to the victim.
(C.G.S. § 54-102b requires disclosure of results to the victim if the defendant was convicted or adjudicated delinquent.
C.G.S. § 54-102a makes disclosure discretionary with the court if the defendant is accused but not convicted or adjudicated delinquent.)
- A report of the results of such test shall be filed with the Department of Public Health, on a form supplied by it, and filed with this court. ("X" only if the defendant is accused but not convicted or adjudicated delinquent.)

BY ORDER OF THE COURT (Print or type name of Judge)	SIGNED (Judge)	DATE SIGNED
---	----------------	-------------

**NOTICE TO AND INFORMATION
FOR VICTIM RE: COURT ORDERED
HIV/AIDS TEST OF DEFENDANT**

JD-CR-139 Rev. 10-07
C.G.S. §§ 54-102a, 54-102b, 54-102c

**STATE OF CONNECTICUT
SUPERIOR COURT**

www.jud.ct.gov



INSTRUCTIONS TO CLERK

1. Whenever the Court orders a test of the defendant pursuant to C.G.S. § 54-102a or 54-102b, provide the victim with this form and the informational packet provided by the Department of Public Health.
2. If the Court orders disclosure of the test results to the victim, also provide the victim with form JD-CR-140, Victim's Designation of Receiver For Defendant's HIV/AIDS Test Results.
3. Keep a copy of this form in the court file in a sealed envelope.

NAME OF DEFENDANT	DATE OF COURT ORDER	DOCKET NO.
-------------------	---------------------	------------

NAME AND ADDRESS OF VICTIM

NOTICE TO AND INFORMATION FOR VICTIM RE: COURT ORDERED HIV/AIDS TEST OF DEFENDANT

Connecticut General Statutes sections 54-102a and 54-102b allow the Court to order the defendant in a sexual assault case be tested for venereal diseases (also known as "sexually transmitted diseases" or "STD's") and HIV/AIDS. Although you, as the victim, may ask the Court to order the defendant be tested for HIV/AIDS, the Court may order the defendant be tested for HIV/AIDS without a request from the victim. When the court orders an HIV/AIDS test of the defendant, without a request from the victim, the court may or may not order that results of the defendant's HIV/AIDS test be disclosed to the victim.

Upon a court order that the defendant in a sexual assault case be tested for HIV/AIDS, the law (Connecticut General Statutes section 54-102c) requires the Court to furnish the victim with the following information:

1. Educational materials about human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) developed by the Department of Health.
2. Information about and referral to HIV counseling and testing for sexual assault victims provided through sites funded by the Department of Public Health; and
3. Referrals and information regarding rape crisis centers.

On the date of court order shown above, the Court ordered the above-named defendant be tested for HIV/AIDS. The Court further ordered that the results of the test:

- NOT BE DISCLOSED TO YOU
- BE DISCLOSED TO YOU UPON CONVICTION *
- BE DISCLOSED TO YOU AS SOON AS POSSIBLE *

** If the court ordered the defendant's HIV/AIDS test results be disclosed to you (either immediately or upon conviction), the law allows you to choose a health care provider or an HIV counseling and testing site, funded by the Department of Public Health, to receive the defendant's HIV/AIDS test results and provide the information to you. This option allows you the opportunity to receive the defendant's HIV/AIDS test results from a trained professional in a supportive environment where you can discuss the information. Form JD-CR-140, Victim's Designation of Receiver For Defendants HIV/AIDS Test Results is enclosed for this purpose. If you want the court to send the defendant's test results to a health care provider or an HIV counseling and testing site, fill out the form, return the original and a copy to the clerk of the Court, and keep a copy for your records.*

Enclosed are: a brochure about HIV/STD's and sexual assault, a list of HIV counseling and testing sites funded by the Department of Public Health, and information about sexual assault crisis services that includes a list of rape crisis centers throughout the state.

You may want to discuss the enclosed information and your concerns about HIV/AIDS with a sexual assault counselor, an HIV counselor, your health care provider, or a court-based OVS Victim Services Advocate. Help is available. You do not have to go through this alone. The services that are provided by community-based sexual assault crisis services are free and confidential. The services provided by the Department of Public Health funded HIV counseling and testing sites are free of charge. Counseling and discussing the defendant's test results and your own testing options are confidential. If you choose to be tested yourself, discuss with an HIV counselor your options for anonymous or confidential testing.

SIGNED (Authorized Court Personnel)	PRINT NAME OF CLERK	DATE
-------------------------------------	---------------------	------

VICTIM'S DESIGNATION OF RECEIVER FOR DEFENDANT'S HIV/AIDS TEST RESULTS

JD-CR-140 New 10-04
C.G.S. §§ 54-102a, 54-102b, P.A. 04-165

**STATE OF CONNECTICUT
SUPERIOR COURT**
www.jud.ct.gov

*INSTRUCTIONS TO VICTIM: Forward completed original and one copy to the clerk of court. Retain a copy for your records.
INSTRUCTIONS TO CLERK: Pursuant to C.G.S. § 54-86e, the name and address of the victim(s) of sexual assaults, or attempts, are confidential and only disclosable by order of the Court, except it is available to the accused. Place in a sealed envelope and maintain in the Court file.*

TO: The Superior Court of the State of Connecticut

JUDICIAL DISTRICT OR G.A. NO.	ADDRESS OF COURT	DOCKET NO.
-------------------------------	------------------	------------

NAME OF DEFENDANT	NAME OF VICTIM
-------------------	----------------

DESIGNATION OF HEALTH CARE PROVIDER/HIV COUNSELING AND TESTING SITE

I hereby designate ("X" one)

- the health care provider named below to receive the results of the court ordered HIV/AIDS test performed on the defendant and to disclose the defendant's test results to me. *I understand that the health care provider may charge me (or my insurance company) for any costs associated with disclosing the defendant's test results to me and that I am financially responsible for these costs. I further understand that I may be eligible for victim compensation for these costs and that I can contact the Office of Victim Services at (888) 286-7347 for additional information about victim compensation.*

NAME, ADDRESS AND TELEPHONE NUMBER OF HEALTH CARE PROVIDER

- the HIV Counseling and Testing Site, funded by the State of Connecticut Department of Public Health, named below to receive the results of the court ordered HIV/AIDS test performed on the defendant and to disclose the test results to me. *I understand that the services provided by the HIV counseling and testing site are free of charge and that no costs for any services provided will be billed to me.*

NAME, ADDRESS AND TELEPHONE NUMBER OF HIV COUNSELING AND TESTING SITE

CONSENT TO RELEASE NAME AND ADDRESS TO PROVIDER/HIV COUNSELING AND TESTING SITE

As the victim of a sexual assault or attempted sexual assault, Connecticut law requires that the Court keep your name and address confidential (except that it is available to the defendant), unless disclosure of this information is otherwise ordered by the court (C.G.S. § 54-86e). Great care is taken by the court to protect your name and address from disclosure. If you give the Court permission to provide your name and address to a health care provider or HIV counseling and testing site it is important for you to realize that this information may no longer be protected as confidential. Although the Court cannot protect your information after it is disclosed to a health care or HIV counseling and testing site, there are several state and federal laws that protect the privacy of HIV/AIDS test information and medical information that may act to prevent further disclosure of your name and address by the health care provider or HIV counseling and testing site you have designated to receive this information.

I, (enter name of victim) _____ authorize the Superior Court of the State of Connecticut to disclose my name and address, in writing, to the health care provider or HIV counseling and testing site designated above. The purpose of this disclosure is to provide the above named health care provider or HIV counseling and testing site with the information for the health care provider or HIV counseling and testing site to contact me to disclose the results of the defendant's court ordered HIV/AIDS test to me.

I understand that I have the right to change my mind and withdraw this authorization to release my information by completing and filing with the clerk of court the Withdrawal of Consent to Release Information provided below. I further understand that any such withdrawal of authorization shall not be effective with respect to information that the Court has already given to the health care provider or HIV counseling and testing site I listed above in accordance with this release.

I have read and understand the above	SIGNED (Victim)	DATE	SIGNED (Parent/Guardian if minor)	DATE
--------------------------------------	-----------------	------	-----------------------------------	------

WITHDRAWAL OF CONSENT TO RELEASE INFORMATION

I (enter name of victim) _____ withdraw my permission for the Superior Court of the State of Connecticut to disclose my name and address to the health care provider or HIV counseling and testing site I designated on (date) _____

I understand that by (1) signing this form the Court will not release my name and address to the health care provider or HIV counseling and testing site that I designated to receive the results of the Court ordered HIV/AIDS test of the defendant, and (2) the results will be provided to me by the Court's designee. I also understand that if the Court released the information to the designated health care provider or HIV counseling and testing site prior to the Court's receipt of this withdrawal then this withdrawal is not valid.

I have read and understand the above	SIGNED (Victim)	DATE	SIGNED (Parent/Guardian if minor)	DATE
--------------------------------------	-----------------	------	-----------------------------------	------

**NOTICE TO VICTIM'S DESIGNEE
TO RECEIVE DEFENDANT'S
HIV/AIDS TEST RESULTS**

JD-CR-141 New 10-04
C.G.S. §§ 54-102a, 54-102b, P.A. 04-165

**STATE OF CONNECTICUT
SUPERIOR COURT**
www.jud.state.ct.us



INSTRUCTIONS TO CLERK

1. Attach a copy of the Victim's Designation of Receiver For Defendant's HIV/AIDS Test Results form JD-CR-140 and a copy of the test results to this form.
2. Forward the above documents to the recipient designated in the Victim's designation form, JD-CR-140.
3. Keep a copy of this form, the original of the Victim's Designation form, JD-CR-140, and the test results in the court file in a sealed envelope.

NAME OF DEFENDANT	DOCKET NO.
-------------------	------------

NAME AND ADDRESS OF HEALTH CARE PROVIDER/HIV COUNSELING AND TESTING SITE
--

NOTICE TO VICTIM'S DESIGNEE TO RECEIVE DEFENDANT'S HIV/AIDS TEST RESULTS

Connecticut General Statutes sections 54-102a and 54-102b allow the Court to order defendant(s) in a sexual assault case to be tested for HIV/AIDS and the results of the test to be disclosed to the victim. Public Act 04-165 requires the Court to allow the victim to designate a health care provider or HIV counseling and testing site funded by the State of Connecticut Department of Public Health to receive the results of the defendant's court ordered HIV/AIDS test and disclose the results to the victim.

The victim in the above referenced case designated you to receive the results of the defendant's court ordered HIV/AIDS test. A copy of form JD-CR-140, Victim's Designation of Receiver For Defendant's HIV/AIDS Test Results filed with the court is attached. Also enclosed are the results of the defendant's court ordered HIV/AIDS test. Please contact the victim named below to discuss when and how the victim would like to be informed of the defendant's HIV/AIDS test results.

NAME OF VICTIM	TELEPHONE NO. OF VICTIM
ADDRESS OF VICTIM	

SIGNED (Authorized Court Personnel)	PRINT NAME OF CLERK	DATE
-------------------------------------	---------------------	------

This Page Left Intentionally Blank

WHO CAN RECEIVE HIV TEST RESULTS?

Under Connecticut law, HIV antibody test results and other AIDS information are private and may be given only:

1. To you (or a person authorized by law who agreed to the test for you);
2. To anyone you give written consent to get the test result;
3. To a health care facility (such as a hospital, blood bank or laboratory) that is giving health care to you or your child. HIV and AIDS information may also be recorded in your medical chart or records;
4. To a health care provider (such as a doctor or nurse) who is giving health care to you or your child;
5. To a committee or organization that reviews records in a health facility to monitor the care provided in that facility;
6. To insurance companies or government programs such as Medicaid if needed to pay for services you receive or for other types of claims such as a disability claim. (You may be able to pay for the test yourself if you don't want your insurance company to get your result.) If you are being tested for insurance, you can also choose a doctor or other health care provider who would receive your test result if it is positive;
7. To a person who gets a court order that gives them the right to your test result (this can only happen in special cases);
8. To a state institution (such as a correctional facility or state mental hospital), where employees may have the information in special cases;
9. To a health care worker or other type of worker who is exposed to your blood (in limited cases, such as sexual assault);
10. To a medical examiner;
11. To a public health officer if permitted by law.

All these people are also required by state law to keep your result private. You can ask your doctor or health care provider if your HIV test result has been released to anyone.

I have read all of this form or it has been read to me, and I've discussed it with my doctor or test counselor. I have been told about the nature of HIV, AIDS and HIV related illness and have been told about how the virus may be passed from one person to another. I understand that testing HIV positive in Connecticut is reportable to the state health department and that if I test positive, the test result will be reported by name. If I do not return for my test result, the test counselor will still report the result to the state health department.

I agree to take the HIV antibody test.

Name of person who will be tested

Date of birth

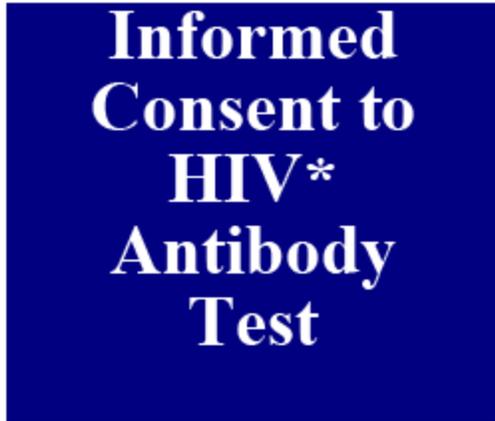
Signature of person who will be tested Date
or person authorized to consent for person

If someone other than the person to be tested has signed, give name and address of person signing and relationship to person to be tested. If necessary, explain why the person to be tested did not sign.

I have provided to the person who signed this form an explanation of the nature of HIV, AIDS and HIV related illness, information about behaviors known to pose risks for transmission of HIV infection, and discussed and answered any questions about the information covered in this form.

Name of physician or test counselor

Signature of physician or test counselor Date



Keeping Connecticut Healthy

**Connecticut
 Department of Public Health
 AIDS & Chronic Diseases Division**

*HIV: Human Immunodeficiency Virus that causes AIDS

3. Un centro de cuidado médico (como un hospital, banco de sangre o laboratorio) ha hecho el examen. Algunas personas que tienen SIDA o el virus del que está brindando atención médica a Ud. o a su hijo(a). La información concerniente al VIH y al SIDA puede también registrarse en su ficha o archivo médico;
4. Un proveedor de cuidado médico (como un doctor o enfermera) que esté brindando atención médica a Ud. o a su hijo(a);
5. Un comité u organización que analiza los registros en un centro médico para supervisar el cuidado brindado en dicho centro;
6. Compañías de seguros o programas gubernamentales como "Medicaid" si éstos lo requieren para efectuar pagos por servicios recibidos por Ud. o para otros tipos de reclamaciones tales como reclamaciones de incapacidad. (Es probable que Ud. pueda pagar el examen si no desea que la compañías de seguros obtengan el resultado.) Si se hace el examen debido a un seguro, puede elegir a un doctor o proveedor de cuidado médico para que éste reciba el resultado si es positivo;
7. Una persona que obtenga una orden de la corte que le otorgue el derecho de obtener el resultado (esto sólo sucede en casos excepcionales);
8. Una institución estatal (tal como un centro correccional u hospital mental estatal), donde los empleados puedan obtener la información en casos especiales;
9. Un empleado de un centro de cuidado médico u otro tipo de empleado que tiene contacto con su sangre (en casos limitados, tal como un asalto sexual);
10. Un examinador médico;
11. Un oficial de salud pública si la ley lo permite.

La ley del estado también requiere que todas estas personas mantengan la información en forma confidencial.

Puede preguntar a su doctor o proveedor de cuidado médico si se ha informado a alguien el resultado del examen del virus del SIDA (VHI).

July 29, 2008

He leído o se me ha leído toda la información que se encuentra en este formulario y la he discutido con mi doctor o consejero médico. Se me ha explicado la naturaleza del VIH, y se me ha informado de la manera en que se transmite dicho virus de una persona a otra. Entiendo que ser VIH positivo en Connecticut se reporta al Departamento de Salud del estado y que si tengo un resultado positivo, es reportado por nombre. Si no regreso a recoger los resultados de mi prueba, el consejero, enfermero o médico reportará mi resultado positivo por nombre al Departamento de Salud del estado.

Estoy de acuerdo en hacerme el examen de anticuerpos del VIH.

Nombre de la persona a la que se administrará el examen

Fecha de nacimiento

Firma de la persona que se hará el examen o de quien tiene autorización para dar consentimiento en nombre de dicha persona Fecha

Si el firmante no es la persona que se va a hacer el examen, indique el nombre y dirección del firmante y su relación con dicha persona. De ser necesario, explique las razones por las cuales esta persona no puede firmar.

He explicado al firmante de este formulario acerca de la naturaleza del VIH, el SIDA y las enfermedades relacionadas con el VIH, asimismo, le he informado del tipo de comportamiento que puede llevar a la de transmisión del VIH, y he discutido y contestado las preguntas hechas en cuanto a la información cubierta en este formulario.

Nombre del doctor o consejero médico

Firma del doctor o consejero médico Fecha

Consentimiento para el examen de anticuerpos del VIH*



Keeping Connecticut Healthy

**Departamento de Salud del
Estado de Connecticut
División del SIDA y
Enfermedades Crónicas**

*VIH: Virus de Inmunodeficiencia Humana que causa el SIDA

ATTACHMENT 3: Letter to No Shows

**Sample Prompt for Confidentiality Tested Clients who
Do Not Show for Post Test Counseling**

Dear _____,

Please call the Health Department at (telephone number) for an appointment.

Thank you.

Counselor Name

ATTACHMENT 4: Counselor Protocol Checklist

Counselor Protocol Checklists (Based on the Six Steps of the HIV Prevention Counseling)

Pretest session:

Step 1: Introduce & orient the client

Purpose of session defined

- Client's motivation for counseling and testing assessed
- Source of referral assessed
- Outreach worker referral assessed

- Prior counseling and testing assessed / impact on behaviors assessed

- Knowledge assessment
 1. Assessment, not lecture
 2. Fill in gaps / misunderstandings
 3. Cover only information necessary for risk reduction and informed consent (unless the client wants more)

Step 2: Identify risk behaviors

- Sexual
- Drug use (especially IDU)
- Blood products
- Other

Step 3: Identify safer goal behaviors

- Sexual
- Drug use (especially IDU)
- Blood products
- Other

Step 4: Develop an action plan

Prevention recommendations that may be considered when developing the plan:

1. Behave as if HIV infected
2. Abstinence
3. Mutual monogamy
4. Limit sex partners
5. Condoms – Discuss correct technique. Hand out. Demonstrate with a model.
6. For IDU drug users:
 - a. get off drugs
 - b. do not share works
 - c. use clean needles, etc.

Step 4a: HIV Test Decision Counseling

- Need for a test

- ❑ Meaning (for client) of test results assessed
- ❑ Potential impact of a negative or a positive test result on the client's life: coping skills, supports, and future behavior assessed
- ❑ Integrate HCV when appropriate

Partner referral discussed

- ❑ Current and past partners
- ❑ Importance of partner notification
- ❑ C.A.R.E. promoted
- ❑ C.A.R.E. contract
- ❑ Waiting period plans / supports
- ❑ Discuss the window period
- ❑ Testing procedure (orasure, blood draw) described

Step 5: Make referrals & provide support

- ❑ Assess and prioritize with the client the need for referrals
- ❑ Drug treatment (for alcohol, non-injecting drug users, and IV drug users)
- ❑ Family planning services
- ❑ STD and TB services

Step 6: Summarize & close the session

- ❑ Recap action plan
- ❑ Demonstrate any risk reduction techniques

Confidential / Anonymous testing

- ❑ Confidential described as standard
- ❑ Anonymous described as an option
- ❑ Anonymous testing: client number, counselor sign form
- ❑ Discrimination discussed
- ❑ Informed consent
- ❑ Client read form or counselor reads form to client
- ❑ Confidential testing: client and counselor sign form

Return for posttest counseling

- ❑ Specific appointment made
- ❑ Follow-up plan for no show described to client

Closure

- ❑ Reinforcement of risk reduction plans
- ❑ Handouts
- ❑ Referrals
- ❑ Prepare for different counselor for post test, if necessary

Testing

- ❑ By counselor, or
- ❑ Client walked to drawing station

Post test session – seronegative

Purpose of session defined

Test results given

- ❑ Silence / opportunity for client to express emotions
- ❑ Exploration of the client's initial reaction to the test result
- ❑ Assess meaning of test result for the client / clarification of meaning
- ❑ Advice regarding retesting

Review and revision of risk reduction plan

Risk reduction guidelines reviewed

- ❑ Behave as if HIV infected
- ❑ Abstinence
- ❑ Mutual monogamy
- ❑ Limit sex partners
- ❑ Condoms – Discuss correct technique. Hand out. Demonstrate with a model.
- ❑ For drug users:
 - ❑ get off drugs
 - ❑ do not share needles
 - ❑ use clean needles, etc.

Referrals

- ❑ Drug treatment / 12 step programs
- ❑ Family planning services
- ❑ STD and TB services

Discrimination discussion

Conclusion

- ❑ Handouts
- ❑ Referrals

Posttest session – seropositive

Purpose of session defined

Test results given

- Silence / opportunity for client to express emotions
- Exploration of client's initial reaction to test result
- Exploration of the meaning of the test result to the client
- Counselor clarification of the meaning of the test result
- Prioritizing of client's most immediate concerns
- Exploration of client coping and supports, suicide / homicide assessment

Risk reduction plan and guidelines reviewed:

- Status of personal risk reduction plan during the waiting period
- Avoid reinfection with other HIV and other STDs
- Abstinence
- Mutual monogamy
- Limit sex partners
- Condoms – Discuss correct technique. Hand out. Demonstrate with a model.
- For drug users:
- Offer treatment
- do not share works
- use clean needles, etc.

Additional guidelines for seropositives:

- do not donate blood, sperm, etc.
- avoid pregnancy
- do not breastfeed
- do not cause pregnancy
- clean blood spills
- cook food thoroughly

Specific plans for ongoing risk reduction

Referrals

- Early intervention / medical services including:
- Offer treatment
- family planning services
- STD and TB services
- psychological / social services
- secondary prevention services

Partner notification

- Strongly promote C.A.R.E.
- Specific plans for contract for client to contract present partner(s) and past partner(s)
- Discrimination discussion

Conclusion

- ❑ Handouts, condoms
- ❑ Reinforce referrals

Counselor Protocol Checklist (continued)

Counselor Observation

Pre Test Counseling

- ❑ Is the counselor empathetic and able to develop rapport with the client? Are open-ended questions used routinely? Does the counselor acknowledge the client's strengths and give supportive affirmation to the client? Does the counselor demonstrate good reflective listening skills?
- ❑ Is the counseling culturally appropriate for the client population? Is the language appropriate? Is information given geared at the comprehension level of the client?
- ❑ Is the purpose of the session defined? Does the counselor assess the client's motivation for being tested and reason for visit? Is confidentiality assured?
- ❑ Is the session an interactive process between the client and the counselor as opposed to lecture or "form driven"?
- ❑ Does the risk assessment flow from the knowledge assessment? Is a thorough risk assessment conducted?
- ❑ Is the client's knowledge carefully assessed? Does the counselor then fill in knowledge gaps and correct understandings, or is the client lectured? Does the counselor give accurate information? Is the information covered limited to the matter at hand, or does the counselor digress?
- ❑ Does the counselor make clear specific and reasonable risk reduction plans with the client using appropriate risk reduction guidelines, especially for the waiting period? Is the process for developing risk reduction plans client centered? Are both long and short-term risk reduction goals addressed, with emphasis on concrete and specific short-term goals? Is the client offered the opportunity for building skills (e.g., condom and/or needle cleaning demonstration, role-playing, etc.)?
- ❑ Does the counselor assess the potential impact of positive and negative results on the client and the client's future behavior? Are clues gleaned from the client's manner of handling past crises?
- ❑ Does counselor assess the client's supports during the waiting period and offer resources?
- ❑ Does the counselor make a suicide / homicide assessment, as appropriate?
- ❑ Does the counselor strongly promote partner referral for current and past partners and the C.A.R.E. program? Does the counselor strongly promote return for results and describe follow-up procedures?

- ❑ Is confidential testing the standard and described as such by the counselor? If the client will not otherwise be tested, is anonymous testing offered by referral or on-site? Are the pros and cons of confidential and anonymous testing objectively discussed?
- ❑ Do the counselor and client go over the informed consent form? Is the form signed according to protocol?
- ❑ Is an appointment made for posttest counseling at the pre test visit?
- ❑ How carefully and completely is the HIV counseling and testing form filled out?
- ❑ Is phlebotomy readily accessible, and are universal precautions followed?
- ❑ Does the session come to a good closure (reinforcement of return, referrals, etc.)? Are handouts given?
- ❑ Does the counselor perform the test immediately, or is the client walked to the drawing station?

Post Test Counseling - observe both seronegative and seropositive post test sessions

- ❑ How carefully is the test result checked to ensure the correct result is being given to the client? Is the purpose of the session defined?
- ❑ During posttest counseling, does the counselor use silence as an opportunity to allow the client to deal with his or her initial reaction to the test result? Does the counselor allow the client to express his or her emotions?
- ❑ Is the session client centered? Does the counselor allow the client to prioritize the most important concerns to be dealt with during the post test session?
- ❑ Does the counselor reassess, reinforce, and update risk reduction plans as well as the client's knowledge base?
- ❑ Does the counselor reinforce risk reduction messages during the post test session?
- ❑ Does the counselor make a suicide / homicide assessment, as appropriate?
- ❑ Does the counselor make appropriate referrals to medical and social services and for additional risk reduction services (i.e., secondary prevention services)? How well are these referrals able to insure successful completion of the referrals?
- ❑ Does the counselor strongly promote the C.A.R.E. program to all seropositive clients? Does the counselor work at getting at least voice (preferable face-to-face) contact between C.A.R.E. counselor and the client? If the client refuses the C.A.R.E. program, are specific "contracts" drawn up between the client and the counselor for notification and counseling of the partners?
- ❑ How carefully and completely is the paperwork filled out?
- ❑ Does the session come to an appropriate closure? Are appointments / referrals reinforced?

ATTACHMENT 5A: Partner/Spousal Notification Contract

Partner Notification Contract

Options: (Check one)

I. **Self Referral:**

Client agrees to notify partners at risk. Client also agrees to refer partners to this counseling and testing site for services by _____

Date

HIV counselor or case manager need to obtain all pertinent information on all partners and follow-up with the client if the client's partners do not appear by specified date. This needs to occur within 2 weeks. If referrals of all partners do not occur within one month after scheduled appointment, client information listed on the attached form will be immediately forwarded to the CARE Program for appropriate follow-up.

II. **Care Referral for Interview:**

Client agrees to allow HIV counselor to contact the CARE Program for partner notification services.

Scheduled appointment for CARE interview at counseling and testing site.

_____ at _____
Date Time

HIV counselor or CARE counselor may contact client to schedule time and location for field interview

_____ at _____
Date Time

_____ Location

III. **Care Referral for Follow-Up:**

Client declines the opportunity to meet with CARE counselor at this time, but agrees to provide specific information for partner notification services to the HIV counselor with the knowledge that it will be confidentially forwarded to the CARE counselor. The information needed is on attached sheet. This information should be forwarded to the DIS within 24 hours of completion of the form.

_____ Site
HIV Counselor/Case Manager Name

_____ Date
HIV Counselor/Case Manager Signature

_____ Date
Client Signature (or ID#)

Contrato de Notificación de Parejas

Opciones: (Marque Uno)

I. **Autoreferencia:**

El cliente acuerda notificar a las parejas que corren riesgo. El cliente también se compromete a referir a su pareja(s) a un centro de consulta y examen con el fin de obtener servicios a más tardar el _____

Fecha

El Consejero del VIH o El Manejador del Caso necesita obtener toda información pertinente sobre la pareja(s) del cliente. El Consejero junto con el cliente, deberán dar seguimiento a la pareja(s) del mismo a que se reporten al centro de consulta y examen. Tal procedimiento deberá de ocurrir entre las primeras 2 semanas.

Si dicha referencia(s) o pareja(s) no han sido reportada en un mes después de la fecha acordada, la información del cliente listada en el formulario adjunto será inmediatamente remitida al programa C.A.R.E para darle el seguimiento apropiado al caso.

II. **Referido al programa C.A.R.E para una entrevista.**

El cliente autoriza al consejero del VIH a contactarse con el programa C.A.R.E con el fin de solicitar los servicios de notificación de pareja(s)

Cita establecida para la entrevista con C.A.R.E en el centro de consulta y examen

Fecha

Hora

El Consejero del VIH, El Manejador del Caso o C.A.R.E puede comunicarse con el cliente para establecer la hora y el lugar para una entrevista a domicilio.

Lugar/Fecha/Hora

III. **Referido al Programa C.A.R.E para darle seguimiento al caso**

El cliente rechaza la oportunidad de reunirse con el programa C.A.R.E en este momento, pero se compromete a brindar información específica para los servicios de notificación de parejas al consejero del VIH con entendimiento de que dicha información será remitida en forma confidencial al consejero de C.A.R.E (vea la hoja adjunta).

Dicha información, una vez completada, deberá ser remitida al DIS dentro de 24 horas.

Firma del Consejero del VIH

Centro de Consulta y Examen

Firma del Cliente y/o
Numero de Identificación

Fecha

ATTACHMENT 6:

HCV INFORMATION FOR THOSE WHO INDICATE RISK FACTORS FOR HCV

1. Review natural history of HCV:

- Incubation period 6-9 weeks (range from 2 weeks to 6 months); infectious one or more weeks before onset of illness and, for most people, infectious period continues for years; illness may be similar to other hepatitis infections with jaundice or non-specific symptoms; approximately 75% of infections are asymptotic
- Current data suggests that about 85% of infected persons become carriers and continue to be infectious
- Current data suggest that about 60% develop persistent liver disease; about 15% develop cirrhosis; a portion of which develop severe, possibly fatal, liver disease

2. Review route of transmission and risk factors.

- Parental transmission (sharing injecting equipment, needles sticks with used, unsterile needles, exposure to contaminated blood on the job, e.g., health care workers), receipt of clotting factor concentrates produced prior to 1987, blood transfusion or solid organ transplant prior to 1992, long-term hemodialysis, piercing or tattooing with used, unsterile equipment
- Sexual transmission can occur but is much less likely
- Kissing, casual contact, and sharing food or drink does not transmit HCV

3. Review prevention measures.

- Avoid sharing needles, syringes, cookers, cotton, or water; use of bleach to clean needles / works is not guaranteed to kill HCV but may reduce risk of becoming infected
- Use barrier and other safer sex methods. However, it is unknown if latex condoms are effective.
- No vaccine is available, but treatment may benefit up to 40% of carriers
- Obtain medical care if infected.

ADDITIONAL PREVENTION MESSAGES FOR THOSE WHO ARE HCV POSITIVE

1. To protect liver from further harm:
 - Avoid drinking alcohol
 - Do not start any new medication, including over the counter and herbal medicines, without first checking with MD
 - Get vaccinated against Hepatitis A if liver damage is present and Hepatitis B if in a risk group for whom Hepatitis vaccine is recommended
2. To reduce risk of transmission to others:
 - Do not donate blood, body organs, tissue, or semen
 - Do not share toothbrushes, dental appliances, razor, nail clippers, or other personal care items that might have blood on them
 - Cover cuts and sores to prevent spreading infectious blood or secretions
3. With long-term steady sex partner(s):
 - Discuss the risk, which is low but not absent, with their partner(s)
 - Discuss the use of barrier protection
 - Discuss with their partner(s) the need for counseling and testing

ATTACHMENT 7: Outreach Protocol Guidelines

Guidelines and Checklist for HIV Outreach Counseling & Testing Protocols

This protocol applies to the OraSure outreach counseling and testing service provided in the community to populations most at risk and who may not otherwise seek counseling and testing at a community-based site.

This testing modality should only be offered in an office setting on a limited basis when a specimen cannot be obtained through phlebotomy.

Client assessment should be conducted prior an HIV testing is offered. The purpose of client assessment is to assist an HIV counselor to determine a client's readiness for HIV testing. After assessment, HIV testing should be offered to eligible clients. In addition, pre and post test counseling, referral to partner notification and referral to secondary prevention/early intervention services for HIV seropositive clients must be offered to all individuals who request it. Outreach HIV testing should be confidential and voluntary. Each client shall be informed of anonymous and confidential testing options and provided a description of each. Clients who choose to be tested anonymously are to be referred to a primary site for HIV prevention counseling and testing.

In addition, the Prevention Clinical Services unit requires outreach HIV testing be conducted using OraSure. However, if a contractor chooses not to use OraSure for outreach HIV testing, the alternative will be venipuncture.

TRAINING AND SUPERVISION

OraSure Training for Staff

Contractors will provide OraSure training for staff. Suggested trainers may include staff that are trained and are already using OraSure. The training should also include watching the training videotape "*No Needles, no blood. Just accurate results*". The contractor can acquire the videotape from the Prevention Unit AIDS & Chronic Diseases Section, Department of Public Health (DPH). For contractors who provide OraSure training, the trainer must provide verification of this training to PCS unit the date and names of staff that attended the training.

OSHA Training for Staff

Even though PCS requires outreach HIV testing be conducted primarily through OraSure, outreach HIV counseling and testing staff still have opportunities to use venipuncture for HIV testing. Therefore, contractors should provide OSHA training in accordance with OSHA recommendations.

Contractors must maintain documentation of OSHA training certificates for their staff and make this available to DPH at site visits, if requested.

Supervision for Staff Performing Orasure Testing

An individual who has an active HIV counselor certificate and preferably has two or more years of HIV counseling and testing experience should provide

supervision for staff that perform OraSure testing. Supervision should focus on enhancing the staff's use of counseling skills, techniques, and instruments (e.g. risk assessment tools, behavior change contracts, etc.), as well as the staff person's use of self in the client centered model of HIV counseling. Supervisor meetings should occur on a regular basis. Counseling observations of staff using the DPH skills inventory should take place at least twice a year and more frequently for staff who have not yet been approved for their HIV counselor certificate.

PROTOCOL CONTENTS

Personnel

1. ____ List the names and positions for each person who will be conducting outreach counseling and testing.
2. ____ For each person listed provide the training dates for:
 - a. HIV Counselor Training
 - b. OraSure Training

The contractor is responsible for keeping a copy of all training information for each staff person. These records should be made available for audits and site visit record reviews.

Facility & Setting

1. ____ Indicate the locations where outreach HIV testing will occur (e.g. soup kitchens, street outreach, etc.)
2. ____ Provide a brief description of each site (i.e.: type of services offered)
3. ____ Explain briefly how services will be integrated.

Policy: This testing modality should only be offered in the office setting when phlebotomy is not feasible

Education/Information

1. ____ Explain what educational information and other information will be provided to clients.
2. ____ List the handouts staff will be using and provide a copy of each in your outreach protocol's Appendix, if applicable.

Pretest Counseling

1. ____ Include a general statement regarding "will follow the CT DPH HIV Counseling and Testing Protocol", date
2. ____ Explain how the HIV pretest counseling process will be customized to fit the setting
(Ex. # of meetings prior to testing).

Consent Form

1. ____ Discuss how counselors will handle clients who want to be tested anonymously.
2. ____ Discuss how counselors will secure informed consent
3. ____ Provide a copy of the consent form in your outreach protocol's Appendix, if different than DPH.

Bubble Form/Lab Slips/Client Identification Numbers

1. ____ Description of how the street-tailored bubble form will be used (i.e. how data is transposed to "lab form")
2. ____ Should contain a reference to "will follow HIV CTS Protocol for securing records"
3. ____ Referenced as attachments

Testing

1. ____ Should contain a general reference to "will follow State of CT lab protocol for sending OraSure specimens..."
2. ____ Should elaborate on how the process differs in non-office settings and in terms of giving results of street-based testing

Post-Test Counseling

1. ____ Include a statement regarding "will follow the CT DPH HIV Counseling and Testing Protocol
2. ____ Same as above, i.e. describe process
4. ____ Describe the procedure for arranging the post-test session (for example, same day/time following week)
5. ____ Discuss procedure for seropositive no shows
6. ____ Describe procedure for high-risk seronegative no shows
7. ____ Provide protocol for offering additional counseling sessions and secondary prevention/early intervention referrals

Partner Notification

1. ____ Explain how CARE will be promoted and utilized
2. ____ Discuss use of the CARE contract (reference as attachment)
3. ____ Address how referrals to CARE will be made, if different from office setting

Documentation/Forms/Log

1. ____ Provide copies of all forms
2. ____ Explain how each will be used

ATTACHMENT 8A: ROI-Disclosure Form—English

**HIV PREVENTION CLINICAL SERVICES
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL
HIV RELATED INFORMATION**

Confidential HIV related information is any information indicating that a person had an HIV related test or has HIV infection. HIV related illness or AIDS, or any information, which could suggest that a person may have been infected with HIV. Under Connecticut State law, except for certain people, confidential HIV related information can only be given to persons you allow to have it by signing a release. You can ask for a list of people who can be given confidential HIV related information without a release form.

If you sign this form, HIV related information can be given to the people listed on the form, and for the reason(s) listed on the form. You do not have to sign the form, and you can change your mind at any time.

Discrimination against people with HIV infection is illegal in Connecticut. If you experience discrimination because of release of HIV related information, to protect your rights you may contact the Connecticut Commission on Human Rights and Opportunities (CHRO) at (860) 541-3400 or by calling 1-800-477-5737 within Connecticut, or by calling your own lawyer.

Name of Client whose HIV related information will be released: _____

Name and address of person signing this form, if other than above. This person must have the legal authority to consent to health care for the client:

Relationship to client whose HIV information will be released: _____

Why didn't the client sign? _____

Name and address of person (s) who will be given HIV related information:

Reason (s) for release of HIV related information: _____

Time during which release is allowed: From: _____ to _____ (or 180 days from today, whichever is sooner.)

My questions about this form have been answered. I know that I do not have to allow release of HIV related information and that I can change my mind at any time.

Date Signature

Date Witness

NOTICE: This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. a general authorization for the release of medical or other information is NOT sufficient for this purpose.

ATTACHMENT 8B: ROI-Disclosure Form (Spanish)

**Autorización para el traspaso de
información confidencial relacionada con el VIH
(Virus de Inmunodeficiencia Humana)**

Servicios de Consejería y Análisis de Laboratorio para el VIH

Cualquier información relacionada con el VIH es de carácter confidencial y lo mismo aplica a cualquier tipo de datos que indiquen que una persona se ha realizado una prueba del VIH o esta infectada con el virus del VIH, que tiene una enfermedad relacionada al VIH o SIDA o cualquier información que pueda sugerir que la persona haya sido infectada con el VIH.

De acuerdo con las leyes del Estado de Connecticut, excepto por las personas autorizadas por la ley, la información confidencial relacionada con el VIH sólo puede ser suministrada a aquellas personas que usted autorice. Usted tiene derecho a solicitar un listado de las personas autorizadas por la ley con acceso a esta información confidencial si así lo desea

Si usted firma éste formulario la información relacionada al VIH puede ser suministrada a las personas que aparecen en la planilla y por la(s) razón(es) que aparece(n) en la lista del formulario. Usted no está obligado a firmar esta planilla y puede cambiar su decisión en cualquier momento.

Discriminar contra de las personas infectadas con el VIH es ilegal en Connecticut. Si usted sufre discriminación alguna por haber autorizado el traspaso de información relacionada con el VIH, para proteger sus derechos usted puede ponerse en contacto con la Comisión de Derechos Humanos y Oportunidades (CHRO) de Connecticut llamando al (860) 541-3400 (si llama desde Connecticut) o al 1-800-477-5737

Nombre del cliente cuya información relacionada al VIH será autorizada para traspaso:

Nombre y dirección de la persona que firma el formulario, en caso de ser una persona diferente debe tener autoridad legal para consentir sobre el cuidado médico del cliente.

Relación con el cliente cuya información del VIH será autorizada para traspaso:

¿Por qué razón el cliente no firmó?

Nombre y dirección de la(s) persona(s) a quien(es) se les suministra la información relacionada al VIH:

Razón(es) para el traspaso de la información relacionada al VIH:

Periodo de tiempo durante el cual el traspaso de información se permite:

Desde: _____/_____/_____

Hasta _____/_____/_____ ó 180 días a partir de la fecha que se firma

Mis preguntas acerca de este formulario han sido contestadas. Tengo conocimiento de que no tengo que dar permiso para el traspaso de la información relacionada al VIH y de que puedo cambiar mi decisión en cualquier momento.

FECHA

FIRMA

FECHA

TESTIGO

NOTA: Esta información ha sido revelada a usted proveniente de expedientes cuya confidencialidad esta protegida por la ley del Estado. La ley del Estado prohíbe que usted repita esta información sin el consentimiento escrito de la persona a quien pertenece, (o como de otra manera se permita bajo dicha ley). Una autorización general para el traspaso de información medica o de otra clase NO es suficiente para éste propósito.

ATTACHMENT 9: Required information for notifying at risk partners

Required information for notifying at risk partners

Some clients may be reluctant to speak to a CARE program counselor face to face. For this reason, the CARE Program will accept information from the provider. At the completion of the posttest session the provider can collect the locating information on the sex and needle-sharing partners that may have been placed at potential at risk. The provider should contact the CARE counselor directly and provide information for partner at risk.

The following information should be collected and documented before contacting the CARE Program counselor:

Index Case

- Client identification number or unique identifier
- Date of testing
- Risk factor of index case
- Age, sex, race of index case

Information for partners at risk

The CARE counselor will attempt to contact all partners at risk with minimal information but when possible provider should collect as much information as the client is willing to provide.

- Full name
- Address, including apartment, floor and any other descriptive information on the place of residence. This can include previously known address
- City and state of residence
- Telephone numbers home, cell, and work
- Past or present place of employment
- Date of birth and age
- Race and ethnicity
- Sex if female include pregnancy status
- Marital status
- Description (height, weight, hair color, scars glasses, or other identifying marks, etc)
- Exposure dates including first and last sexual encounter/needle-sharing exposure.
- Any other identifying or locating information such as hangouts, nearest relative and friends address/ phone number
- E-mail address and screen name used

Provider should encourage clients to follow up in 2 or 3 weeks to assure all pertinent information has been obtain and possible obtain an out come of the notification

**ATTACHMENT 10:
DOCUMENTATION OF HIV POSITIVE NO-SHOW FOLLOW-UP**

Documentation of HIV Positive No-Show Follow-Up

Client Name: _____ Client # _____

Counselor Name: _____ Site #: _____

Date of Scheduled Post-Test: _____

Progress Notes:

Attempts Made:

Call: Date: _____/_____/_____

Letter Date: _____/_____/_____

Outreach Visit Date: _____/_____/_____

C.A.R.E Program contacted Dates: _____/_____/_____

(New Sites) **Non HIV-specific services** offered at the site:

(New Sites) **HIV related services** offered at the site:

Patient Population:

1. How many patients/clients pass/passed through the doors of this site each year? _____

2. Estimated total number of tests to be done/were done per year? _____

3. Demographics of the expected clients/patients who will be/were counseled, by number per year:

a. **Sex:** _____ Male _____ Female

b. **Age:** _____ 0 - 10 yrs. _____ 10 - 19 yrs.
_____ 20 - 29 yrs. _____ 30 - 39 yrs.
_____ 40 - 49 yrs. _____ 50 and over

c. **Race/Ethnicity**

_____ Black, Not Hispanic _____ White, Not Hispanic
_____ Hispanic _____ Asian/Pacific Island
_____ American Indian / AR Native
_____ Other _____

d. **Transmission Category:**

_____ MSM _____ Heterosexual IDU
_____ MSM/IDU _____ Sex Partner @ Risk
_____ STD Diagnosis _____ Sex for drugs/money
_____ Hem/Blood Recipient
_____ Sex & Opposite gender
_____ Other _____

2. (New Sites) Complete **Physician of Record Form**

ATTACHMENT11B: CTDPH Physician of Record (POR) Form

Department of Public Health
Bureau of Community Health — AIDS Division
HIV Prevention Clinical Services (PCS)



410 Capitol Avenue, MS# 11APV, PO Box 340308, Hartford, CT 06134-0308
Telephone: (860) 509-7806 --- Fax: (860) 509-7853 or (860) 509-7855

Physician of Record (POR) Form

Date: ____/____/____ Contractor Name: _____

Program Coordinator Name: _____

Site Main Telephone: () _____ Fax: () _____

Contractor Address: _____

Physician of Record (Print or type): _____
First Name *Last Name*

Check one

New Physician of Record Start Date: _____

Acting Physician of Record Start Date: _____ Projected End Date: _____

Ongoing Physician of Record

Specify Site(s) Where MD is serving as Physician of Record

Important: HIV tests performed at the sites specified below will be done under the authority of the Physician of Record. Site numbers may be used for several HIV counseling & testing locations (locations should be documented on the Site Information Form).

Site # _____ Site # _____ Site # _____ Site # _____ Site # _____

Signature of Physician of Record

Date

Provide Photocopy of Physician's Current License

ATTACHMENT12A: CTDPH HIV Testing Service for C & T Sites



HIV Testing Service for Counseling and Testing Sites Connecticut Department of Public Health Laboratory

The Connecticut Department of Public Health (CTDPH) Laboratory, Serology Unit, performs HIV-1 antibody testing using approved testing methodology for screening and confirmatory testing. Staff is available for consultation and questions Monday through Friday, 8:00 AM to 4:00 PM.

SEROLOGY LABORATORY: Ph: (860) 509-8567; Fax: (860) 509-8659
GARY BUDNICK, Supervising Microbiologist, TB/STD/HIV
Ph: (860) 509-8568 gary.budnick@ct.gov

Specimen Collection, Storage and Transport

The CTDPH Laboratory will provide the following supplies free of charge
Contact the CTDPH Laboratory Scientific and Support Services Section, Outfit Area
Ph: (860) 509-8501; Fax: (860) 509-8697

Associated Testing Forms:

- Connecticut Department Public Health Laboratory *MICROBIOLOGY TESTING SERVICES* test requisition
- Certification of Consent for HIV related test
- DPH Lab submitter address/account labels

Specimen Collection and Transport Outfits:

- For blood collected by fingerstick (Dried Blood Spots): Blotter paper, zip-lock baggie, white business envelope with lab address affixed.
- For serum or plasma specimens: Vacutainer tube, plastic zip-lock baggie, silver inner sleeve, outside mailer sleeve, brown envelope
- Mucosal Transudate specimens (Orasure): Plastic zip-lock baggie, brown envelope.

PLEASE NOTE: Orasure collection kits are **NOT** supplied by the CTDPH Lab. Call the Community Distribution Center at (800) 322-3222 or contact the CTDPH HIV Prevention Program at (860) 509-7801 with any questions.

Specimen Storage and Holding Times:

- **Orasure specimens-** after collection, store refrigerated. Specimens may be transported to the laboratory at ambient temperature and **must be received by the laboratory within 21 days of collection**
- **Serum or plasma specimens-** after collection, store refrigerated. Specimens may be transported to the laboratory at ambient temperature and **must be received by the laboratory within 7 days of collection**.
- **Dried Blood Spots-**after the specimen has been collected and dried, store the dried blood spot refrigerated for up to two months. Specimens may be transported to the laboratory at ambient temperature and **must be received by the laboratory within 60 days of collection**.

Specimen Requisition and Packaging

I. Complete the Connecticut Department of Public Health MICROBIOLOGY TESTING SERVICES requisition

- **PLEASE NOTE:** as stated on the requisition form "Areas outlined in blue must be completed and a test below must be checked." Any **required** information not entered may result in delays to testing or reporting or in rejection of the specimen for testing.

1) (REQUIRED) Check the box corresponding to the specimen type being submitted for HIV testing: 120M – HIV-serum, 121M – HIV-dried blood spot, 124M – HIV Orasure

- 1 -

ATTACHMENT12B: CDPH Laboratory Microbiology Testing Services Form

ACCESSION LABEL

Connecticut Department of Public Health Laboratory MICROBIOLOGY TESTING SERVICES



Place a DPH Lab submitter
address/account label in this space.
Call 860-509-8501 for additional labels.

For phone reports of significant results, complete the two boxes
below. No phone report will be made without a phone number.

PHYSICIAN/CONTACT:

PHONE NO.:

Patient Information

Last Name	First Name	Pt. ID no.
Address No. and Street	Town/State	ZIP
Date of Birth / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	

Specimen Information

Source/Site:	Date of Collection: / /
Date of Onset: / /	Comments:

****NOTE: Areas outlined in blue must be completed and a test below must be selected.****

Bacteriology

- 307M Chlamydia & gonorrhea probe ¹⁰
- 302M Gonorrhea culture ¹¹
- 320M Pertussis culture and DFA ¹¹
- 200M Shiga-toxin positive broth ⁷
- 201M Stool culture ⁸

Bacteriology - Isolates referred for identification

- 356M Aerobic isolate for ID
GPR B/O Antitox
- 205M Isolate for ID ⁴; specify agent [▼]
- 202M Stool isolate for ID ⁸; specify [▼]

Bacterial Serology

- 234V Bartonellosis; cat-scratch disease ¹⁹
- 100M Syphilis - serum ⁵
- 101M Syphilis - spinal fluid ^{3,4}
- 109M Syphilis confirmation ⁵
- 170M Other bacterial serology; specify [▼]

Parasitology

- 295M Parasite for gross ID
- 285M Smears for blood parasites
- 275M Stool for O&P
- 180M Toxoplasma IgG ²¹
- 276M Other parasite serology; specify [▼]

Mycobacteriology / Mycology

- 400M Specimen for mycobacterial culture
- 404M Mycobacterial isolate for ID
- 466M Fungal serology; specify agent [▼]

Viral Culture

- 180V Specimen for culture; isolate for ID
- 178V Herpes simplex culture (typing included)
- 181V Influenza surveillance (seasonal) ²⁰
- 145V Rotavirus

Viral Serology

- 221V Arbovirus panel ¹²

- 189V Comprehensive panel ¹³
- 225V Encephalitis panel ¹⁴
- Enterovirus; specify below. ¹⁵
- 117V Exanthem/immune status ¹⁶
- 107V Respiratory panel ¹⁷
- 165V TORCH panel ¹⁸
- 141V Hepatitis B surface antibody ¹
- 115V Hepatitis B surface antigen ¹
- 120M HIV - serum ²
- 121M HIV - dried blood spot ²
- 124M HIV - Orasure ²
- 200P HIV - STARHS Referral ²
- 217V Parvovirus IgG&IgM
- 239V WNV IgM
- Tests for immune status. ²²**
- 131V Cytomegalovirus IgG
- 133V Herpes simplex
- 139V Measles IgG
- 137V Mumps
- 110V Rabies
- 224V Rubella IgG
- 135V Varicella-zoster

Note: Superscript numbers indicate explanations on back of

Test, agent, or disease not listed; specify:

Test requested by Epidemiology Division or other special study; please indicate agent, disease, or syndrome:

OL-9B Rev.2/2006

ATTACHMENT13: Certificate of Consent Form

CERTIFICATE OF CONSENT FOR HIV-RELATED TEST

Client Identification Number: _____

This test is being performed **with the informed consent** of the above person pursuant to Connecticut General Statute Section 19a-581-582.

This test is being performed **without the informed consent** of the patient pursuant to the subsection (e) 1-10 of Connecticut General Statute Section 19a-582 for the following reason(s).

_____ (a) Blood or body part donations

_____ (b) Court order

_____ (c) Post occupational exposure

_____ (d) Other (specify) _____

Signature of physician ordering the test

Date

Signature of HIV counselor

Date

ATTACHMENT 14A: Waived Rapid HIV Testing Guidelines: Oraquick

**State of Connecticut
Department of Public Health
AIDS and Chronic Diseases Section HIV Prevention Unit**

Guidelines for Rapid HIV Testing 2008

The implementation of rapid HIV testing services is a complex process that requires both adherence to HIV testing laws and regulations and a commitment to conducting quality control and safety procedures in each testing setting. This advisory specifies the regulatory and legal requirements associated with HIV testing, and provides programmatic guidance for conducting rapid HIV tests in Connecticut.

Certifications and Licensure

The Connecticut Department of Public Health (CT DPH) recommends that all agencies and organizations within the State of Connecticut currently offering or seeking to offer rapid HIV tests determine their Clinical Laboratory Improvement Amendments (CLIA) certificate and state licensing status, and review laws and regulations governing HIV testing. Connecticut General Statutes that cover [AIDS Confidentiality \(C.G.S. 19a 581 to 590\)](#). This requires informed consent before testing and includes restrictions on the disclosure of test results. (See Attachment #2A and #2B.) Clients who refuse to be tested confidentially should be offered anonymous testing, either on-site or by referral.

Connecticut General Laws, ch. 111, s. 70f, requires written informed consent prior to HIV testing, independent of the type of HIV test utilized. 105 Code of Connecticut Regulations 180.000: Rules and Regulations Relating to the Operation, Approval and Licensing of Laboratories Special Requirements – Viral Serology [105 C.M.R 180.300] applies to all sites that conduct any type of HIV testing.

To provide rapid HIV testing in Connecticut, the following documents **must** be filed with CT DPH:

How to obtain a CLIA certificate

All sites planning to offer waived rapid HIV testing not already CLIA-certified, must obtain a Certificate of Waiver or be included under a multiple site exception, such as limited public health testing or mobile testing. The CLIA form must be completed by completing information on the facility type (select from a list), hours of operation, estimated annual number of waived tests to be performed, the type of control (nonprofit, for profit or government control) and the total number of individuals involved in performing testing (See *Attachment 13C*). The facility owner or laboratory director must sign the form. CLIA waiver applications can be obtained by contacting John Murphy, at the State Department of Public Health. Mail the completed form to John Murphy at the State Department of Public Health, Facility Licensing and Investigation Section, 410 Capitol Avenue, MS# 12HSR, P.O. Box 340308, Hartford, CT 06134. For more

information on obtaining a CLIA certificate, click on the website at <http://www.cms.hhs.gov/CLIA>. After the completed form is processed by the State agency, a fee of \$150 will be assessed for a Certificate of Waiver. The certificate is valid for two years.

Completing and signing the above documents affirms a commitment to provide rapid HIV testing and an acknowledgement of the Connecticut Department of Public Health recommendation that all sites offering rapid HIV tests establish written protocols that address the components identified below (1-7).

Guidelines for Rapid HIV Testing in Connecticut

1. Informed Consent and Confidentiality

Protocols to protect client confidentiality should be written and adhered to in accordance with State of Connecticut AIDS Confidentiality Law. Policies should define the steps that are in place to maintain confidentiality and privacy throughout the entire testing process: written consent, test performance, disclosure of test results, and storage of records. A specific identifier must be maintained for each specimen tested; however, it does not need to contain the patient name.

2. Test Procedures

- a. *Specimen collection and preparation.* Providers should develop written protocols that define: materials and equipment required; steps to follow to perform the test; limitations of the procedure; cautions to be observed which may affect the test results; safety precautions to protect patients and testing personnel; quality control procedures to be followed; and, a plan for remedial or corrective action to be followed in the event that quality control results do not fall within acceptable limits.
- b. *Follow-up Testing.* All “non-negative/reactive” rapid test results require confirmation through submission of a serum specimen. Regardless of the licensed clinical laboratory identified for submission, the specimen should be flagged as confirmatory and have a Western Blot or immunofluorescence assay (IFA) test performed, regardless of any enzyme immunosorbent assay (EIA) result.
- c. *Reagents.* Providers should store and dispose of all reagents properly (reagents cannot be used beyond their expiration dates). A documentation system should be maintained for lot numbers, date of receipt, record of storage temperatures, expiration date, and dates in use. Manufacturer’s directions should be followed regarding the expiration date of “opened” reagents. Reagents from kits with different lot numbers should not be used interchangeably.

3. Quality Control Procedures

- a. *Test Procedures.* Providers should develop procedures that outline: the specific steps required to perform the test correctly; how to interpret both patient and internal/procedural control results; actions to be taken when results are not acceptable; and, documentation of required data.

- b. *Internal Controls.* Providers should document internal controls for each patient.
- c. *External Controls.* Providers should observe additional state requirements for external controls beyond the manufacturer's direction (see *When to Run Kit Controls* attached). Results should be documented. Remedial/corrective actions should be taken if results fall outside of the acceptable range. These actions should also be documented.
- d. *Contractual Monitoring.* The DPH Prevention Program Contract Manager at the State will provide ongoing site-based reviews.

4. Safety

- a. *Storage and Disposal.* Providers should develop storage and disposal procedures for all infectious or physically dangerous medical waste, including blood stained materials in accordance with the following State and Federal regulations:
 - i. Storage and Disposal of Infectious or Physically Dangerous Medical or Biological Waste State Sanitary Code Chapter VII [105 C.M.R. 480.000]
 - ii. OSHA Blood Borne Pathogen Regulations [29 C.F.R. 1910.1030]
- b. *Sanitization of Physical Space.* Providers should develop procedures to disinfect the testing area appropriately on each day of testing.
- c. *Protective Equipment.* Providers should acquire, store and utilize appropriate personal protective equipment for collecting specimens or performing tests. This equipment includes safety goggles, gloves, absorbent workspace covers, splashguards, sharps disposal container, biohazard waste container, and any other apparatus required at the individual site.
- d. *Specimen Collection.* Providers should develop training and procedures to indicate blood collection is done in an aseptic manner so as to protect both the patient and the testing personnel. Training for proper capillary blood collection techniques should be documented.

5. Program Components

- a. *Pre- and Post-Test Counseling.* Providers should consistently adhere to pre-test and post-test counseling protocols (see *CT DPH HIV Counseling & Testing: Policy & Procedure Protocol*, Summer 2008). Assessment of readiness to test and informed consent must be conducted prior to specimen procurement; other aspects of pre-test counseling may be conducted during the testing period. Protocols should include policies and procedures to address receipt of rapid results and confirmatory testing follow-up if the rapid test is reactive.
- b. *Integration of Rapid Tests.* All providers who receive funding from the CT DPH HIV/AIDS Bureau to provide HIV Counseling and Testing services must integrate HIV rapid tests into the established program.
- c. *Referrals to Care and Support Services.* Providers should develop referral and linkage processes. These should include links to case management services, primary health care, follow-up testing (if not available on-site),

substance abuse services, needle exchange or other services as appropriate (<http://www.dph.state.ct.us/BCH/AIDS/cts.htm>)

6. Records

- a. *Test/Reagent Data.* Providers should document all test/reagent data. These data should include but are not limited to: lot number, record of reagent storage temperatures; date and time of specimen collection; time test device was inserted into the developer solution; time result was read; temperature in the room when the test was performed; test result; quality control results; who performed the test, test kit storage logs and confirmatory result logs.
- b. *Confirmatory Testing.* Providers should indicate in records that confirmatory serum testing was performed on all “non-negative/reactive” patient specimens.
- c. *Discordant Results.* Providers must consult with CT DPH on appropriate state and federal guidelines for the reporting of discordant results. Current CDC guidelines state that if confirmatory testing yields either negative or indeterminate results, follow-up testing should be performed on a blood specimen collected 4 weeks after the initial reactive HIV rapid test result ([CDC-NCHSTP-DHAP: Rapid HIV Testing](#)).
- d. *Maintenance.* Providers should maintain all records for at least four (4) years, or according to CLIA certificate (whichever is longer).

7. Personnel

- a. *Qualifications.* Providers should identify and document qualifications and training needs of personnel performing rapid HIV testing. Training should be inclusive from specimen collection to test reporting (including, but not limited to, technical procedures, quality control requirements, competency testing).
- b. *Proficiency.* Providers should demonstrate and document ongoing competency on a yearly basis. DHP Contract Management staff will examine documentation during on-site reviews. Quality Improvement and training measures must be established for staff that fail competency and proficiency procedures.

OraQuick ADVANCE Rapid HIV-1/2 Antibody Test

When to run Kit Controls

1. **Kit Controls must be run at periodic intervals as dictated by the Connecticut HIV Special Waiver Standards document (daily).**
 - If the controls produce the expected result (the HIV-1 positive control is positive, the HIV-2 positive control is positive, and the negative control is negative) continue with patient testing.
 - If they do not produce the expected result repeat the kit controls.
 - If they still do not produce the expected results DO NOT proceed with patient testing and contact OraSure Technologies Customer Service (800-869-3538) and the State HIV Laboratory (860-509-8501).
2. **Each new operator must first successfully run OraQuick ADVANCE using the Kit Controls before they are allowed to test patient specimens.**
3. **Kit Controls must be run each time a new lot number is opened.**
 - Use only one lot number at a time) If the controls produce the expected result (the HIV-1 positive control is positive, the HIV-2 positive control is positive, and the negative control is negative) continue with patient testing.
 - If they do not produce the expected result repeat the Kit Controls.
 - If they still do not produce the expected results DO NOT proceed with patient testing and contact OraSure Technologies Customer Service (800-869-3538) and notify the State HIV Laboratory (860-509-8501).
4. **Kit controls must be run on all new shipments that are received, even if it is the same lot number that is currently in use. If the shipment contains more than one lot number the Kit Controls must be run on each lot number.**

- If the controls produce the expected result (the HIV-1 positive control is positive, the HIV-2 positive control is positive, and the negative control is negative) Kits are okay for storage.
- If they do not produce the expected result repeat the Kit Controls.
- If they still do not produce the expected results DO NOT use the Kits in the new shipment for patient testing and contact OraSure Technologies Customer Service (800-869-3538) and notify the State Lab (860-509-8501). If this shipment is a new lot # and will not be used right away for patient testing, the Kit Controls must be run again prior testing patient samples. If this shipment is a new lot # and will be used right away for patient testing, the Kit Controls do not have to be re-run prior to testing patient samples.

5. Kit controls must be run when the temperature of the test kit storage area falls below 2°C (35°F) or rises above 27°C (80°F).

- If the controls produce the expected result (the HIV-1 positive control is positive, the HIV-2 positive control is positive, and the negative control is negative) continue with patient testing.
- If they do not produce the expected result repeat the Kit Controls.
- If they still do not produce the expected results DO NOT proceed with patient testing contact OraSure Technologies Customer Service (800-869-3538) and notify the State HIV Laboratory (860-509-8501).

6. Kit Controls must be run when the temperature of the testing area falls below 15°C (59°F) or rises above 37°C (99°F). If the controls produce the expected result (the HIV-1 positive control is positive, the HIV-2 positive control is positive, and the negative control is negative) it is okay to run patient samples at

the current temperature of the testing area for a limited time. (i.e. the rest of the day)

- If they do not produce the expected result repeat the Kit Controls.
- If they still do not produce the expected results DO NOT proceed with patient testing and contact OraSure Technologies Customer Service (800-869-3538) and notify the State HIV Laboratory (860-509-8501).

7. Kit Controls must be run if you receive two consecutive invalid test results on a patient.

- If the controls produce the expected result (the HIV-1 positive control is positive, the HIV-2 positive control is positive, and the negative control is negative) continue with patient testing.
- If they do not produce the expected result repeat the Kit Controls.
- If they still do not produce the expected results DO NOT proceed with patient testing and contact OraSure Technologies Customer Service (800-869-3538) and notify the State HIV Laboratory (860-509-8501).

8. If operator tests at more than one site, Kit Controls must be successfully run at the additional site before the operator can begin testing at that site.

OraQuick Rapid HIV-1 Antibody Test When to run Kit Controls

1. Each new operator must first successfully run OraQuick using the Kit Controls before they are allowed to test patient specimens.
2. Kit Controls must be run at periodic intervals as dictated by the user facility (daily)
3. Kit controls must be run on all new shipments that are received prior to use, even if it is the same lot number that is currently in use.
4. Kit controls must be run when the temperature of the test kit storage area falls below 2°C (35°F) or rises above 27°C (80°F
5. Kit Controls must be run when the temperature of the testing area falls below 15°C (59°F) or rises above 27°C (80°F).
6. Kit Controls must be run each time a new lot number is opened. (Use only one lot number at a time)
7. Kit Controls must be run if you receive two consecutive invalid test results on a patient.
8. If operator tests at more than one site, Kit Controls must be successfully run at the additional site before the operator can begin testing at that site.

ATTACHMENT 14B: Waived Rapid HIV Testing Guidelines: Clearview

Requirements for Performing Clearview Complete HIV1/2

Clearview Complete HIV 1/2 is a single-use rapid test that detects antibodies to HIV-1 and HIV-2 in fingerstick whole blood, venous whole blood, and serum or plasma specimens. The device resembles a syringe with a narrow sampler tip and the test strip is enclosed in the barrel. The single-use vial of buffer is stored in the base of the barrel. The shelf life of the kit is 24 months from the date of manufacture and stored at room temperature.

To conduct the test,

Step 1: Remove buffer vial from the test barrel and seat in tray.

Step 2: Sample whole blood by fingerstick (lancet included), venipuncture or other methods.

Step 3: Firmly snap the barrel tip through the buffer vial foil until they fit tightly.

Step 4: Wait 15 minutes, keeping the sampler tip/buffer vial mechanism upright in the cardboard rack supplied with the kits.

The test results must be read within 15 to 20 minutes and should not be read after 20 minutes. A reactive test will show two pink/purple lines – 1 in the test area and 1 in the control area. Regardless of intensity visible lines in both the test and control area is considered reactive. The test result is interpreted as preliminarily positive for HIV-1 and /or HIV-2 antibodies. A confirmatory test must be done and sent to the Department of Public Health Laboratory. A nonreactive test result will have 1 pink/purple line in the control area, but no line in the test area. This test result is interpreted as negative for both HIV1 and HIV2. The test is considered invalid if there is no pink/purple line in the control area and must be repeated with a new device.

Requirements for Performing Clearview HIV 1/2 Stat Pak

The Clearview HIV 1/2 Stat Pak is a single-use rapid test that detects antibodies to HIV-1 and HIV-2 in fingerstick whole blood, venous whole blood, serum, or plasma specimens. The shelf life of the kit is 24 months from the date of manufacture and stored at room temperature.

To conduct the test,

Step 1: Open the packet and place the cartridge on a flat surface.

Step 2: Sample whole blood by fingerstick (lancet not included), venipuncture or other methods.

Step 4: Touch the sample loop (provided in kit) to the specimen to fill the loop.

Step 5: Holding the loop vertically, touch the loop to the pad in the center of the sample (S) well of the device.

Step 6: Add 3 drops of buffer slowly, drop by drop into the sample (S) well.

Step 7: Wait 15 minutes, keeping the cartridge on the flat surface.

The test results must be read within 15 to 20 minutes and should not be read after 20 minutes. A reactive test will show two pink/purple lines – 1 in the test area and 1 in the control area. Regardless of intensity visible lines in both the test and control area is considered reactive. The test result is interpreted as preliminarily positive for HIV-1 and /or HIV-2 antibodies. A confirmatory test must be done and sent to the Department of Public Health Laboratory. A nonreactive test result will have 1 pink/purple line in the control area, but no line in the test area. This test result is interpreted as negative for both HIV1 and HIV2. The test is considered invalid if there is no pink/purple line in the control area and must be repeated with a new device.

For further information [General and Laboratory Considerations: Rapid HIV Tests Currently Available in the United States | Rapid HIV Testing | Testing | Topics | CDC HIV/AIDS](http://www.cdc.gov/hiv/topics/testing/resources/factsheets/rt-lab.htm)
<http://www.cdc.gov/hiv/topics/testing/resources/factsheets/rt-lab.htm>

ATTACHMENT 14C: CLIA Application for Certification

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0581

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) APPLICATION FOR CERTIFICATION

I. GENERAL INFORMATION

<input type="checkbox"/> Initial Application <input type="checkbox"/> Survey <input type="checkbox"/> Change in Certification Type <input type="checkbox"/> Other Changes	CLIA Identification Number <div style="text-align: center;">D</div> <i>(If an Initial application leave blank, a number will be assigned)</i>
Facility Name	Federal Tax Identification Number
Facility Address — <i>Physical Location of Laboratory (Building, Floor, Suite If applicable.) Fee Coupon/Certificate will be mailed to this Address unless mailing address is specified</i>	Mailing/Billing Address <i>(If different from street address, include attention line and/or Building, Floor, Suite)</i>
Number, Street <i>(No P.O. Boxes)</i>	Number, Street
City State ZIP Code	City State ZIP Code
Name of Director <i>(Last, First, Middle Initial)</i>	For Office Use Only Date Received _____

II. TYPE OF CERTIFICATE REQUESTED *(Check one)*

- Certificate of Waiver *(Complete Sections I – VI and IX – X)*
- Certificate for Provider Performed Microscopy Procedures (PPM) *(Complete Sections I – X)*
- Certificate of Compliance *(Complete Sections I – X)*
- Certificate of Accreditation *(Complete Sections I through X)* and indicate which of the following organization(s) your laboratory is accredited by for CLIA purposes, or for which you have applied for accreditation for CLIA purposes

<input type="checkbox"/> The Joint Commission	<input type="checkbox"/> AOA	<input type="checkbox"/> AABB
<input type="checkbox"/> CAP	<input type="checkbox"/> COLA	<input type="checkbox"/> ASHI

If you are applying for a Certificate of Accreditation, you must provide evidence of accreditation for your laboratory by an approved accreditation organization for CLIA purposes or evidence of application for such accreditation within 11 months after receipt of your Certificate of Registration.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0581. The time required to complete this information collection is estimated to average 30 minutes to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

ATTACHMENT 15A: Instructions for HIV Counselors – Adult HIV Confidential Case Report



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH HIV INCIDENCE SURVEILLANCE PROGRAM

Revised March 19, 2007

HIV Reporting: Instructions for HIV counselors

1. **Removal of HIV reporting by code:** Since January 1, 2002, persons testing positive for HIV have been reportable to DPH by name or code. During 2002-2004, HIV could be reported by code at the client's request. As of January 1, 2005, the code option is no longer available.
2. **Pre-test counseling:** HIV counselors will continue to offer confidential and anonymous testing to their clients. The requirement for HIV reporting by name should be explained to all clients as part of the discussion about what happens if a test result is positive. Bubble forms and specimens will be submitted as usual.
3. **Post-test counseling:** For those clients who test HIV positive, the counselor should explain again the requirement for name reporting. Those clients who wish to remain anonymous may do so. Case report forms should not be submitted for clients testing anonymously who wish to remain anonymous. The client should understand that the use of their name is only for reporting purposes; other aspects of care will use the client's name (medical records, insurance/Medicaid forms, laboratory tests, prescriptions, etc).
4. **Consent:** Client consent is required for testing - consent is not required for reporting.
5. **Reporting:** HIV cases are reported using the *Adult HIV Confidential Case Report Form (CRF)* - designed specifically for use by HIV Counselors. HIV/AIDS Surveillance Program staff will mail a CRF to the counselor based on the ID number submitted to Surveillance with the laboratory result.
6. **Client ID number:** It is important that the client's ID number be included on the CRF. Use an excess sticker from the PEMS form or write it in (see instructions).
7. **Required information:** The sections of the case report form that include required information are denoted in the instructions by an asterisk. Within each of those sections, required information is also asterisked and underlined. Without this information we will be unable to register the report. Fill in all available information and please do not delay a report for information that is not required.
8. **Timely reporting:** We receive requests for data throughout the year and would like our numbers to be as real-time as possible. You can help by reporting cases at least weekly. State law requires reporting within 48 hours of recognition of a reportable condition. In the case of HIV reporting, batch reporting on a weekly basis is acceptable.
9. **Who to call for assistance?** Contact our office at (860) 509-7900 if you have questions about the HIV reporting requirement. Melinda Vazquez is the primary contact for HIV counselors regarding reporting and will follow up by letter to solicit unreported cases.
10. **HIV counselors should mail completed case report forms to:**

Melinda Vazquez
Department of Public Health
410 Capitol Ave, MS# 11ASV
PO Box 340308
Hartford, CT 06134

ATTACHMENT 15B: Adult HIV/AIDS Confidential Case Report Form



Adult HIV/AIDS Confidential Case Report Form

(Patients ≥13 years of age at time of diagnosis)

HEALTH DEPT USE ONLY

Date of + HIV test to be used for TTH	Date Rec'd at DPH	Report Source	State #	HARMS #	WEEK	YEAR
/ /200__	/ /200__					2007

1. PATIENT IDENTIFIER INFORMATION

MR or ID #

Patient Name: _____ Phone: () _____ - _____
(LAST, FIRST, MI)
 Address: _____ City: _____ County: _____ State: _____ Zip: _____

2. PROVIDER INFORMATION

Provider's Name: _____ Phone: () _____ - _____
(LAST, FIRST, MI)
 Facility: _____ City: _____ State: _____ Zip: _____

3. FORM INFORMATION

Date Completed: ___/___/___ Person reporting: _____ Phone: () _____ - _____

4. DEMOGRAPHIC INFORMATION

Diagnostic Status: 1 HIV Infection (not AIDS) 2 AIDS	Date of Birth: _____	Current Status: 1 Alive 2 Dead 9 Unk	Date of Death: _____	State/Terr Death: _____
Sex: 1 Male 2 Female	Ethnicity: (Select one) 1 Hisp/Latino 9 Unk 2 Not Hispanic or Latino	Race: (select one or more) 1 Black or African Am 2 White 3 Asian 4 American Indian/Alaskan Native 5 Native Hawaiian or Other Pacific Islander 9 Unk	Country of Birth: 1 US 7 US Depen/Possessions, incl. PR 8 Other _____ 9 Unk	

Residence at Diagnosis: Same as CURRENT address
 City: _____ County: FFLD HTFD LITCH NH NL MDX TLND WIND State: _____ Zip: _____

5. FACILITY OF DIAGNOSIS

Facility Name: _____
 City: _____
 State/Country: _____
 Facility Setting:
 Public Private Federal Unk
 Facility Type:
 01 Private Physician 31 Hosp Inpatient
 32 Hosp Outpatient 39 HIV Clinic 33 ED
 Other: _____

6. PATIENT HISTORY

Before the 1 st positive HIV test/AIDS diagnosis, patient had: (check all that apply)	Y	N	U
• Sex with male			
• Sex with female			
• Injected drugs			
• Rec'd clotting factor			
HETEROsexual relations with the following:			
• IDU			
• Bisexual male (applies to females only)			
• Person with hemophilia/ coagulation disorder			
• Transfusion recipient w/ documented HIV infection			
• Person with AIDS or documented HIV infection, risk unspecified			
Received transfusion Date 1 st : _____ Date last: _____			
Received transplant			
Worked in health-care or clinical lab setting			
NO IDENTIFIED RISK (NIR)			

7. HIV TESTING AND TREATMENT HISTORY

Date patient answered questions: ___/___/___

DATE OF FIRST POSITIVE HIV TEST
 Date (month/year): ___/___

DATE OF LAST NEGATIVE HIV TEST
 Date (month/year): ___/___

PRIOR HIV TESTS
 Number of HIV tests in 2 yrs before the 1st positive:
 1 (first positive) + _____ (# prior tests) = _____

Did the patient use antiretrovirals to treat/prevent HIV or HBV in past? YES NO UNKN

If 'YES', list medications here: _____

First date of ARV use: ___/___/___
 Still taking ARVS? YES NO UNKN
 If 'NO': LAST DATE of ARV use: ___/___/___

Has patient received PCP prophylaxis?: YES NO UNKN

Why was the patient tested for HIV?
 Routine test Rule out HIV Symptoms/Dx w/ OI
 Partner dx w/ HIV 'Just checking' Regular tester
 Other: _____

Department of Public Health

AIDS and Chronic Diseases Section-HIV Prevention Unit

410 Capitol Avenue, MS# 11APV, P.O. Box 340308

Hartford, CT 06134-0308

Telephone: (860) 509-7806 — Fax: (860) 509-7853 or (860) 509-7855



Early Referral & Linkage Initiative Protocol (ERLI)

MISSION STATEMENT

The mission of the Early Linkage & Referral Initiative (ELRI) is to reduce the spread of HIV infection and to increase early access to treatment for infected individuals. One way programs can accomplish this is by having HIV counselors and HIV case managers collaborate by providing culturally competent, psychologically and developmentally appropriate, and linguistically specific client referrals. Our goal is for clients to obtain timely and comprehensive HIV/AIDS secondary prevention and care services, which match their needs.

OBJECTIVES

- 1) To increase the number of HIV+ individuals who receive additional HIV post-test counseling sessions, which include risk reduction/behavior, change counseling and supportive psychosocial counseling.
- 2) To provide HIV+ individuals receiving Ryan White services with the opportunity to access HIV counseling services, risk reduction information, partner notification services and referrals to early intervention, i.e. TB & STD services.
- 3) To have the HIV counselor provide a necessary link to Ryan White services for clients testing HIV+ at local sites.
- 4) To assure HIV infected individuals are linked earlier to treatment services and provided with assistance to access entitlements, medical transportation, the state prescription program, etc.

GUIDING PRINCIPLES

- Client willingness and readiness to be referred should be respected.
- Client language of comfort, cultural norms, communication styles and sexual orientation etc. This should be part of the referral needs assessment.
- Client can/will be co-managed by the counselor and the medical case manager.
- Client preference on how the referral takes place should be respected.
- Providers will maintain client confidentiality standards as contained in CT General Statutes 19a-581-590 and 592.
- Providers will obtain written consent (Release of Information) from clients prior to exchanging HIV-related information.
- Providers should establish explicit written service agreements.
- Providers should document referrals and follow up to see if services were provided.
- Providers should periodically set up meetings to discuss referral processes with staff and providers from the agencies to which clients were referred.

PROCESS

- The HIV counselor will refer clients who are HIV seropositive *to* an HIV Medical Case Manager
- The HIV Medical Case Manager will assess and refer clients for risk reduction counseling, individualized behavior change, and partner notification services *to* an HIV Counselor or a Comprehensive Risk Counseling Service Provider (CRCS).

HIV COUNSELOR RESPONSIBILITIES

Counselors will refer HIV seropositive clients to a medical case manager during the initial post test session or at a follow-up session. The counselor should:

- assign a unique client code #
- assess client case management needs
- complete the 2-sided assessment and referral form and,
 - ✓ send a copy of the form to the medical case manager
 - ✓ give a copy to the client
 - ✓ keep a copy on file
- notify the medical case manager of the referral by phone or by escorting the client to the medical case manager.

HIV MEDICAL CASE MANAGER RESPONSIBILITIES

Medical Case Managers will refer a new client at or near time of intake (or at 6-month update) unless more pressing client concerns arise. The Medical Case Manager should:

- conduct a mini-assessment of the client needs for additional information, risk reduction/behavior change counseling and partner notification and,
- complete the two-sided assessment and referral form and,
 - ✓ send a copy to the counselor
 - ✓ give a copy to the client
 - ✓ keep a copy in file
- notify the counselor by phone of the referral or escort the client to the counselor.

ADMINISTRATIVE REPORTING

Quarterly: Counseling and Testing Programs will submit, together with the required quarterly programmatic report to DPH, a one page report with unique client code number (see attached) for clients referred to medical case managers *and* clients referred from medical case managers.

Every 6 months: Counseling and Testing Programs are encouraged to provide a narrative to the HIV/AIDS Prevention Programs and share comments regarding strengths, barriers and issues that have come up during this initiative.

GLOSSARY of REFERRAL TERMS

Referral: A process by which an individual or client who has a need is *connected* with a provider who can serve that need and provide documented follow up. Referrals should take into consideration the individual's cultural norms, sexual orientation and mental capability as well as communication styles. This is especially important when giving mental and psychological health and substance abuse treatment referrals. Referrals are provided to those individuals in need of additional health, social services and/or counseling assistance.

The referral site may be the same location.

Proactive referral: A process by which an individual who has a need is connected with a provider who can serve that need. Phone calls or face-to-face are the preferred methods of referral.

Client Population: For the purpose of this pilot the target population is defined as HIV seropositive individuals and their partners, (family, support system etc.). Population is new clients or any active client on caseload.

Medical Case Manager: An individual who has the skills to provide a range of client centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through on-going assessment of the client's and other key family members' needs and person support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to complex HIV/AIDS treatments. Examples of skills needed to perform these duties may include, but are not limited to: negotiating skills, ability to prioritize, ability to identify client's (family's/significant other's) strengths and limitations and to create and maintain resources/referral networks.

Counselor: An individual who has earned an HIV counselor certificate after successful completion of a State training program and works in one or more of Connecticut's HIV CTS sites. The counselor uses a client-centered approach and tailors an incremental risk reduction plan negotiated with the client.

Early Intervention: Actions taken by the counselor, or the case manager to obtain HIV support services in a prompt and timely manner. These actions include referrals to: emergency needs, financial and medical entitlements, social services, vocational and spiritual help, treatment for tuberculosis and STDs, partner notification, drug treatment, etc.

Secondary Prevention: An activity or intervention, which is designed to prevent disease progression or death. This encompasses a wide range of activities targeted to keeping HIV positive individuals healthy and range from nutrition and wellness programs to accessing drug treatment services and primary medical care.

HIV Counseling & Testing Services: These services provide confidential testing to persons at risk for HIV infection. Individualized prevention information is provided. Counseling should be culturally competent, conducted in the client's language of comfort, accessible, client-centered, appropriate and integrated with other services.

HIV Medical Case Management Services: Services necessary to ensure the effective and efficient organization of medical care and resources that are appropriate to meet the individual's needs. It includes a process of empowering, negotiating, facilitating, and advocating for the delivery of services included in the care plan.

Follow-Up Activities: Both counselor and case manager are responsible for following up to see that clients have received their respective identified services.

Service Agreements: Written agreements should be established to formalize referral relationships and enhance the coordination of service delivery. These will assist in a smooth transition of a client from one service to the other. They help to reduce the need for the client to sign multiple forms for the release of records, and extra paperwork such as verification of HIV serostatus.

Confidentiality Standards: Client informed consent and consent for release of information (ROI) to another agency should be obtained in all cases. The client should also sign the bottom of the assessment form.

Department of Public Health
AIDS & Chronic Diseases Section - HIV Prevention Unit
410 Capitol Avenue, MS# 11APV
P.O. Box 340308
Hartford, CT 06134-0308
Telephone: (860) 509-7806 — Fax: (860) 509-7853



Early Referral & Linkage Initiative Referral Form
to Medical Case Management Services (MCM), and Comprehensive Risk
Counseling Services Provider (CRCS) from HIV Prevention Counselor
(HPC)

Date of Referral: _____ Unique Client Code #: _____

Referred to:

Medical Case Manager Name: _____

Agency Name: _____

Agency Telephone: _____

For: **See Other Side for Assessment**

Date Client Seen by Counselor: _____

Comments/Other: _____

How Referred: **Called** **Escorted Client** **Other:**

Client has already been referred to the following: **(Check all that apply)**

STD **Date:** _____

TB **Date:** _____

Partner Notification **Date:** _____

Medication Adherence **Date:** _____

Needle Exchange

Drug Treatment Advocate/Treatment

Support Group

Other: _____ **(Please specify)**

Comments: _____

Referred from:

Counselor Name: _____

Counseling & Testing Site#: _____

HIV Test Date: _____ **HIV Post Test Date:** _____

Agency Name: _____

Agency Telephone: _____

Client Assessment & Release of HIV Information Form *(see attached)*

Unique Client Code #: _____ Today's Date: _____

Counselor Doing Assessment: _____

HIV COUNSELOR'S ASSESSMENT OF CASE MANAGEMENT NEEDS

Client Language of Comfort: _____

Is Client Deaf or Hard of Hearing? Yes No

Needs: Interpreter Reads Lips Other: _____

CLIENT NEEDS:

- | | |
|---|---|
| <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Health Services/Primary Care | <input type="checkbox"/> Medical Coverage (Insurance) |
| <input type="checkbox"/> Psychosocial Support | <input type="checkbox"/> Supportive Services* |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Drug Treatment |
| <input type="checkbox"/> Medication Adherence | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Other (specify): | |

* *Includes: Emergency Funds, Transportation, Housing, and Food*

LEFT INTENTIONALLY BLANK

HIV Prevention Services Unit - Early Referral & Linkage Initiative Report

Name of HIV Counselor: _____ Contractor: _____ Quarter: _____

DATE client was referred to Medical Case Management (MCM) by HIV Counselor or CRCS	UNIQUE CLIENT IDENTIFIER**	REFERRAL TO Medical Case Manager (MCM) Specify Name of Case Manager & Agency	LABEL # * CTS or CRCS → CM	REFERRAL FROM MCM TO Counselor or CRCS Provider Specify Name of Provider & Agency	DATE client was referred to HIV Counselor or CRCS by MCM
/ /					/ /
/ /					/ /
/ /					/ /
/ /					/ /
/ /					/ /
/ /					/ /
/ /					/ /
/ /					/ /
/ /					/ /
/ /					/ /

*Include if client was tested and counseled recently; omit if client was counseled/referred but not tested **Unique Client Identifier = 6 Digits DOB + first 2 letters of first name + first 2 letters of last name ie: Jim Smith born 01/11/61 = 011161JISM

ATTACHMENT 17A: HIV COUNSELING INTAKE FORM

Sample 1

HIV COUNSELING INTAKE FORM

Client Identification #: _____

Client Name: _____
First Name
Last Name
Middle Initial

Street: _____ Apt. #: _____

City, State and Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Date of Birth: _____ Male Female

Race (Please ✓ check one) White Black Hispanic

American Indian or Alaskan Native

Asian or Pacific islander

Health Insurance Provider: (Please ✓ check one)

- None Self Public Assistance
 Military/VA Employer

Testing Method	Rapid Test Please Check	Conventional Please Check	Date
C & T Information			
Pre-test counseling (Steps 1-6)			
Specimen Collected			
Post-test appointment scheduled			
Post-test counseling completed			
Follow-up counseling scheduled			
Reason Why?			

Shaded areas must be completed

Rev. Feb 2008

A. Pre-Test Session: Steps 1-3

Risk Assessment:

- 1. Reason for visit? _____

- 2. Why does the client feel that he/she is at risk? _____

- 3. Counselor’s assessment of other possible risk: _____

- 4. Last possible risk exposure? _____

- 5. When was the client’s previous HIV test? *Date* _____

Results: Positive Negative Unknown Indeterminate

B. Action Plan: Step 4

1. Current Risk Behavior(s)

2. Safer Goal Behavior(s)
Previous successes

Safer Goal Behavior(s)

3. Personal Action Plan

Barriers	Benefits
_____	_____
_____	_____
_____	_____

Action Steps

5. Referrals

C. Psycho-Social Assessment (Step 4a)

Client's situation and concerns to be addressed. (Assess client's ability to deal with test results, patient support systems, history of depression, suicide etc.): _____

Partner Notification Information

1. In the last 5-7 years: Number of needle sharing partners: _____
 Number of sexual partners _____
 2. How would client notify partners if results are positive? _____
-

D. Make Referrals & Provide Support (Step 5)

Referral To:	Appointment Made Date	Appointment Completed Date	Appointment follow-up Date

E. Summarize & Close the Session (Step 6)

1. Recap action plan
2. Demonstrate any risk reduction techniques

ATTACHMENT 17B: HIV COUNSELING & TESTING INTAKE RECORD

Sample 2 (Yale AIDS Care Program)

Inpatient Use Only:	
Physician Name: _____	
Pager # _____	
Patient Floor: _____	Unit #: ___/___/___

HIV COUNSELING & TESTING INTAKE RECORD

Pre-test Date: ___/___/___

CTS Label Here

Introductory Questions:

1. Tell me why did you come in today? _____
2. What do you know about HIV/AIDS? Knowledgeable Not Knowledgeable

Risk Assessment:

1. What makes you believe that you might be at risk for HIV?
2. When was the last time you had unprotected sex?
 Relationship: yes no How long? _____ Total Partners? _____
3. What do you know about your partner's sexual history?
4. What is your experience with using drugs? Injecting Non-Injecting Specify: _____
5. How often do you use drugs or alcohol? _____

HIV Risk Reduction/Safer Goal Behaviors:

1. What are the situations in which you most likely put yourself at risk for HIV? _____
2. What are you doing now to protect yourself from HIV? _____
3. What may prevent you from being safe? _____

Note: Reinforce positive change already made.

Develop Client Action Plan:

1. What can you do that would work for you? _____
2. What could you do to make it easier to take these steps? _____

Reduction Plan:

Current Risk Behavior	Safer Goal Behavior	Personal Action Plan		Action Steps	Follow-Up
		* Barriers	* Benefits		___/___/___
		_____	_____		
		_____	_____		
		_____	_____		

Assessment of Session:

(Include sex, age, race, referral source, support systems, risk factors, reason for testing, and mental status.)

Plan

- 1. HIV Education/Risk Reduction
- 2. C.A.R.E. Program Discussed

- 3. Follow-Up Appointment ___/___/___
- 4. Condoms/Literature Distributed

Signature: _____ Date: _____

Results: Neg Pos Ind

Suggested Retest Date: ___/___/___

Assessment:

Signature: _____

Date: _____

ATTACHMENT 19A: Quality Improvement Checklist

Quality Assurance Checklist

FLOW OF THE CLINIC

1. Outreach: Can people reach the clinic? Is it linked to outreach, medical, and social service programs? Do outreach workers refer clients in regularly? Do they walk them in? **Yes** **No**
2. Are medical, social services, and HIV counseling and testing integrated? Are medical records and HIV test (and counseling) results integrated? Do medical providers refer? Have they been in serviced? Have they observed a counseling session? **Yes** **No**
3. Is the telephone appointment line available or always busy? Does the prerecorded message get to the point or is it long winded? **Yes** **No**
4. Does the schedule and location maximize access for the target population? **Yes** **No**
5. How long is the wait for pre test / post test sessions? Is there any way to shorten the wait? **Yes** **No**
6. Is the counselor hard to find? Are the clinic signs clear but discreet? **Yes** **No**
7. Is the counselor's office private? Are the records in order? Is the logbook in order? **Yes** **No**
8. Is the protocol for follow-up of no shows being followed according to schedule? **Yes** **No**
9. Are counseling and testing / medial records secure? Are records confidential in accordance with the State HIV counseling and testing laws? **Yes** **No**

ATTACHMENT 19B: Quality Improvement Site Visit Audit Tool

<p style="text-align: center;">AIDS & Chronic Disease Section Prevention Services Unit Site Visit Tool and Record Audit Form</p>

Instructions:

1. Using the C&T Site Visit Tool (Attachment 1) mark "Yes" or "No" to indicate whether the Standards and Policies have been met.
2. Consult the HIV Counseling & Testing Protocol before deciding how to record your response.
3. Conclusions should be based on the consistency for which the site meets the Protocol.
4. Whenever assessing the site as "No", the reviewer should provide recommendations for improvements in the Action Plan Section of the report (**XI. ACTION PLAN & RECOMMENDATIONS**).
5. The Record Audit Tool (Attachment 2) should be used to assess record compliance for completed records from the previous quarter. The chart review form can record up to Ten (10) client records. Use additional forms if needed.
6. The complete report should be summarized and disseminated to the agency no more than thirty (30) days from the day of the site visit.
7. Date & File Copy.

ATTACHMENT 19C: HIV COUNSELING SKILLS INVENTORY

HIV Counseling Skills Inventory- Observations
--

DATE _____

Name of Counselor: _____

Name of Evaluator: _____

Period over which counselor's observations were done: _____

Counselor's Site: _____

INTRODUCTION:

This skills inventory is to be used during the observation of Prevention Counselors. It should be accompanied by verbal feedback. It is intended to facilitate joint counselor/evaluator development of plans for skills improvement.

Rating Key

- 1. Skill was not demonstrated
- 2. Poor to fair mastery of skill, improvement needed
- 3. Good mastery of skill
- 4. Exceptional mastery of skill
- N/A. Not applicable to this counseling session

Context:

Counselor Training program Date: _____

Local Quality Improvement Program Date: _____

DPH Observation (Site Visit) Date: _____

DPH Coaching Date: _____

AIDS & CHRONIC DISEASES SECTION
DEFINITIONS FOR IMPRESSIONS AND SKILLS DEMONSTRATED IN CLIENT-CENTERED HIV PREVENTION COUNSELING

Client-Centered HIV Prevention Counseling: An interactive risk-reduction counseling model usually conducted with HIV testing, in which the counselor helps the client identify acknowledge personal HIV risk behaviors, and commit to a single, achievable behavior change step that could reduce the client's HIV risk. (Adapted from CDC Guidelines for HIV Counseling, Testing, and Referral Guidelines)

COMMUNICATION SKILLS:

1. Demonstrated professionalism

Displayed self-confidence, competence, dependability, preparation, integrity, and appropriate seriousness. Convincingly conveyed the capability (expertise, training knowledge, devotion) and commitment to maintain client confidentiality. Smoothly preempted likely client concerns about confidentiality and also effectively reinforced it when discussing sex partners and when resolving special client's problems. Was nonjudgmental and objective about client's behavior and conveyed acceptance for client lifestyles.

2. Established rapport

Displayed respect, empathy and sincerity to clients (e.g., introduced self, was polite, used plausible and factual motivations).

3. Listened effectively and assessed needs appropriately

Did not interrupt clients unnecessarily. Responded to client's questions appropriately and gave evidence that important information was noted, such as following up with additional questions or mentioning specifics in the post-counseling critiques.

4. Used open-ended questions

Who, what, when, where, how tell me are phrased questions to stimulate meaningful responses. Used open-ended questions particularly in sensitive areas of the sessions which were most important and where the client might have avoided giving candid answers by using negative or condescending responses.

5. Communicated at the client's level of understanding

Avoided technical terms, jargon, or words deemed beyond the comprehension of the client. Clearly explained necessary medical and technical terms and concepts.

6. Gave factual information

Demonstrated accurate knowledge of STDs, HIV, and AIDS, clarified client's misconceptions. Provided information concisely based on client need. Avoided extraneous information.

7. Solicited client's feedback

After delivering messages, asked appropriate questions to determine whether clients understood and how they intended to comply. Used content (rephrasing what the client said) and feelings (interpreting how the client felt) responses to verify client's meanings.

8. Used reinforcement

Sincerely complimented or acknowledged clients after hearing intentions to use, or descriptions of, positive behaviors. Used smiles and affirmative nods and words effectively.

9. Used appropriate nonverbal communication

Conveyed sincere interest by maintaining eye contact, minimizing physical barriers, and leaning toward the client. Avoided negative, nonverbal signals communicating anger, surprise, distaste, or fear of contagion. Avoided finger shaking, arm crossing, and expressions of disinterest. Nonverbal communication complemented the verbal communication.

10. Addressed problems/concerns communicated by client

Sought out and dealt with client's concerns. Assisted the client in determining appropriate resolution to problems. Was empathetic to client's problems and concerns.

PREVENTION COUNSELING SKILLS:

1. Carefully explained confidentiality, disclosures, and obtained consent for testing

Ensured that the client was given sufficient information to decide about testing and gave appropriate written consent.

Note - Strict protection of client confidentiality must be maintained for all persons offered and receiving HIV Partner Counseling and Referral Services.

2. Assisted the client in recognizing risks

Did not use a checklist approach in assessing risks. Encouraged the client to talk about specific risks and to acknowledge that continued risk behavior presents a real danger.

3. **Assessed what the client has done already to reduce risk**
 Asked what steps the client has taken. Complimented client on healthy steps in the past. Inquired about difficulties. Asked about sources for support.
4. **Avoided giving extraneous information. Focused on the clients individual issues and circumstances**
 Listened to what client said and reacted appropriately. Surveyed client's knowledge and circumstances without lecturing.
5. **Negotiated a realistic plan to help the client reduce future risks**
 Discovered what the client is willing and able to do over what time period. Negotiated at least one concrete, achievable behavior change step that will reduce HIV risk Helped the client deal with perceived barriers. Role-played when clients plan involved negotiating with others. * Role-Play is optional. Utilizes skills building exercises addressing unique client need.
6. **Established a plan for receiving results**
 Reviewed how and when client will receive results and addressed any barriers to returning.
7. **Provided literature and condoms as appropriate**
 Made appropriate materials and condoms available to the client. Reinforced the importance of using condoms to reduce risk. Provided a male or female condom demonstration and allowed client to practice if appropriate.
8. **Documented on Encounter Form and/or Continuation Sheet**
 Documented risk reduction plan. Plan should include: risk factors, realistic safer goals, referrals and plan for client to follow up with test results.

SERONEGATIVE COUNSELING SKILLS:

1. **Sensitively provided test results**
 Stated results at the beginning of the session in a serious manner. Explained results as they relate to particular clients.
2. **Reviewed risk assessment and attempts to reduce risk**
 Refers to risk reduction plan determined in the Prevention Counseling Session on the Skill Inventory Form. Assisted the client in understanding if risks remain and discussed efforts to reduce risks according to the plan established. Addressed any barriers to safer behavior and reinforced successful attempts to avoid risks.
3. **Negotiated plan for staying HIV negative**
 Involved client in making a plan that minimized risk taking. If client chose monogamy, ensured that both partners are tested so that a negative test for both is valid. Encouraged client to verbalize plan based on risk reduction messages delivered in the pretest counseling session.
4. **Assisted client with other referrals when appropriate**

Discussed further counseling options with high-risk behavior clients. Made appropriate referrals for additional counseling (e.g. drug treatment, family planning, and STD).

5. Provided literature and condoms as appropriate

Made appropriate materials and condoms available to the client. Reinforced the importance of using condoms to reduce risk. Provided a condom demonstration if appropriate.

6. Documented on Intake Forms/Client Charts

Updated risk reduction plan. Plan should include risk factors, realistic safer goals and plan to remain negative, referrals, and follow-up plan.

General Counseling Skills

Comments					
Open-ended questions	1	2	3	4	N/A
Attending	1	2	3	4	N/A
Non-judgmental	1	2	3	4	N/A
Offers Options, not directives	1	2	3	4	N/A
Avoid lecturing	1	2	3	4	N/A
Acknowledged client strengths	1	2	3	4	N/A
Culturally appropriate	1	2	3	4	N/A
Rapport established	1	2	3	4	N/A
Interactive	1	2	3	4	N/A
Correct facts	1	2	3	4	N/A
Correct level of detail	1	2	3	4	N/A
Comments on feelings/reactions	1	2	3	4	N/A
Asks permission to hear/show	1	2	3	4	N/A
Non-verbal communication	1	2	3	4	N/A
The "Nth" degree	1	2	3	4	N/A
3rd personing	1	2	3	4	N/A
The buffet	1	2	3	4	N/A
Confrontation	1	2	3	4	N/A
Reframing	1	2	3	4	N/A
Use of "and"	1	2	3	4	N/A
Mirroring	1	2	3	4	N/A
Empathetic	1	2	3	4	N/A
Understandable	1	2	3	4	N/A

(Bold Items: Basic Counseling Skills Required)

The Six Steps of an HIV Prevention Counseling Session

- 1. Introduce and orient client to session**
- 2. Identify client's personal risk behaviors and circumstances**
- 3. Identify safer goal behaviors**
- 4. Develop client action plan**
 - 4a. HIV Test Decision Counseling**
- 5. Make referrals and provide support**
- 6. Summarize and close session**

PRE-TEST COUNSELING

Step 1: Introduce and orient client to session

The Prevention Counselor should introduce him or herself and explain his or her role. The counselor should describe the purpose of the session, expected duration, and achievement goals. The counselor should make sure the client understands the session is for HIV prevention counseling with optional testing and partner notification if needed. The Prevention Counselor should seek consensus from the client as to the objectives of the session and maintain focused throughout the session.

					Comments
Purpose of session defined	1	2	3	4	N/A
Assured confidentiality	1	2	3	4	N/A
Motivation/reason for visit assessed	1	2	3	4	N/A
Knowledge assessment Transmission Prevention Disease progression	1	2	3	4	N/A
Client knowledge gaps filled, misunderstandings corrected	1	2	3	4	N/A

Step 2: Identify Client's Personal Risk Behaviors(s) and Circumstances

With the client, the Prevention Counselor should identify the specific behaviors that place the client at risk for HIV. He or she should focus the client on specific behaviors, situations, and partner encounters that contribute to his or her risks. Attempt to build from the problem (symptoms, referral, etc.) and reasons that brought the client to the counseling and testing site. Establish an atmosphere that conveys a collaborative and creative exploration of the relevant issues.

					Comments
Risk assessment	1	2	3	4	N/A
Client's reason for testing					
Behavior risks					
Injection drug use					
Alcohol and other non-injection drug use					
Depression					
Others with HIV/AIDS —deaths					
Last risk exposure — window period					
Previous test experiences					

Step 3: Identify Safer Goals Behaviors(s)

At this time the Prevention Counselor should reinforce the client's previous risk-reduction efforts. Identify specific safer goal behaviors that the client is willing to try or adopt.

Safer Goal Behavior Assessment	1	2	3	4	N/A	Comments
Client's safer behavior history						
Current Safer Behaviors for Sex; Injection drug use; Alcohol and other non-injection drug use						
Assessed safer goal client will adopt at this time						

Step 4: Develop a Personalized Action Plan

Help the client establish a personal plan to reduce their risk of HIV. The plan should be realistic, yet challenging, and should address the specific behaviors identified by the client during the risk assessment phase of the session. It should incorporate the client's previous attempts, perceived personal barriers, and perceived personal benefits to reducing HIV risk.

Discuss barriers and benefits to adopting the new behavior. Identify concrete, incremental steps the client can start to take to achieve their goal. Discuss how the client will put the plan into operation, using specific and concrete steps. Establish a back-up plan. Confirm this plan is personalized and acceptable to the client. Solicit questions and reinforce the client's initiative in agreeing to try to negotiate a risk reduction plan.

Assessment of Barriers	1	2	3	4	N/A	Comments
Client's advantages to safer behavior	1	2	3	4	N/A	
Client's disadvantages to safer behaviors	1	2	3	4	N/A	
Client's pros and cons to safe behavior goal	1	2	3	4	N/A	
Assessment of Benefits	1	2	3	4	N/A	
Client's advantages to behavior change	1	2	3	4	N/A	
Client's disadvantages to behavior change	1	2	3	4	N/A	
Client's pros and cons to behavior change	1	2	3	4	N/A	
Assessment of Client's support systems	1	2	3	4	N/A	
Social Networks:						
IDU, Alcohol and other non-injection drug partners						
Reviewed client driven action plan w/ client	1	2	3	4	N/A	

Step 4a: HIV Test Decision Counseling

Following the risk reduction plan, the counselor should engage in HIV test decision counseling with the client. The counselor should explain the meaning of an HIV positive (+) and an HIV negative (-) test result.

Meaning of test for client assessed	1	2	3	4	N/A	Comments
Potential impact of negative/positive result; client coping mechanisms	1	2	3	4	N/A	
Suicide/violence assessed (if appropriate)	1	2	3	4	N/A	

Waiting period plans/supports checked	1	2	3	4	N/A
Partner notification (current and past partners)	1	2	3	4	N/A
C.A.R.E. Program discussed	1	2	3	4	N/A
Integration of Hepatitis C (HCV)	1	2	3	4	N/A
Discussed test results (window period, etc.)	1	2	3	4	N/A
Joint client/counselor development or plan for specific behavior changes	1	2	3	4	N/A
Condom demonstration	1	2	3	4	N/A
Needle cleaning demonstration	1	2	3	4	N/A

Step 5: Make Referrals and Provide Support

Referrals should be made based on the client assessment and risk reduction plan. Some referrals can be made during the pretest session. The success of these referrals can be assessed at the posttest session. Try to assist the client in identifying peer and community support for HIV risk reduction. Provide referral to professional services that the client may have identified. This may include but is not limited to: drug treatment, needle exchange, support groups, mental health services, STD clinic, family planning, medical services, etc.

						Comments
Prioritizes other issues (For examples: family, marital, Pregnancy planning)	1	2	3	4	N/A	
Referrals (as necessary)	1	2	3	4	N/A	
Appointment/name of counselor for post-test session	1	2	3	4	N/A	

Step 6: Summarize and Close Session

Briefly summarize issues and plans that have been discussed and identify the next steps that the client has agreed to take. Assist with any necessary follow-up appointments. Encourage and support the client in his/her progress.

						Comments
Review action plan with client	1	2	3	4	N/A	
Confidential testing standard explained/anonymous pros & cons	1	2	3	4	N/A	
Informed consent, signature	1	2	3	4	N/A	
Paperwork/counseling & test form	1	2	3	4	N/A	
HIV counseling & testing closure-reinforcements	1	2	3	4	N/A	

POST-TEST **SERONEGATIVE**

All HIV Posttest sessions should review and update the client’s personalized risk reduction plan. An assessment of how risk reduction efforts outlined in the client’s plan are working should be made. Adjustments to the plan should be made as necessary. This also includes checking on the status of referrals made at the last visit. **For clients who were referred for HCV testing or HCV medical care, determine whether the client completed those appointments.**

Comments

Careful match of results	1	2	3	4	N/A
Introduction-reason for session	1	2	3	4	N/A
Delivery of results	1	2	3	4	N/A
Silence/opportunity to express emotions	1	2	3	4	N/A
Exploration of what the client Is feeling	1	2	3	4	N/A
Exploration of the meaning of the test result to the client	1	2	3	4	N/A
Counselor clarification of the meaning of The test result (Including window period, etc.)	1	2	3	4	N/A
Suicide/homicide/violence assessment	1	2	3	4	N/A
Assessment of waiting period and behavior changes	1	2	3	4	N/A
Joint client/counselor revision of plan for specific behavior change	1	2	3	4	N/A
Condom demonstration	1	2	3	4	N/A
Needle cleaning demonstration	1	2	3	4	N/A
Referrals (as necessary)	1	2	3	4	N/A
Follow-up session scheduled (as necessary)	1	2	3	4	N/A
Appropriate closure reinforcement of appointments/referrals	1	2	3	4	N/A

POST-TEST SEROPOSITIVE

Comments

Careful match of results	1	2	3	4	N/A
Introduction-reason for session	1	2	3	4	N/A
Delivery of results	1	2	3	4	N/A
Silence/opportunity to express emotions	1	2	3	4	N/A
Exploration of what the client is feeling	1	2	3	4	N/A
Suicide/violence assessed (if appropriate)	1	2	3	4	N/A
Exploration of the meaning of the test results to client	1	2	3	4	N/A
Counselor clarification of the test results	1	2	3	4	N/A
Supportive, positive message (if client is ready to hear them—ask first)	1	2	3	4	N/A
Assessment of waiting period behavior changes	1	2	3	4	N/A
Joint client/counselor revision of plan for specific behavior change	1	2	3	4	N/A
Condom demonstration	1	2	3	4	N/A
Needle cleaning demonstration	1	2	3	4	N/A
Partner notification	1	2	3	4	N/A
C.A.R.E referral/face-to-face	1	2	3	4	N/A
Referrals for early intervention	1	2	3	4	N/A
Referrals for secondary prevention	1	2	3	4	N/A
Specific contracts made between counselor and client	1	2	3	4	N/A
Follow-up appointment	1	2	3	4	N/A
Referrals	1	2	3	4	N/A
Appropriate closure	1	2	3	4	N/A

Comments

GENERAL:

PRETEST:

POST-TEST SERONEGATIVE:

POST-TEST SEROPOSITIVE:

RECOMMENDATIONS:

Glossary

AIDS: Acquired immunodeficiency syndrome. AIDS can affect the immune and central nervous systems and can result in neurological problems, infections, or cancers. It is caused by human immunodeficiency virus (HIV).

Anal sex: A type of sexual intercourse in which a man inserts his penis in his partner's anus. Anal sex can be insertive or receptive.

Anonymous: In anonymous testing, client identifying information is not linked to testing information, including the request for tests or test results.

Antiretroviral therapy: Treatment with drugs designed to prevent HIV from replicating in HIV-infected persons. Highly active antiretroviral therapy (HAART) is an antiretroviral regimen that includes multiple classifications of antiretroviral drugs.

Client-centered HIV prevention counseling: An interactive risk-reduction counseling model usually conducted with HIV testing, in which the counselor helps the client identify and acknowledge personal HIV risk behaviors and commit to a single, achievable behavior change step that could reduce the client's HIV risk.

Confidentiality: Pertains to the disclosure of personal information in a relationship of trust and with the expectation that it will not be divulged to others in ways that are inconsistent with the original disclosure. Confidentiality must be maintained for persons who are recommended and/or who receive HIV counseling, testing, and referral (CTR) services.

Confidential HIV test: An HIV test for which a record of the test and the test results are recorded in the client's chart.

Confirmatory test: A highly specific test designed to confirm the results of an earlier (screening) test. For HIV testing, a Western blot or, less commonly, an immunofluorescence assay (IFA) is used as a confirmatory test.

DIS: Disease Intervention Specialist is a professionally trained counselor who provides partner notification services for those who are HIV +. The goal of the DIS as it relates to Partner Notification is to work with HIV + clients on how to disclose their HIV status to partners at risk.

DTA: Drug Treatment Advocacy is a critical component of prevention services. The goal of DTA services is to help people enter drug treatment facilities that will help them recover and reduce their risk of HIV infection and the risk to partners, and ultimately establish long-term recovery.

EIA: Enzyme immunoassay. Sometimes referred to as ELISA (see next definition). A commonly used screening test to detect antibodies to HIV.

ELISA: Enzyme-linked immunosorbent assay. A type of EIA (see previous definition). A commonly used screening test to detect antibodies to HIV.

Evaluation: A process for determining how well health systems, either public or private, deliver or improve services and for demonstrating the results of resource

investments.

False negative: A negative test result for a person who is actually infected.

False positive: A positive test result for a person who is actually not infected.

Freestanding HIV test site: A site that provides only HIV services. Sometimes referred to as alternate test site or anonymous test site.

HIV: Human immunodeficiency virus, which causes AIDS. Several types of HIV exist, with HIV-1 being the most common in the United States.

HIV test: More correctly referred to as an HIV antibody test, the HIV test is a laboratory procedure that detects antibodies to HIV, rather than the virus itself.

HIV prevention counseling: An interactive process between client and counselor aimed at reducing risky sex and needle-sharing behaviors related to HIV acquisition (for HIV-uninfected clients) or transmission (for HIV-infected clients). See also client centered HIV prevention counseling.

Home sample collection test: A test that a consumer purchases and uses to collect blood (or other bodily fluid) and then send it out for testing. Counseling and test results are typically provided by telephone using user-generated codes to ensure confidentiality and anonymity.

Incidence: In epidemiology, the number of new cases of infection or disease that occur in a defined population within a specified time.

Indeterminate test result: A possible result of a Western blot, which might represent a recent HIV infection or a false-positive.

Information: In the context of HIV counseling, information encompasses the topics HIV transmission and prevention and the meaning of HIV test results.

Informed consent: The legally effective permission of a client or legally authorized representative (e.g., parent or legal guardian of a minor child) to undergo a medical test or procedure.

Negative predictive value: A negative predictive value estimates the probability that a person with a negative diagnostic test result will actually not be infected.

Nonoccupational HIV exposure: A reported sexual, injection-drug-use, or other nonoccupational HIV exposure that might put a patient at high risk for acquiring HIV infection.

Nucleic acid amplification testing: A type of testing that identifies viral genes (e.g., specific sequences of nucleic acids) using gene amplification technologies such as polymerase chain reaction (PCR).

Occupational HIV exposure: An occupational exposure to HIV that occurs during the performance of job duties. Defined as a percutaneous injury (e.g., a needlestick or cut with a sharp object), contact of mucous membranes, or contact of skin (especially when the exposed skin is chapped, abraded, or afflicted with dermatitis or the contact

is prolonged or involving an extensive area) with blood, tissues, or other body fluids to which universal precautions apply.

Oral fluid test: A test using oral mucosal transudate, a serous fluid. To differentiate this fluid from saliva, an absorbent material is left in the mouth for several minutes. In an HIV-infected person, oral mucosal transudate is likely to contain HIV antibodies.

Oral sex: A type of sexual intercourse in which the partner's genitals are stimulated by mouth and tongue.

Partner counseling and referral services (PCRS): A prevention activity that aims to a) provide services to HIV-infected persons and their sex and needle-sharing partners so they can reduce their risk for infection or, if already infected, can prevent transmission to others and b) help partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention and support services.

Perinatal HIV transmission: Transmission of HIV from the mother to the fetus or infant during pregnancy, delivery, or breast-feeding.

Positive predictive value: A positive predictive value estimates the probability that a person with a positive diagnostic test result will actually be infected.

Positive test: For HIV, a specimen sample that is reactive on an initial ELISA test, repeatedly reactive on a second ELISA run on the same specimen, and confirmed positive on Western blot or other supplemental test indicates that the client is infected.

Prevalence: The number or percentage of persons in a given population with a disease or condition at a given point in time.

Comprehensive Risk Counseling Services (CRCS): A client-centered HIV prevention activity that promotes adoption of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction needs. PCM is a hybrid of HIV prevention counseling and traditional case management that provides intensive, on-going, individualized prevention counseling, support, and referral to other needed services.

Prevention counseling: An interactive process between client and counselor aimed at reducing risky sex and needle-sharing behaviors related to HIV acquisition (for HIV-uninfected clients) or transmission (for HIV-infected clients). See also client-centered HIV prevention counseling and HIV prevention counseling.

Quality assurance: An ongoing process for ensuring that the CTR program effectively delivers a consistently high level of service to the clients.

Rapid HIV test: A test to detect antibodies to HIV that can be collected and processed within a short interval of time (e.g., approximately 10–60 minutes).

Referral: The process through which a client is connected with services to address prevention needs (medical, prevention, and psychosocial support).

Risk assessment: Risk assessment is a fundamental part of a client-centered HIV prevention counseling session in which the client is encouraged to identify, acknowledge, and discuss in detail his or her personal risk for acquiring or transmitting HIV.

Risk screening: A brief evaluation of HIV risk factors, both behavioral and clinical, used for decisions about who should be recommended HIV counseling and testing. Risk screening is different from risk assessment.

Screening test: An initial test, usually designed to be sensitive, to identify all persons with a given condition or infection (e.g., enzyme immunoassay [EIA] or enzyme-linked immunosorbent assay [ELISA]).

Sensitivity: The probability that a test will be positive when infection or condition is present.

Seroconversion: Initial development of detectable antibodies specific to a particular antigen; the change of a serologic test result from negative to positive as a result of antibodies induced by the introduction of antigens or microorganisms into the host.

Specificity: The probability that a test will be negative when the infection or condition is not present.

Tuberculosis (TB) disease: Active disease caused by *Mycobacterium tuberculosis*, as evidenced by a confirmatory culture, or, in the absence of culture, suggestive clinical symptoms, including productive cough lasting >3 weeks, chest pain, hemoptysis, fever, night sweats, weight loss, and easy fatigability. Active TB is a communicable disease that is treatable, curable, and preventable, and persons with active TB disease should be under the care of a health-care provider. Active TB disease could indicate immune deficiency. For HIV-infected persons, active TB disease is considered an opportunistic infection and a qualifying condition for AIDS.

Tuberculosis (TB) infection: Infection with the bacteria *M. tuberculosis*, as evidenced by a positive tuberculin skin test (TST) that screens for infection with this organism. Sometimes, TST is called a purified protein derivative (PPD) or Mantoux test. A positive skin test might or might not indicate active TB disease (see tuberculosis disease). Thus, any person with a positive TST should be screened for active TB and, once active TB is excluded, evaluated for treatment to prevent the development of TB disease. TB infection alone is not considered an opportunistic infection indicating possible immune deficiency.

Vaginal sex: A type of sexual intercourse in which the man's penis enters the woman's vagina.

Voluntary HIV testing: HIV testing that is offered free of coercion. With voluntary HIV testing, participants have the opportunity to accept or refuse HIV testing.

Western blot: A laboratory test that detects specific antibodies to components of a virus. Chiefly used to confirm HIV antibodies in specimens found repeatedly reactive using ELISA.

RESOURCES

Information on HIV CTR can be obtained from the following sources:

- State of CT Department of Public Health (DPH) HIV and AIDS Program.
http://www.ct.gov/dph/cwp/view.asp?a=3135&q=387010&dphNav_GID=1601&dphPNavCtr=|#47044
- CDC's National Center for HIV, STD, and TB Prevention website at <<http://www.cdc.gov/nchstp/od/nchstp.html>>
- CDC National AIDS Hotline in English, (800) 342-2437.
- CDC National AIDS Hotline in Spanish, (800) 344-7432.
- CDC National AIDS Hotline TTY, (800) 243-7889.
- CDC National STD Hotline, (800) 227-8922.
- CDC's National Prevention Information Network at <<http://www.cdcpin.org>> or (800) 458-5231 (information available in English and Spanish).
- HIV/AIDS Treatment Information Service at <<http://www.hivatis.org>> or (800) 448-0440 (information available in English and Spanish).
- AIDS Clinical Trials Information Service at <<http://www.actis.org>> or (800) 874-2572 (information available in English and Spanish).
- National Clinicians' Post-Exposure Prophylaxis Hotline at <<http://pepline.ucsf.edu/PEpline>> or (888) 448-4911.