

# HIV Counseling and Testing Site Staff: Overview of Roles, Responsibilities and Training

## Overview & Goal

One of the main goals of the C&T restructure was to use resources such as staff and time spent with clients more efficiently. By focusing staff resources on those at highest risk for acquiring HIV, while still serving those at lower risk seeking a test, prevention value is maximized.

There are three possible staff roles in the restructured C&T program: Client Assessment Staff, HIV Counselor 1, and HIV Counselor 2. The goal of the new staffing options is to increase efficiency by allowing test sites flexibility in determining who delivers C&T services, and by allowing test sites to maximally utilize available staff that may have a variety of training, skill and knowledge levels.

## C&T Staff: Options

Below is an overview of the various possible staff roles in the restructured C&T Program, including the responsibilities associated with each staff role, and any training requirements or minimum qualifications.

### A. Client Assessment Staff (CAS)

**Role:** Client Assessment Staff play a critical role in the C&T model by facilitating and/or conducting the initial client assessment process, which will determine the level of intervention the client will be given when receiving their HIV test. CAS may be a Counselor 1, Counselor 2, or they may be other test site staff (i.e., receptionist, front desk clerk, greeter, outreach worker, etc.). The duties of a CAS may vary by setting. For example, at some sites CAS may only distribute or explain the CAQ form, but do not analyze it; while in other sites they may do all the steps of the assessment process.

**Responsibilities:** Individuals identified and trained to be CAS are responsible for facilitating and/or conducting the initial client assessment process, which at a minimum includes:

- distributing the CAQ to clients arriving for an HIV test,
- briefly explaining the form,
- giving clear instructions to the client on how to complete the form and what to do upon completion,
- answering any client questions regarding the form or how to complete it (i.e., clarification of terms, the meaning of questions, etc.),
- possibly reviewing and analyzing completed CAQs in order to determine the client's level of risk and the appropriate intervention (as stated above, depending on the site protocol, CAS or a HIV test counselor may be assigned to review and analyze the CAQ).

**Important:** *If the local health jurisdiction is using the local variance allowance (LVA), CAS must be made aware of the LVA groups, populations or venues identified and receive training on how to recognize LVA clients if analyzing completed CAQs.*

**Training requirements:**

Training for this role will be provided to CAS on-site by the C&T Coordinator or test site supervisor (or their designee). For further information on the CAQ assessment process, see the Guidance on Completing the CAQ and the CAQ Assessment Review Instructions.

C&T Coordinators will be trained by the California Department of Public Health, Office of AIDS (CDPH/OA) on how to conduct an initial client assessment using the CAQ.

**Minimum knowledge/skills/abilities:**

CAS can be a certified HIV Counselor 1, a Counselor 2, or non-counselor test site staff. For minimum knowledge, skills and abilities required of CAS, please see the minimum requirements for *all* staff providing direct services to clients in Section D.

**B. HIV Counselor 1 (C1)**

**Role:** The HIV Counselor 1 solely provides low-level HIV services (i.e., HIV testing and a low-level intervention) to clients at low risk for HIV. The C1 can improve efficiency in a test site or assist in streamlining the process, and allows the HIV Counselor 2 to focus their time on counseling high risk clients. The C1 is optional, and not required by test sites.

*Note: If the site also offers hepatitis C virus (HCV) testing, an HIV Counselor 1 may not deliver HCV testing services to any clients. See HIV Counselor 2 description below.*

**Responsibilities:**

An HIV Counselor 1 may conduct any of the following duties:

- frame the session
- obtain informed consent
- explain type of test (anonymous or confidential) and names reporting
- explain the testing process (conventional or rapid testing) and possible results
- administer the oral rapid test or collects oral sample for conventional test
- provide low-level intervention and respond to client questions and concerns, if necessary
- provide negative HIV test results
- follow specific site procedures on transitioning clients who test HIV-positive to a Counselor 2
- correctly document intervention/services using appropriate data collection form(s) – CAQ, consent form, lab slip, etc.

**Training requirements:**

Individuals identified to be an HIV Counselor 1 must read a pre-training packet and pass a pre-training quiz in order to attend the one-day CDPH/OA HIV Counselor 1 training. Applicants must successfully complete the one-day HIV Counselor 1 training in order to be certified. This training includes information on how to frame a session, gather informed consent, articulate some basic HIV information, disclose negative test results, and conduct the oral rapid test and interpret results. A HIV Counselor 1 must subsequently attend an annual Continuing Education Training (CET) offered by CDPH/OA to maintain certification.

**Minimum knowledge/skills/abilities:**

For minimum knowledge, skills and abilities required of a HIV Counselor 1 please see the minimum requirements for *all* staff providing direct services to clients in Section D. Additionally, desirable qualities of staff performing the rapid test can be found in the CDPH/OA OraQuick Rapid HIV Testing Guidelines: Policies, Procedures and Quality Assurance (2003).

Individuals identified to be an HIV Counselor 1 can be an entry-level staff person that has demonstrated potential to acquire knowledge and skills necessary for providing health education messages and basic information to clients. Some LHJs may choose to use the HIV Counselor 1 role for staff development purposes or as a prerequisite to becoming an HIV Counselor 2.

**C. HIV Counselor 2 (C2)**

**Role:** The HIV Counselor 2 is an individual who has the skills and knowledge to work with both low and high risk clients, and is able to perform all HIV counseling and testing services (both high and low level) including: delivering both negative and positive test results, and facilitating referrals to outside resources such as HIV care and PCRS. However, CDPH/OA's training and certification has primarily prepared a C2 to work with clients at highest risk for HIV, gauge where they are on the continuum of behavior change and help them develop strategies to modify or change behaviors that put them at risk for acquiring or transmitting HIV.

**Responsibilities:**

In addition to the duties listed under Counselor 1 responsibilities, a Counselor 2 is responsible for:

- conducting a client risk assessment,
- conducting client-centered counseling per CDPH/OA protocols and training to assist client in behavior change and risk reduction,
- make appropriate referrals for both high-risk negative clients and HIV-positive clients,
- disclose HIV results (both negative and positive) and conduct disclosure counseling per CDPH/OA protocols/training,
- if client tests HIV-positive, provide referral to medical care (for clients who do not have private medical insurance) and other referrals as appropriate (i.e., PCRS, psycho-social, etc.)

- follow site protocol to verify medical care visits or linkage to care for clients who test positive
- correctly document intervention/services using appropriate data collection form(s) – CIF, consent form, lab slip, etc.

If site offers **Hep C testing:**

- offer and help administer Hep C test,
- provide Hep C education and counseling session,
- provide Hep C results

**Training requirements:**

Individuals identified to be a C2 must read a pre-training packet and pass a pre-training quiz in order to attend the initial (four day) CDPH/OA Counselor 2 training. Applicants must successfully complete this initial training, which includes training on how to conduct the rapid test and interpret results, in order to subsequently attend the second portion of the HIV Counselor 2 training. Upon successful completion of the two day enhanced HIV Counselor 2 training, individuals will be certified as a HIV Counselor 2. In order to maintain certification, a C2 must attend an annual CET offered by CDPH/OA.

For more information on training for a Counselor 2 providing Hep C testing services, see the HCV Integration Guidance.

**Minimum knowledge/skills/abilities:**

Providing an effective risk-reduction counseling session requires an individual with a higher level of skill and critical thinking. Individuals identified to be an HIV Counselor 2 should have a willingness to work with clients at high risk for HIV and to elicit/discuss extremely personal and sensitive information around sexual behaviors and substance use. Furthermore, an ideal candidate for the C2 role is someone who values client experiences and knowledge, or has an underlying belief that clients ultimately know what will work best for them. The scope of a C2 is beyond giving information or educating clients, but rather listening and facilitating a session with the ultimate goal of the client understanding their risk and determining their own solutions if they want to reduce their risk.

Therefore, some desirable qualities in an HIV Counselor 2 are:

- empathetic, can relate to the client
- non-judgmental, or the ability to be neutral
- interpersonal skills: can build rapport and develop trust with a client
- critical thinking or analytical skills: can process information in a fairly short amount of time

Additionally, please see the minimum requirements for *all* staff providing direct services to clients in Section D. Desirable qualities of staff performing the rapid test can be found in the CDPH/OA OraQuick Rapid HIV Testing Guidelines: Policies, Procedures and Quality Assurance (2003).

**D. All staff delivering C&T services to clients (including the initial client assessment process)**

At a minimum, any C&T site staff interacting with clients should have the following knowledge, skills and abilities:

- **Communication skills**
  - Be comfortable communicating with clinic clients
  - Be able to communicate simply, clearly, and neutrally to clients
- **Basic HIV 101 knowledge**
  - Familiarity and knowledge of common HIV language, terminology, and phrases (i.e., terms used on CAQ)
  - Understand basic HIV concepts as they relate to HIV testing services and/or prevention
- **Successful completion of CAS training**
  - Familiarity and knowledge of the CAQ form (i.e., use/purpose, meaning of terms or questions, etc.) and client assessment process
- **Knowledge of test site process/protocols and staff roles**
  - Able to briefly summarize the site's process to a client (i.e., explaining where the client will go and with whom, what will happen, and approximately how long it will take)
  - Able to briefly explain to a client what type(s) of HIV testing are available: rapid and/or conventional, confidential and/or anonymous
  - Understand the limitation of their role and the process for transitioning the client to other appropriate staff when necessary